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THE PRESIDENT OF THE GENERAL ASSEMBLY
LE PRESIDENT DE L'ASSEMBLEE GENERALE

The 2008 comprehensive review of the progress achieved in realizing the Declaration of Commtiment on HIV/AIDs and the Political Declaration on HIV/AIDS

The General Assembly agreed at its 60th Session in its Political Declaration on HIV/AIDS 60/262 to "undertake comprehensive reviews in 2008 and 2011, within the annual reviews of the General Assembly, of the progress achieved in realizing the Declaration of Commitment on HIV/AIDS, entitled "Global Crisis – Global Action", adopted by the General Assembly at its twenty-sixth special session, and the present Declaration."

In its resolution 62/178 adopted on 19 December 2007, the General Assembly decided to convene the 2008 high-level meeting on 10 - 11 June at United Nations headquarters in New York. The resolution requested the President of the General Assembly, with support from UNAIDS and in consultation with Member States, to finalize the arrangements for the high-level meeting. These arrangements are contained in Information Notes issued by the President on 11 April and 15 May 2008.

The Secretary-General's report (A/62/780), which is based on submissions of national reports by 147 Member States, has been issued. The report provides a comprehensive and analytical focus on progress achieved and challenges remaining in realizing the commitments set out in the Declaration of Commitment and the Political Declaration.

In accordance with General Assembly resolution 62/178, the outcome of the high-level meeting will be a Presidential Summary, reflecting the views expressed during the discussions on the progress made, challenges remaining and sustainable ways to overcome them.

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THE PRESIDENT OF THE GENERAL ASSEMBLY
LE PRESIDENT DE L'ASSEMBLEE GENERALE

10 June 2008

Statement of H.E. Mr. Srgjan Kerim, President of the 62nd Session of the General Assembly, at the Opening of the High-Level Meeting on HIV/AIDS

Your Excellencies, Heads of State and Government,
Your Excellency the Secretary-General of the United Nations,
Your Excellencies Ministers and Heads of Delegation,
Distinguished delegates,
Distinguished representatives from civil society organisations,
Ladies and Gentlemen;

Addressing the global challenges of sustainable development, climate change, extreme poverty, hunger, and the HIV/AIDS pandemic, are the moral and political imperatives of our times.

These challenges are all inter-connected, as progress in one issue leads to positive possibilities in other issues. This is why we are gathered here today.

Combating HIV/AIDS is fundamental to our quest for "the dignity and worth of the human person" and "better standards of life in larger freedom," words contained in the Charter of the United Nations. Sixty years later, these words remain relevant in describing the challenges we face today.

I welcome you all to this high-level meeting of the General Assembly to review the progress achieved to realize the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS.

I would like to recognise and welcome Dr. Anthony Fauci, a leader from the scientific and research community, and Ms. Suksma Ratri, a representative from civil society. At my invitation, they will both address this opening session.

This high-level meeting provides the opportunity for us:

- To take stock of the implementation of our commitments and
- To assess where we are falling short in meeting the targets in the universal access by 2010 and the Millennium Development Goals by 2015.

Excellencies,
Ladies and Gentlemen;

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

However, this progress is not nearly fast enough:

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

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

Excellencies,
Ladies and Gentlemen,

I also wish to pay tribute to the 147 Member States that made national submissions, and to commend the Secretary-General for his report based on the national reports.

As the Secretary-General's report correctly points out, mitigating the pandemic's impact will:

- Advance the first MDG to eradicate extreme poverty and hunger
- Promote goal 4 and 5 to improve child and maternal health and
- Contribute to the third goal to empower women and promote of gender equality.

Given the devastation wrought by HIV/AIDS on the education sector, particularly in sub-Saharan Africa, combating HIV/AIDS would also positively impact efforts to achieve universal primary education.

Improving our global response to the HIV/AIDS pandemic must therefore become a central feature in all development efforts.

We must continue to devote special attention to the pandemic in sub-Saharan Africa, which in 2007 accounted for 68% of adults living with HIV, 90% of HIV-infected children and 76% of AIDS deaths.

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

The 2001 Declaration of Commitments recognised prevention as the "mainstay of the response." Knowledge about the disease is critical for prevention. Yet as the Secretary-General's report illustrates, knowledge about the disease among young adults is far below the targets set in 2001.

Consequently, it is troubling that in 2007, the rate of new HIV infections was 2.5 times higher than the increase in number of people on antiretroviral drug therapy. We must therefore step up our prevention efforts.

Excellencies,
Ladies and Gentlemen;

The situation of some vulnerable groups merits special focus at this meeting.

(1) Children living with HIV, for example, are significantly less likely to receive treatment than HIV-positive adults. Diagnosis of infants is more difficult than for adults, and medicines currently available are more appropriate for adults than for children.

(2) Women and girls also merit our special attention. According Secretary-General's report, women now represent 61 per cent of HIV-infected adults in Africa and infection levels among adolescent girls are several times higher than for boys of the same age.

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

Prevention of HIV transmission from mother-to-child is an important and related issue. Measures undertaken in high-income countries have almost eliminated this type of HIV transmission.

Similar success has existed in lower income countries that have prioritised such prevention measures. Yet mother-to-child HIV prevention remains a challenge because children accounted for one in six new infections in 2007.

(3) We should also focus our attention on the plight of children orphaned due to the loss of one or both parents to AIDS. In 2001, Member States agreed to implement national strategies to strengthen the capacity of Governments, families and communities to support children orphaned by AIDS.

Governments agreed to protect orphans and other children from discrimination, and to prioritise children-focused programming. However, as the report illustrates, a lot remains to be done to implement these commitments.

Children are our future. However, our own future is at risk if millions of children made vulnerable by AIDS continue to live in situations of dire poverty and hunger.

Excellencies,
Ladies and Gentlemen;

As Member States concluded during the General Assembly thematic debate on the MDGs in April, success in addressing the health goals depends on building stronger national healthcare systems, including better basic science and diagnostic tools. Leadership from national governments in prioritizing health and developing effective plans to combat disease is critical.

Leadership, at all levels – international, national and local, is critical for an effective response to HIV/AIDS.

- Experience has demonstrated that courageous leadership at the forefront of prevention efforts contributes to a reduction in the rates of infection.
- Leadership can ensure that adequate resources are allocated to HIV prevention, treatment and care and that those resources are spent prudently.
- Leadership also ensures that those made vulnerable by the disease are also protected.

As we conduct our deliberations, we must remember that the lives of millions depend on our decisions to make universal access a reality.

Let this high-level meeting inspire us in our various capacities of leadership. Government leaders, members of civil society and UN officials must take necessary actions in order to see a major turning point in the effort to combat the global HIV/AIDS pandemic.

Thank you.

UNITED NATIONS NATIONS UNIES

THE SECRETARY-GENERAL

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REMARKS AT GENERAL ASSEMBLY
HIGH-LEVEL MEETING ON HIV/AIDS
New York, 10 June 2008

Mr. President,
Excellencies, ladies and gentlemen,

Two years ago, Member States of the United Nations pledged to scale up towards universal access to HIV prevention, treatment, care and support by 2010.

We meet today to review how we have fared in living up to that pledge.

As my report to the General Assembly makes clear, there have been some important achievements.

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

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

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

And yet, there were two and half million new HIV infections last year. There were more than two million deaths. There were twice as many people in need of anti-retroviral treatment and going without, as there were receiving it.

This situation is unacceptable.

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

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

Excellencies,

This is a milestone year in several ways. In September, we will meet in this Assembly to review progress on the Millennium Development Goals, after passing the midpoint to the deadline of 2015.

Halting and reversing the spread of AIDS is not only a Goal in itself; it is a prerequisite for reaching almost all the others.

How we fare in fighting AIDS will impact all our efforts to cut poverty and improve nutrition, reduce child mortality and improve maternal health, curb the spread of malaria and TB.

Conversely, progress towards the other Goals is critical to progress on AIDS – from education to the empowerment of women and girls.

This is also the year which marks the 60th anniversary of the Universal Declaration of Human Rights.

Six decades after the Declaration was adopted, it is shocking that there should still be discrimination against those at high risk, such as men who have sex with men, or stigma attached to individuals living with HIV. This not only drives the virus underground, where it can spread in the dark; as important, it is an affront to our common humanity.

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

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

Finally, let me end on a note of gratitude. This is the last General Assembly high-level meeting to be attended by Dr. Peter Piot as Executive Director of UNAIDS. Let me pay tribute to this tireless leader who has been at the vanguard of the response to AIDS since the earliest days of the epidemic, and who has shaped UNAIDS into a living example of UN reform in the best and truest sense of the word.

We need many more leaders like Peter, in every sector of society, to carry on the fight against AIDS as we go forward. May we all be equal to the mission in the crucial years ahead.

Thank you very much.

United Nations Nations Unies
THE PRESIDENT OF THE GENERAL ASSEMBLY
LE PRESIDENT DE L'ASSEMBLEE GENERALE

12 June 2008

**Statement of H.E. Mr. Srgjan Kerim,
President of the 62nd Session of the General Assembly,
at the Closing of the High-Level Meeting on HIV/AIDS**

Excellencies
Distinguished Delegates,

May I first of all thank all the delegations that have come from across the globe to attend this High-level meeting on HIV/AIDS.

We have had a rich and engaging debate over the last three days, involving active participation from Member States, representatives from civil society and UN agencies, funds and programmes.

I would like to briefly highlight some of the key themes which emerged from our discussions;

First, that the HIV/AIDS pandemic is a public health as well as a development issue. Some delegations made the point that in their respective countries, HIV/AIDS is among the biggest threats to their sustained economic development and the achievement of the MDGs. An effective response to the pandemic must therefore become a central feature of all our development efforts. This means that strengthening public health systems, including by stemming the brain drain, must go hand in hand with an effective national strategy to combat HIV/AIDS.

Second, an effective response to the pandemic must have human rights and gender equality at its core. The rights of people living with AIDS, and other vulnerable groups must be protected, including women's rights to make informed decisions about their sexual health. In this regard, civic education and courageous leadership are critical. Stigmatisation and discrimination, including travel restrictions, drive the pandemic under-ground, from where an effective response becomes impossible.

Third, there must be better access to prevention, treatment, and support services, especially for those populations at most risk. As several speakers correctly pointed out, there is no single approach or "one size fits all" solution. We must therefore have a more comprehensive approach that includes better public education programmes, particularly for young adults. Prevention and treatment must be more accessible to everyone, including for drug users, sex workers, and sexual minorities. And, preventing HIV transmission from mother-to-child must be eliminated in developing countries, as it has almost been in developed countries.

Fourth, our response to the pandemic must be inclusive. Governments, community leaders, civil society and other international actors are all part of the same team. Our collective efforts must be

joined-up, complementary and coherent. We must better integrate policies and approaches that address HIV/AIDS, TB and drug-use to reflect the multifaceted nature of the pandemic.

The role of the UN system, and UNAIDS in particular, is critical to this partnership. Several Member States have made the point that the UN system must have the capacity to ensure that national efforts are coordinated and complementary so that we can progress steadily to our 2010 universal access target.

And fifth, leadership and political accountability are the most important part of the solution. At the highest levels, this is necessary so that enough human and financial resources are allocated for an effective and sustained response. At the community level effective leadership means "knowing your epidemic", to ensure that local populations understand the realities and consequences of the epidemic. It's therefore of particular importance to involve youth as an integral part of the solution as they have the most to lose.

Excellencies,

Before closing the meeting, I would like to convey a special vote of thanks to my two facilitators, Ambassador Tiina Intelmann, the Permanent Representative of Estonia, and Ambassador Samuel Outlule, the former Permanent Representative of Botswana. They have both worked tirelessly over the last seven months to ensure that we were all well prepared for this important meeting.

I would also like to recognise the important contributions of the Civil Society Task Force, especially for facilitating the participation of representatives of civil society who gave voice to the people and communities around the world that experience the everyday reality and impact of HIV/AIDS.

May I also thank Dr. Peter Piot and the entire UNAIDS team for their efforts. Since this is the last time that Dr. Piot will participate as UNAIDS Executive Director, I would like to use this opportunity to commend him for his years of service to global public health. He has been a committed leader and has helped shape UNAIDS into an organisation that is equal to the challenge of fighting the HIV/AIDS pandemic.

Excellencies,

In the coming weeks, I shall issue a comprehensive summary of this high-level meeting. The summary will reflect the views expressed during all of our discussions.

History will judge how effectively we rose to the challenge of HIV/AIDS. Our global response must continue to be a collective effort. No State or individual organisation can succeed alone.

And, our renewed determination must be matched with accelerated implementation of our commitments to achieve universal access to HIV/AIDS prevention, treatment, and support by 2010.

We must not lose the momentum of our global response. For every two people that begin HIV treatment there are five new HIV/AIDS infections.

I thank you.

Statement at the UN General Assembly High Level Meeting on AIDS New York, 10 June 2008

Dr Peter Piot,
UNAIDS Executive Director

Mr President. Excellencies. Friends.

I take the floor today to speak on behalf of UNAIDS' ten Cosponsoring agencies.

As the Secretary General's report shows, we are now finally seeing real results in almost every region. Results many once said could never happen – because of denial or because there wasn't enough money, because health systems were too weak, because they didn't think people would take their medication on time. Just imagine what would have happened if we had waited to resolve all these issues: where would those three million people who are now taking antiretroviral treatment be now? Most would not be alive today.

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

As we heard from the Secretary General, more than two-thirds of people who need antiretroviral drugs still cannot obtain them. Six thousand people continue to die of AIDS every day – AIDS is still the number one cause of death in Africa, before malaria and LRTI, and the seventh highest cause of mortality worldwide. And for every two people who start taking HIV treatment, another five become newly infected. The implications of HIV prevention failures are clear: unless we act now, treatment queues will get longer and longer and it will become more and more difficult to get anywhere near universal access to antiretroviral therapy.

This is why I have been insisting on the importance of shifting to a new phase in the AIDS response – a forward-looking phase in which we treat AIDS as both an immediate crisis and as a long-wave event. This is our best opportunity to reach universal access. We cannot miss this chance. Continuing with business as usual or giving in to those who pretend that "AIDS has been fixed" (or has not become a so-called generalized heterosexual epidemic), will simply condemn millions of people to perfectly avoidable deaths.

So where do we start?

First, sustain the gains we have made on HIV treatment. This depends partly on investing in health, services and workforces. It also depends on making HIV drugs – first, second, and third line – available and affordable to all people, whoever they are, whatever their lifestyle. It means investing in new drugs for the future. And it means making sure that anti-retroviral treatment is available where mother-to-child-transmission prevention programmes are operational and vice-versa.

Second, we must urgently intensify HIV prevention – and don't believe anyone who claims there's one simple shortcut or solution to doing this. There isn't. Over and over again we've learned that there's no magic bullet for HIV prevention, and that success depends on multiple approaches while we continue to intensify research into HIV vaccine and microbicides.

And it means working harder to make HIV prevention accessible to everyone – including men who have sex with men, sex workers and injecting drug users for whom harm reduction is the most effective approach. We also need to make closer links between HIV, tuberculosis, maternal and child health, and sexual and reproductive health programmes.

If we can provide every teenager around the world with access to HIV prevention – ranging from sex education through programmes to promote mutual respect between boys and girls, to access to HIV prevention - we'll be well on the way to a generation of HIV-free adults.

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

And it is time to increase funding. Sometimes I hear that there is "too much money for AIDS". Nothing could be further from the truth. Since the creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria and the US President's Emergency Programme for AIDS Relief, there's been a tremendous increase in resources for AIDS. But the sobering reality is that the AIDS response remains under funded: last year there was an $8 million shortfall. If we're going to sustain the gains we've made already – if we're to get anywhere near Universal Access to HIV prevention, treatment, care and support, the world will need to significantly increase investment in AIDS.

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

Ladies and gentlemen, we have come a long way since the 2001 UN General Assembly Special Session on HIV/AIDS. A Special Session which marked a historic turning point in the global response to AIDS, as it triggered political leadership, funding and action on the ground. AIDS may be one of the defining issues of our time – but it is clearly now a problem with a solution. Equally clear, however, is the fact that achieving that solution will take time and that we've still only just started what's going to be a long, tough job. The challenge to us all now is to stay the course right through to the very end and never give up.

Address by

Anthony S. Fauci, M.D.

Director, National Institute of Allergy and Infectious Diseases

National Institutes of Health

Unites States Department of Health and Human Services

at the

2008 High-Level Meeting on AIDS

General Assembly, United Nations

New York City

June 10, 2008

Your Excellency, the President of the General Assembly; Your Excellencies, Heads of State and Government; Your Excellency, the Secretary General of the United Nations; Excellencies, Ministers and Heads of Delegation; Ladies and Gentlemen, it is an honor and a privilege to share with you my perspectives as a physician-scientist on the global HIV/AIDS pandemic, the progress we have made, and the many challenges that remain.

Twenty-seven years ago, almost to this very day, the first cases of a mysterious disease -- seen in five gay men in Los Angeles -- were reported in a publication of the U.S. Centers for Disease Control and Prevention. One month later, additional cases in California and right here in New York City were reported.

We now call this disease AIDS.

As we have sadly witnessed, AIDS has turned into one of the most devastating scourges in human history and its full impact has yet to be realized.

As this body well knows, most of these cases have occurred in poor countries, where HIV/AIDS is superimposed on other serious problems, such as poverty, food insecurity, a lack of clean water and sanitation, and endemic infections such as malaria, tuberculosis, and diarrheal, respiratory, and parasitic diseases.

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

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

A diagnostic test for HIV was rapidly developed. Basic research studies unlocked many of the mysteries of the virus and how it causes disease. These scientific advances in turn facilitated the development of nearly 30 lifesaving drugs to treat HIV infection.

As is the case with most diseases, the developed world benefited first and foremost from the fruits of AIDS research, and the "implementation gap" between biomedical research discoveries and the delivery of these advances to those who need them most, particularly people in the developing world, was most dramatic in the provision of anti-HIV drugs. However, in the past several years, programs such as the Global Fund to Fight AIDS, Tuberculosis, and Malaria and the U.S. President's Emergency Plan for AIDS Relief, as well as individual governments, NGOs, philanthropies, and many others have done heroic work in making AIDS drugs available to those who need them.

Three million people with HIV are now receiving antiretroviral drugs in low- and middle-income countries. Much progress has been made; nonetheless, just 30 percent of HIV-infected people in those countries who need treatment based on established medical criteria are receiving it. We clearly need to do more, and these recent successes provide us with the impetus to accelerate our efforts to deliver the fruits of biomedical research and sound public health policies to these countries.

It would be naïve to think that this task will be simple and straightforward. Providing lifelong, but lifesaving therapy for any disease is challenging in

most settings, certainly in the case of poor countries with many other health, social and economic problems. The argument has been put forth that it is futile to attempt to provide universal access to therapy for HIV in poor countries because viral resistance to the drugs will inevitably develop. The answer to this dilemma is not to withhold therapy and care; it is to develop new and better drugs, and to perform the operational research that would guide the best practices appropriate for resource-poor settings to minimize the emergence of drug resistance.

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

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

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

I believe that striving for universal access to AIDS therapy and related services is a public health and moral imperative. However, it may be logistically impossible to achieve this goal, as newly acquired infections are outstripping our ability to treat everyone infected with HIV. In 2007, about

2.5 people were newly infected with HIV for every person put on treatment. We cannot end the HIV/AIDS pandemic merely by treating infected people, even if this were logistically possible. This fact, however, does not relieve us of the moral responsibility to treat HIV-infected people where possible, but treatment alone is not the solution to the problem.

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

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

In scaling up and applying prevention services, we can draw important lessons from common elements of the HIV/AIDS prevention efforts in those countries that have had documented success in reducing HIV infections.

Such factors include the strong support of political, religious, and community leaders; adequate and sustained funding; the use of the media to raise HIV awareness; efforts to encourage respect, tolerance, and compassion for HIV-infected people; and importantly, the use of evidence-based strategies derived from a detailed understanding of the specific dynamics and epidemiology of the epidemic in a particular setting.

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

Medical research can help address other societal impediments to the control of HIV. In this regard, under certain circumstances and in some countries more than others, the spread of HIV infection is linked to the lack of empowerment of women. Globally, nearly half of all HIV infections have occurred among women and girls. In many countries, including my own, women may find themselves in situations in which they lack the power to protect themselves from sexual transmission of HIV.

Ongoing research to develop microbicidal gels or creams to be applied before sex offers the hope of empowering women to protect themselves from HIV infection when the use of condoms or the refusal of sexual intercourse is not feasible.

Finally, a preventive HIV vaccine remains the greatest hope for halting the relentless spread of HIV/AIDS. The search for a vaccine has been extremely challenging because of the unique nature of the virus, particularly its uncanny ability to elude the body's natural attempt to contain it. HIV has proven to be very different from those viruses for which we have developed effective immunizations. We must solve the mystery of how to prompt the human body to produce a protective immune response against HIV, something that natural infection with the virus seems unable to do.

The past year was disappointing in the search for a safe and effective HIV vaccine. The top candidate proved to be ineffective when clinically tested. Although this result was disappointing, such disappointments are not unusual in the history of vaccine development. Historically, it has taken decades to find effective vaccines to combat most infectious diseases. Researchers usually experienced numerous setbacks and disappointments before reaching success; yet they persevered. Finding a safe and effective

HIV vaccine demands an equally intense resolve, even as treatment and non-vaccine prevention efforts are ramped up.

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

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

To be sure, history will judge us as a global society by how well we address the next 27 years of HIV/AIDS as much -- or more -- than by what we have accomplished in the first 27 years.

Thank you.

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MISION PERMANENTE DE EL SALVADOR
ANTE LAS NACIONES UNIDAS

GENERAL ASSEMBLY
62ND Session

Please check against delivery

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

Statement by
H.E. Mr. Elías Antonio Saca
President of the Republic of El Salvador

New York , 10 June 2008

Señor Presidente,
Señor Secretario General,
Excelencias, Señoras y Señores:

Es para mi un gran honor dirigir estas palabras a la Asamblea General y expresar en nombre de El Salvador, nuestro agradecimiento por haber convocado a esta reunión de alto nivel, a fin de revisar de manera integral, los progresos alcanzados en la implementación de la Declaración de Compromiso en la Lucha contra el VIH/SIDA y la Declaración Política sobre VIH/SIDA.

Luego de siete años de haberse celebrado el Vigésimo Sexto Período Extraordinario de Sesiones de la Asamblea General de Naciones Unidas, donde nos comprometimos unánimemente a luchar contra el flagelo del VIH/SIDA, El Salvador asiste nuevamente ante esta Asamblea, como un miembro responsable de ONUSIDA. Somos conscientes de que los logros alcanzados para reducir la escala y efectos de esta epidemia en nuestro país, si bien muestran una tendencia muy positiva, no por tanto, es hora aún de sentirnos plenamente satisfechos.

Es importante recordar que el VIH/SIDA no es sólo cuestión de números ni estadisticas, sino un problema que afecta a todas las comunidades y naciones alrededor del mundo. El VIH/SIDA no distingue edades, culturas, religiones ni razas, es una condición a la que estamos expuestos todos los seres humanos. Tiene múltiples repercusiones sociales, culturales, económicas y políticas que rebasan el ámbito de salud. En vista de ello, existe la necesidad y urgencia de que todos nos involucremos en hacerle frente a esta pandemia para dar una respuesta efectiva.

Señor Presidente:

Con pleno orgullo como gobernante de un pueblo trabajador e incansable, puedo decir que la respuesta salvadoreña ante los compromisos adquiridos ha alcanzado grandes logros. Las pequeñas semillas sembradas en aquellos días cuando poco se conocía acerca esta enfermedad, han empezado a dar sus frutos. Hoy en día, estamos dando un paso más firme en la respuesta a esta epidemia.

Nos hemos asegurado de que en El Salvador se disponga de medicamentos antiretrovirales de forma universal y gratuita para todas las personas que los necesitan.

El esfuerzo realizado nos ha llevado a brindar una atención integral a las personas con VIH/SIDA, ampliando el número de hospitales descentralizados que cuentan con mayor número de personal médico y para-médico multidisciplinario altamente capacitado. Hemos podido reducir en un 35 % el número de muertes en personas con VIH/SIDA y en un 30% la mortalidad en casos de coinfección VIH y Tuberculosis.

De igual manera hemos podido reducir la incidencia de la tuberculosis en el país en un 50 % alcanzando así anticiparnos al año 2015, en la consecución de una de las metas establecidas por los Objetivos de Desarrollo del Milenio.

Hace 5 años nacían en nuestro país más de 150 niños con VIH. En los últimos 4 años hemos logrado reducir el número a menos de 15 niños por año, lo que representa una disminución equivalente a 89 %. Este logro ha sido posible gracias a una cobertura mayor del 90% de pruebas realizadas cada año en mujeres embarazadas.

Hemos logrado estas metas debido al ambiente de confianza y de gobernabilidad que hemos construido en El Salvador, fruto del trabajo de muchos hombres y mujeres salvadoreños. Todos ellos han permitido que el combate a la pandemia del VIH/SIDA se realice en armonía con todos los sectores de la sociedad, con instituciones de gobierno, sociedad civil, empresa privada, iglesias, universidades, agencias de cooperación y personas que viven con el VIH.

Señor Presidente,

En el mundo globalizado en que vivimos, la migración internacional constituye uno de los fenómenos multidisciplinarios más dinámicos y de mayor impacto en las sociedades contemporáneas. Por esta razón la combinación de la población migrante con el VIH/SIDA representa un desafío importante para la comunidad internacional en general, y en particular para nuestra región.

Al respecto conviene destacar la importancia de promover el respeto de todos los derechos humanos y las libertades fundamentales de los migrantes, condición esencial para beneficiarse de las contribuciones positivas de la migración internacional. En este contexto, es inaceptable la carga de restricciones migratorias de corto y largo plazo para el tránsito de las personas con VIH impuestas en diversas fronteras de nuestro planeta.

Estas restricciones si bien no son nuevas, se han incrementado y endurecido en forma discriminatoria en los últimos años, prevaleciendo aún en más de 70 países. En esta era de la globalización, si bien restringir el libre tránsito de personas viviendo con VIH no tiene ningún impacto en la salud pública de los pueblos, sí afecta en forma discriminatoria las vidas de los que viven con el virus.

Desde esta tribuna alzo mi voz para hacer un llamado a toda la comunidad internacional y a todos los gobiernos del mundo para que eliminemos los muros y las barreras restrictivas al libre tránsito de personas con VIH. Abrigo la esperanza de que este llamado se convierta en una firme recomendación por parte de esta Magna Asamblea.

Eliminar estas restricciones depende solamente de dos pasos; el primero es ganarle la batalla a la barbarie de la ignorancia y el segundo requiere la firme determinación así como la voluntad política de los gobiernos para iniciar y acelerar estos procesos.

El Salvador eliminó estas restricciones hace 4 años. No permitamos que se continúe estigmatizando y discriminando a las personas con VIH doblemente por su condición.

Señor presidente,

En el mundo actual enfrentamos serios y graves problemas que afectan de forma directa la calidad de vida de todos los seres humanos tales como la crisis energética, alimentaria, financiera y climática. No obstante frente a estos problemas la comunidad internacional debe redoblar sus esfuerzos en la respuesta al VIH/SIDA. Es por tanto vital su compromiso y continuidad para lograr reducir las brechas que todavía tenemos por delante. El VIH/SIDA no permite treguas, no entiende de presupuestos, ni perdona el tiempo.

Somos conscientes de que la lucha contra esta pandemia demanda medidas y respuestas excepcionales por parte de nuestros gobiernos y sociedades. Diversos países de nuestra región lo han logrado pese a que la región de América Latina y el Caribe sólo recibe el 8 % de toda la ayuda mundial para enfrentar esta pandemia.

Por tanto es urgente que los donantes incluyan entre sus prioridades a los países de renta media para que podamos enfrentar esta pandemia.

Señor Presidente,

Para concluir, permítame reiterar mi firme compromiso como ciudadano y como Presidente de la República de El Salvador, de mantener el liderazgo político en el tema, para que en mi país y en América Latina y el Caribe dispongamos siempre de recursos necesarios para atender a un hermano y hermana que vivan con el VIH/SIDA.

Muchas Gracias.

Mr. President,
Mr. Secretary General,
Excellencies,
Ladies and Gentlemen,

It is my privilege to address the General Assembly and express, on behalf of El Salvador, our appreciation for convening this High-Level Session in order to review progress achieved in the implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS.

Seven years after the 26th Special Session of the General Assembly when we agreed unanimously to fight against the scourge of HIV/AIDS, El Salvador is present once again, in fulfillment of its responsibility as member of UNAIDS. We are aware that although the goals achieved in our country to reduce the negative impact of this pandemic do show a positive trend, it is not yet time to feel fully satisfied.

It is important to recall when addressing HIV/AIDS that it is not only a matter of statistics, but rather a problem which may affect any community or nation. HIV/AIDS do not differentiate between ages, cultures, creeds or races. We are all exposed as human beings. Its repercussions are multidimensional at the social, cultural, economic and political level. Therefore everyone should get involved in the struggle against this pandemic in order to provide an effective response.

As Head of State of an industrious and tireless people, I feel deeply proud when stating that Salvadoran's response has enable us to reach important goals. The small seed disseminated in those days, when we did not know much about this pandemic, has started yielding fruits. Today we are steadily making a step further in the fight against this epidemic.

We have taken the necessary measures in El Salvador in order to ensure universal and free distribution of antiretrovirals for whoever needs them.

By offering a holistic attention to persons living with HIV/AIDS through a larger number of decentralized hospitals, equipped with more highly qualified multidisciplinary medical and paramedical personnel, we have been able to reduce to 35% the number of deaths among persons living with HIV/AIDS and to 30% the figure of combined HIV/AIDS and tuberculosis infections.

Likewise we have been able to cut down the impact of tuberculosis to 50%, attaining therefore before 2015, one of the Millennium Development Goals.

While five years ago my country used to register 150 children infected by HIV/AIDS, during these past four years this figure has been reduced to 15 children. It is a significant reduction of 89%. This has been obtained through a 90% increase per year, of pregnant women being tested.

Such achievements have been made possible due to a confidence building process prevailing in El Salvador, where many men and women have contributed to enhance the struggle against this pandemic. We have been able to work in harmony with all the relevant actors such as governmental institutions, civil society, private sector, religious leaders, donors, as well as people living with HIV/AIDS.

Mr. President,

In our global world international migration represent one of the most dynamic and multidisciplinary phenomenon affecting our societies. Hence the connection between migrants and HIV/AIDS constitute a strong challenge for the international community as a whole, and in particular for our region.

We must stress the importance of promoting respect for all human rights and fundamental freedoms for the migrants. It is a precondition if we want to benefit from the positive asset generated by international migration. We cannot accept the burden imposed to people due to discriminatory practices when traveling with HIV/AIDS, at different borders.

Such restrictions are not new, although in recent years, the number has increased and the discriminatory practices have been stressed in more than seventy countries. In this global era while restricting free transit to people living with HIV/AIDS does not have a direct impact in public health, nevertheless it creates a discriminatory approach in people's life.

From this rostrum I urge the international community, as well as the leaders of the world, to turn down walls and restrictions which hamper the free transit of persons living with HIV/AIDS. I hope this will constitute a firm recommendation from this Assembly.

Those restrictions may be suppressed through two steps: first by overcoming ignorance and second through the firm determination and political will of governments, in order to take the necessary steps while speeding up such processes.

Four years ago El Salvador eliminated those restrictions which were discriminatory for those living with HIV/AIDS.

Mr. President,

In today's world we face serious problems such as the energy, food and financial crisis as well as climate change, which may affect the quality of life of any human being.

Nevertheless while encountering such issues the international community must also act vigorously in a long term effort, in order to respond to HIV/AIDS. It is necessary to maintain a sustainable commitment to fulfil the existing gap.

We know with HIV/AIDS there is no truce, neither budget nor time. We are aware that the struggle to combat this pandemic demands exceptional and urgent responses from the government together with the civil society. Many countries in our region have already embarked in such process; although the Latin American and Caribbean Region gets only 8% of the world aid to combat this pandemic. Therefore when referring to the struggle against this pandemic, it is important for donors to approach the middle income countries with the same vision and solidarity as shown in other contexts.

Mr. President,

Let me conclude by reiterating my firm commitment as citizen and President of El Salvador to maintain the sustained political leadership which my country as well as the Latin American and Caribbean Region demand, in order to obtain the necessary resources we need to heed a brother or a sister living with HIV/AIDS.

Thank you.

REPUBLIQUE TOGOLAISE

REUNION DE HAUT NIVEAU

DE L'ASSEMBLEE GENERALE DES NATIONS UNIES

SUR LE VIH/SIDA

DECLARATION DE

SON EXCELLENCE

MONSIEUR FAURE ESSOZIMNA GNASSINGBE,

PRESIDENT DE LA REPUBLIQUE TOGOLAISE

NEW YORK, LE 10 JUIN 2008

Monsieur le Président de l'Assemblée générale,

Monsieur le Secrétaire Général de l'Organisation des Nations Unies,

Messieurs les Chefs d'Etat et de Gouvernement,

Mesdames et Messieurs,

Je voudrais tout d'abord adresser mes sincères remerciements à Monsieur Ban Ki-Moon, Secrétaire Général de l'Organisation des Nations Unies, pour l'invitation qui m'a été faite et vous dire ma pleine satisfaction d'être parmi vous à l'occasion de cette réunion de haut niveau sur le sida.

Je me félicite de la participation de Chefs d'Etat et de Gouvernement à ces assises. Cela prouve, si besoin était, que la problématique du SIDA, en tant qu'équation du développement de notre société, est une préoccupation mondiale.

Il me plait également de rendre hommage à l'ONUSIDA, à ses agences coparrainantes, au Fonds Mondial et à tous les partenaires bilatéraux pour leur présence constante à nos côtés.

Je salue enfin les organisations de la société civile, les personnes vivant avec le VIH pour leur engagement permanent et leurs actions de proximité.

Dans mon pays, la prévalence du VIH avait atteint en l'an 2000 un pic de 6%. Aujourd'hui, cette prévalence est estimée à 3,2%. C'est là un chiffre encore trop élevé, certes, mais la tendance générale est à la stabilisation depuis 2005.

Monsieur le Président,
Mesdames et Messieurs,

La réponse au SIDA au Togo au cours des derniers mois a été faite par un cofinancement avec nos partenaires. C'est ainsi que le budget du plan Stratégique national 2007-2010 est financé à hauteur de 13% par le Togo. L'élaboration du rapport UNGASS 2008 est financée à hauteur d'environ 50 000 dollars US, soit 64% du financement total.

Il faut en outre souligner qu'à plusieurs reprises, dans les conditions économiques difficiles que nous subissons, le Togo a financé sans appui extérieur l'achat des médicaments antirétroviraux pour les malades.

Entre 2006 et 2007, les dépenses pour la lutte contre le sida ont été évaluées à environ 25.000.000 dollars US, dont 73% ont été consacrés à la seule prévention, alors que la part des traitements ne fait que 7%.

Le Plan Stratégique National de Lutte contre le SIDA et les infections sexuellement transmissibles pour la période 2007-2010 coûtera environ 120.000.000 dollars US.

L'Etat Togolais y contribue pour environ 20.000.000 dollars US; nous avons cependant de sérieuses difficultés à mobiliser des ressources additionnelles.

Les cibles prises en compte par ce Plan stratégique National sont spécifiquement :

- les **professionnelles du sexe**, cible prioritaire des services de prévention ;
- les **jeunes,** pour lesquels des stratégies sectorielles seront disponibles en 2010 en milieu scolaire et universitaire de même qu'en milieu extrascolaire ;

- les **femmes,** pour lesquelles des activités de prévention seront intégrées dans « la vie » de leurs organisations.
- et **le milieu du travail,** où la prévention du VIH et des IST sera généralisée.

Par ailleurs, une loi portant protection des droits des personnes vivant avec le VIH, que nous avons promulguée, prend en compte tous ces aspects. Cette loi a été largement diffusée et fait l'objet d'une promotion au sein de la population, notamment auprès des Personnes Vivant avec le VIH. Au cours de cette année 2008, nous allons renforcer cet arsenal juridique.

Monsieur le Président,
Mesdames et Messieurs,

Nous avons, au Togo, accompli quelques progrès dans la réponse à la pandémie :

La Prévention de la Transmission Mère Enfant (PTME) se fait aujourd'hui dans 45 sites. Mais ceci ne couvre que 11% de la population cible togolaise.

Le conseil et Dépistage Volontaire du VIH est offert dans 54 sites. En 2007, 16% des adultes ont fait le test et en connaissent le résultat.

Il en est de même de la moitié des jeunes de 15 à 24 ans.

Chez les professionnelles du sexe, la proportion est de 90%.

Monsieur le Président,
Mesdames et Messieurs,

Toutes ces tendances montrent que le Togo est sur la bonne voie, vers l'accès universel. Cependant, il me faut rappeler encore que mon pays a souffert pendant presque deux décennies de la suspension de l'aide internationale. Malgré cela, il s'est inscrit dans des actions d'envergure pour lutter efficacement contre le SIDA.

Le problème majeur du Togo aujourd'hui est un approvisionnement régulier en médicaments anti-rétroviraux. Dans le financement de la lutte, nos partenaires nous ont surtout aidés dans la prévention qui, nous l'avons dit plus haut, dépasse de loin l'apport financier pour les traitements. Il y a là un équilibre à rechercher.

Cet équilibre pourrait notamment passer par l'allègement des procédures pour accéder aux ressources du Fonds Mondial pour des pays post-conflit ou post-crise comme le nôtre.

Monsieur le Président,
Mesdames et Messieurs,

Je ne saurai terminer mon propos sans saluer les efforts des pays donateurs, efforts qui reflètent la solidarité internationale et l'engagement collectif.
La lutte contre le SIDA est développement.
La lutte contre le SIDA est recul de la pauvreté.
Investir dans la lutte contre le SIDA, c'est rendre à l'Afrique sa dignité.

Je vous remercie.

HIV and AIDS:

facilitator for entry of other diseases and source of frustration of personal and institutional plans

Address by HE Armando Emílio Guebuza, President of the Republic of Mozambique HIGH Level meeting on HIV and AIDS

New York, 10 June 2008

Mr. President;

Mr. Secretary General of the United Nations;

Your Excellencies Heads of State and Government;

Distinguished Representatives of Civil Society Organizations;

Ladies and Gentlemen.

We join the previous speakers in congratulating the United Nations for having organized this event, whose importance and relevance are underlined by its agenda. This forum constitutes yet another opportunity for us, as nations and multilateral institution, to reaffirm our role in addressing the threat posed by HIV and AIDS to our development agenda.

In Mozambique, we have been facing this challenge head on. In February 2006 a Presidential Initiative on HIV and AIDS was launched. Separate meetings were held with women, religious leaders, business people, community leaders and the youth. The initiative has since been replicated at provincial and district levels and in various public and private institutions. One cannot categorically draw direct link between this initiative and the changes in attitude we see in the country but what is a fact is that:

- People now talk more freely and openly about AIDS and begin to view it more as another chronic disease rather than a death sentence;
- We have reduced the rate of infection from 16,2% to 16%, though parts of Southern Mozambique require greater attention;

- More people volunteer for testing and counseling and many more are less ashamed to access the health units for care and treatment.

Thanks to the commitment of our Government and partners, tangible strides have also been made in the country:

- We have succeeded in effectively scaling up access and utilization of HIV care and treatment to impressive levels since 2004. From 6,000, in January 2005, we have, in April this years, reached the figure of over 100,000 Mozambicans on Anti-Retroviral Therapy;
- We have also made tremendous improvements in the prevention of mother to child transmission and have guaranteed HIV and AIDS care and treatment across all 128 districts. From an initial 21 health facilities at the end of 2004, there are presently 215 health units which offer Anti Retroviral Therapy in the country. Children have access to Anti Retroviral Therapy in 170 of these health facilities.

Despite the availability of treatment and encouragement of our citizens to access it, our national strategy focus, primarily, on prevention measures targeting the most vulnerable groups, namely the youth, women, children and people with high mobility. We have since come to learn that prevention remains a great challenge. The fact that HIV awareness programmes are widespread and the fact that more people are aware of the dangers posed by AIDS do not translate into fast scaling down of the infection rates.

We have, therefore, established a task force, chaired by the Minister of Health, to look into how we can make prevention more effective. This task force will present its report at the end of this month. It is our hope that their report will shed more light on what has to be done to revert the current situation.

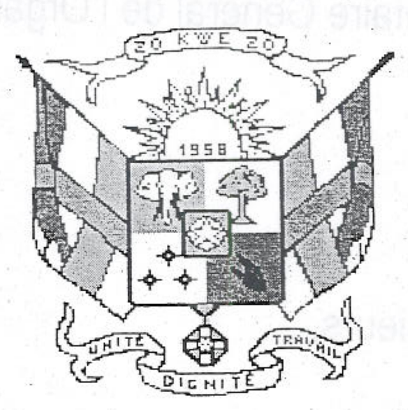
From our experience in dealing with this pandemic its association with TB has become evident. We were pleased yesterday that the session organized by the UN Secretary General Special Envoy to Stop TB also underscored the need to strengthen an integration of HIV/TB activities. More importantly, we need to strengthen our national health system, as a whole, to deliver more efficiently across the Nation. We count on our partners in this regard.

The will to defeat the HIV and AIDS and other killer diseases such as TB and malaria is clear from this august audience. Let us, therefore, rededicate ourselves to implement:

- The MDGs;
- The Abuja Declaration and Framework for Action for the fight against HIV/AIDS, Tuberculosis and other related diseases in Africa; and
- The United Nation General Assembly Special Session on HIV/AIDS;

Thank you very much for your kind attention.

REPUBLIQUE CENTRAFRICAINE
Unité – Dignité – Travail



Discours de Son Excellence François BOZIZE, Président de la République Centrafricaine, Chef de l'Etat

A la Réunion de Haut Niveau sur le VIH/SIDA

New York, 10 et 11 Juin 2008

Excellences, Mesdames et Messieurs les Chefs d'Etat et de Gouvernement ;

Monsieur le Secrétaire Général de l'Organisation des Nations Unies;

Distingués invites ;

Mesdames, Messieurs,

C'est avec un vif et tout particulier intérêt à la mesure de ce fléau qui frappe la République Centrafricaine que je prends part à cette rencontre de haut niveau sur le VIH/SIDA.

Je remercie Monsieur le Secrétaire Général des Nations Unies pour son aimable invitation et lui adresse mes sincères compliments, ainsi que mes vœux pour la réussite de sa mission à la tête de notre organisation.

J'apprécie hautement le rapport qu'il a soumis réponse à l'aimable invitation sur l'évolution de la lutte contre le VIH/SIDA depuis la déclaration de politique générale à laquelle la République Centrafricaine a adhéré en 2006.

Je mesure toute l'importance de la réflexion que nous menons maintenant sur le VIH/SIDA, ce fléau des temps modernes, aggravé par les nouvelles menaces qui pèsent sur les populations et l'environnement à travers les crises énergétiques et alimentaires ou encore les pollutions qui hypothèquent l'avenir du monde et particulièrement celui des pays les moins avancés comme le mien.

En effet, en République Centrafricaine, l'infection à VIH est de type généralisée.

Avec une prévalence de 6,2% pour la tranche active de la population, c'est-à-dire les personnes âgées de 15 à 49 ans la République Centrafricaine détient le triste record de pays le plus affecté dans la sous-région de l'Afrique Centrale.

Cette situation est essentiellement due à :

1) L'ignorance en dépit des efforts du Gouvernement et des partenaires au développement. Les populations n'ont pas encore une prise de conscience suffisante sur la nature du VIH/SIDA, ses modes de transmission et les mesures de prévention.

2) La République Centrafricaine connaît encore des difficultés pour accéder aux anti-rétroviraux, au dépistage volontaire, et aux modes de prévention. De même que les précautions nécessaires pour éviter la transmission du VIH de la mère à l'enfant sont souvent ignorées.

3) Les personnes vivant avec le VIH sont encore malheureusement victimes de la discrimination et de la stigmatisation au sein de la société.

La riposte nationale a consisté entre autres à l'insertion du programme de lutte contre le SIDA dans le Document de Stratégie de Réduction de la Pauvreté (DSRP).

Dans ce domaine, je salue le rôle joué par les Agences du Système des Nations Unies qui apportent un appui déterminant au Gouvernement dans la mise en œuvre de la stratégie pour la lutte contre le VIH/SIDA, comme troisième axe stratégique de leurs interventions en matière de coopération pour la période 2007-2011.

Quelques résultats méritent d'être présentés à cette Assemblée.

Le Comité National de Lutte Contre le SIDA (C.N.L.S) que je préside, réunit la société civile, le secteur privé et les partenaires au développement. Cet organe a conçu un cadre stratégique pour la période 2006-2010 dont les grands axes sont les suivants :

- L'intensification de la prévention pour réduire la transmission de l'infection à VIH/SIDA.

- L'amélioration de la prise en charge globale des personnes vivant avec le VIH/SIDA.

- La promotion d'un environnement favorable à une meilleure gestion des personnes vivant avec le VIH/SIDA, au suivi évaluation et à la coordination des actions de lutte contre la pandémie.

Deux autres documents ont été validés au cours de la quatrième Assemblée Générale du Comité National de Lutte Contre le SIDA (CNLS) et qui sont le Plan Opérationnel et le Plan National de Suivi Evaluation.

Ces outils permettent dorénavant à la Coordination Nationale du Comité National de Lutte Contre le VIH (CNLS) ainsi qu'aux partenaires de la Lutte Contre le VIH/SIDA de combler le vide dans l'application du principe « Three one » ou « les trois un » promu par l'ONUSIDA afin de dégager la synergie nécessaire pour réduire cette pandémie en République Centrafricaine.

Des directives précises ont ainsi été données à différentes entités sociales pour une plus grande implication dans la lutte contre le VIH/SIDA.

La Loi fixant les droits et obligations des personnes vivant avec le VIH/SIDA a été promulguée après son adoption à l'unanimité par l'Assemblée Nationale.

Des progrès ont été accomplis dans la prise de conscience des comportements à risques parmi les jeunes qui savent désormais qu'éviter les partenaires multiples, utiliser le préservatif protègent contre le VIH/SIDA.

De nos jours, environ 8.000 personnes sont sous traitement par les ARV, ce qui est loin d'atteindre nos besoins réels estimés à plus de 30.000 patients éligibles

Des actions de sensibilisation sont également organisées en direction des populations fragilisées qui sont les réfugiés, les personnes déplacées.

Ces résultats sont un encouragement à une action encore plus déterminée avec l'appui de la Communauté Internationale au regard des obstacles et de la situation générale qui a prévalu dans mon pays.

En effet, la République Centrafricaine a connu plusieurs années d'instabilité liées aux crises militaro-politiques, avec comme conséquence des exactions des viols et de déplacement de populations. Une telle situation est favorable à la propagation de la pandémie du VIH/SIDA.

L'ampleur de ce fléau est telle qu'il est impératif d'accorder une attention particulière aux populations déplacées des zones de post conflits.

Fort donc de ce constat préoccupant, la République Centrafricaine sollicite l'appui de la Communauté Internationale non seulement pour consolider la paix sans laquelle aucun développement socio-économique n'est envisageable, mais également pour renforcer le tissu social et empêcher la propagation de la pandémie du VIH/SIDA.

Je saisis aussi cette occasion pour solliciter de la Banque Mondiale la mise en place d'un programme MAP, à l'instar des pays de la sous-région de l'Afrique Centrale engagées dans la lutte contre le SIDA.

Cet appui permettra le renforcement des capacités des acteurs de terrain, des structures étatiques et privées ainsi que des organisations de la société civile.

Excellences, Mesdames et Messieurs les Chefs d'Etat et de Gouvernement ;

Monsieur le Secrétaire Général de l'Organisation des Nations Unies;

Distingués invites ;

Mesdames et Messieurs.

Je souscris à toutes les recommandations formulées par Monsieur le Secrétaire Général des Nations Unies et dans lesquelles s'inscrivent les décisions prises au niveau national dans la lutte contre le SIDA.

Je vous remercie.

Permanent Mission of the Kingdom of Swaziland
to the United Nations

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STATEMENT DELIVERED BY

HIS EXCELLENCY THE RIGHT HONOURABLE

ABSALOM THEMBA DLAMINI

PRIME MINISTER OF THE KINGDOM OF SWAZILAND

ON THE OCCASION OF THE COMPREHENSIVE REVIEW OF THE PROGRESS ACHIEVED IN REALIZING THE DECLARATION OF COMMITMENT ON HIV/AIDS AND THE POLITICAL DECLARATION ON HIV/AIDS

NEW YORK

JUNE 10, 2008

408 East 50th Street • New York, New York 10022 • (212) 371-8910 • Fax: (212) 754-2755 •

Mr. President
Mr. Secretary-General
Excellencies Heads of State and Government
Distinguished Delegates

I am delighted to join other delegations at this summit to review progress made in the fight against HIV and AIDS.

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

As you may be aware, the Kingdom of Swaziland is among the countries hardest hit by the HIV/AIDS pandemic, as estimated by our demographic and health survey of 2006/7, that 26% of the population between the ages 15-49 years are infected with HIV.

Mr. President,

Since the last review period in 2005/6, the Kingdom of Swaziland has made great progress in the national response to HIV and AIDS. This has been a result of collective efforts by the government, multilateral and bilateral partners, national and international non-governmental organisations, community based organisations, faith based organisations, the private sector, support groups of people living with HIV and the community at large.

A major achievement for the country has been evident in the decreasing of HIV prevalence among the youth less than 25 years old. Data from HIV sentinel survey among ante-natal clients show a decline in HIV prevalence in the age 15 – 19 years from 32.5% in 2002, to 29.3% in 2004 and 26% in 2006. This Mr. President brings hope and encourages us to step up efforts towards reducing new infections.

Awareness and knowledge on HIV and AIDS continues to be reasonably high in all sections although genuine translation to positive behaviour change in many aspects remains a challenge.

Mr. President,

HIV testing and counselling continues to be an integral component of the national response. As you know, this is the entry point to HIV prevention, treatment, care and support services. It is also a vital ingredient in reducing stigma and discrimination associated with HIV and AIDS.

Data from our routine monitoring and evaluation reports shows that as of December 2007, 25% of the population in the country have tested and know their HIV status. The target for 2010 is to have at least 50% of men and women age 15 – 49 years having tested and knowing their HIV status.

Mr. President,

Implementation of a Comprehensive Prevention of Mother to Child Transmission (PMTCT) Program remains one of our national priority areas in the quest to save lives of newborns and their parents. Since 2004 the country has increased the proportion of facilities providing the services from 10% in 2004 to 71% by end of 2007.

As of December 2007, 65% of HIV-positive pregnant women received anti retroviral drugs to reduce the risk of mother to child transmission. The target is to enrol at least 80% of these women by 2010. Our challenge however is dealing with the significant percentage of women who give birth outside of health facilities.

Mr. President,

In the area of care and support, the country has seen significant progress, as it is one of the few countries that achieved the WHO 3 by 5 target. The momentum gained during this period has seen the country increase the number of facilities providing Anti-Retroviral Therapy (ART) services from one in 2003 to 51 in December 2007, with plans to further decentralise access to the primary health care level.

The number of people on ART increased from 383 in 2003 to 24,535 by December 2007. This is 42.1% of the estimated number of people in need of ART. The country targets to enrol at least 60% people living with HIV on ART by 2010.

Mr. President,

The country is stepping up its fight against HIV/TB co-infection. All TB patients are offered HIV testing, counselling and prevention of TB among HIV positive patients is done.

Mr. President,

The Swaziland Government is committed to strengthening ART patient follow up and drug management systems including capacity of the laboratory services and the overall human resources for health. On behalf of His Majesty's Government, may I take this opportunity to request assistance from the international community in this regard.

Mr. President,

In relation to impact mitigation strategies, the country's focus is on the provision of basic support to children and the elderly. As such, the Government has set-up funds and community-based social safety nets to address the plight of the elderly, orphaned and vulnerable children (OVC'S).

Over 40% orphans and vulnerable children ages 0 – 17 years receive free basic external support in their households. The Government target is to reach 61% by 2010. The challenge however, is to strengthen the provision of food, shelter and psychosocial support in the context of an increasing number of OVC'S.

His Majesty's Government remains committed to achieving the targets set in 2001 and the 2006 Political Declaration by the General Assembly. We highly appreciate the valuable support we continue to receive from our development partners, the international community, especially the invaluable support from the Global Fund, and UNAIDS to name but a few.

Mr. President,

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

I thank for your attention.

Permanent Mission of St. Kitts and Nevis to the United Nations

STATEMENT BY HIS EXCELLENCY DR. DENZIL L. DOUGLAS
PRIME MINISTER OF ST. KITTS AND NEVIS

ON BEHALF OF
THE CARIBBEAN COMMUNITY (CARICOM)

AT THE HIGH LEVEL PLENARY MEETING ON A COMPREHENSIVE REVIEW OF THE PROGRESS ACHIEVED IN REALIZING THE DECLARATION OF COMMITMENT ON HIV/AIDS
AND
THE POLITICAL DECLARATION ON HIV/AIDS

10 JUNE 2008

UNITED NATIONS HEADQUARTERS
NEW YORK

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Two years ago, when I had the honor of addressing this august body for the second time, I committed the Caribbean to achieving universal access to HIV and AIDS prevention, treatment, care and support services by the year 2010. It was bold pronouncement on the part of the Caribbean considering the twin problems of a region with the second highest prevalence of HIV infection in the world and limited technical and financial resources that the region had to surmount in order to achieve this milestone.

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

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

Today, I feel vindicated to be in a position to present the largely positive mid-term scorecard of the Caribbean to this 2008 High-Level Meeting on AIDS of the General Assembly of the United Nations.

For us, it is particularly gratifying to note that 21 countries of the Caribbean submitted assessment reports on their progress in achieving the key indicators adopted at the 2006 UNGASS meeting. The completion of this

unprecedented number of reports demonstrates both commitment and forward movement at the country level.

The Caribbean country reports indicate that as countries, we have worked together to strengthen our collective resolve to achieve the health related international commitments. We have worked to define our individual and collective organizational strengths and accountabilities in supporting health outcomes that all the countries have achieved and progress made towards Universal Access targets and the health MDGs.

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

Significant gains have been achieved in scaling up treatment and reducing infections through mother to child transmission. On behalf of CARICOM countries, I would like to thank our partners for the support provided towards these efforts, in particular UNAIDS for its consistent support from country level right up to the global arena.

In particular I would like to remark the leadership of Peter Piot for the significant impact he has made in leading this global response.

It is a indeed a cliché to say that AIDS knows no borders, but in the case of the Caribbean this is a fundamental truth. Working regionally under the

umbrella of PANCAP, the Caribbean has demonstrated that AIDS goes beyond national politics and boundaries.

We have worked regionally for almost a decade and engaged a network of diverse stakeholders to stop the disruption of the social and economic well being of this region. The collective program under the Caribbean Regional Strategic AIDS Framework is indeed a model of functional cooperation that has spared the small countries of the Region from duplicating efforts supported by scare resources.

However, despite our progress in some key areas at the country and regional levels, and given the scale of effort needed to get as many Caribbean countries as possible to 2010 and then beyond, we are always looking to find ways to use our limited financial and human resources as effectively and efficiently as possible.
A key challenge here is for the Caribbean region is to develop and strengthen effective health systems that can deliver better quality services and improved health to those in need. This is an essential pre-requisite for the Region to achieving Universal Access to AIDS care, treatment, support and prevention.

However, we are cognizant that we will have to keep the balance and attention on what is important - to rapidly scale up interventions to reach our people while strengthening our health, education and social systems to mount an effective, comprehensive and sustainable AIDS response.

We remain firmly committed to a country-led and owned process, and while

we welcome and presently need the support of technical agencies and developmental partners, we firmly maintain that these efforts must be defined, owned and led by countries.

So I stand before you and pledge the CARICOM region to do a lot more of what we are already doing – and do it much better. We pledge to scale up all HIV programs and services towards universal access based on the roadmap towards universal access which our region has already laid out.

I pledge that this resolve will be political, and until it is beaten, AIDS being an exceptional epidemic, will remain a regional political priority.

This resolve will be financial to continue to secure the funds to make headway towards universal access and to overcome the weak capacity of the health and social sectors.
This resolve will also be a pledge to true partnership, so that governments, people living with HIV, vulnerable groups, women's groups, civil society, faiths and business work shoulder to shoulder to save lives and prevent new transmissions.

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

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

Thank you.

SOCIALIST REPUBLIC OF VIETNAM
MISSION TO THE UNITED NATIONS

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Statement by

H.E Mr. Truong Vinh Trong, Deputy Prime Minister

of the Socialist Republic of Viet Nam

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

Check against delivery

New York, 10 June 2008

Mr. President,
Mr. Secretary-General,
Distinguished Delegates,

Viet Nam welcomes this important meeting as it convenes at a time when the United Nations and its Member States are undertaking a mid-term review of the implementation of the Millennium Development Goals (MDGs), in which the realization of MDG 6 on HIV/AIDS has significant bearing on the implementation of other important MDGs.

Mr. President,

Since the Twenty-Sixth Special Session of the General Assembly in 2001 and the High-Level Meeting in 2006, the United Nations and the international community have recorded a number of achievements in the implementation of the Declaration of Commitment on HIV/AIDS and Political Declaration on HIV/AIDS such as the increase in access to ARV drugs, including pregnant women, in funding for the response to HIV/AIDS, as well as in the awareness on HIV/AIDS among the population, especially young people. However, for MDG 6 to be achieved, there is a need for greater efforts undertaken by each nation and by the international community as a whole to halt the spread of HIV/AIDS, especially though ensuring that the rate of new HIV infections does not exceed the increase in access to ARV treatment; paying due attention to populations vulnerable to and at high risk of HIV exposure; combating all forms of discrimination and stigma against people living with HIV/AIDS; and enhancing the sustainability of the response to HIV/AIDS, including funding. We therefore hold that this High-Level Meeting will provide the international community with an opportunity to strengthen unanimity on the need to scale up these essential measures.

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

Mr. President,

Over the past two years, having perceived the importance of HIV prevention as one of major contents in the course of national development, the Vietnamese Government has incorporated full-scale mobilization of ministries, agencies, political and social organizations, civil society, and the entire community to address this epidemic. Viet Nam has also adopted legislative acts and regulations on HIV/AIDS prevention, most notably the Law and Decree on combating HIV/AIDS, National Strategy for AIDS prevention, as well as programmes of action and a series of technical guidance, thus creating a firm and thorough legal framework for the implementation at different levels. In addition, an integrated AIDS prevention system has been set up from central to local levels, and a national monitoring and evaluation system has been established and evolved in conformity with the three-one principle initiated by the United Nations.

Access to ARV treatment has multiplied by 5.7 times, up to twenty three thousand six hundred and ninety five people in the last two years. The Harm Reduction Programmes have been expanded, with 61% and 33.3% of districts having carried out condom-distribution and needle-exchange programmes respectively, and with more than 10 million needles and syringes distributed. Viet Nam has recently launched methadone-substitution programmes.

Although positive outcomes have been produced owing to the above-mentioned vigorous efforts, Viet Nam is still facing numerous challenges in its response to the HIV epidemic:

Firstly, there is a need to further expand the coverage of not only the Harm Reduction Programmes such as condom distribution, needle-exchange and methadone treatment, but also access to HIV prevention, treatment, care and support services, particularly the maintenance of continuous and life-long treatment for people living with AIDS.

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

Thirdly, despite the fact that budget allocated to HIV/AIDS prevention has increased by 58% and a significant amount of financial assistance has been mobilized from international donors, such financial resources could only ensure 30% of the need for HIV/AIDS prevention activities.

For recent successes to be built on and for a better response to HIV/AIDS to be obtained, Viet Nam is making every effort to enhance and broaden its international cooperation and earnestly hopes to receive continued financial and technical assistance from groups of international donors for the implementation of its National Strategy for HIV/AIDS prevention in which priorities should be given to the following four programmes: (1) HIV transmission prevention; (2) HIV/AIDS care, counseling and treatment; (3) HIV/AIDS monitoring and evaluation; and (4) institutional capacity-building on HIV/AIDS prevention at the provincial level.

We are convinced that, with continued international cooperation and assistance, Viet Nam will improve its capacity to overcome the said challenges, thus making significant contributions to the common efforts to prevent the HIV/AIDS epidemic. Let me take this opportunity to express Viet Nam's support to the increased role of the United Nations in this endeavor.

Thank you, Mr. President.

Statement on Behalf of the Group of 77 and China
By the Honourable John H. Maginley
Minister of Health of Antigua and Barbuda
To the
2008 Comprehensive Review of Progress Achieved in Realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS
10 June 2008

Mr. President,
Mr. Secretary-General,
Honourable Ministers,
Distinguished Delegates:

I am honoured to address you today on behalf of the Group of 77 and China.

At the outset, we would like to thank the Secretary-General for the comprehensive update of national progress in implementing the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration. We would also like to thank the co-facilitators and UNAIDS as the substantive secretariat for organizing this 2008 review.

Distinguished Delegates,

The Secretary-General's report tells us that progress has been uneven since 2006 and that significant scaling-up is required if the international community is to achieve the goal of universal access to HIV prevention, treatment, care and support by 2010 and the MDG target of halting and beginning to reverse national epidemics by 2015.

Distinguished Delegates, we know the estimates compiled by UNAIDS for 2007:

There is the global total of **33.2 million** people infected with HIV, **15.4 million** of whom are women, some **2.5 million** new infections since 2006 and **2.1 million** deaths from AIDS-related illnesses. There were also **2.1 million** children under 15 years-old living with HIV and **290,000** who died of AIDS. Such sobering statistics only begin to tell the story of the potential lost because of this devastating disease.

Ladies and Gentlemen, we also know what needs to be done, and today we are challenged beyond what Dr. Peter Piot termed the "crisis management approach" to look at truly sustainable long-term responses to fight this pandemic. In this way, we increase the possibility, particularly for low and middle-income countries, to maintain and continue to build on the gains achieved to date. I will outline a few actions that the Group of 77 and China deems essential in the sustained response to HIV/AIDS. These are not presented in any particular order of priority.

First, prevention education – More than twenty-five years into this pandemic, every person should have the knowledge and means to protect him or herself from HIV infection. National strategies that provide information, education and communication on HIV/AIDS to the public remain critical to reducing the spread of the virus.

Second, strengthen health systems - In developing countries there is an urgent need to strengthen health systems. Maintaining strong linkages between reproductive health and HIV/AIDS policies, programmes and services will result in more relevant and cost-effective programmes with greater impact, particularly as it relates to addressing infection rates among women and girls. In the same vein,

national plans that integrate dual therapies to address co-infections that are common among people living with HIV can be instrumental in improving quality of life and life expectancy.

Third, build capacity – This is closely linked to my last point. The dearth of trained medical workers in many developing countries is impeding significantly the battle against HIV/AIDS. Developing countries are forced to find creative solutions to counter the effects of migration of health personnel to developed countries. Training and education initiatives are underway to shift tasks to nurses, medical officers and even community-based organizers who can be instrumental in providing critical treatment, care and support to the most-at-risk populations.

Fourth, provide access to affordable drugs – The G77 and China acknowledges initiatives that have enabled developing countries, in accordance with the 2006 Political Declaration on HIV/AIDS, to make use of the Trade-Related Aspects of Intellectual Property Rights (TRIPS) Agreement's flexibilities for public health purposes. We continue to call for support in our efforts to access affordable HIV medicines, including generic antiretroviral drugs and other essential drugs for AIDS-related illnesses, thereby greatly facilitating the move towards universal access to HIV prevention, treatment, care and support by 2010.

Fifth, advance research and development – While we are disappointed with the outcome of recent trials of an HIV vaccine, we should remain encouraged by the work currently underway on developing a new generation of microbicides to be used in the

prevention of the virus. The argument in support of strengthening efforts towards new prevention methods is a strong one. WHO and UNAIDS reported that for every person placed on ARV treatment in 2006, another four people became newly infected. Quite simply, we have to be committed to intensifying scientific, political and financial support to the research into new and better prevention options, especially ones that empower women and girls to protect themselves from HIV infection. In this regard, we acknowledge the contributions that members of the Group of 77 and China namely, Brazil, China, the Dominica Republic, India, Kenya, Malawi, South Africa, Tanzania, Thailand, Uganda, Zambia and Zimbabwe, have made in funding and/or hosting microbicide clinical trials.

Sixth, mobilize resources – Funding for HIV/AIDS has increased dramatically in recent years. The G77 and China is thankful to the numerous bilateral and multilateral donors, including public and private sources that have answered the call for increased resources to support the global AIDS response. We are proud to recognize the significant role that South-South cooperation has played to this end.

Distinguished delegates, despite the tremendous increase in funding, there remains a significant gap between need and available resources. UNAIDS estimates that between US$27 billion – US$43 billion in 2010 and US$35 billion – US$49 billion in 2015 will be needed to close the resource gap required to achieve universal access. To ensure the sustained response that we acknowledge is essential, predictable funding from all sources will have to be secured. Developing countries know that this must include financing from our own national budgets and consequently we have risen to meet this challenge. As a result,

domestic spending in low and middle-income countries has grown to represent approximately one-third of all money for the global AIDS response.

Yet, burdened as developing countries are under heavy external debt, unmet Official Development Assistance commitments, and vulnerability to changes in the international geopolitical and economic environment, it is worrisome that middle-income developing countries are disqualified and unable to benefit from much of the front-line funding that could be available to help fight the epidemic in their countries.

To conclude, Mr. President, HIV/AIDS is a major obstacle to development that threatens the social and economic fabric of communities and nations. It cuts across all sectors and warrants a comprehensive, coordinated, integrated and sustained response. Continued progress in the fight against HIV and AIDS is essential for achieving several inter-related Millennium Development Goals including, eradicating poverty, achieving universal primary education, promoting gender equality and empowerment of women, reducing child mortality and developing global partnerships for development.

We have come a long way, but the disease continues to outpace our efforts. Any failure to acknowledge the extent to which HIV/AIDS is undermining the global development agenda is a failure for us all. While by no means an exhaustive list, our success is tied directly to the actions that I have outlined today and Distinguished Delegates, success must be our goal.

I thank you for your attention.

Remarks by

H.E. Dr. José Ángel Córdova Villalobos
Minister of Health of Mexico

In behalf of the

Rio Group

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

June 10th, 2008

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High-Level Meeting on a comprehensive review of the progress achieved in realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS.

Remarks by Dr. Jose Angel Cordova Villalobos
Minister of Health of Mexico

on behalf of the Rio Group

June 10, 2008

Mr. President,

I have the honour to take the floor on behalf of the 21 Latin American and Caribbean countries that integrate the Rio Group, namely: Argentina, Belize, Bolivia, Brazil, Chile, Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Guyana, Haiti, Honduras, Nicaragua, Panama, Paraguay, Peru, Dominican Republic, Uruguay, the Bolivarian Republic of Venezuela, and my own country, Mexico.

Our countries commend you for the organization of this meeting, whose large participation reflects the importance of this subject. Also, for having encouraged the presence of civil society in this meeting, whose participation enriches this debate.

We are convinced of the important contribution of civil society in the fight against HIV, and we are working closely with national and international organizations, which perform an irreplaceable task at the community and implementation level, participating as valid brokers in the moment of defining strategies and policies. I would also like to stress that many of the Delegations of our group include not only Government representatives and parliamentarians, but also members of civil society and people living with HIV.

The link between development and HIV/AIDS is clear. Besides to constitute one of the Millennium Development Goals, the fight against AIDS, and the reduction of its negative social an economic consequences, it contributes to the achievement of other development goals such as gender equality and empowering of women, reducing infant mortality and improving maternal health.

In our countries, nearly 2 million people live with HIV. In Latin America the rate of prevalence remains relatively stable, but it continues to grow in the Caribbean. Although our region in the developing world has the highest rates of access to

antiretroviral medicines, the challenge for our countries is to prevent new infections, as well as to provide treatment, care and support, and to reintegrate HIV-positive people in the economic and social activities.

Since the General Assembly addressed the issue of HIV/AIDS in 2001, the Rio Group has stressed the need to achieve universal access to treatment. Since then, we have witnessed great progress of the Declaration of Commitments in 2001, when the goal of universal access was considered impossible. We believe that this goal is achievable. We recognize the universal access as an integral part of guaranteeing human rights and fundamental freedoms that our peoples should enjoy.

However, we still need to make use of cooperation mechanisms and innovative mechanisms looking to reduce the price of antiretroviral medicines, especially bearing in mind that these represent the majority of total resources that we allocate to this epidemic.

Likewise, we underline the importance of defining specific solutions for middle-income countries, looking that the initiatives to fight HIV/AIDS respond to the challenges of our countries, where we have serious problems of inequality and poverty. Is in these countries where more than 40 percent of the world's population lives on less than two dollars per day.

In our region, we still need to increase the access to second and third line antiretroviral medicines, but I insist: it is necessary to reduce its prices. Over the last two years we have seen that these prices are not monolithic and that it is possible to reduce them.

The Rio Group recognizes the significant progress reached in the Political Declaration of 2006, especially that the trade-related intellectual property rights in the World Trade Organization (WTO) should not be an obstacle to countries for taking measures now and in the future to protect the public health of their inhabitants, as well as the determination to assist developing countries to enable them to employ flexibilities outlined in the WTO.

Moreover, the fact that in 2007, only 40 percent of young men and 36 percent of young women had clear and precise knowledge about HIV/AIDS, must serve both as a warning and as a guide for prevention activities. The necessities of youth, therefore, should be taken into account for the design and implementation, at the national level, of policies and strategies, not only from the health sector but also from the education sector in relation to the epidemic.

In this regard, education on HIV/AIDS and prevention remain the best strategies to reduce the incidence of HIV/AIDS. These strategies should be comprehensive, evidence-based, aimed at vulnerable groups, including psycho-affective aspects

and of self-esteem, seeking to reach the goal that by 2010 at least 95% of young people have accurate and precise knowledge about HIV.

In many cases, stigma, discrimination and homophobia have prevented open discussions on the subject, creating a culture of secrets, silence and shame, diminishing the results from efforts to promote effective measures for prevention, care and support. It is necessary to break this cycle with clear, transparent and non-prejudged information, as well as with legislation promoting equality.

It is a fact that the factors behind the growth of the epidemic can vary from country to country, or even within each country; therefore, this should lead to an increase of resources in order to make the detection test more accessible and, at the same time, to develop studies allowing us to identify and quantify the impact of the epidemic in different population groups, in order to focus and implement appropriate responses to the needs of every one of them.

In any case, the prevention and fighting HIV/AIDS must have a strict adherence to the human rights of the people living with HIV, while at the same time must fight stigma, discrimination and homophobia that affects especially to women, girls and children living with HIV; youth; men who have sex with men; intravenous drug users; workers and commercial sex workers; prisoners, migrants; people in situations of conflict, post-conflict and refugees. Their full access to health services, including sexual and reproductive health must be secured.

We know that there are still pending issues in the agenda, such as to ensure the "right of the child to be born without HIV", which should be fully achievable, therefore it is necessary to double or to triple efforts to achieve it; to reduce the feminization of the pandemic; as well as to continue and to strengthen initiatives for development and research of drugs, vaccines and microbicides, which require both financial resources and political will.

Also, we need to ensure the sustainability of the response to HIV/AIDS, with plans aimed not only to the short, but also to the medium and long terms, with solid financing schemes, including the strengthening of health systems.

The Rio Group reaffirms its role as a responsible actor in the fight against HIV/AIDS, and calls upon the participation of all sectors of society, particularly civil society, as essential elements for successfully combating this epidemic.

Allow me now, Mr. President, a few words in my national capacity.

Mexico, in the last 5 years has exponentially multiplied its resources for the response to HIV. For example, the availability of antiretroviral medicines for people who lack health insurance has increased by 390 percent.

Nowadays Mexico allocates more than 350 million dollars annually to finance its response to HIV.

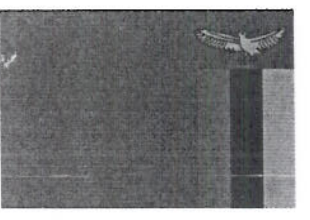
Condoms for free distribution, bought by our national AIDS Programme, which were 3 million units in 2005, are now 30 million units, and we will buy even more.

We approved a constitutional amendment against discrimination; new national and local laws that protect people with HIV and prohibit discrimination on sexual orientation; and we have no laws or restrictions of any kind for people living with HIV to enter into our country.

For all that I have just mentioned, I close my remarks inviting everyone to come to Mexico from 3 to 8 August this year, for the XVII International Conference on AIDS.

We have been working to receive you; we want to share our experiences, but above all, we want to learn from each and every one of you, because we are convinced that only through dialogue and cooperation we can face and find a comprehensive response to the challenge posed by HIV / AIDS.

I thank you.



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STATEMENT BY

HIS EXCELLENCY THE PRESIDENT OF THE REPUBLIC OF ZAMBIA
DR. LEVY P. MWANAWASA, SC

DELIVERED BY

THE MINISTER OF HEALTH
HON. BRIG. GEN. DR. BRIAN CHITUWO, MP

ON BEHALF OF

THE SOUTHERN AFRICAN DEVELOPMENT COMMUNITY (SADC)

AT THE

UNITED NATIONS HIGH-LEVEL MEEETING ON HIV/AIDS

10-11 JUNE, 2008

New York
June 10, 2008

Mr. President,

I wish to share with this august assembly the regional status of HIV and AIDS, current interventions, and challenges impeding our efforts in intensifying our response. The region has 4 percent of the global population but accounts for 36% of the global population of People Living with HIV and AIDS, making it the most affected by this epidemic. Underdevelopment and poverty makes many people in the region vulnerable to HIV and AIDS, whilst the epidemic itself continues to undermine ongoing developmental efforts.

The SADC Heads of State and Governments have made several commitments to reverse the epidemic and reduce the impact of HIV and AIDS as reflected in the following documents:

- Abuja Declaration 2001;
- United Nations General Assembly Special Session on HIV and AIDS, 2001;
- Maseru Declaration on HIV and AIDS in 2003; and
- Brazzaville Declaration on Universal Access in 2006.

Mr. President,

The SADC Maseru Declaration on HIV and AIDS articulated five priority intervention areas that guide the multisectoral response to HIV and AIDS in the region. These are:

- Prevention and Social Mobilisation;
- Improving Care, Access, Counseling and Testing Services, Treatment and Support;

- Accelerating Development and Mitigating the Impact of HIV and AIDS;
- Intensifying Resource Mobilisation; and
- Strengthening Institutional Monitoring and Evaluation Mechanisms

As a result of these commitments significant progress has been made in implementing the five priority areas. Member states have heightened prevention interventions in order to reduce new HIV infections. Efforts have also been scaled up to provide comprehensive treatment, care and support services including treatment for opportunistic infections and antiretroviral therapy. Given the high magnitude of the orphans and vulnerable children, we are developing a comprehensive regional programme to complement impact mitigation efforts made at the member states level.

At both the regional and country levels, more and more resources are being mobilised to support the response to HIV and AIDS. In 2007, SADC established a Regional Fund to which Member States are contributing every year.

The HIV and AIDS response in the region has also benefited from generous contributions by International Cooperating Partners and donors. Efforts are continuing to improve surveillance, monitoring and research capacities in the region.

Excellencies and distinguished delegates,

Despite our commitment to make a difference to the lives of our people, we are faced with a number of challenges, such as:

- overburdened health care systems, especially in terms of infrastructure and human resource capacities;
- underdevelopment and poverty, especially now in the context of the rise in food and oil prices as well as the effects of climate change;
- inadequate monitoring and evaluation systems, as well as research capacity and ownership;
- limited alignment and harmonisation of AIDS resources in line with the Paris and Rome declarations; and
- unaffordable price of medicines, especially antiretroviral drugs.

Realising the above challenges, as SADC we have resolved to jointly mobilise our capacities and resources to fight this epidemic. This devastating challenge goes beyond our cultural, religious, national, continental and global boundaries.

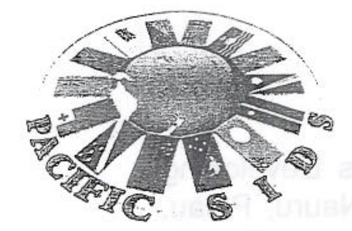
There is therefore a need for all of us to collaborate and cooperate and even make a personal commitment in order to win the war against HIV and AIDS.

As a region, we need to further explore the potential of the existing partnership arrangements with various development and financing institutions. We need technical and financial support as we strive to

meet the commitments we made towards reaching universal access to HIV and AIDS prevention, treatment, care and support.

Mr. President, Excellencies and distinguished delegates,
In conclusion, on behalf of SADC member states, I wish to take this opportunity to extend our sincere appreciation to all our development partners for providing technical and financial support. It is our hope that as -partners we will continue to work together for our mutual benefit in addressing this millennium challenge.

I Thank You.



PACIFIC SMALL ISLAND DEVELOPING STATES

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REPUBLIC OF THE MARSHALL ISLANDS

On behalf of the Pacific Small Island Developing States (PSIDS)

STATEMENT BY THE HONORABLE AMENTA MATTHEW, MINISTER OF HEALTH, THE REPUBLIC OF THE MARSHALL ISLANDS

AT THE HIGH-LEVEL MEETING ON A COMPREHENSIVE REVIEW OF THE PROGRESS ACHIEVED IN REALIZING THE DECLARATION OF COMMITMENT ON HIV / AIDS AND THE POLITICAL DECLARATION ON HIV / AIDS NEW YORK 10 JUNE 2008

Please check against delivery

Mr. Secretary General, Mr. President and Excellencies,

I have the honor to speak on behalf of the Pacific Small Islands Developing States (PSIDS) comprising Fiji, Federated States of Micronesia, Nauru, Palau, Papua New Guinea, Samoa, Solomon Islands, the Kingdom of Tonga, Tuvalu, Vanuatu, and my own country, the Republic of the Marshall Islands.

I wish to take this opportunity to congratulate you for your strong leadership in convening this High Level HIV/AIDS Global Leader's Forum. This Forum provides not only an opportunity for all state and non-state actors to undertake a comprehensive review of the progress made in realizing the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS, but more importantly, an opportune time to further engage leaders in a comprehensive global response to the epidemic.

Mr. President,

We welcome the recent decline in HIV infection within Africa, especially within certain sub-Sahara African countries but we realize that great challenges remain, including within southern Africa. We recognize that the tragic and grave impact of HIV/AIDS within Africa is far more than an isolated or purely regional concern. We encourage all UN member States to address this most important shared responsibility.

Although HIV prevalence remains low in most of our countries, HIV/AIDS continues to be a major concern for all of the Small Island States of the Pacific Region. Our countries are at high risk because of the high proportion of youth in our populations, our fast rate of social change and the high mobility of our populations. The first case of infection was reported in 1984. Today, the reported rates of infection are rising quickly in several Pacific Island countries.

Tuberculosis is a problem within the Pacific region, and HIV/AIDS is especially deadly for TB-infected cases. TB infection rates, within several of our nations, are among the highest in the world. We strongly urge the global community to strengthen its approach to co-infection of HIV/AIDS and TB. In particular, we note the importance of strengthening our diagnostic laboratory capacity and preventative healthcare capacity, especially in our remote rural areas.

Mr. President,

The unique and remote geographies of Pacific Small Island Developing States provide barriers to the delivery of preventative health care. The Secretariat of the Pacific Community has identified eleven key factors in the transmission of HIV/AIDS. One of the major difficulties in our region relates to sustaining comprehensive national responses due to the lack of resources; resistance in communities to address the stigma attached to HIV/AIDS and other Sexually

Transmitted Infections (STIs); the lack of capacity to provide adequate treatment and healthcare for people living with HIV; the lack of consistency coordination between the national and the regional governments and need to strengthen gender equality.

Governments in our region are committed to address the key causes of the HIV/AIDS epidemic. Our efforts have been consistent, and we continue to work together as a region in our efforts to halt the spread of HIV/AIDS. In the mid 1990s, through the Secretariat of the Pacific Community, the countries of the Pacific region adopted regional strategy to address the issue of HIV AIDS.

The current Pacific Regional Strategy on HIV/AIDS (2004-2008) was subsequently adopted. The Strategy is framed within 11 principles that acknowledge the traditional, cultural and religious values of Pacific communities. It affirms the protection of human rights, the building of partnerships and the protection of the vulnerable groups and people living with HIV/AIDS in the Pacific region.

We have made progress in combating the spread of HIV/AIDS in our region. Examples of national and joint regional initiatives with our development partners include:

1. The establishment of a joint committee in Kiribati on HIV/AIDS and TB initiated by members of the Parliament;
2. Papua New Guinea established a National AID Council in 1997, and passed an anti-discrimination law in 2002 and the HIV/AIDS Management and Prevention Act in 2003. A subsequent parliamentary committee was formed in 2004;
3. Fiji benefited greatly from the commitment of leaders at the highest level towards the fight of HIV/AIDS, including the President and the Great Council of Chiefs, which led to the increase in the national budget provision for HIV/AIDS;
4. Global Fund to Fight HIV/AIDS, TB and Malaria from 2003-2008, involving 11 countries in our region, with a budget of US$6.3 million dollars;
5. Franco-Australian Pacific Regional HIV/AIDS and STI transmission initiatives from 2003-2008, involving 13 countries in the region with a US$12 million budget;
6. Joint United Nations Programmes on HIV/AIDS from 2002-2005, involving 15 countries from the region, with a budget of US$2.4 million

In 2007, the Pacific Forum Secretariat issued a communiqué, which outlined the commitments made by the leaders and government officials of our region which included the extension of the Pacific Regional Strategy on HIV/AIDS (2004-2008) for five more years covering the period 2009-2013. Stronger emphasis will be placed on taking preventative measures toward HIVS/AIDS and other STIs. The Ministers of Health committed to develop a health framework to include the priorities and the phase two implementation of the priorities outlined by the Strategy.

Mr. President,

The negative impact of climate change is likely to heighten the vulnerability of our region and make us more susceptible to the spread of the epidemic. Climate change will not directly cause the spread of the epidemic, but it will significantly weaken our infrastructure, deplete our limited resources and over-stretch our already-challenged healthcare system. The increase in temperature and natural disaster threatens not only leads to population displacement and deaths; it also threatens food security in our region. The lack of access to nutritious food will result in the weakening of the immune system, which will make our people more susceptible to disease. Population dislocation also raises the potential for the spread of infectious diseases, particularly for the most vulnerable groups such as women and children.

To prevent such tragedies from happening, we urge the international community to continue their commitment towards the HIV/AIDS epidemic by better addressing these cross-cutting issues, and by incorporating preventative health measures into our global development and climate strategies.

Mr. President,

Speaking now in my national capacity, the Republic of the Marshall Islands is no stranger to HIV/Aids epidemic. For a country of 53,000 with a remote geography and limited medical capacity in our rural outer islands – even a case or two of this HIV/AIDS phenomenon presents a formidable challenge on how to contain and prevent it from spreading further. Since we started documenting and reporting cases in the late 1980's, there have been 12 reported cases of HIV infection and 2 reported cases of AIDS, respectively. Given the size of our population, coupled with our limited capabilities and resources, the number should be significantly higher - the risk to our developing, remote island nation is far greater than what the data entails.

The Marshall Islands has made significant progress in promoting gender equality and empowerment of women, as well as to promote and protect the rights of young girls in order to reduce their vulnerability to HIV/AIDS, and other prevalent sexually transmitted diseases. We recognize the importance to strengthen our health care systems and support health workers through capacity building. We have re-structured our health systems through policy strengthening and program integration to improve coordination between HIV/AIDS and sexual reproductive health, and re-visit our health strategic plans, to address the impact of HIV/AIDS at the national level.

Mr. President,

The rate of global funding has accelerated since the 2001 Special Session. We urge the international community to fulfill existing commitments and to provide funding for research and development, UNAIDS estimated that US$11.4 billion will be needed to reverse the epidemic by 2015.

We would also like to commend UNAIDS Secretariat and the Cosponsors for their leadership role on HIV/AIDS policy and coordination, and for the support provided to countries through the Joint United Nations Program on HIV/AIDS.

We would like to take this opportunity to thank the generous assistance from key international partners, including, UNAIDS, WHO, CDC, UNFPA, UNICEF, UNDPA, HRSA/Ryan White Foundation, Aus-AID, International Federation of Red Cross, Pacific Island Forum Secretariat and the Secretariat of the Pacific Community for their efforts in combating HIV/AIDS in our region. We look forward to strengthening partnerships between our national, regional organizations and the international community.

Thank you.

PERMANENT MISSION OF THE REPUBLIC OF
BOTSWANA TO THE UNITED NATIONS

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ADDRESS BY THE

**MINISTER FOR PRESIDENTIAL AFFAIRS
AND PUBLIC ADMINISTRATION**

HONOURABLE DANIEL K. KWELAGOBE

OF THE

REPUBLIC OF BOTSWANA

AT THE

2008 HIGH LEVEL MEETING ON HIV/AIDS

**PROGRESS ON THE IMPLEMENTATION OF THE
DECLARATION OF COMMITMENT ON AIDS
AND POLITICAL DECLARATION ON HIV/AIDS**

TUESDAY, 10 JUNE 2008

UNITED NATIONS, NEW YORK

Please check against Delivery

Mr President;

Secretary-General of the United Nations, H.E. Mr. Ban Ki-Moon;

Excellencies, Heads of State and Government;

Honourable Ministers and Deputies;

Distinguished Ladies and Gentlemen;

1. It is, indeed, an honour and a privilege to address this august Assembly today, on progress that we have made, individually and collectively, as members of the global village, as we agreed here in 2006 and in 2001.

2. My delegation aligns itself with the statements made by Antigua and Barbuda on behalf of the G77 and China; Egypt on behalf of the African Group; and, Zambia on behalf of SADC.

3. Mr. President, at the 2006 High Level Meeting, we committed to a set of ambitious national targets aimed at scaling up towards universal access to HIV prevention, treatment, care and support, by 2010. The implementation of this commitment, is a key milestone for the achievement of the Millennium Development Goal 6 in particular; a goal aiming to halt and reverse the spread of HIV/AIDS by 2015.

4. Mr President, this meeting is therefore a critical opportunity to share achievements and challenges, but more importantly, to exchange experiences and best practices that will guide all of us along a sustainable path, into a future free of HIV and AIDS. We have continued in the past to experience a growing number of new infections, moving us further away from achieving our goal.

5. As we welcome with appreciation the report of the Secretary-General A/62/780, we are encouraged that there are indications of progress made across the globe, even though they are not uniform, across and within countries. We note for example, that the annual rate of new HIV infections has declined over the last decade.

6. While we, indeed, must appreciate these achievements, we remain concerned that the current efforts are still not yet enough to enable us achieve our set goals. The rate of progress in expanding universal access to the required services still cannot keep pace with the growth of the epidemic; it is therefore imperative that we accelerate the rate of provision of services to combat HIV/AIDS in all aspects.

7. We, in sub-Saharan Africa, are particularly concerned with this continued threat. Our region remains the most affected; hosting more than two thirds of all people infected with HIV. It is encouraging that we have begun to experience declines in prevalence in some countries of the region. We are confident that with your unwavering support we will consolidate this achievement, as a region.

8. In recognising the developmental effects of the epidemic, Botswana has for more than two decades now, mobilised and mounted an aggressive national response, which was led by the former President, H.E. Mr. Festus G. Mogae, who during his tenure, also chaired the national AIDS Council.

9. Mr. President, I am happy to report that the Former President continues to chair this Council. This is a clear indication of the commitment of the current Presidency to consolidate, if not further, the political leadership to drive this development agenda. Botswana is among countries that have made significant progress in combating this epidemic.

10. Through our prevention of mother-to-child transmission programme, we are now able to deliver 96 HIV-free newly born babies out of every 100, compared to the average of 60 in 1999. This has the potential to significantly reduce infant mortality, among other things.

11. In 2002, we introduced a national treatment programme, offering free treatment to citizens who meet the criteria. It currently enrols over 88% of those in need of treatment. More importantly, we are experiencing less than 10% mortality by those on treatment.

12. Our experience is that accessible, affordable and effective treatment creates a more favourable environment for HIV prevention. On the other hand, treatment success can also give a false sense of security. This is a challenge that if ignored will reverse the gains so far made.

13. For these programmes to be accessible, it is important that everybody knows their HIV status. Otherwise, the attainment of the set targets is at risk.

To this end, Botswana in 2004, introduced routine HIV testing in all its facilities, and it has had a telling impact.

14. Since 2006, we are experiencing a declining trend in prevalence among those who have tested for the first time. Generally, there is strong evidence that is suggestive of a *levelling-off, if not a decline*, of the epidemic, which can only be due to reduced incidence given the high survival rates, in particular, by those on treatment. In order to reinforce this trend, Botswana has now embarked on a more aggressive effort towards scaling up prevention, which we consider the mainstay of our national response.

15. Despite these achievements, we continue to be inundated with challenges. The high disease burden has directly affected our human resource capacities, which are pivotal in this fight.

16. Mr. President, allow me to conclude by acknowledging and thanking all our partners for their various forms of invaluable support in saving many lives.

17. I thank you.

ALGERIA

كلمة معالي السيد

عمار تو
وزير الصحة والسكان وإصلاح المستشفيات

" اجتماع الجمعية العامة الرفيع المستوى : القيام باستعراض شامل للتقدم المحرز في تنفيذ إعلان الالتزام بشأن فيروس نقص المناعة البشرية/متلازمة نقص المناعة المكتسب (الإيدز) والإعلان السياسي بشأن فيروس نقص المناعة البشرية/متلازمة نقص المناعة المكتسب"

Statement made by H.E.M.

Amar Tou,
Minister of Health, Population and Hospital Reform

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

Intervention de S.E.M.

Amar Tou
Ministre de la Santé, de la Population et de la Réforme Hospitalière

« Débat de haut niveau de l'Assemblée générale consacréeà un examen d'ensemble des progrès accomplis dans la mise en œuvre de la Déclaration d'engagement sur le VIH/sida et de la Déclaration politique sur le VIH/sida »

New York, 10-11 June 2008

Mr. President,
Mr. Secretary General,
Honourable Ministers,
Distinguish Delegates,

My delegation would like to associate itself with the statements made earlier by the distinguished representatives of Antigua and Barbuda on behalf of G77 and China, and Egypt on behalf of the African Group.

First and foremost, I would like to thank the Secretary General for his report which provides a comprehensive assessment of the actions undertaken and the progress achieved in realizing the implementation of the Declaration of Commitment and the Political Declaration on HIV / AIDS, and gives an overview of the difficulties hampering our collective action against this pestilence.

Mr. President,

The severity and seriousness of the theme that brings us together today are frightening and even though the statistics indicate that the global HIV prevalence has leveled-off and that the number of new infections has fallen, progress remains uneven as some regions and countries, especially in Africa, remain heavily affected.

This situation is obviously closely linked to poverty, conflicts situation, and the overall underdevelopment.

Mr. President,

Although the HIV/AIDS prevalence rate in Algeria is 0.14%, my country's commitment to fight against this pandemic remains unwavering, as this has been confirmed by relevant UN agencies.

Besides, the accession of Algeria to all international commitments to fight against HIV/AIDS demonstrates its willingness to deeply commit to the global fight.

This commitment is reflected throughout the implementation of a comprehensive national policy that relies on a broad network which provides important support for infected patients trough prevention, treatment and care, psychosocial support and fight against stigmatization and discrimination.

Our national network includes 60 HIV voluntary screening centers, 12 treatment and care centers and a national reference laboratory for confirmation which will be decentralized in the near future by an ongoing establishment of 20 annexes.

The network covers all national territory and is particularly reinforced in the southern border region.

In addition, the fact that my country has been the first Arab and Islamic country to see the creation of an association of people living with HIV demonstrates that the Algerian government cares much about its strategic partnership with civil society to fight against this pandemic.

Furthermore, and thanks to the strong will and commitment of His Excellency Mr. Abdelaziz BOUTEFLIKA, President of Republic, important financial and human resources have been mobilized to put in place all necessary structures, and insure diagnosis and availability and free access to treatments and antiretroviral drugs.

Mr. President,

Before concluding I would like to thank UN-AIDS and the Global Fund for their valuable support in concretizing the Algerian national plan. We believe that durable support and more procedural facilitations would undoubtedly ensure greater effectiveness of our action.

Finally, I would like to reiterate my country's full commitment to continue fighting against HIV/AIDS and its availability to contribute to the global effort led by the United Nations toward achieving the Millennium Development Goals.

I thank you.

السيد الرئيس،

السيد الأمين العام،

أصحاب المعالي والسعادة

إن الوفد الجزائري ليعتمد التصريحين الذين أدلى بهما أصحاب المعالي ممثل أنتيغا وبربودا باسم مجمّوعة 77 والصين وممثل مصر باسم المجموعة الإفريقية.

كما يطيب للوفد الجزائري أن يتقدم بالشكر الجزيل لمعالي الأمين العام لمنظمة الأمم المتحدة على تقريره الذي قدم حصيلة وافية على المنجزات المحققة في إطار تطبيق تصريح الالتزام والتصريح السياسي حول VIH/SIDA والذي يعطي لمحة شاملة عن الصعوبات التي ما زالت تعترض عملنا المشترك ضد هذه الآفة.

السيد الرئيس،

اعتبارا لأهمية الموضوع الذي يجمعنا اليوم ولضخامته وأبعاده، تنفرض علينا جميعا الملاحظة الآتية: إذا كان تقرير السيد الأمين العام لمنظمة الأمم المتحدة يشير حقا الى استقرار حجم المصابين بمرض الأيدز والى تراجع كبير في عدد المصابين الجدد، فإن هذا التقدم المحمود يبقى غير متساو إذ ما زالت بعض المناطق في العالم وبعض الدول ومنها بعض الدول الإفريقية على وجه الخصوص تئن تحت وطأة هذا المرض.

ولا يمكن فصل هذا الوضع عن الفقر والنزاعات وحالة انعدام التنمية.

السيد الرئيس،

رغم انحصار مرض الإيدز في الجزائر في نسبة 0.14 % ، فإن التزام بلادي بمكافحة هذا المرض كان ولا يزال شاملا وراسخا كما تشهد على ذلك المنظمات الأممية المعنية.

إن انضمام الجزائر الى كل الإلتزامات الدولية لمكافحة هذا الوباء، لدليل على إراداتها للمساهمة في التصدي العالمي للمرض.

إن هذا الإلتزام يتجسد على المستوى الداخلي باعتماد سياسة شاملة ترتكز على شبكة واسعة للتكفل ترمي الى ضمان النفاذ الشامل والى الوقاية والى الأدوية والى العلاج والى الدعم النفسي والإجتماعي والى محاربة كل أنواع الوصمات والتمييز.

فبعد أن كانت الجزائر أول بلد عربي ومسلم يشهد ميلاد أول جمعية للأشخاص المصابين بالأيدز كشهادة ذات دلالة على شراكة استراتيجية مع المجتمع المدني، فإن سياستها الوطنية تجسدت بوضع جهاز تنظيمي خاص لمكافحة المرض.

إن هذا الجهاز يتكون الى غاية اليوم من شبكة قوامها 60 مركزا للكشف الطوعي والمجاني و12 مركزا للمعالجة والتكفل ومخبر وطني مرجعي للتأكد والذي سيتعزز قريبا بعشرين ملحقا حاليا في طور الأنجاز.

تغطي هذه الشبكة كل مناطق التراب الوطني مع دعمها على وجه الخصوص في المناطق الحدودية في جنوب البلاد.

ويهدف هذا التنظيم الى ضمان النفاذ الشامل للجميع دون أي إقصاء مهما كان طبيعته.

ومن أجل هذا الغرض، سخرت الدولة الجزائرية ممثلة في إرادة متميزة لفخامة رئيس الجمهورية السيد عبد العزيز بوتفليقة، سخرت وسائل مالية وبشرية هامة لإقامة الهياكل وضمان الكشف وتوفر الأدوية بالمجان.

إن دعم L'ONU/SIDA و GLOBAL FUND اللذين نحييهما بحرارة، كانت له مساهمة حقيقية لإرساء جهازنا. وإن ديمومة هذا الدعم مع تسهيلات أكبر على المستوى الإجرائي سيضمن دون أدنى شك، أكثر فعالية لعملنا.

السيد الرئيس،

إن الخبرة التي اكتسبتها الجزائر تسمح لها بتجديد التزامها بمواصلة عملها، كما تسمح لها بتجديد استعدادها الكامل لتقديم مساهمتها ضمن المجهودات الحميدة التي تقدمها منظمة الأمم المتحدة لتحقيق أهداف الألفية من أجل التنمية على وجه الخصوص.

ولكم مني جزيل الشكر

Monsieur le Président,

Ma délégation souscrit pleinement aux déclarations faites par leurs Excellences représentants d'Antigua et Barbuda au nom du Groupe des 77 et la Chine et de l'Egypte au nom du Groupe africain.

Ma délégation tient d'abord à remercier le Secrétaire général pour son rapport (A/62/780) qui dresse un bilan exhaustif des actions entreprises dans le cadre de la mise en œuvre de la déclaration d'engagement et de la déclaration politique sur le VIH/SIDA, et donne un aperçu global des difficultés qui entravent encore notre action collective contre ce fléau.

Monsieur le Président,

A bien considérer le thème qui nous rassemble aujourd'hui, son ampleur et sa dimension, un constat lancinant s'impose à nous tous:

Le Rapport du Secrétaire général indique, certes, que la prévalence mondiale du VIH s'est stabilisée et que le nombre des nouvelles infections a chuté, Cependant, ces progrès demeurent inégaux puisque certaines régions du monde et certains pays, africains notamment demeurent lourdement affectés.

Cet état n'est pas sans relation avec le niveau de pauvreté, les conflits et la situation de non développement.

Monsieur le Président,

Quoique la prévalence du VIH SIDA en Algérie ne soit que 0.14%, l'engagement de mon pays dans la lutte contre cette maladie a été et reste total et résolu comme l'atteste les organisations onusiennes concernées.

L'adhésion de l'Algérie à tous les engagements internationaux de lutte contre cette pandémie témoigne de sa volonté de s'intégrer à la riposte mondiale.

Cet engagement se traduit au plan interne par la mise en œuvre d'une politique globale qui s'appuie sur un large réseau de prise en charge visant l'accès universel à la prévention, aux traitements, aux soins et au soutien psychosocial ainsi qu'à la lutte contre la stigmatisation.

Apres avoir été le premier pays dans le monde arabe et musulman à voir la naissance d'une association de personnes vivant avec le VIH, témoin significatif de son partenariat stratégique avec la société civile, notre politique nationale s'est concrétisée par la mise en place d'un dispositif organisationnel spécifique.

Ce dispositif est constitué à ce jour d'un réseau de 60 centres de dépistage volontaire, de 12 centres de traitement et de prise en charge et d'un laboratoire national de référence de confirmation qui sera décentralisé dans un proche avenir par l'adjonction d'une vingtaine d'annexes actuellement en cours de réalisation.

Ce réseau couvre tout le territoire national et est particulièrement renforcé au niveau des régions frontalières du sud.

Ce dispositif vise à faciliter l'accès pour tous sans exclusion de quelques nature que ce soit.

Pour ce faire, l'Etat algérien, par la volonté distinguée de son Excellence Monsieur le Président de la République Abdelaziz Bouteflika, a mobilisé d'importantes ressources financières et humaines pour mettre en place les structures et assurer le diagnostic et la disponibilité des médicaments anti-rétroviraux à titre gratuit.

L'appui de l'ONU SIDA et du Global Fund que nous saluons vivement a été d'un apport certain pour asseoir notre dispositif. La pérennisation de cet appui avec davantage de facilitations procédurières, assurera sans nul doute, une plus grande efficacité de notre action.

Monsieur le Président,

Forte de cette expérience, l'Algérie réitère son engagement à poursuivre son action comme elle réitère sa pleine disponibilité à apporter sa contribution aux efforts louables de l'Organisation des Nations Unies, notamment dans la réalisation des Objectifs du Millénaire pour le Développement.

Je vous remercie.

High-Level Meeting on AIDS

June 10th and 11th, 2008

Statement by

Ms. Ulla Schmidt

Federal Minister of Health

New York, June 10th, 2008

Mr. President,
distinguished ladies and gentlemen,
dear colleagues and dear friends,

I'd like to thank the Secretary-General for his excellent report. It certainly shows that progress has been made in the fight against HIV/AIDS. Yet, I am deeply concerned about some of its main messages. Obviously, we will not achieve the Millennium Development Goal of ensuring access to HIV/AIDS treatment for all people worldwide by 2010.

Not only from a German point of view, this is not acceptable. It's a common EU position.

This is the reason why Germany brought up this topic at the summit of the G8 countries last year. As a result the G8 pledged 60 billion US dollars to the fight against HIV/AIDS, Tuberculosis and Malaria. Germany will contribute 4 billion euros by 2015 and within this will double its financial support of the Global Fund to 600 million euros until 2010.

Ladies and gentlemen,
affordable drugs are essential to fight HIV/AIDS. Yet, as already mentioned by many representatives, we have to be very aware of the fact that this is only ***one*** element of an efficient strategy.

Without massive improvements in the health care delivery on site the whole debate remains fruitless.

In this process political leadership is vital. It has to be assumed by Heads of State and Government unambiguously, in order to build up infrastructure and to overcome discrimination and stigmatisation. This includes also discrimination like HIV-specific travel restrictions.

Of course another main obstacle that remains is drug pricing which is still too high and threatens to overwhelm local health care systems.

Ladies and gentlemen,
Being aware of these challenges, we have launched, under Germany's EU Council Presidency, an initiative that might be a new path for certain countries. All European member states just as well as the most important NGOs are fully behind this initiative and consented to the so-called Bremen Declaration.

High-burden Eastern European and neighbouring states to which the TRIPS agreement does not apply are supported in firmly establishing comprehensive national AIDS policies. They too experience that the pricing of Antiretrovirals is one of the most urgent problems.

We involved the pharmaceutical industry in this process right from the start.
And we made sure that there is a strong and lasting commitment of each country to build up an HIV strategy.

The components of the strategy are:

- Education, particularly to young people and women, promoting sexual and reproductive health and rights,
- Prevention, including safer sex promotion, preventing mother-to-child transmission, drug substitution, exchange of needles, and targeted interventions aimed at other vulnerable groups,
- Free and anonymous access to HIV testing and counselling,
- Universal access to treatment and care,
- Surveillance, quality assurance and research.

I am deeply convinced that it can succeed only if the state and the civil society join their efforts in a spirit of cooperation.

I am very happy that our partners in- and outside the European Union responded actively to this initiative. One country after the other started to identify the fields of action that need to be combined in an overall programme. In this process, NGOs, the European Commission, WHO and UNAIDS were, of course, actively involved.

We already made this idea a reality to a certain extent:
Country-specific negotiations succeeded in putting the necessary infrastructure in place for a sustainable HIV/AIDS policy. Pharmaceutical industry contributed by granting perceptible price reductions for antiretrovirals and supporting the expansion of prevention efforts.
I do hope and wish that this has created an exemplary model and the path we have embarked upon may take us nearer to our common goal.

Thank you for your attention.

STATEMENT BY
HER EXCELLENCY SHEIKHA
DR. GHALIA BINT MOHAMMAD BIN HAMAD AL-THANI

CHAIRPERSON OF THE BOARD OF THE NATIONAL HEALTH AUTHORITY
HEAD OF THE DELEGATION OF THE STATE OF QATAR

BEFORE
THE HIGH-LEVEL MEETING
FOR THE REVIEW OF THE PROGRESS MADE IN THE IMPLEMENTATION OF THE DECLARATION OF COMMITMENT ON HIV/AIDS

NEW YORK, 11 JUNE 2008

program to cover the groups most at risk in the State of Qatar, as a free-of-charge and readily available service.

Despite the relatively small number of reported cases in it, the State of Qatar has taken upon itself the task of implementing the outcome of the Declaration of Commitment, and has also taken several actions including establishing a National Committee for the Prevention from AIDS in June 2006, chaired by the National Health Authority. Its membership includes ministries, government agencies, representatives of civil society organizations including the National Committee for Human Rights, educational institutions and the private sector. Our efforts have gone a step further for we are keen on establishing cooperative relations with the relevant international organizations. A cooperation agreement has thus been signed between the National Commission for Prevention from AIDS and UNDP to develop an expanded and comprehensive national strategy to combat AIDS in the State of Qatar in a way that would lead to the reduction of the spread of AIDS and keep it at a low level, to adopt policies and programs that are in line with the principles and values of the society, and to provide comprehensive support for those living with HIV and their families.

In order to implement that strategy, the National Committee has developed short-term and long-term plans of action for 2008-2009 involving various programs and projects such as the program for building national capacities. Several activities have been carried out including a training course for workers in the media as well as religious leaders, as a recognition of the significant role those groups could play in addressing this important issue. We have also initiated training sessions for Transformational Leadership in combating AIDS with a view to training national leaders to support efforts by the National Committee. We have managed to establish small working teams that would take part in the activities of the National Committee, like the working team for studies, the working team for support of the rights of patients with AIDS, the working team for incorporating a culture on AIDS in the educational curricula at all levels of education in cooperation with UNESCO, and the working team for the preparation of marking the World AIDS Day every year. The teams have already begun their work on implementing those plans and programs. Preparations are under way to organize training courses for teachers to prepare them to teach students the skills to deal with the topic of AIDS in a scientific and sound manner at all educational levels. Given the importance of providing comprehensive information about the disease, a website for the National Committee for the Prevention from AIDS has been launched on the Internet last November. With regard to laws and legislation, the National Committee is working with the legal departments in the government to support the rights of people living with HIV and integrate that approach in the laws of the State. Such legal document would be the first of its kind in the Arab region and we will work on making it a regional document to support the rights of people living with HIV in the Arab region.

Mr. President,
Ladies and Gentlemen,

While great efforts have been made at all levels, statistics show that we are facing great challenges that require redoubling efforts at the levels of governments, the United Nations system, civil society organizations, media, religious leadership, donors and pharmaceutical companies. We must bear in mind that the fight against AIDS is a development challenge that cannot be faced independently from the challenges of achieving international development goals. We therefore hope that this meeting would provide an opportunity for frank discussions about what we have accomplished so far and what we must do to bridge the huge gap between what has been achieved on the ground and the desired objectives for 2010.

I thank you Mr. President.

SRI LANKA

Statement

by

Honourable Nimal Siripala de Silva
Minister of Healthcare and Nutrition of Sri Lanka
and
Chairman of the Executive Board of the World Health Organisation

High-level Meeting on a Comprehensive Review of the progress achieved in realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS

New York
10-11 June 2008

(please check against delivery)

Permanent Mission of Sri Lanka to the United Nations
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Mr. President,

Mr. Secretary-General,

Excellencies and distinguished delegates,

Let me convey greetings and best wishes from His Excellency Mahinda Rajapaksa, President of Sri Lanka, for the success of this High-Level Meeting. The Special Session of the General Assembly in 2001 and High-level Meeting in 2006 provided an impetus to strengthen and accelerate HIV and AIDS control programs in a coherent and comprehensive manner. However, as the Secretary-General's Report indicates, progress has been uneven. This, therefore, is an appropriate time to take stock as progress in combating HIV/AIDS is essential to ensure the achievement of other interrelated Millennium Development Goals by 2015.

Although there are concerns with regard to the pace of progress, we also need to recognize the significant gains and lessons learned from each others success stories. Some countries in our region have shown very positive results in containing the prevalence of HIV/AIDS. But of course a lot more needs to be done to sustain this progress and consolidate these gains.

The first case of HIV infection was detected in Sri Lanka in the year 1987. Reliable surveillance estimates indicate that there are at present about 5000 persons infected with HIV among our 20 million population. So far only 957 HIV positive cases have been detected and only 3 instances of HIV infection following blood transfusion have been detected in 20 years. I am presenting this data to you with modest pride. You may ask what factors have contributed to Sri Lanka's success.

First, we have had strong political commitment and political will consistently over the years, and this has provided a firm foundation for the successful launch and continuation of HIV/AIDS prevention activities. The President of Sri Lanka chairs the National Committee for the prevention of HIV/AIDS, which is identified as an essential element for ensuring good health, in the Mahinda Chintanaya, the policy framework of the Government of Sri Lanka.

Second, Sri Lanka has had free healthcare and education, for all its citizens since gaining Independence in 1948. Since then, despite being a developing economy, we have succeeded in building an extensive healthcare infrastructure, focused on Primary Health Care. Sri Lanka has achieved low Maternal and Infant Mortality Rates, high vaccination coverage, an average life expectancy of 73 years and a literacy rate of 95%. The strong healthcare system within which the HIV preventive program is an integral part, and free education which has resulted in a highly literate population, has contributed greatly to Sri Lanka's success in combating HIV infection.

Thirdly, the traditional and conservative nature of Sri Lankan society holds a deep and abiding respect for the sanctity of the family as an institution.

Fourthly, Sri Lanka has set in place a well-established National HIV/AIDS Control Programme with strong support of the World Bank, WHO, UNAIDS, UNICEF, UNFPA and the Global Fund. Sri Lanka is thankful to these institutions and donors for their support.

I have personally given political leadership to advocacy and awareness programmes targeting political leaders in Parliament and in Local Government, and all segments of civil society. These interventions have contributed significantly to acceptance by the entire political and religious leadership of the country that HIV/AIDS is a serious threat to national health and development. They also served to attenuate stigma and discrimination. These efforts paved the way for the success of the 8th International Congress on AIDS in Asia and the Pacific which was held in Sri Lanka in August 2007. Around 2700 foreign and 2000 local delegates attended the Conference.

Sri Lanka provides anti-retrovirals free of charge to all those who need it, with assistance from the World Bank. Currently 102 patients receive antiretroviral treatment. Provision of treatment provides an opportunity for patients to be in contact with the healthcare system and reinforces our efforts at prevention. As the price of ARV drugs and HIV/AIDS test kits are increasing, Sri Lanka recently signed an MOU with the Clinton Foundation to obtain lower priced ARV drugs.

Our financial commitment to free healthcare has not been compromised, in spite of being burdened with substantial defence expenditure to meet threats and sabotage by an armed group described by several member States of the UN as the most ruthless and organized terrorist outfit in the world.

In 2001, at the UNGA Special Session, the Government of Sri Lanka pledged to pursue specific targets. Accordingly, we have put in place several strategies to address the factors that make people particularly vulnerable to HIV infection. The National Strategic Plan 2007-2011 is designed to target sections of the population identified as "high-risk" groups. In addition to these high-risk groups, several other groups such as internal and external migrants, internally displaced persons, plantation workers, and uniformed services personnel have been targeted for preventive interventions. Two core and four supportive strategies are being implemented to strengthen the ongoing preventive programmes. They include increasing people's knowledge on STD/HIV/AIDS, providing commodities such as condoms for protection, and empowering women to participate actively in reproductive decision making processes, accessing voluntary counselling and testing, accessing services for STI screening, providing antiretroviral drugs, and prevention of mother-to-child transmission.

Civil society in Sri Lanka has actively cooperated through specific projects in reaching out to some of the high-risk and vulnerable groups. Although injecting drug use is not common in Sri Lanka drug users in four main districts in the country are being targeted by the National STD/AIDS Control Programme, and the National HIV/AIDS Prevention Project with the support of NGOs.

An important policy decision has been taken to provide adequate and early HIV prevention interventions regarding behaviour development in the youth of Sri Lanka. In school and out-of school-youth are being targeted with appropriate interventions. The National STD/AIDS Control Programme is working in partnership with the Ministry of Education to popularize the HIV/AIDS component of the recently launched "Health Promotion" programme in schools. This programme would provide our youth access to information, education and services necessary to develop the life skills required to reduce vulnerability to HIV infection. At present seventeen Youth Friendly Health Services (YFHS) are operating in the country where the young have access to sexual and reproductive health services, including the management of STI and counselling for HIV testing. These services are provided with staff specially trained in technical and ethical aspects to adopt non-judgmental non-discriminatory attitudes. The demand for YFHS is increasing and hence this service would be scaled up this year. The National HIV/AIDS Prevention Project has supported work plans of the National Child Protection Society, National Youth Services Council, the National Institute of Education and the Vocational Training Authority.

Internal and external migration is an important aspect that has been taken into consideration in the spread of HIV infection. The groups most at risk are young men and women who live away from their families and work in the Free Trade Zones, as well as those who migrate overseas for employment. Annually about 180, 000 Sri Lankans migrate for employment, and a majority of them are unskilled women. The Government continues to provide sexual and reproductive health services to these persons. Statistics reveal that of the women who are infected with HIV around 40% were infected overseas. As the number of HIV infections among women increases more cases of mother-to-child transmission of HIV will become evident in the future. Against this background the National STD/AIDS Control Programme and the National HIV/AIDS Prevention Project, working closely with the Foreign Employment Bureau has developed extensive programs for pre-departure migrants, families of migrant workers, re-migrants and employment agencies.

About 30 000 people are serving custodial sentences in State Prisons. The National HIV/AIDS Prevention Project has completed a baseline survey, trained 465 prison welfare officers, 800 prison peer-leaders, established an STD clinic, and commenced STD screening and voluntary counselling and testing for HIV. An appropriately planned survey to measure outcomes is planned for the latter part of year 2008, along with an extensive outreach program.

The National HIV/AIDS Prevention Project has implemented extensive programmes capturing all vulnerable target groups of the population including relevant public and uniformed cadre. Advocacy, sensitization and behaviour change communication programmes have been carried out during the last three years, and in future more emphasis will be given to promote voluntary counselling and testing and screening for STI. It is pertinent to mention here that a survey carried out in 2007 noted that the knowledge regarding the main modes of transmission of HIV was very high among the armed forces.

The blood safety policy adopted with the identification of the first case of HIV infection in the late 1980s has paid dividends. Donor education, low non-remunerating donors, systematic screening of donated blood has made transfused blood very safe. Only three people in Sri Lanka have acquired HIV infection from 1987 up to now, through the transfusion of contaminated blood.

The indicator framework of the National STD/AIDS Control Program which includes UNGA Special Session and MDG indicators is used to monitor and evaluate its various activities and to identify priorities and critical obstacles. The national programme while continuing its activities to prevent new infections among the most-at-risk groups, will also focus on other vulnerable groups. Serosurveillance which has been ongoing since 1993 will be continued to track the trend of HIV infection, and behavioural surveillance activities will be used to complement these or focus on new directions. A broad-based culturally sensitive media campaign to reach out to the general population will be launched to emphasize the need to develop and reinforce appropriate behaviours, modify risky behaviours, and change attitudes which would dispel stigma and discrimination.

In conclusion, Mr. President, I wish to focus the attention of this august Assembly of nations to the impact of the current unprecedented escalation of the price of oil and threats to food security. This, if not addressed immediately, would have the potential to create a ripple effect in weakening health systems, affecting access to affordable drugs and treatment, and impeding research and development, and reverse the gains achieved in developing countries.

As we stand at the midway point towards achieving the Millennium Development Goals, it is important that all stakeholders – governments, private sector, civil society – use this opportunity to re-dedicate efforts to identify all challenges and address them, seeking sustainable ways to halt and begin to reverse the spread of HIV/AIDS.

Thank you.

PERMANENT MISSION OF AUSTRIA
TO THE UNITED NATIONS

Statement by

H.E. Ms. Andrea Kdolsky, MD

Federal Minister of Health, Family and Youth

2008 Comprehensive Review of the Progress Achieved in Realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS

New York, 10 June 2008

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Mr. Secretary-General,
Mr. Chairman,
Excellencies,
Ladies and Gentlemen,

It is a particular honour and privilege for me to represent Austria at this high-level meeting on HIV/AIDS. At the outset, I would like to sincerely thank the Secretary-General for this timely opportunity to review the progress that has been made since the adoption of the Declaration of Commitment on HIV/Aids in 2001 and the Political Declaration on HIV/AIDS at the high-level meeting in 2006. In this context, I also wish to express my gratitude to the Secretary-General for his comprehensive and analytical report issued this spring on the implementation of these two declarations.

While, as a EU member state fully aligning itself with the statement of the Slovenian Presidency of the European Union, Austria would like to bring up, in its national capacity, some comments on points which are particularly relevant to us. First of all, allow me to take this opportunity to share with you information on the national achievements of Austria in the fight against HIV/AIDS. At a very early stage after the outbreak of the pandemic Austria adopted specific legislation: on the one hand it grants high safety standards to prevent nosocomial infections and guarantees blood and product safety and on the other hand provides free access to testing, treatment and care.

Since their entry into force these legislative measures were accompanied by exhaustive information campaigns, addressing both the general public as well as vulnerable groups. These campaigns focussed primarily on education and information on the main knowledge about HIV transmission and prevention while also taking into account gender and discrimination questions. They were supported by an additional package of harm reduction programmes for people at risk, and in particular by programmes for the provision of clean needles and syringes and a nation-wide drug substitution programme. Moreover, effective measures in the field of vertical transmission and reproductive health have nearly eliminated mother-to-child transmission in Austria.
From 1997 onwards advancements in treatment lead us to reinforce structures to provide nation-wide, free-of-cost access to treatment and care for all, both for intramural and extramural settings. This has led to a dramatic decrease in the number of new infections and people dying from AIDS. Nevertheless, prevention – which we see as the cornerstone of all other activities within the comprehensive approach to fight the pandemic - remains our main focus in the fight against HIV/AIDS.

Mr. Chairman,

Due to excellent access to antiretroviral therapy HIV/AIDS has become a chronic disease in the industrialized World. However, HIV/AIDS still causes a growing death toll in sub-Saharan Africa where the world's majority of people suffering from this disease live. This not only impedes the successful achievement of Millennium Development Goal 6, it has also a very negative influence on reaching the other Millennium Development Goals in sub-Saharan-Africa. In particular, it negatively affects the fight to eradicate extreme poverty and hunger, to combat child mortality

and to improve maternal health. HIV/AIDS not only means great human suffering, it leads in consequence to a dramatic decrease in life expectancy. High mortality rates of adults in productive age have a very negative impact on all aspects of human, social and economic development in the region.

Austria notes with growing concern the "feminization" of the pandemic in sub-Saharan Africa which is the result of power imbalances between men and women. Currently, 61% of people living with HIV/AIDS in the region are women. Increasing numbers of women, including young women and even girls are becoming infected. Only few pregnant women who are HIV positive receive the necessary services to prevent the transmission of the virus to their newborns. Care of orphans becomes a pressing social problem in the region, as 80% of the children worldwide who have lost one or two parents to the pandemic are living in sub-Saharan Africa. In this context, HIV/AIDS care and treatment should also be embedded in the framework of reproductive and sexual health rights with a special focus on gender issues and vulnerable groups.
Mr. Chairman,

Austria is fully committed to meet its international obligations on Official Development Aid. Our Government Programme explicitly recognises the resolutions of the EU Council according to which a share of 0.51% of the gross national income is to be used for development cooperation purposes by 2010. This commitment is also reflected in our current budget.

Moreover, I wish to reaffirm Austria's firm support for the Millennium Development Goals, in particular for Millennium Development Goal 6 to combat HIV/AIDS, Malaria and other diseases. Thus, the Austrian Development Cooperation takes HIV/AIDS into account in an array of strategies and programmes, in particular in our priority region sub-Saharan Africa. In this regard, the Austrian Development Cooperation has been closely working together with UNAIDS in the last two and a half years in supporting and funding various projects of the organisation.

Furthermore, Austria has a long tradition in supporting UNDP's Thematic Trust Fund on HIV/AIDS and is also funding HIV/AIDS-related projects of UNICEF in Latin America. Austria's 2008 contribution to UNDP's Thematic Trust Fund will be used to intensify UNDP's country action on gender and HIV/AIDS. In particular, our contribution will support efforts to address gender inequality in the context of HIV/AIDS and increase the gender-sensitivity of other HIV policies and programmes. Austria will continue supporting the work of the relevant organizations and programmes of the United Nations, in particular the work of UNAIDS in sub-Saharan Africa in the coming years.

Mr. Chairman,

Based on our experience, HIV/AIDS needs a multi-sectoral approach. Sustainable results can only be achieved if considerable investments are made in order to create and strengthen health infrastructures including comprehensive training of healthcare workers. The access to HIV/AIDS treatment and sustainable maintenance of treatment will benefit from these structures and become an integral part of overall health care worldwide.

Mr. Chairman,

We observe an impressive increase in development co-operation funds made available for the health-sector, in particular for communicable diseases such as HIV/AIDS, malaria and tuberculosis. Aid to health more than doubled between 2000 and 2006 and, according to OECD, approximately 100 Global Health Initiatives – such as the Global Fund – offer assistance to developing countries. I do applaud the international community for this impressive effort to achieve the Millennium Development Goals. However, I would also like to mention that the multiplicity of donors, aid channels and the vertical focus on specific communicable diseases resulted in distortions in the health systems of recipient countries. We will therefore have to increase our efforts to better align and integrate vertical funds – inter alia for HIV/AIDS – with country strategies and systems.

Mr. Chairman,

Before concluding my speech I am proud to announce that Austria has been chosen to host the XVIII International AIDS Conference which will take place in Vienna in July 2010. The International AIDS Conference is the largest international Meeting on HIV/AIDS, where every two years all stakeholders in the global response to the epidemic meet to assess progress and identify future priorities. The Conference is being organized by the International AIDS Society in partnership with the Austrian Government, the City of Vienna and local scientific and community leaders, who have a long history of involvement in HIV/AIDS issues. I am convinced that the 2010 Conference will be a very valuable contribution towards achieving the Millennium Development Goal of providing universal access to HIV prevention, treatment, care and support.

Thank you, Mr. Chairman.

REPUBLIC OF BULGARIA

CHECK AGAINST DELIVERY!

STATEMENT

BY H.E. DR.EVGENIY ZHELEV
MINISTER OF HEALTH OF THE REPUBLIC OF BULGARIA

AT

THE HIGH-LEVEL MEETING FOR A COMPREHENSIVE REVIEW OF THE PROGRESS ACHIEVED IN REALIZING THE DECLARATION OF COMMITMENT ON HIV/AIDS AND THE POLITICAL DECLARATION ON HIV/AIDS

NEW YORK, 10 JUNE 2008

Mr. President,

Mr. Secretary General,

Excellencies,

Ladies and Gentlemen,

Delegates and Partners,

Allow me on behalf of the Bulgarian Government, to thank the Secretary General, the President of the General Assembly, and the Executive Director of UNAIDS for the concerted actions to organize, lead and support the global HIV response.

Thank you for the honour today to participate in this high-level forum and share the success and challenges to the HIV response in Bulgaria. Our country is situated in the region with the fastest growing HIV epidemic

The Bulgarian government has proved that the effective national HIV response becomes a reality when strong political will and leadership is doubled with joint actions and significant financial resources.

From 1996, we have one unified coordinating body – the National Committee for AIDS Prevention. Since 2001, the Bulgarian government has supported the implementation of the National HIV/AIDS Strategy and Action Plan. During the last 8 years, the annual allocations from the budget of the Ministry of Health to fight AIDS have increased almost 6 times.

For 10 years now, the country has been providing up-to-date and free-of-charge antiretroviral treatment to all who need it.

Since the beginning of 2004, Bulgaria has been successful in significantly scaling-up access to and coverage of services for HIV prevention among the populations at higher risk, as well as care and support for people living with HIV.

Presently, Bulgaria implements an integrated and balanced approach which incorporates (1) prevention; (2) treatment; and (3) care and support for people affected by the disease. The efforts of the government and other partners in the AIDS response are very successful. Our achievements are:

- Strengthened human and institutional capacity for HIV prevention, treatment and care;
- Boosted national standards and best practices for provision of specific services for the populations at higher risk. These services are easily accessible, free-of-charge and non-discriminating.
- Mobile medical units, low threshold centers for injecting drug users and community-based health and social centers for Roma people, further increase access to these services.
- People living with HIV also receive quality medical care, treatment of opportunistic infections, psycho-social support and actively participate in the planning and provision of these service.

Despite these achievements, Bulgaria is facing the following challenges:

- We need to ensure sustainability and increase in the financial resources allocated to the national HIV response;
- To scale-up and increase the coverage of services for HIV prevention and harm reduction among the populations at higher risk
- To ensure access for all young people to health and sexual education based on life skills.

As a representative of the Bulgarian government, I would like to confirm once again our readiness to achieve national goals as well as commitments in the context of the Declaration of Commitment, the Initiative on Universal Access and the Millennium Development Goals.

I would also like to address other political leaders gathered here and call for their will, commitment and action.

Thank you.

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INTERVENTION DE SON EXCELLENCE
Dr. CHRISTINE NEBOUT ADJOBI
MINISTRE DE LA LUTTE CONTRE LE SIDA
COTE D'IVOIRE

Vérifier au prononcé

New York, le 10 juin 2008

La ferme volonté du gouvernement, la forte implication de la société civile, du secteur privé, et le soutien de la communauté internationale ont permis à la Côte d'Ivoire, d'enregistrer des progrès qui sont inscrits dans le rapport UNGASS 2008 dont les principaux indicateurs sont les suivants :

- De 2005 à 2007, les dépenses réalisées par l'Etat de Côte d'Ivoire et l'ensemble des partenaires financiers pour la lutte contre le sida sont d'environ 80 millions de dollars, la contribution de l'Etat représentant environ 15%. Il est important de noter que malgré la situation de crise, l'apport de l'Etat de Côte d'Ivoire s'est accru régulièrement depuis 2002 jusqu'à ce jour.

- En matière de sécurité transfusionnelle, 100% des unités de sang transfusées font l'objet de dépistage systématique pour le VIH/sida ;

- On note une progression :

  - du nombre de personnes mises sous ARV qui est passé de 36 000 en 2006 pour se situer à environ 50 000 aujourd'hui ;

  - du pourcentage des femmes enceintes séropositives recevant des ARV passé de 11% en 2006 à 17% en 2007

  - et le pourcentage des PVVIH encore sous traitement 12 mois après le début de celui-ci qui est passé de 87% en 2006 à 89 % en 2007.

- Une attention particulière depuis 2004 est accordée aux patients tuberculeux co-infectés avec 90% d'entre eux sous cotrimoxazole et 26% sous ARV.

- On observe une progression des connaissances sur le VIH, avec l'introduction dans les curricula d'enseignement, de programmes de préparation à la vie active, dans des écoles et collèges depuis 2006. De même on note un changement notable de comportement chez les jeunes qui retardent de plus en plus leurs premiers rapports sexuels.

Au titre des défis à relever, on peut noter :

- Le faible niveau de connaissances exactes des jeunes de 15 à 24 ans sur le VIH estimé à 22%.

- Le faible niveau de dépistage estimé à 3,5% dans la population générale ;

- La faible utilisation systématique du préservatif lors des rapports à risque estimée à moins de 50% quelque soit la tranche d'âge.

Des actions conséquentes sont néanmoins en cours pour relever ces défis.

Les principaux obstacles rencontrés dans cette période sont de quatre ordres :

- la crise politico-militaire

- Les lourdeurs dans les procédures de décaissement des financements

- La persistance des inégalités de genre

- L'insuffisance d'un alignement des partenaires et le faible niveau de coordination des activités de lutte contre le sida.

Pour répondre à ces défis, mon pays développe actuellement des actions devant lui permettre d'atteindre les objectifs de l'UNGASS. Ce sont entre autres :

- pour ce qui concerne la crise, la signature de l'accord politique de Ouagadougou en mars 2007 débouchant sur la normalisation progressive de la situation socio-politique avec un calendrier électoral rendu public, le début effectif du désarmement, le redéploiement de l'administration et la signature d'un code de bonne conduite par tous les partis politiques significatifs ;

- L'opérationnalisation du plan d'intensification de la prévention ;

- La signature imminente avec la Banque Mondiale de l'accord de financement du projet d'urgence multisectoriel de lutte contre le sida ;

- La redynamisation des organes centraux, sectoriels et décentralisés de coordination ;

- La promotion du conseil et dépistage en collaboration avec la société civile dont les personnes vivant avec le VIH ;

- L'intégration du genre et VIH dans les plans et programmes de développement national et sectoriel.

Monsieur le Président, Honorables délégués,

La perspective de sortie définitive de crise dans laquelle se trouve mon pays a besoin d'être accompagnée par l'ensemble de la communauté internationale afin d'enrayer tous les obstacles qui entravent la mise en œuvre de la politique nationale de lutte contre le SIDA.

Pour ce faire, la Côte d'Ivoire tout en comptant sur elle-même, voudrait pouvoir continuer de compter sur la solidarité internationale pour venir à bout de cette crise qui contrarie la riposte nationale.

Je vous remercie.

KINGDOM OF CAMBODIA

PERMANENT MISSION TO THE UNITED NATIONS

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Statement delivered by H.R.H. Princess Norodom Marie Ranariddh

Senior Minister and Chairperson of the National AIDS Authority

At

The United Nations General Assembly 62nd Session

High Level Meeting for a Comprehensive Review of the Progress Achieved in Realizing the Declaration of Commitment on HIV/AID and the Political Declaration on HIV/AIDS

New York, June 10 - 11, 2008

Mr. President,

Mr. Secretary General,

Excellencies,

Distinguished Guests,

Ladies and Gentlemen,

On behalf of the Royal Government of Cambodia, I am delighted to have the privilege to participate in this General Assembly High Level Meeting on AIDS. I am very pleased to have the opportunity to report the progress Cambodia has made in responding to the challenges of the AIDS epidemic, and in particular, Cambodia's efforts to achieve its Targets for Universal Access.

Prevalence data reported in Cambodia's 2008 UNGASS Report provides compelling evidence that the AIDS epidemic in Cambodia has been halted and reversed. Cambodia has effectively achieved its Millennium Development Goal for AIDS. The HIV prevalence among adults aged 15 to 49 decreased to 0.9% in 2006 from a revised estimate of 1.2% in 2003.

The reversal of the epidemic is attributable to a pragmatic approach to HIV prevention coupled with extensive voluntary counselling and testing and rapidly expanded access to anti-retroviral treatment.

There are five elements which have been, and remain essential to sustaining Cambodia's efforts in reversing HIV incidence and prevalence over the next several years:

First, consistent and committed political leadership at each level has created the space for individuals, communities and civil society to own and drive the response;

Second, institutional leadership has ensured sound evidenced-based work and wise investments in national capacity development;

Third, inclusive, open and strong partnerships between government, legislative bodies and civil society has put the needs of marginalised communities and especially people living with HIV at the centre of the Cambodian response;

Fourth, good governance has produced and implemented an HIV Law and a Code of Conduct; and;

Fifth, the silence and denial surrounding HIV has been confronted, leading to a remarkable reduction in stigma and discrimination at all levels of society.

Cambodia has established ambitious national targets to ensure that all Cambodians can share the benefits of Universal Access…the foundations to achieve these targets are already well established.

Let me share three key examples:

- Cambodia's recent national behavioural surveillance data confirms that consistent condom use in high risk behaviour settings remains high at between 88 to 95 percent and 26 million condoms were socially marketed in 2007.
- Voluntary testing and counselling is widely available to many more Cambodians than ever, with voluntary counselling and testing facilities in 208 sites throughout the country. In 2007 alone, 260,000 people received VCT services;
- Cambodia has exceeded its 2010 Universal Access Target of 25,000 people receiving treatment and care. The national Continuum of Care programme is bringing hope as never before to thousands of people living with HIV. As I speak, over 28,000 Cambodian adults and children (85 percent and 89 percent respectively of all in need) are leading full, healthy lives because they are able to access anti-retroviral therapy, a range of allied support services and quality care.
- Costed Action Plans, finalised this year as part of our Universal Access road map, are guiding intensified efforts for national coverage of a minimum package of HIV prevention services with injecting drug users, men-who-have-sex-with-men and for the prevention of mother-to-child transmission;

Mr. President,

As we celebrate these and other achievements in the national response, we together - the government, civil society, the private sector and development partners - know there are significant challenges ahead in meeting and sustaining Cambodia's Universal Access agenda.

- Changing trends in the sex industry, emerging epidemics in communities of injecting drug users and men-who-have-sex-with-men present significant challenges to our HIV prevention efforts, not the least the need to rapidly scale up work to mitigate the possibility of a 2nd wave epidemic;
- Gender inequities and gender-based violence continue to place Cambodian girls and women at an unacceptably high risk for HIV;
- Poverty continues to drive men to leave their families and wives; and women to sell sex in order to survive;
- There are approximately 77,000 orphans and vulnerable children, many of whom lack adequate health, education, social support and protection. While a National Plan of Action is place, much more needs to be done to strengthen local capacity to deliver a minimum package of services which are integrated with the existing national Continuum of Care Programme network at the district and commune level;
- Fifty-six percent of all new infections now occur among monogamous, married women and a third occur from mother to infant - PMTCT services (testing and prophylaxis) reach less than 15% of pregnant women.

As Cambodia moves from an emergency scenario to one in which HIV is an endemic disease, much work needs to be done to ensure the sustainability of Cambodia's success. A key lesson for Cambodia has been the strategic investment of AIDS resources in health sector strengthening. The dividends for paediatric health care, the TB programme and maternal health have been remarkable over the last two years. Similar investments will also be required in the social sector if we are to adequately tackle the impact of Cambodia's epidemic, particularly the impacts on women and children.

Five rounds of the Global Fund; large multilateral contributions; and extensive bilateral support have provided the financial foundations of Cambodia's response. It is essential to

ensure the continuity of this support, particularly to maintain the large cohort of patients receiving treatment and to enable intensified and focused action for HIV prevention.

Mr. President,

We recognise and appreciate the strong commitment of development partner governments and the international community to sustain the long-term financing (and capacity development) required to meet our national obligations to achieving Universal Access for prevention and treatment. This commitment is also critical for the work that now must be accelerated to address the larger development challenges that, if not confronted, may hamper our efforts to further reduce HIV prevalence.

The Royal Government of Cambodia and its civil society partners are finding solutions to the challenges that the AIDS epidemic continues to pose. We are together, committed to realising our agenda for Universal Access to prevention and treatment for all Cambodians and to the Millennium Development Goal of halting and reversing the global epidemic by 2015.

Thank you.

República de Honduras

INTERVENCIÓN DE LA SEÑORA ELSA PALOU,

MINISTRA DE SALUD DE LA REPÚBLICA DE HONDURAS,

EN LA REUNIÓN DEL EXAMEN EXHAUSTIVO DE 2008 DE LOS PROGRESOS REALIZADOS EN LA APLICACIÓN DE LA DECLARACIÓN DE COMPROMISO EN LA LUCHA CONTRA EL VIH/SIDA Y LA DECLARACIÓN POLÍTICA SOBRE EL VIH/SIDA NACIONES UNIDAS

NUEVA YORK, 10 DE JUNIO 2008

Misión Permanente de Honduras ante las Naciones Unidas
866 United Nations Plaza, Nueva York, N.Y. 10017 • Tel: (212) 752-3370 • Fax: (212) 223-0498

DISCURSO MINISTRA DE SALUD ELSA PALOU ANTE LAS NACIONES UNIDAS
UNGASS VIH / Sida 2008
NUEVA YORK, 11 DE JUNIO

EXCELENTISIMO SEÑOR PRESIDENTE DE LA ASAMBLEA GENERAL

EXCELENTISIMO SEÑOR SECRETARIO GENERAL

EXCELENTISIMOS SEÑORES PRESIDENTES Y

EXCELENTISIMOS SEÑORES Y SEÑORAS JEFES DE DELEGACION.

En nombre del gobierno y pueblo de Honduras, permítame expresarle nuestro sincero agradecimiento por los esfuerzos realizados por las naciones unidas en dar respuesta a los desafíos que la epidemia del VIH y Sida imponen al desarrollo y supervivencia de la vida como la conocemos hoy día.

Señor Presidente

Celebramos esta sesión en un momento trascendental en nuestra historia. Un nuevo milenio da sus primeros pasos, es oportuno que los pueblos del mundo reflexionemos sobre el futuro de nuestros países y del futuro mismo de la epidemia.

Como seres humanos hemos logrado grandes avances, debemos extraer lecciones de lo que dejamos atrás.

Conocimos todo el bien y todo el mal que podemos causar.

Vimos al primer hombre caminar sobre la superficie de la Luna, finalizó el apartheid en Sudáfrica y se firmaron los acuerdos de paz en Centroamérica; pero también vimos las secuelas, la aberración del Holocausto, conflictos étnicos y guerras locales que en los últimos 40 años causaron más muertes que las dos guerras mundiales juntas. Hemos visto la luz de la libertad, pero también el vacío de la miseria y de la violación de los derechos humanos.

El pasado siglo fue de grandes contrastes. Mientras en algunas partes del globo se firmó la paz, en otras la guerra nunca termina. Mientras miles de millones viven en la pobreza, un reducido grupo vive en la opulencia. Mientras celebramos la Declaración Universal de los Derechos Humanos, se sigue violando la dignidad de las personas.

Tenemos motivos para sentirnos orgullosos, pero también para sentirnos avergonzados por la crueldad y dureza de corazón de la humanidad.

La epidemia del VIH, con pesar lo menciono, ha sido una vitrina donde se pueden observar todas las manifestaciones discriminantes de nuestras culturas. Las personas que viven con el virus, han sido víctimas de aislamiento y persecución, lamento decirlo, pero todas las ingratitud humana se ha evidenciado en contra de hombres y mujeres, cuya única diferencia es ser positivos.

La mujer, ha sido la más afectada debido a factores biológicos, epidemiológicos y sociales el virus ha llegado a lo más profundo de nuestras familias, mujeres que nunca han abandonado su hogares, han sido impactadas por la pandemia. Sus compañeros han muerto y como nuevas Jefas de hogar no consiguen empleos, y temen por dejar sus hijos en orfandad.

Debemos enfrentar la feminización de la epidemia de forma integral, atacando los síntomas que la ocasionan, como el machismo, la violencia y la pobreza.

Todas las culturas del mundo deberían estar hartas de discriminar, por genero, credo religioso, color, por condición económica y ahora por vivir con el virus del VIH.

Para nosotros la epidemia dejó de ser un problema de salud pública para convertirse en un problema de envergadura política y social que debe ser atendido integralmente.

Mi país, Honduras, siguiendo las líneas estratégicas globales, definimos metas de acceso universal a prevención, tratamientos, cuidado y apoyo.

Desde el 2006, fecha de la última asamblea para la revisión de los compromisos de UNGASS, el estado Hondureño ha realizado avances importantes en aumentar los niveles de cobertura de tratamiento de las personas viviendo con VIH y Sida, hemos así alcanzado un 57 %.

Es de destacar que desde el 2002, año en que inicia la terapia antiretroviral en Honduras, hemos pasado de 40 personas en aquel momento, a 6400 personas en la actualidad con tratamiento.

Sin embargo conscientes de la brecha que nos falta por alcanzar, nuestro reto es ampliar la cobertura en lugares de difícil acceso, en poblaciones vulnerables y tradicionalmente marginadas, como parte de la respuesta nacional.

Otra de las estrategias exitosas ha sido la prevención de la transmisión del VIH de madre a hijos/as, programa que ha sido integrado al 80% de los servicios de la red de cuidados prenatales. El reto que tenemos es aumentar el acceso de la mujer embarazada a la consulta prenatal, que determina la baja cobertura expresada en el indicador UNGASS de nuestro informe de país.

A pesar de estos logros que hemos alcanzado, sabemos que la respuesta no será sostenible sin una agenda consistente en materia de prevención. Necesitamos poner más énfasis en la promoción de comportamientos sexuales seguros y la implementación de programas de educación sexual basados en evidencia científica y derechos humanos, dirigido a niños, niñas, adolecentes, jóvenes, y los grupos poblacionales más afectados por la pandemia.

Señor presidente

En 26 años de epidemia hemos aprendido a reconocer el estrecho vínculo entre la epidemia y los derechos humanos. Día a día enfrentamos altos niveles de discriminación relacionado con el VIH y Sida, específicamente en la feminización de la epidemia

acceso a los servicios sociales básicos y empleo, entre otros. En respuesta a esta situación hemos iniciado la implementación de defensorías de derechos humanos con la apertura de dos oficinas en los dos hospitales nacionales más importantes del país, y la implementación por parte de la sociedad civil de observatorios que aseguren la atención integral, con valores éticos, de las personas viviendo con VIH y Sida.
El desafío: Expandir estas iniciativas a todo el territorio nacional.

Señor presidente

Honduras como estado miembro del concierto de las Naciones Unidas, está comprometido en lograr para el 2015 los objetivos de desarrollo del milenio, de igual forma con la estrategia de reducción de la pobreza.
Estrategias éstas que son un compromisos de todos y cada uno de los países que conformamos esta magna asamblea, sin embargo, esto será difícil de alcanzar si no damos una respuesta efectiva contra el VIH y Sida, ya que existe una relación vinculante entre la propagación de la epidemia y las estructuras económicas y sociales de nuestros países, por lo tanto la falta de una respuesta eficaz al VIH, no solo comprometerá el logro del objetivo numero 6, sino que amenazará el alcance de todos los objetivos de desarrollo del milenio y la estrategia de la reducción de la pobreza.

Señor presidente

Quiero aprovechar esta oportunidad, en nombre del gobierno de Honduras, y con solicitud expresa del ciudadano Presidente Don Jose Manuel Zelaya Rosales, para agradecer el encomiable esfuerzo que realizan las Naciones Unidas en el marco de asistencia a los países para lograr una respuesta efectiva ante esta pandemia, que hoy por hoy se ha convertido en una amenaza, para la vida de todos y todas.

Concluyo mi intervención reiterando el compromiso que tenemos en Honduras, de continuar haciendo los esfuerzos a favor de la vida, la dignidad humana, y garantizarle que utilizaremos de manera transparente y en beneficio de las poblaciones más necesitadas y marginadas de nuestro país, todo el apoyo que se nos brinde.

Muchas Gracias….

MALAWI

STATEMENT

BY

HON. KHUMBO KACHALI, M.P.
MINISTER OF HEALTH

AT THE

HIGH-LEVEL MEETING OF THE GENERAL ASSEMBLY ON HIV AND AIDS

JUNE 10, 2008, NEW YORK

(Check against delivery)

ISSUED BY THE PERMANENT MISSION OF MALAWI TO THE UNITED NATIONS

Mr. President,

On behalf of His Excellency Dr Bingu Wa Mutharika, President of the Republic of Malawi, and indeed on my own behalf, I would like to join the previous speakers in congratulating the Secretary General for successfully organising this meeting. Let me also align my delegation with the statement delivered by Zambia on behalf of SADC.

Mr. President,

The Malawi Government reaffirms its commitment to the full implementation of the 2001 Declaration of Commitment on HIV and AIDS and also the 2006 political Declaration on HIV and AIDS. It is for this reason that the Malawi's National HIV and AIDS Policy and Action Framework address all the six commitments of the declaration.

Malawi Government and its leadership remain fully and strongly committed to the fight against HIV and AIDS. His Excellency the President Dr. Bingu Wa Mutharika is himself the Minister Responsible for Nutrition, HIV and AIDS. HIV and AIDS is one of the six priority areas in the Malawi Growth and Development Strategy (MGDS) which is a home grown overarching national development policy for achieving sustainable economic growth and development.

Mr. President,

The HIV prevalence in Malawi among adults aged 15 to 49 years has declined from 14.4% in 2005 to 12% according to the 2007 Sentinel Surveillance Survey report. This has surpassed the universal access target of 12.8% set in 2006.

HIV and AIDS knowledge in Malawi is almost universal and is translating into positive behavioural change. For example, Condom use has increased from 47% to 57% among sexually active males and from 30% to 37.5% among sexually active females.

Mr. President,

Malawi has also registered remarkable improvement in the number of people accessing HIV services. For instance,

- 661,400 people were tested in 2007 compared to 283,461 people in 2004;
- 280,446 pregnant women were tested in 2007 compared to 52,904 in 2005;
- 146,856 people in 2007 were on antiretroviral therapy (ART) compared to 3,000 in 2003 with survival rate of 78%;
- 39% of HIV positive tuberculosis patients were started on ART compared to 29% in 2005;
- 53% of the 1 million orphans and other vulnerable children (OVCs) received different types of assistance including direct cash transfer.

Mr. President,

On fundamental freedoms and human rights to reduce vulnerability to HIV and AIDS, the National HIV and AIDS Policy provides a clear legal and administrative framework. The policy addresses the special needs of vulnerable groups and issues of stigma and discrimination in all settings.

Mr. President,

Malawi's achievements have not been without significant challenges. Some of the challenges include human resource capacity, inadequate infrastructure, donor fund disbursement procedures and procurement conditionalities resulting in poor absorption of funds. On its part, the Government of Malawi will continue to build and strengthen systems

for the effective HIV and AIDS service delivery. However Malawi would like to request all the development partners to review and relax their disbursement conditionalities in order to expedite cash flow and programme implementation while maintaining high quality fiduciary requirements.

Mr President,

I would like to stress the critical importance of international cooperation in our collective fight against HIV and AIDS. To this effect, Malawi would like to thank all the cooperating partners for their unwavering support. Let me conclude by thanking the United Nations for honouring Malawi with the hosting of the Global Launch of the Silver Jubilee International AIDS Candlelight Memorial.

I thank you Mr President.

Permanent Mission of the Republic of Kenya to the United Nations
866 U.N. Plaza, Rm 304, New York, NY 10017

STATEMENT

BY

HON. (DR.) NAOMI SHABAN, MP
MINISTER FOR SPECIAL PROGRAMMES,
OFFICE OF THE PRESIDENT
OF THE REPUBLIC OF KENYA

DURING

THE HIGH-LEVEL MEETING ON A COMPREHENSIVE REVIEW OF THE PROGRESS ACHIEVED IN REALIZING THE DECLARATION OF COMMITMENT ON HIV/AIDS AND THE POLITICAL DECLARATION ON HIV/AIDS

TUESDAY, JUNE 10, 2008
UN HEADQUARTERS, NEW YORK

Please check against delivery

Tel: (212) 421-4740/1, Fax: (212) 486-1985 Email: kenya@un.int

Mr. President,
Excellencies, Heads of State and Government,
Honourable Ministers,
Ambassadors and Permanent Representatives,
Distinguished Delegates,

I take this opportunity to congratulate you Mr. President and the Chairpersons of the sessions during this High-Level Conference on HIV/AIDS for their dedication in facilitating our deliberations. I equally express our appreciation to Secretary-General of the United Nations for the elaborate and focused reports on issues pertinent to the HIV/AIDS pandemic. My delegation joins the international community in paying tribute to the lost souls and those infected and affected by the HIV/ AIDS scourge. We associate ourselves with the statements made on behalf of the Group of 77 and China and that to be made on behalf of the African Group.

Mr. President,

The HIV infection rate in Kenya declined from 14% in 2001 to 5.1% at the end of 2006. This rate was based on data taken from pregnant women attending ante-natal clinics and calibrated to the household survey data, the Kenya Demographic and Health survey (KDHS) conducted in 2003. A more recent household survey - Kenya AIDS Indicator Survey (KAIS) was completed in December 2007 and the data is currently being analyzed. This data shall provide more detailed information on HIV/AIDS and other related sexually transmitted infections in Kenya.

Since the last UNGASS meeting held here in June 2006, Kenya has made commendable progress on acceleration towards universal access to HIV and AIDS prevention, treatment and care services. The number of patients on ARV increased from 65,000 reported in 2006 to the current total of 190,000 an increase of almost 200% in less than two years. This alone has averted 90,000 deaths between 2006 and 2007. Counselling and testing sites have grown from 3 in 2000 to over 1000 in 2007 while the target of providing PMTCT services in 80% of all the health facilities by 2010 has already been met. In addition, testing strategies have been expanded to include PITC, VCT, Mobile CT, Moonlight CT, Camel-back CT, door to door CT, PCR and early child diagnosis.

Mr. President,

Despite this progress HIV/AIDS continues to be a major concern to the Government of Kenya. Currently 1.1 million adults and 100,000 children are living with HIV/AIDS. An additional 250,000 patients require to be put on ART today. We also continue to face problems regarding funding, shortage of

workers; inadequate health infrastructure, stigma and high levels of poverty which hinder the realization of Universal Access. Other concerns include inadequate care and treatment particularly targeting Most at Risk populations, Low reach out to OVC due to increasing numbers and a weak monitoring and evaluation system

The Kenya government continues to take the fight against HIV and AIDS seriously due to its devastating impact on the social, economic and development dimensions on the economy and communities. As earlier mentioned, the efforts have borne relative success but we still face enormous challenges in our fight against the scourge. Notable among the challenges are:–

1. FINANCE FOR SCALING-UP OF AIDS RESPONSES IN KENYA

- Overall, during 2006/2007 and 2005/006 financial years, the country spent from the combined donor and government sources 1.3 percent (US$333.8 million) and 0.8 percent (or US$162.4 million) of GDP on HIV and AIDS response respectively.
- The expenditure lags behind KNASP financial resource requirements; there was a significant closing of the gap in the year 2006/07, thanks to expenditure of funds from PEPFAR.
- Over the past five years, the HIV and AIDS epidemic has received significant funding primarily from donors through bilateral arrangements and Global Fund to fight HIV and AIDS from per capita spending of US$105.8 in 2003 to US$256.7 in 2007.
- The bulk of HIV and AIDS financing in the country came from the donor community contributing to over 90% in 2006/07 (or US$300.4) of all HIV and AIDS response in the country and trade offs between other equally competing programmes/diseases. There is need to explore alternative financing arrangements to complement donor support.

2. HEALTH HUMAN RESOURCE IN KENYA

- Provision of quality health services is a labour-intensive business which requires qualified health workers.
- Investment of US$50 million per year for five years is required to put in place a reasonable number of health workforce able to deliver quality health care.

3. AFFORDABLE COMMODITIES AND LOW COST TECHNOLOGIES

- Drugs, medical supplies and equipment are major factors contributing to the high cost of health care.

- Legislative reforms to facilitate use of high quality generic drugs, standardized medical equipment in the health sector could reduce costs.

- Increased investment in low cost prevention technologies like microbicides, vaccines, condoms, school health education, VCT and community mobilization to fight stigma discrimination could also reduce health care costs.

4. HUMAN RIGHTS, STIGMA & DISCRIMINATION AND GENDER EQUITY

- Awareness of legal, treatment, care and reproductive rights among PLWHA and health workers needs to be enhanced.

- Stigma and discrimination contributes to low utilization of VCT services especially in rural areas.

- Strategies to effectively address prevention among most-at-risk populations-MSM, Commercial Sex workers and Injecting drug users are being put in place.

- Investing in community organizations led by women is a feasible strategy to fight stigma and ensure gender equity.

Universal Access Targets and Milestones, Kenya

SCORECARD ON UNIVERSAL ACCESS TARGETS AND MILESTONES FOR KENYA IN 2008

Key Milestones	2006	Current	2010
1. People tested and counseled per annum	453,017	850,097	2 m
2. Transfused Blood is safe	99%	100%	100%
3. Pregnant women accessing PMCT Services	30%	80%	80%

4. People on ART	65,000	190,000	203,254
5. TB Patients accessing comprehensive HIV Care	20%	27%	50%
6. Orphans Schooling	No data	88%	100%

Mr. President,

In conclusion, I would like to draw the attention of this distinguished gathering to some of the areas that we feel urgent follow-up needs to be taken: -

- Sustainability of HIV and AIDS funding is critical. ART is a life-long commitment therefore people put on treatment should have access to drugs in a sustained way. Funding for prevention programmes has been inadequate. This should be enhanced since prevention is the best way to fight HIV and AIDS.

- Financial support for fighting HIV and AIDS should be provided in the form of grants, not loans.

- Kenya and other low and middle-income countries be considered for debt relief without conditionalities and the funds channelled to other priority areas including the Total War against AIDS.

Thank you.

ICELAND

2008 High Level Plenary Meeting on AIDS
United Nations, New York, 10 June 2008

Mr. President, dear colleagues, ladies and gentlemen.

At the outset I would like to welcome the report of the Secretary General on the progress achieved midway to the Millennium Development Goals in realizing the targets set out in the Declaration of Commitment on HIV/AIDS. It is encouraging to observe that since 2006 progress in containing the HIV epidemic is now being seen in nearly all regions of the world.

However, as the report clearly shows these positive trends are not uniform. Serious challenges remain. New infections continue to increase in several countries. Coverage for essential HIV prevention, treatment, care and support remains far too low in many parts of the world to have a major impact on the course of the epidemic. Especially in the countries most heavily affected by HIV, the epidemic's impact sadly continues to grow, with increasing numbers of HIV-affected households and children orphaned or made vulnerable by HIV. Let me also say that I am deeply concerned about the overall expansion of the epidemic among women, children and vulnerable groups. These groups must always be centrally involved in actions undertaken against the HIV epidemic. I want to emphasize what President Srgjan Kerim said in his opening speech. We can not make progress when ~~the majority of~~ many teachers of children in some countries are dying from

HIV/AIDS. Well educated children are the hope for an AIDS free world.

The rate of progress in expanding access to essential services is failing to keep pace with the expansion of the epidemic itself, a shortcoming that is especially evident with respect to HIV prevention. Unless the international community takes immediate action to follow through on the pledges made to implement an exceptional response to HIV, the epidemic's humanitarian and economic toll will continue to increase.

Mr. President

It is only two years before the deadline for universal access to HIV prevention, treatment, care, and support and midway towards the target date of 2015 for achieving the Millennium Development Goals.

Current trends suggest that the global community will fall short of achieving universal access to HIV prevention, treatment, care, and support services, without a significant increase in the level of resources available for HIV programs in low- and middle-income countries.

Substantially greater progress will be required to achieve universal access to HIV treatment and care. Much has been achieved in reducing prices for many first-line antiretrovirals over the last decade.

Further price reductions for antiretrovirals will be needed to ensure the sustainability of treatment programs, especially with respect to newer antiretroviral drugs. Accordingly, Iceland has adopted legislation on compulsory licensing to make it possible to assist those in need with affordable medicines facilitating our efforts in providing sustainable antiretroviral treatment coverage. An Icelandic pharmaceutical company is currently in the process of obtaining for prequalification licence from WHO to produce affordable antiretroviral drugs.

I am pleased to be able to inform you Mr. President that the Icelandic Government has decided to contribute to the Global Fund with the sum of one million US dollars during the next three years.

Mr. President,
I was very moved to listen to Ms Ratri Suksma this morning describing the situation of those living with HIV and I want to join Secretary General Ban Ki-Moon when he said in his remarks that he admired the courage of the people living with HIV. They are certainly the heroes of our time.
To conclude, I would like to state I truly believe we can reach the targets set out in the Declaration of Commitment on HIV/AIDS and the Millennium Development Goals with a combined concerted effort of all nations. Tackling the epidemic is our common task.

Thank you.

Permanent Mission of the United Republic of Tanzania to the United Nations

CHECK AGAINST DELIVERY

STATEMENT BY

HON. PROFESSOR DAVID HOMELI MWAKYUSA, (MP), MINISTER FOR HEALTH AND SOCIAL WELFARE OF THE UNITED REPUBLIC OF TANZANIA,

AT

THE UNITED NATIONS GENERAL ASSEMBLY HIGH-LEVEL MEETING ON A COMPREHENSIVE REVIEW OF THE PROGRESS ACHIEVED IN REALIZING THE DECLARATION OF COMMITMENT ON HIV/AIDS AND POLITICAL DECLARATION ON HIV/AIDS.

NEW YORK, 10TH JUNE 2008

201 East 42nd Street, Room 1700, New York, New York 10017
Tel. No. (212) 972-9160

STATEMENT BY HON. PROFESSOR DAVID HOMELI MWAKYUSA, (MP), MINISTER FOR HEALTH AND SOCIAL WELFARE OF THE UNITED REPUBLIC OF TANZANIA, AT THE UNITED NATIONS GENERAL ASSEMBLY HIGH-LEVEL MEETING ON A COMPREHENSIVE REVIEW OF THE PROGRESS ACHIEVED IN REALIZING THE DECLARATION OF COMMITMENT ON HIV/AIDS AND POLITICAL DECLARATION ON HIV/AIDS.

NEW YORK, 10TH JUNE 2008

Mr. President of the General Assembly
Secretary General
Distinguished Delegates
Ladies and Gentlemen

1. I would like to take this opportunity to congratulate you and the United Nations for convening this high level meeting to review the progress of our commitments and the Global Response to HIV/AIDS. I would also like to thank the Secretary General for his comprehensive report A/62/780 on the above agenda.
My delegation aligns itself with the statements read by Antigua and Barbuda on behalf of the Group of 77 and China, by Egypt on behalf of the African group and Zambia on behalf of SADC.

2. This is an opportunity for us to look back critically, together, on how much we have managed to keep our commitments, what we have achieved so far, the challenges and the way forward, as the HIV/AIDS pandemic continues to devastate our societies particularly in developing countries. This meeting gives us another opportunity to reaffirm our commitments to intensifying the fight against HIV/AIDS.

Mr. President,

3. Tanzania is among the countries with a high HIV prevalence in sub-Saharan Africa, at the rate of seven percent (2004) in the general population. Recently, we conducted another HIV/AIDS and Malaria Indicator Survey (2007-08 THMIS) and the national campaign on voluntary counselling and HIV testing, preliminary results which are on the process of validation show that the national HIV prevalence is declining. The prevalence is much lower in Zanzibar (< 1%). HIV transmission rates are declining as a result of effective prevention programs and commitment of the Government, Development Partners and other stakeholders. Prevention is at the core of all our HIV strategies. We must stop new infections. This is our priority.

Mr. President,

4. The socio-economic impact of the epidemic in a poor country like Tanzania is enormous. We are witnessing an increase in AIDS related morbidity and mortality as well as increasing numbers of orphans in the community. HIVAIDS puts an enormous

burden on the already overburdened health care system, as more than fifty per cent of hospital beds are occupied by patients suffering from AIDS related conditions.

5. The effective mobilization of all sectors as well as our Development Partners and other stakeholders is a key and essential component leading to success. The interventions that are currently being implemented are based on the National Multisectoral Strategic Framework (NMSF), 2008-2012. This framework emphasizes a multisectoral approach, impact mitigation and delivery of anti-retroviral drugs. The framework is the guiding principle of our efforts to fulfill our obligations as enshrined in the global "Declaration of Commitment".

6. Tanzania has enacted a supportive HIV/AIDS legislation which aims, among other things, to protect the vulnerable populations, and further reinforce observance of human rights and fundamental freedom and legal protection of people living with HIV/AIDS, orphans and vulnerable children.

Mr. President,

7. Regarding HIV prevention, there are many organizations working with the government in this area including civil society and faith based organizations, workplace programmes, programmes for armed forces and the United Nations High Commission for Refugees (UNHCR) in refugee camps. Other primary preventive programmes are being scaled up. These include Voluntary Counselling and Testing, Prevention of Mother to Child Transmission, management of sexually transmitted infections and intensifying programmes for the youth.

Mr. President,

8. In Tanzania, testing sites and VCT services have been available since 1995, yet the uptake of these services has remained rather low. To this end a national HIV testing and testing campaign was launched in July 2007 with the theme ***"Tanzania Free from AIDS is possible"***. The overall response of the campaign was very encouraging. At the end of six months 4,211,767 people had been tested.

Mr. President,

9. In responding to the plight of people living with HIV/AIDS, and considering the importance of care and treatment in the overall national response, the Government developed a HIV/AIDS Care and Treatment Plan in 2003. This plan seeks to provide antiretroviral drugs free of charge to about 440,000 people living with HIV/AIDS. The provision of ARVs to AIDS patients has brought new hope to thousands of people living with HIV/AIDS. Currently 143,451 are on treatment and 276,761 patients have been enrolled and are being monitored.

10. Regarding care and support to orphans and vulnerable children (OVCs), efforts are ongoing to strengthen the coordination and harmonization of resources and interventions at the local government level to ensure that orphans and vulnerable

children are identified and that they access basic services and support within the communities. Committees at the community level are constantly updating the information on the numbers and needs of OVCs.

Mr. President,

11. Financing HIV/AIDS control programmes is a big challenge to the already overburdened national budgets. Yet, its control is urgent and inevitable. In order to ensure there is a sustained response, HIV/AIDS has been mainstreamed in our National Strategy on Growth and Reduction of Poverty (NSGRP), popularly known as MKUKUTA.

12. The prevailing shortage of human resources for health has been a major setback in our fight against this pandemic. We would like to add our voices to those who are calling for support and commitment of additional resources through UNAIDS, the Global Fund and other sources, to enable us to achieve the goal of Universal access to HIV prevention, treatment and care by 2010, and also in attaining MDG 6. Our appeal calls for an assurance of predictable and sustainable mechanisms to access affordable ARVs, which we consider an act of public good.

Mr. President,

13. Tanzania has adopted the 'Three Ones' principle by having the AIDS Commissions as the National Coordinating Authority; National Multisectoral Strategic Framework on HIV/AIDS and Monitoring and Evaluation Systems.

Mr. President,

14. While intensifying our efforts to fight this pandemic, we are faced with the following major Challenges:

i. Levels of sexual and reproductive ill-health remains high; HIV prevalence is increasing among adolescents and women, and risky sex behaviors continue, despite the scaling-up of HIV prevention efforts including awareness raising campaigns through IEC/BCC materials, and VCT.

ii. The existing weak health care systems are now struggling with the additional burden of HIV and AIDS, which in turn, further impedes the provision of quality services.

iii. Additional challenges includes the following:
- Serious shortage of human resources for health to expand testing, counseling, treatment and care services
- The high level of national awareness raising efforts that are not matched with commensurate positive behavioral changes
- Sustaining the care and treatment as well as the prevention strategies
- The increasing demand for nutritional support to poor community members who are infected and affected

- Stigma mitigating against access to prevention, testing, treatment care and support services.

Mr. President,

15. I wish to acknowledge the financial support that we are receiving from our Development Partners. We call for increased and predictable resources. While many gains are being reported following the implementation of declaration of commitment and political declaration, we are still far from reaching our goals; we need to redouble our efforts and sustain our gains.
Tanzania reaffirms her commitment to continue implementing the Declaration of Commitment and fully supports the initiatives undertaken by the Secretary General of the United Nations in the fight against HIV/AIDS. Let us make a joint team effort.

I thank you, Mr. President.

Please check against delivery

STATEMENT BY

HER EXCELLENCY DR. SITI FADILAH SUPARI
MINISTER OF HEALTH OF THE REPUBLIC INDONESIA

AT THE
HIGH LEVEL MEETING ON HIV/AIDS

NEW YORK, 10 JUNE 2008

PERMANENT MISSION OF THE REPUBLIC OF INDONESIA TO THE UNITED NATIONS
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President of the General Assembly, Your Excellencies, Distinguished Delegates, Ladies and Gentlemen,

Let me begin by expressing my profound appreciation for the opportunity to participate in this High Level Meting on HIV/AIDS. I am doing so on behalf of my President who was keen to be with you but regretfully could not be present because of a prior commitment.

The delegation of Indonesia would like to thank the Secretary General for his report on the progress being made in response to HIV in different regions. Indonesia would like to emphasize at the outset its firm commitment to the implementation of the 2001 Declaration of Commitment of HIV/AIDS and the 2006 Political Declaration on HIV/AIDS for the attainment of the MDGs, particularly Goal 6. In addressing this issue we align ourselves with the views expressed by Antigua and Barbuda on behalf of G77 and China.

As we are all aware, the UN has declared HIV/AIDS a global emergency. The disease remains one of the most serious infectious disease challenges to the health of our population.

Recognizing the grave danger HIV/AIDS represents, Indonesia has been putting safeguards in place to control and eventually stop its spread. But for the present, even though we have a low aggregate HIV prevalence, the problem impacts many adults making up the 15-49 age

group. Overall, as of 2006 it was estimated that 193.000 people in Indonesia were living with HIV.

Since the first case of AIDS was identified in 1987 in Indonesia, the number of infected individuals has increased annually. During the last 18 years, HIV prevalence in Indonesia has gone through the normal anticipated progression stages. However there has been an indication of accelerating growth in the last 4-5 years. Available data demonstrate that more than half of the IDU's are HIV-positive.

In response to this challenge, Indonesia has mounted a comprehensive attack on the epidemic with the primary goal of slowing and ultimately stopping new infections. This response includes moving towards Universal Access targets for prevention, care, support and treatment for people living with HIV/AIDS. ARV drugs are now available to more than 10.000 eligible people living with HIV/AIDS who also benefit from other treatment and care. Since 2004, we have been scaling-up Voluntary Counseling Testing (VCT) and increasing referral units for care and services with the aim of establishing units in every district by the end of 2010. There has been an increased emphasis on the education of our youth and the community at large about the disease to avoid stigmatization and discrimination against people affected by HIV/AIDS.

The strong commitment of the Government of Indonesia is stipulated by Presidential Regulation No. 75/2006 which assigns to the National AIDS Commission and its entire vertical structure the responsibilities

for coordination of national responses. In compliance with the above mentioned stipulation, the Commission has expanded its membership to consist of 21 government ministries and agencies, 5 NGOs, and representatives of people living with HIV/AIDS.

The National HIV and AIDS Action Plan 2007-2010 provides the framework for action by the government and its development partners through 2010. The NAC has defined targets for the progressive achievement of Universal Access to HIV prevention, care, support and treatment services as required by the 2001 UNGASS Declaration of Commitment on HIV/AIDS, which was reaffirmed by Indonesia in 2006.

Since then Indonesia has made significant strides in reaching the global targets. In the coming years, the key building blocks to implement the central-level commitment and vision are a national strategic plan for HIV, a ministerial decree ensuring free ARV drugs for all people living with HIV/AIDS, and a policy on the co-infection issues between TB and HIV. These are the tangible plans we have made to deal with the ongoing challenges posed by AIDS in Indonesia.

At this point, I would like to thank all our partners and donors for their strong technical and financial support. Their support is clear evidence of the strong international solidarity influencing and accelerating global efforts to achieve MDG 6 by 2015.

Your Excellencies, Ladies and Gentlemen,

Indonesia recognizes that the situation unfolding in the country demands more than reaction. We must position ourselves ahead of the curve of disaster to prevent it from happening. To achieve this, we look forward to the continued support of our international partners including the UN system. However, the effectiveness of the UN system in the field would improve significantly if it were to ensure greater coherence and coordination among its agencies dealing with this challenge.

Finally, I hope and urge the forum to come up with clear recommendations and responsible commitments for the fight against HIV and AIDS.

Thank you,

H. E. Dr. Siti Fadilah Supari
Minister of Health, Republic of Indonesia.

THE PERMANENT MISSION OF
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STATEMENT

BY

DR. MANTO TSHABALALA-MSIMANG

MINISTER OF HEALTH OF THE REPUBLIC OF SOUTH AFRICA

AT THE

HIGH-LEVEL MEETING ON A COMPREHENSIVE REVIEW OF THE PROGRESS ACHIEVED IN REALIZING THE DECLARATION OF COMMITMENT ON HIV AND AIDS AND THE POLITICAL DECLARATION ON HIV AND AIDS

62ND SESSION OF THE GENERAL ASSEMBLY
UNITED NATIONS
NEW YORK
10-11 JUNE 2008

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President of the General Assembly
Secretary-General of the United Nations
Heads of State and Government,
Honorable Ministers,
Distinguished Delegates,
Ladies and Gentlemen:

THE REPORT OF THE SECRETARY-GENERAL

It is with great honour and privilege that I take this opportunity to address the General Assembly at the High-Level meeting on HIV and AIDS.

Mr. President,

South Africa is committed to working with the Southern African Development Community (SADC), the African Union (AU) and the international community in ensuring that we are true to the commitments we made as a collective regarding universal access to prevention, treatment, care and support for HIV and AIDS.

South Africa also joins Member States who have shown appreciation for the work done by the Executive Director of UNAIDS, Dr Peter Piot, in the compilation of the latest Report of the Secretary-General regarding the implementation of our commitments, especially the aptness of the recommendations as they highlight the critical importance of sustainable responses to the challenges posed by HIV and AIDS. South Africa welcomes the Report.

The recommendations in the Secretary-General's Report should be viewed in the context of reports from countries that indicate substantial progress, balanced with continuing challenges. It is indeed a balanced scorecard. The sobering reality recognized in the Report is the need for effective prevention strategies. South Africa is encouraged by the discussions on harmonization, and we hope that donor and recipient countries will commit to working together to develop the necessary capacities to achieve alignment of development assistance with national priorities, policies and plans.

COUNTRY PROGRESS

Since the last High-Level Meeting in 2006, South Africa has intensified its country response to HIV and AIDS in many ways: The National Strategic Plan was reviewed and a new one developed; the National AIDS Council has been restructured; national AIDS budgets increased by more than 25% in each of the two years; and prevalence among those younger than twenty years of age has consistently been decreasing. We want to commend our youth for applying the ABC message and activity and their understanding and participation in both the life skills and healthy life styles programmes. This has begun to translate into a decline in the national average HIV prevalence.

More than 480 000 people have been enrolled into the public sector ART programme, about 10% of whom are children. In February 2008, after critical consideration, we adopted dual therapy as part of the comprehensive PMTCT package. Seven of the nine provinces in the country have started the implementation of this new policy and the other two provinces are expected to start soon. All of these facts are contained in the report South Africa submitted to UNAIDS earlier this year.

Despite national and global achievements, we will continue to be concerned about the rate of new infections as indicated in the Secretary-General's Report. The situation as portrayed in the Report is untenable; it does indeed call for enhanced and sustainable responses by all of us, especially the strengthening our prevention programmes.

South Africa has participated in regional and global meetings where difficult but correct questions about the nature of health systems that will ensure the implementation of sustainable and comprehensive HIV programmes, the affordability of medicines including ART, human resources challenges, as well as appropriate diagnostic technologies.

The current review of progress regarding HIV and AIDS should not only be informed by these international and regional debates within the health sector but should also consider the current development challenges that affect the African continent and indeed the whole world. In this context Mr. President, we refer to the acute problems of food shortages, the high cost of food, the energy crisis, and the challenges of climate change that will put additional strain on budgets in the region and elsewhere.

These debates and these conditions should be considered when we talk about sustainable responses to HIV and AIDS. The bi-directional relationship between the institutional problems of poverty, underdevelopment, poor access to education and gender inequality require urgent attention if we are to meet and exceed the MDG targets. Whilst 2015 is an important milestone, Africa needs long-term sustainable solutions that address the drivers of communicable and non-communicable diseases as well as trauma and violence for better health outcomes.

The primary health care approach which celebrates its 30th anniversary this year, should be the cornerstone in our attempts to build a sustainable response to other communicable diseases including HIV and AIDS, as well as non-communicable diseases, trauma and violence. The principles on which this approach is based is as relevant today as it was in 1978 when the Alma Ata Declaration was adopted.

CHALLENGES AND RECOMMENDATIONS

We challenge this Assembly to carefully consider the implications of knowledge gaps in basic sciences and its consequences for HIV vaccine and microbicide development. My delegation wishes to urge the international community to put more resources into basic science research. We also propose that more resources should be dedicated to research on

affordable alternatives such as complementary and traditional medicines, as well as nutrition.

We are particularly concerned about inadequate drug surveillance and pharmacovigilance capacity especially in the African region. We call upon our development partners to assist in this regard.

Whilst the issue of the empowerment of women has been raised in several statements and interventions, we believe that concrete recommendations together with monitoring mechanisms are needed to ensure visible action with respect to the empowerment of women. Similarly, children infected and affected by HIV and AIDS and other social and economic conditions appear only to be discussed in the context of orphans. We need a far more coherent dialogue-one that builds families and communities and gives hope to our youth.

CONCLUSION

In conclusion Mr President, South Africa pledges to continue to work with the international community to consider these challenges as we look for sustainable responses and solutions.

South Africa will continue to implement its National Strategic Plan but also lead and create the necessary space for debates and action on these and other difficult questions in our continuing quest for a better life for all.

I thank you.

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STATEMENT BY THE DELEGATION OF CANADA TO THE UNITED NATIONS GENERAL ASSEMBLY HIGH LEVEL MEETING ON HIV/AIDS

DELIVERED BY
DR. HOWARD NJOO, DIRECTOR GENERAL,
PUBLIC HEALTH AGENCY OF CANADA

NEW YORK, 11 JUNE 2008

DÉCLARATION DE LA DÉLÉGATION DU CANADA À L'ASSEMBLÉE GÉNÉRALE DES NATIONS UNIES RÉUNION DE HAUT NIVEAU SUR LE VIH/SIDA

PRONONCÉE PAR
DR. HOWARD NJOO, DIRECTEUR GÉNÉRAL
AGENCE DE LA SANTÉ PUBLIQUE DU CANADA

NEW YORK, 11 JUIN 2008

Mr. President, Delegates

On this important occasion where we are assessing the global progress we have made to meet our commitments under the *Declaration of Commitment* and the *Political Declaration on HIV/AIDS*, we can be proud of a number of accomplishments. At the same time, we must also focus on the remaining challenges to be overcome.

Stopping this epidemic requires progress in all regions of the world and Canada remains committed towards the promises made at the G8 Summits in St Petersburg and Heiligendam where we committed to the call for scaling up significantly towards the goal of universal access to comprehensive prevention programmes, treatment, care and support by 2010.

The uneven nature of global progress in reaching the international targets around treatment, prevention, care and support and the disproportionate effect of HIV/AIDS on regions and on populations most vulnerable to infection is unacceptable. Real progress can only be made through increased and coordinated global action including the integration of affected communities into the design and development of country responses. The value of local knowledge, lived experiences and meaningful inclusion of people living with HIV/AIDS cannot be over emphasized.

At the international level, there has been support for greater involvement of non-governmental organizations (NGOs) in the HIV/AIDS response. Canada has been supportive of civil society engagement at the Economic and Social Council and UNAIDS Programme Coordination Board. We are pleased that civil society representation continues to be an integral part of the High Level Meeting on AIDS, and, as we have done previously, Canada has included two members of Canadian AIDS service organizations in our delegation.

Mr President, we are also pleased to see that the interactive hearing with civil society that you chaired focused on a number of groups who are either infected or most vulnerable to infection including children and young people living with HIV, women and girls, sexual minorities, sex workers and people who use drugs. This kind of openness and engagement helps to highlight key populations disproportionately affected by the epidemic and in need of urgent attention and programming. Awareness of how these populations are dealing with HIV is vital to combating HIV/AIDS related stigma and discrimination. Vulnerability to HIV infection significantly increases when legal, social and cultural and economic factors make it difficult for women and girls to protect their own health and the health of their families. Canada believes that these considerations should be integrated into prevention, care, treatment and support interventions.

Future global action must include enhanced national leadership, scaled-up responses in hyper-endemic countries, and focussed responses for those populations with concentrated epidemics. We must scale up national responses in a way that guarantees their sustainability while at the same time ensuring that the global commitment and response to the HIV/AIDS epidemic continues. As we have seen in Canada, without a consistent response there can be a resurgence of infections in at-risk populations where infection rates were previously stabilized.

As greater numbers of people are able to access anti-retrovirals, part of our response will be to ensure that persons living with HIV/AIDS have the tools and support they need to live healthy full lives while ensuring that the transmission of HIV is prevented. "Prevention for positives" must become an increasingly important part of the global response.

Canada is particularly concerned about the impact of HIV/AIDS and HIV-TB co-infection on marginalized populations, including Indigenous peoples. Indigenous peoples suffer higher rates of both TB and HIV infection, and Canada is proud to support the collaboration of the Assembly of First Nations and the WHO on the Global Indigenous Stop TB Initiative. This initiative encourages international Indigenous leadership, exchange of information and knowledge, community based action, and increased global awareness.

Canada remains committed to the *Declaration of Commitment, the Political Declaration on HIV/AIDS*, and to the development of a comprehensive, integrated, and coordinated response to the HIV/AIDS epidemic. Through the provision of universal access to prevention, care, treatment and support, and through on-going respect for human rights and equality between men and women, the international community is capable of meeting our established targets, and reversing the impact of HIV/AIDS.

Thank you.

Monsieur le Président, Mesdames, Messieurs les Délégués,

En ce moment important où nous évaluons l'ensemble des progrès que nous avons accomplis pour respecter nos engagements conformément à la *Déclaration d'engagement* et à la *Déclaration politique sur le VIH/sida*, nous pouvons être fiers de bon nombre de nos réalisations. En même temps, nous ne devons pas oublier les défis qu'il nous reste à relever.

Juguler cette épidémie nécessite la réalisation de progrès dans toutes les régions du monde. Aussi, le Canada est-il résolu à tenir les promesses prises aux Sommets du G8 de Saint-Pétersbourg et de Heiligendam, où il s'est engagé à répondre à l'appel en faveur d'une intensification des efforts en vue d'atteindre l'objectif de l'accès universel à des programmes complets de prévention, de traitement, de soins et de soutien d'ici 2010.

L'inégalité des progrès réalisés à l'égard des cibles internationales concernant le traitement, la prévention, les soins et le soutien ainsi que l'effet disproportionné du VIH/sida sur les régions et les populations les plus susceptibles d'être infectées sont inacceptables. Il est impossible d'accomplir des progrès concrets sans d'abord accroître et coordonner les mesures mondiales, y compris la participation des communautés éprouvées à la conception et à l'élaboration des initiatives des pays. On ne peut trop insister sur la valeur du savoir local, des expériences vécues et de l'inclusion significative des personnes atteintes du VIH/sida.

À l'échelle internationale, une plus grande mise à contribution des organisations non gouvernementales (ONG) dans la lutte contre le VIH/sida suscite l'adhésion. Le Canada appuie la participation de la société civile au Conseil économique et social ainsi qu'au Conseil de coordination du programme de l'ONUSIDA. Nous nous réjouissons de la représentation continue de la société civile à la Réunion de haut niveau sur le sida et, comme il l'a déjà fait, le Canada a inclus deux membres d'organisations de lutte contre le sida dans sa délégation.

Monsieur le Président, nous notons aussi avec satisfaction le fait que l'audience interactive avec la société civile que vous avez présidée était centrée sur plusieurs groupes qui sont soit atteints, soit plus vulnérables, notamment les enfants et les jeunes vivant avec le VIH, les femmes et les filles, les minorités sexuelles, les travailleurs du sexe et les consommateurs de drogues. Ce type d'ouverture et d'engagement contribue à mettre en évidence les principales populations qui sont touchées de façon disproportionnée par cette épidémie et qui ont besoin immédiatement d'attention et d'avoir accès à un programme. Il est essentiel de mieux connaître la façon dont ces populations font face à cette maladie afin de lutter contre la stigmatisation et la discrimination liées au VIH/sida. La vulnérabilité au VIH augmente sensiblement lorsqu'entrent en jeu des facteurs juridiques,

sociaux, culturels et économiques qui empêchent les femmes et les filles de protéger leur propre santé ainsi que celle de leur famille. Le Canada estime que ces préoccupations doivent être prises en considération dans le cadre des interventions relatives à la prévention, au soin, au traitement et au soutien.

Les futures mesures qui seront prises à l'échelle mondiale doivent comprendre un leadership national accru, une intensification de la lutte dans les pays touchés par une hyperépidémie et une intervention ciblée auprès des populations chez qui l'épidémie est concentrée. Nous devons augmenter les mesures nationales de manière à assurer leur durabilité tout en veillant à ce que l'engagement mondial et la lutte contre le VIH/sida se poursuivent. Comme nous avons pu le voir au Canada, sans une intervention constante, il peut y avoir une recrudescence de la maladie dans les populations à risque pour lesquelles les taux d'infection avaient été stabilisés.

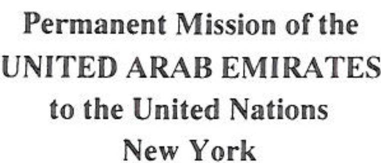
Comme un plus grand nombre de personnes peuvent avoir accès à des antirétroviraux, une partie de notre intervention consistera à s'assurer que les personnes atteintes du VIH/sida disposent des outils et du soutien nécessaires pour vivre pleinement et sainement tout en empêchant la transmission du VIH. La « prévention auprès des personnes séropositives » doit devenir un volet de plus en plus important de la lutte à l'échelle mondiale.

Le Canada est surtout préoccupé des répercussions du VIH/sida et de la coinfection VIH/tuberculose chez les populations marginalisées, notamment chez les autochtones. Les taux les plus élevés tant de tuberculose que de VIH sont observés chez ces derniers. C'est pourquoi le Canada est fier d'appuyer la collaboration entre l'Assemblée des Premières Nations et l'Organisation mondiale de la Santé dans le cadre de l'initiative Global Indigenous STOP TB. Cette initiative favorise le leadership autochtone sur la scène internationale, l'échange de renseignements, la prise de mesure dans les communautés et l'augmentation de la sensibilisation mondiale.

Le Canada demeure résolu à mettre en application la *Déclaration d'engagement* et à la *Déclaration politique sur le VIH/sida* et à mettre au point une intervention générale, intégrée et coordonnée en ce qui concerne le VIH/sida. En donnant un accès universel à la prévention, aux soins, au traitement et au soutien et en respectant systématiquement les droits de la personne et l'égalité entre les hommes et les femmes, la communauté internationale sera en mesure d'atteindre toutes les cibles fixées et de renverser les effets du VIH/Sida.

Je vous remercie.

بسم الله الرحمن الرحيم



البعثة الدائمة
لدولة الامارات العربية المتحدة
لدى الأمم المتحدة
نيويورك

Statement by

H.E. Mr. Humaid Mohammed Al- Qutami

Minister of Health
of the United Arab Emirates

Head of Delegation

at the High-Level Meeting of the General Assembly
on **A Comprehensive Review of the Progress Achieved in Realizing the Declaration of Commitment on HIV/AIDS**

New York, 10 June 2008

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Mr. President,

At the outset and on behalf of the delegation of the United Arab Emirates, it gives me pleasure to express our appreciation for your efforts in directing this important meeting. I also wish to express our appreciation for the efforts made by the Secretary-General and the UN agencies in addressing the HIV/AIDS epidemic.

Mr. President,

In this age we are faced with many global health challenges that cause deep concern to the international community and threaten the global health security. But the epidemic HIV/AIDS remains as one of the greatest challenges facing the international efforts and seriously threatens the international health security. This shows that the efforts made by the international community have not achieved their goals yet. A quick reading of the spread of the disease as recorded in the reports of the United Nations Program to combat AIDS, shows that until December 2007 the number of those infected with the virus is estimated to reach 33, 2 million; the number of those who died of the disease is 2, 1 million while the estimated number of new cases in 2007 is 2, 5 million. This requires from us to double these efforts, especially after the lapse of half the time assigned to achieve the MDGs which emphasized the implementation of the Declaration of Commitment on HIV/AIDS

Being committed to the implementation of the political Declaration on HIV/AIDS 2001, the UAE is deeply concerned about the speed in which the disease is spreading in the world, especially in the developing countries where it has been taking the lives of millions of children, mothers and young people causing the deterioration of the economic and humanitarian conditions of those countries. In this regard, we emphasize the importance of doubling the international and regional efforts to provide efficient resources for these countries to enable them to obtain the drugs for treatment and implement their national strategies to combat this disease; deal with its repercussions; realize and support preventive measures especially those that

focus on awareness and changes of behaviors contributing to the spread of the disease.

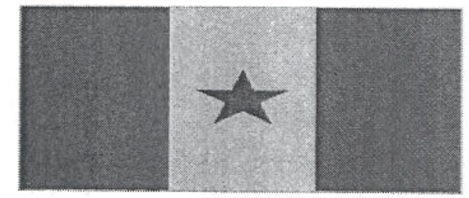
Mr. President,

Although HIV and AIDS does not represent a national health problem in the UAE, yet we stand, following our wise leaders' belief in the importance of gathering all the international efforts to face this problem, in one line with the rest of the countries of the world to combat this epidemic. The UAE, since 1985 has adopted a national effective strategy to combat AIDS. This strategy includes providing moral, social, medical, and financial support for those infected with the disease as well as their families. Medical treatment for those patients comprises complex drug treatment and providing the means of prevention of the complications of the disease. This method resulted in maintaining low levels of infection as was reflected in the reports of the World Health Organization. Our national program enacts a number of preventive measures, some of which are relying on local blood donors and using the latest technologies to screen blood, tissues and human parts from donors. As a result, no cases of transmission of infection through blood have been recorded in any blood center in the country since the implementation of the program; this in addition to the adoption of a program of screening for those most vulnerable to infection, mandatory AIDS tests for couples planning to marry and active epidemic screening.

The Government continues to develop its national preventive program, laws and health regulations and update the protocols of treatments with multiple drugs and the protection of patients and their families in accordance with the directions of the UN and organizations concerned with Human Rights and support patients rights and dignity in the civil society.

In conclusion, I would like to wish our meeting success in mobilizing the international will to strengthen the UN and national efforts in their endeavor to combat this epidemic and find the final solutions to prevent its spread.

Thank you Mr. President,



MESSAGE DU DOCTEUR SAFIATOU THIAM, MINISTRE DE LA SANTE ET DE LA PREVENTION, REPRESENTANT S.E MAITRE ABDOULAYE WADE, PRESIDENT DE LA REPUBLIQUE DU SENEGAL, A LA REUNION DE HAUT NIVEAU DE L'ASSEMBLEE GENERALE DES NATIONS UNIES CONSACREE A UN EXAMEN D'ENSEMBLE DES PROGRES ACCOMPLIS DANS LA MISE EN ŒUVRE DE LA DECLARATION D'ENGAGEMENT SUR LE VIH/SIDA ET DE LA DECLARATION POLITIQUE SUR LE VIH/SIDA

New York, 10 et 11 juin 2008

Excellences, Mesdames et Messieurs les Chefs d'Etat et de Gouvernement,
Monsieur le Président de l'Assemblée Générale,
Monsieur le Secrétaire général,
Excellences, Mesdames, Messieurs les Chefs de Délégation,

Monsieur le Président,

Je voudrais, à l'entame de mon propos, vous féliciter chaleureusement d'avoir convoqué cette importante réunion qui nous permettra de faire le point sur les avancées réalisées dans la lutte contre le fléau du SIDA ainsi que de mettre l'accent sur les actions futures à entreprendre.

Monsieur le Président,

Cette session de haut niveau des Nations Unies sur le VIH/SIDA, qui est la troisième du genre en moins d'une décennie, témoigne de l'engagement et de la détermination de la communauté internationale à apporter à l'épidémie du SIDA une réponse forte et durable, à la dimension du défi et des enjeux multiples qu'elle comporte.

Il conviendrait de souligner avant tout, pour s'en féliciter, les importants efforts déployés par le G8 qui a répondu favorablement à l'appel des leaders des pays en développement, en revoyant régulièrement à la hausse sa contribution au Fonds Mondial. Nous rendons hommage à l'ONUSIDA et à ses agences coparrainantes, au Fonds mondial et à tous les partenaires au développement pour leur appui constant à nos Pays ainsi que pour le développement d'autres initiatives internationales, comme les projets PEPFAR, MAP et UNITAID, qui constituent autant d'illustrations de son engagement sans faille dans la lutte contre le SIDA.

Cet effort est venu s'ajouter à celui fourni par les pays en développement à partir de leurs budgets propres, ainsi qu'à celui du

secteur privé. De même, le fort plaidoyer et l'implication des associations, des communautés et des ONG sont à saluer à leur juste valeur.

Cependant, si les résultats enregistrés, grâce à la forte mobilisation de la communauté internationale et aux importants investissements réalisés, en soutien aux efforts nationaux, sont encourageants, force est de constater qu'ils demeurent insuffisants par rapport à l'ampleur des défis.

En effet, nous devons ensemble mener des actions plus soutenues et plus constantes si nous voulons juguler l'impact négatif de cette épidémie sur la productivité et la santé des populations des pays en développement qui subissent aussi le triple fardeau de la hausse du prix du pétrole, de la chute du dollar et de la cherté des denrées de première nécessité.

Monsieur le président,

Le bilan à mi-parcours de la Déclaration d'Engagement des Nations Unies de 2006 et les actes posés vers l'accès universel aux services VIH/SIDA en 2010 démontrent que des progrès notables ont été réalisés dans les différents pays. Il conviendrait néanmoins de reconnaître que l'Afrique reste encore le Continent le plus affecté.

Pour cette raison et bien d'autres, elle a encore besoin de la solidarité internationale pour aller en 2010 vers cet objectif d'accès universel. Pourtant, la notion d'Accès Universel aux soins a été évoquée dès 1977 lors de la 30ème Assemblée mondiale de la Santé qui avait alors fixé à l'An 2000 la date butoir pour réaliser « la santé pour tous ». La notion d'accès universel avait ensuite été adoptée en 1978 par la Conférence Internationale sur les Soins de Santé Primaires qui a défini la notion d'Accès Universel aux Soins aux individus et aux familles.

Nous constatons que 20 ans après ce tournant décisif, la pandémie du VIH a fortement compromis l'atteinte des objectifs de couverture universelle des Soins de Santé.

En effet, particulièrement touchée, l'Afrique subit cruellement les effets néfastes de l'épidémie du VIH qui a accentué les faiblesses de son système de santé.

Au Sénégal, malgré le succès durable capitalisé depuis une vingtaine d'années, les acteurs de la lutte contre le SIDA sont conscients que la réponse à l'épidémie du VIH doit être soutenue. L'accélération des programmes et la qualité des interventions doivent être renforcées, ce qui permettrait d'améliorer l'accès à toute la population à des services de prévention, de soins et de traitement ARV.

La mobilisation continue donc sous le leadership de Son Excellence Maître Abdoulaye WADE, Président de la République, qui a été le premier chef d'Etat Africain à décider de la gratuité des ARV dès 2003, suivi en cela par de nombreux pays, améliorant la santé des personnes vivant avec le VIH. Ainsi, la réponse au VIH est de plus en plus ambitieuse en visant à préserver les principaux acquis tout en élargissant les interventions et améliorant leur qualité. Il s'agit de la prévention efficace des nouvelles infections au niveau des populations les plus exposées, du maintien de la prévalence à moins de 1% dans la population générale et de l'amélioration de la qualité de la vie des personnes infectées par le VIH et leur famille.

Les performances de la réponse au VIH ont du reste valu à notre pays d'être honoré par l'ONUSIDA en 1997, dans la catégorie des pays ayant les meilleures pratiques de programme SIDA en Afrique, et récemment par la Banque Mondiale qui lui a décerné :

- en 2007, au Rwanda, les prix de la meilleure démonstration des résultats, et du meilleur ciblage des groupes vulnérables ;

- et en 2008, à Madagascar, le prix des interventions sur les minorités sexuelles. »

Monsieur le Président,

Mesdames, Messieurs,

Les générations d'adolescents et de jeunes s'étant renouvelées ces dix dernières années, l'Appel lancé par le Président WADE en 2001, dans cette même salle, reste encore d'actualité, je le cite :

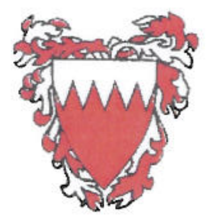
« Des millions de femmes, d'hommes et d'enfants affectés par le VIH ne sauraient se satisfaire de déclarations d'intention- Seules des mesures urgentes, concrètes et soutenues par une mobilisation de moyens conséquents, pourraient entretenir la lueur d'espoir de notre combat commun contre le mal qui, indifférent aux frontières et aux barrières sociales, nous interpelle tous, riches et pauvres. » Fin de citation.

L'Afrique, Continent le plus touché par le VIH doit renforcer la mobilisation de toutes les ressources internes et externes pour faire face aux réalités sociales, économiques, médicales et institutionnelles pour l'atteinte de l'accès universel aux services de Prévention, de soins et de traitements liés au VIH/SIDA.

Dès lors, il nous appartient de travailler ensemble pour que ce présent sommet de haut niveau soit suivi d'actes concrets et décisifs pour la sauvegarde des générations présentes et futures.

Je vous remercie.

Bahrain



كلمة سعادة الدكتور فيصل بن يعقوب الحمر

وزير الصحة رئيس وفد مملكة البحرين

في الاجتماع رفيع المستوى لمرض نقص المناعة المكتسبة (الإيدز)

أمام

الجمعية العامة للأمم المتحدة

نيويورك

١٠-١١ يونيو ٢٠٠٨

أصحاب السمو والفخامة والمعالي والسيادة رؤساء الحكومات وممثليهم،،،
سعادة الأمين العام للأمم المتحدة السيد بان كي مون،،،

السيدات والسادة الحضور،،،

يسعدني ويشرفني أن أترأس وفد مملكة البحرين بتكليف وتوجيه من صاحب الجلالة الملك حمد بن عيسى آل خليفة ملك مملكة البحرين حفظه الله وسيدي صاحب السمو الشيخ خليفة بن سلمان آل خليفة رئيس الوزراء الموقر، وأن أخاطب هذا التجمع الهام عالي المستوى الذي يعكس حرص رؤساء الدول في العالم على مد يد المساعدة لمواطنيهم وتجنيبهم الأمراض وعلى رأسها مرض الإيدز الفتاك . إن اجتماعنا في هذا الصرح العريق ليزيد من أهمية اللقاء ويدفعنا لبذل مزيداً من الجهد والعطاء.

أصحاب السمو والفخامة والمعالي والسيادة ، السيدات والسادة،،،

إن أكثر من ثلاثين مليون من شعوب الأرض قد فتك بهم مرضاً واحداً، ويضم إليه في كل يوم أربعة عشر ألف مصاب ، ٩٥% منهم من مواطني الدول الفقيرة ومات بسببه قرابة الخمسة وعشرين مليون إنسان منذ اكتشافه.

هذا المرض الذي تعقد له الأمم المتحدة اجتماعا كونيا يجتاح - كل يوم- ستة آلاف فتى وفتاة، ويحصد أرواح الأطفال بسرعة (طفلٍ في الدقيقة) ، ورجلٍ أو امرأة كل خمسة عشر ثانية. وحتى المكابح الإنسانية لم تنجح في التقليل من سرعته ، بدليل أن أقل من ٥% من الأطفال المصابين بهذا المرض يحصلون على الأدوية وأقل من ١٠% من النساء الحوامل المصابات به يتلقون العلاج.

أيها السيدات والسادة،،،

نقف اليوم كقيادات أمم العالم وممثليها في اليوم العالمي لمكافحة الإيدز استجابة لشعار الأمم المتحدة الذي خصصته لمكافحة الإيدز في الأول من ديسمبر ٢٠٠٧. " **أيها القياديون .. أوقفوا الإيدز وأوفوا بالوعد** " . وإننا في مملكة البحرين نعى أهمية هذا الشعار جيداً ، وتأخذه الحكومة بجميع أجهزتها بجد ، كما يَعيه المجتمعُ المدنيُّ ومؤسساته وعلى المستوى الشخصي والميداني لأن دور القياديين يُعدُّ أمرا حاسما بالنسبة للكفاح من أجل التغلُّب على هذا الوباء.

وتهتم حكومة مملكة البحرين ممثلة في جلالة الملك وسمو رئيس الوزراء وسمو ولي العهد بتوجهات وزارة الصحة وخططها لمكافحة الإيدز وتعزيز جهودها ، كذلك الحرص على أخذ الشباب نصيبهم من عملية التوعية والمساهمة في الوقاية من هذا الوباء الفتَّاك ، وتدمجهم في مختلف الفعاليات التي تصَب في هذا الاتجاه ، وتستعين الحكومة في ذلك بمؤسسات المجتمع المدني لتكون المُحرِّك المتقدِّم، ويأتي على رأسها اللجنة الوطنية لمكافحة الإيدز، التي تكثف تعاونها مع مكتب منظمة اليونيسيف لدول الخليج العربية ، حيث يتم اختيار فئة الشباب كقيادات للمستقبل ، فهم الفئة المحفوفةُ بالمخاطرة لعدوى فيروس الإيدز . وينطلق الشباب في حملات تثقيفية بالجمعيات الأهلية وأماكن التجمع والمناسبات الدينية، انطلاقاً من مبدأ الحق في توفير المعلومات لكل شاب وشابة لحماية أنفسهم من عدوى الإيدز.

كما تساهم جمعيات أخرى مع اللجنة الوطنية لمكافحة الإيدز كجمعية الهلال الأحمر البحريني والجمعية البحرينية للصحة الإنجابية وتنظيم الأسرة في مختلف الفعاليات ، من أهمها الاهتمام بالمتعايشين مع مرض الإيدز والحَّد من حالة التمييز التي تُصم المصابين بهذا الفيروس وطرق مكافحة الأمراض التناسلية ومخاطر المخدرات.

أيها السيدات والسادة،،،

على الرغم من أن انتشار مرض نقص المناعة يشكل نسبة ضئيلة في مملكة البحرين ، مقارنة بدول كثيرة من دول العالم ، إلا أن قيادة البلاد السياسية وشخصياتها الدينية والاجتماعية والثقافية أولت اهتماما مُلفتا لهذه المشكلة صحية كانت أم اجتماعية أم اقتصادية، وذلك لكونها قضية لها أبعادها وآثارها الوطنية والإقليمية والعالمية ، وتستدعي التيقُظ والحذرَ والاهتمام والمشاركة والتأييد على المستويات المحلية والكونية.

وأوَدُّ الإشارة ، في هذا المقام ، إلى أن من أهم عناصر النجاح الأساسية في التصدي لهذا الخطر المُتربُّص بالأفراد والأسَر والمجتمعات هو الالتزام الوطني الموحَّد ، وأعني به التزام القيادات السياسية والفعاليات المؤثرة بدعم جهود مكافحة الإيدز وتسخير جانب من سلطاتها وإمكاناتها ومواردها لهذا الغرض الإنساني النبيل، ويجب أن لا تقتصر الجهود الوطنية على التوعية العامة للجمهور عن طريق الوسائل والمواد الإعلامية المعتادة ، بل يجب أن تكون هناك رؤية أكثر واقعية وذكاء بحيث يتم التركيز على الفئات الأكثر تعرُّضا لمخاطر الإصابة بعدوى الفيروس، والعمل على حماية الأجيال الناشئة

من الإصابة بالعدوى ، وذلك من خلال إعداد وتطبيق مناهج مدرسية حول الوقاية من فيروس الإيدز تتلاءم وثقافات الشعوب وقيمهم الدينية والروحية ومحاربة الأمية الثقافية، بل وتطالب مملكة البحرين الأمم المتحدة وأعضائها بالعمل الأممي على محاربة آفة أخرى لا تقل أهمية ، وربما تكون من الأسباب الدافعة لتفشي هذا المرض ومظاهر تداعياته ، ألا وهي الفقر والبطالة، وينضم إليها اليوم غلاءُ المواد الغذائية الأساسية التي نعتقد أنها ستكون سبباً في انتشار مظاهر العنف والجريمة المنظمة، وما يصاحبها من أخطار.

إننا في مملكة البحرين نسعى جاهدين للحد من هذا الخطر المتمثل في هذا الفيروس القاتل ، حيث نفذنا بالتعاون مع المكتب الإنمائي للأمم المتحدة مسحا ميدانيا لمعلومات وسلوكيات واتجاهات المجتمع نحو مرض الإيدز لثلاث فئات مستهدفة هي (الحوامل والشباب ومتعاطي المخدرات بالحقن الوريدي) ، وبعد تحليل النتائج ، وُضع برنامج عمليٌ وإعلاميٌ لتصحيح المفاهيم الخاطئة لطرق العدوى، والقضاء على الوصمة والتمييز للمتعايشين بالإيدز، والاهتمام بهم وإدماجهم في المجتمع ، وإشراكهم في البرامج والخطط ، إضافة إلى عمل ورش للقادة الدينيين تحت شعار " الأديان في خدمة الإنسان" ، بالتعاون والتنسيق مع عدد من الوزارات الحكومية المعنية، انطلقت من بعدها سلسلة من الندوات والمحاضرات من خلال المنابر الدينية والمدارس الحكومية والخاصة.

أما على المدى المتوسط ، فقد اعتمدت وزارة الصحة إستراتيجية مشتركة مع المكتب الإنمائي للأمم المتحدة تحت شعار " لنجعل البحرين خالية من الإيدز" تمتد إلى عام ٢٠١٢ م ، بمساهمة جميع القطاعات العامة والخاصة،

والتنسيق بينهم وإدماج مكافحة الإيدز بإستراتيجيات مع جميع تلك الجهات وتعزيز الصحة الوقائية.

أيها الحضور الكريم،،،

إن مملكة البحرين قد ألزمت نفسها منذ دورة عام ٢٠٠١م للجمعية العامة للأمم المتحدة ، الخاصة بفيروس نقص المناعة المكتسب والإصابة بالإيدز، ببرنامج عمل فعال للتصدي لانتشار هذا الفيروس، وذلك بإعادة تشكيل اللجنة الوطنية لمكافحة الإيدز عام ٢٠٠٤م بقرار من مجلس الوزراء يضم أعضاء من مختلف القطاعات، ومن خلال ذلك تم تشكيل لجان فرعية لتنفيذ وتطبيق الاستراتيجية الموضوعة لمكافحة الإيدز، وقد قدرت حالات الإيدز بأقل من ١٠٠٠ حالةٍ بمملكة البحرين وذلك حسب إحصائيات البرنامج المشترك بين وزارة الصحة والمكتب الإنمائي للأمم المتحدة.

كما تم العزم على إنشاء وحدة للفحص الطوعي للكشف عن الإصابة بسرعة تامة ، خصوصا الفئات الأكثر عُرضة للإصابة وهم المدمنون ، إذ إنهم يشكلون ما يقارب الـ ٧٠ % من المصابين بالإيدز نتيجة المشاركة بالحقن الوريدية. وبينت دراسة سلوكيات فئة مدمني المخدرات بأن ٨٠% بإمكانهم الحصول على إبرٍ مُعقمةٍ إلا أن ٧٠% من المتعاطين يستحسنون المشاركة بالحقن، وهذا نعتبره تحدٍ يواجه مملكة البحرين لتغيير سلوك هذه الفئة.

إن وزارة الصحة بمملكة البحرين ،أيها السيدات السادة، تُقدم العلاج المجاني ،كما توفر العلاج الثلاثي المضاد للفيروس حسب معايير منظمة الصحة العالمية، فضلا عن متابعتهم من قبل استشاريي الأمراض المعدية

بالإضافة إلى متابعةٍ نفسيةٍ إرشاديةٍ للمتعايشين بالإيدز وذويهم مع أخصائيين نفسانيين.

وختاماً يا قيادات العالم،،،

لا يفوتني أن أذكركم بأنه ما يربو على ٣٠ مليون نسمة يعيشون تحت ظلّ السيف المُسلط على رقابهم بفيروس نقص المناعة المكتسب (الإيدز) ، الأمر الذي يتطلب الفعل أكثر من الكلام، ولا بد لهؤلاء من أن تُحترم حقوقهم الإنسانية وأن تجد طريقها إلى التنفيذ ، أرجو أن يوفقنا الله جميعا لتحقيق هدفنا للتصدي لهذا المرض وإنقاذ شباب العالم من هذه الآفة الفتاكة.

والسلام عليكم ورحمة الله وبركاته،،،

Permanent Mission of Eritrea
to the United Nations

Check against delivery

Statement

by

H.E. Mr. Saleh Meki
Minister of Health
Government of the State of Eritrea

at the

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

Tuesday, 10 June 2008
New York

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Mr. President,
Mr. Secretary-General,
Excellencies,
Distinguished Delegates,

Allow me at the out set, Mr. President, to thank you on behalf of the Eritrean delegation, for convening this high-level review meeting on HIV/AIDS.

Eight years ago, world representatives convened in this Hall, to address one of the most serious threats to human well being--the spread of HIV/AIDS through out the globe and its devastating consequences to all affected communities.

The challenges we faced seemed insurmountable and our resources were limited. Nevertheless, the determination to meet the challenge was palpable, most significant of all the will to work collectively and join the common cause gave hope for a successful outcome of our ideals.

Eight years later, I believe, we can look back with a sense of accomplishment in the arduous task of at least, controlling the spread of the disease, increasing the awareness of the probable victims and the involvement of the community, both the prevention of the disease and in-fighting stigma and discrimination. Most important of all, a significant number of those affected are being provided with the available treatment- thus making possible for them to lead a productive life.

Obviously these real accomplishments should not over shadow the failures we witnessed and the future challenges we face. They are considerable in number and difficult by their nature. Some were failures of strategic planning in meeting unforeseen developments. Others were failures in vision and many were the inevitable weaknesses resulting from new major endeavours, with little or no experience to guide one's activities.

The surprise is how much we accomplished in the face of such obstacles. But this is to be expected. A new action oriented objective, global in scope, inclusive by definition, essentially based in changing human behavior for efficacy and positive out come required monumental strategic re-orientation, considerable resources, significant sacrifice of those involved and a co-ordination capacity as never attempted before in our experience.

There were several advantages, however, that made a difference in the eventual positive outcome--political will on the part of the affected--mainly developing countries and an unexpected desire and will on the part of our major partners to assist and finance the considerable cost of the programs. These combinations made the satisfactory outcome possible.

Therefore, in taking stock of the recent past and the experience gained in the learning curve, the next phase of our planning ought to take the following areas into consideration:

- Assuring the continuity of the salient factors which helped made our efforts worthy of the cause so far;
- Centrality positioning of all civil society, specially those affected by the disease in the planning and implementation of the program;
- Encouraging our partners to continue playing, in our future endeavors, the positive role they have had in the past.

It is my delegation's fervent hope that this gathering will help us to employ our collective wisdom and combine our resources to support each other in combating the menace that has threatens the human society. It is in this spirit that Eritrea contributes to this review conference and commits itself to doing its part to make our endeavor successful.

Mr. President,

As has been noted by several speakers before me, the global HIV situation demands of us all in putting every effort at our disposal in combating and controlling the most pressing health issue ever encountered by humanity (i.e. the HIV/AIDS epidemic). If we succeeded in controlling this killer disease, and succeed we must, we would have met the monumental challenge that faces our health service organizations and, more importantly, would greatly impact our efforts for the well-being of all of our peoples.

Looking from this perspective, Eritrea is still within the range of a controllable stage. This reinforces the realization that concerted joint efforts would result in successful mitigation of these tragic events, a real hope for all of us who are at risk.

In Eritrea the estimate of the current national rate of infection is in the range of 1.3%. It is such a realization – the danger of this disease and all its social and economic consequences – that the Government of Eritrea, through its agency the Ministry of Health, has taken a leadership role and made a strong commitment to address this challenge with all the resources at its disposal. In the past 10 years it put into operation an effective national policy on AIDS, established multi-sectoral selective and technical committees, and requested its partners in development to assist it in all the multiple approaches of controlling this real danger to the people.

The responses of the public, governments and multilateral institutions have been very encouraging. Particularly so was the enthusiastic involvement of the World Bank and our other development partners such as China, Denmark, Italy and the United States, so far, in this project. The World Health Organization (WHO), UNICEF and other UN agencies have also teamed up in this effort.

In Eritrea, most HIV infection is transmitted by heterosexual sex; other means of acquiring HIV infection include transmission from mothers to child and transmission through skin piercing and cutting instruments in both within and outside the medical setting. Since the first AIDS case was reported in Eritrea twenty years ago, the cumulative figures of AIDS cases has reached 26,156 by 2007. The Ministry of Health estimates that between 60,000 and 70,000 Eritreans are currently HIV infected.

However, the prevalence of HIV among antenatal attendees who participated in the urban and rural sentinel surveillance sites has been reducing from 3% in 1999 to 2.8% (2001), 2.41% (2003), 2.38% (2005) and 1.3% (2007). This shows that the country has been able to control the epidemic. These results have been achieved because the Government of Eritrea, through multi-sectoral efforts has succeeded in mobilizing financial and human resources for national response to HIV/AIDS/STIs during the last seventeen years.

1. The guiding principles for the fight against the epidemic in Eritrea

The guiding principles for the fight against the epidemic in Eritrea can be summarized as follows:

- **Multi-sectoral approach**

  Strategic Partnership to support a multi-sectoral approach has been put in place through existing partners who would be actively involved in implementation of the government policies and strategies to control the epidemic. The government recognizes that HIV and AIDS is a cross-cutting problem that affects all sectors of social and economic life in the country. The stakeholders include; ministries, people infected and affected by AIDS, civil society organizations, service providers, policy makers and development partners. The principle and focus of broad participation, ensures ownership and commitment from both implementers and beneficiaries of the policies and strategies.

- **Evidence driven and result based**

  The priorities and the development of strategies are underpinned on the evidence driven from the regular situation and response analysis that provided epidemiological data and the lessons learned during the previous years. The key results that are envisaged for implementation are determined by evidence on access to services, equity considerations and cost-effectiveness of interventions.

- **Targeting vulnerable groups**

  As the epidemic has been maturing and regular surveillances and routine data collections have shown changes in the trends of the epidemic, the government has been continuously refining its views of targeting high risk and vulnerable groups which include but not limited to: 1) commercial sex workers, 2) staff in transport sectors (truckers), 3) TB patients, 4) single unemployed and urban-based women, 5) orphans and vulnerable children and girls, 5) refugee and cross border travelers and 6) victims of cultural practices. Moreover, there is a need to pay more attention to the military including other uniformed services such as police, prisons staff including prisoners and their family members.

- **Linkage with national and international principles and guidelines**

  Eritrea is on course to achieving the 2015 MDG target of halting and reversing the spread of HIV/AIDS and reducing the incidence of malaria, STD and TB. There are vertical programs in place to tackle all these diseases.

  The 2015 global targets for the under-five mortality and infant mortality rates are projected at 45 and 24 deaths per 1,000 live births respectively. Given the continued emphasis on child health by the Government of Eritrea, it is projected that the targets would be achieved. The Government's aim is to even do better to reduce the under-five mortality and infant mortality rates to 30 and 20 respectively by 2015.

2. Major areas of intervention

Eritrea has clearly stated in its strategies that it addresses three thematic and two supportive priority areas of interventions. These areas are:

- Prevention of new HIV infection;
- Improvement of Quality of Life of people infected and affected by HIV/AIDS and;
- Mitigation of social and economic impact of HIV/AIDS/STI, while supportive areas include:

- ➢ Enabling environment; and
- ➢ Supportive health systems management both of which play contributory role in facilitating the achievement of the above thematic areas of the HIV/AIDS/STIs.

Eritrea has already mobilised an effective multi-sectoral response to HIV/AIDS, especially considering the size of the country, the level of the epidemic and the prevailing security situation. The strategic plan for HIV/AIDS in Eritrea emphasizes the importance of multi-sectoral and multilateral approaches to HIV/AIDS. The Ministry of Health has joined in partnership with other Government sectors as well as non-governmental organizations, community-based organisations and unions (Women, Workers, and Youth), faith-based organizations, the private sector and other elements of civil society to respond to the epidemic. Activities are integrated at several levels. Those activities supported by the HIV/AIDS, Malaria, STI and Tuberculosis (HAMSET) Control Project are being implemented by a variety of partners from many sectors working at central, regional and community level under the leadership of the Ministry of Health.

3. Factors contributing to the success of control of HIV and AIDS in Eritrea

- Good governance and high political commitment;
- Wider partnership;
- Community involvement – the culture and motives of self-reliance of the government and the people;
- Appropriate planning based on evidences and budget allocation;
- Creation of supportive environment;
- Integration and decentralization of services;
- Regular monitoring and evaluation.

Mr. President,

In conclusion, as one perceptive commentator succinctly put it, (and I quote) "The history of public health efforts in AIDS prevention will undoubtedly show the folly of ignoring what we know in favour of what we might prefer".

We have and will benefit from our collective wisdom at this high-level meeting in mapping out the most effective way to control the killer HIV/AIDS. It must be the goal of the international community that the implementation of our expressed declaration and decisions at this august Assembly should be followed by unified action.

The danger is real, the task immense, but no less should our determination be to succeed in this effort, for the future of our communities, and societies as we know it, are at risk.

I thank you Mr. President for your attention.

Statement

by

Honorable Walter T. Gwenigale, MD
Minister of Health and Social Welfare and Vice Chair
National AIDS Commission, Republic of Liberia

at

The United Nations High-Level Meeting on AIDS
Reviewing Progress Achieved in Realizing the 2001 Declaration of Commitment on HIV and AIDS
and
The 2006 Political Declaration on HIV and AIDS
June 10-11, 2008

Delivered on Behalf

of

Her Excellency Madam Ellen Johnson Sirleaf
President of The Republic of Liberia

UNITED NATIONS
New York

JUNE 10, 2008

UNITED NATIONS, New York **JUNE 10, 2008**

Mr. Secretary General; Excellencies Distinguished Heads of State and Government; Heads of Delegations; Honorable Ministers;
Ladies and Gentlemen:

I bring you greetings from Her Excellency President Ellen Johnson Sirleaf, the Government and the people of the Republic Liberia. I thank the organizers of this very important High-Level Assembly that is devoted to reviewing our joint progress toward the goals of the 2001 Declaration of Commitment on HIV and AIDS and the 2006 Political Declaration on HIV and AIDS.

Mr. Secretary General, my delegation is aware that this meeting is taking place at a crucial time. Two years from now, the world community will be taking stock of our response to the challenge to attain universal access to the prevention, treatment, care and support to the HIV and AIDS epidemic. My delegation is here to report on Liberia's progress in accelerating our national response to this epidemic.

In responding to this epidemic, Liberia's vision remains one of **creating an AIDS free society;** and by extension, **creating a global community of societies free of AIDS**. Each of us here today faces the challenge of HIV and AIDS in our own countries. Our collective vision of a world liberated from the scourge of HIV and AIDS brings us all together to provide the leadership needed to defeat this global menace.

Mr. Secretary General and Distinguished Delegates, the 2007 World AIDS Day Theme was centered on the role of leadership at every level in designing effective programs to improve HIV and AIDS prevention, treatment, care and support services. In Liberia, Her Excellency, President Ellen Johnson Sirleaf has emphasized that the focus on leadership involves everyone and covers every level of society, from the smallest village to this global assembly of the United Nations.

The global battle against AIDS is a major challenge for us all. Recognizing the magnitude of this battle, we need to launch a major HIV prevention program, targeting not only our young people, but especially serving the needs of women, who continue to bear a disproportionate burden of the disease in Liberia and globally.

As you may be aware, Liberia has begun the process of recovery and development after more than 14 years of civil conflict. In 2005, Ellen Johnson Sirleaf became the first woman to be elected head of state on the African continent. Through her leadership, substantial progress is being made with legislative, judicial, and economic reforms, and with the restoration of basic services – including health care. Seeing these advances, the international community and donors have shown renewed confidence in Liberia's future.

Despite the optimism generated by the election of President Sirleaf, the government of Liberia faces serious social challenges. Liberia's health services were completely disrupted by the conflict. Ninety percent of Liberia's doctors, nurses and other health

professionals left the country during the war. Hospitals and clinics were looted and vandalized or often just burned down. During the civil war we were unable to respond to HIV and AIDS.

The first case of AIDS was diagnosed in Liberia in 1986. In response, the Government of Liberia created the National HIV and AIDS and STI Control Program, also known as NACP. In 1987, a National AIDS Commission was formed. These programs fell apart during the 1990s due to the prolonged civil crisis. But I am pleased to report that the NACP was restructured and expanded in early 2007. The National AIDS Commission was reconstituted in June 2007, under the leadership of President Sirleaf herself. Today, in keeping with the theme of leadership, our reconstituted AIDS Authority is developing a new national strategy, guided by the "three ones" principle of UNAIDS: one national AIDS Authority, one national strategic framework, and one national monitoring and evaluating system.

Data collection to determine the prevalence of HIV in Liberia has been intensified. There are substantial differences between two principal surveys. The 2007 Demographic and Health Survey found an HIV prevalence rate of 1.5 percent, with a higher rate among women than among men. The same survey found 2.5 percent HIV prevalence in the capital city of Monrovia and in certain areas in the southeastern region of the country.

Two antenatal care, or "ANC," surveys have also been conducted recently. National HIV prevalence in the 2006 ANC survey was 5.7 percent among pregnant women in urban areas. Data from the 2007 ANC survey shows relatively similar prevalence rate: 5.4 percent. The survey also indicates that areas in the southeastern and eastern regions of the country have higher prevalence rates: 7.4 percent in both regions. In one area, HIV prevalence of 13 percent among antenatal mothers has been recorded.

Mr. Secretary General and Distinguished Delegates, countries such as Liberia, whose people are threatened and at times decimated by HIV and AIDS, are very aware of the effects this epidemic has on our efforts at social and economic recovery and development. My government believes that HIV and AIDS are serious threats to attaining our human development goals. For this reason the Government of Liberia has integrated AIDS action into its broader development agenda – the Poverty Reduction Strategy, approved in April of this year. This strategy aims to move our country beyond interim policy strategies, towards sustainable development.

We continue to face serious challenges. These include scaling up prevention programs; expanding access to treatment; reducing the impact on orphans and other children made vulnerable by AIDS; and addressing the challenge of rape of our young girls and women, whose lives are forever changed by the trauma, and by the likelihood of being infected with HIV.

Working toward those goals with the support of the Global Fund to Fight AIDS, Malaria and Tuberculosis, we have truly strengthened our national response to HIV and AIDS and have placed almost 2,000 persons living with HIV and AIDS on treatment. Liberia's full

report to this Assembly contains the efforts we have made and the successes we have achieved.

Excellencies: Under the leadership of President Ellen Johnson Sirleaf, Liberia reaffirms her commitment and resolve to fight HIV and AIDS. To succeed, we must also address poverty, illiteracy, and the improvement of our health care system. We are doing this through the national health policy and plan, and the implementation mechanism, titled "Basic Package of Health Services." We firmly believe that these actions will contribute to making life better for our people.

Excellencies: Ultimately, we envision that Liberia will be free from the scourge of HIV and AIDS. But, we cannot achieve this goal alone. We need a new partnership that helps us build on the gains we have already begun to see.

I conclude these statements by giving thanks to the member states of the United Nations for the investments you continue to make in Liberia through the United Nations Mission in Liberia (UNMIL). We could not have achieved the successes we have so far without the PEACE UNMIL has made possible in Liberia.

We thank the Global Fund to Fight AIDS, Malaria and TB for the financial resources we have been provided, and all the UN agencies and the Clinton Foundation for their technical support in using these funds.

We will continue to count on the leadership of each of you and your countries, to help us sustain the gains we have made, and to confront and overcome the threat that HIV and AIDS pose to our aspirations for national development.

Mr. Secretary General; Distinguished Delegates; Ladies and Gentlemen, I thank you.

ESTONIA

Please check against delivery

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

Statement by

Ms Maret Maripuu
Minister of Social Affairs of Estonia

United Nations
New York, 10-11 June 2008

PERMANENT MISSION OF THE REPUBLIC OF ESTONIA TO THE UNITED NATIONS
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Mr President,

We meet only two years before the deadline that we, the member states, set to achieve global universal access to HIV prevention, treatment, care and support.

However, as the Secretary General's report shows, the epidemic expands in some areas faster than we are able to combat it. HIV causes increasing humanitarian and economic burden on countries. The whole world is working towards achieving the Millennium Development Goals, and the results depend to a large extent on how successful we are in fighting against HIV. Estonia contributes to this fight through the activities of the European Commission and the support to the UN family.

Estonia is a country with relatively high rate of HIV positive people. By now 6615 people have been diagnosed with HIV. Last year 470 new cases per one million inhabitants were diagnosed. Our main risk group is injecting drug users. Still, it is a matter that affects the whole society and also needs the efforts of the whole society to fight it.

Estonia has compiled a broad based strategy to achieve a sustainable reduction in the spread of HIV with clear national targets to be achieved by 2015. The strategy, which is fully in line with the commitments of the 2001 UN Declaration, unites the efforts of the governmental, municipal and non-governmental sector in order to take effective actions.

For four years Estonia had the support of the Global Fund to Fight AIDS, Tuberculosis and Malaria. This helped to expand considerably evidence-based prevention interventions and cover expenses related to the increasing need of ARV drugs. By now, the Estonian Government has fully taken over the financial responsibilities.

Two months ago WHO and United Nations Office for Drugs and Crime evaluated Estonia's progress in fighting HIV. Results show that we have been able to slow down a little the spread of the disease among our main risk group, injecting drug users, mostly men in their best working age. This proves that our commitment to follow the national strategy to fight HIV, be consistent in prevention, syringe replacement, substitution treatments and providing free access to health care is the right way ahead.

However, much more needs to be done to fight the spread of HIV. The focus of our national response will continue to be on providing systematic health education for young people, teaching them how to protect themselves from the virus and live a healthy sexual life. Our challenge is to continue providing necessary harm reduction services, treatment and care. We need to guarantee access to medical services and antiretroviral therapy for those infected today and in the years to come. We also need to make sure that the services once started will continue, be of good quality and able to respond to the specific needs.

Estonia is committed to continue the prevention activities and provide access to the best available ARV treatment for our patients. Our experience with providing treatment, care and counseling to all people with HIV has proved to be very effective also in regard to reducing mother to child transmission of HIV.

We need to unite our strengths to be successful in prevention, effective in working with the groups at risk by providing help and programs they need, guarantee access to professional health care and affordable medications for those infected. And we need to be consistent in our efforts.

Thank you.

BRASIL

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

General Debate

Statement by Minister Nilcéa Freire

Minister of the Special Secretariat of Policies for Women

(New York, 10 June 2008)

(check against delivery)

Mr. President,

Ladies and gentleman,

1. In the context of the commemorations of the 60th anniversary of the Universal Declaration on Human Rights, I wish to reaffirm the commitment of Brazil to fight HIV/AIDS taking fully on board the promotion and protection of human rights for all.

2. I'm here along with a representative Delegation from the Ministry of Health, chaired by Doctor Mariangela Simão, Director of the National Program on STD/AIDS, and from the Ministry of Foreign Affairs, chaired by Ambassador Maria Luiza Viotti, our Permanent Representative to the United Nations, besides representatives from our civil society and from Brazilian Parliament.

3. The Brazilian response to AIDS is integrated and comprehensive. It harmonizes health promotion, prevention and care, based on the principles of the National Health System. Our response proved to be sustainable, renewable and in line with the epidemiological and social dynamics of the AIDS, by innovating and scaling up actions aimed at preventing new infections and providing integral and universal care for people living with AIDS.

Mr. President,

4. Since we last met, in 2006, the international community has taken important steps to overcome barriers that impede access to good quality anti-retroviral drugs and lab

supplies. However, plenty of work remains to be done. According to WHO and UNAIDS, only 30% of patients in need worldwide receive treatment.

5. One of the actions taken by Brazil in order to ensure universal access was the compulsory licensing of an ARV drug in 2007, allowing the Government to buy a generic version of that drug. Our aim is to ensure the long term sustainability of the universal access policy and to provide access to third line drugs for those in need. Each dollar of the 30 million saved is crucial to save more lives more lives in Brazil and other parts of the world.

6. This action was in line with the international agreements on trade, the Doha Declaration on TRIPS and Public Health and the national legislation.

7. As a major step forward in relation to the Doha Declaration, let me take this opportunity to mention the adoption of the Global Strategy on Public Health, Innovation and Intellectual Property during the latest World Health Assembly. Member States mandated WHO to play a strategic and central role in the relationship between public health, innovation and intellectual property. As Dr. Margaret Chan stated: “This is a major breakthrough for public health that will benefit many millions of people for many years to come; it is a contribution to fairness in health and a pro-active public health at its very best."

8. Affordability of drugs and other supplies remain a major challenge for most developing countries. In order to address this issue, Brazil and France, together with Chile, Norway and the United Kingdom launched, in September 2006, the UNITAID. So far, the mechanism has gathered around 300 million dollars, supporting countries to purchase drugs for second line treatment for HIV infection, Tuberculosis, and Malaria. Moreover, UNITAID is supporting the WHO pre-qualification process, in order to accelerate the entry into market of good quality and safe generic drugs for the three diseases.

9. I also wish to stress the importance of promoting condom use in any HIV prevention policy, which, combined with other strategies, is crucial to decrease rates of HIV transmission. I am convinced that one of the reasons Brazil has managed to stabilize the epidemic is the significant increase in the use of male condoms, not only among more vulnerable groups, but also among the general population. Brazil bought recently one billion male condoms for public distribution. This year, we are also buying 6 million female condoms to distribute among specific groups: sex workers, women who are submitted to sexual or domestic violence. In our experience, other prevention strategies based on moral values, such as abstinence and fidelity, should remain individual choices, not the basis of public health policies.

Mr. President,

10. AIDS still remains the leading infectious disease challenge in public health. Therefore, it must continue to be addressed in conjunction with efforts to strengthen

health systems in the long run. The specific characteristics of the epidemics require appropriate resources, as its potential to overburden health systems is enormous.

11. We must also acknowledge that addressing AIDS goes beyond the health sector. In Brazil, the fight against AIDS is a common effort which involves various sectors of the government, civil society organizations, universities, the private sector, UN agencies and bilateral partners.

12. In this connection, President Lula launched in March 2007 a national plan to tackle the feminization of AIDS and other Sexually Transmitted Infections, a joint initiative between the Special Secretariat of Policies for Women and the Ministry of Health, with the support of the UNFPA, UNICEF, UNIFEM and Brazilian civil society organizations.

13. This plan focuses on the issues that contribute to women's increased vulnerabilities to the HIV infection and other STI. Domestic and sexual violence against women and girls, as well as stigma and discrimination based on race and sexual orientation, are true expressions of inequalities between men and women. They can only be dealt with by incorporating in the political agenda a gender perspective, in particular the promotion and protection of sexual and reproductive rights.

Mr. President,

14. Another important priority is the fight against the epidemic among gay men, other men who have sex with men and transgenders. I have the honor to announce that last week President Lula launched the 1st National LGBT Conference, which is part of an integrated governmental program, called "Brazil without homophobia". The Conference brought together civil society and government representatives to discuss pragmatic approaches to reduce the different vulnerabilities that affect this population, including strategies with a view to adopting a law that criminalizes homophobia.

15. In order to grasp the political momentum generated by this UNGASS, it is necessary that our governments commit to protect the human rights of vulnerable groups and increase access to information, prevention, treatment and care.

Mr. President,

16. In concluding, let me say that we, governments, UN agencies, civil society, the private sector, as well as affected communities have to tackle structural changes and, at the same time, address the needs of people needing treatment and social inclusion, as well as prevention strategies, including vulnerable groups. I would like to express our appreciation for the role UNAIDS is playing on this fight, in helping to focus UN efforts towards strengthening national responses to fight this epidemic.

Thank you.

PORTUGAL

UNITED NATIONS

High-Level Meeting on a Comprehensive Review of the Progress Achieved in Realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS

Statement by

H.E. Dr. Ana Jorge

Minister of Health

New York, June 10th, 2008

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Mr. President of the General Assembly,
Mr. Secretary General,
Heads of State and of Government,
Ladies and Gentlemen,

It is a pleasure to be here in New York to participate in this important meeting on HIV/AIDS. The United Nations has a key role to play in the global fight against the HIV/AIDS epidemic, bringing together all the relevant actors, including Governments and civil society.

Mr. President,

Portugal fully aligns itself with the statement to be delivered by Slovenia on behalf of the European Union.

We recognise and express our appreciation to those who have led the effort to raise awareness of HIV infection, and to those that deal with the health and social challenges of this epidemic.

In this context, the key role played by people living with HIV/AIDS and Civil Society must be noted.

Portugal reaffirms its full support to the Declaration of Commitment on HIV/AIDS of 2001, as well as to the Dublin and the Bremen Declarations. We commit ourselves to achieving their goals and targets.

I would like to thank the Secretary-General for his report on progress made in the implementation to date. As the report underlines, we are still some way from reaching the goals we all have pledged to achieve.

Progress in containing the epidemic is uneven, and its expansion often grows faster than the capacity of national health services.

Mr. President,

It is in this context that Portugal strongly reaffirms the need to focus on **prevention**.

It is important that the following critical areas are given more attention: prevention of mother-to-child transmission of HIV; young people's knowledge of HIV infection; prevention for populations most at risk; and the promotion of early diagnosis and positive prevention.

These prevention measures should be accompanied by efforts to: achieve a better quality of life and improve access to comprehensive care for people living with HIV/Aids; and guarantee universal access to combined antiretroviral therapy.

Mr. President,

Decision-makers need to clearly know the dimension of the epidemic and to monitor the impact of global, regional, national and local actions. Reliable public health data is the essential foundation for an effective response to HIV/AIDS.

This demands full commitment to standard procedures for data-gathering and information-sharing to enable evidence-based public health policies.

Portugal has made significant progress in the fight against the infection, as a result of the priority given to AIDS in our National Health Plan. The policies in place to ensure universal access to HIV-related services are important elements of this plan.

Target areas and programmes of our national health strategy include: sexual health and education in schools; promotion of corporate responsibility, fighting stigma and discrimination at the workplace; needle and syringe exchange programmes, recently extended to prisons, that have resulted in a clear decrease of HIV infection among drug users; and migrant health and the health rights of undocumented people.

Mr. President,

During its Presidency of the European Union, Portugal organised the first Meeting of National AIDS Coordinators of the twenty seven EU Member States and Neighbouring Countries.

This Meeting aimed at "**Translating Principles into Action**" and called upon the: convergence in policies and strategies for prevention, control and treatment; sharing of information on best practices; and development of compatible monitoring methodologies.

Over the next two years, Portugal will have the Presidency of the Community of Portuguese Speaking Countries, a group of eight countries with 230 million people, spanning over four continents.

During this time, we are committed to do our best, through multilateral and bilateral cooperation, to help this group move faster towards achieving universal access to HIV prevention, treatment, care and support.

Mr. President,

In closing, we need effective and sustainable responses to HIV, scaled up prevention efforts that include addressing HIV/TB co-infection, as well as gender inequities and sexual norms.

I believe that the first HIV-TB Global leaders Forum and this High Level Meeting are contributing decisively for a better coordination of our efforts towards those aims coming as close as possible to the goals of the UN Commitments.

Thank you.

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THE PERMANENT MISSION OF THE REPUBLIC OF CYPRUS
TO THE UNITED NATIONS

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Statement by
Hon. Dr. Christos G. Patsalides
Minister of Health of the Republic of Cyprus

High-level Meeting on a Comprehensive Review of the Progress Achieved in Realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS
New York, 10-11 June 2008

New York, 10 June 2008

Mr. President, Excellencies, distinguished delegates,

Allow me at the outset to note that Cyprus as a member of the EU fully supports the statement by Slovenia, on behalf of the EU. Our statement will be limited to some additional comments of national concern.

Today, we attend this High-level Meeting on HIV/AIDS to review the progress achieved since the adoption of the Declaration of Commitment of 2001 and of the Political Declaration of 2006. As we are in the midway to attain the goal of halting the spread of AIDS by 2015 and two years from reaching the goal of universal access to prevention, treatment, care and support, this gathering could not have been more opportune. In this respect we wish to express our gratitude to the UN Secretary-General for convening this well-timed meeting and to reiterate our commitment to remain actively engaged in this long-term effort of the international community to win the battle of HIV/AIDS.

Mr. President,

Significant progress has been achieved since 2001 in the areas of funding, access to HIV prevention, treatment, care, voluntary counseling and testing and support. The annual rate of new HIV infections appears to have decreased over the last decade and the annual number of AIDS deaths has declined in 2007 as a result of the substantial increase in access to HIV treatment in recent years. The world must now build on its successes to accelerate the pace towards achieving universal access. We stand at a decisive point in time. Effective response to MDG 6 which is relevant to AIDS will have a positive impact on the advancement of most of the other Millennium Development Goals related to hunger, sexual health, child mortality, maternal health, gender equality and primary education.

However, despite the recorded progress since 2006 in containing HIV, the extent and severity of the epidemic remain unequaled by any other infectious disease. Half of all new cases of HIV involve people under the age of 25 and 2.3 million of children are currently living with HIV/AIDS, while there is a lack of pediatric antiretroviral drugs. HIV/AIDS continues to affect disproportionately countries of limited resources, demonstrating that socioeconomic conditions play a key role in the spread of HIV, as of other infectious diseases. Furthermore, new emerging challenges like the current global food crisis and climate change could seriously impede our global response to AIDS.

It is evident that the world will not achieve universal access by 2010 unless we speed up our global response. True leadership is imperative so that we move beyond words and act in a sustained, long-term and an all inclusive manner that would engage all stakeholders. In this effort we acknowledge the leading role of the United Nations and its specialized agencies in particular of UNAIDS. In the fight against the pandemic, respect

of human rights and fundamental freedoms for all, is an essential element, including in the areas of prevention, treatment, care and support, as well as in addressing stigma and discrimination. In this comprehensive response a multisectoral approach, bringing together relevant governmental and non governmental agencies, the private and the academic sectors, the health workers, the media, community and religious organizations, parliamentarians, as well as the economic and legislative sectors, is needed and financial resources are essential.

Mr. President,

In Cyprus, HIV/AIDS infection has been maintained at a very low prevalence rate of 0.1% of its population. Since 1986, when AIDS made its first appearance in Cyprus, the Government has made the issue one of its highest priorities. As of then, we set up time-bound plans of action against the epidemic, which are systematically updated and adjusted based on new knowledge and experience and technological advances. Cyprus's policy is formulated in line with EU positions and in close coordination with its EU and other international partners. Educational programs about AIDS have been incorporated in school curricula, aiming at building defenses among the young people to decrease their risk of being infected. The National Aids Committee of Cyprus, comprised of all competent governmental authorities and departments as well as private institutions and NGOs and the relevant specialized agency responsible for policy on this issue, actively promote inclusion of all sectors of society in promoting HIV public awareness especially among high-risk groups and alleviating stigma and providing support. Treatment, including combination antiretroviral therapies, care, voluntary counseling and testing are provided free to all citizens of the Republic and EU citizens, to political refugees as well as to vulnerable groups. Data patterns regarding HIV infection in Cyprus present a stable and consistent trend. Nevertheless, the Government continues to strictly monitor the situation by conducting studies to assess the threat posed by factors intimately linked to the virus, such as sexual behaviour and drug abuse.

The strategic plan for 2004-2008 against AIDS sets out specific targets and goals engaging in all societal and governmental sectors. The formulation of national strategies and actions and their implementation has involved the cooperation of the Ministry of Health with principal governmental and non governmental stakeholders in the field of HIV/AIDS, reproductive health and the wider social sector. As in all other countries, the epidemic of HIV-infection in Cyprus is influenced by the changing social profile and is subject to further evolving and changing. The basic components expected to shape the epidemic in Europe in the next years are the mixing and movement of populations, the increasing circulation and use of drugs, risky sexual practices, the deceptive feeling of security created in some social groups due to the widespread use of anti-retroviral therapy in many European countries and the worsening condition of public health on an international level. Cyprus experiences these effects and is directly influenced in all sectors of social life, including public health.

In the face of these challenges, Cyprus fully endorses the call for reinforcing the efforts of governments around the world, aiming to remove barriers to care and prevention and reverse the course of the pandemic, at the national and international levels. We have the political will to continue and accelerate our efforts in line with the principles of the Declaration of Commitment and of the strategies of the European Commission for HIV/AIDS. Within our capacity, we will provide all necessary support and cooperation, in order to halt and start reversing the pandemic, in particularly in those countries and vulnerable groups that have been worst affected.

In full awareness of the seriousness of the global HIV/AIDS situation, but also of the important progress that has been achieved and the enormous potential for further progress and change, we pledge to cooperate with all other nations, at the European and global levels, for the realization of the Goals of the Declaration of Commitment of 2001, of the Political Declaration of 2006 and of the Millennium Development Goals.

Thank you Mr. President.

The
Bahamas

HIGH-LEVEL MEETING
ON A COMPREHENSIVE REVIEW OF THE PROGRESS ACHIEVED IN REALIZING THE DECLARATION OF COMMITMENT ON HIV/AIDS AND THE POLITICAL DECLARATION ON HIV/AIDS

STATEMENT
BY

THE HONOURABLE DR. HUBERT A. MINNIS, M.P.
MINISTER OF HEALTH AND SOCIAL DEVELOPMENT

Tuesday, 10 June, 2008
United Nations
New York

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Mr. President,
Mr. Secretary-General
Honourable Ministers,
Distinguished Delegates,

On behalf of the Government of the Commonwealth of The Bahamas, I am pleased to address this august Assembly today and reaffirm my Government's fervent commitment to the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS. The Bahamas thanks the Secretary-General for his most comprehensive report and applauds the United Nations for its ongoing efforts in forging the political will and commitment crucial to the fight against HIV/AIDS. The Bahamas also extends its appreciation to Dr. Peter Piot, Executive Director of UNAIDS, and his team for their hard work and dedication to this issue.

At the outset, let me take this opportunity to align my delegation with the statement made by my distinguished colleague, the Minister of Health of Antigua and Barbuda, on behalf of the Group of 77 and China, as well as the statement made by the Honourable Prime Minister of Saint Kitts and Nevis, on behalf of the Caribbean Community (CARICOM). As the Honourable Prime Minister has already alluded to the HIV/AIDS epidemic from a regional perspective, allow me to offer a few comments from a national perspective.

Mr. President,

Twenty-five years since the detection of the first clinical case of AIDS in The Bahamas, universal access to antiretroviral therapy has decreased mortality from 18.4 per cent to 8.8 per cent. The Bahamas has experienced a significant level of progress in responding to the HIV/AIDS epidemic and was one of the few countries recognized in 2005 as having "turned the tide against HIV".

One of our most favorable achievements was the significant decline in mother-to-child transmission of HIV in 1995, which became more marked with triple combination drug therapy. Since 2003, no mother-to-child transmission of HIV has occurred in women receiving treatment according to protocol. The Bahamas is pleased to note references in the Secretary-General's report of its success in having achieved 80 per cent coverage in 2007 for prevention of mother-to-child transmission. We have also seen favorable trends with decreasing incidence in rates of infection. Our prevalence rate, estimated to be around 3 per cent, may appear not to be decreasing due to people on antiretroviral therapy living longer.

Mr. President,

The epidemiology of HIV and AIDS is changing today and The Bahamas, like its Caribbean neighbours, is experiencing an increase in the number of new HIV infections among women in the 15-24 year age group. There are also increases in HIV and TB co-infections, and the identification of drug resistant strains of TB. Our mortality rate is 10

times higher for persons co-infected with HIV and TB, as compared to persons with TB alone.

While we have made significant strides in improving the quality of life for persons living with HIV and AIDS, we recognize that there are gaps within our programme. Monitoring and evaluation must continue to receive priority attention with increased support for laboratory testing. These processes must be strengthened by increasing the numbers of trained health-care professionals together with managed migration of the health workforce.

The archipelagic nature of The Bahamas is in itself a challenge, that requires duplication of basic health and social services to meet the needs of its population scattered over 100, 000 square miles of the Atlantic Ocean. The growing migrant population, which accounts for 25 per cent of HIV and AIDS cases in The Bahamas, places an increased burden on the country's health care system. Our ability to reach these populations with prevention, care, treatment and support services is compromised due to language barriers and cultural differences.

Mr. President,

It is imperative that we find creative ways to procure adequate and sustainable financing for HIV and AIDS programmes. Funding is required to improve and strengthen safety networks, and to provide for children and their families, the majority of whom are poor and are living in low socio-economic and middle-income countries. We must also address the ongoing problem of stigmatization in the work place and in other settings.

The economic impact of HIV and AIDS is cross-cutting. Providing adequate nutrition, especially quality food products, is becoming increasingly challenging in light of the rising cost of food. Nutrition is critically important in supporting and maintaining a strong and functioning immune system to combat the infection.

Mr. President,

No country alone can win the fight against HIV and AIDS. It is incumbent that we, as an international community, join forces to do so, while sharing best practices where similar situations among populations exist. It is important to change behaviour, promote healthy lifestyles, address the spread of the disease in adolescent population, and endorse a policy for HIV testing among specific populations.

In moving forward, more technical cooperation must be forged between developed and developing nations, as well as between developing nations. Emphasis must be placed on the sharing of technical expertise, technological support, training and the transfer of knowledge.

Mr. President,

Before concluding, may I remind this august Assembly that enjoying "the highest attainable standard of health is one of the fundamental rights of each human being without distinction of race, religion, and political belief, economic or social condition." In order to ensure this for persons both infected and affected by HIV and AIDS, and for the survival of future generations, we must develop sustained programmes for prevention, care, treatment and support. It is only through this achievement that we can then meet the Millennium Development Goals to which we have all committed ourselves.

Thank you.

President of Ukraine

STATEMENT

to the UN General Assembly

Mr. Chairman,

Mr. Secretary-General,

Ladies and Gentlemen,

Ukraine is of the countries that initiated the historic United Nations General Assembly Special Session on HIV/AIDS in 2001. Since then there have been significant achievements in response to the epidemic at the global, regional and national levels.

We are grateful to the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank, the organizations and agencies of the United Nations system, including the Joint United Nations Programme for HIV/AIDS, the World Health Organization and UNICEF, for their significant support and reliable partnership to overcome the epidemic.

Ukraine's National Report on Implementation of the UNGASS Declaration of Commitment on HIV/AIDS for 2006-2007 is the most detailed document ever prepared on this issue. It demonstrates the significant progress made in Ukraine over the past two years.

Prevention services are being widely implemented among most at risk populations, including substitution therapy among injection drug users, which are essential to respond the epidemic. Significant results are observed in the area of treatment - nearly 9 thousand people with HIV/AIDS have access to antiretroviral

therapy, thanks to the support of the Global Fund. This year, 6 thousand of them are being transferred to support from the Ukraine's system for medical support.

At the same time, we are well aware of the danger that HIV/AIDS represents, and recognize of the complexity and enormity of the tasks that lie ahead of us. Deep concern is caused by the rate at which the epidemic develops, which has already reached 1.63 per cent of the adult population of Ukraine.

Recently we established the Coordination Council on HIV/AIDS, Tuberculosis and Drug Use, which, under the personal supervision of the President of Ukraine, will monitor the processes of national response to the epidemic. I note that in this fight, a significant contribution is made by the Ukrainian public, particularly people living with HIV/AIDS. Their networks and organizations are fully represented in the Coordination and National Councils.

HIV/AIDS remains one of the gravest challenges of our time. Victory in this fight can only be achieved through intensive work in prevention, universal access to treatment, care and support, for all those who have the immunodeficiency virus. This task requires an increase in funding from the Government of Ukraine, as well as consistent support from our foreign partners.

Ukraine reaffirms its commitment to the fight against HIV/AIDS and expresses its readiness to the close international cooperation in this vital field for humanity.

Victor YUSHCHENKO

Permanent Mission
of Barbados to
the United Nations

STATEMENT BY

DR. THE HON. ESTHER BYER-SUCKOO, M.P.
MINISTER OF FAMILY, YOUTH, SPORTS AND ENVIRONMENT
OF BARBADOS

AT THE
PLENARY SESSION

OF THE

UNITED NATIONS GENERAL ASSEMBLY SPECIAL SESSION
ON HIV/AIDS HIGH LEVEL MEETING

JUNE 10, 2008

UNITED NATIONS HEADQUARTERS
NEW YORK

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Mr. President,

At the outset Barbados wishes to align itself with the statements made by Dr. the Honourable Denzil Douglas, Prime Minister of St. Kitts and Nevis, on behalf of CARICOM and by Antigua and Barbuda on behalf of the Group of 77 and China.

There can be no doubt that for the past twenty-five years, HIV has emerged as one of the greatest threats to human security. It continues to dominate the global landscape decimating human capital and weakening social structures.

In the Caribbean region, with the second highest prevalence after sub-Saharan Africa, the impact of the disease has been no less devastating. AIDS is now among the leading causes of death in persons between the ages of 25 to 49.

We have, therefore, had to double our prevention efforts and I am pleased to report the tremendous success of our prevention of mother-to-child transmission programme such that in the past three years only one child has been born HIV positive in Barbados.

Our responses, irrespective of the level at which they occur, must reflect the dynamics of the disease and, therefore, must adapt to address key issues encountered. Central to these issues is universal access to HIV prevention, care, treatment and support services by all in need.

Achieving this goal requires more than access to antiretroviral drugs. It also includes access to highly trained professionals, suitable facilities, current information and funding. In addition, it calls for the elimination of barriers to access through the formulation and implementation of integrated policies and programmes.

In Barbados, our experience has been that standard mobilisation efforts primarily capture public and private sector partners. We have also learnt that engaging civil society partners, including persons living with HIV, is neither easy nor is it straightforward but it is crucial and effective.

Our pledge to achieve universal access means that every partner in our National AIDS Programme has to cooperate and collaborate to attain this goal.

Last July, we convened a special consultation on universal access for our civil society partners. What was unique about this event was the movement away from a mere sharing of ideas to orienting our partners on the nuances of universal access and encouraging discussion and interventions to clarify any pressing concerns.

This assurance by our non-governmental partners to play an integral role in our quest towards universal access to prevention, care, treatment and support services must be supported by equally strong action on the part of the Government.

Successive governments in Barbados have shown their commitment to respond to the challenges which the HIV epidemic poses to the social and economic stability of our island.

Over the past two weeks, members of Parliament in the Senate and Lower House of Assembly have been debating Resolutions to support the laying and endorsement of the *National Strategic Plan for HIV Prevention and Control 2008 to 2013* and the *Barbados National HIV Policy: A Framework for Action.*

As the Minister with responsibility for HIV, I led the Debate and was heartened by the unanimous support shown for the National AIDS Programme's content and budget. There was a frank discussion of issues by our country's leaders. This historic debate is but one in a series of activities which my Ministry has been undertaking over the past three months to foster parliamentary leadership and to strengthen the involvement of legislators in the national, multi-sectoral response to the disease.

Barbados' new HIV Policy is multi-sectoral, developmental and human rights based. This is the first time that we have been able to produce such a holistic policy to address the scourge of HIV and AIDS. It will serve as a benchmark in the principal related areas of governance.

Lowering the age of medical consent from 18 to 16 is but one of the policies which my Government will be pursing. Evidence suggests that this action will facilitate greater access to sexual and reproductive health services by those youth who are presently in need of such but do have the requisite parental support.

Our new National Strategic Plan represents a dynamic approach to addressing the HIV epidemic within the country. Built on the achievements of the National AIDS Programme to date, our Plan is guided by Goal 3 of ***The National Strategic Plan of Barbados 2005 to 2025*** and places human capital at the heart of the national response. In keeping with this the Government will invest heavily in behaviour change communication interventions.

It is, therefore, incumbent for us all to reaffirm our unswerving pledge of support for and commitment to the realization of the 2001 United Nations Declaration of Commitment on HIV and AIDS and the 2006 Political Declaration on HIV and AIDS which will help us achieve universal access.

Our response as a community must always be ahead of the changing face of this disease.

I am obliged to you.

PRINCIPAUTÉ DE MONACO

Allocution de
M. Jean-Jacques Campana
Conseiller de Gouvernement
pour les Affaires Sociales et la Santé

Réunion de haut niveau consacrée à un examen d'ensemble des progrès accomplis dans la mise en œuvre de la Déclaration d'engagement sur le VIH/sida et de la Déclaration politique sur le VIH/sida

le 11 juin 2008

NEW YORK

(Vérifier au prononcé)

Monsieur le Président,

La Principauté de Monaco a placé la lutte contre la pandémie du VIH/SIDA et le soutien aux personnes vivant avec le virus au cœur de sa politique de santé publique et de ses actions de coopération internationale.

En ce domaine, ses efforts, son audience, sont amplifiés par l'engagement personnel de la sœur de notre Souverain, Son Altesse Sérénissime la Princesse Stéphanie de Monaco, Représentante spéciale de l'ONUSIDA et qui, à la tête de l'association FIGHT AIDS MONACO mène, sur le terrain, le combat de l'accès au traitement, de la prévention et de l'accompagnement des personnes vivant avec le VIH/SIDA.

C'est en son nom que je vous délivrerai le message du Gouvernement Princier qui comporte une part d'espoir et l'expression de fortes préoccupations.

La part d'espoir est bien évidemment liée aux progrès accomplis au cours des dernières années et particulièrement depuis l'adoption de la déclaration politique de 2006, notamment dans les domaines de l'accès aux soins, de la distribution de traitements anti-rétro viraux et du financement des programmes liés au VIH.

Même si ces progrès sont très insuffisants et très inégaux, ils démontrent qu'une mobilisation soutenue et durable constitue la seule réponse appropriée aux innombrables souffrances individuelles qui continuent de se propager au rythme de la pandémie, avec en 2007, 2,5 millions de nouvelles infections par le VIH et 2,1 millions de personnes décédées du SIDA.

Le remarquable travail d'analyse effectué dans le rapport présenté par le Secrétaire général à la 62ème session ne peut toutefois qu'alimenter nos préoccupations et nous inciter à redoubler nos efforts.

La prévention reste la condition primordiale à toute politique efficace et fiable pour lutter contre la pandémie.

Les autorités monégasques qui œuvrent en étroite collaboration avec le milieu associatif et notamment FIGHT AIDS MONACO et la Croix-Rouge Monégasque ont, au niveau national, mis en œuvre un dispositif d'information et de prévention qui concerne tant le milieu scolaire, que le monde du travail et repose par ailleurs sur un centre de dépistage anonyme et gratuit.

La recommandation formulée par le Secrétaire général d'apporter une attention particulière aux populations les plus vulnérables est prise en compte par l'organisation de l'accès aux préservatifs, le financement de thérapies par les institutions sociales et la création d'une consultation d'addictologie.

Cette action se prolonge au niveau international par la signature le 22 mai 2008 d'un accord avec l'UNICEF concernant le renforcement de la prévention de la transmission du VIH/SIDA de la mère à l'enfant pour la période 2008-2010.

Par ailleurs, la Principauté co-finance également depuis 2006 un projet du Fonds des Nations Unies pour la population relatif à la prise en charge des travailleuses sexuelles.

La lutte mondiale contre le VIH/SIDA, comme le respect de l'objectif d'accès universel en 2010, passe plus que jamais dans les pays à revenu faible ou intermédiaire par le financement des programmes.

Convaincue que seule la solidarité internationale peut permettre de combler l'écart entre les ressources disponibles et les besoins réels fortement souligné par le Secrétaire Général dans son rapport, la Principauté, qui participe au financement de l'ONUSIDA depuis sa création, a décidé au cours des dernières années d'accroître notablement ses engagements financiers.

Cette démarche a été formalisée par la signature, le 28 février 2007, d'un accord-cadre de coopération avec l'ONUSIDA qui vise à renforcer l'aide directe apportée aux pays les plus fortement touchés par la pandémie, notamment grâce au fonds d'accélération des projets du Programme.

Enfin, les progrès enregistrés dans la lutte contre toute forme de discrimination ou de stigmatisation doivent être poursuivis pour que chaque communauté porte un regard plus humain et plus fraternel sur les personnes vivant avec le VIH/SIDA.

La réunion en Principauté au mois de janvier 2008, à l'invitation de la Princesse Stéphanie de Monaco, de la Conférence HIV+MONACO, avec pour objectif de donner la parole aux personnes vivant avec le VIH/SIDA, a constitué une étape importante dans la reconnaissance de la place qui doit leur être reconnue dans la lutte contre la pandémie et constitue à cet égard une initiative de première importance.

Je ne saurais conclure cette intervention sans rendre hommage au Docteur Peter PIOT, Directeur Exécutif du Programme Commun des Nations Unies sur le VIH/SIDA (ONUSIDA) et à tous ceux qui s'impliquent à tous les niveaux de responsabilité et sur le terrain, en faveur des séropositifs, des malades et des orphelins du SIDA.

Je peux leur assurer qu'ils trouveront toujours auprès de la Principauté le soutien nécessaire à leur action.

Mr. President,

The Principality of Monaco has placed the fight against the HIV/AIDS pandemic and the support to persons living with HIV at the core of its health policy and its international cooperation actions.

In doing so, its efforts and its attention are amplified by the personal commitment of our Head of State's sister, Her Serene Highness Princess Stephanie, Special Representative of UNAIDS, who in her capacity of Chairperson of FIGHT AIDS MONACO leads actions on the field, to promote access to treatment, prevention and care to persons living with HIV/AIDS.

I am delivering the message of the Government of the Principality in Her name, a message filled with some hope but also with strong concerns.

Our hope is linked to the progress achieved in the past few years and in particular since the adoption of the 2006 Political Declaration, for access to care, distribution of anti retroviral treatment and financing of HIV programs.

Even though progress has remained very scarce and uneven, it demonstrates that a sustainable and long term commitment is the only response to the countless sufferings of many, which keep on growing as the epidemic expands, with an estimated 2.5 million people newly infected with HIV and 2.1 million AIDS death in 2007.

The very thorough analytical report that was introduced by the Secretary General to the 62nd Session can only raise concern and bring us to consolidate our efforts.

Prevention remains the crucial condition to any efficient and reliable policy in the fight against this pandemic.

The Monegasque Authorities, cooperating closely with Non Governmental Organizations, and in particular with FIGHT AIDS MONACO and the Monegasque Red Cross, have put in place an information and prevention system to assist the schools as well as the business sector, providing among other services, a free and anonymous screening center.

The recommendation made by the Secretary General to give special attention to the most vulnerable is taken into account through the access to condoms, the financing of therapy by social institutions and the creation of dependency consultations.

This action is also carried out at the international level: a three year agreement was signed with UNICEF on May 22nd 2008 to strengthen the prevention of mother-to-child transmission of HIV.

Furthermore, the Principality has also co-financed a UNFPA project concerning the care and support of female sex workers since 2006.

The global fight against HIV/AIDS, as well as the goal to achieving universal access by 2010, can only be met, in the low-income and middle income countries, through the financing of programs.

Convinced that international solidarity alone is necessary to fill the gap between available resources and actual needs, as underlined by the Secretary General in his report, the Principality which has contributed to the financing of UNAIDS since its creation, has decided in the last few years to scale up its funding commitment.

This initiative has been formalized, on February 28th 2007, by a joint cooperation agreement with UNAIDS to strengthen direct assistance to the most HIV vulnerable countries through UNAIDS Programme Acceleration Fund.

Finally, progress made in the fight against any form of discrimination or stigmatization has to be sustained to ensure that each community shares a more human and fraternal approach towards persons living with HIV/AIDS.

The Conference "HIV+MONACO" held in the Principality in January 2008, at the initiative of Her Serene Highness Princess Stephanie, to give a voice to persons living with HIV/AIDS, represented an important milestone towards recognizing the valuable role of persons with HIV/AIDS in the fight against the epidemic, and as such is a major initiative.

I could not conclude this statement without paying special tribute to Doctor Peter Piot, Executive Director of UNAIDS and to all those who dedicate themselves, at all levels of responsibility and on the field to helping persons living with or infected by HIV/AIDS and children orphaned by AIDS.

I assure them they will always find in the Principality the support they need to carry on their action.

REPUBLIQUE DU BENIN

PRESIDENCE DE LA REPUBLIQUE

COMITE NATIONAL DE LUTTE CONTRE LE SIDA ET LES IST

REUNION DE HAUT NIVEAU DE L'ASSEMBLEE GENERALE DES NATIONS UNIES SUR LE VIH-SIDA

Allocution du Docteur TCHALA S. Kessile, Ministre de la Santé, Vice Président du CNLS

NEW YORK, les 10 et 11 juin 2008

- Excellences Messieurs les Chefs d'Etats et de Gouvernement
- Excellence Monsieur le Président de L'Assemblée Générale des Nations Unies
- Excellence Monsieur le Secrétaire Général des Nations Unies
- Honorables invités,
- Mesdames et Messieurs,

C'est pour moi un grand honneur de prendre la parole à cette tribune de la Réunion de Haut Niveau de l'Assemblée Générale des Nations Unies consacrée aux progrès réalisés dans la mise en œuvre de la déclaration d'engagement sur le VIH/Sida et de la déclaration politique sur le VIH/Sida.

Permettez-moi d'abord de vous transmettre les salutations personnelles et chaleureuses de son Excellence Docteur Boni YAYI, Président de la République, Chef de l'Etat, Chef du Gouvernement du Bénin, Président du Comité National de Lutte contre le SIDA, ainsi que l'amitié de l'ensemble du peuple Béninois.
Ma délégation voudrait s'associer à la déclaration faite par le Représentant d'Egypte au nom du groupe africain.

Je voudrais également exprimer les sincères félicitations de la délégation du Bénin au Secrétaire Général BAN Ki-moon pour l'excellent rapport qu'il a présenté dans le cadre des présentes assises.

Monsieur le Président,

Point n'est besoin de rappeler que le SIDA représente la maladie la plus grave et la plus dévastatrice de notre époque. Mon pays, le Bénin, est passé d'une prévalence moyenne nationale de 4,1% en 2001 à 1,2% dans la population générale en 2006. En cela, le Bénin est un cas spécifique dans la Sous-région ouest africaine. Les succès enregistrés dans la lutte contre le VIH/SIDA ont été possibles grâce au leadership politique au plus haut niveau avec l'implication personnelle du Chef de l'Etat, Président du Comité National de Lutte contre le SIDA, qui a permis de mobiliser un soutien fort en faveur du cadre institutionnel mis en place.

Nous avons développé une approche multisectorielle avec entre autres, la création des Unités Focales de Lutte contre le Sida dans tous les ministères et institutions du pays y compris la Présidence de la République et l'accroissement des ressources budgétaires nationales pour la lutte contre le VIH/Sida, l'adoption et la promulgation d'une loi pour le contrôle de l'épidémie et la protection ainsi que la lutte contre la stigmatisation et la discrimination des personnes vivant avec le VIH. C'est surtout ce maillage des structures nationales qui fait le succès de l'expérience béninoise.

Nous avons trouvé par ce biais une courroie de pénétration dans les rouages de la société béninoise traditionnelle. Ainsi la lutte contre le VIH/SIDA est devenue un vecteur de la promotion de la santé et du développement sur tous les plans. Elle a bousculé les certitudes ancestrales et les tabous de la société et a permis une meilleure prise en charge de toutes les maladies au Bénin. La stratégie mise en œuvre a impliqué une participation active de toutes les franges de la société, y compris les confessions religieuses et les praticiens de la médecine traditionnelle, favorisant des synergies et une collaboration entre la médecine moderne et la médecine traditionnelle qui s'est développée dans le cadre de la culture du vodoun dont le Bénin est le berceau.

Le Bénin est ainsi passé d'un taux de couverture de moins de 10% des personnes vivant avec le VIH/SIDA et ayant besoin d'un traitement antirétroviral en 2002 à 60% en 2007, avec la gratuité de cette prise en charge depuis 2002.

Le Bénin n'est pourtant pas à l'abri d'une explosion de la pandémie, si la riposte nationale n'est pas intensifiée pour aller vers l'accès universel à la prévention, aux soins, au traitement et au soutien durable. Car, le Sida est et reste une crise majeure de développement et de sécurité.

Dans cette optique le Bénin s'est doté d'un nouveau cadre stratégique nationale 2007-2011, axé sur la prévention visant à éviter les nouvelles infections et à réduire l'impact social et économique de la maladie.

Pour atteindre l'accès universel d'ici 2010, le Bénin a besoin, selon les estimations, de mobiliser pour la mise en œuvre de ce cadre stratégique, un budget de 300 millions de dollars. Nous devons persévérer dans nos efforts pour rendre irréversible les tendances positives observées si nous voulons protéger les générations à venir, atteindre les Objectifs du Millénaire pour le Développement et préserver les chances de développement de nos pays.

Nous nous y employons avec l'appui soutenu de l'ONUSIDA, des Agences co-parrainantes ainsi que de tous les autres partenaires au développement, auxquels nous exprimons ici notre profonde reconnaissance.

Monsieur le Président, Mesdames et Messieurs,

Cette session nous offre une précieuse opportunité pour saluer les efforts de la communauté internationale et les progrès réalisés dont le rapport du Secrétaire Général a fait état de même que la mobilisation des ressources à travers différents mécanismes notamment le MAP, le Fonds Mondial de lutte contre le SIDA, la Tuberculose et le Paludisme, la Banque Africaine de Développement, UNITAID, PEPFAR, BILLGATES, CLINTON, le Système des Nations Unies, les bilatéraux et multilatéraux...

Cependant, la mobilisation des ressources doit être renforcée pour élargir les réponses nationales et mettre réellement à l'échelle les services de prévention, traitement et soutien notamment les Antirétroviraux. Nous devons aussi veiller au renforcement du leadership et de l'engagement politique, la coordination multisectorielle, le suivi et l'évaluation dans un partenariat global et efficace entre gouvernement, secteur privé et société civile. Pour ce faire, la mobilisation des financements additionnels durables est d'une impérieuse nécessité en regard des défis énormes auxquels la réponse doit faire face dans de nombreux contextes d'Afrique sub-saharienne confrontée à de graves crises économiques et sociopolitiques.

Je vous remercie.

Постоянное Представительство Российской Федерации при Организации Объединенных Наций

Permanent Mission of the Russian Federation to the United Nations

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STATEMENT

by Mr. Gennady ONISHCHENKO,
Head of the Federal Service for Consumer Rights Protection and Human Well-being,
Head of the Russian Federation Delegation,
at the High-level meeting on HIV/AIDS in the UN General Assembly,
(New York, 10-11 June 2008)

Mr. President,

Secretary-General,

Distinguished colleagues,

The protection of the health of the population and the reduction of mortality are among the most important areas of the Russian Federation's state policy. In this context, addressing the global spread of the HIV/AIDS epidemic, which claims the lives of three million people every year, is acquiring special significance.

In combating the epidemic, the Russian Federation, as well as the international community as a whole, is guided by the Declaration of Commitment on HIV/AIDS adopted at the 26th Special Session of the UN General Assembly in 2001.

The International Conferences on AIDS First in Eastern Europe and Central Asia, which were held in Moscow in 2006 and 2008, reviewed the results of organizational and prevention activities in the region and chartered the course to effectively combat the epidemic.

Among the other momentous international events in this field held over the past years one should mention the G-8 Summit in St. Petersburg (July 2006), which, at the initiative of Russia analysed the issue of consolidating efforts of the international community for combating the spread of infectious diseases, above all, HIV/AIDS, and the G8 report on the implementation of the commitments to combat HIV/AIDS, tuberculosis and malaria, produced at the initiative and with the direct participation of Russia in 2007.

In our country, the underlying principles of state policy and strategy in this field are determined by the federal law "On the Prevention of the Spread in the Russian Federation of Diseases Caused by the Human Immunodeficiency Virus", which guarantees universal access for all HIV-infected citizens to a comprehensive array of services.

To ensure the realization of these principles, the Governmental Commission on HIV Infection and the Coordinating Council on HIV/AIDS are functioning in the Russian Ministry of Health and Social Development, in which members of civil society and people living with HIV actively participate.

In clearly recognizing the scale of the HIV/AIDS threat, the Government of the Russian Federation attaches priority importance to this issue. Over the past two years, significant progress has been achieved in improving access to treatment and prevention of this infection, care and support for people living with HIV, major national programmes and projects have been carried out. Their goals and objectives are in line with the concept of Universal Access elaborated by UNAIDS.

In the course of the implementation of the Priority National Project on Healthcare, in 2007 and 2008 the Federal budget alone allocated US$ 450 million to diagnosing and treating HIV infection and to the implementation of prevention programmes, which is dozens of times as much as in the previous period.

Every year, in order to identify HIV infection, over 23 million tests are carried out; over 35 thousand HIV-infected patients receive anti-retroviral therapy, more than 90% of HIV-infected pregnant women are undergoing. In the current year, these activities will be significantly scaled up.

Changes have been made to the system of organizing and providing medical assistance to people with HIV. New standards for treating people living with HIV have been adopted, which are consistent with international requirements. 2007 saw the implementation of more than 300 various prevention projects.

The financing of NGOs and civil society organisations involved in combating the epidemic and, above all, in prevention, has been increased. In 2008-2010 US$ 50 million will be committed to research on a vaccine against HIV infection, to set up a mechanism for coordinating this research in Eastern Europe and Central Asia, and to coordinate this research with the Global HIV Vaccine Centre.

Mr. President,

We have always attached great significance to international cooperation in the humanitarian field and, in particular, public health. Combating infectious diseases and, especially, HIV/AIDS, has been included as one of the priorities in the Concept of Russian Federation's Participation in International Development Assistance approved by the President of the Russian Federation in June 2007.

To this end, it was decided to reimburse the Global Fund to Fight AIDS, Tuberculosis, and Malaria, in addition to the previously committed US$ 40 million, another US$ 217 million, from which US$ 118.5 million have already been disbursed to the Fund to expand assistance to developing countries.

Our own experience in the field of cooperation within the CIS shows that regional-subregional and local-community levels are becoming critically important. Russia is ready to assume leadership in the region in a number of aspects of addressing the epidemic, understanding by it, first of all, responsibility for expanding technical, financial and organizational assistance.

I am confident that political commitment demonstrated at this meeting, backed by practical measures, will open a new important page in the history of global partnership against HIV/AIDS.

Thank you.

PERMANENT MISSION OF
JAMAICA TO THE UNITED NATIONS

Statement

By

The Honourable Rudyard Spencer
Minister of Health and the Environment
of Jamaica

at the

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

10th June 2008

UN Headquarters, New York

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Mr. President,

Let me from the outset align myself with the statements made by the distinguished representative of Antigua and Barbuda on behalf of the G-77 and China and by His Excellency Dr. Denzil Douglas, the Prime Minister of St. Kitts and Nevis. My statement will focus on Jamaica's efforts to implement the 2001 Declaration of Commitments on HIV/AIDS and the Political Declaration, adopted in this Assembly in 2006.

The Government has coordinated a comprehensive HIV/AIDS response programme during the past two decades. Despite numerous obstacles and challenges, the HIV prevalence rate has slowed; stigma and discrimination against persons living with HIV and other marginalized groups have decreased considerably; and Jamaica has started to experience a downward trend in AIDS mortality.

Considerable progress has been made particularly in the areas of access to antiretroviral treatment - with over 60% coverage for people living with HIV and needing treatment. Vertical HIV transmission plummeted to 5% in 2007 from 25% in 2004, largely due to Jamaica's robust programme of prevention of mother-to-child transmission. Over 90% of pregnant women between 15 and 49 years receive counselling and testing for HIV.

Mr. President,

Despite our achievements, challenges remain. Behavioural practices such as increased transactional sex, multiple partners, unprotected sex in risky situations and the decreasing age of sexual initiation help to exacerbate the spread of HIV in Jamaica. We remain concerned that women and girls are not sufficiently empowered to negotiate condom use.

The risk of sexual transmission of HIV has been compounded by a dramatic shift in access to explicit sexual messages and material. Despite our numerous interventions, there are still too few messages about appropriate sexual behaviour to compete with the surge of explicit material available for any age group on the Internet and via Cable TV.

The commitment of leaders at the highest level is essential for a successful response. During World AIDS Day 2007, the Prime Minister of Jamaica, the Honourable Orett Bruce Golding took the lead and demonstrated the Government's highest commitment to the HIV response by publicly testing for HIV. In line with expanded initiatives for HIV testing, we have documented significant increases in the proportion of persons participating in voluntary counselling and testing.

Jamaica has witnessed growth in visible commitment from leaders, as role models. Well known personalities in sports, entertainment, business and the media have endorsed mass media messages against discrimination - noteworthy among them the Coalition of Artistes Against AIDS and the Media Alliance against AIDS. The private sector has also signalled its support through the establishment of the Jamaica Business Council on HIV/AIDS.

The National HIV/AIDS Policy and the National Strategic Plan on HIV/AIDS (2007-2012) has been reviewed and approved by government, employers and workers, persons living with HIV and AIDS and other marginalized groups. Our national policy and plan embrace the protection of human rights, including the right to work, regardless of real or perceived HIV status.

In moving forward to the achievement of universal access over the next five years, Jamaica will focus on four priority areas – (1) prevention with considerable expansion and emphasis on vulnerable groups, (2) treatment and care with removal of barriers to access and the provision of free health care inclusive of antiretroviral therapy, (3) developing an enabling environment and human rights framework, and (4) empowerment and governance for commitment and sustainability. The commitment and partnership of all stakeholders will be required to achieve universal access including access to antiretroviral treatment and strengthening the provision of existing care and support systems. We are in the process of reviewing the legislative framework in which we operate, in order to ensure the protection of human rights of all Jamaicans regardless of their beliefs, practices, health or political status.

Despite progress made, a number of challenges still persist. The current macro-economic climate, including rising food and oil prices pose a significant threat to our already fragile economy. For this reason, Jamaica welcomes continued external support for its response to HIV and AIDS while we seek to integrate the response into overall social and economic programmes including poverty reduction.

Mr President,

Let me conclude by acknowledging the important role being played by the UN and its agencies, in particular UNAIDS as well as the World Bank. I must also recognise the significant role of the Global Fund for HIV/AIDS, Tuberculosis and Malaria, which continues to support our national efforts.

The fight against HIV/AIDS is not a country-specific issue. International cooperation remains critical to the response. We must continue to place HIV and AIDS within the macro-economic agenda for poverty reduction and the achievement of the Millennium Development Goals. The Government of Jamaica remains committed to the fight against HIV/AIDS and will continue to

provide high level leadership to ensure the success of the response at all levels.
I thank you.

New Zealand Permanent Mission to the United Nations

Te Mängai o Aotearoa

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United Nations General Assembly

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

Statement by
Hon Trevor Mallard

11 June 2008

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Mr President

Let me first thank the Secretary-General for his report and acknowledge the work of the co-facilitators and UNAIDS for organising this 2008 review. We also want to acknowledge the extraordinary leadership of Dr Peter Piot and thank him for his commitment to our Pacific region.

Mr President

New Zealand is highly committed to achieving universal access to prevention, treatment, care and support for people affected by HIV and AIDS by 2010. However, we must all understand what needs to be done. We, therefore, strongly support UNAIDS focus of 'knowing your epidemic: making it count'. To build on the work done to date we have to be brave enough to seek out the correct evidence and to know the truth about our epidemics.

We need to have the **right information to know the epidemic.** Our data collection cannot reflect reality when people are afraid to tell the truth:

- if, for example, a young sexually active woman or man says they are not sexually active out of fear that their parents and community will punish and condemn them;
- if, for example, a drug user cannot get access to clean needles out of fear of being discriminated and imprisoned;
- if, for example, a man who has sex with another man says he got HIV from a woman out of fear of public condemnation;
- if, for example, a positive sex worker is forced to lie about her HIV status because she knows that there is no other way to feed her children;
- and if, for example, a wife cannot get the sexual and reproductive health services she needs because her husband does not support her wish to use condoms.

Mr President

We have witnessed the **'feminisation'** of HIV/AIDS. We recognise the vulnerability and inequality for so many women in all societies. Violence against women and negative and harmful practices that subordinate women are fuelling the HIV/AIDS epidemic.

Human rights approaches are essential. We in the global community must eliminate stigma and discrimination from the lives of all people affected by and infected with HIV.

We must **integrate** HIV and sexual and reproductive health programmes. Bringing HIV-related programmes into the **mainstream** of health systems and through **multi-sectorial** approaches will deliver cost-effective outcomes.

Mr President

HIV/AIDS is a major obstacle to development and is a constraint to achieving the **Millennium Development Goals**. It cuts across all sectors and the response to HIV and AIDS is linked to the reduction in child and maternal mortality and gender equality. We believe that better coordination at country level promotes stronger country **ownership** and **leadership**.

An example of our approach can be seen in our support to countries in the **Pacific region to** implement the Pacific Regional Strategy on HIV/AIDS. This includes working with all partners to **strengthen the health systems** and to **build workforce capacity** to sustain the progress made so far.

Mr President

New Zealand is one of the world leaders in evidenced-based prevention. We have one of the lowest rates of HIV prevalence. We have achieved this by putting human rights at the centre of our response: decriminalising men who have sex with men and making discrimination on the basis of sexual orientation and HIV status illegal; decriminalising prostitution and establishing needle exchange programmes. This could only happen through **true partnerships between civil society, most particularly people living with HIV, and the New Zealand government**.

To make every person count we must ensure that we count every person. The only way to do this is to eliminate stigma and discrimination. Let us act together in solidarity to ensure that when we meet again in 2011, we have met the 2010 target of universal access to prevention, care, treatment and support. That way we can count our success and know that it is true.

PERMANENT MISSION OF THE LAO PEOPLE'S DEMOCRATIC REPUBLIC TO THE UNITED NATIONS

317 East 51st Street , New York , NY 10022. Tel. (212) 832 2734. Fax. (212)750 0039

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Statement by

H.E. Dr Ponmek Dalaloy,
Minister of Health of the Lao PDR,
Chair of the National Commission for Control of AIDS

At High Level Meeting on AIDS

New York, 10 June 2008

Honorable President,
Excellencies,
Distinguished Delegates,
Ladies and Gentlemen:

At the outset, allow me on behalf of the Delegation of the Lao PDR, to express our appreciation for having the opportunity to participate to this High Level Meeting on AIDS. We highly commend the United Nations for the initiative to organize this timely meeting to undertake a comprehensive review of the progress in realizing our commitments on HIV/AIDS.

Mr. President,

The Lao PDR continues to be classified among the low prevalence countries. HIV prevalence is less than 1% among the general population. The cumulative number of people living with HIV from 2000 to 2007 is around 2500 with 1600 having AIDS and 800 already died.

Despite this low prevalence, we are not complacent. We realize that we are living in an era of regional and global integration. The Lao PDR is in the transition from a landlocked to a landlink hub, which offers both opportunities and challenges, for example, rapid increase of exchanges of goods and persons including migrants workers, tourists, influence of inappropriate values and life style as well as a phenomenon of human trafficking. All this would make us vulnerable to the spread of HIV/AIDS and put us in a permanent threat of this epidemic.

To face this threat, the Lao Government is fully committed to fighting HIV/AIDS and involves the whole society in this undertaking. To this end, HIV/AIDS has been incorporated into the National Growth and Poverty Eradication Strategy and other Government's development policies. In the implementation of the strategy, we focus on prevention through the promotion of safer sexual behavior, while addressing treatment, care and support. All these activities are targeted at the high risk groups. By doing so, we believe that we can prevent the epidemic among the general population. It has indicated that overall the HIV prevalence among sex-workers has stabilized (from 2% in 2004 to 0.6% this year) as well as HIV prevalence among their clients.

Based on national performance in terms of reaching Universal Access, the Lao PDR is classified as a country on track with some challenges ahead. Some progress has been made in this regard, for instance:

- Counseling and testing activities have been expanded, the number of individuals tested increased two-fold between 2006 and 2007;
- Coverage of prevention activities among sex-workers is high with more than 70% of coverage with high condom use;
- We have started prevention activities among MSM and plan to expand these activities with the support of the Global Fund;
- We have worked on the issue of prevention of HIV among injecting drug users by creating a Task-Force on HIV and drug use;
- We are committed to treatment, care and support for PLHIV with at the moment 2 sites offering access to ARVs and an expansion to 3 more sites in the next few years. Coverage of the ARV programme is 60% at the moment with no waiting list, everybody in need of ARV is enrolled.

In order to fully achieve the ambitious goal of universal access coverage for 2010, it requires higher political commitment and external supports. To date, the support by the Global Fund, the UN system and development partners as well as other stakeholders has proved that the universal access indicators can be realized. In this regard, we would like to express our deepest thanks and gratitude to the donor community for the continued support rendered to us and we do hope that we would continue to enjoy such support.

Mr. President,

The Lao PDR reaffirms its political commitment to fight AIDS. AIDS is neither exclusively a global challenge, nor exclusively a challenge for a country like ours. We have to "make the money work", we have to motivate and support a comprehensive multi-sectoral response, and we have to keep our focus on social protection, health system strengthening, and respect of human rights. We have to integrate HIV in the health system as the country has so many other health challenges.

We are pleased that the Lao PDR remains as a low prevalence nation. We think that national efforts to date have contributed to that low prevalence. However, we know that we, as a nation, are at risk. Continued

action is necessary. We are committed to take that action. However, the Lao PDR is one of the least developed nations in the world. Our economy is growing, but our resources are still limited. We request continued and increased support for our future efforts to remain a low prevalence nation. A modest amount of support can now forestall a much greater problem in the future.

With such orientations and determination, we will cooperate with all our partners in the Greater Mekong Sub-region, in ASEAN, with neighboring countries, in the Western Pacific Region and in other parts of the world. With such conviction let us wish our High Level Meeting a full success

Thank you.

ESPAÑA

INTERVENCIÓN DE D. BERNAT SORIA
MINISTRO DE SANIDAD Y CONSUMO DE ESPAÑA

REUNIÓN DE ALTO NIVEL
PARA EL EXAMEN EXHAUSTIVO DE LOS PROGRESOS REALIZADOS EN LA APLICACIÓN DE LA DECLARACIÓN DE COMPROMISO EN LA LUCHA CONTRA EL VIH/SIDA Y LA DECLARACIÓN POLÍTICA SOBRE EL VIH/SIDA

Nueva York, 10-11 de junio de 2008

(Cotejar con versión definitva)

STATEMENT BY MR. BERNAT SORIA
MINISTER OF HEALTH AND CONSUMER AFFAIRS OF SPAIN

HIGH-LEVEL MEETING
ON A COMPREHENSIVE REVIEW OF THE PROGRESS ACHIEVED IN REALIZING THE DECLARATION OF COMMITMENT ON HIV/AIDS AND THE POLITICAL DECLARATION ON HIV/AIDS

New York, 10-11 June 2008

(Check against delivery)

MISIÓN PERMANENTE DE ESPAÑA EN LAS NACIONES UNIDAS
245 EAST 47TH STREET, 36TH FL., NUEVA YORK, N.Y. 10017 TEL. (212) 661-1050

Gracias, Señor Presidente, Ministros, distinguidos Delegados, Señoras y Señores.

Es un honor para mí participar, por primera vez, en esta sesión de la Asamblea General.

Quiero comenzar señalando el papel relevante de ONUSIDA y dejar constancia de nuestro reconocimiento al Director Ejecutivo, Dr. Piot, y a todo su equipo por los logros alcanzados.

Su visión de la respuesta necesaria frente al sida, la enorme capacidad de trabajo desplegada y su sensibilidad política y cultural han sido cruciales para definir cómo debe responder el mundo ante una epidemia.

Como primera consideración quiero expresar mi adhesión a la intervención de la Presidencia eslovena de la Unión Europea, y explicar cómo mi país ha afrontado sus compromisos en **el ámbito propio y en el espacio internacional.**

Siendo España el país de Europa donde la epidemia tuvo mayor magnitud, podemos decir que desde mediados de los años 90 la misma evoluciona favorablemente.

Este resultado es posible porque hemos trazado un marco donde **todos los sectores implicados actuamos de forma coordinada** y porque **la prevención y el tratamiento son de cobertura universal.**

Un marco donde la participación de las ONGs y de los propios enfermos ha resultado crucial en la elaboración de políticas preventivas y en el acceso a la población más frágil.

Y un marco en el que seguimos insistiendo en la necesidad de **renovar nuestro compromiso con la prevención porque** disponemos de **estrategias que han demostrado su efectividad.**

Permítanme que subraye la importancia de **las estrategias de reducción de daños y su efectividad** al situarse como elemento nuclear de nuestra estrategia preventiva.

Fue en la década final del siglo XX, cuando se generalizaron en España estos programas, porque comprendimos y aceptamos el fondo real del problema.

No se trata de cambiar las costumbres ni la orientación sexual de las personas, sino de reducir sus prácticas de riesgo y ofrecer soluciones que no choquen con la realidad y puedan ser aceptadas por los grupos más vulnerables.

Y hoy día, como saben, la disponibilidad de material estéril para todos los inyectores y la dispensación de opiáceos sustitutivos, sigue siendo crucial para el control del VIH y del VHC.

En España acabamos de aprobar, por unanimidad de todas las administraciones responsables, un nuevo Plan frente a la infección VIH-SIDA, que contempla las actuaciones de los próximos cinco años y que cuenta con el consenso y cooperación de todos los afectados.

Plan en el que la lucha **contra el estigma y la discriminación se constituye en uno de los ejes prioritarios.**

La protección de los derechos humanos utilizando para ello la solidaridad, la tolerancia, el respeto a la diversidad, la defensa de la confidencialidad y la voluntariedad diagnóstica, han facilitado la detección precoz y una respuesta más adecuada.

Sr. Presidente,

Mi Gobierno asume la consecución de los Objetivos de Desarrollo del Milenio, como una gran oportunidad para impulsar una visión global del progreso.

Por ello hemos reforzado nuestra presencia institucional y nuestra participación en programas de cooperación que eviten la discriminación por edad, género, origen étnico o condición social.

Hacer retroceder el SIDA y tantas otras enfermedades que pueden globalizarse además de un imperativo ético, es una empresa común imprescindible para lograr un desarrollo humano armónico y sostenible.

Para reducir la carga de estas enfermedades y paliar sus devastadoras consecuencias debemos favorecer una **política de medicamentos** que permita el **acceso** universal a los **fármacos esenciales.**

Para disminuir la **creciente diferencia entre las necesidades y los recursos disponibles** es imprescindible prevenir nuevas infecciones y también **incrementar los recursos**. España, en los últimos años, ha realizado un notable esfuerzo financiero en **cooperación internacional**.

La Ayuda Oficial al Desarrollo neta superará en 2008 los 5.500 millones de euros, lo que permitirá cumplir con el compromiso de alcanzar el 0,5 % de la Renta Nacional Bruta, y nos sitúa en la senda adecuada para alcanzar en 2012 el objetivo del 0,7 %.

El Comité de Ayuda al Desarrollo ha reconocido recientemente que España ha sido, en 2007, el donante que más ha incrementado su ayuda, hasta colocarse en la séptima posición en términos absolutos y la novena en proporción a su PIB.

El Gobierno, también, mantiene e incrementa su contribución a través de otros organismos multilaterales como UNITAID, el Fondo Global Contra el Sida, la Tuberculosis y la Malaria, o la Alianza GAVI.

Sabemos que muchas necesidades de prevención y de tratamiento continúan sin satisfacerse, y por ello seguiremos trabajando e invirtiendo en cooperación hasta cumplir los compromisos que hemos adquirido.

Sr. Presidente,

Quisiera finalizar reconociendo el esfuerzo de las organizaciones internacionales, gobiernos, ONGs y del sector privado en la lucha contra la epidemia.

ONUSIDA y el Fondo Global han multiplicado varias veces su presupuesto y su actividad técnica y política para mejorar los resultados.

La Sesión Especial de la Asamblea General que hoy conmemoramos consiguió generar cambios en muchas agendas políticas, y el número de personas que hoy acceden a la prevención y al tratamiento no se puede considerar un éxito absoluto, pero sí un gran progreso.

Muchas gracias.

Thank you, Mr. President, Mr. and Madam Ministers, Distinguished delegates, Ladies and Gentlemen.

It is an honour for me to participate in this General Assembly session for the first time.

I would like to begin by pointing out the relevant role of UNAIDS, and to show our appreciation to the Executive Director, Dr. Piot, and to his entire team for their achievements.

His vision of the necessary response to AIDS, the enormous capacity of work displayed, and his political and cultural sensitivity have been crucial to defining how the world must respond before an epidemic.

As a first consideration, I would like to express my support for the statement of the Slovenian Presidency and explain how my country has met its commitments on the national and international spheres.

Even though Spain was the country in Europe where the epidemic had its greatest impact, we can say that since the mid-90's, we have seen a favourable evolution in its decline.

This result is possible due to a framework we have created in which all the involved sectors act in a coordinated way, and due to prevention and treatment being universally covered.

It is a framework in which the participation of NGOs and of the affected persons themselves is crucial for drafting preventive policies and for reaching out to the most vulnerable sectors.

Moreover, it is a framework, in which we continue to insist on the need to renew our commitment to prevention, given that we have strategies available that have proved their effectiveness.

As damage reduction strategies are pivotal to our preventive strategy, allow me to highlight their importance and effectiveness.

It was in the final decade of the 20th century, as we understood and accepted the root of the problem, that these programmes were incorporated in Spain.

It is not about changing the habits or sexual orientation of people, but rather, reducing their risk practices and offering solutions that do not clash with reality and that could be accepted by the most vulnerable sectors of the population.

And nowadays, as you know, the availability of sterile syringes and the provision of opiate substitution treatments continue to be crucial for the control of HIV and HCV.

We have just finished approving in Spain, unanimously across all the responsible administrative bodies, a new plan to combat HIV-AIDS infection, which takes into consideration actions for the next five years and counts on the consensus and cooperation of all the affected sectors.

It is a plan in which the fight against stigma and discrimination constitutes one of its main priorities.

The protection of human rights through solidarity, tolerance, respect for diversity, defence of confidentiality and voluntary diagnostic testing has enabled early detection and a more adequate response.

Mr. President,

My Government considers the achievement of the Millennium Development Goals a great opportunity to drive forward a global vision of progress.

In this regard, we have strengthened our institutional presence and our participation in cooperation programmes that prevent discrimination based on age, gender, ethnic origin or social condition.

Apart from being an ethical imperative, reducing the cases of AIDS and of so many other diseases that could become globalized, is a necessary common goal in order to achieve a harmonious and sustainable human development.

To reduce the burden of these diseases and to deal with its devastating consequences, we must favour a medicine policy that allows universal access to essential drugs.

To diminish the growing difference between need and available resources, it is essential to prevent new infections and to increase resources. In the last few years, Spain has made a notable financial effort in international cooperation.

The 2008 net Official Development Aid will exceed 5.5 billion euros, which allow us to meet the commitment of reaching 0.5% of GDP, and will place us in on the right path for reaching the objective of 0.7% in 2012.

The Development Assistance Committee has recently acknowledged that for 2007, Spain has been the donor that most increased its aid, placing us, in absolute terms, seventh in the rank, and ninth in proportion to its GDP.

The Government also maintains and increases its contribution through other multilateral organizations, such as UNITAID, the Global Fund to Fight AIDS, Tuberculosis and Malaria, or the GAVI Alliance.

We know that many necessities for prevention and treatment continue to be unsatisfied, and in that regard we will continue to work and invest in cooperation until meeting the commitments we have undertaken.

Mr. President,

I would like to conclude by acknowledging the efforts by international organizations, governments, NGOs and the private sector in the fight against this epidemic.

UNAIDS and the Global Fund have many times multiplied its budget and its technical and political activities in order to improve results.

The Special Session of the General Assembly we are commemorating today has succeeded in creating changes in many political agendas, and the number of persons who have access today to prevention and treatment cannot be considered an absolute success, but it is a great progress indeed.

Thank you very much.

REPUBLIQUE DE DJIBOUTI

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جمهورية جيبوتي
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وزارة ألصحة

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MINISTERE DE LA SANTE

Speech of his Excellency ABDALLAH ABDILLAHI MIGUIL
Minister of Health, Republic of Djibouti
at the United Nations High Level Meeting on AIDS 2008

Session On "Universal Access to Affordable Diagnostics, Prevention and Treatment: in search for sustainable solutions "

Chairpersons,
Participants of the United Nations High level Meeting on AIDS 2008
Ladies and gentlemen

Thank you for allowing me to address keynotes on behalf of his Excellency the President of the republic of Djibouti and his governments at this very special event.

Let me also express thanks to the Office of the special Advisor on Africa (OSAA) and the High Representative for the least developed countries, landlocked developing countries and small island developing states (UN OHRLLS) who initiate this side event on a very important topic ***"Universal Access to Affordable Diagnostics, Prevention and Treatment: in search for sustainable solutions"***

Ladies and gentlemen HIV&AIDS has become one of the most devastating killer of the world causing the death of millions of lives and increasing an overwhelming socio-economical backwardness to so many developing countries.

Nevertheless the world's awareness has increased with the declaration of the United Nations General Assembly in 2001 and the establishment of the Joint United Nations Programme on HIV/AIDS (UNAIDS) in bringing together the

efforts and resources of the UN system organizations in the AIDS response to help the world prevent new HIV infections, care for people living with HIV, and mitigate the impact of the epidemic.

Since then considerable improvement has been made focusing efforts on ways and strategies to prevent the spread of the epidemic especially in the least developing countries.

Considering the situation in my region, we can say that there is no single MENA epidemic and HIV continues to spread insidiously in MENA. The majority of countries in MENA are witnessing some increase in **reported number of HIV and AIDS cases.**

The situation in Sudan and Djibouti, where 2.6 % and 2.9% of adult populations are estimated to be HIV infected, contrasts with those of other countries in MENA. Some countries such Iran is experiencing concentrated epidemics among injecting drug users, while in other countries there is increasing evidence of elevated HIV prevalence in specific geographical locations and populations.

Many countries in the Middle East and North Africa [MENA] have recently set or revised targets within their **National Strategic Plan on AIDS** in an effort to move towards Universal Access to HIV prevention, treatment, care, and support. However, the main challenges that hamper sustained progress towards achieving Universal Access in MENA encompass:

- Sustaining prioritization and public resources for AIDS in perceived 'low prevalence' contexts;
- Increasing HIV prevention services for those who are most in need;
- Ensuring affordable and sustained availability of treatment and commodities;
- Addressing exacerbating impact of conflict, including on health systems and provision of services;

- Improving and increasing medical follow up and psychosocial support for people living with HIV;
- Decreasing stigma and marginalization of most at risk populations, including for people living with HIV.

In Djibouti since 2003, we opted for a multisectoriel strategy uniting more than twelve ministries coupled with a strong implication of the civil society in order to bring appropriate, efficient and concerted responses to mitigate the spread of HIV/AIDS.

With a strong political engagement we have been able to accomplished positive results in providing appropriate services with the ambition for achieving ***Universal Access to prevention, treatment, care and support.***

The results of our engagement towards universal access had shown positive achievements with the .prevalence rate going down from 2.9% in 2002 to 2.1% in 2007 based on the estimates of the National Aids Program.

In terms of care, more Than 1136 patients (40% of the target) are been followed up with 736 patients under ART treatment since 2002. Voluntary counseling and testing is provided in more than 29 out of 44 Hospitals and health centers all over the country.

The multisectorial strategy gave priority to community based programs working with more than 200 NGOs providing prevention services to Vulnerable Groups and promoting behavior change communications and advocacy targeting the whole population. Community based program are also working closely with associations of people living with HIV&AIDS who participate and share experience in the area of prevention and care and thus break stigma and discrimination vis à vis the epidemic.

Nevertheless outstanding efforts have been made with the ministry of religious affairs in adopting common view with regards to issues related to discrimination and stigma and the position of the religion on HIV AIDS questions. Important achievements were also made by the ministry of justice and the parliament in officially adopting laws protecting the rights of PLWHA.

The fight against HIV and AIDS in MENA region can only be fruitful if partnership of members' countries are encouraged and strengthen taking into consideration keys issues such as:

- A *window of opportunity* to avoid further spread of HIV still exists in MENA. Continuous **engagement of leaders** – in low, concentrated and generalized epidemics in MENA – needs to be sustained and reinforced to overcome barriers to universal access and to prevent further HIV spread.

- UNAIDS must continue to support and advocate for maintaining the AIDS response in the ***social, health and developmental agenda***.
- Investing efforts on ***knowing the status of the epidemic***, including generating understanding of localized epidemics and factors of vulnerability to HIV, will serve to overcome the dangerously false assumption of relative security from HIV in the MENA region.
- ***Partnership*** of decision-makers from the different sectors [*health, social affairs, education, law enforcement, justice*], religious leaders, communities, civil society and people living with HIV is essential to ensuring HIV prevention, treatment, care and support services reaching those in need at community level.
- ***HIV prevention programs*** needs to be urgently implemented commensurate to the needs of young people at risk and marginalized populations, including drug users, men who have sex with men, sex workers, prisons, and migrants and mobile populations.
- We need to overcome obstacles related to stigma to HIV and **social exclusion**, address the needs of women, and ensure equal access to services for all those in need.
- **Affordability of commodities** and universal access to treatment, care and support remains a key priority in the response to the epidemic.
- All partners, governments, civil society, international partners and UNAIDS ***should advocate and ensure affordable commodities, reduce***

ARV prices, and ensure access to services based on the principle of equity.

- **People living with HIV** are at the heart of response and 'part of the solution'. We need to continue to promote participation of people living with HIV and civil society in policy forums, decision making and implementation as equal actors.
- Governments, international partners, civil society and people living with HIV need to ensure resources reach communities with services and strengthen the **links of prevention with access to VCT and treatment and care,** including in a context of post-conflict situations.

Ladies and gentlemen

Realising the Millennium Development Goal on HIV/AIDS (MDGs) - to halt and reverse the spread of the epidemic by 2015 - requires far greater access to HIV prevention services and AIDS treatment, care and support than is currently achieved in my country. The current pace of most our responses are far too slow in reaching all in need of HIV information and services because of the number of people coming for the testing which is low besides the antenatal test of pregnant women and patients suffering from tuberculosis who undergo HIV testing.

Sustainable solutions can only be attain by implementing concerted strategies and uniting our efforts by giving priority to programs targeting the most vulnerable groups and enhancing the engagement in achieving the universal access.

THANK YOU FOR YOUR ATTENTION

PERMANENT MISSION OF THE REPUBLIC OF SERBIA TO THE UNITED NATIONS

UNITED NATIONS GENERAL ASSEMBLY
HIGH-LEVEL MEETING ON HIV/AIDS

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STATEMENT

by

H.E. TOMICA MILOSAVLJEVIĆ MD PhD
MINISTER OF HEALTH OF THE REPUBLIC OF SERBIA

New York, 10-11 June 2008.

Mr President,
Excellencies,
Ladies and Gentlemen,

The number of AIDS patients and AIDS related deaths has decreased in Serbia in the last eight years. The cumulative number of HIV/AIDS cases reported prior to 31 December 2007 was 2 200, out of which 1 398 patients developed AIDS and 923 died. In 2007, 90 newly diagnosed HIV positive persons and 42 AIDS cases were registered, while in the same period 15 persons died from AIDS related conditions. HAART therapy is fully covered by the Republican Health Insurance Fund. Prevalence of the notified HIV in the population 15-49 is 0.03 per cent and the estimated prevalence 0.1 per cent. The majority of the people infected with HIV in the past were diagnosed at the stadium of AIDS (more than 70 per cent), but recently the trend is changing – 53 per cent in 2003 and 30 per cent in 2005 and 2007. The number of free-of-charge confidential and anonymous HIV testing has increased, as well as the level of promotion of friendly and highly professional voluntary confidential counselling and testing services (VCCT) at the Institutes of Public Health in most of the districts. Media coverage has also intensified, which helped reduce the stigma and discrimination associated with HIV testing.

Main achievements in the past five years

- National Commission to fight HIV/AIDS was instituted in 2002. It is headed by the Minister of Health and includes other professionals, as well as representatives of civil society and NGOs dealing with HIV/AIDS. People living with HIV are also involved and take active role in the HIV policy creation and implementation;
- National Strategy 2005-2010 was launched by the Government of Serbia in 2005 as a result of a joint action and multi-sector approach which included NGOs, PLHIV and the Government;
- National Office for HIV/AIDS was instituted in 2006 within the Institute of Public Health of Serbia; the national house for surveillance and monitoring of national HIV response, it is aimed to host the Country Response Information System at the central level;
- National System and Plan for Monitoring and Evaluation of the Response to HIV Epidemics were developed and adopted in 2006.
- In 2007, the National Commission to Fight HIV/AIDS adopted the National Guideline for Clinical Management and Treatment of HIV Infection with qualifying criteria for HAART. The Guideline has been developed in line with recommendations given by the European AIDS Clinical Society.
- Serbia (Ministry of Health as the primary recipient) received from GFATM the grant of € 9.5 million for the implementation of the Coordinated Country Proposal entitled "Scaling up the National HIV/AIDS Response by Decentralizing the Delivery of Key Services" for the period 2007-2012. The first phase of the Ministry of Health /GFATM 6th Round HIV/AIDS Programme started in June 2007 and is scheduled to last two years. The overall goal of the Programme is to halt the spread of the disease among vulnerable groups – injection drug users (IDUs), men who have sex with men (MSM), commercial sex workers (CSWs), Roma youth, prisoners, institutionalized children and children without parental care and to provide care, support and treatment to PLHIV.
- Prior to 2007 the treatment of HIV/AIDS was organized in the University Clinical Centre in Belgrade alone, but at the end of 2007 two additional departments were opened in

Nis and Novi Sad and it is expected that another department will be opened in Kragujevac by December 2008.

- In coordination of the Ministry of Health the Project Coordination Unit GFATM Round 6th and with support of network of NGOs dealing with HIV/AIDS and network of PLHIV organizations activities to tackle stigma and discrimination started in 2008. Several round tables in Serbia, with main goal fighting stigma and discrimination were organized. Candle Light Memorial Day was marked and representative from several countries of the Euro Song 2008 contest, held in Belgrade during this year memorial, gave support.
- All above mentioned activities gives framework for joint action and unique national response to HIV/AIDS epidemics in Serbia.
- The national surveillance system lacks more specific data such as behavioral determinants and HIV prevalence in the most at risk populations. Preliminary data shows that prevalence of HIV among IDUs is 3,7per cent, among MSM 6,1per cent, and among CSW is 2,2per cent.

HIV/AIDS awareness is very high in Serbia, with almost all (90per cent) adolescents (aged 15-19) as well adult population (91per cent) having heard about HIV/AIDS, based on results from National Health Survey in Population in Serbia. 2006.

The National AIDS programme is funding by different sources: one third of the funds allocated for HIV/AIDS are covered directly through The Republican Budget and two thirds (mainly related to treatment and diagnostics) from National Health Insurance Fund. The local and municipal health authorities are increasingly committing resources for implementation of local health programs implemented both by local health institutions and NGOs, it is assumed that this trend will continue.

The stigma is still highly present in Serbia in general population and in the health sector as well.

MDG6: Combat HIV/AIDS, tuberculosis and other disease, with target 1: by 2015 reduce the spread of HIV

Incidence of HIV infected persons in 1.0 million population in 2000 was 10.2 (baseline), in 2006 7.0 in 2007. 5.7 (target in 2015 is 5.0).

AIDS mortality rate was 6.4 in 2000 (baseline), in 2006 3.2, in 2007. 2.0 (target 2015 2.7).

Condom prevalence rate among young people (15-24) during high-risk sexual intercourse was 33.4 per cent in 2000 (baseline), 75.0 per cent in 2006 (target 2015 80.0 per cent).

In our country, the targets within the MDG6 have been adjusted to the actual situation and possibilities, while indicators have been selected in such a way so that they could enable the monitoring of the basic situation across years.

Thank you very much for your attention.

PERMANENT MISSION OF BRUNEI DARUSSALAM
TO THE UNITED NATIONS
771 UNITED NATIONS PLAZA, NEW YORK, NY 10017

STATEMENT DELIVERED AT THE UNITED NATIONS HIGH-LEVEL MEETING ON A COMPREHENSIVE REVIEW OF THE PROGRESS ACHIEVED IN REALIZING THE DECLARATION OF COMMITMENT ON HIV/AIDS AND THE POLITICAL DECLARATION ON HIV/AIDS

BY

H.E. PEHIN DATO SUYOI OSMAN

MINISTER OF HEALTH

BRUNEI DARUSSALAM

NEW YORK,

10 – 11 JUNE 2008

2008 High Level Meeting on A Comprehensive Review of the Progress achieved in realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS
United Nations, New York
10-11 June 2008

STATEMENT BY
HONOURABLE PEHIN SUYOI OSMAN
MINISTER OF HEALTH
BRUNEI DARUSSALAM

Mr President, Excellencies, Ladies and Gentlemen,

Firstly my delegation and I would like to take this opportunity to commend the Secretary General for convening this High Level Meeting on HIV and AIDS. It is important and timely that we review the progress made in this serious problem and renew our political commitment to stop this scourge. The Report of the Secretary-General on the status of the HIV/AIDS epidemic reveals that in 2007, the number of new HIV infections was 2-5 times higher than the increase in the number of people receiving antiretroviral treatment.

Brunei Darussalam is fully committed towards achieving the targets of the Millennium Development Goals which includes ensuring universal and equitable access for better and comprehensive health care services. His Majesty's Government provides free and comprehensive health care to all citizens and permanent residents of Brunei Darussalam. Antiretroviral drugs are readily available with 100% coverage including second and third-line therapies for those who require them. All pregnant mothers continue to be routinely screened for HIV. By ensuring that all HIV positive mothers receive antiretroviral treatment and that all deliveries are done by fully-trained personnel, the risk of mother-to-child transmission of HIV has been virtually eliminated.

Excellencies, Ladies and Gentlemen,

Brunei Darussalam continues to record a relatively low number of cases of HIV with only 39 cases reported in the past 22 years. However, we cannot afford to be complacent as sexually transmitted infections are on the rise and the population continues to become increasingly mobile. We recognize that unsafe sexual practice is the main mode of transmission. In this regard, great efforts are directed towards HIV prevention programmes which aim at increasing sexual health awareness particularly targeting youths, through multi-sectoral collaboration between government and non-government agencies such as the Brunei Darussalam AIDS council, Youth Council and community leaders. This underlines the importance of interventions utilizing the efforts of civil society in HIV/AIDS prevention. Other prevention and control strategies include ensuring the safe supply of blood and blood products and intensifying surveillance of high-risk groups.

I would also like to take this opportunity to commend the UN General Assembly for taking the initiative to address the issue of HIV/TB co-infection. Brunei Darussalam has been successful in achieving the WHO objectives of reducing TB mortality and morbidity, transmission of infection and at preventing the development of drug resistant TB. This has been done through the rigorous implementation of our National Tuberculosis Programme which includes provision of DOTS for all TB cases in the country. All tuberculosis cases are also routinely screened for HIV. Brunei Darussalam, however, recognizes the threat posed by HIV/TB co-infection. We join the global community in its call for effective action against this problem.

In concluding, Brunei Darussalam's delegation wishes to congratulate Mr President for your able guidance towards a very productive and successful meeting.

Thank you.

DECLARATION
DE MONSIEUR André MAMA FOUDA,
MINISTRE DE LA SANTE PUBLIQUE DU CAMEROUN,
PRESIDENT DU COMITE NATIONAL DE LUTTE CONTRE LE SIDA

New York, le 10 juin 2008

(A vérifier au prononcé)

MISSION PERMANENTE DU CAMEROUN
AUPRES DES NATIONS UNIES

PERMANENT MISSION OF CAMEROON
TO THE UNITED NATIONS

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MONSIEUR LE PRESIDENT,

MESDAMES ET MESSIEURS LES MINISTRES,

MESDAMES et MESSIEURS,

L'Assemblée générale des Nations Unies, a consacré sa Session extraordinaire de juin 2001 réunie ici même à New York au VIH/SIDA, et fixé des objectifs pour l'horizon 2010, en adoptant une Déclaration d'engagement des Etats membres sur le VIH.

Permettez-moi donc de remercier le Secrétaire Général de l'ONU pour son rapport A/62/280 sur les progrès accomplis à mi-parcours du délai fixé pour atteindre les OMD, s'agissant de la Déclaration d'engagement et la Déclaration politique sur le VIH/SIDA.

Monsieur le Président,

Faisant siennes les dispositions pertinentes de la Déclaration d'Abuja et de celles de la Déclaration d'engagement sur le VIH, et en partenariat avec la société civile et les associations des personnes vivant avec le SIDA, le Gouvernement du Cameroun a élaboré en 2006 un Plan stratégique quinquennal multisectoriel en vue de la réalisation des objectifs fixés pour 2010. Ce Plan implique une participation coordonnée de plusieurs structures ministérielles, des communautés locales et religieuses et des ONG.

Avec une **séroprévalence de 5,5 %** au sein de la population des adultes âgés de 15 à 49 ans (Enquête Démographique et Sanitaire 2004), l'infection au VIH constitue un véritable défi de santé publique au Cameroun et un réel obstacle au développement. Les jeunes de 15-24 ans (3,2 %) et les femmes (6,8 %) payent le plus lourd tribut de la pandémie.

L'impact social et économique de cette pandémie est dramatique. En 2007, environ 543.294 personnes vivent avec le VIH et parmi elles 44.800 enfants. La même année, il a été enregistré 46.000 décès d'adultes liés au sida, portant ainsi le nombre d'orphelins de ce fléau à près de 305 000 (contre 240.000 en 2005).

Face à un tel contexte tragique, le Gouvernement a pris la résolution de faire de la lutte contre le VIH/SIDA l'une de ses plus grandes priorités. Des progrès significatifs sont enregistrés depuis lors, notamment dans le secteur de la prévention (pilier essentiel de l'action gouvernementale de lutte), au niveau de l'accès universel aux services et aux soins (un droit fondamental des populations), dans le cadre du soutien aux orphelins et aux enfants vulnérables ainsi que d'un partenariat multiforme.

1.- **Sur le plan de l'accès universel à la prévention** :

- Le conseil et le dépistage du VIH est gratuit pour les élèves, les étudiants, les hommes en tenue, les prisonniers, les femmes enceintes, les malades tuberculeux.

- La Prévention de la Transmission du VIH de la Mère à l'Enfant (PTME) est devenue un service de base dans presque toutes les formations sanitaires. Nous dénombrons en 2007, 739 formations sanitaires qui offrent les services PTME couvrant 70 % des districts.

- L'enseignement du VIH/SIDA est désormais intégré dans les curricula de formation des élèves du primaire et du secondaire. En 2007, 1896 enseignants ont été formés avec le concours de l'UNESCO. L'enseignement du VIH/SIDA est effectif dans 400 établissements scolaires du primaire et du secondaire contre 150 en 2005.

- D'importants efforts sont faits pour rendre les préservatifs disponibles et accessibles. En 2007, 26 173 000 préservatifs ont été distribués contre 21 000 000 en 2004.

- Grâce à « Vacances sans SIDA », ce sont près de 500 000 jeunes qui ont été sensibilisés à la pandémie du VIH/SIDA en 2007.

2.- **Au niveau de l'accès universel aux soins et traitement**

Le Cameroun poursuit en l'intensifiant, sa politique de décentralisation progressive de la prise en charge des malades avec une approche district. Le nombre de formations sanitaires assurant la prise en charge médicale des PVVIH est passé de 91 en 2005 à 113 en fin 2007.

Grâce au co-financement Gouvernement – Fonds Mondial le traitement aux ARV est gratuit au Cameroun depuis le 1er mai 2007. Les bilans pre-thérapeutiques et de suivi biologique sont largement subventionnés dans l'ordre de 85 %. Ceci a permis d'augmenter considérablement le nombre de malades sous ARV qui sont passés de 17156 à fin 2005 à 45 817 à fin 2007, soit 53 % du nombre total des patients éligibles évalués à 86453.

Quatre cent (400) Agents relais communautaires (ARC) ont été recrutés en 2006 pour assurer le suivi et la prise en charge psychosocial des PV VIH.

3. **Soutien aux Orphelins et Enfants Vulnérables (OEV)**

Un programme national de soutien aux OEV (PNS-OEV) a été mis en place en collaboration avec le Ministère des Affaires sociales ; ainsi 52 ONG/associations ont été recrutées sur l'ensemble du territoire national et apportent un soutien holistique aux OEV. En fin 2007, ce sont 45 186 OEV qui ont bénéficié d'une assistance grâce à des financements du Fonds Mondial et de l'UNICEF. Un autre élément qui contribue à améliorer l'environnement créé en faveur de ces enfants, ce sont les mesures prises par le Ministère de l'Education de base pour la scolarisation des OEV et dont les résultats au-delà des espérances, appellent à la persévérance.

4. **Soutien des Partenaires au développement**

Des progrès réalisés par le Cameroun dans la lutte contre le VIH/SIDA auraient été limités sans le soutien constant des partenaires bi- et multilatéraux. Parmi ceux-ci on peut citer le Fonds Mondial de Lutte contre le SIDA, la tuberculose et le paludisme, les agences de coopération bilatérale (GTZ, KFW, Médecins Sans Frontières, ESTHER, etc....), les agences des Nations Unies (PNUD, ONS, UNFPA, UNESCO, ONUSIDA, BIT, UNIVEF, etc..) et les ONG de développement (CARE, PLAN).

5. **Défis actuels**

L'accroissement constant du nombre de malades sous ARV consécutif à l'instauration de la gratuité et à l'amélioration de l'espérance de vie de ces patients entraîne une augmentation des besoins en ARV et en bilans de suivi biologique.

Les défis majeurs actuels sont alors: - maintenir la gratuité des ARV- assurer la gratuité du bilan de suivi biologique pour tous les malades – leur assurer une bonne alimentation, et – réhabiliter les formations sanitaires qui prennent en charge les patients.

L'enjeu réside, bien sûr, dans le nécessaire accroissement des budgets alloués à la lutte contre le SIDA. A cet égard, Il est primordial de continuer à apporter tout le soutien indispensable au Fonds Mondial de Lutte contre le SIDA, la tuberculose et le Paludisme et de maintenir l'effort pour sa pérennité.

Les bailleurs de fonds à qui nous rendons un vibrant hommage, doivent inlassablement poursuivre l'appui qu'ils apportent à nos pays dans le combat non seulement contre le VIH/SIDA, mais aussi contre d'autres maladies tropicales, véritables freins au développement socio-économique de nos Etats.

Nous nous félicitons de l'atteinte de l'objectif de mobilisation arrêté en 2001 de 10 Milliards de dollars, pour la lutte contre le sida dans les pays à faible revenu et à revenu intermédiaire, bien que cela l'ait été avec deux années de retard (2007 au lieu de 2005) ; cette mobilisation effective et massive prouve que si on veut, on peut.

Toutefois, il est à craindre que la crise alimentaire actuelle vienne réduire considérablement l'augmentation croissante constatée ces dernières années des dépenses par habitant que les pays les plus touchés par le VIH consacrent à la lutte contre le sida. C'est pourquoi nous pensons que la réflexion en cours sur la crise alimentaire doit être intégrale et globale.

Pour terminer, je voudrais dire que le Cameroun accordera une attention soutenue aux recommandations contenues dans le rapport du Secrétaire Général et se félicite du rôle incontournable de l'Organisation des Nations Unies, dans le renforcement et l'accompagnement de la lutte contre le VIH.

Je vous remercie

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DISCOURS DE DR. SANGARE MAIMOUNA BAH,
MINISTRE DE LA SANTE PUBLIQUE, A LA REUNION DE HAUT NIVEAU CONSACREE A UN EXAMEN D'ENSEMBLE DES PROGRES ACCOMPLIS DANS LA MISE EN ŒUVRE DE LA DECLARATION D'ENGAGEMENT SUR LE VIH/SIDA ET DE LA DECLARATION POLITIQUE SUR LE VIH/SIDA

NEW YORK, LE ~~9~~ 10 JUIN 2008.

S.V.P. Vérifier à l'audition

Monsieur le Président,

Monsieur le Secrétaire Général,

Mesdames et Messieurs les Chefs de délégations,

Je voudrais vous remercier pour l'organisation de la présente réunion qui atteste de la volonté et de la détermination de la communauté internationale de déployer les efforts indispensables à la lutte contre VIH/SIDA.

Je tiens à vous transmettre les salutations de Son Excellence le Général **Lansana CONTE**, Président de la République de Guinée, et de son Gouvernement qui accordent un intérêt prioritaire à notre lutte commune.

Ma délégation s'associe à la déclaration faite par le Représentant d'Antigua et Barbuda, au nom du Groupe des 77 et de la Chine, ainsi que celles qui seront faites par les représentants de l'Égypte, au nom des États africains, et du Bangladesh, au nom des Pays les Moins Avancés.

Monsieur le Président,

En adoptant la Déclaration d'engagement sur le VIH/sida de 2001 et la Déclaration politique de 2006 sur le VIH/sida, la Communauté internationale a clairement renouvelé sa volonté d'atteindre les objectifs assortis de délais convenus en 2001 et de progresser vers l'objectif de l'accès universel à la prévention, au traitement, aux soins et à l'appui en matière de VIH d'ici 2010.

En évaluant, dans le cadre de nos travaux, les progrès accomplis avant 2010, nous réitérons, encore une fois, notre préoccupation face aux conséquences multiples du VIH/sida, ainsi que notre détermination à les éradiquer.

Ma délégation se félicite, à cet égard, de la soumission par le Secrétaire général, de son rapport complet et soutient les recommandations qui y sont contenues,

Les progrès accomplis sont certes importants, mais il convient de redoubler d'efforts aux niveaux local, national, sous-régional, régional et

international, dans un cadre coordonné et complémentaire entre les différents acteurs engagés dans le processus de lutte contre la maladie.

Dans ce contexte, il me plait de vous informer que les différentes enquêtes nationales menées dans mon pays ont montré que la séroprévalence, au sein de la population générale ,est passée de 2,8 % en 2001 à 1,5 % en 2005, avec, néanmoins, des variations selon certaines caractéristiques démographiques. Au plan du genre, on note une féminisation de l'infection à VIH avec un taux de séroprévalence de 1,9 % chez les femmes de 15-49 ans contre 0,9 % chez les hommes de la même tranche d'âge. La prévalence du VIH en milieu urbain (2,4 %) est plus élevée qu'en milieu rural (1%).

Le Gouvernement guinéen a opté, dès 2002, pour la multisectorialité de la lutte contre l'épidémie du VIH/sida.

Conformément à cette vision, le pays s'est lancé dans le processus de planification qui a abouti à l'élaboration du premier Cadre Stratégique National 2003-2007. Ce cadre décrit les grandes orientations stratégiques dans les domaines de la prévention de la transmission du VIH, de la prise en charge médicale et psychosociale, de la réduction des impacts socio-économiques, ainsi que du Cadre Institutionnel et de la Gouvernance de la riposte nationale.

Les résultats de sa mise en œuvre sont contenus dans le rapport UNGAS (avril 2008), soumis par le Gouvernement.

Ainsi, convient-il de souligner :

-la création d'une Chaire VIH/sida à la faculté de médecine de l'université de Conakry,

-l'introduction effective de l'enseignement du VIH/sida dans les cursus scolaires et universitaires,

-la promulgation de la Loi relative à la prévention, la prise en charge et le contrôle du VIH,

-la gratuité des AntiiRétroviaux (ARV) et du suivi biologique, depuis 2007,

-la scolarisation de 6850 orphelins et enfants vulnérables (OEV) et l'appui nutritionnel à 2005 familles de Personnes vivant avec le VIH (PVVIH).

-le soutien total du gouvernement au réseau et associations des personnes vivant avec le VIH/sida.

La prise en compte de la Co-infection VIH/Tuberculose dans le diagnostic et la prise en charge.

Pour corriger les insuffisances et consolider les acquis, le gouvernement a élaboré le nouveau cadre stratégique 2008-2012 qui, renforce le partenariat, la coordination et les principes directeurs du ''Three Ones''. Ce qui suscite une meilleure implication des communautés locales, du secteur privé, des Organisations Non Gouvernementales et de la société civile.

C'est l'occasion pour ma délégation de remercier nos partenaires bi et multilatéraux qui ne cessent de nous accompagner dans la mise en œuvre de nos programmes de développement, en particulier l'ONUSIDA, le Fonds mondial, la Banque mondiale et l'OMS.

J'encourage le système des Nations Unies à poursuivre et à étendre son Programme conjoint de ''Relance des Dynamiques Locales de Développement Économique et Social en Guinée Forestière''

Monsieur le Président,

A deux ans de la date fixée pour atteindre l'objectif de l'accès universel et à mi parcours du délai prévu pour la réalisation des Objectifs du Millénaire pour le développement, il va sans dire que le renforcement du système de santé, la recherche scientifique, la mobilisation de ressources financières appropriées, l'accès aux médicaments sont indispensables à la réalisation des objectifs que nous nous sommes fixés.

A cet effet, je lance un appel vibrant à tous les partenaires à nous accompagner davantage dans le combat commun contre cette pandémie du VIH/sida.

Dans ce contexte, je puis vous assurer que le Gouvernement guinéen mettra tout en œuvre pour concrétiser ses engagements et je fonde l'espoir que la présente réunion aboutira à des résultats concluants qui nous permettront d'atteindre nos objectifs.

Je vous remercie.

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STATEMENT

BY

HON. DR. MALICK S. NJIE
SECRETARY OF STATE
DEPARTMENT OF STATE FOR HEALTH & SOCIAL WELFARE

GAMBIA

AT

THE HIGH-LEVEL MEETING ON A COMPREHENSIVE REVIEW OF THE PROGRESS ACHIEVED IN REALIZING THE DECLARATION OF COMMITMENT ON HIV/AIDS AND THE POLITICAL DECLARATION ON HIV/AIDS

NEW YORK
10TH – 11TH JUNE 2008

- President of the General Assembly;
- Your Excellencies, Heads of State and Government;
- Secretary General of the United Nations;
- Representative of the UN System, Other International Organizations;
- NGOs, Members of the Civil Society;
- Distinguish delegates;
- Ladies and Gentlemen;
- All protocols observed
- Mr. President,

It is with great pleasure and a sense of urgency that I accept this invitation to participate in the UN General Assembly High – level Meeting on HIV and AIDS on behalf of His Excellency Dr. Alhagie Yahya A.J.J. Jammeh, President of the Republic of The Gambia.

Let me begin by expressing my delegation's appreciation for the professional manner in which you have been guiding our deliberations. I am sure that under your able leadership this high level meeting will be crowned with success.

HIV/AIDS is one of the greatest threats to the security and development of the world, and a big obstacle to the attainment of many of the internationally agreed development goals including the Millennium Development Goals (MDGs).

The HIV/AIDS pandemic is a genuine global emergency taking the lives of eight thousand people a day and threatening the lives of tens of millions more as the infection continues to spread around the world (UNAIDS).HIV/AIDS is a social disease. It has no barriers and does not discriminate when it comes to sex, race, class, location, education or sexual orientation.

- **Mr. President, Distinguished ladies & gentlemen;**

Sub-Saharan Africa has been disproportionately affected by the global HIV/AIDS pandemic, accounting for 70% of the current 40 million people living with HIV and 85% of all AIDS related deaths. In many countries in Africa HIV surveillance is now showing infection rates of over 10%. Without accelerated efforts to prevent the spread of HIV/AIDS, it will continue to roll back progress and hard won gains and intensify poverty and human suffering in Africa.

Despite the high level of awareness about HIV/AIDS, new infections continue to rise among youth, indicating that knowledge does not translate into action – or behavior change. The physical, psychological and social attributes of young people make them particularly vulnerable to HIV and other STIs. Most of the time, they are not able to comprehend fully the extent of their exposure to risk.

For young people to gain critical prevention skills, they need to be at the forefront of every HIV prevention effort – that is to be actively engaged in the design and planning of behavior change communication programs.

- Mr. President,

In the Gambia, the National Sentinel Surveillance Study of 2006 reveals a prevalence of 2.8% for HIV 1 and 0.9% for HIV 2.

Countries such as ours still have a window of opportunity. It is in this context therefore, that the high level meeting is timely and relevant and **provides the framework** of reflection on our efforts at Global, Regional and Country levels.

In the past few years, we have created the National AIDS Council (NAC) Chaired by His Excellency the President and a National AIDS Secretariat (NAS) under the President's Office, charged with the responsibility of coordinating a multi-sectoral National response to HIV/AIDS.

We have also succeeded in providing additional resources in our efforts to win the battle against the epidemic.

The Government, in partnership with UN Agencies, NGOs, and other Civil Society Organizations, has been working in tandem to educate and create awareness on HIV/AIDS.
In the area of treatment, care and support my Government, in collaboration with the Global Health Fund, has been providing Anti-retroviral medicine (ARVs) free of charge to People Living With HIV/AIDS, educational and nutritional support since 2005.
The Government recognizes the important role of PLHIV in the fight against HIV/AIDS. Their involvement is an important component in our National Strategy. In collaboration with partners, 10 Support Groups were established and are being supported in the fight against stigma and discrimination. They are also represented in the National AIDS Council.

- Mr. President,

Poverty, gender inequities, drug abuse, denial, discrimination and stigma continue to increase the suffering of those infected and affected by HIV/AIDS and, are a major hindrance to an effective response to the HIV/AIDS epidemic. The wars, conflicts and civil strives and political instability are but significant contributing factors for accelerating the HIV/AIDS epidemic and its related consequences.
The victims of wars and instability such as refugees, returnees, displaced persons and peace keeping, all increase the vulnerability of the population youth and women in particular. The poor maintenance of the human rights particularly of people living with HIV/AIDS contributes to denial, fear, stigma, and discrimination and is inimical to the engendering of effective response to HIV/AIDS.
The above-mentioned social, political and economic factors lead to vulnerability to HIV/AIDS and must be addressed within the context of our responses. Therefore, the need to integrate HIV/AIDS responses in our development strategies cannot be over emphasized.

Our national response strategies will continue to enhance awareness program activities on HIV/AIDS as well as to promote behavioral change communication. Through the National Aids Secretariat, Department of State for Health & Social Welfare and other partners, Prevention of Parent-To-Child-Transmission services are being scaled up in all the regions. Voluntary Counseling and Testing, ART services are also provided and promoted.

- Mr. President

Notwithstanding the above achievements there are still some significant obstacles needing urgent action.
One of the obstacles to HIV/AIDS prevention, care and support is, fear, stigma and discrimination. It is a real concern that after two decades of HIV/AIDS, Stigma and Discrimination still remain a problem in our effort to control this epidemic.
Another challenge to our efforts particularly to the laudable initiative of Universal Access to Prevention, Treatment, Care and Support is the critical shortage of skilled human resources for health care delivery.
Over the past few years our response led to wider participation of Non-Governmental Organizations and Community Based Organizations in the fight against HIV/AIDS. Although this multi-sectoral approach is commendable and very positive, it compounded the problem of coordination of our interventions.
Before concluding my statement, I would like to state that the environment has improved towards the prevention of HIV/AIDS in our society with the renewed political commitment. We must continue to improve this environment so as to facilitate prevention on care and support.

Slovensko predsedstvo EU 2008
Slovenian Presidency of the EU 2008
La Présidence slovène de l'UE 2008

UNITED NATIONS
General Assembly

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

Statement by

Dr. Darko Žiberna
State Secretary
Ministry of Health

on behalf of the European Union

New York, 10-11 June 2008

Please check against delivery

Mr. Secretary General,
President,
Excellencies,
Ladies and Gentlemen,

It is an honour and privilege to speak on behalf of the European Union.

The Candidate Countries Turkey, Croatia* and the former Yugoslav Republic of Macedonia*, the Countries of the Stabilization and Association Process and potential candidates Albania, Bosnia and Herzegovina, Montenegro and Serbia as well as Ukraine, the Republic of Moldova, Armenia and Georgia align themselves with this statement.

The European Union would like to thank the Secretary General for the excellent opportunity for all of us to review the progress that has been made since the adoption of the Declaration of Commitment on HIV/AIDS in 2001 and the Political Declaration on HIV/AIDS at the High level meeting in 2006.

Since we gathered for the UN General Assembly Special Session in 2001, the World has transformed its response to global HIV/AIDS pandemic. Today, while much remains to be done, 3 million people have access to antiretroviral treatment, and we are making remarkable progress on access to prevention and care. Since 2006, progress in containing the HIV epidemic is now being seen in nearly all regions worldwide. We are convinced that political will, strong leadership, sustained commitment and concerned efforts from all stakeholders at all levels, contribute to this achievement.

But there is no room for complacency. The progress is not uniform across or even within countries. The HIV/AIDS epidemic remains a major and long- term challenge which calls for permanent global political attention, leadership and sustainable long term response.

The European Union remains fully committed to the achievement of the **Millennium Development Goals** (MDGs), in particular MDG 6, by providing a wide range of policies and instruments to fight HIV/AIDS in the world. The response to HIV/AIDS is and shall remain a top priority for the EU, both internally and externally. This was made clear by the Council in the **EU Statement on Keeping the promise to stop HIV/AIDS** made on 1 December 2007 on the occasion of **World AIDS Day**, as well as by the **European Council** in its **Conclusions of 21/22 June 2007**[1] when HIV/AIDS has been first time ever discussed upon the Heads of States and Governments.

Council conclusions on **"Recently emerging issues regarding HIV/AIDS" on 23 April 2007**[2]**,** called for implementation of existing commitments within the "European Programme for Action to Confront HIV/AIDS, Malaria and Tuberculosis through External Action" adopted in May 2005 and identified newly emerging issues and barriers that hinder our progress in tackling HIV/AIDS and the effective implementation of the European Program of Action.

European Union reaffirmed that the fight against HIV/AIDS can only be successful if a comprehensive approach is taken that includes scaling up significantly towards the goal of universal access to prevention, treatment, care and support by 2010.

The European Union reaffirms its focus on **prevention**, which remains the cornerstone for all other activities within the comprehensive approach to tackle HIV/AIDS. Without vigorous promotion of primary prevention measures, implementation of harm reduction

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* Croatia and the former Yugoslav Republic of Macedonia continues to be part of the Stabilization and Association Process.

[1] Doc. 11177/1/07, para 8(ii) and (iii).

[2] Doc. 7227/07, paragraph 12.

measures (such as exchange of needles and syringes to injecting drug users) and targeted interventions aimed at vulnerable groups, the goal of ensuring universal access to prevention, treatment, care and support cannot be achieved. As indicated in the report of the Secretary-General, currently the number of new infections exceeds by 2.5 fold the increase in the number of people receiving antiretroviral treatment."

The **most at risk populations**, particularly men who have sex with men and injecting drug users and homeless people including children living on the street, still lack meaningful access to HIV prevention services, despite the fact that they also in many areas often are targets of violence including sexual violence. We recall then for further action to promote sexual behaviour and practices, including condom use, and scale up access for injecting drug users to prevention, drug dependence treatment and harm reduction services.

We remain deeply concerned by the overall expansion and feminization of the pandemic and that **women** now represent half of adults living with HIV including 61 percent in sub-Saharan-Africa and in this regard, recognize that gender inequalities and all forms of violence against women and girls increase their vulnerability to HIV/AIDS. The proportion of women among newly detected HIV-infections is increasing also in Eastern Europe and Central Asia.

To reverse the current trend of feminization, the European Union, within the context of established EU positions[3], has successfully led efforts to strengthen global attention and action to address gender inequality, gender-based violence and abuse as drivers of the AIDS pandemic, calling for intensified efforts to safeguard women's and girls' rights, develop effective HIV and AIDS policy programmes and services for women and girls, including those related to sexual and reproductive health and rights (SRHRs) within the context of established EU positions, and to support the full involvement of women in planning and decision making related to HIV strategies and programmes. We are committed to work collectively and individually to support partner countries in implementing strategies for gender equality, women's rights and empowerment and approaches which are effective for women and girls in response to the AIDS pandemic.
The EU affirms our strong support for and commitment to the full implementation of the Cairo Programme of Action, as well as the key actions for the further implementation of the ICPD programme of Action agreed at ICPD+5, and the Copenhagen Declaration and Action Programme.

We also remain gravely concerned with the number of all new HIV infections among **children** and **young people,** low coverage of prevention of mother-to-child transmission and the lack of pediatric drugs in many countries, which significantly hinders the efforts to protect the health of future generation. Access to antenatal care, information and counselling and other HIV services, confidential counselling and testing, and access to antiretroviral treatment and breast milk substitutes is far from sufficient. In this regard, relentless efforts should also be made to address and remove barriers to providing HIV prevention counselling and testing.

Young people's knowledge regarding HIV is crucial for the future course of the epidemic. Regardless of that, only 40 per cent of young males and 36 per cent of young females have accurate knowledge of HIV according to the report, which is still well below the 95 percent goal stated in the Declaration of Commitment on HIV/AIDS.

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[3] The European Consensus on Development, OJ C 46 of 24.2.2006; Conclusions of the Council and the Representatives of the Governments of the Member States meeting within the Council on Recently emerging issues regarding HIV/AIDS (doc 7227/07, including the Statement in the Annex); Conclusions of the Council and the Representatives of the Governments of the Member States meeting within the Council on Gender Equality and Women's Empowerment in Development Cooperation (doc. 9561/07) and a European programme for action to confront HIV/AIDS, Malaria and Tuberculosis through external action (doc. 9278/05).

It is unacceptable that only 15 per cent of **orphans** live in households receiving some sort of assistance, as states the report. We should increase protection for children orphaned and affected by HIV/AIDS, and address as a priority the vulnerabilities faced by children, provide support and care to children, infected by HIV, promote child-oriented HIV/AIDS policies and programmes, ensure adequate nutrition and access to treatment and intensify efforts to develop new treatments for children, as well as build and support social security system to protect them and to mitigate the impact of the pandemic on their daily lives and their future. We encourage stronger commitment to these goals.

Distinguished Chairperson,

Antiretroviral coverage rose by 42 per cent in 2007, reaching 3 million people in low-income and middle-income countries, approximately 30 per cent of those in need and still far from the 2010 target of universal access to antiretroviral treatment. Despite the existence of affordable treatments for tuberculosis, only 31 per cent of individuals living with HIV and TB co-infection received both antiretroviral and anti-TB drugs in 2007. We emphasize the need for accelerated scale-up collaborative activities regarding tuberculosis and HIV in line with the Global Plan to stop **tuberculosis**: 2006-2015 and investment in new drugs, diagnostics and vaccines appropriate for people with TB_HIV co-infection. More research is also urgently needed into microbicides, vaccines and pre-exposure prophylaxis, as well as into the most effective ways to achieve behavioural change.

The Commission and the Member States are active contributors to the **"Global Fund to Fight HIV/AIDS; Tuberculosis and Malaria" (GFATM)** since its inception in 2001-2002. There has been a steep increase in contributions by donors in response to HIV/AIDS as well as in the **resources** spent on HIV/AIDS response from the domestic sources of low-and middle-income countries. Anyway, despite a 12 percent increase in the funding for HIV-related activities over 2006 and tenfold increase in less then a decade, we have still not been able to fulfil present and future expectations. European Union urges that all partners, donors, developing countries, private sector, civil society and the pharmaceutical industry should accelerate efforts to ensure access to and procurement of affordable medicines.

As emphasized in our European Programme for Action, more investments should be made in **strengthening health systems and human resources** necessary to deliver health, education and social services of vital importance to effective HIV prevention, treatment, care and support.

We are committed to support and strengthen existing financial mechanisms, including the Global fund to fight HIV/AIDS, TB and Malaria, as well as relevant UN organizations, through provision of funds in a sustained and predictable manner, including by generating additional funds through the continued development of innovative sources of financing (e.g. UNITAID, IFFIM).

Mindful of the need to help closing the huge financing gap between needs and available resources and ensure long term and predictable financing of HIV and AIDS programmes and measures for sexual and reproductive health, we reaffirm our commitment to continue making contributions which reflect the weight and importance of Europe as a major international partner in development.

Distinguished chairperson,

Full realization of **human rights and fundamental freedoms for all** is essential element in the global response to the HIV/AIDS pandemic and it reduces vulnerability to HIV/AIDS and prevents **stigma and related discrimination** against people living with HIV/AIDS. Appropriate solutions are required to overcome legal, regulatory or other barriers that inhibit access to effective HIV prevention, treatment, care and support,

including medicines, commodities and services, are necessary. We welcome the promotion of all human rights and all freedoms of all people living with HIV/AIDS, members of vulnerable groups and the facilitation of their participation in all aspects of HIV/AIDS responses.

The EU reiterates its commitment to freedom of movement of patients, in accordance with Article 13 of the Declaration of human rights, and invites States that impose such restrictions, particularly against people infected with HIV, to lift them. We call on Governments, national parliaments, donors, regional and sub-regional organizations, the UN system, the Global fund to fight HIV/AIDS, tuberculosis and malaria, civil society, people living with HIV, vulnerable groups, private sector, communities most affected by HIV/AIDS and other stakeholders to work closely together. All taken measures, cooperation and linkages are one of our strong potentials, which we all have to be aware of and exploit better.

It is our common responsibility on the international, European as well as national level to seize this opportunity and act on our words and commitments to support the development of strategies and effective responses to this HIV/AIDS pandemic.

Thank you.

PERMANENT MISSION OF SINGAPORE
TO THE UNITED NATIONS

231 EAST 51ST STREET, NEW YORK, N.Y. 10022 • TEL. (212) 826-0840 • FAX (212) 826-2964

HIGH-LEVEL MEETING ON A COMPREHENSIVE REVIEW OF THE PROGRESS ACHIEVED IN REALISING THE DECLARATION OF COMMITMENT ON HIV/AIDS AND THE POLITICAL DECLARATION ON HIV/AIDS

UNITED NATIONS, NEW YORK

STATEMENT BY

DR BALAJI SADASIVAN
SENIOR MINISTER OF STATE FOR FOREIGN AFFAIRS
REPUBLIC OF SINGAPORE

10-11 JUNE 2008

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Mr. President, Excellencies, Ladies and Gentlemen,

1 It is now 27 years into the HIV/AIDS epidemic. We stand at the half-way point in our quest to halt, and begin to reverse, the spread of HIV/AIDS by 2015.

2 Despite substantial progress so far, we still have a long way to go. HIV/AIDS remains an ongoing challenge for Singapore. The HIV prevalence in our resident population is low, at about 0.1-0.2%, but we have seen a 33% rise in people newly diagnosed with HIV/AIDS over the past three years. Clearly, there is no room for complacency.

3 To better coordinate a broad-based and inclusive response across the different sectors of our society, Singapore has set up a high-level multi-sectoral National HIV/AIDS Policy Committee, which I chair.

4 One of the Committee's major achievements has been in successfully coordinating and scaling up the implementation of HIV education programmes across different sectors. We have introduced an enhanced school-based STI/HIV education programme in almost every secondary school in Singapore. HIV education in different workplaces is being scaled up. Education of specific at-risk groups, such as high-risk heterosexual men and men who have sex with men, has increased. We have also introduced new educational programmes to tackle HIV-related stigma and discrimination.

5 More than half our HIV patients are diagnosed only when they are in a late stage of infection. We have thus been ramping up our HIV testing messages and initiatives.

6 We have introduced the use of non-invasive or minimally-invasive rapid HIV test kits in primary care clinics throughout Singapore, so as to make HIV testing more easily accessible to the population. Several of our public sector hospitals have also begun doing opportunistic provider-initiated HIV testing for their inpatients.

7 In the last two years, we have implemented an enhanced Positive Prevention Programme for newly diagnosed patients, to help them adopt safer sex behaviours.

8 The main mode of transmission of HIV in Singapore is through unprotected sex with a HIV-infected person. Our first line of defence against HIV is therefore to educate our population on how they can protect themselves. However, once they are infected, we counsel them, and expect that they will take measures to protect their partners.

9 The Infectious Diseases Act, or IDA, is the main legislation governing the control and prevention of infectious diseases in Singapore. Under the current IDA, a person who knows he is HIV-infected is required to inform his sexual partner of the risk of contracting HIV from him, prior to sexual intercourse. However, this law is contingent on a person knowing that he is HIV-positive. Despite the easy access to HIV testing in Singapore, we estimate that for every known HIV case, there could be another one or two cases who are infected but undiagnosed. This group of individuals may continue spreading HIV unknowingly for many years before they are diagnosed.

10 We have therefore amended the Infectious Diseases Act so that a person who does not know that he is HIV-infected, but who has reason to believe that he may be infected, or has been exposed to a significant risk of contracting HIV infection, must take reasonable precautions to protect his sexual partner, such as by using condoms. Alternatively, he can go for a HIV test to confirm that he is HIV-negative. If he does not wish to do either, he must inform his partner of the risk of contracting HIV from him, leaving his partner to voluntarily accept the risk, if he or she so wishes.

11 We hope that this amendment will greatly encourage the use of condoms and promote regular HIV testing for those who are at risk of infection. We also want to send the strong message that no-one has the right to put another person at risk through his own irresponsible, high-risk behaviours.

12 Singapore remains deeply committed to the fight against HIV/AIDS. We have allocated an additional S$27 million over the next three years to:

- Strengthen our education programmes, especially for our at-risk populations
- Support HIV testing efforts
- Enhance the clinical management of our HIV patients; and
- Build up our surveillance and monitoring systems.

13 Mr. President, Singapore reaffirms its commitment to the global fight against this disease, and will continue to work with other countries to protect lives and relieve suffering caused by this epidemic.

Thank you.

TRINIDAD AND TOBAGO

PERMANENT MISSION OF TRINIDAD AND TOBAGO TO THE UNITED NATIONS
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STATEMENT

by

Senator, the Honourable Wesley George,

Parliamentary Secretary,

Ministry of Health

Republic of Trinidad and Tobago

at

The High-Level Meeting on a Comprehensive Review of the Progress Achieved in Realizing the Declaration of Commitment on HIV/AIDS and The Political Declaration on HIV/AIDS

United Nations
New York,
June 10 -11, 2008

Mr. President,

My delegation is pleased to be participating in this High-Level meeting to review the progress achieved on realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS. We wish to thank the Secretary General for the very informative report on progress towards realizing our commitments globally.

This meeting affords us an opportunity to outline the progress that we, in the Republic of Trinidad and Tobago have made in this area. It is our expectation that during the course of these two days, we will benefit from the new and innovative ways that other nations have used to combat those challenges that we continue to face in our struggle with the pandemic.

Mr. President, my delegation aligns itself with the statement made by Antigua and Barbuda on behalf of the G-77 and China and with the statement made by Doctor the Honourable Denzil Douglas on behalf of CARICOM.

Mr. President, permit me to outline the major points about our epidemic:

- The first cases of AIDS in Trinidad and Tobago were reported in 1983 among men who have sex with men. The first cases in females and children were reported in 1985. As at December 2007, eighteen thousand, seven hundred and thirty-five cases of HIV infection were reported to the National Surveillance Unit. The gender breakdown is 58% male and 42% female.
- Heterosexual intercourse continues to be the main mode of transmission among newly diagnosed cases. There is a trend towards the feminization of the epidemic. Of the newly diagnosed HIV cases, fifty-three percent occur among females. In the case of new infections in the age group fifteen to twenty-four years, females comprise seventy-four percent.

Mr. President, the modalities used in the management of the HIV/AIDS programme are as follows:

- A National AIDS Coordinating Committee has been established to manage the response to the epidemic. The NACC is multisectoral in composition and includes persons living with HIV, representatives from relevant public sector agencies, faith-based organizations, other civil society groups and the private sector. The NACC is administered through the Office of the Prime Minister. The national response is funded principally through budgetary support from the Government, a World Bank loan and a grant from the European Union.
- There is on-going support from the Central Statistical Office to the national HIV response. A number of research studies including a national Knowledge, Attitude, Practice and Behaviour Household Study provide the base-line information that informs government's policies and programmes.
- The goals of the five-year National Strategic Plan [2004 – 2008] are to reduce the incidence of infection; and to mitigate the negative impact of HIV/AIDS on both infected and affected persons in

Trinidad and Tobago. The strategic plan is founded on the pillars of inclusion, sustainability, accountability and respect for human rights. The five priority areas of the strategy are prevention; treatment, care and support; advocacy and human rights; surveillance and research; and programme management, coordination and evaluation.

Some of the major achievements of the HIV/AIDS programme are:

- HIV testing is available at all health care facilities and the number of sites offering same-visit results has been expanded.
- Since April 2002, antiretroviral therapy has been offered free of charge to all persons living with HIV. As of April 30, 2008 five thousand two hundred and ninety-two persons have accessed the treatment and care programme of which two thousand, six hundred and eighty-seven persons are on antiretroviral therapy.
- The ratio of AIDS to HIV was one to fifteen in 2005; one to fourteen in 2006 and one to thirteen in 2007.
- AIDS related deaths have declined fifteen percent from 2005 to 2007 mainly because of the availability of antiretroviral therapy.
- The Prevention Programme for Mother to Child transmission of the virus promotes testing of pregnant women. As a consequence, infants are diagnosed earlier using the Dry Blood Spot method. There has been a decline in the rate of transmission from mother to child. It is currently three percent.
- A pilot project has been established for home-based community care and support for persons living with HIV.
- The Ministry of Labour, Small and Micro-Enterprise Development in collaboration with the ILO has developed and is in the process of implementing a national HIV policy and programme for the workplace.
- An IT platform has been developed to link the health care system and this enhances data management for the purpose of surveillance.
- A multidisciplinary Training Centre has been established to support capacity building. This is sponsored by the Government of Trinidad and Tobago and supported by the University of the West Indies and other regional and international agencies.
- A Human Rights Desk documents instances of discrimination and infractions of rights of persons living with HIV and provides the requisite redress.
- The Government of Trinidad and Tobago has focused on the provision of awareness programmes to educate its populace on HIV and AIDS and particularly on HIV/AIDS prevention. There is Government support for NGO's outreach, projects and programmes. One such project is the campaign on HIV prevention entitled, "What's Your Position.

Mr. President, in the interest of time, I have sought only to highlight to this august body the progress achieved by the Government of the Republic of Trinidad and Tobago in combating the epidemic. The national response continues to be galvanized by the political will of the leadership to meet its

commitments. It is in this regard that the National Aids Coordinating Committee was launched and continues to operate under the aegis of the Office of the Prime Minister to which office it is accountable.

In closing, permit me to thank you, Mr. President for the opportunity to participate in this meeting, the benefits of which would enrich the national approach to fighting this epidemic.

I thank you.

PERMANENT MISSION OF TURKEY TO THE UNITED NATIONS

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STATEMENT BY

PROF. DR. SERHAT ÜNAL

SPECIAL REPRESENTATIVE OF THE PRIME MINISTER

OF THE REPUBLIC OF TURKEY

AT

HIGH-LEVEL MEETING ON A COMPREHENSIVE REVIEW OF THE PROGRESS

ACHIEVED IN REALIZING THE DECLARATION OF THE COMMITMENT

ON HIV/AIDS AND THE POLITICAL DECLARATION ON HIV/AIDS

NEW YORK, 10-11 JUNE 2008

www.un.int/turkey

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H.E. President Srgjan Kerim,
H.E. Secretary General Ban Ki-moon,
Esteemed Presidents, Prime Ministers, Ministers,
Excellencies,
Ladies and gentlemen,

Allow me to convey, at the outset, my distinct pleasure and honor in addressing this impressive gathering of senior statesmen, policy-makers, experts, scientists, academicians, industry representatives, political observers and civil society representatives in my capacity as the Special Representative of the Turkish Prime Minister Erdoğan.

My Prime Minister was very much looking forward to attending this landmark meeting. He has unfortunately been held back by other matters of pressing urgency and therefore asked me, as an expert on the front-line so to speak, to represent him before you as his special envoy.

HIV/AIDS is not only a health issue, but a matter of human security. As such, the fight against the pandemic is very much part of the global efforts to achieve the Millennium Development Goals (MDGs) and thus to defeat poverty, to ensure gender equality, to prevent discrimination and to secure the universal application of human rights.

Turkey has a population of 70 million people. Geographically, it is located between different regions where the HIV/AIDS levels are increasing.

According to the figures provided by the Turkish Ministry of Health, the number of HIV-positive cases, as of November 2007, is 2.920. Male patients constitute approximately 70 % of this total.

Although we have a relatively small number of HIV-positive cases, we are concerned that the following factors could have the potential to contribute to an increase in this number; the young population of Turkey (15-49 age groups), the general lack of awareness of sexually-transmitted diseases, the rise in intravenous drug usage, the influx of commercial sex workers and the high number of Turkish men working abroad. So, we too have to be vigilant.

In 1985, with the diagnosis of the first case in the country, a comprehensive reporting system was established, including a coding system for HIV/AIDS. We have an important range of preventive measures in place. HIV testing and treatment is free of charge. Serological testing for blood/tissue/organ donors, registered sex workers and patients who undergo major surgical operations are mandatory. In 1996, the "National AIDS Commission" was established in order to carry out country-wide activities. The Commission continues to work on the issue with 35 representatives from state institutions, universities, NGOs and the United Nations system.

The current National Strategic Plan on HIV/AIDS lays out our national strategies from 2007 to 2011 to enhance our activities in the fields of prevention and support, voluntary counseling and testing, diagnosis and treatment, supportive environment, monitoring and evaluation, social support and intersectoral collaboration.

There is no problem in Turkey with respect to diagnosis and treatment of HIV/AIDS patients. We have achieved universal access for more than 90 percent of patients. Nevertheless there are remaining challenges; such as insufficient preventive services for vulnerable groups, increasing number of unregistered commercial sex workers, intravenous drug users, and high treatment costs.

Our domestic efforts, I believe, are therefore quite sufficient and satisfactory, given the low incidence rate of HIV/AIDS cases. However, we realize that we should exert more efforts to maintain solidarity and cooperation with those countries less fortunate than ourselves, both in terms of economic capability and burden of HIV/AIDS.

The total amount of Turkish humanitarian assistance since 2005 has exceeded 250 million US Dollars. In addition to this, the combined official and private sector development assistance provided by Turkey in 2006 amounted to 1.7 billion US Dollars. While official figures for 2007 have not yet been published, our combined official and private sector development assistance is expected to be around 2.5 billion US Dollars.

It is evident that Turkey needs to channel a portion of this aid to the global fight against HIV/AIDS. We need to review our existing foreign aid programmes, so that we can also assist the countries which are facing the threat of HIV/AIDS. I want to assure you that we will look into our programmes once again with this priority in mind.

In this regard, we are grateful to the Secretary-General for his recent report. We also thank the Commission on HIV/AIDS and Governance in Africa for its report "Securing our Future". Both reports constitute a road map which we should all follow, if the danger of HIV/AIDS is to be contained and then eradicated. At the same time, we must also respond to the hopes and expectations of all the patients by providing effective treatment.

I would like to thank everyone who took part in the organization of this important and timely meeting. The high level participation is indeed a tangible proof of our determination to cope with this immense challenge.

Thank you.

Argentina

Reunión de Alto Nivel para una revisión integral de los progresos alcanzados en el cumplimiento de la Declaración de Compromiso sobre VIH/SIDA y la Declaración Política sobre VIH/SIDA

Intervención del Dr. Juan Carlos **NADALICH**
Secretario de Promoción y Programas Sanitarios, Ministerio de Salud

Nueva York, 11 de Junio de 2008
-Sirvase verificar contra lectura-

High Level meeting on a comprehensive review of the progress achieve in realizing the Declaration of Commitment on HIV/SIDA and the Political Declaration on HIV/AID

Statement by Dr. Juan Carlos **NADALICH**
Secretary for Health Programs and Promotion, Ministry of Health

New York, June 11th, 2008
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Permanent Mission of the Argentine Republic to the United Nations
One United Nations Plaza 25th Floor
New York, NY 10017

Sr. Secretario General, Honorables Jefes de Estado, de Gobierno y Ministros, Distinguidos delegados:

Mi Delegación desea alinearse con la intervención hecha por el Sr. Ministro de Salud de México en nombre del Grupo de Río, y por el Sr. Ministro de Antigua y Barbuda en nombre del Grupo de los 77 y China.

Nos gustaría agradecer al Secretario General por la actualización realizada sobre los progresos a nivel nacional en la implementación de los compromisos asumidos en la Declaración de VIH/SIDA de 2001 y la Declaración Política de 2006. Respecto a los mismos, nos parece apropiado aunar aún más nuestros esfuerzos en torno a la concreción del acceso universal a la prevención, tratamiento y cuidado para el año 2010.

Nuestro país ha dado importantes pasos en relación con la respuesta a la epidemia del VIH y SIDA, y la principal lección aprendida ha sido que para tener éxito es necesario el trabajo conjunto de las instancias de gobierno, la sociedad civil y las agencias internacionales.

En el plano legal, en Argentina, el Derecho a la Salud es un derecho constitucional desde el año 1994, a partir de la incorporación de las Declaraciones, Convenciones y Pactos Internacionales sobre los Derechos Humanos a la Constitución Nacional, y debemos continuar trabajando para remover obstáculos jurídicos que atentan contra la atención de las personas.

Nuestro país viene sosteniendo que el Derecho a la salud tiene precedencia sobre los intereses comerciales y que los derechos de propiedad intelectual no impiden ni deberían impedir que se adopten medidas para la protección de la salud pública. En tal sentido viene planteado la implementación efectiva de las salvaguardias y flexibilidades incluidas en los ADPIC, así como de la Declaración de Doha.

Asimismo, nuestro país es uno de los primeros de la región en contar con una Ley de SIDA (1990), que apunta a controlar la epidemia e incluye taxativamente la responsabilidad del Estado en garantizar la atención integral y asegurar la confidencialidad para las personas que viven con VIH y SIDA.

En el ámbito de la gestión, Argentina viene realizando inversiones crecientes para lograr el objetivo de ***Asegurar Estrategias y Planes de Financiación Nacionales para trabajar con la epidemia del VIH y SIDA***.

En este sentido, se han incorporado al presupuesto nacional en salud importantes recursos para VIH, SIDA y ETS, que ascienden a 80 millones de dólares para el presente ejercicio (2008). A estos recursos, debemos sumarle alrededor de 15 millones de dólares que invierte la seguridad social y la medicina prepaga en la población de personas viviendo con VIH y SIDA y alrededor de 5 millones de dólares, provenientes del financiamiento externo del Proyecto del Fondo Global de lucha contra el sida, la tuberculosis y la malaria.

Los Objetivos del Desarrollo del Milenio, han sido una guía para las políticas nacionales y una oportunidad para construir una política nacional y formular planes orientados a la salud de la población, fijando objetivos de atención, prevención y promoción de la salud. Estamos dando grandes pasos para llegar con indicadores que evidencien que hemos podido detener y comenzado a revertir la epidemia, con la participación activa y visible de todas y todos los actores, y priorizando las poblaciones en situaciones de vulnerabilidad incrementada, así como a los niños, los jóvenes y las mujeres.

Desde el año 2005 a la fecha, la tasa de incidencia del SIDA por millón de habitantes pasó de 48 a 42, mientras que la prevalencia de VIH en mujeres embarazadas de 15 a 24 años pasó de 0,36 a 0,32 y la tasa de mortalidad ha pasado de 3,7 a 3,4.

Respecto del compromiso con la atención integral de las personas viviendo con VIH y SIDA, nuestro país garantiza los estudios para diagnóstico y para seguimiento (CD4; carga viral y test de resistencia) así como la medicación antirretroviral y para enfermedades oportunistas de manera universal. En este sentido, el acceso a la medicación se ha propiciado y sustentado a través de una política de genéricos de calidad y la participación activa en negociaciones conjuntas con los países de la región frente la industria, a fin de conseguir el abaratamiento en los costos.

En este marco, también se considera prioritaria la optimización de las estrategias para mejorar el acceso de las personas tanto a los estudios de diagnóstico como a los tratamientos, sin descuidar las estrategias de integración social y su derecho al desarrollo, que hacen a una mejor calidad de vida.

Hoy en día 38.242 personas reciben tratamiento de ARV, en forma gratuita, por parte del Estado argentino, de las cuales el 59% son hombres y el 41% mujeres, siendo alrededor del 10 % menores de 15 años.

La perspectiva y la identidad de género han sido tomadas en cuenta en las políticas nacionales de VIH y SIDA. Al respecto, tenemos un particular interés por las mujeres embarazadas VIH positivas (2.530 mujeres), que en un 87% reciben tratamiento para prevenir la transmisión madre-hijo. En este sentido, se incorpora a las parejas de las mismas en la prevención de la transmisión. Esta perspectiva también incorpora la necesidad de establecer vulnerabilidades diferenciales entre las personas de distintos sectores sociales, debido a que parte de la epidemia se está concentrando entre las personas de los sectores más pobres.

Por otro lado, reconocemos como poblaciones en situación de vulnerabilidad incrementada a las trabajadoras y trabajadores sexuales, al colectivo travesti y transexual, el colectivo homosexual y los hombres que tienen sexo con hombres, la población migrante, pueblos originarios, personas en situación de pobreza, niños y adolescentes, los usuarios de drogas y las personas en situación de encierro. El protagonismo de estos colectivos contribuye a evitar que la invisibilización o la discriminación atenten contra el derecho a la salud de las personas y dificulten la prevención de la epidemia.

Para finalizar, reafirmamos la centralidad del trabajo mancomunado, entre los distintos actores y a nivel regional, para mejorar la calidad de vida de las personas con VIH y SIDA, avanzando en cuestiones centrales como:
- la promoción y acceso al condón,
- la implementación del testeo con aconsejamiento,
- el trabajo para la reducción de la discriminación en el sistema de salud y en la sociedad en su conjunto,
- y todas las otras herramientas preventivas y de reducción de daños que contribuyen a la calidad de vida de la población.

En este sentido, nos gustaría concluir afirmando que en VIH y SIDA las respuestas fraccionadas no pueden dar resultado. Las políticas, para ser eficaces, deben ser inclusivas, multisectoriales y multidisciplinarias. Asimismo, consideramos estratégico convocar a que todas las instancias de gobierno trabajen en forma articulada entre ellas y con la Sociedad Civil. También apelamos a los Organismos Internacionales, para que no dejen de considerar a los países de la región como una prioridad en el trabajo con la epidemia de VIH y SIDA.

Muchas gracias.

Mr. Secretary-General, Honorable Heads of State and Government and Ministers, Distinguished Delegates,

My Delegation wishes to align itself with the statements made on behalf of the Rio Group and on behalf of the Group of 77 and China.

Let me start by thanking the Secretary-General for the updating on the progress at national levels in the implementation of the commitments made in the HIV/AIDS Declaration in 2001 and the Political Declaration in 2006. In that regard, we think we need to join efforts even more closely towards the achievement of universal access to prevention, treatment and care by 2010.

Argentina has made important progress with regard to the response to the HIV and AIDS pandemic, and the main lesson learnt has been that, in order to be successful, we need to work together with Government, civil society and international entities.

At the legislation level, in Argentina the Right to Health is a constitutional right since 1994, with the incorporation of Human Rights International Declarations, Conventions and Covenants to the National Constitution, and we must continue working to remove juridical barriers that undermine attention to the population.

Our country has maintained that the Right to Health has precedence over commercial interests and that intellectual property rights do not and cannot preclude the adoption of measures for the protection of public health. In that regard, we have advocated for the effective implementation of the safeguards and flexibility included en TRIPs as well as in the Doha Declaration.

Furthermore, Argentina is one of the first countries in the region to have passed an Act on AIDS, in 1990, which aims at controlling the pandemic and expressly includes the responsibility of the State in guaranteeing integral attention and in ensuring confidentiality for persons living with HIV and AIDS.

At the Administration level, Argentina has undertaken increasing investments in order to meet the goal of Ensuring National Financing Plans and Strategies to work on the HIV and AIDS pandemic.

In that regard, important resource allocations have been included in the health national budget for HIV, AIDS and STDs, reaching the 80 million dollars for this fiscal year (2008). We must add to these figures approximately 15 million dollars invested by Social Security and by health providers for the population of persons living with HIV and AIDS, and approximately 5 million dollars from external financing of the Project of the Global Fund to fight AIDS, Tuberculosis and Malaria.

The Millennium Development Goals have served as a guide for national policy-making and as an opportunity to build a national policy and develop plans on public health, setting goals for attention, prevention and promotion of health. We are making strides towards reaching indicators showing that we have been able to stop and we have started to change the tide of the pandemic, with the active and visible participation of all actors and prioritizing populations in situations of increased vulnerability, as well as children, youth and women.

From 2005 to this date, the prevalence rate for AIDS in every million inhabitants moved down from 48 to 42, while the HIV prevalence in pregnant women between 15-24 years of age was reduced from 0.36 to 0.32, and the mortality rate came down from 3.7 to 3.4.

Regarding the commitment to the integral attention of persons living with HIV and AIDS, Argentina guarantees the universal access to diagnostic studies and follow-up (CD4, viral

charge and resilience test), as well as ARV medication and medication for opportunistic diseases. Thus, access to medication has been fostered and sustained through a quality generic drug policy, and the active participation in joint bargaining together with other countries in the region vis a vis the pharmaceutical industry in order to bring down the costs.

In this framework, we also consider it a priority to optimize strategies to improve access by individuals both to diagnostic studies and to treatment, without neglecting the social integration strategies and the right to development, relevant to a better quality of life.

In Argentina today, 38.242 persons receive free ARV treatment, covered by the State. 59% of those persons are men and 41% women, and approximately 10% are under the age of 15.

Gender perspective and identity have been taken into account in national HIV and AIDS policy, with particular interest in HIV positive pregnant women (2.530 women), who receive treatment to prevent mother-to-child transmission. In this regard, their partners are also included in the prevention of the transmission. This perspective also incorporates the need to establish differentiated vulnerabilities between persons in different social sectors, since part of the epidemic is concentrated in persons in the poorer sectors.

On the other hand, we acknowledge as populations in situations of increased vulnerability: sex workers, the transvestite and transsexual collective, the homosexual collective, men who have sex with men, the migrant population, aboriginal peoples, persons in situation of poverty, children and adolescents, drug users and persons in confinement. The protagonist participation of these collectives contributes to prevent invisibilization or discrimination from threatening their right to health and to make the prevention of the epidemic more difficult.

In closing, we reaffirm the central role of a joint effort between the different actors and at the regional level in order to improve the quality of life for persons with HIV AND AIDS, by moving forward in key questions such as:

- the promotion and access to condoms,
- the implementation of testing with counseling,
- the work towards reducing discrimination in the health system as well as in society as a whole,
- and all other tools for prevention and risk-reduction, which contribute to the population's quality of life

In that regard, we would like to conclude reaffirming that in HIV AND AIDS, fractioned responses have proven ineffective. In order to be effective, policies must be inclusive, representing diverse sectors and disciplines. Also, we consider the strategic value of calling upon all the governmental levels to work in a coordinated manner and with the civil society. We also call upon the International Organizations to continue considering the countries in our region as a priority in combating the HIV and AIDS pandemic.

Thank you.

REPUBLIC OF POLAND
PERMANENT MISSION TO THE UNITED NATIONS

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High-level Meeting on the Comprehensive Review
of the Progress Achieved in Realizing
the Declaration of Commitment on HIV/AIDS
and the Political Declaration on HIV/AIDS
General Assembly, United Nations
Plenary Meeting

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STATEMENT

by

Mr. Adam FRONCZAK

Under Secretary of State
Ministry of Health of the Republic of Poland

New York, June 11th, 2008

Mr. President,
Mr. Secretary-General,
Distinguished delegates, Ladies and Gentlemen,

At the outset let me thank the Secretary-General for his excellent report on the progress the international community has made in the fight against the HIV/AIDS epidemic, but also on challenges which are still ahead.

Mr. President,

Poland fully associates itself with the statement of Slovenia on behalf of the European Union. Here I would like to share with you some thoughts from the national perspective.

The Declaration of Commitment on HIV/AIDS of 2001, as well as the Political Declaration adopted six years later, have become the foundation for the global progress achieved in the fight against the HIV/AIDS epidemic. Thanks to these documents the need to respect human rights in the context of the epidemic has been underlined, and gained greater importance. It is a crucial aspect, because if we want to be effective in our action, we must not forget about the fact that behind the HIV/AIDS statistics there are individual human tragedies, such as incurable disease, stigmatization, lack of understanding, social exclusion, bereavement, or death.

Therefore, in the fight against the epidemic, partnership, both on national and international level and involvement of different stakeholders, including people living with HIV and civil society, is so important.

Let me now speak about the progress that has been achieved in Poland during seven years of implementing the Declaration of Commitment on HIV/AIDS.
In Poland, a country of thirty-eight million inhabitants, 700 HIV infections are diagnosed each year. Since the beginning of the epidemic, that is to say since 1985, 11,500 infections have been reported, and according to estimations, at present there are about 30,000 people infected with HIV or suffering from AIDS. Therefore we can talk about a stable epidemiological situation, which is beyond doubt a result of having taken actions early enough at the governmental level, but also to a broad collaboration between the Government and numerous nongovernmental organizations.

Since the very beginning of the epidemic, the Minister of Health has provided financial support to nongovernmental organizations to implement prevention programmes, as well as programmes aimed at reducing the negative effects of the epidemic. Since 2001 the number of these NGOs has grown considerably. In 2007, the Government

supported approximately fifty civil society organizations working in the field of tackling the HIV/AIDS epidemic.

In the fight against HIV/AIDS, Poland fully supports and implements the Three Ones principle. Within the Polish Government, the Minister of Health, represented by the National AIDS Centre, is responsible for combating the HIV/AIDS epidemic. In day to day work he is represented by the National AIDS Centre. Since 1994, successive versions of a national strategy on combating the epidemic have been implemented. At present, we have been implementing the National Programme of Combating AIDS and Preventing HIV Infections for the years 2007-2011. The programme encompasses a comprehensive strategy of fighting against the HIV/AIDS epidemic, and reflects a strong determination of the Polish Government to implement the relevant commitment included in the Millennium Declaration (MDG VI).

Ladies and Gentlemen,

Let me now turn to some specific questions. No progress in fighting the epidemic can be achieved without a universal access to diagnostics, antiretroviral treatment and comprehensive care for patients living with HIV and AIDS.

Today I am pleased to remind you that Poland was the first country in Eastern and Central Europe to offer a free-of-charge access to antiretroviral medicines and tests to monitor therapy, including genotyping, to patients who meet medical criteria.

Since 2001, the number of patients on ARV therapy has increased by more than two and a half times. At present, everyone who meets medical criteria, including marginalized populations, people in penitentiary centres and asylum seekers, overall 3,500 patients, receives such a treatment. The Minister of Health has systematically increased the funds for the Programme of ARV therapy. In 2007, total funds amounted to about 45 mln US dollars.

In Poland, like in other countries, we struggle with the problem of limited financial resources, nevertheless, the system of purchasing ARV drugs and drugs management monitoring, which was established in 2001 and has been developed by the National AIDS Centre ever since, has allowed us to optimize the prices and made the best use of the funds at our disposal.

In recent years, we achieved an important progress in terms of mother-to-child transmission prophylaxis. Thanks to the introduction of special information programmes and campaigns addressing pregnant women, we have managed to reduce the vertical infections rate from 25% to less than 1%! All pregnant women who are

diagnosed HIV-positive are included in the mother-to-child transmission prophylaxis programme. Our country successfully implements reproductive health programmes, which facilitate serodiscordant couples to have healthy children. Specialists and PLWHA from Eastern Europe have repeatedly benefited from the Polish experience in this field.

In Poland a lot of attention is paid to respecting human rights and human dignity in the context of the HIV/AIDS epidemic. International guidelines on HIV/AIDS and human rights have been translated into Polish in order to ensure their more effective promotion and accessibility. Recommendations contained in these guidelines are being systematically implemented.

A holistic approach to issues related to the epidemic, an early introduction of methadone substitution therapy programmes (as early as in 1997) and the development of the scope of intravenous drug use harm reduction programmes, are only part of the anti-discrimination policy towards HIV-positive people.

Other activities related to the promotion of human rights are also systematically implemented and developed. They include broad social consultations at all levels, activities aiming at providing people affected by the HIV/AIDS with the possibility to benefit from counseling on legal issues, and at promoting a policy of equal opportunities of women and men.

Ladies and Gentlemen,

As I have already mentioned, Poland is a country of a strong partnership between the Government and the civil society. This collaboration is most visible in the realization of prevention programmes, including a systematic development of the network of Voluntary Counselling and Testing sites, where one can take a free-of-charge and anonymous HIV test and receive pre- and post-test counselling. In 2001, there were 11 VCT centres, while in 2008 there are already 26 sites in all major cities nationwide. Thanks to media education campaigns, between the years 2001 and 2007 the number of people who took a free-of-charge, anonymous and voluntary HIV test grew more than six times.

There has been an increase in the number and range of trainings for various professional groups (including teachers, medical staff and uniformed services), organized in collaboration with nongovernmental organizations, also using innovative communication methods such as e-learning.

Each year, in co-operation with numerous partners, including those from the private sector, the National AIDS Centre conducts multimedia information and education campaigns. The target groups are chosen according to the epidemiological situation. When the campaign is concluded, its effectiveness is carefully analyzed.

In Poland, we are pleased to support a growing commitment of the private sector to the fight against HIV/AIDS. Poland also actively cooperates with international organizations dealing with the issue of HIV/AIDS. In recent months we have intensified our collaboration with the HIV/AIDS Programme of the International Labour Organization. In order to promote the best practices in terms of HIV/AIDS in the workplace, "Code of Practice on HIV/AIDS and the world of work" has been translated into Polish. Its principles are increasingly used by large private companies, which more and more often decide to introduce HIV/AIDS educational programmes for their employees and customers.

I wish to underline that Poland has been systematically increasing financial resources destined to support countries particularly affected by the HIV/AIDS epidemic. Through almost twenty five years of the fight against the epidemic we have elaborated many good practices, which we willingly share with other countries.

Mr. President,

Despite the unquestionable progress that has been achieved in our country in the fight against HIV/AIDS, we are well aware that there is still a lot to be done in the process of implementation of the resolution of the Declaration of Commitment in Poland, as well as in other countries.

The issues we should take close care of in the nearest future are the HIV/HCV co-infection treatment, the intensification of educational activities for the young people as well as the scientific research.

Let me conclude by reiterating on behalf of the Polish Government our strong commitment to the fight against the HIV/AIDS epidemic, as well as the problems of people affected by the epidemic and living with the virus.

We will also continue our efforts to develop the international co-operation in this regard. Poland strongly believes that only by joining the forces of all interested actors we will be able to fulfill the commitments adopted in 2001, and save millions of human beings from the destruction caused by the epidemic itself and by its consequences.

Thank you for your attention.

PERMANENT MISSION OF
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TO THE UNITED NATIONS

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Statement by

H.E. Mr. Ed Kronenburg,

Permanent Secretary

of the Ministry of Foreign Affairs

of

the Kingdom of the Netherlands

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

62nd General Assembly

New York, 11 June 2008

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Human rights, pragmatism and political courage: a powerful combination

Mr President, distinguished delegates,

Our goal is to curb the spread of HIV and to mitigate the impact of the AIDS pandemic. But to do so effectively, we need to take into account the following three aspects:

- political courage
- an effective, pragmatic, and inclusive approach, and
- respect for human rights

This powerful combination is a recipe for success. I will start with human rights.

Human rights are at the core of Dutch foreign policy. Human rights as laid down in the Universal Declaration apply to all people, in all places, at all times. They shape our collective standards of human dignity. This implies that tradition, culture or religion can never serve as an excuse for not respecting people's rights, such as the sexual and reproductive rights of men and women. Sexual minorities like the lesbian, gay, bisexual and transgender (LGBT) communities have the right to be guaranteed a life free of discrimination.

Respect for human rights is also at the core of our actions on development cooperation. People and communities are not just recipients, they are also active participants. Human rights form the basis of our response to the AIDS epidemic. AIDS activists have successfully claimed access to treatment as a human right, not as an act of charity. This strong and focused advocacy has helped transform our thinking on HIV/AIDS specifically. AIDS programmes need to respond to the specific needs of people, and should not be based on judgments about gender, sexual orientation or behaviour.

As well as making human rights a starting point, we need to follow an effective, pragmatic and inclusive approach!

- We know that treatment can prevent mother-to-child transmission.
- We know that women with access to education, health and income are less vulnerable to HIV infection. It goes without saying that women should have access to means of protecting themselves, like the female condom.
- We know that evidence-based comprehensive sex education at school in combination with access to commodities will avert risky behaviour.
- We know that HIV testing is the starting point for treatment, changing behaviour and curbing the pandemic, and we know that an integrated approach to HIV and TB is essential.
- We know that poverty reduction contributes to reduction of inequities in all its features: income, education, employment, health status and vulnerability.
- We know that meaningful participation of young people increases the effectivity of HIV interventions.
- We know that sex workers who are empowered and have access to condoms and health services do protect themselves from HIV infection.

- We know that greater involvement of and investment in the most affected groups, like people living with HIV, migrants, and prisoners, is crucial for an effective response.
- And we know that comprehensive harm reduction programmes are effective in preventing HIV transmission among injecting drug users. This implies needle exchange and substitution treatment. In this context, consistency in policies on drugs and HIV is essential not only at the country level but also throughout the UN system.

In addition to investing in proven interventions, we also have to invest in new and better prevention options, such as vaccines and microbicides.

But respect for human rights and pragmatism – building on what works – are not enough to stop the speading of HIV!

Ladies and gentlemen,

It is great that we are all here to join forces in the fight against HIV/AIDS, focussing on our collective target of achieving Universal Access in 2010.

But political courage remains the starting point for all our actions. It takes political courage to stand up for the rights of people living with HIV, AIDS orphans, and those most vulnerable to HIV infection. It also requires courage to talk openly about sexuality, sexual relations, drug use, and the need for gender equality. It takes political will to translate our words into action.

Respect for human rights, pragmatism and – above all - political courage: a powerful mix.

Let's act now and do what we said we would do.

Thank you.

PEOPLE'S REPUBLIC OF CHINA
MISSION TO THE UNITED NATIONS

350 EAST 35TH STREET, NEW YORK, NY 10016

PRESS RELEASE

Statement by H.E. Mr. LIU Qian, Vice Minister of Health of China, at the UNGA High Level Meeting on HIV/AIDS

Mr. President, Ladies and Gentlemen,

In June 2001, the United Nations held the 26th special session and adopted the Declaration of Commitment on HIV/AIDS. Since then, global fight against HIV/AIDS has undergone profound changes. In 2006, Political Declaration on HIV/AIDS was endorsed. We note with pleasure that these two declarations have played important roles in raising global awareness of HIV/AIDS, and in coordinating efforts to scale up HIV/AIDS prevention and control. Meanwhile, we highly commend the UN's unswerving efforts to promote global concerted action against HIV/AIDS.

The Chinese government attaches great importance to people's health and earnestly fulfills its commitment to the international community. The Chinese government places HIV/AIDS prevention and treatment high on its agenda, as a strategic issue vital to the survival of nation, social stability, economic growth and state security. Chinese President HU Jintao visited AIDS patients, medical workers and volunteers twice in hospitals and communities. Chinese Premier WEN Jiabao paid several visits to AIDS patients, people living with HIV, AIDS orphans and children infected with HIV in worst AIDS-hit villages. He talked with them, had lunch with them and took the lead to donate for AIDS orphans.

In recent years, the Chinese government has done tremendous work to combat HIV/AIDS. It established the State Council AIDS Working Committee Office (SCAWC), promulgated "Regulation on the Prevention and Treatment of HIV/AIDS", which it has been carrying out for years, and formulated "China's Action Plan for Reducing and Preventing the Spread of HIV/AIDS (2006-2010)", in which the policy of "Four Free and One Care" has been put forward. The policy consists of following aspects: 1) to provide AIDS patients with free antiretroviral treatment and either free or low-cost treatment against opportunistic infections; 2) to provide voluntary counseling and testing for free; 3) to provide AIDS-infected pregnant women with free treatment and counseling about prevention of mother-to-child transmission; 4) to provide AIDS orphans with free education; 5) to provide assistance to people living with HIV, AIDS patients and their families who are living in difficulties. In addition, we increased funding to HIV/AIDS prevention and treatment to about 100 million USD per year. Besides, a working mechanism on HIV/AIDS prevention and treatment has taken shape featured by government's leadership, management by relevant departments and social participation. Hereby, I would like to briefly present to you China's efforts in HIV/AIDS prevention and treatment.

First, we have broadened coverage of antiretroviral (ARV) treatment and prevention of mother-to-child transmission. By April 2008, we had provided ARV treatment to over 45,000 adult AIDS patients and over 900 child patients nationwide, substantially reducing fatality rate and prolonging patients' lives. Thanks to scale-up of prevention of mother-to-child transmission, the infection rate through mother-to-child transmission has dropped by nearly 60%.

Second, we tap the potential of traditional Chinese medicine to treat HIV/AIDS. By March 2008, we had treated some 8,000 AIDS patients through

Chinese medicine, preventing their conditions from exacerbating rapidly. As a result, more and more patients take antiretroviral therapy on a voluntary basis.

Third, we deliver sound social assistance to those affected by AIDS based on families and communities. To assist orphans, aids orphans in particular, Chinese government in 2006 formulated preferential policies covering their lives, education, medical care and other six aspects. China allocated 50 million RMB yuan in building assistance and accommodation centers for AIDS orphans, as it is searching for a mode to support AIDS orphans. All China Women's Federation and other concerned agencies have been raising fund for AIDS orphans and launching home-stay program for them to grow up healthily.

Fourth, we promote scientific studies on HIV/AIDS prevention and Treatment. The Chinese government has been earnestly supporting HIV/AIDS research. Through molecular epidemiology survey, we have grasped the epidemiological patterns of HIV infection in China. Meanwhile, we are vigorously engaged in R&D of antiretroviral drugs, research on drug-resistance, and experiments on the mode to treat and manage AIDS/TB combined infection. More and more applied research have laid theoretical basis for AIDS prevention and treatment.

Fifth, we scale up international cooperation, giving full play to the role of NGOs. The Chinese government sets store by international cooperation and exchanges against HIV/AIDS. We have launched productive bilateral cooperation with many countries, such as the UK, the US, and Australia. Besides, we have kept close partnerships with such international organizations as UNAIDS and Global Fund. In addition, numerous international NGOs, such as International AIDS Vaccine Initiative (IAVI), Bill & Melinda Gates

Foundation, and Clinton Foundation have been actively involved in China's HIV/AIDS prevention and treatment. These NGOs are playing greater roles.

HIV/AIDS is the enemy of the entire human race, and to defeat it is our shared goal. In the future, China will continue with the policy of "Four Frees and One Care", and reach out to more people in publicity and educational campaign and in interventions. The hope would be: by 2010, we will reach the goal of over 85% HIV/AIDS awareness in urban areas and 75% in rural areas; the coverage of intervention into high risk group including injected drug users(IDU) will reach 90%; and 70,000 people will get antiretroviral therapy. Moreover, China will press ahead with scientific studies. In the years to come, hundreds of millions of dollars will be allocated to such key studies as R&D of vaccines and antiretroviral drugs, as well as molecular epidemiological studies. We stand ready to work with international community to search for best practices in HIV/AIDS prevention and treatment, fulfill the Declaration of Commitment on HIV/AIDS, and to make contribution to containing HIV/AIDS epidemic worldwide.

Thank you!

PERMANENT MISSION OF
CHILE
TO THE UNITED NATIONS

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STATEMENT BY

DR. JEANETTE VEGA MORALES

VICEMINISTER OF HEALTH OF CHILE

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

62nd session of the

United Nations General Assembly

New York, 10 – 11 June 2008

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Mr. President, Mr. Secretary General, Distinguished Heads of State and Government, Excellencies, Ladies and Gentlemen,

On behalf of the delegation of Chile, composed of representatives of government, people living with HIV and social and nongovernmental organizations, I commend the effort made by the Member States of this Organization once again to place at the centre of the global debate a topic of the importance of HIV/AIDS as a commitment of mankind.

Since the Secretary-General of the United Nations appealed in this Assembly for Member States to assume the commitments for which we are now reviewing the progress made, our country has been involved, welcoming the appeal and working to meet these challenges.

Eight years have now elapsed and we of course note that extremely important progress has been made, particularly in the area of care and access to antiretroviral treatment. But we also note that major challenges and gaps still exist, basically as regards access to preventive services. The epidemic thus continues to spread, showing that the efforts made have not been sufficient to contain it.

In this public health issue, many of the inequities and inequalities existing in today's world exacerbate the vulnerabilities of people, significantly affecting the poorest, young people, women, men who have sex with men, refugees, migrants and persons deprived of liberty, among others. Hence the need to focus more closely on social factors in dealing with HIV/AIDS prevention, tackling the socio-structural causes and inequities to find more lasting solutions. Individual, social, cultural and regional realities must be taken into consideration in order to provide more effective response to the epidemic and diversity must be recognized as a cultural asset. This creates a demand for information reflecting the various realities and a need for ongoing evaluation of actions. We need strategic alliances in order to advance towards the solution of the problems affecting our societies and, consequently, health policies adapted to the epidemiological, social and cultural realities of the various countries.

Much more decisive involvement of relevant players is required for the achievement of the goals. This must become a more cross-cutting issue in society, with greater shared responsibility involving more social players, different government sectors, the private sector and grassroots organizations.

For our government, unrestricted respect for the human rights of people living with HIV/AIDS and of the most vulnerable is not only a duty of the State but a requirement if we are to make progress controlling the epidemic and meeting the ethical responsibility of an increasingly democratic society. Legal and political conditions must be created to protect and promote the human rights of the population and particularly of the people most vulnerable to HIV infection.

Chile welcomes the creation of joint and several forums and initiatives to unite efforts and resources, as a substantive step forward in the struggle to close the huge economic gap in responses to HIV between the industrialized world and the countries with less resources.

We attach great importance to the appeal made in this forum for the creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria. Together with national efforts, this has allowed progress towards a clearer response to the HIV/AIDS epidemic, demonstrating the necessary additionality. However, the initiative raises the problem of sustainability and this should encourage us to increase our political commitments and resources.

My country is participating in a series of collaborative initiatives to make prevention strategies, drugs and programmes to combat stigma and discrimination more accessible, thus benefiting the populations that are least protected.

Mention should also be made of the commitment of the Rio Group, the Latin American and Caribbean Technical Horizontal Cooperation Group on HIV/AIDS and the lead agencies in this area WHO, PAHO and UNAIDS). In order to achieve universal access to prevention, treatment and care, they are voicing the desire and the vital need for more decisive interventions and actions to tackle this problem.

Lastly, I should like to add that Chile reaffirms its commitment to continue working to stem the AIDS epidemic in our country, to cooperate at the international and regional levels and thus to contribute to the attainment of the Millennium Goals and of the targets set in this important Assembly.

Thank you.

CZECH REPUBLIC
MISSION TO THE UNITED NATIONS

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(Check against delivery)

Statement delivered by Dr. Michael Vít, Ph.D., Deputy Minister of Health of the Czech Republic

The United Nations General Assembly

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

New York, 11 June 2008

Mr. President, Excellencies, Ladies and Gentlemen,

I consider it an honour, as the Deputy Minister of Health of the Czech Republic, to represent the Czech Republic and the National AIDS programme at this forum. By way of introduction, I would like to express my gratitude to the former UN Secretary-General Kofi Annan for his initiative to monitor progress in the implementation of the UN Declaration of Commitment at two-year intervals, and to the present Secretary-General Mr. Ki-moon for carrying on that tradition and for continuing to regard the issue of HIV/AIDS as one of the priorities for the international community under the United Nations.

The Czech Republic has remained a country with a very low incidence of HIV/AIDS in the European and global contexts. By the end of 2007, the cumulative incidence of HIV/AIDS was 101.6 cases for every one million people, while in the capital city of Prague; the incidence was more than four times that level. At the end of 2007, the number of registered cases of HIV/AIDS was more than one thousand (specifically 1,042 cases). Although, over the years, there has been a kind of "feminization" of the epidemic, which is increasingly transferred by heterosexual sex (54.1%), our epidemic is still dominated by the transfer of the HIV virus between men who have sex with other men. As of 31 December 2007, men accounted for 78.9% of the total number of registered cases of HIV/AIDS in the Czech Republic.

At present, the Czech Republic is implementing the 4th Medium-Term Plan for HIV/AIDS for 2008-2012. At the beginning of 2008, the Czech Government approved an interdepartmental programme to tackle HIV/AIDS in the Czech Republic, which delegates more work to other ministries than to the Czech Ministry of Health. This reflects the fact that HIV/AIDS is increasingly a problem for society as a whole, and not exclusively a health problem. To monitor the implementation of the Medium-Term Plan the internationally approved UNAIDS indicators are used, facilitating a global comparison of the achievement of the objectives of the 2001 Declaration of Commitment and the 2006 UN Political Declaration.

I would like to mention two significant changes in the health sector that distinguish the present Medium-Term Plan for HIV/AIDS in the Czech Republic from previous plans:

Firstly, in HIV/AIDS therapy we are now moving towards a system in which all antiretroviral medicines are paid for by the public health insurance system. The funds that were drawn for those medicines in the past under the National AIDS Programme can now – with comparable budgets – be used for intervention programmes in HIV/AIDS prevention. We realise that the Political Declaration charges us with ensuring the availability of antiretroviral therapy to people with no health insurance, and those expenses will continue to be covered by a special budget at the Czech Ministry of Health. A problem that also applies in our country is that the higher the number of people undergoing treatment, the broader the spectrum of medicines used – on a small market like the Czech Republic, their prices are high – and the longer the period for their application, which is related to the longer survival periods for people undergoing treatment.

PERMANENT MISSION OF THE REPUBLIC OF UZBEKISTAN
TO THE UNITED NATIONS

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ADDRESS

by H.E. Mr. Bahtiyor NIYAZMATOV

Deputy Minister of Health, Chief State Sanitary Doctor of the Republic of Uzbekistan

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

11 June 2008
New York

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Dear Mr. President,
Ladies and Gentlemen,

At the outset, please allow me to sincerely greet participants of this high level Forum!

It is honor for me to address you today from this high podium of the United Nations on behalf of the Republic of Uzbekistan.

I believe that our discussion should make an important contribution both to understanding and to finding solutions to one of the most serious problems, which all international community is facing with.

Today, spread of HIV has become a global problem, and our common success in defeating AIDS depends on contribution of every country. Since the first HIV diagnosis in 1981, this infection has become the foremost global problem, affecting social, economic and demographic spheres of international development.

Taking this opportunity to discuss the problem of HIV/AIDS in open and constructive manner, I would like to highlight several most important efforts taken by the Republic of Uzbekistan in this area.

Protection of population's health is one of our country's priorities and has always been in the center of attention of our country's leadership. Declaration by H.E. Mr. Islam Karimov, President of the Republic of Uzbekistan, of the year of 2005 as «The year of Health», the year 2006 – as «The Year of Charity and Medical Workers», the year of 2007 – as «The Year of Social Protection», and the year of 2008 – as «The Year of Youth» has primarily been aimed at mobilization of all knowledge and forces in the sphere of health protection to prevent infectious and non-infectious diseases.

It should be noted that the Republic of Uzbekistan faced with the AIDS problem rather later than other countries, and it is currently comparatively safe country in terms of the HIV spread.

Uzbekistan is the most populated country in Central Asia, and it has specific demographic structure, where youth between 15 and 24 of age make up more than 60% of the population.

Taking into account this factor, the government attaches great attention to protection of population's health and to improvement of life standards, which are the main priorities of our state's policy and reflected in the guiding documents of the Republic.

I would like to bring your attention to the fact that the national policy on the problem of HIV/AIDS in Uzbekistan is developed at the highest governmental level and provides for significant results.

In response to the epidemic, the Government, with participation of international organizations and nongovernmental institutions, is conducting purposeful activities to slow down the spread of HIV/AIDS.

Since 2003, there has been successfully functioning the Country Coordination Committee on coordination of strategic programs on countering the spread of HIV/AIDS, Malaria and Tuberculosis created under the Cabinet of Ministers and headed by Deputy Prime Minister of the Republic of Uzbekistan.

The Coordination Committee consists of 25 members representing governmental, public, nongovernmental, religious and international organizations. In particular, the organizations representing or supporting PLWH contribute greatly to the activities of the Coordination Committee. The main Coordination Committee's concept is aimed at creation of tolerant attitude towards HIV-infected people, fight against stigma and discrimination, implementation of the National Program based on the UN principles. A unified monitoring and evaluation system to oversee the implementation of strategies in order to stabilize the HIV epidemic has been established. .

Since 2003, the «National Strategic program on response to HIV/AIDS for 2007-2011» has been implemented in the Republic in the framework of the Coordination Committee.

The principles of the Strategic Program are based on Uzbekistan's international commitments stated in the Millennium Development Goals, 2001 Declaration of Commitment on HIV/AIDS and 2006 Political Declaration on HIV/AIDS.

The Strategic Program for 2007-2011 foresees:

• Effective prevention programs aimed at meeting the needs of vulnerable groups;

• Ensuring access to qualitative medical care;

• Support and care of PLWHA, including the provision of antiretroviral therapy;

• Creation of favorable environment to enable work with vulnerable groups, and protection of the rights of PLWHA.

Since 2001, funding for fight against AIDS has increased by three times. Access to key prevention and care services has considerably expanded. The Global Fund to fight AIDS, tuberculosis and malaria, as well as our UN partner organizations – UNAIDS, UNICEF, UNDP, WHO, World Bank implement their projects in the country.

So called Fund «Mahalla», which belongs to local self governance, contributes considerably to the HIV/AIDS prevention. This Fund is an instrument for promotion of healthy life as a measure to prevent AIDS.

Effective implementation of HIV/AIDS program also depends on close cooperation with civil society and other non-governmental organizations.

Along with most UN members, in 2001 the Republic of Uzbekistan joined the International Declaration of Commitment on HIV/AIDS, according to which it is associated with common international policy, strategies and approaches to curbing the epidemic.

The Republic of Uzbekistan is also guided by the UN «Three Ones» principles concept, which includes one unified coordination system, one unified program and one unified national monitoring and evaluation system.

At the same time, I would like to note that experience learned during the implementation of the national program within the «Three Ones» does not fully involve a number of other important directions. It should be specially noted that funding of some activities does not always meet the main HIV/AIDS priorities of the country.

Under this context, I would like to note that in his report «Midway to the Millennium Development Goals» from April 2008, H.E. Mr. Ban Ki-moon, UN Secretary General, rightly said that in many regions the progress in response to HIV has been caused by the efficient use of considerable funds invested for these purposes. But he believes that «this process is not very well balanced and often the epidemic spreads quicker than scope of respective services». This brings to «primary need for more stable adherence to HIV prevention».

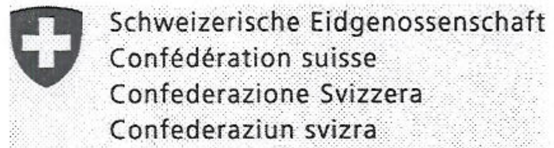
Taking into account the Secretary General's view on necessity to strengthen effective management of financial flow from various sources in order to purposefully promote activities aimed at HIV prevention, we propose to add to the existing three UN principles the fourth principle – *One unified financial mechanism*.

This forum once again confirms that national strategies to fight against HIV/AIDS are on the right track as they prevent further spread of the epidemic, improve quality of life and life expectancy of PLWHA in Uzbekistan. Approval of our strategy is the appreciation of our activities on the international level.

I would once again like to note that Uzbekistan has created favorable conditions for implementation of the planned activities to fight against HIV, and I believe that we will succeed not only in stabilizing but in reducing the spread of HIV/AIDS.

Finally, I would like to wish all participants and organizers of this forum fruitful work and further success in achieving the planned endeavors.

Thank you for your attention.



Mission permanente de la Suisse auprès des Nations Unies à New York

Permanent Mission of Switzerland to the United Nations in New York

Seul le texte prononcé fait foi

62e session de l'Assemblée générale des Nations Unies

Réunion de haut niveau consacrée à un examen d'ensemble des progrès accomplis dans la mise en oeuvre de la Déclaration d'engagement sur le VIH/sida et de la Déclaration politique sur le VIH/sida

Déclaration prononcée par
S.E. M. Thomas Zeltner

Secrétaire d'Etat, Directeur

Office Fédéral de la Santé Publique

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62nd session of the General Assembly of the United Nations

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

Statement by
H.E. Mr. Thomas Zeltner

State Secretary, Director

Federal Office of Public Health

New York, le 10 juin 2008

Monsieur le Président,

La Suisse remercie le Secrétaire général de son rapport qui constitue une aide précieuse pour nos travaux. Si nous ne pouvons que nous réjouir des développements positifs intervenus depuis 2001, en particulier en matière d'accès au traitement, nous ne devons toutefois pas baisser la garde. Des défis majeurs persistent, notamment en matière de prévention. Il nous incombe dès lors de rester vigilants afin que soient entreprises des actions multisectorielles, systémiques et coordonnées, qui reposent sur des connaissances éprouvées et garantissent un accès universel aux services de prévention, de traitement, de soins et d'accompagnement.

Il ne fait aucun doute que la stigmatisation et les discriminations continuent d'aggraver la situation des femmes, des enfants, des hommes ayant des rapports sexuels avec des hommes, des travailleurs et travailleuses du sexe, des consommateurs de drogues, des personnes vivant avec le VIH et de leurs familles. Les personnes séropositives, par exemple, se trouvent encore trop souvent face à des barrières lorsqu'elles cherchent un emploi ou souhaitent voyager. Ces barrières n'ont à nos yeux aucune justification.

Monsieur le Président,

La Suisse attache une grande importance à ce que la promotion et la protection des droits humains, y compris ceux liés à la santé sexuelle et reproductive, et l'égalité des sexes soient au cœur de toute action de lutte contre le VIH/sida.

Si nous voulons prévenir de nouvelles infections, nous devons redoubler nos efforts afin que toute personne dispose d'un accès équitable et sans restriction à l'éducation, à l'information, au pouvoir de décision, aux services d'accompagnement, aux services de conseils et de dépistages volontaires, aux services et moyens de santé sexuelle et reproductive, en particulier le préservatif, et au traitement. Il est aussi nécessaire d'améliorer la prévention, les offres thérapeutiques et la distribution de seringues aux utilisateurs de drogues par injection. Nous sommes convaincus, que pour être efficaces, ces efforts doivent aller de pair avec le renforcement des

systèmes de santé et des capacités nationales et communautaires pour répondre à la pandémie du VIH/sida. Les facteurs économiques, sociaux, culturels et juridiques qui nient aux femmes et aux filles leurs droits fondamentaux doivent être éliminés. A cet effet, nous aimerions souligner que les hommes et les garçons ont un rôle crucial à jouer pour atteindre l'égalité entre hommes et femmes. Notons aussi l'importance du respect et de la protection des droits des millions d'enfants affectés et infectés par le VIH/sida et de l'accès des jeunes à l'éducation sexuelle et à des services de santé sexuelle et reproductive adaptés à leurs besoins spécifiques.

Monsieur le Président,

En Suisse, nous constatons une légère diminution de la prévalence du VIH/sida qui cache cependant une augmentation constante de nouvelles infections au sein de certains groupes à risque, en particulier les hommes ayant des rapports sexuels avec les hommes.

Ce phénomène peut être également constaté dans d'autres pays européens et peut s'expliquer par une lassitude face à l'utilisation du préservatif et par le fait que l'on ne perçoive plus le VIH comme une infection dangereuse, voire mortelle. Pour tenter de relever ce défi, nous avons adapté et ciblé nos campagnes pour ce groupe spécifique. Ce défi est exacerbé par la grande mobilité de ce groupe. Il nous paraît dès lors impératif d'explorer la possibilité de mener des campagnes de prévention conjointement avec d'autres pays européens.

Dans le domaine de la réduction des risques encourus par les consommateurs de drogues par voie intraveineuse, le succès de nos stratégies s'est confirmé. Grâce à la poursuite de l'approche combinant les programmes de prévention, la distribution de seringues, l'offre de traitement et les programmes inclusifs de substitution à base de méthadone, la transmission du VIH/sida par le sang a sensiblement diminué au sein de cette population.

La Suisse a aussi renforcé ses efforts, y compris dans le cadre de son travail avec les populations migrantes d'origine sub-saharienne, dans le domaine des services de conseil et de dépistage volontaires. Les tests de dépistage offrent en effet une

excellente opportunité pour transmettre des conseils de prévention individualisés et plus efficaces.

Monsieur le Président,

Sur le plan international, la Suisse s'efforce de prendre davantage en considération la problématique du VIH/sida dans ses activités de coopération au développement et d'aide humanitaire. Dans ce contexte, elle veille à ce que les aspects liés à la prévention reçoivent une attention accrue et à ce que toute action repose sur des connaissances éprouvées.

Parmi ses efforts, notamment en Afrique sub-saharienne, la Suisse oeuvre à ce que les enfants et les communautés affectés par le VIH/sida bénéficient d'un appui psychosocial de qualité et à ce que davantage de poids soit donné à la prévention, aussi bien dans des pays à faible prévalence, que dans certains pays où règne une réelle menace: le VIH/SIDA combiné à une insécurité alimentaire et un déficit de gouvernance.

Monsieur le Président,

Nous tenons ici à rendre un hommage particulier au rôle catalyseur de l'ONUSIDA, ainsi qu'aux efforts déployés par ses 10 Coparrains et par de nombreux autres acteurs pour riposter de manière efficace à la pandémie. La Suisse saisit cette occasion pour rappeler qu'il est impératif que les différents rôles et responsabilités soient dûment partagés, notamment en ce qui concerne le soutien de l'ONUSIDA aux processus découlant des financements importants du Fonds mondial, et que toutes les actions soient coordonnées afin d'apporter des solutions durables aux défis qu'il reste à relever.

Pour conclure, la Suisse souhaite renouveler son plein soutien à la mise en œuvre de la Déclaration d'engagement de 2001 et de la déclaration politique sur le VIH/sida de 2006.

Je vous remercie.

Mr President,

Switzerland thanks the Secretary-General for his report, which is of great value for our work. Although we are pleased with the positive developments since 2001, particularly with regard to access to treatment, there are no grounds for complacency. Major challenges remain, particularly in the field of prevention. We must remain vigilant to ensure that multi-sectoral, systemic and co-ordinated measures are taken, which are evidence-based and guarantee universal access to prevention, treatment, care and support.

There is no doubt that stigmatisation and discrimination continue to exacerbate the situation of women and children, of men who have sex with men, of sex workers, drug users and persons suffering from HIV/Aids and their families. All too frequently, persons who are HIV-positive still face obstacles when seeking employment or wishing to travel. In our view, there is no justification for these obstacles.

Mr President,

Switzerland strongly advocates that the promotion and protection of human rights, including rights connected with sexual and reproductive health, as well as gender equality, should be at the heart of all efforts to fight HIV/Aids.

If we want to prevent new infections, we must scale up our efforts to ensure that all persons have unrestricted access to education, information, decision-making power, support services, voluntary counselling and testing, services and means of protecting their sexual and reproductive health, in particular condoms, and treatment. It is also necessary to improve the prevention, therapy and the distribution of syringes to injecting drug users. We are convinced that in order to be effective, these efforts must go hand in hand with the strengthening of health systems and of national and community capacities to respond to the HIV/Aids pandemic. Economic, social, cultural and legal factors which deny fundamental rights to girls and women must be eliminated. In this regard, we would like to emphasise that men and boys have a crucial role to play in achieving gender equality. Let us also stress the importance of

the respect and protection of the rights of millions of children affected and infected by HIV/Aids. The access of young people to sexual education and to sexual and reproductive health services suited to their specific needs is also crucial.

Mr President,

In Switzerland there has been a slight decrease of the prevalence of HIV/Aids but this masks an ongoing increase in new infections in certain risk groups, particularly among men who have sex with men.

This phenomenon is also found in other European countries and can be attributed to a certain reluctance to keep using condoms and to the fact that HIV is no longer seen as a dangerous or even lethal infection. To meet this challenge, we have adapted our campaigns that target this specific group. This challenge is even bigger because of the great mobility of this group. We therefore believe that it is imperative to carry out prevention campaigns jointly with other European countries.

With regard to the reduction of risk for intravenous drug users (*harm reduction*), the success of our strategy has been confirmed. Thanks to an approach which combines prevention programs, the distribution of syringes, treatment offers, inclusive methadone substitution programs, the transmission of HIV/Aids by blood has been considerably reduced in this population group.

Switzerland has also increased its efforts in the area of voluntary counselling and testing, including in the framework of its work with migrant populations of sub-Saharan origin. Screening tests provide indeed an excellent opportunity to give personalised and more effective prevention advice.

Mr President,

At the international level, Switzerland is increasingly integrating the HIV/Aids problematic in its development cooperation and humanitarian aid activities. In this regard, we try to ensure that prevention aspects are given increased attention and that all measures are evidence-based.

Among its efforts, Switzerland is working to ensure that children and communities affected by HIV/Aids, especially in sub-Saharan Africa, benefit from quality psycho-social support and that more weight is given to prevention, both in countries of low prevalence as well as in certain countries where there is a triple threat: HIV/Aids combined with food insecurity and weak governance.

Mr President,

We would like to pay tribute to the catalytic role played by UNAIDS and to the efforts of its 10 co-sponsors and of many other actors to respond effectively to this pandemic. Switzerland takes this opportunity to stress that the different roles and responsibilities should be shared appropriately, particularly with regard to the UNAIDS support to the financing processes of the Global Fund. It is also crucial that all measures be co-ordinated at all levels to ensure sustainable solutions to the remaining challenges.

In conclusion, Switzerland wishes to reiterate its full support for the implementation of the 2001 Declaration of Commitment and the 2006 Political Declaration on HIV/Aids.

Thank you.

URUGUAY

REUNIÓN DE ALTO NIVEL
SOBRE VIH/SIDA
REVISIÓN SOBRE PROGRESOS Y DESAFÍOS
EN LA IMPLEMENTACIÓN DE LOS COMPROMISOS INTERNACIONALES

Intervención de la Delegación del Uruguay
Asamblea General

Nueva York, 11 de junio de 2008
(vale texto leído)

HIGH LEVEL MEETING
ON HIV/AIDS
COMPREHENSIVE REVIEW ON PROGRESS MADE TO DATE AND CHALLENGES FACED IN THE IMPLEMENTATION OF INTERNATIONAL COMMITMENTS

Intervention of the Delegation of Uruguay
General Assembly

New York, June 11th 2008
(check against delivery)

Misión Permanente del Uruguay ante las Naciones Unidas
866 UN Plaza • Suite 322 • Nueva York, NY 10017
Tel: (212) 752 8240 • Fax: (212) 593 0935 • uruguay@un.int

Mr. President

Distinguished Government and Civil Society delegations

Ladies and Gentlemen,

Our delegation associates itself with the statement delivered by Antigua and Barbuda on behalf of the Group of 77 and China as well as the statement delivered by Mexico on behalf of the Rio Group.

We thank and share the report of the Secretary General, in which, together with the establishment of the advances achieved in response to the HIV, it points out that these advances are unequal and the pandemic is still spreading at a faster speed than necessary to achieve the international agreed goals and to fulfill the Millennium Development Goals.

Uruguay presents a profile of concentrated epidemic with 0,45% of prevalence among the general population, in contrast with prevalence significantly higher than 5% among persons in vulnerable situations, especially persons in detention centers, sexual workers, drug users, men that have sex with men.

Mr. President,

The national strategy of Uruguay in the integral fight against AIDS is based on a number of strengths.

Uruguay counts with inter-institutional mechanisms of dialogue between the government and the civil society as it is the case of CONASIDA-MCP and the National Adviser Commission on Sexual and Reproductive Health.

High-priority programs were established at the national level to execute the regulator task of the Health System like the high-priority program of STD-AIDS the strategic plan validated by CONASIDA-MCP and the National Program of Women Health and Gender. The agenda of sexual and reproductive rights must definitely include the work in HIV/AIDS. Also, the work in HIV-AIDS must have a gender equity perspective, emphasizing the prevention on women and changing the unequal power relations between men and women.

Protocols, norms and clinical guides on HIV-AIDS and on sexual and reproductive health, that reach the diagnostic, universal treatment, monitoring and advice interdisciplinary and integrally, were defined.

Mechanisms and social networks of protection were also implemented to improve the quality of life of people living with HIV, free transportation tickets, food aid, transitory or permanent pension, to mention some.

Mr. President,

Even though we have been able to advance and strengthen the national response, our country must still face multiple weaknesses.

First of all, we need to improve the prevention, medical attention promotion of healthy life styles that include pleasant sexuality without negative consequences, developing systematic, timely and adequate information that allows the identification of critical areas in order to correct actions.

Secondly, we need to overcome the discontinuity of the preventive interventions on STD/HIV, drug consumption, particularly in border, tourist and port areas.

In third place, it is essential to improve preventive interventions on syphilis, HIV, in pregnancy control services with the aim to reduce the impact of congenital syphilis.

Lastly, our country needs to reinforce our public campaigns with a human rights perspective, in order to eliminate all forms of stigma and discrimination against persons living with HIV. In this regard, we need to strengthen our national programs on information and awareness at all level, including educational, working place, social and health services.

Mr. President,

Currently, Uruguay has the opportunity to revert the situation of the epidemic and avoid its expansion.

Our government has a strong political willingness.

A deep reform of the National Health System under the principles of universality, quality, sustainability and equity is in process, through a model of integral assistance, strengthening the basic level of assistance.

We count on an active organized civil society committed to work for the realization of everybody's right to health as a fundamental human right, demanding the accountability of the government in the fulfillment of it responsibilities and commitments.

Uruguay, as a middle-income country, hasn't received any support from the Global Fund yet. This is why we welcome the 8th round changes in the criteria for eligibility. This support will be essential to strengthen the country's investment in HIV and also to build the necessary national capacity that would allow us to implement an effective and sustainable long-term strategy.

We appeal to the UN system and its joint program support because only articulating and coordinating the integral responses of the international community will be possible to stop the expansion of the epidemic and to guarantee the realization of every person's human rights.

Thank you.

STATEMENT

by

H.E. Dr. Miloš Prica, Ambassador

Permanent Representative of Bosnia and Herzegovina to the United Nations

at

the UN General Assembly 62nd Session
High-level Meeting on HIV/AIDS

New York
10 -11 June 2008

Mr. President,
Excellencies,
Distinguished Delegates,
Ladies and Gentlemen,

I have the honor to address you today and briefly inform you on progress achieved in combating HIV/AIDS in Bosnia and Herzegovina.

Bosnia and Herzegovina, like other countries of the Western Balkans, has a relatively low risk of HIV/AIDS, where prevalence does not exceed 5% in any of designated vulnerable groups. The very first HIV positive person was registered in my country in 1986. Since then, the total of 147 HIV positive cases have been detected, among which 86 have developed symptoms of the disease.

Beside identified vulnerable groups, such as intravenous drug users and commercial sex workers among others, heterosexual transmission of HIV is a dominant one both in Bosnia and Herzegovina and in the region as a whole. It should be underlined that percentage of infected women in particular is on the rise. By analyzing the forms of transmission, we have concluded that the majority were heterosexual at 55 percent, 17 percent MSM, 14 percent IDU, 1 percent mother-to-child-transmission (MTCT), and 13 percent where unknown.

Despite the low prevalence, current social, economic and political transition makes the whole population particularly vulnerable to HIV infection, thus number of new cases is growing in the country. Furthermore, devastating effects of the 1992-1995 war in Bosnia still contribute to increased vulnerability, particularly in terms of migration, gaps in health, social and education system due to their extreme fragmentation etc.

The activities to combat HIV/AIDS in B&H were intensified in 2001 with a stronger Governmental commitment towards fulfilling obligations foreseen by various international documents and declarations, as well as an active response of international organizations in B&H and the establishment of the UN Thematic Group on HIV/AIDS.

The National Advisory Board to Combat HIV/AIDS in Bosnia, established in 2000, plays an increasingly important role in raising social awareness, as well as in developing strategic documents and policies. The B&H Strategy to Prevent and Combat HIV/AIDS 2004-2009 is almost ready for review. It has taken into account all identified gaps and the new global and local trends in prevention, treatment and care of HIV/AIDS.

The National Advisory Board for HIV/AIDS declared 2006 as the year of fight against stigma and discrimination, with various national and local events targeted at the health, social and educational sectors, and further strengthening action involving media and the workplaces, for instance.

Although Bosnia and Herzegovina is a low-middle income country, largely due to the post-war recovery and transition, it secures substantial amount of resources for prevention and treatment of HIV/AIDS: antiretroviral therapy is available free of charge for all in need and voluntary HIV testing is in place. The Government of BH is working on taking more responsibilities in fighting HIV/AIDS.

In 2005, the Global Fund (GFATM) approved the programme proposed by Bosnia and Herzegovina to fight HIV and AIDS. The first Global Fund grant (2007-2012) allows BH particularly to scale up prevention interventions among young people and vulnerable groups, establishing and functioning of additional community based 13 youth friendly information-education centers across the country, with provision of STI (sexually transmitted infections) treatment and other health services; condom distribution; counseling and VCT (voluntary counseling and testing) referral.

Injecting drug users (IDU) are reached in two ways: programme of needle exchange conducted on-site through outreach workers and gatekeepers, and activities both within drop-in centers and on field offering information sharing and education of target population regarding HIV/AIDS, hence promotion of testing on HIV; distribution of condoms; distribution of printed educational material; as well as addressing of beneficiaries to relevant institutions and organizations, depending on their needs. Modules for outreach work with MSM, IDU were worked out, while for SW and prisoners are in a process of developing.
Twelve VCT centers in BiH have performed pre-test and post-test counseling and HIV testing. The purpose of the activity is to increase testing capacities and the quality of services, as well as to detect new cases. NGO staff, volunteers, community volunteers were constantly trained through on going trainings for works with hard to reach and vulnerable population, under methodology of harm reduction.

It is our aim with, new programme proposal (2009-2014), to ensure further support from GFATM and, at the same time, enhance our own activities and resources for continuous support of BH health sector in development of needed legislation; continue public education through targeted media campaign in order to reduce stigma against population in high risk of HIV infection; and in still complex political structure of Bosnia and Herzegovina, ensure further active involvement and contribution of all stakeholders in achieving all goals of BiH HIV Strategy.

Mr. President,

Let me conclude by ensuring you that Bosnia and Herzegovina, as a country on its way towards full membership in the European Union, is fully committed to scale up and ensure universal access to prevention and care of HIV/AIDS.

Thank you!

REPUBLIQUE DU BURUNDI

REPUBLIKA Y UBURUNDI

DECLARATION DE S.E. MADAME SPECIOSE BARANSATA, VICE-MINISTRE CHARGEE DE LA LUTTE CONTRE LE SIDA LORS DE LA REUNION DE HAUT NIVEAU SUR LE SIDA, CONSACREE

A

« UN EXAMEN D'ENSEMBLE DES PROGRES ACCOMPLIS DANS LA MISE EN ŒUVRE DE LA DECLARATION D'ENGAGEMENT SUR LE VIH /SIDA ET DE LA DECLARATION POLITIQUE SUR LE VIH /SIDA (10 ET 11 JUIN 2008) »

NEW YORK, 10 – 11 JUIN 2008

PERMANENT MISSION OF BURUNDI TO THE UNITED NATIONS
336 EAST 45TH STREET, 12TH FLOOR, NEW YORK, N.Y. 10017 Tel: (212) 499-0001,2,3,4,5 Fax: (212) 499-0006

Monsieur le Président,
Monsieur le Secrétaire général,
Excellences Mesdames Messieurs les Ministres,
Distingués délégués

Je souhaite avant tout propos remercier le Président de l'Assemblée Générale de la 62ème session de notre organisation, pour avoir convenu cette réunion de haut niveau afin de partager des idées sur la recherche de réponses acceptables, possibles et durables en vue d'accéder à la prévention, au dépistage au traitement et aux soins de la pandémie du VIH SIDA.

Je saisis cette occasion pour présenter mes félicitations et remerciements à l'endroit du Secrétaire Général des Nations Unies et de son équipe pour avoir organisé les présentes assises, conformément à la résolution A/RES/62/178 de l'Assemblée Générale du 19 décembre 2007. Nous accueillons avec satisfaction le rapport du Secrétaire général sur la déclaration d'engament et la déclaration politique sur le VIH /Sida contenu dans le document A/62 /780.

Je voudrais aussi m'associer aux déclarations du Groupe des 77 et de la Chine, du Groupe Africain et des Pays les Moins Avancés.

Monsieur le Président,

L'opportunité que m'est offerte de m'adresser à cette auguste assemblée me donne la possibilité de présenter la situation sur le VIH/SIDA et sur les efforts déployés par mon pays pour freiner la propagation de ce virus et prendre en charge les personnes infectées, ainsi que les principaux défis auxquels mon pays est confronté

Le Burundi est parmi les pays africains les plus infectés par le VIH, avec une séroprévalence globale de 3,57%. Nous avons une épidémie généralisée qui se féminise de plus en plus. Au niveau des centres urbains et semi urbains, les chiffres se stabilisent; tandis que le monde rural connaît une hausse de séroprévalence.

Depuis l'année 2001, année de la déclaration de l'UNGASS, le Burundi a mis en place un cadre institutionnel qui consacre l'approche multisectorielle et décentralisée. La coordination de la réponse est assurée au niveau national par le Conseil National de Lutte contre le SIDA (CNLS) avec son bras technique qui est le Secrétariat Permanent du CNLS. Cette structure est décentralisée jusqu'au niveau le plus bas de l'organisation administrative.

La mise en œuvre des programmes est assurée par le secteur public à travers les différents ministères et autres établissements à caractère public, les organisations de la société civile **très actives sur terrain** et le secteur privé qui a pris un peu de retard dans le démarrage de ses interventions.

Le Burundi s'est doté d'un ensemble d'outils dont des politiques, des plans et des guides qui orientent l'action des intervenants. Citons parmi ces outils le Plan Stratégique National de lutte contre le SIDA pour la période 2007-2011, le Plan National de Suivi – Evaluation, les guides de prise en charge et divers documents liés à la prévention.

Monsieur le Président,

La réponse que le Burundi a choisi pour faire face aux ravages de la pandémie du SIDA sur les individus, les familles et les communautés est une stratégie multisectorielle de 12 programmes qui

constituent le Plan d'Action 2007-2011 couvrant 4 axes stratégiques : (1) Réduction de la transmission des IST/VIH par le renforcement et l'élargissement des actions de prévention ; (2) Amélioration du bien-être et de la qualité de vie des PVVIH et des personnes affectées par le VIH/SIDA ; (3) Réduction de la pauvreté et des autres déterminants de la vulnérabilité face au VIH et (4) l'Amélioration de la Gestion et de la Coordination de la Réponse nationale. Le Burundi s'est inscrit dans cette dynamique en considérant l'***accès universel*** comme l'épine dorsale de sa politique en matière de lutte contre le SIDA et les ***Trois principes*** comme une des conditions majeures de sa mise en œuvre.

Le Burundi a également adhéré aux initiatives internationales concernant le VIH/SIDA parmi lesquels nous citons : la Déclaration d'Engagement sur le VIH/SIDA (UNGASS, juin 2001), l'accélération de la prévention, l'initiative 3x5 et l'accès universel à la prévention, au traitement, aux soins et au soutien d'ici 2010. Le Nouveau Partenariat pour le Développement Economique de l'Afrique (NEPAD en sigle), offre un cadre et de nouvelles opportunités pour la réalisation des objectifs de l'Union Africaine en matière de VIH/SIDA et des OMD. Au niveau sous-régional, le Burundi est partie intégrante de l'Initiative des Grands Lacs pour le VIH/SIDA (GLIA pour Great Lakes Initiatives on AIDS). Au niveau national, le Burundi a détaxé les produits ARV depuis 1999, a déclaré l'accès gratuit aux ARV pour tous en 2002. Il a également adhéré à l'initiative UNITAID en votant une loi sur les taxes sur les billets d'avion.

Monsieur le Président,

Les efforts fournis par le Burundi appuyé par ses partenaires dans la lutte contre le fléau du SIDA ont abouti à des résultats certes encourageants comme le montre le rapport UNGASS que nous avons transmis au secrétaire général.

En effet seul Bujumbura avait 6 centres de prise en charge ARV en 2002, aujourd'hui 53 sites de traitement ARV sont fonctionnels sur tout le territoire national.
Le Burundi avait 600 patients sous ARV en 2002 et aujourd'hui, ils sont à plus de 12.000.
Il y avait un seul centre de prévention de la transmission du VIH de la mère à l'enfant à Bujumbura, nous en avons aujourd'hui plus de 43 centres.

Cependant les défis à relever restent immenses. En ce qui concerne les traitements ARV, nous sommes encore loin de l'objectif d'avoir au moins 200 centres en 2010. Plus de 16000 personnes attendent le traitement aujourd'hui sans oublier que 239000 infectées finiront aussi par en avoir besoin. Les Centres PTME fonctionnelles ne couvrent que 6% des besoins estimés.

Monsieur le Président,

Mon Gouvernement est conscient que des efforts énormes sont nécessaires pour atteindre notre objectif ultime qui est celui de stopper les nouvelles infections et prendre efficacement en charge toutes les personnes infectées et affectées.

Grâce à notre engagement et avec l'appui de nos partenaires, nous réussirons ce pari.

En terminant, je voudrais réitérer mes sincères remerciements à tous les partenaires qui nous soutiennent, et lancer un appel aux autres donateurs pour qu'ils nous accompagnent dans nos efforts pour la mise en œuvre de notre Plan Stratégique National de lutte contre le Sida.

Je vous remercie.

MISION PERMANENTE DEL PERU ANTE LAS NACIONES UNIDAS

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62nd session
General Assembly of the United Nations

Statement
by H.E. Dr. Melitón Arce Rodríguez,
Vice-Minister of Health of Peru,
in the High-level meeting on a comprehensive review
of the progress achieved in realizing the Declaration of Commitment
on HIV/AIDS and the Political Declaration on HIV/AIDS

New York, 11 June, 2008

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Telephone: 212-687-3336 Fax: 212-972-6975 Email: onuper@aol.com

Mr. President,

It is a great honor to address this important forum, to briefly expose the achievements reached and the pending challenges by the Peruvian Answer to the HIV/AIDS epidemic; also to renew the commitment of the Peruvian Government presided by Dr. Alan García Pérez and the Minister of Health, Economist Hernán Garrido Lecca, in keeping an action determined to achieve the UNGASS and the Millennium Development Objectives.

As it could not be in other way, Peru joins the statements made in this Assembly by the Minister of Health of Antigua and Barbuda, on behalf of the Group of 77 and China, and the one by the Secretary of Health of Mexico, on behalf of the Rio Group.

Since the first case was diagnosed 25 years ago, Peru has been developing actions of integral and multisectorial character, that includes people living with HIV/AIDS and those affected by this epidemic.

Representatives of several institutions that comprise the Multisectorial Committee accompany me in this Assembly. With this strengthening it has been possible to design a Multisectorial Strategic Plan and its implementation in a National Level. Besides, this document includes actions against other sexual transmission infections.

The plan is proposed to significantly reduce the current prevalence of 0.6% of HIV in total population and the incidence in a 50% in vulnerable population towards 2011; also, to reduce the vertical transmission from a 14% to less than 2%.

In this aspect, it is our maximum aspiration to avoid that children of HIV-positive mothers be born infected and mothers as well as their children have a dignified life with equal opportunities. To this respect it is comforting to verify that the screening of mothers has been increased from 31% in 2004 to 71% in 2007.

The anti-retroviral treatment has been offered free of cost to needed people. In a first phase this was possible thanks to the support of the Global Fund and other volunteers. At present it is assumed by the national budget.

The cooperation of the Global Fund and other volunteers continues being necessary. It will be preferably oriented to technical assistance, prevention, promotion and to strengthen health services.

The pending agenda is focused in promoting healthy ways of life and to prevent the infection, that is a difficult task but we are carrying out in a close interaction with the Education sector and it is compromising the active participation of the population as a whole.

In the Regional work spectrum, Peru participates in the joint negotiation of the Andean Sub-Region for the purchase of Anti-retrovirals which will allow to reduce the purchase prices and to guarantee the adequate provision of medicines.

I should add, that Peru occupies at present the Technical Secretariat of the Group of the Horizontal Technical Cooperation –GCTH-, having the responsibility of leading the organization actions, to watch the execution of the Plans and the representation of Latin America and the Caribbean in the global and regional scene in response against the HIV epidemic.

Mr. President,

Finally, I would like to reiterate our solidarity with people who live with HIV and those affected by this epidemic, expressing them our commitment of strengthening the National Answer in a framework of respect to Human Rights.

Thank you.

MISION PERMANENTE DE COSTA RICA
ANTE LAS NACIONES UNIDAS
211 EAST 43RD ST.
NEW YORK, N. Y. 10017

Statement during the high-level meeting of the General Assembly on HIV/AIDS
Mrs. Lidieth Carballo Quesada
Vice-Minister of Health of Costa Rica
June 11, 2008

(*check against delivery*)

Mr. President,

We are gathered here today because our strong commitment to fight a pandemic that continues to cause not only sorrow and death, but also hinders aspirations and dreams. All nations, some more than others, are afflicted by this human tragedy that equally affects the social and economic development of our peoples.

Mr. President,

The world has already set the goal of reducing the negative impact from the social and economic consequences of HIV/AIDS. However this must be a solidary commitment.

I come today before you to express the need to tackle this fight together: people living with HIV/AIDS, their families, Member States, the international community, international organizations and the international financial institutions, as well as civil society. We must all join efforts to address this scourge for humankind.

Mr. President,

In this solidary fight we cannot exclude countries simply because their overall macroeconomic indicators reflect numbers that most of the time are not completely accurate nor do they reveal the reality hiding behind those national general averages. Costa Rica has been advocating in international fora for a new approach to international cooperation and Official Development Assistance (ODA). Many of you probably have already heard about the Costa Rica Consensus, through which we urge donor countries and international organizations, including the international financial institutions, to respond also to the needs of middle-income countries, in particular those that have shown a real commitment to the human development of their people. Through this initiative my country intends to change the current approach to international cooperation and ODA that punishes those countries that are fulfilling their responsibilities by complying with their international obligations and commitments.

Mr. President,

Today we call upon the Global Fund to fight AIDS, Tuberculosis and Malaria, to pay attention to the needs of countries like Costa Rica, according to its lofty mandate and spirit of work, and to support the enormous efforts undertaken by countries like my own to fight HIV/AIDS. We need the support of the international community to be able to address and provide an effective response to this pandemic.

The criteria that the Global Fund has been using to implement the allocation of resources for cooperation is based on indicators that, in the case of middle income countries, reveal a prevalence higher than 1% of the total population or 5% in vulnerable people.

The Global Fund was created to finance a radical change in the approach to the fight against HIV/AIDS, Tuberculosis and Malaria. With the support and cooperation of donor countries and international organizations, middle-income countries could intensify prevention strategies to provide a stronger and more effective response to these diseases. Given the socio-epidemiological characteristics of HIV/AIDS, no country should be excluded from a comprehensive and inclusive response.

Mr. President,

My country has achieved significant progress in its response to HIV/AIDS. Among the positive developments achieved I would like to highlight the adoption of our National Policy on HIV/AIDS 2007-2015; the update of our National Strategic Plan 2006-2010; the adoption of a National Plan on Monitoring and Evaluation of the national response 2007-2010 and the drafting of a new national law on HIV/AIDS. All these instruments and tools are part of the efforts undertaken by my country to respond to the epidemic within the overall framework of universal access.

In addition, we have concerted towards to the drafting of the National Monitoring Plan 2007-2010 with a second generation scope, the development of a National Research Plan on HIV/AIDS and the implementation of the first study for the assessment of the national expenditure and rational allocation of resources for HIV/AIDS 1998-2006 (MEGAS). This evaluation will allow better and more efficient allocation of resources from our budget towards the implementation of ongoing national programs and activities to respond to this epidemic, vis-à-vis pending and future actions for implementation.

This inclusive and preventive approach towards the subject of HIV/AIDS has also been implemented as a cross-cutting pillar in the curricula of the education programs prepared by our Ministry of Public Education, in order to increase early awareness of the population on the issue.

Mr. President,

I would like to conclude by reiterating that the fight against HIV/AIDS is the responsibility of all of us. As former Secretary-General Mr.Kofi Annan said in 2003:

"...We have come a long way, but not far enough. Clearly, we will have to work harder to ensure that our commitment is matched by the necessary resources and action. We cannot claim that competing challenges are more important, or more urgent. We cannot accept that "something else came up" that forced us to place AIDS on the back burner. Something else will always come up...".

HIV/AIDS must always be the first point in our political and practical agenda.

Thank you.

Permanent Mission of
The Republic of Angola to the United Nations

STATEMENT

BY

HIS EXCELLENCY
MR. JOSÉ VIEIRA DIAS VAN-DÚNEM
VICE-MINISTER OF HEALTH

UN HIGH LEVEL MEETING ON HIV/AIDS

New York, June 11, 2008

(Please check against delivery)

820 Second Avenue, 12th Floor, New York, NY 10017

Mr. President,
Excellencies and Distinguished Delegates,

At the outset, allow me to congratulate you for convening this very important meeting. This meeting provides an excellent opportunity for us to review the progress that has been made with respect to the UN Declaration of Commitment on HIV/AIDS, and to renew our commitment to the fight against this disease.

My delegation fully associates itself with the statement made by Antigua and Barbuda on behalf of the Member Countries of the G77 and China, and by Egypt on behalf of the African Union, as well as with the statement made by Zambia on behalf of SADC.

Mr. President,

We would like to express our appreciation for the detailed and comprehensive report that we have before us, provided by the Secretary-General, and we take note of the recommendations contained therein.

The report enumerates the greatest challenges to be addressed, especially those related to the prevalence of HIV among young people and HIV infections among adults, in particular in the sub-Saharan region, and we strongly believe that prevention is the key. Our preventive efforts must be built on evidence, must be based on human rights, and must fully recognize the complexity of the challenge ahead.

Mr. President,

Many of the health problems in Angola are addressed with a global strategy that fits into the efforts of the African region, more specifically in the cooperation with its neighboring countries.

In comparison to other countries in the region, Angola has a relatively low rate of HIV/AIDS infection (less than 3%), which is something of value to use in the fight against this epidemic.

Mr. President,

We have a strategic national plan of combat against HIV/AIDS, which has established intervention benchmarks that respect the principle of Three Ones, allowing us to attaining our goals in a synergic manner. This plan was elaborated with the participation of multiple sectors and fields, involving the Government, the Army, People Living with HIV/AIDS, the Private Sector, Churches and the Civil Society, among others.

In 2004, 2005, and 2007, we conducted national surveys to determine the rate of HIV infection in pregnant women, which allowed us to discern a feminization of the disease and to have a better understanding of the dynamics of the epidemic in the country.

The main challenges of the HIV/AIDS Combat Strategy include, first of all, the sharing of information to face the pandemic among adolescents and young adults, especially women, the access to free testing and counseling, as well as the distribution and use of condoms and stopping mother to child transmission.

The provision of free access to HIV treatment has gradually expanded, now covering all provincial capitals, but has been experiencing difficulties that arise from the lack of human resources. We must use our imagination and utilize sectors within the health system that are still insufficiently explored in order to reach all 182,000 people living with HIV.

The fight against stigmatization and discrimination, which involves educational institutions, artists and opinion leaders, has been playing an important role for the success of this intervention.

To conclude, Mr. President, I must convey our appreciation to the Global Fund for the Fight against Malaria, Tuberculosis, and HIV/AIDS, as well as to the PEPFAR Presidential Initiative among other institutions, for all the support they have been giving my country, and reaffirm the commitment of my country and of His Excellency the President of the Republic, who leads the Anti Aids National Commission, to successfully overcome this challenge.

Thank you very much

PERMANENT MISSION OF FINLAND TO THE UNITED NATIONS
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United Nations General Assembly
2008 High Level Meeting on AIDS
New York, 10-11 June, 2008

Statement on behalf of Finland

State Secretary Ms. Terttu Savolainen

Ministry of Social Affairs and Health

11 June 2008

(check against delivery)

Mr President,
Heads of States and Governments,
Your Excellencies,
Dear Colleagues,
Ladies and Gentlemen,

1. Representing Finland, we align ourselves to the European Union statement as presented by the Honourable Representative of the Slovenian Presidency.

2. We recognise the reported advances made since the Declaration of Commitment was adopted, but there is a serious risk that too little is being done in the area of primary prevention. It is worrying that basic prevention services and indeed knowledge of the true risks of HIV-infection are not available to far too many, particularly the young. We need to acknowledge that with the current level of effort, our target of universal access to prevention may not be achieved within the timeframe we originally set.

3. In the face of a still growing epidemic, we must increase our efforts and put a strong focus on HIV prevention in ways that ensure that particularly vulnerable groups are reached. It is inhumane to deny prevention tools that have been shown to work over and over again from those who need them. The development of a concrete and working preventive vaccine has not progressed as hoped, and we simply cannot afford waiting yet another ten or twenty years for the magic bullet to appear. Focusing the national and international efforts to all levels of prevention using existing tools is more important than ever.

4. An effective and sustainable solution to fight the feminization of the epidemic is investment in girls and women: in their education and in improving their health and social status, including ensuring and enforcing their sexual and reproductive rights.

5. More investments should be made in strengthening health systems and finding the human resources necessary to deliver the public health, education and social services that are of vital importance in achieving effective HIV prevention, treatment, care and support. There is a clear need to strengthen the linkages between HIV/AIDS and sexual and reproductive health and rights. Everyone should have the right and means to make informed choices regarding their sexuality and reproduction.

6. The role of civil society as a key partner and the facilitation of its meaningful participation in all aspects and stages of HIV/AIDS responses is an invaluable asset that should be utilised whenever possible. Cooperation with and direct national funding of Civil Society organisations is good policy, and one that may overcome many barriers inherent in addressing HIV/AIDS through health systems alone. All people living with HIV/AIDS should be able to enjoy full human rights free of stigma and discrimination, including free of discriminatory travel restrictions.

7. In light of our own commitments and from a human rights perspective, it is simply not acceptable that seven years after the adoption of the Declaration of Commitment, the majority of injecting drug users, men who have sex with men, sex workers, prisoners, migrants and far too many women and children still lack real access to prevention tools and services. Among the many groups who are at risk, those who inject drugs are among the most vulnerable and marginalised of all. Sustained access to clean and safe injection equipment and easy and comprehensive access to male and female condoms are not just important; they are essential tools to stop the epidemic.

Mr President,

8. We recommit ourselves to the goals and objectives of the Declaration of Commitment. Finland urges the international community to work together to ensure reaching our goals of comprehensive access to HIV/AIDS prevention, treatment, care and support throughout the world. Two years before the target date, we have no time to lose.

Thank you, Mr President.

NORWAY

United Nations General Assembly
62nd Session

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

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STATEMENT

By

Ms Rigmor Aasrud
State Secretary of Health and Care Services

New York, 10 June 2008

www.norway-un.org

Mr President,
Excellencies,
Ladies and Gentlemen,

Two years ago we issued a Political Declaration on HIV/AIDS here in New York that outlined bold new steps. The UN member states were prepared to take urgent action in order to accelerate and scale up their response to the epidemic. We agreed to move even faster than the Millennium Development Goals called for, towards universal access to HIV prevention, treatment, care and support. Last week we had good news. Almost a third of all people living with AIDS are now receiving antiretroviral therapy. But despite the good news, challenges remain. Two thirds of those who need treatment have no access. And each person receiving treatment needs it for the rest of his or her life.

AIDS also remains a global challenge. In spite of major progress in terms of access to treatment, the growth of the epidemic continues. AIDS is not over. Social drivers in our societies are as hard to deal with as the virus itself. We are facing major obstacles in our efforts to find effective, evidence-based prevention measures. Powerful social and economic forces continue to make women and girls vulnerable. Many countries refuse access to clean needles for drug users. Reproductive and sexual health services are not of an acceptable standard, and are not available to young people. Services are not designed to deal with co-infection. National laws discriminate against persons living with HIV and against key populations that are particularly at risk. Travel restrictions compromise the movement of HIV-positive people across borders, violating their rights and exposing them to risks without having any positive public health benefits.

HIV-positive people continue to be severely stigmatised in most countries of the world. Many of them are sexual minorities, injecting drug users or migrants, which means that they are already stigmatised and discriminated against. For example, they may be subject to criminalising laws that deprive them of their rights to services and security, and expose them to abuse and to HIV.

Mr President,

AIDS is not over yet, not even in a country like Norway. Also in Norway, persons living with HIV face discrimination, both in the workplace and in the health services.

In Norway, people living with HIV are entitled to free treatment and care. Funding for HIV-preventive efforts is available. In 2001 a strategy for the prevention of HIV and sexually transmitted diseases was adopted, the fourth of its kind since 1986. The number of diagnosed HIV-positive people is low and estimated at 0.06% of the population, a third of them women.

We believe that harm reduction strategies are important and these have greatly contributed to the low level of HIV infection among injecting drug users in Norway. However, we have neither managed to halt the underlying drivers of the epidemic, nor combat stigma and discrimination. We are witnessing an ongoing epidemic among men having sex with men. The situation with regard to HIV among injecting drug users is apparently under control, but it is still unpredictable, and we are seeing an increase in HIV transmission among migrants in Norway.

Let me be clear: Norway is not free from discrimination against homosexuals and transsexuals, sex workers and injecting drug users.
Lack of concern about and knowledge of HIV, together with attitudes towards people living with HIV, poses a major challenge in the fight against stigma and discrimination. A study recently conducted in Norway shows that there has been little improvement in people's knowledge and awareness of HIV over the past 20 years and that discriminatory attitudes towards people living with HIV are still widespread. This indicates that there is a lack of knowledge regarding HIV among the general population, and this is unacceptable and requires urgent attention. The Government, in collaboration with civil society and other key actors, is drawing up a new strategic plan to combat discrimination against and stigmatisation of people living with HIV.

Mr President,

It is our view that we must continue to combine our national and international efforts in order to change discriminatory legal frameworks and combat discriminatory attitudes and behaviour towards people living with HIV in Norway and elsewhere. In this regard, we have established a National Aids Council, co-chaired by the Minister of Health and the Minister of International Development. The Council also includes representatives from civil society. It provides a forum for discussing the challenge of stigma, and the experience gained by actors working with AIDS in international development and Norwegians living with HIV.

We have still a lot to learn together. Now is the time to scale up and target prevention strategies, using effectively what we know works, but also asking new questions and moving forward with better tools and approaches. Knowing your epidemic is essential to acting on the epidemic and turn it around.

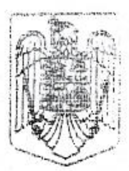
This is also the focus for the Norwegian international response, with broad multilateral, bilateral and civil society engagement for making Universal Access a reality. We want to engage as a partner, not just as a donor or a government, because this affects us all. We know that we need to be in this fight for many years to come. Sustained efforts are needed, to prevent HIV infection, to ensure quality treatment for all that need it, to safeguard the life quality of those infected and affected by the virus and to make society responsive. No country and no government can do this alone.

The Norwegian Government has assumed special responsibility for delivering on the health related Millennium Goals, through a global campaign spearheaded by the Norwegian Prime Minister. A major focus is on the need for well-functioning health systems, critical for bringing down child and maternal mortality and also critical for HIV and AIDS.

Scaling up the AIDS response and the response to the Millennium Development Goals must go together for maximum impact. This is a message that we will bring with us into the meetings on the Millennium Development Goals in September this year. But the response to HIV and AIDS is not concluded in 2015. It calls for a new kind of global solidarity for many years to come.

Thank you.

Permanent Mission of Romania
to the United Nations
New York



Mission permanente de la Roumanie
auprès de l'Organisation des Nations Unies
New York

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STATEMENT

by

H.E. Dr. Mircea Manuc
Secretary of State, Ministry of Public Health

2008 Comprehensive Review of the Progress Achieved in Realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS

- New York, June 11, 2008 -

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Mr. President,

Distinguished delegates,

Ladies and Gentlemen,

The HIV/AIDS infection is considered in Romania a high priority of public health. A strong support for preventing and treatment of this disease was provided after the 90's by all the state institutions (the Presidency, the Parliament, the Government, as well as the Ministry of Public Health) in association with many international organizations and the civil society.

Historical context:

Romania had a significant number of cases diagnosed in children at the beginning of 90'ies. Totally, around 15.000 cases were found HIV positive during the period 1985 – 2007 (almost 10.000 in children under 14 years old and 5.000 adult cases), from which 11.000 were diagnosed with AIDS. From all the positive cases, 9.500 cases are still alive.

Current trends:

The epidemiological situation in Romania has been stable during the last years, with no major changes in incidence. Romania has a significant group of adolescents living with HIV/AIDS, over 7.000, which are in fact the children infected in the period 1987 – 1991.

The level of epidemic is low and there is no sign of concentration among vulnerable groups despite high-risk behavior identified among them.

The nosocomial transmission has been eliminated.

Sexual transmission is prevalent (over 78% of the newly discovered HIV cases), followed by vertical transmission, increasing in 2005 and 2006 and exceeding 5%, while transmission associated with drugs consumption stays under 2%. The heterosexual transmission in adults (especially in young adults) is increasing.

There is an overall increase in the number of HIV positive persons which seek medical care and ARV therapy (around 6.500 patients in 2007, from 7.500 persons which are under active surveillance).

Infection management:

The significant results obtained during the last decade in Romania in this area are a direct result of a multi-sectorial approach:

- developing multiannual strategies in which both prophylaxis and treatment are included;
- involving all the stakeholders (government, civil society, patients' association)
- providing an universal free access to ARV therapy
- promoting an adequate social support and better social inclusion
- building a political and financial international partnership (UNAIDS, GFATM, pharmaceutical companies).

The first strategy was developed in 1999 and a second one covered the period 2004- 2007. Currently a new strategy is under the Government approval. Romania has committed in its strategies to provide universal access to prevention, treatment and care, together with social and economical rights. The social integration of the patients is a common goal of the Government and NGOs

The rights of people living with HIV/AIDS (PLWHA) as well as the ones of people belonging to vulnerable groups are guaranteed according to the national legislation and international treaties.

Partnerships between national and international stakeholders involved in the national response to HIV threats were developed based on the national strategies and a multi-sectorial approach, with significant benefits.

The way forward:

After January 2007, when Romania become member of the European Union, we have faced new challenges in this field, such as crossborder migration

of persons from high-risk groups or the limitation of non-EU funding while EU financing is still inconsistent.

That's why Romania will increase its efforts in order to develop a comprehensive approach to HIV/AIDS threat at national and global level.

Allow me, Mr. President, to finish this presentation, hoping that the next high-level meeting in this field will bring same significant achievements for the majority of countries.

I thank you.

Permanent Mission of the Republic of Zimbabwe to the United Nations

STATEMENT

FROM

HONOURABLE DR P.D. PARIRENYATWA (MP)
MINISTER OF HEALTH AND CHILD WELFARE

DELIVERED

BY

DR TAPUWA MAGURE
CHIEF EXECUTIVE OFFICER
NATIONAL AIDS COUNCIL OF ZIMBABWE

AT THE

HIGH LEVEL MEETING ON HIV/AIDS

10-11 JUNE 2008
NEW YORK

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Permanent Mission of the Republic of Zimbabwe to the United Nations – 128 East 56th street. New York, NY. 10022
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Your Excellency, Mr. Kerim – President of the General Assembly
Honourable Ministers
Distinguished delegates
Ladies and Gentlemen
Mr. President,

It is an honour to address this gathering today as we meet to review progress we have made in the fight against HIV and AIDS. Zimbabwe aligns itself with the statements made by Antigua and Barbuda on behalf of the G77 and China by Egypt on behalf of the African Group; and by Zambia on behalf of SADC.

Sub Saharan Africa remains the worst affected region in the world and the disease has reversed most of the gains that we had achieved over years both socially and economically. The region continues to lose its people to the epidemic who are in the productive age group. No specific sector has been spared and the disease remains the leading cause of morbidity and mortality in the history of mankind.

Mr. President,

The Government of Zimbabwe remains fully committed to a multisectoral response to the epidemic and has made significant strides towards achieving universal access to all HIV and AIDS services and interventions by 2010. HIV and AIDS was declared a national disaster so as to give priority to the disease and its impact. The Zimbabwe Government established the National AIDS Trust Fund which is purely a home grown – fund that is being administered by the National AIDS Council. Contributions to the National AIDS Trust fund are calculated at 3% of taxable income and are collected monthly. The National AIDS Council was established by an act of parliament to coordinate and facilitate a multi-sectoral response to the pandemic and the implementation of the Zimbabwe National AIDS Strategic Plan.

The national HIV/AIDS strategic framework was formulated through consultations with all key stakeholders in the country including; PLWH, civil society, bilaterals, multilaterals, government, private sector and other community representatives. The framework runs from 2006 to 2010 and the main goal is universal access to all HIV and AIDS prevention, care and support interventions. The framework also recognises vulnerable groups who are to be targeted in order to control the spread of HIV and AIDS.

Mr. President,

Zimbabwe continues to ensure access to prevention services for its citizens. The Prevention of Mother to Child Transmission Programme has been expanded to cover every district in the country. Testing and counseling services remain one of the major HIV and AIDS prevention interventions in Zimbabwe. Efforts have been made to ensure

that these services reach the grass roots levels through mobile testing and counseling services.

We continue to value the importance of prevention of HIV and AIDS especially among the youth. HIV and AIDS education has been integrated into the school curricula to ensure life skills for the youth. Out of school youths have access to HIV and AIDS education through establishment of youth centres throughout the country, whose staff are equipped with skills in providing youth friendly services.

Mr. President,

My government remains committed to meet set targets and has put in place measures to scale up access to ARVs and Opportunistic Infection drugs through decentralization from Central Hospitals to district hospitals. ART sites have been decentralised throughout the country resulting in increased accessibility. Currently Zimbabwe has 105 000 people on ARVs in both public and private sectors out of 300 000 people in need of them. This figure represents only 33% of those who are in need of the drugs.

In addition to provision of treatment, the government is in the process of strengthening health systems to further enhance the scaling up of treatment. A local pharmaceutical company has been manufacturing ARV's and opportunistic infection drugs such as Cotrimoxazole and Fluconazole.

The government adopted the – National Plan of Action for Orphans and Vulnerable Children to ensure that their needs are catered for. Child protection committees have been put in place at all levels to ensure community safety nets. The government is also working with traditional leaders to improve food security for the most vulnerable members of the society. A Basic Education Assistance Model (BEAM) is also a safety mechanism which was put in place for access to basic education for vulnerable children.

We would like to acknowledge the role played by civil society in the response to HIV and AIDS in Zimbabwe. Civil Society is involved in prevention, treatment literacy and mitigation services which has strengthened government's response. Zimbabwe benefits from good working relations with both bilateral and multilateral partners.

The HIV and AIDS epidemic cannot be addressed selectively in this increasingly globalised village. We appreciate the support currently being provided by the Global Fund and we urge them to scale up the level of support for us to scale up the response.

Mr. President,

Despite the achievements in reversing the impact of the HIV and AIDS epidemic, Zimbabwe still faces major challenges. It is widely accepted that HIV and AIDS has major economic and social repercussions on individuals, families, communities and society as a whole.

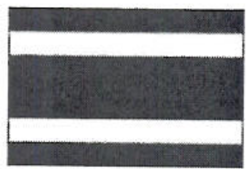
The key challenge that the government is facing is in providing affordable, acceptable antiretroviral therapy. Although we have local pharmaceutical companies producing ARVS, there is need to considerably scale up their capacities in order for them to meet the demand. In this regard, we urge our partners to assist in capacity building and the provision of ARVS.

Despite massive investment in the training of health professionals, Zimbabwe continues to suffer from brain drain. It is regrettable that we are losing our skilled human resources to the developed world and this has derailed plans to expand HIV and AIDS services.

Mr. President,

Despite the numerous challenges that we have outlined above, Zimbabwe is still confident that with increased cooperation from the international community we will come closer to meeting the targets for universal access to HIV and AIDS prevention, treatment, care and support by 2010.

I thank you.



STATEMENT

BY

DR. PRAT BOONYAWONGVIROT

PERMANENT SECRETARY

MINISTRY OF PUBLIC HEALTH, THAILAND

AT THE HIGH-LEVEL MEETING OF GENERAL ASSEMBLY ON A COMPREHENSIVE REVIEW OF THE PROGRESS ACHIEVED IN REALIZING THE DECLARATION OF COMMITMENT ON HIV/AIDS

NEW YORK, 11 JUNE 2008

Please check against delivery

Mr. President,

Excellencies,

Ladies and gentlemen,

It is my great honor to be representing Thailand at this high-level meeting on AIDS and have an opportunity to share with you some perspectives on Thailand's response to HIV/AIDS and its efforts to achieve universal access to prevention, care and treatment.

Thailand's response to the HIV epidemic has been globally recognized as a success story. It was estimated that the annual incidence of new HIV infection was as high as 130,000 cases during the early 1990's. Since then, strong and sustained commitments and coordinated efforts at prevention programs, including national public information campaigns and the promotion of 100% condom use program, have led to a dramatic decrease in the incidence of HIV infection with a ten-fold reduction in new infections.

In an attempt to achieve universal access by 2010, Thailand adopted a preventive strategy with the ambitious target **to reduce the number of HIV new infection by half in 2010**. The strategy targets five specific vulnerable groups, including discordant couples, men who have sex with men, injecting drug users, female sex workers and their clients, and youth.

To prevent transmission among discordant couples, measures such as promoting HIV voluntary counseling and testing, encouraging frank disclosure of one's HIV status as well as counseling and free condom distribution for all HIV infected persons have been implemented.

In order to cope with the high prevalence rate of HIV infection among men who have sex with men, the Thai government swiftly responded by providing friendly STI/HIV services, including sexual health education to MSM and setting up MSM networks and peer leaders in pilot provinces and expanded to other provinces.

Amidst this backdrop, one notable success is our 100% condom use program. At present, the prevalence rate of HIV infection among female sex workers was much lower than that in the early 1990s. However, a higher proportion of direct sex workers and non-Thai female sex workers makes it difficult to promote full condom use. Thus, the government has strengthened sexually transmitted infections clinics, outreach activities and ensured free condoms for all sex workers.

To strengthen the prevention among injecting drug users, methadone maintenance program which aims at harm reduction is available throughout the country. And for the first this year the cost for methadone maintenance program is now covered under our universal coverage scheme.

With our strong commitment to reduce the new HIV infection, the Government has harmonized efforts among relevant government sectors, international organizations, NGOs and the community to scale up HIV prevention among youth. The condom use among youth has begun to rise from 30% to 60%.

To scale up access to treatment, care and support, in 2006 the Royal Thai Government made a commitment to ensure universal access to anti-retroviral treatment (ART). At present, all Thais who are in need of ART can access treatment and care through three main schemes, namely the universal coverage scheme, the social security scheme and the civil servant medical benefit scheme. These schemes cover both first-line and second-line ARV regimens, treatment for opportunistic infections, as well as HIV related services. At present, more than 180,000 patients have already had access to ART.

In addition, to meet the needs of those who are ineligible under above schemes, including migrant workers and displaced persons, Thailand has been working with Global Fund to Fight HIV/AIDS, TB and Malaria to ensure ART access without discrimination to their status.

Excellencies,
Ladies and gentlemen,

Let me conclude by saying that Thailand stands hand in hand with all countries and all international partners to continue the global commitment to prevent HIV infection and to mitigate its impacts.

Thailand will continue to pursue all efforts to protect its citizens as well as migrant workers from HIV infection and provide quality treatment, care and support in response to the HIV global epidemic. We are ready to cooperate with all others to widen our common endeavors to address this epidemic across the globe.

Thank you.

AUSTRALIA

AUSTRALIAN MISSION TO THE UNITED NATIONS E-mail australia@un.int

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

10-11 June 2008

Statement by Mr Murray Proctor
Australia's Ambassador for HIV/AIDS

(Check against delivery)

Mr President

In the seven years since the 2001 Declaration of Commitment on HIV/AIDS, the world has seen an unprecedented mobilisation of resources for HIV. Innovative partnerships have been created to support an elevated response to the epidemic. There has been a corresponding, dramatic increase in the numbers of people in low and middle income countries with access to treatment, up 42% in the last 2 years[1]. If this increase can be maintained, the goal of universal access to treatment is almost within our grasp. But what of universal access to prevention?

As the Secretary General has reported, the number of new infections is 2.5 times higher than the number of people receiving antiretrovirals. USD1 invested in prevention can save up to USD8 in treatment costs.[2] It is obvious to us all that treatment gains will be rapidly undermined unless prevention is the mainstay of our response.

In Asia and the Pacific nearly 5 million people are living with HIV.[3] The epidemic is expanding in many countries in our region including the populous countries of China, Indonesia and Viet Nam. In Papua New Guinea adult HIV prevalence is estimated to rise to over 2 per cent by the end of 2008 and to over 4 per cent by 2011 without an enhanced response.[4] In the neighbouring Indonesian province of Papua, a population survey

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[1] Three million people or 30% of those in need are now on ARV, Report of the Secretary-General, UNGASS 2008

[2] Report of Independent Commission on AIDS in Asia p10.

[3] data.unaids.org/pub/Report/2008/20080326_report_commission_aids_en.pdf

[4] 2007 PNG HIV Epidemic Estimation Report

confirmed adult prevalence of 2.4 per cent in 2006. This data from Australia's nearest neighbours is sobering. The epidemic is outpacing the response.

UNAIDS and its co-sponsors have led the world in researching, tracking and analysing the drivers of the epidemic, knowledge that is crucial to our efforts to stop the spread of HIV. We commend their efforts. It is up to us to apply that knowledge.

This is no time for half-measures. For the first time ever, we have the resources and knowledge to halt the spread of HIV. What is needed now is the political courage and leadership to take effective action. Australia endorses the call of the Secretary General to scale up focused HIV-prevention for populations most at risk. This is especially important for those of us in the Asia Pacific region with low prevalence and concentrated epidemics. In these settings, providing targeted services for people who inject drugs, sex workers and their clients and men who have sex with men will prevent the spread of HIV.

Injecting drug use has proved highly efficient in initiating and fuelling epidemics across Europe and Asia. The epidemic is dynamic and evolving. New data (from the Commission on AIDS in Asia) demonstrates that men who buy sex will be the most powerful driving force in Asia's epidemic over the next decade. Male to male sex will also become one of the main sources of new HIV infections in Asia by 2020. Yet coverage of these key populations with prevention services remains very low, often less than 5 per cent. That is a far cry from universal access.

ustralia's own experience in this area testifies to the success of focused and evidence based prevention efforts. We reversed our epidemic in the 1990s. Our rates of new infections are far lower than most comparable countries, with approximately 1000 cases diagnosed per year in a population of 20.6 million. Central to Australia's success in HIV prevention has been mobilisation of affected communities. People living with HIV, gay men, people who use drugs and sex workers have helped to lead the national response, working in partnership with the government, health sector and researchers. This partnership has ensured that community based prevention remains at the forefront of our strategy. Affected communities have been involved in the planning and provision of targeted services such as peer education and outreach, and have helped shape our research agendas. We have adopted a pragmatic approach which has been highly cost effective. Our national needle and syringe program averted an estimated 25,000 infections over a nine year period, saving up to AUD$7.6 billion in treatment costs.[5]

Through our overseas aid program, Australia has committed to working with the private sector, forming a partnership with the Asia Pacific Business Coalition on AIDS to harnass the capacity of business to respond to the HIV epidemic. In Papua New Guinea, for example, this has resulted in the formation of a national business coalition, which runs a hotline to provide counselling and help on HIV issues.

Together with our partners, we have pioneered harm reduction approaches to HIV prevention in Asia. Australia supports a number of important programs and partnerships that focus on HIV and injecting drug use in South and South East Asia. Australia's new contribution to this effort is the HIV/AIDS Asia Regional Program, launched in April. This is an eight year commitment that aims to reduce the spread of HIV associated with drug use in six countries: Cambodia, Laos, Vietnam, Burma, Philippines, and two

[5] *Return on Investment in Needle and Syringe Programs in Australia*, Commonwealth Department of Health and Ageing, 2002 (savings calculated as $7,658 million (undiscounted), $2,386 million (discount rate of 5%) or $3,637 million (discount rate of 3%))

provinces of China. The Government of the Netherlands has joined us in funding the VietNam component of this program.

In the lead up to this meeting there has been a vigorous debate about how HIV fits within the context of broader efforts to strengthen health systems and to address neglected issues such as child and maternal health. These are not competing interests. HIV has forced the world to think differently about public health and its relationship to communities including the most marginalised. Our learning from HIV needs to inform our approaches to public health across the board. Increasingly it is our responsibility to ensure HIV responses complement and support broader efforts to improve the health of our nations and to mobilise the resources required to sustain equitable access to all essential health services, particularly for the poor and vulnerable.

Mr President, Australia is strongly committed to working in partnership with the United Nations, donor agencies, the private sector and affected communities in the Asia Pacific region to achieve universal access to HIV services, to halt the spread of HIV and to achieve the health Millennium Development Goals. By 2009 our government will have expended nearly AUD700 million dollars in aid on the global HIV response since 2000. We contributed $45 million to the Global Fund in 2007 and will be investing an additional $200 million in partnerships with UN agencies to realize the Millennium Development Goals over the next 4 years.

However, one of the lessons of the epidemic over the last twenty five years is that none of us can afford to be complacent. In Australia we are starting to see rises in new cases of HIV in some of our cities. The Government is working with communities and researchers to understand the reasons for new trends and to respond accordingly. This High Level Meeting is a great opportunity to adjust our global, regional and national responses to make them more effective, so that we can meet our agreed targets. To do so requires the leadership and courage that some members of delegations, affected communities and civil society organizations here today have shown in grappling with the virus in their personal lives and in many cases, dealing with gender inequality, marginalization and poverty as well.

It is 2008. We have two years to make good our promise of universal access to prevention and seven years to halt the spread of HIV. Let us resolve to seize the moment and re-commit ourselves to do what we know it takes to reach these goals.

Thank you Mr President

FRANCE

62ème session de l'Assemblée générale des Nations Unies

Réunion de Haut niveau consacrée à un examen d'ensemble des progrès accomplis dans la mise en œuvre de la Déclaration d'engagement sur le VIH/sida et de la Déclaration politique sur le VIH/sida

Intervention prononcée par S.E. M. Louis-Charles Viossat,
Ambassadeur Chargé de la lutte contre le sida et les maladies transmissibles

New York, le 11 juin 2008

(vérifier au prononcé)

MISSION PERMANENTE DE LA FRANCE AUPRES DES NATIONS UNIES
245 EAST 47TH STREET, NEW YORK, N.Y. 10017 TEL. (212) 308-5700

Monsieur le Secrétaire général,
Monsieur le Président,
Excellences,
Honorables délégués,
Mesdames et Messieurs,

Permettez-moi tout d'abord de souligner le soutien de la France à la déclaration faite par la Slovénie au nom de l'Union Européenne.

Le rendez-vous périodique que nous nous sommes fixé en 2001 est essentiel. Il démontre le haut niveau d'engagement de tous les Etats qui sont réunis ici, à New-York, dans le combat contre le sida, un combat qui est non seulement une exigence de santé publique, mais également un impératif éthique. Ce rendez-vous manifeste également la volonté réaffirmée des Etats de rendre compte à chaque étape, et en toute transparence, en partenariat avec la société civile, des progrès qui sont réalisés, mais également des obstacles et des difficultés que nous rencontrons face à cette épidémie unique par son étendue et par sa gravité.

Nous voulons remercier à notre tour le secrétaire général pour la qualité de son rapport. Celui-ci rend compte très clairement des progrès considérables qui ont été réalisés depuis 2001, mais également des immenses défis qui restent devant de très nombreux pays et devant la communauté internationale tout entière et il fournit des recommandations très utiles.

Les résultats sont là. Le passage à l'échelle, qui était il y a quelques années seulement un objectif partagé, devient sous nos yeux une réalité concrète en Afrique et dans le monde. 3 millions de personnes malades environ ont aujourd'hui accès aux traitements antirétroviraux dans les pays pauvres et à revenu intermédiaire, soit 10 fois plus qu'il y a 5 ans ; et près d'un demi-million de femmes enceintes séropositives ainsi que 200.000 enfants malades suivent un traitement. Nous observons même un ralentissement de la propagation de l'épidémie dans quasiment toutes les régions du monde.

Ces résultats ont été rendus possibles grâce à une mobilisation personnelle de nombreux chefs d'Etats, qui ensemble ont présidé à la création d'instruments innovants de lutte contre la pandémie, comme le Fonds mondial ou UNITAID, et à la levée massive de financements, à laquelle la France prend une part essentielle. Cette mobilisation au sommet s'inscrit bien sûr dans l'action déterminée et remarquable, en plus des Etats, des communautés infectées ou affectées par la maladie, des ONG, des fondations et du secteur privé.

Loin de nous satisfaire, ces progrès doivent nous encourager à intensifier nos efforts pour faire reculer l'épidémie et espérer atteindre l'objectif d'accès universel à la prévention, au traitement, aux soins et à l'appui en matière de VIH.

A cette fin, l'accent doit être mis tout particulièrement dans de nombreux domaines, qui ont notamment été mis en exergue par la déclaration faite au nom de l'Union Européenne.

Le sida touche particulièrement les minorités et les femmes partout dans le monde. En France, avant l'arrivée des trithérapies, le sida a commis ses pires ravages chez les homosexuels, les usagers de drogues intraveineuses puis les femmes migrantes. Répondre efficacement à l'épidémie dans ces

trois groupes marginalisés a constitué un défi dans notre pays. En travaillant main dans la main avec les associations de personnes concernées, et en apportant quelques adaptations à notre droit, nous avons réussi à atteindre des succès très significatifs contre l'épidémie. Ainsi, grâce à la politique de réduction des risques liés à l'usage de drogues, la part des usagers dans les nouvelles infections en France est passée de 30 % à moins de 2 %. Travailler avec les minorités à des interventions de santé adaptées à leurs besoins est une approche formidablement payante contre le VIH/sida. Nous pensons aussi à la situation particulière des femmes, qui sont les premières victimes de la maladie, et qui ont bien trop peu accès à une offre adaptée de prévention. Nous pensons encore aux enfants, enfants orphelins abandonnés à eux-mêmes, ou jeunes malades n'ayant pas d'accès adéquat au traitement. Nous pensons également aux hommes ayant des relations sexuelles avec d'autres hommes, ou encore aux personnes transgenres, qui font l'objet de discriminations contraires aux droits de l'homme et préjudiciables à la santé publique. Nous pensons enfin aux malades qui se voient empêchés de circuler librement ou de s'installer en-dehors de leurs pays.

25 ans après la découverte du virus, avancée scientifique que nous venons de célébrer à Paris, il est également indispensable d'intensifier les efforts de recherche, recherche vaccinale bien sûr mais également recherche sur les microbicides, recherche sur les méthodes de prévention, recherche opérationnelle et recherche en sciences sociales aussi, comme le fait avec succès l'ANRS en France et dans le monde

Tous ces progrès ne seront possibles que si nous parvenons à mettre en place des mécanismes pérennes et stables de financement adaptés à la nature à long terme du risque. C'est pourquoi la France a créé et mis en œuvre la contribution de solidarité sur les billets d'avion, dans le cadre d'UNITAID, et c'est la raison pour laquelle elle soutient, et elle continuera de promouvoir dans le cadre de sa présidence de l'Union européenne, le développement et la mise en place de dispositifs de couverture du risque maladie adaptés à la diversité des pays et à même de renforcer les systèmes de santé. Il n'y aura pas d'amélioration durable possible sans traitement au fond de la pénurie des ressources humaines en santé, de leur formation comme le fait l'initiative Esther, et de la question du financement des soins de santé.

Monsieur le Secrétaire général, Mesdames et messieurs les délégués, la France considère que le combat contre le VIH/Sida ne doit pas être l'affaire des seuls médecins et des experts, mais qu'elle est l'affaire de tous, et celle des malades en premier. C'est pourquoi le rapport de progrès présenté par notre pays comprend deux parties : d'une part, une partie gouvernementale qui présente le bilan de son action, et qui fait notamment ressortir les derniers résultats encourageants de la lutte contre l'infection dans notre pays ; et, d'autre part, une partie rédigée par les associations elles-mêmes, qui présente leur propre vision de la politique nationale ainsi que leurs recommandations aux pouvoirs publics, notamment à l'égard des groupes de population plus particulièrement vulnérables, parmi lesquels la prévalence est plus importante.

Je vous remercie./.

SWEDEN

Statement
by
H.E. Mr. Lennarth Hjelmåker
HIV/AIDS Ambassador
Ministry of Foreign Affairs, Sweden

High-level Meeting on HIV/AIDS

United Nations
New York

11 June 2008

- CHECK AGAINST DELIVERY -

PERMANENT MISSION OF SWEDEN TO THE UNITED NATIONS
885 SECOND AVENUE • NEW YORK, NY 10017 • TEL (212) 583-2500 • FAX (212) 583-2549

Mr. President,

For Sweden the fight against HIV and AIDS stays high on the political agenda. For us it is clear that efforts to halt and reverse the spread of HIV and AIDS must be based on the basic principles of human rights and gender equality. The respect for and the full enjoyment of human rights by all people must be the foundation of the response to the pandemic.

The Swedish commitment to HIV and AIDS is shown through our financial contributions which have increased threefold during the last five years. But the Swedish support is not only about financial contributions. It is also about doing the right things, and doing them as effectively as possible.

The following perspectives are crucial to successfully reach the target of Universal Access to prevention, treatment and care:

Prevention must stay at the top of the agenda. Prevention interventions must cover all the complex matters that need to be openly addressed to combat HIV and AIDS. We have to talk about sexuality, intimacy and sexual relations, men who have sex with men, sexual violence including so called curative rapes, drug use, people who buy and sell sex, migrants, and trafficking in human beings. Prevention is about power relations in society, between men and women, parents and children, rich and poor.

Prevention efforts are critical for people not yet infected, not least among populations most at risk. It is also important to target people already infected with prevention strategies. HIV-positive pregnant women is one target group but the efforts should not stop there. Access to male and female condoms is crucial, as consistent condom use still is the most effective prevention method. But prevention is also about the search for new technologies. Long-term support is needed to develop effective vaccines and microbicides. For Sweden it is clear that we need to address *all* the broad and complex issues – that we must address the pandemic, and its consequences, with open eyes and open minds. This is relevant also in the Western world today, where prevalence rates are increasing.

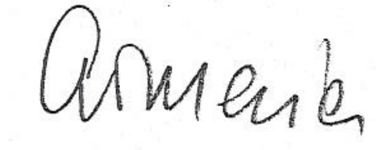
Young people's knowledge about HIV and AIDS is far below the targets endorsed by member states in the Declaration of Commitment in 2001. This is most worrisome. Information and knowledge promote a responsible behavior and help young people to protect themselves and their partners. Young people should have access to comprehensive sexuality education and youth-friendly services. Young people should have access to SRHR clinics, where they are also provided with information, supplies and services related to HIV and AIDS.

policies are a case in point. Such restrictions must be lifted, wherever they are applied. Sweden reiterates the EU call for action on this.

We need an effective response, long term commitments and sustainable financing to reverse the spread of the pandemic. With rapidly increased international funding and many new national and international actors, it is necessary that the resources are being used in a more coherent, accountable and effective way. HIV and AIDS interventions must be part of the broader development agenda. International partners must support national priorities, plans and budgets. Financial commitments must be long term, and increased. Only then, will the response be effective and sustainable. Sweden welcomes efforts made by UNAIDS and the rest of the UN family, the Global Fund and the World Bank to reform the system to provide a better coordinated and more effective response to HIV and AIDS. We are looking forward to a continued and close cooperation in this field.

Finally, to win the fight against the pandemic, all actors are needed – both private and public. HIV and AIDS must be part of daily life, in schools, at the workplace and at faith based organizations meetings. The role of civil society is essential, the active and meaningful participation by people living with HIV and AIDS is key. Today, I am glad, as a Swedish AIDS Ambassador representing my Government, that the Swedish delegation includes representatives from non-governmental organizations, Parliament, business, faith-based organizations, trade unions and young people's organizations. I sincerely hope that many countries in the world recognize the strength in such joint collaboration.

Thank You.



Distinguished Mr. Chairman,
Excellencies,
Ladies and Gentlemen,

For me it is a great honor to speak at this high-level meeting on behalf of the Republic of Armenia. I would like to express hope that this meeting will raise on a qualitatively new level the global cooperation under UN aegis in order to overcome the most painful heritage of the past century – HIV/AIDS.

Armenia aligns itself to the statement made earlier by Slovenia on behalf of the European Union.

The Republic of Armenia, through joining the Declaration of Commitment on HIV/AIDS in 2001 and Political Declaration on HIV/AIDS in 2006, has strengthened political commitment on HIV/AIDS based on the fundamental understanding of a special responsibility of the Government and the nongovernmental sector for the future and well-being of the population of Armenia.

Within the UNAIDS "Three Ones Key Principles" an agreed HIV/AIDS action framework is already functioning and a National coordination authority has already been established.

In 2007 the Government of Armenia approved the second 5-year National Programme on the Response to HIV Epidemic. The Programme implementation is coordinated by the Country Coordination Mechanism with broad participation of main stake-holders from governmental, non-governmental, international sectors, as well as people living with the disease. In the process of realization of the National Programme the monitoring of indicators is being conducted, including also the key indicators, set by the UNGASS Declaration of Commitment on HIV/AIDS in 2001. The process for the establishment of one agreed country level National Monitoring and Evaluation System has already started.

Mr. Chair,

The commitments undertaken by the Government of Armenia, have changed radically the conceptual approaches towards HIV prevention during the recent five years. Staged introduction of education programmes on forming safer behaviour is being carried out in secondary schools. Risk-and harm- reduction programmes have been introduced among populations most-at-risk, which allowed reducing HIV spread among the key vulnerable groups, raising their level of knowledge, making their behaviour safer and providing wide access to prevention means and information for all target populations and first of all for those who are mostly exposed to the risk.

Thus, HIV prevalence among Injecting Drug Users reduced from 9.3% to 6.8% in 2005-2007, and among sex workers it was maintained at the same level - under 2%. The level of knowledge among Injecting Drug Users increased from 60% to 68% within 2 years, among sex workers - from 49% to 54% and among Men having sex with men - from 54% to 74%.

The Global Fund to fight AIDS, Tuberculosis and Malaria is providing unique support to the process of implementation of National AIDS Programme, which is being realized for the fifth year in a row and due to which significant national capacity was built, strong national response was formed and ARV treatment became available for all those in need. Currently, 90 patients with HIV/AIDS receive antiretroviral therapy and 285 are under the follow-up. All of HIV diagnosed pregnant women were provided with Prevention of mother to child HIV transmission services in recent 4 years. Further scaling up of those activities would allow reaching universal access to HIV prevention, treatment, care and support. Additionally, the original medicine, developed by the group of scientists in Armenia, possesses immunomodulatory and antiviral activity that improves considerably patients' quality of life, recreates their capacity for work and brings them back to active lifestyle.

Mr. Chair,

By joining the Millennium Declaration Armenia committed itself to incorporating the Millennium Development Goals into the national long-term polices and plans, and to introducing sustainable strategies and programs for integrating economic growth and human development. Through broad consultations Armenia has adopted the MDGs and developed a national MDG framework incorporating nationalized targets and indicators for 2015. One of the targets in the national MDG framework is: "Haltering by 2015 and starting to reverse the spread of HIV/AIDS" with relevant set of indicators for monitoring of achievements.

Thus, implementation of the ongoing National AIDS Programme would contribute to achievement of universal access towards HIV/AIDS prevention, treatment, care and support in Armenia by 2010. We are hopeful that such institutions as the Global Fund, UN agencies, multi-lateral and other technical partners would play an active role in the support of the National AIDS Programme realization, without which it would hardly be possible to achieve the universal access targets in Armenia.

Concluding my address, I would like to express our conviction that this High-Level Meeting on AIDS would promote achieving universal access to HIV/AIDS-related prevention, treatment, care and support worldwide.

Thank you for your attention.

STATEMENT

By H.E. Mrs. Sandra Elisabeth Roelofs

First Lady of Georgia

Special Envoy of the President of Georgia

United Nations General Assembly

High Level Meeting on HIV/AIDS

June 11 2008
New York

Thank you Mr. Chair,

Distinguished audience

Leaders of the world in the fight against HIV/AIDS

In name of the Georgian nation and its President Mikheil Saakashvili I would like to reconfirm our appreciation for the efforts of the United Nations in its role to enhance peace, prosperity and well-being of the humankind.

Delegation of Georgia fully aligned with the statement made by the representative of the European Union.

Speaking in HIV/AIDS terms, Georgia is a low-prevalence but simultaneously high-risk country with migration and transit flows, bordering Ukraine and Russian Federation, where the pandemic goes on taking its toll. There are other factors such as the wide-spread intravenous drug use in Georgia which gives us reason for concern.

Thanks to our strongly committed government we do have some good news as well: in the post-Soviet space, Georgia is the only country among low and middle income nations to guarantee a > 75% universal access. We are also proud of the fact that over the last two years we did not have any case of vertical transmission of the immune deficiency virus.

Maybe some of you remember that two years ago, I stood here in front of you promoting Georgian red wine as a red product. I will not do this this time although I believe that our red wine can be more efficient in promotion of health than for example lemon juice or garlic.

Joking aside, the difference with two years ago, Mr. Chair, is that now next to being Georgia's first lady, Stop TB Ambassador and Chairperson for the Global Fund's CCM in my second home-country, I also became a medical nurse and am determined to start working as a nurse, maybe in palliative care, after the summer holidays. I have decided that my salary will benefit the harm reduction programs implemented in Georgia. These are being implemented for drug users at a small scale so far, as it is not obvious to convince both the government and the general population of its positive effect

on the halt of infectious diseases like HIV/AIDS and Hepatitis C, another huge challenge in Georgia's healthcare.

Talking harm reduction I guess it is not only in Georgia that the government tries – through dialogue and open-mindedness- to find the perfect balance between on one hand respect of human rights and freedoms of each individual and on the other hand public responsibility for curbing infection, promoting a healthy life style and ensuring safety on the streets,

Being a nurse is being close to the patient, often being more of a social worker than a health worker. It is a given fact that infectious diseases and living conditions are closely linked. Georgia, economically booming with a 15% economic growth per year, has committed itself to fight poverty in the coming five years. This is the most daring election promise I have ever heard from my husband, who has been keeping his promises all throughout his political career. These will be five years of tireless work, creating more employment, a social safety net and insurance for all. Don't underestimate the health impact that insurance systems do have: the population is being forced into responsible behavior like using safety belts on the road and like participating in oncological screening programs, another thing Georgia is proud of to have started in the sphere of reproductive health.

Dear Mr. Chair, when the United Nations' Secretary General was in Georgia last year, I was happy to answer to his question on what I was doing as a first lady that I was working on four out of the eight Millenium Development Goals on a daily basis: extreme poverty, reduction of both infant and maternal mortality rates and infectious diseases. I will continue to do so and hope that our recently created First Ladies' Coalition for Health will be innovative and get us closer to meet the MDG's seven years from now. I won't be first lady anymore by then but as a nurse I will be able to feel the difference that you all can make today! Up to us to reach out and help wherever we can, here and now, offering better and more affordable care and treatment, respecting patients and health workers and prevent infection through comprehensive awareness campaigns.

Repeating the pledge of last month's Regional AIDS conference in Moscow that governments of health systems in transition need to show their commitment through increase of health budgets, we need not only make our

populations aware of health risks but also convince our governments to invest in health. Yes, INFORMED INDIVIDUALS WILL MAKE HEALTHY CHOICES but INFORMED GOVERNMENTS WILL MAKE HEALTHY BUDGETS.

Thank you for your attention and have a safe trip back home.

THE PERMANENT MISSION OF THE REPUBLIC
OF RWANDA TO THE UNITED NATIONS

Discours prononcé par Dr. Agnès Binagwaho, Secrétaire Exécutif de la Commission Nationale de Lutte contre le SIDA ; Représentant le Gouvernement du Rwanda à la Réunion de Haut niveau sur le SIDA

Assemblée Générale des Nations Unies
New York, 10 juin 2008

- Mr le President,
- Excellences,
- Mesdames et Messieurs,

C’est un grand honneur et un privilège que de Représenter mon pays, à la Réunion de Haut Niveau sur le SIDA qui rassemble le monde pour évaluer les progrès dans la mise en œuvre de la ***Déclaration d'engagement de 2001 sur le VIH et le SIDA et la déclaration politique sur le VIH et le SIDA de 2006***.

J’applaudis le Programme Commun des Nations Unies sur le VIH et le SIDA, pour les efforts mis dans le développement d’un système de reportage sur les progrès fait par les pays dans leur réponse aux défis du SIDA. En effet évaluer régulièrement où nous en sommes, échanger sur les succès et les problèmes sont la meilleure façon d’améliorer nos approches respectives et progresser de façon durable dans cette bataille.

Cet auguste assemblée a été un levier important dans les avancées de la lutte contre le VIH et le SIDA. je pense surtout à l’engagement personnel du 7ème Secrétaire Général, Kofi Annan c’est grâce à son plaidoyer que le Fond Global a vu le jour.

Rappellons nous, il y a sept ans les chefs d'états réunis au Nigeria, reconnaissant la destruction des économies et du tissu social, causée par cette pandémie, sur notre continent, se sont engagés sollenellement à peser de tout leur poids pour la combattre. Cet engagement est inscrit dans la ***Déclaration d'Abuja sur le VIH/SIDA, la tuberculose et autres épidémies***. Quelques mois plus tard, dans les lieux prestigieux où nous nous trouvons presentement, la ***Déclaration d'engagement de 2001 sur le VIH et le SIDA était signée*** par plus de 150 chefs d'Etats ou leurs représentants

Ces deux évènements ont définitivement assis le VIH et le SIDA en première ligne des priorités mondiales. En reconnaissant la dimension des droits de l'homme attachés à l'infection, ils ont conscientisé le monde sur la nécessité d'un acces équitable à la prévention, aux soins et traitement de l'infection pour tous d'où que l'on vienne et où que l'on vive.

Nous avons encore beaucoup de chemin pour y parvenir mais les jalons sont jetés et dès ce moment là, en 2001, de nombreux pays ont commencé la lutte contre le SIDA avec pratiquement aucune ressource pour la prevention, les soins et le traitement. Mais le fait d'avoir collectivemet agi contre le fleau leur a donné de l'énergie et de l'optimisme. Aujourd'hui, grâce au Fond Global, à la Banque Mondiale, à PEPFAR et d'autres partenaires nous avons les moyens de mener cette lutte et pouvons partager certain succès.

Les progrès du Rwanda sont a la mesure des engagements pris dans la déclaration de 2001, pour la lutte contre VIH et le SIDA.
Durant le génocide de 1994, nous avons perdu plus d'un million de vie, en moyenne dix mille vies par jour et cela 100 jours durant. Le Rwanda ne veut simplement plus se permettre de perdre d'autres vies pour quelque raison que ce soit.
C'est pourquoi la lutte contre le VIH et le SIDA est une priorité nationale, tout comme la lutte contre tout ce qui entrave la bonne santé et le développement de notre population.

Le rapport de l'UNGASS permet, tous les deux ans, à tous les pays à la fois de se comparer à eux mêmes - par rapport a leur niveau deux ans auparavant - et aux autres pays en comparant leurs difficultés, leur réussite et aussi leurs échecs.
Mais le rapport de l'UNGASS comporte aussi des lacunes que nous pourrions corriger dans l'avenir; il ne concerne pas l'actualité mais les résultats des actions menées 2 à 3 ans auparavant. Cette année 2008 nous avons ainsi discuté des réalisations allant de 2005 à 2006.
C'est pourquoi j'aimerais partager avec vous ce que nous avons accompli au Rwanda depuis 2005 jusqu'en fin 2007.
Aujourd'hui le Rwanda:

- A pu maintenir une prévalence à 3%,

- S'assurer que 50% de toutes les femmes enceintes bénéficient du Programme de réduction de la transmission de la mère à l'enfant PTME,
- Augmenter l'acces au traitement antiretroviral a plus de 70% des adultes qui en ont besoin, et à 62% des enfants qui en ont besoin,
- Plus important encore, pour assurer le succès de la lutte contre le SIDA, au Rwanda, le leadership national, continue de travailler étroitement avec la société civile et a créer un environnement de collaboration synergique et propice pour tous les intervenants, incluant les partenaires au développement.

Si nous avons atteint ces résultats, c'est suite au fait que l'infection par le VIH a, dès le départ, été combattu comme un problème de développement et surtout comme une petite pièce du grand puzzle de la reconstruction nationale post génocide. Une reconstruction axée sur les droits de l'homme, l'équité, la réconciliation et le désir farouche de sortir nos communautés de l'ignorance et de la pauvreté, mères de tous les dérapages sociopolitiques.

Cependant, malgré ces succès, nous devons rester vigilants car :

- Si dans la population de plus de 15 ans, la prévalence est de 3 %, il y a toujours un grand risque de nouvelles infections. Rappelons-nous, que même dans les pays où la prévalence est

aujourd'hui de 30%, elle a été un jour, à un moment donné, moins de 3%, avant de s'enflammer.

- Si 70% de ceux qui ont besoin des ARV les reçoivent, il y a toujours 30% qui meurent, sur nos collines, dans nos villages et nos villes faute d'y avoir accès.
- Si 50% des femmes enceintes bénéficient des services de PTME, les 50% qui n'en bénéficient pas, sont source de nouvelles infections chez l'enfant.

Mr le Président,
Excellences,
Mesdames et messieurs,

Je pourrais continuer à énumérer des données chiffrées, elles vous montreront des résultats dont nous sommes fiers, certes, mais ces chiffres montreront surtout, que tant qu'il y a de l'espace pour de nouvelles infections, ou des décès dus au VIH, nous avons encore a lutter et que rien n'est définitivement gagné.

Cette année, le thème de la Réunion de Haut Niveau sur le SIDA, qui est « L'accès universel à la prévention, aux soins et au traitement », a pour le Rwanda un sens profond car, tant qu'il y aura des nouvelles infections et tant qu'un seul mourra du SIDA, nous n'arrêteront pas le combat.

Pour cela, prévention et traitement sont indissolubles, car pour réussir à mettre sous ARV, tous ceux qui en ont besoin, il faut aussi et avant tout, renforcer la prévention par tous les moyens possible.
En effet, si le nombre d'infectés par le Virus de l'Immunodéficience Humaine augmente, aussi vite ou plus vite, que le nombre de personnes au stade SIDA que nous parvenons à mettre sous ARV, nous aurons l'illusion d'avancer, car le nombre total des personnes sous ARV augmentera. Nous aurons alors de belles statistiques et les félicitations de nos pairs, mais en réalité et en fin de compte, nous perdrons quand même la bataille, et aurons gaspillé notre énergie en vain. L'illusion d'une infection sous contrôle s'écroulera et nous nous réveillerons un jour dans une situation de diminution de la croissance économique, due aux décès dans la population active, due aussi à l'absentéisme au travail pour enterrement de parents, d'amis ou de collègues. Nous nous retrouverons dans une situation, où les quatre années d'espérance de vie que le Rwanda a gagnées, ces récentes années, se seront évanouies voire en recul.

C'est pourquoi, dans la lutte contre le SIDA aucun répit n'est permis, car le temps est contre nous. Par exemple, le Rwanda a réussi à fournir des ARV à la grande majorité de personnes au stade SIDA, grâce à une décentralisation effective, au renforcement des infrastructures des formations sanitaires et à la formation du personnel de santé. Mais, sachant que tous les séropositifs asymptomatiques d'aujourd'hui, entreront lentement dans le stade SIDA, d'ici huit années en moyenne,

même sans nouvelle infection, il nous faudra trouver pour chaque jour, des ARV pour trois fois plus de personnes et cela d'ici 2016.

Il faut donc continuer la lutte contre le SIDA avec acharnement et en triplant, dès aujourd'hui nos efforts, sinon demain les PVVIH recommenceront à mourir massivement.

Dans notre plan, pour réussir, nous devons renforcer la multisectorialité, ce qui, en peu de mots veut dire, intégrer la lutte contre le SIDA dans tous les secteurs. Nous avons fait cela dans les 12 secteurs de la nouvelle Stratégie de Développement Economique et de Réduction de la Pauvreté (l'EDPRS). Il s'agit des secteurs tels que la justice, la santé, l'agriculture, l'éducation, etc.… Mais, le défi maintenant est de l'inscrire dans les plans de développement au niveau décentralisé de tous les districts, pour que réellement, la lutte contre le SIDA fasse partie des efforts de développement durable.

Pour réussir, il faut aussi améliorer la connaissance de notre environnement, par des recherches ciblées, afin de savoir prédire d'où viendront les 1000 prochaines infections, pour concevoir des stratégies de prévention qui soient un bouclier efficace contre le VIH.

Mr le Président,

Excellences,

Mesdames et Messieurs,

Je ne pourrais conclure sans rappeler que pour réussir, 25 ans après la découverte du premier cas d'infection par le VIH, nous devrons combattre la lassitude et la fatigue et continuer à mobiliser la solidarité nationale et internationale.

Ces dernières années, dans le monde, la lutte contre le SIDA a bénéficié de billions de dollars et certains se sont élevés contre cette approche d'exception pour une seule maladie et ses effets.

Mais comme nous le répète souvent notre Président, Son Excellence, Paul KAGAME : ***« L'important n'est pas le caractère exceptionnel de la lutte contre le SIDA, mais ce qui est fait du financement qui y est alloué.***

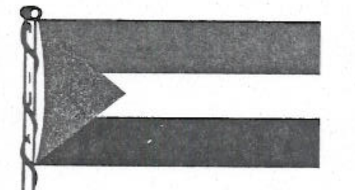
Ce financement doit être utilisé avec transparence et extrême rigueur. Il doit servir à lutter contre les vraies causes de l'expansion de la pandémie, à savoir les problèmes de développement. C'est pourquoi, il faut arrêter de traiter cette maladie chronique dans l'urgence mais l'inscrire dans nos efforts de développement durable. ».

C'est pourquoi nous devons nous assurer que ceux qui combattent l'exceptionnalité de l'appui à la lutte contre le VIH ne combattent pas sa multisectorialité et faire le plaidoyer pour que l'appui soit injecté

dans la construction des infrastructures de santé, dans la formation de personnel, dans l'éducation formelle, dans la lutte contre la pauvreté, dans le planning familial, bref dans tous ces défis sérieux qui sont des facteurs favorisant de cette pandémie.

Ceci urge particulièrement en Afrique, le continent le plus touché par la pandémie et le moins équipé pour la combattre.

Je vous remercie.



S U D A N

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STATEMENT

By

His Excellency Dr. Akec Khoc
Chargé d'affairs of the Republic of the Sudan to the United Nations

At

"The 2008 Comprehensive Review of the Progress Achieved in Realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS"

10 June 2008
United Nations -New York

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Mr. President

First of all allow me to extend my thanks and gratitude to the United Nations for convening this important high-level meeting "Review of the Progress Achieved in Realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS".

The delegation of the Republic of the Sudan would like to align itself with the statement made by the Arab Republic of Egypt on behalf of the African group and the statement by Antigua Barbuda on behalf of the G77 group and China, and the statement by Bangladesh on behalf of the LDCs.

The Sudanese delegation appreciates and welcomes the Secretary General's comprehensive report No **A/62/780** on the progress made to achieve the UNGASS deceleration. We equally welcome success and achievements made as evidenced by the remarkable increase in the number of beneficiaries of the prevention, care, treatment and support programs

Mr. President

HIV/AIDS is now viewed as one of the emerging development problems in the Sudan. Recent data has shown a prevalence of 1.6% among the general population and 2.6% among the adult population; the trend is towards reduction in prevalence.

Displacement, civil strife, natural disasters and economic factors have singularly or collectively impacted on the increased vulnerability of the Sudanese population to HIV/AIDS.

Based on its noble commitment to protect and serve her people, the Government of Sudan has given much attention to

the HIV/AIDS issue and has developed a multi-sectoral strategic plan to control and halt the epidemic. H.E. the President of the Republic of the Sudan launched this strategy demonstrating highest political commitment to fight the devastating epidemic.

Mr. President:

During the last two years the national strategic plan provided for free voluntary counseling and testing as well As free AIDS treatment in all parts of Sudan. Sectors like education, uniformed services, social welfare, media and others actively engage in HIV/AIDS combat activities. In addition, the government of Sudan has prioritized efforts to work with most of at risk population such as prisoners, truck drivers and others.

Mr. President

In the field of young people and women, Sudan recently formed the youth and women coalition against HIV/AIDS under the auspices of the First Lady aimed at mobilizing women sectors and organization to fight the epidemic. Moreover and for the first time the education sector has incorporated HIV/AIDS life skills training in school curricula to equip our young people with the necessary knowledge and skills to protect themselves from HIV/AIDS infection.

The Government of Sudan accords priority to the issues of people living with HIV/AIDS through the drafting of special law and legal reform to preserve the rights of people infected by the virus and protect them against stigma and discrimination. This law is in the ratification process. As part of our belief in the role of people living with HIV/AIDS, we have formed groups in all states of Sudan to provide social and economic support to those infected and affected by the epidemic.

The recent years have also shown limitless efforts to secure decentralization of the response and human resources development at lower levels to ensure that the services are getting closer to the target communities

Mr. President

The coordinated global support from the Joint UN program on HIV/AIDS, other UN agencies and the Global Fund to fight AIDS, Malaria and T.B. played a vital role in accelerating the national response. While appreciating this invaluable and vital support, we look forward to further collaboration to address the challenges and needs ahead, as the provision of technical assistance, human resources development and health system strengthening to ensure the achievement of MDGs, Universal Access to preventive, care, treatment and support Initiatives.

Mr. President

I conclude by renewing the commitment of the government of Sudan to all the declarations and recommendations of the united nations and our commitment to the MDGs and Universal Access Initiative including working with the at risk population and ensuring the availability , accessibility and affordability of the HIV/AIDS Services to all. In the same vein, we look forward to a greater role for the United Nations to support international and regional initiative that aim to achieve progress in the combat against HIV/AIDS and support to people living with HIV/AIDS.

Thank you.

Mission Permanente de la République du Congo auprès des Nations Unies
Permanent Mission of the Republic of the Congo to the United Nations

SOIXANTE DEUXIEME SESSION DE L'ASSEMBLEE GENERALE

REUNION DE HAUT NIVEAU SUR LA REVUE DES PROGRES REALISES DANS LA MISE EN ŒUVRE DE LA DECLARATION D'ENGAGEMENT SUR LE VIH/SIDA DE 2001 ET DE LA DECLARATION POLITIQUE DE 2006

(NEW YORK, 10-11 JUIN 2008)

DECLARATION DE LA DELEGATION CONGOLAISE

PRONONCEE PAR

DR MARIE FRANCE PURUEHNCE
SECRETAIRE EXECUTIVE DU CONSEIL NATIONAL DE LUTTE CONTRE LE SIDA (CNLS)

Vérifier au prononcé

*14 East 65th street, New York, N.Y. 10065 Tel: 212-744-7840 / 7841 * Fax: 212-744-7975 E-mail congo@un.int*

Monsieur le Président,

Permettez-moi tout d'abord, de vous transmettre les chaleureuses salutations de Son Excellence Denis Sassou Nguesso, Président de la République, qui, pour des raisons de calendrier n'a pas pu prendre part à ces importantes assises.

Ma délégation tient à remercier le Secrétaire Général des Nations Unies pour le plaidoyer et le leadership dont il fait montre dans la mobilisation de la communauté internationale en faveur de la lutte contre le VIH/Sida, ainsi que pour l'important rapport soumis à notre examen.

Ce rapport montre de façon pertinente que si des avancées significatives ont été réalisées pour atteindre les objectifs convenus, notamment en matière d'accès au traitement antirétroviral, d'importants défis restent à relever concernant, entre autres, l'accès universel à la prévention, au traitement, aux soins et au soutien psychologique, à cause de l'écart entre les ressources disponibles et les besoins réels.

Monsieur le Président,

Depuis l'adoption de la Déclaration politique en 2006 qui réaffirme la Déclaration d'engagement de 2001 sur le VIH/Sida, le Congo, sous l'impulsion de Son Excellence Denis Sassou Nguesso, Président de la République, a réalisé des progrès significatifs en prenant des mesures ambitieuses pour faire face à la pandémie du VIH/Sida.

Il convient de relever que dans notre pays, le nombre de personnes séropositives, à ce jour, est estimé à 140.000 pour 3,5 millions d'habitants soit un taux de prévalence de 4,1%.

En vue d'apporter la réponse à ce fléau, qui constitue un réel problème de santé publique et un sérieux handicap pour le développement, le Président de la République s'est personnellement investi en assurant la présidence du Conseil National de Lutte contre le VIH/Sida mise en place depuis le 14 juillet 2004.

Depuis 2003, le Congo met en œuvre les orientations contenues dans son cadre stratégique national en matière de lutte contre la pandémie.

Ainsi, en dépit de l'insuffisance des ressources, mon pays s'est résolument engagé dans la voie de l'accès universel aux services de prévention, de soins et de soutien psychologique de la population qui en a besoin.

Par ailleurs, le Gouvernement a pris d'importantes mesures, notamment celles relatives à la gratuité des antirétroviraux et des examens de suivi biologique de l'infection à VIH.

Le nombre de sites de dépistage volontaire a significativement accru passant de 6 en 2006 à 66 en 2008 augmentant ainsi considérablement le nombre de personnes accueillies chaque année. A cela s'ajoutent 28 centres qui permettent la prise en charge globale des personnes diagnostiquées séropositives.

Il sied également de relever l'amélioration significative de la couverture nationale des services de prévention de la transmission du VIH de la mère à l'enfant. En 2007, sur un total de 4607 femmes enceintes ayant bénéficié du conseil et de dépistage du VIH, 5,6% ont été dépistées séropositives.

En dépit de ces avancées notables, de nombreux défis restent à relever.

En effet, la couverture des personnes vivant avec le VIH reste encore faible car 7% seulement du total estimé des malades bénéficient actuellement de la prise en charge.

Sur 30 000 personnes qui ont besoin d'être sous ARV, seules 8843 sont suivies dont 7605 sous antirétroviraux

D'autres défis se posent en termes de partenariat durable, de financements prévisibles, d'accès aux traitements antirétroviraux de deuxième et troisième générations.

En effet, les progrès que mon pays a enregistrés ont été rendus possibles grâce à l'appui multiforme des partenaires au développement, aussi bien bilatéraux que multilatéraux, notamment les agences du système des Nations unies, les institutions financières internationales, le secteur privé et de la société civile. C'est ici le lieu de les remercier pour leur précieuse contribution et aussi de reconnaitre le courage et l'engagement des associations des personnes vivant avec le VIH.

Cependant, au regard de nombreux défis qui restent à relever, ma délégation voudrait saisir l'occasion pour appeler la communauté internationale à redoubler d'efforts en matière de lutte contre le VIH/Sida et les maladies associées.

Le succès de la lutte contre le VIH/Sida passe, en effet, par une synergie et une cohérence des interventions de l'ensemble de la communauté internationale.

Pour sa part, le Gouvernement congolais ne ménagera aucun effort dans la réalisation des engagements pris.

Monsieur le Président,

Pour terminer, ma délégation s'associe pleinement à déclaration faite par le distingué Représentant de Antigua et Barbuda au nom du Groupe des 77 et la Chine ainsi qu'à celle qui sera prononcée tout à l'heure par le distingué Représentant de l'Egypte au nom du Groupe africain.

Je vous remercie. /

GHANA

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STATEMENT

DELIVERED BY

PROFESSOR FRED T. SAI

PRESIDENTIAL ADVISER ON REPRODUCTIVE HEALTH AND HIV/AIDS

AT THE

HIGH-LEVEL MEETING ON A COMPREHENSIVE REVIEW OF THE PROGRESS ACHIEVED IN REALIZING THE DECLARATION OF COMMITMENT ON HIV/AIDS AND THE POLITICAL DECLARATION ON HIV/AIDS

NEW YORK, 11 JUNE, 2008

Mr. President,

Ghana aligns itself with the statements delivered by Egypt on behalf of the African Group and Antigua and Barbuda on behalf of the Group of 77 and China. It is recalled that Ghana joined other countries in 2001 and 2006 in committing to the declaration on HIV and AIDS.

Mr. President,

HIV/AIDS is a visible and key component of the Ghana Poverty Reduction Strategy II (GPRS II) and enjoys a very high level of political commitment and national leadership.

Ghana recognizes and appreciates the support of the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank MAP and TAP, other global Health Partnerships and its bilateral and multilateral partners in the national response. This support has sustained a national effort that has led to a decline in the national HIV prevalence rate over the past three years from 2.2% to 1.9% in 2007.

Mr. President,

In 2003, Ghana started a programme to make available a comprehensive package of prevention, treatment, care and support for persons living with and affected by HIV. Two years ago, we launched a massive scale up programme dubbed "Towards Universal Access-Ghana's Comprehensive and Antiretroviral Therapy Plan" leading to the establishment of 95 antiretroviral therapy centres in the country as of December 2007.

This has enabled us increase the number of persons on antiretroviral therapy from under 6,000 in 2006 to over 13,429, 66% of whom are women, by the end of 2007. Currently we face challenges of increasing the proportion of HIV infected Children on antiretroviral therapy and rapidly reaching all persons eligible for antiretroviral therapy.

Another significant achievement is the expansion of Prevention of Mother to Child Transmission Services. There are over 420 centres across the country. Access to antiretroviral by pregnant HIV infected women for the prevention of mother-to-child transmission has increased four fold.

Mr. President,

The role of Civil Society and Community Based Organizations has been remarkable in the national response. People Living with HIV Associations are active members of the National AIDS Commission and also the various subcommittees and working groups in the national response. However, funding for these associations has diminished in recent times due to reduced donor funding in-country of the Multi Country AIDS Support programme.

However, as part of national effort at ensuring sustainable financing, the Ghana AIDS Commission has submitted a memorandum to the Ghana Government seeking approval for the establishment of an AIDS Fund which will be financed from multiple sources including the mobilization of local resources through levies on consumables such as alcohol.

We remain very concerned about the stigma and discrimination that is associated with HIV/AIDS infection. Therefore, we have intensified the national anti-stigma and discrimination campaign mounted in 2003 which now includes leadership of Faith Based Organizations and Traditional Leaders. Workplace programmes, in public sector, have assumed great significance.

Mr. President,

Ghana recognizes the critical role of prevention in the fight against HIV and AIDS, and continues to pursue a strategy to intensify prevention activities aimed at ensuring that the uninfected continue to stay negative while addressing the high risk behaviour that predispose persons to HIV infection.

The co-morbidity of HIV and Tuberculosis with 30% prevalence is recognized as a major challenge in the national response. Consequently, Ghana has ratified a TB/HIV national policy and developed national guidelines for the management of the co infection. All persons accessing HIV testing are screened for Tuberculosis and all persons screened for Tuberculosis are routinely offered HIV Counseling and Testing in all the over 420 Counseling and Testing Centres in 166 districts across the country. In addition, Persons Living with HIV and TB routinely receive Cotrimoxazole prophylaxis.

Other key challenges facing the national response include the dwindling local resource allocation from our development partners, the feminization of the epidemic due to gender inequality, reaching the vulnerable and marginalized populations especially young persons, orphans and vulnerable children and the most at risk including sex workers and displaced persons.

An equally important challenge is the weak health systems common in the sub-Saharan region in terms of the number of practitioners, skills mix and infrastructure for quality care.

In conclusion, Mr. President, Ghana reiterates its call for prevention to remain the mainstay of the fight against HIV. At the same time we call for increased, sustained and predictable financing for the overall HIV response especially in support of Civil Society Organizations, as well as the infusion of massive resources to revamp and sustain the weak Health Care Delivery Systems and the recognition of nutrition as a fundamental and essential component of treatment, care and support.

TB and HIV co-infection remain a major challenge to the current efforts at addressing the epidemic. In addition to ensuring stronger collaboration between the two programmes, we stress the importance of newer and rapid methods for testing for tuberculosis globally.

Let me also emphasize that HIV and AIDS-related research, especially research into microbicides and other female controlled methodologies, safe and affordable vaccines, safe and affordable new antiretroviral formulations must be intensified while at the same time addressing HIV drug resistance emergence and prevention.

Mr. President, Ladies and Gentlemen,

A lot has been achieved, yet there is even more work ahead of all of us to eliminate the scourge of HIV/AIDS as a gift to future generations.

I thank you.

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United Nations General Assembly
62nd Session
High-level meeting on a comprehensive review of the progress achieved in realising the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS

11 June 2008

Statement by
Dr Andrew Steer
Director General, Department for International Development

Check Against Delivery

UK Statement, presented by Andrew Steer, Director General, Department for International Development

UN High Level Meeting on HIV and AIDS, Wednesday 11th June 2008

We thank the Secretary General for the comprehensive report and also support the excellent statement made last evening by Slovenia on behalf of the European Union. The report from the Secretary General is encouraging but makes clear that the scale of the challenge facing us remains vast. The UK particularly welcomes the call for political and social mobilisation to address gender inequality. The MDGs that are most off track are those that rely on women's rights. We will not achieve MDG6 if women's rights are not included as a central element in programmes to halt and reverse the spread of HIV.

Today I want to draw attention to four key areas where we feel there is a need for all of us to improve our response.

First then, is the issue of the need for greater investment in health systems. The UK Government firmly believes that, if we are to achieve universal access, we need to expand access to effective and integrated service delivery, across a range of health systems and other services, including scaling up services for populations most at risk. While the overall response to AIDS must be multi-sectoral, we believe that the current global under-investment in health in developing countries is fundamentally compromising national and international efforts to tackle AIDS.

UNAIDS, WHO and UNICEF agree, and underline it in their new report: 'Towards Universal Access: scaling up priority HIV/AIDS interventions in the health sector', published last week. We support their analysis that weak health systems and services are likely to slow the future expansion of access to antiretroviral treatments.

Last week, the UK's Secretary of State for International Development launched DFID's updated seven year strategy to halt and reverse the spread of HIV in the developing world. He announced, in addition to the US $ 2 billion commitment up to 2015 we made to the Global Fund last year, that the United Kingdom will invest a further US $ 12 billion over the next seven years to strengthen health systems and services. These unprecedented long-term pledges signal the level of our commitment as part of the international effort to achieve universal access.

Our investment will also enable us to increase our support for sexual and reproductive health services, crucial in expanding efforts to prevent new HIV infections, and working with others to reduce unmet demand for family planning by half, by 2010.

Second, on the issue of rights. We join the Secretary General's call to respond to the needs and rights of the most vulnerable, to develop a far stronger commitment to make services available for these groups. This means, *inter alia*, meeting the needs of orphans and vulnerable children, particularly by scaling up social protection programmes. There is a need for all of us to greatly increase our efforts to reduce the impact of stigma and discrimination, which drive the epidemic in many parts of the world. National responses must enable those who are most affected to participate in the design, implementation, monitoring and evaluation of services and we believe it is important to translate existing human rights into specific protections for all the key groups. From the UK perspective, this particularly includes drug users, gay men and men who have sex with men, sex workers and prisoners.

Young people must be an integral part of the solution. We know that 40% of new infections are amongst young people in the 15-25 years age group. The Secretary General's findings indicate continuing low levels of accurate knowledge regarding HIV amongst young people. It is essential that we recognise, not only their specific needs and rights, but also the vital contribution they can make to the AIDS response, and enable their active participation.

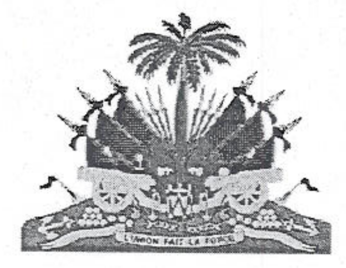
We also see a need for greater coherence across the UN system and feel that the forthcoming UNGASS on drugs, in March 2009, must reflect more fully the issues regarding HIV and AIDS. We urgently need to move forward with far greater access to harm reduction programmes in all regions and trust this process will be kick-started before and during the UNGASS.

Thirdly, making the money work harder and ensuring value for money. We have to use the considerable resources now available more effectively, working together in a harmonised way, strengthening partnerships – especially with NGOs and civil society – and greatly improving our monitoring and evaluation. We do have a responsibility to ensure value for money and consider the sustainability of our response. International partners need to support country-led AIDS responses and align behind national plans. It is vital that we do not fail to learn from the sometimes painful lessons learned in other sectors, so let us ensure a country-led approach that is really inclusive, working closely with others in our response.

Finally, in the UK we have a low prevalence of HIV and AIDS as a result of the early introduction of harm reduction programmes, access to treatment, awareness campaigns and voluntary and confidential testing services. But we too are faced with challenges such as encouraging earlier testing, addressing the stigma linked to HIV, and developing approaches to prevention which sustain behaviour change. We recognise that we can learn from the international responses and also share, with others, our good practice.

This meeting is an important opportunity to take stock of the progress that has been made, in all countries, and to really address the key issues that we are not yet effectively addressing.

Thank you for your kind attention.



RÉPUBLIQUE D'HAITI

INTERVENTION

du

Dr. Gabriel Thimothé

Directeur Général

du Ministère de la Santé Publique et de la Population

de la République d'Haïti

Réunion de Haut Niveau sur le VIH/SIDA

Nations Unies

New York, 11 juin 2008

Monsieur le Président,
Distingués Délégués
Mesdames, Messieurs

La République d'Haïti se réjouit de participer une nouvelle fois à cette Réunion de Haut Niveau sur le VIH/SIDA qui vise à faire le point sur les progrès réalisés par les Gouvernements des pays signataires de la Déclaration d'engagement de juin 2001. Notre pays a compris la nécessité de donner une réponse articulée à la problématique de l'épidémie du VIH en déployant des efforts pour en réduire les conséquences. Cette réponse qui se veut multisectorielle, inclusive est supportée par une volonté politique qui a survécu aux divergences idéologiques.

M. Le Président,

En dépit des turbulences sociopolitiques qu'a connu le pays pendant les 5 dernières années, Haiti a pu consolider des acquis tangibles dans la lutte contre le VIH/SIDA en maximisant l'effort national et la solidarité internationale. En effet des interventions novatrices ont été entreprises afin de contrôler l'épidémie et ont permis d'obtenir des résultats significatifs qui méritent d'être signalés.

Le profil épidémiologique a montré une réduction progressive de la prévalence du VIH qui est passée de 6.5% en 1993 à 2.2% en 2007 avec une nette tendance à la féminisation, ce qui justifie la formulation de stratégies mieux adaptées. Le nombre de centres de dépistage volontaire répertoriés est de 127 contre 27 en 2000. En 2007, 317.324 personnes ont été testées pour le VIH dont 106.108 femmes enceintes. 94 institutions disposent de services de PTME tandis qu'il n'y en avait que 3 avant 2003. Le nombre de sites fournissant les anti-rétroviraux a aussi évolué de 2 en 2003 à 45 en 2007. 15 283 patients sont traités aux ARV grâce au support du Fonds Mondial et de PEP FAR.

Du point de vue normatif 3 protocoles nationaux de traitement orientent les prestataires en vue d'une meilleure prise en charge des adultes, des enfants exposés ou infectés au VIH et des patients co-infectés. Des procédures de contrôle de qualité sont mises en place pour évaluer le traitement des patients recevant les ARV. Cette activité bénéficie de l'appui technique de PEPFAR et de l'OPS/OMS

M. le Président

Un partenariat solidaire entre les secteurs public et privé a facilité l'atteinte des objectifs fixés dans le Plan Stratégique National considéré comme le repère à toutes les interventions, tant au niveau de la prévention que de la prise en charge. L'implication de la société civile à travers les organisations de jeunes, de femmes, de personnes vivant

avec le VIH (PVVIH), des groupes religieux et des associations de journalistes confère une forte impulsion à l'action gouvernementale par une appropriation de ces différents secteurs.

M. le Président,

Une gestion rigoureuse des ressources allouées au pays s'est soldée par une efficience et des extrants tangibles comme par exemple la sensibilisation des groupes vulnérables : jeunes, femmes migrantes, travailleuses du sexe, hommes ayant des rapports avec d'autres hommes, l'augmentation de la prévalence du préservatif et la création d'une plateforme nationale de personnes vivant avec le VIH. De plus, il convient de mentionner l'émergence des groupes de support, le modèle de prise en charge communautaire développée en zone rurale et l'élaboration d'avant projets de lois sur la responsabilité civile et pénale face au VIH.

Dans le domaine de la recherche Haïti est un site d'expérimentation pour des essais cliniques et vaccinaux depuis 2003 et a réalisé diverses études comportementales.

M. le Président,

Le succès du programme national de lutte contre le VIH/SIDA n'occulte pas les grands défis. En effet, la multisectorialité tarde à se matérialiser par l'implication effective des Ministères sectoriels. La coordination des interventions demeure un souci majeur pour le Gouvernement qui priorise la synergie des actions et la rationalisation des ressources.

Une nouvelle dynamique se développe incluant la mise en place de la Commission Nationale de lute contre le SIDA (CNLS), l'intégration des programmes TB/VIH, le renforcement institutionnel, la décentralisation des interventions pour garantir l'accès universel et offrir la trithérapie d'ici à 2010 à 30.00 patients. Il se profile déjà une plus grande participation des personnes vivant avec le VIH au niveau de la planification, de l'exécution des programmes et de la mobilisation. Ce mouvement doit être renforcé car les personnes vivant avec le VIH sont des acteurs incontournables.

La réponse nationale se fonde sur la recherche constante de consensus en vue d'un engagement citoyen car le SIDA est avant tout un problème de société. Le Gouvernement de la République d'Haiti saisit l'opportunité pour remercier la Coopération américaine, française, canadienne, les Agences du Système des Nations Unies, le Fonds Mondial, le PEPFAR et tous ses partenaires pour leur soutien et réaffirme son engagement à poursuivre la lutte, inscrite désormais dans le cadre du développement global.

Je vous remercie

MADAGASCAR

RÉUNION DE HAUT NIVEAU SUR L'EXAMEN DES PROGRES OBTENUS DANS LA RÉALISATION DE LA DÉCLARATION D'ENGAGEMENT SUR LE VIH/SIDA ET DE LA DÉCLARATION POLITIQUE SUR LE VIH ET LE SIDA

DÉCLARATION DU Dr. Paul Richard RALAINIRINA, SECRÉTAIRE GÉNÉRAL DU MINISTERE DE LA SANTÉ ET DU PLANNING FAMILIAL

NEW YORK, 10 ET 11 JUIN 2008

vérifier au prononcé

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Monsieur le Président,
Monsieur le Secrétaire général,
Excellences Mesdames et Messieurs,

Madagascar se réjouit de l'occasion de cette session de haut niveau qui nous permet d'évaluer, à intervalles réguliers, la mise en œuvre de la Déclaration d'Engagement adoptée par notre Assemblée en juin 2001, et de dégager les mesures nécessaires pour donner une nouvelle impulsion à notre action commune contre le fléau du VIH et du SIDA.

Au niveau régional, Madagascar souscrit entièrement à la Position commune africaine et à celle des pays membres de la Communauté de développement de l'Afrique Australe (SADC), et soutient la Déclaration d'Abuja de 2006. Lors de la « Consultation de la Région Afrique auprès des Intervenants sur la planification stratégique, le Genre et la Société Civile, dans le domaine de la réponse face au VIH et au Sida », tenue à Madagascar en avril dernier, pour marquer l'engagement dont il n'a jamais manqué de faire preuve, Son Excellence Monsieur Marc RAVALOMANANA, Président de la République de Madagascar, a soulevé quelques barrières à la réponse face au VIH et au SIDA :

- **Première barrière :** faible qualité du système de santé et de l'accès universel à la prévention aux soins, traitements et soutien par manque de ressources (techniques et humaines) de qualité ;

- **Deuxième barrière :** insuffisance de leadership réellement engagé dans la gestion efficace de la réponse;

- **Troisième barrière :** faiblesse dans la coordination, le partenariat et la redevabilité.

Ces barrières et bien d'autres obstacles sont bien développés dans l'excellent rapport présenté par le Secrétaire général, et je profite de l'occasion pour l'en féliciter.

Monsieur le Président,

- L'appel au leadership fort, à l'engagement et à l'investissement de tous, chacun à son niveau ;
- l'encouragement à rechercher des solutions aux obstacles socioéconomiques pour l'accès universel à la prévention, aux traitements, soins et soutien ;

- l'atteinte des Objectifs du Millénaire :

  les autorités de Madagascar ont toujours répondu présent à ces appels.

Permettez-moi de citer quelques déterminants de notre réponse:

- L'appropriation nationale de la réponse par la mise en œuvre d'initiatives novatrices de prévention et de prise en charge à travers des stratégies basées sur les évidences, la mise en œuvre du paquet intégré de prévention (dépistage volontaire, planning familial, prévention de transmission mère-enfant, santé de la reproduction), l'opérationnalisation des médecins référents, des associations de prise en charge psycho-sociale des personnes vivant avec le VIH/SIDA; le partenariat multisectoriel (public-public et public-privé)
- Le renforcement du dispositif de lutte contre les Infections sexuellement transmissibles, porte d'entrée du VIH ;
- La création du Fonds de solidarité pour le soutien des Personnes Vivant avec le VIH ;
- La décentralisation de la gestion de la réponse face au VIH et au SIDA, avec la mise en œuvre d'une approche focalisée dans les communes selon leur degré de vulnérabilité ;
- La promulgation des textes et réglementations protégeant les droits des personnes vivant avec le VIH ainsi que les groupes vulnérables (les orphelins et enfants vulnérables, les femmes ...) contre toutes formes de discrimination et d'exploitation ;
- Le renforcement des activités de communication recentrées autour d'une communication pour la prise d'initiative et l'action (COPIA) qui vise des interventions de proximité jusqu'aux localités reculées.

Aussi, notre taux de prévalence en VIH est maintenu à moins de 1%.

Cependant, il faut aller au-delà des chiffres et faire de la vigilance la seule règle de conduite.

Monsieur le Président,

Madagascar est convaincu que :

- il nous faut désormais parler le même langage, avancer d'un pas égal, au même rythme avec un leadership fort à tous les niveaux ;

- il faut, au niveau des partenaires financiers, considérer l'appui à la réponse face au VIH et au SIDA comme un véritable investissement à long terme, quel que soit le niveau de prévalence en question ;

- maîtriser les déterminants de l'épidémie au niveau national, régional et international pour développer et coordonner les stratégies les plus appropriées, notamment en matière de prévention ;

- renforcer le partenariat avec le secteur privé et la société civile dans la réponse face au VIH et au SIDA

- améliorer les offres de service de santé (*infrastructures, ressources humaines qualifiées en nombre suffisant, logistiques intégrées des intrants*), tout en allégeant les coûts supportés par les bénéficiaires ;

Monsieur le Président,

Tout ce que nous venons de développer peut se résumer en quelques mots : vision stratégique et perspectives à long terme, volonté politique, solidarité agissante, pugnacité à toute épreuve. Ouvrons nos cœurs à ces nobles sentiments… Armons-nous de ces outils-clés …
Ensemble, je suis convaincu que nous vaincrons le SIDA… nous permettrons à nos générations futures de faire l'économie d'une catastrophe annoncée à l'échelle mondiale.

Excellences, Mesdames et Messieurs, je vous remercie de votre aimable attention.

REPÚBLICA BOLIVARIANA DE VENEZUELA
MISIÓN PERMANENTE ANTE LAS NACIONES UNIDAS

Intervención de la Embajadora Aura Mahuampi de Ortiz
Encargada de Negocios a.i.

Reunión de Alto Nivel para hacer un Examen Exhaustivo de los Progresos realizados en la aplicación de la Declaración de Compromiso en la lucha contra el VIH/SIDA y en la Declaración Política sobre el VIH/SIDA

Nueva York, 10 y 11 de Junio de 2008

Cotejar con el discurso

Señor Presidente,

La Delegación de la República Bolivariana de Venezuela se complace en participar en el presente examen exhaustivo, por cuanto el mismo nos permitirá, con un espíritu constructivo y de compromiso social, exponer los logros alcanzados, así como los retos enfrentados por nuestro Gobierno en el cumplimiento de los objetivos trazados en la Declaración de Compromiso y complementados en la Declaración Política.

Señor Presidente,

En Venezuela hemos asumido la lucha contra el VIH/SIDA en el marco del respeto de los derechos humanos, y específicamente de los derechos sociales, que contempla la Constitución de la República Bolivariana de Venezuela. El respeto de esos derechos es uno de los parámetros que guía y sustenta la política de desarrollo social que ejecuta actualmente el Gobierno del Presidente Hugo Chávez Frías, orientada a erradicar la pobreza y garantizar un nivel de vida digna a nuestro pueblo, en el marco de la construcción de un modelo de desarrollo humanista, fundado en los principios de la justicia social, la equidad, la solidaridad, la inclusión social.

Ha sido precisamente en el ámbito de la salud donde el Gobierno venezolano ha logrado sus mayores conquistas en la lucha contra la pobreza y ello ha sido posible gracias a una red de programas sociales y económicos de alcance masivo, denominados Misiones Sociales, dirigidos fundamentalmente a saldar la deuda social del Estado venezolano con las personas que fueron víctimas de la exclusión social. Específicamente a través de la Misión Barrio Adentro, en sus cuatro fases, se garantiza el derecho a la salud de los venezolanos y venezolanas.

A la fecha, la República Bolivariana de Venezuela ha alcanzado varios de los Objetivos de Desarrollo del Milenio, específicamente en el ámbito de la educación, la salud y la pobreza, los cuales sin duda inciden de manera positiva en nuestros avances en el combate contra el VIH/SIDA.

Señor Presidente,

El combate contra el VIH/SIDA en Venezuela se inscribe dentro de nuestra estrategia de erradicación de la pobreza y responde asimismo al objetivo de garantizar el derecho a la salud de los venezolanos y las venezolanas. Al mismo tiempo, la lucha contra el VIH/SIDA, a nivel nacional, se ubica en el contexto de dar cumplimiento al compromiso asumido por nuestro Gobierno en la Declaración de Compromiso, y reiterado posteriormente en la Declaración Política de 2006.

En Venezuela, el VIH/SIDA ha sido declarado un asunto prioritario de salud pública y si bien en nuestro país la epidemia está concentrada, el Gobierno nacional no ha escatimado esfuerzos para desarrollar la estrategia más amplia y efectiva, a fin de detener y revertir la epidemia, de manera que el tema es considerado dentro del Plan de Desarrollo General de la Nación, y específicamente a través del Programa Nacional del SIDA e Infecciones de Transmisión Sexual (ITS), bajo la responsabilidad del Ministerio del Poder Popular para la Salud y el cual cuenta con el apoyo de otros organismos nacionales y con la participación de la sociedad civil, a través de organizaciones de base comunitaria.

El Programa Nacional del SIDA (PNSIDA) se inició en 1999 y se ejecuta a través de cuatro componentes: educación-prevención, gestión, atención y vigilancia epidemiológica.

En materia de prevención el Programa desarrolla una estrategia de información, educación y comunicación dirigida a la población en general, jóvenes y mujeres embarazadas, la cual incluye una campaña a través de los medios de comunicación a nivel nacional, un programa de suministro gratuito de preservativos, la capacitación de personal de salud en instituciones públicas, y el despistaje obligatorio de VIH en todas las embarazadas en las instituciones públicas, la celebración del Día Nacional de Prevención Escolar del SIDA y la realización de proyectos de prevención y la promoción de los derechos humanos conjuntamente con organizaciones de la sociedad civil y de base comunitaria, entre otras acciones.

En lo que respecta a la atención, el sistema de vigilancia epidemiológica reportó, a finales de 2007, un total de 65.462 personas que viven con el VIH a nivel nacional. De ese total, la epidemia se concentra en los grupos de hombres que mantiene sexo con otros hombres, de jóvenes menores de 25 años y de mujeres y entre ellas las dedicadas al trabajo sexual, visto su riesgo de exposición. Estos datos indican que en un 90% de los casos, la vía sexual es la principal forma de transmisión.

Para el año 2006 se reportaron 310 embarazadas seropositivas, cifra que para 2007 descendió a 294. Para reducir la reducción vertical del VIH (madre-hijo) el gobierno venezolano suministra a todas la gestantes con VIH/SIDA el tratamiento antirretroviral de alta eficacia a la madre y al recién nacido, así como, formulas lácteas durante un año, a fin de evitar la posible trasmisión a través de la lactancia materna.

El Gobierno venezolano garantiza el acceso universal y gratuito al tratamiento antirretroviral, sobre la base de la atención, el apoyo integral y el respeto a los derechos humanos de estas personas. Este acceso es posible gracias a una política integral de medicamentos que se lleva a cabo actualmente en Venezuela, en el marco del Proyecto Salud Segura, con el objetivo de garantizar el derecho a la salud, a través del suministro de medicamentos antirretrovirales gratuitos a la población, lo cual ha sido posible gracias a la implementación de compras de medicamentos genéricos de calidad.

De igual manera, el marco jurídico de nuestro país prohíbe la discriminación de las personas y en este sentido, los órganos estatales competentes en la materia realizan los mayores esfuerzos por garantizar el cumplimiento del derecho a la no discriminación.

Señor Presidente,

Como lo señala el Secretario General en su Informe sobre la Declaración de Compromiso y la Declaración Política, documento A/62/780, resulta indispensable la voluntad política para detener los avances del VIH/SIDA y revertir sus efectos perniciosos, y eso es principalmente lo que ocupa el Gobierno del Presidente Hugo Chávez en esta materia. Por ello, hoy más que nunca, debemos esforzarnos por lograr la meta establecida del acceso universal al tratamiento, y en ese sentido nuestra delegación hace un llamado a todos los Estados a contribuir, de manera decidida y solidaria, con el logro de esa meta, a través de la cooperación internacional y así como mediante el compromiso adquirido por los países desarrollados de destinar el 0.7% de su ingreso nacional bruto a la ayuda oficial para el desarrollo.

Muchas gracias, Señor Presidente

PERMANENT MISSION OF THE REPUBLIC
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CHECK AGAINST DELIVERY

STATEMENT

by

DR. MILENA STEVANOVIC
NATIONAL COORDINATOR FOR HIV/AIDS
OF THE REPUBLIC OF MACEDONIA

at the

High Level Meeting for a Comprehensive Review of the Progress Achieved in Realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS

New York, 11 June 2008

Mr. President,

As one of the countries that has signed the UNGASS declaration on Commitments for HIV and AIDS, the Republic of Macedonia undertakes necessary steps in defining strategic HIV priorities, implementing concrete activities building sustainable system and mobilization of financial resources according to their availability.

The HIV program supported by the Global Fond to fight AIDS, TUBERCULOSIS and MALARIA enabled our country to successful implement the aims and activities defined by the previous strategy for the period 2003-2006.

Moreover, this program contributed to the capacity building of the governmental and non-governmental sector including PLHIV for planning and implementation of activities targeting HIV and AIDS prevention.

The experience gained during the implementation of the previous AIDS strategy, situation analysis, as well as the priorities defined through the national consultation process on Universal Access to prevention, treatment, care and support, are the basis for setting the future priorities.

Mr. President,

As a EU candidate country, our national response following the European Union recommendations, is designed as a continuous process of well-defined measures and efforts by the Republic of Macedonia on both horizontal and vertical levels, not only as a short term campaign. Therefore, the National Strategy for HIV and AIDS prevention for the period 2007-2011 defines future directions for the overall response of our country to be fully committed to the achievement of the Millennium Development Goals, especially focusing on MDG 6.

The strategy promotes broad public health approach challenging apart from the health aspects also social, cultural and educational ones. My Government's approach of combating HIV and AIDS involves prevention of HIV epidemic and also provision of appropriate treatment, care and support to people living with HIV and AIDS. Only through well-defined strategic priorities and their actual implementation following the principles of THREE ONES, we have created conditions for successful prevention of HIV infection and populations health protection.

Mr. President,
Excellencies,
Ladies and Gentlemen,

If we consider that health is an investment in the overall economic growth and development, then the strategy of the Republic of Macedonia, with its cost-effective measures, contributes to building the health system focused on patient and citizen, with well-defined public health direction. Everybody has a right to health and society is responsible for the provision of an adequate HIV and AIDS prevention.

Therefore, I can assure you that the Government of the Republic of Macedonia is firmly engaged in taking the responsibility for a well-organized response to this challenge.

Thank you.

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STATEMENT

BY

PROFESSOR BABATUNDE OSOTIMEHIN
DIRECTOR GENERAL
NATIONAL AGENCY FOR THE CONTROL OF AIDS, FEDERAL REPUBLIC OF NIGERIA

AT THE

UNITED NATIONS HIGH LEVEL MEETING ON AIDS 2008

New York, 11 June 2008

Mr President,

Mr. Secretary General,

Excellencies,

Ladies and Gentlemen,

Nigeria considers the HIV/AIDS pandemic as a big developmental challenge and that has informed the position of the Federal Government of Nigeria in hosting two successive African Union Summits on HIV in 2001 and 2006. The outcomes of these landmark events i.e. the Abuja Declaration of 2001 and the UNGASS commitment in 2006, continue to be the benchmark of National Responses in Africa and indeed across the world. This was reaffirmed in 2006 by the UNGASS commitment and the acceptance of the principles of Universal Access.

Your Excellencies, since the UNGASS in 2006, Nigeria has improved the policy environment considerably. You may recall that in 2005 Nigeria established a new strategic framework, which was put in place as our first multisectoral strategic plan expired in 2004. Given the federal nature of Nigeria, the federating states have also developed states' strategic plans, which derive from the principles of the National strategy. The different sectors including the health sector, education, youth, and women affairs have also established strategic plans which are providing templates for implementing their various responses. The life span of the strategic framework is 5years and, at its midterm in 2007 it was reviewed. The outcome of the review has provided information for a two-year evidence-based National Priority Plan, which is currently being costed for implementation. Three outstanding features of note in the priority plan are the need to deepen our interventions in the prevention arena, re-strategize our behaviour change communication systems and provide greater care for orphans and vulnerable children. Thus in the last year we have evolved a national prevention plan, we are currently reviewing our BCC strategy in order to address the unique features of our national epidemic, and we are also strengthening our OVC strategy and plans. In addition to these policy initiatives and given the dynamics of the global response to HIV, we have during that period reviewed the HIV Counselling and Testing, Prevention of Mother to Child Transmission and treatment guidelines. This has all been achieved through a

deliberate inclusion and active participation of all stakeholder groups at national level and in all 36 states and 774 Local Government Areas.

Your Excellencies, we are glad to report that Nigeria has made considerable progress in seeking to achieve the principles of Universal Access and ultimately the Millennium Development Goals as it relates to HIV/AIDS. As at the end of the first quarter of 2008 we have provided access to Prevention to Mother to Child Transmission in 250 sites across the nation, a major change from 2006 when there were only 50. The number of HIV Counselling and Testing sites has also substantially increased to 813 and the current evidence we have shows about 3 million Nigerians have been counselled and tested. As at the end of 2007, 285 million condoms were distributed which represents an 11% increase in condom over the previous year.

Your Excellencies, with regards to our Anti Retroviral Treatment, cumulatively 269,000 PLWA have accessed treatment out of the estimated 500,000 that need treatment. The different arms of government indeed provide this free. As of 2005 we had 97 sites, now we have 251. With regard to orphans and vulnerable children we have been able to reach only 10% with support and care. However, given the attention that governments at different levels and civil society are now giving to this aspect of our response we expect that there will be considerable increase in the next few years that will assure the targets for universal access by 2010.

Your Excellencies, all the efforts and results that have been articulated would not have been possible without the strong political will of our various governments which has been translated to increased public policy and domestic funding. Nigeria has adopted the principles of the 'three ones', signed the Paris declaration on AID effectiveness and has domesticated the Global Task Team recommendations for donor coordination and alignment. This enabling environment has provided the coordinating agencies, the National Agency for the Control of AIDS, States' Agencies and Committees the necessary authority to provide ownership and leadership at all levels. Furthermore, it has facilitated the active participation of people living with HIV/AIDS, civil society organizations, private sector and faith based organizations who have contributed

immensely to the response. Indeed, the greater involvement of People Living with HIV/AIDS in programme formulation and implementation has significantly contributed to the reduction of stigma and discrimination. Today, there are more than 500 PLWA support groups. Since the last UNGASS, Nigeria has inaugurated a Women coalition against AIDS which is decentralized to ensure effective mobilization of women to access information and services. It is important at this juncture to acknowledge that the progress we have made so far in Nigeria would not have been possible without the contributions from civil society.

Your Excellencies, our development partners have made major contributions to our efforts in fighting the epidemic in Nigeria. These include our UN partners, the Global Fund, and the British Department for International Development. A special mention should be made of PEPFAR because of their substantial contribution to the treatment programme. Even though the aid architecture is favourable to HIV at this point, Nigeria has evolved an overseas development assistance policy which ultimately seeks to make domestic resources the core support for all our programmes, thus ensuring sustainability over time.

Your Excellencies, Nigeria has come a long way in its fight against HIV/AIDS. Whilst we have made some modest progress towards the attainment of our international commitments there are still some challenges. Coordination and harmonization continue to present a challenge which we are working to overcome. We recognize that resources available for AIDS can be extended to strengthen health systems such that HIV/AIDS care and support can be further integrated into our health care delivery system. In Nigeria we have made the commitment to 'fight AIDS to finish', as we say in our local parlance.

Your Excellencies, distinguished Ladies and Gentlemen, we thank you for your attention.

Statement

by

Dr. Mustapha El-Nakib
Manager, National AIDS Program

On behalf of
H.E. Dr. Mohammad Jawad Khalife,
Minister of Public Health of Lebanon

at the
High-level Meeting of the General Assembly
on HIV/AIDS

New York
Wednesday, June 11, 2008

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Permanent Mission of Lebanon to the United Nations
866 United Nations Plaza, Suite 531, New York, NY 10017

Mr. President,

Lebanon, part of the MENA region, is a country with low HIV prevalence. Despite this fact, the successive governments adopted a firm policy in curbing the spread of HIV/AIDS. In 1990 the Ministry of Public Health established the National AIDS Control Program that worked and is still working hard to promote awareness about the disease and educate different populations and age subgroups, with a special focus on the most at risk and marginalized populations. Lebanon was among the pioneer countries to put a National Strategic Plan that followed a scientific, multi-sectoral approach to halt the progress of the disease and an operational plan was put as well to achieve the set targets in the NSP and for this purpose the government allocated the necessary human and financial resources with the help of the private sector and the international society.

Mr. President, the impact of the painful events that Lebanon was exposed to and is still suffering from, greatly affected the process to achieve the intended targets put in the National Strategic Plan. Despite the major achievements in the different areas in the fight against HIV, speaking about universal access, care, treatment, and support to people living with HIV/AIDS and their families, to the progress made in the method of prevention, to the success in reaching the Most at Risk populations and all what was done in the field of research, we in Lebanon look forward to increase planning and implementation of activities to follow the fast progress made internationally in the fight against the infection.

Being one of countries that signed the Declaration of Commitment to fight HIV/AIDS, at UNGASS, NY, June 2001, and adopted all what was followed as recommendations proves the will of the government and people of Lebanon in committing to halt the progress of HIV. Therefore, I am here and in the name of the Lebanese government and the people of Lebanon, calling for the international society to help Lebanon in its current crisis especially when being currently under the heavy burden of a national debt of more than 40 billion dollars, and the fact that its GDP classification denies its eligibility to apply to the Global Fund to fight HIV/AIDS, TB and Malaria.

The recent political and military turmoil that happened in Lebanon created an additional drawback to the Lebanese government to progress in curbing the spread of AIDS. Whereas the new reconciliation that occurred between all the Lebanese factions gave a positive hope to the future of the country and here comes the role of the international society to help Lebanon and stand besides it to come out from its fall as it does after every crisis.
Counting on the Lebanese will to survive and progress, the role of this international society to support this will and to help it succeed in the fight against HIV/AIDS.

Thank you.

Permanent Mission
of the State of Kuwait
to the United Nations
New York

وفد دولة الكويت الدائم
لدى الأمم المتحدة
نيويورك

PLEASE CHECK AGAINST DELIVERY

STATEMENT

BY

MR. ALI YOUSEF AL SAIF
ASSISTANT UNDER-SECRETARY FOR PUBLIC HEALTH
MINISTRY OF HEALTH OF THE STATE OF KUWAIT

BEFORE THE
SIXTY-SECOND SESSION OF THE UNITED NATIONS
GENERAL ASSEMBLY

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

WEDNESDAY, 11 JUNE 2008

web site: http://www.kuwaitmission.com -- e-mail: kuwaitmission@msn.com

321 East 44th Street - New York, N.Y. 10017 - Tel.: (212) - 973 - 4300

Mr. President,

It pleases me to head the delegation of the State of Kuwait to this High-level Meeting to combat the HIV/AIDS epidemic. It is also my pleasure to convey to you the greetings of His Highness, the Amir of the State of Kuwait Sheikh Sabah Al-Ahmad Al-Jaber Al-Sabah, along with the best wishes of His Highness for the success of the work of this important meeting, which aims to promote cooperation between states to limit the spread of this disease.

It is my pleasure also to express gratitude and appreciation to the Secretary-General and the Joint United Nations Programme on AIDS for their pioneering and decisive efforts in combating this disease. The State of Kuwait supports the efforts of these organizations for the prevention of this disease and reiterates its total adherence to the Declaration of Commitment on HIV/AIDS adopted by the United Nations General Assembly in 2001 and the Political Declaration on HIV/AIDS which the General Assembly adopted in 2006.

Mr. President,

Despite the low number of AIDS cases that were registered in the State of Kuwait, it has, at the highest level attached great importance to combat this disease. In 1988, a national high-level committee was established for the prevention of HIV/AIDS, which included relevant ministries and non-governmental organizations. This committee devised the strategies and work plans for the prevention of HIV/AIDS.

In view of the importance of combating this disease, His Highness the Amir of the State of Kuwait has issued a legislation in 1994 aiming at the prevention of this disease and to guarantee the rights of those stricken by the disease.

The State of Kuwait have also participated in the activities organized by UNAID, and provided training to all those working in this field, so that they can participate in preventive programmes. Furthermore, specialized centers were established to provide awareness, guidance and voluntary testing for HIV/AIDS.

The State of Kuwait provided HIV/AIDS patients with all the medication needed to cure this disease, which were dispensed free of charge.

Since 1985, the State of Kuwait has attached a great deal of importance to the safety of the blood supply and blood derivatives in the country, and has supplied the blood bank with state of the art equipment to guarantee that the blood and blood derivatives are safe and not contaminated by the AIDS virus.

The State of Kuwait was among the first countries to hold conferences relating to this subject. Five international conference on AIDS were held, and these conferences aimed at exposing the medical sector to the latest developments about this disease and the preventive measures. On the margins of these conferences, public seminars were held for people of all age groups, in order to raise awareness about this disease.

The World Health Organization has approved the Viral Laboratory in the State of Kuwait as its laboratory of reference in the East Mediterranean Region.

The State of Kuwait participates every year in the Global AIDS day, organized by the World Health Organization with a view to raise awareness and the importance of prevention against this disease.

The State of Kuwait supported the United Nations initiative in establishing a Global Fund to combat AIDS, Tuberculosis and Malaria and made financial contributions to this fund to combat these diseases.

Finally, I cannot but wish this meeting of ours, a resounding success, which provided us with the opportunity to seriously discuss, not only the new developments, but also the future challenges and the means to overcome these challenges, particularly, when we are only two years away from achieving the global goal of the programme of prevention, cure, care and support by 2010. It is my hope that this meeting of ours will deliver recommendations containing practical solutions which will effectively contribute to limit the spread of this disease.

Thank you, Mr. President.

Bangladesh
(On behalf of the LDCs)

Statement by Mr. Md. Abul Kalam Azad, Additional Secretary, Ministry of Health and Family Welfare at "the 2008 comprehensive review of the progress achieved in realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS"

3:00-6:00 pm, 10 June 2008, Trusteeship Council Chamber

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Mr. President,

I have the honour to speak on behalf of the LDCs. The Group appreciates the Secretary General for his comprehensive report. It shows that expanded treatment efforts continue to gather momentum. An additional 1 million people were provided with antiretrovirals in 2007. However, the number of people living with HIV increased by 2.5 million and a death of 2.1 million occurred during the same period. Sub-Saharan Africa continues to be the "ground zero" of this crisis.

Worldwide, around 70% of those in need of antiretroviral treatment are still out of coverage. If the current trend in scaling up care and treatment continues, the number of people receiving antiretroviral drugs in 2010 will reach approximately 4.5 million, which is less than half of those in urgent need of treatment. The HIV pandemic therefore represents a global emergency. This underscores a pressing need for robust and enduring collective effort in the response to HIV.

In many LDCs, a heavy burden of disease poses significant risks to their socio-economic development. Absence of basic medicines, poor health infrastructures, poverty, gender inequality, and lack of awareness are some of the constraints in obtaining essential HIV prevention, treatment, care and support services in the LDCs. Acute shortages of health-care professionals, further aggravated by the brain drains, impede the scale-up of HIV treatment and prevention services in many countries. These must be addressed with urgency.

We have only two years to the target date of achieving universal access to HIV prevention, treatment, care and support. While the resources mobilized to date are encouraging, the gap between available resources and actual needs is rather increasing. Unless greater and swifter advances are made in reaching those who need essential services, the epidemic's burden on households, communities and societies will continue to mount.

With a view to achieving the universal access, far greater investment is required in the infrastructure of health systems, including human, administrative, procurement and financial resources. Additional international funding would be necessary for public health and development. The innovative sources of financing such as airline levy used by UNITAID and the international drug purchasing facility are welcome initiatives. We welcome other such initiatives. Harmonization and coordination as well as stability and long-term predictability of funding are critically important. Unprecedented human resources should be mobilized to effectively address the crisis.

Achieving universal access requires the participation of a wide range of stakeholders. Government agencies with the support of the civil society can effectively contribute to the delivery of HIV-related services and to the monitoring of national performance. Such a broader, integrated strategy can facilitate

achieving the Millennium Development Goals, particularly to combat HIV/AIDS, Malaria and other diseases.

Each citizen of the world has the right to get access to essential medicines and treatment at an affordable price. Transfer of technology and capacity building in the pharmaceutical sector are critically important as identified in paragraph 6 of Doha Declaration. However, the current international IP regime is not conducive to technology transfer. It mostly favours the producers and holders of IPRs, mainly found in developed countries. The existing regime gives to the patentees monopoly rights over the product or process while disregarding those who cannot afford the product prices. Full and efficient universal access to basic medicines will require the enactment of an innovative differential pricing system. The LDCs should have affordable access to modern technologies and technical know-how, particularly in the area of public health.

I would now say few wards on my national capacity.

Bangladesh remains to be one of the lowest prevalent countries for HIV/AIDS. In all the six rounds (1998-2005) of the National HIV Sero and Behavioural Surveillance, the HIV rates found to be far below 1% in all groups except in Injecting Drug Users (IDUs). The first case of HIV was detected in 1989 in Bangladesh and as of 2006 the number of reported cases of HIV was 1206 with 365 cases of AIDS. One hundred and nine of them were died.

Though AIDS prevalence is extremely low in Bangladesh, yet we are in a high incidence zone. There is cause for great concern for entering into a concentrated epidemic amongst the high-risk groups. The key factors for vulnerability of Bangladesh for HIV/AIDS epidemic are high prevalence of HIV in the neighbouring countries, increased population movement through internal and external migration and lack of adequate awareness of the general population about the HIV infection.

Bangladesh's response to the pandemic has received high praise. The National AIDS Committee (NAC) was formed far back in 1985 involving all relevant stakeholders. Bangladesh developed a well-defined policy document called "National Policy for the Prevention and control of HIV/AIDS and STD related issues 1997". In 2006-2007, two national HIV prevention projects were implemented throughout Bangladesh. First the HIV/AIDS Prevention Project (HAPP) 2003-2007, which provided education, advocacy and blood safety programmes for most-at-risk populations, namely IDUs, sex workers and the second one is the Adolescents and Young People Project, addressing young people (aged 15-24) through mass and print media, training, and special services. These services included life skill education, youth friendly health services, the integration of HIV/AIDS education in school and college curricula, the sensitization of religious leaders, parents and policy makers on HIV/ AIDS issues.

These policies and programmes have seen fruition as the prevalence and spread of this pandemic are satisfactorily low in Bangladesh.

In conclusion, Mr. President, AIDS is a silent killer that claims around 8,000 people a day. The international community is committed to working further to address this challenge. What is needed is a good will, political courage and leadership that has often been lacking. Scaling up of efforts and coordinated action at all levels are immediately needed. We are convinced that we will be able to do so.

I thank you Mr. President.

EGYPT

مصـــر

The Permanent Mission of Egypt
to the United Nations
New York

بعثـة مصـر الدائـمة
لدى الأمـم المتحدة
نيويـورك

Statement
By

H.E. Ambassador Maged Abdel Aziz
The Permanent Representative

On Behalf of the African Group

Before
The General Assembly

In the High Level Meeting
On
"The Review of the progress in the implementation of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS"

New York
10 June 2008

<u>Check against Delivery</u>

Mr. President,

It gives me pleasure to speak today on behalf of the African Group, which associates itself with the Statement delivered by Antigua and Barbuda on behalf of G77 and China., in this high level meeting to follow up on the implementation of the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS. We would like to thank the Secretary-General for the comprehensive update of national progress in this regard, and wish to add our voice and strong support to his call for scaling up efforts of the international community to achieve the goal of universal access to HIV prevention, treatment care and support.

Mr. President,

HIV/AIDS represents a major challenge to the realization of Millennium Development Goals by 2015, especially the target under Goal 6. Recent progress is still insufficient to obscure the epidemic's continuing human toll. Estimates indicate that the total number of people living with HIV worldwide has reached 33.2 million, with some 2.5 million new infections in 2007 and 2.1 deaths from AIDS-related infection. Expanded sets of data and methods of analysis indicate that although the rate of new infections has fallen globally, as a result of national HIV-awareness campaigns and prevention programmes being implemented in coordination with the United Nations and its relevant organs, the number of new infections has increased in a number of countries, including in Europe and North America.

These alarming indicators seriously pose a great challenge to international efforts to contain and reduce the spread of the epidemic, which threatens to become the third leading cause of death in the world by 2030. Africa has a particular concern in this regard, as it accounts for over 68% of all adults living with HIV, 90% of the world's HIV-infected children and 76% of AIDS-related deaths in 2007.

Undoubtedly, the realization of the goal of Universal Access by 2010, adopted by General Assembly resolution 60/262, requires addressing the need to strengthen national capacities to combat HIV/AIDS more effectively, especially in low-income countries, a matter that was clearly captured by the African Heads of State and Government in their consecutive Special Summits since the year 2000, the latest of which is Abuja 2006. It also requires supporting the ongoing efforts of these countries to implement their national programmes and vast awareness campaigns that also aim at correcting widely spread social misconceptions.

More than 80% of countries, including 85% in Africa, have policies to ensure the equal access to HIV prevention, treatment, care and support, which is only a first step toward the prevention of mother-to-child transmission. However, the response to co-infection , especially with tuberculosis, is growing, yet at a slower pace. These efforts are in dire need for large investments in capacity building, including through the expansion of microbicide clinical trials, training of qualified cadres and reversing the current direction of the brain drain from the developing to the developed countries. There is a parallel need to make first and second line treatments with antiretroviral medications available at reasonable prices, particularly as many governments in low-income countries cannot afford to meet these requirements without a strong commitment from international partners to mitigate the widening gap between available resources and the increasing actual needs.

In addition to strengthening national capacities, it is also essential to enhance regional cooperation, especially in light of the decision of the African Union in Sirte, Libya, in 2005 to establish an African Centre that aims primarily at promoting cooperation in the fight against AIDS, and to coordinate between specialized centres in this field all over the continent.

The international community has a particular responsibility in this regard, not only to avail the necessary financial resources, which the report of the Secretary-General highlights to ensure the sustainability of the response to HIV/AIDS, but also to reach sound solutions for the trade-related aspects of the Intellectual Property Rights of existing drugs as well as the microbicide vaccines currently being researched and developed, in order to provide affordable medications for all. Indeed, the responsibility on the part of the international community has to be matched by a parallel commitment to maximize the utilization of the national resources and international support, in a manner that maintains the effectiveness of the work being done on the ground. There has to be a comprehensive framework of cooperation that guarantees the coordination between efforts led by national governments and the important role the private sector, non-governmental organizations and civil society at large have to play, without any attempt to politicize the issue through imposing certain social or cultural concepts that do not take into consideration the particularities of each society.

Equally, the prevention and combating of HIV/AIDS are substantially related to the comprehensive development process, the necessity of continuous development of the infrastructure of the economic, educational, and health systems, tackling the challenge of the current international food crisis, and more importantly the issue of transferring know-how and technologies that are vital to reinforcing such efforts. It is particularly the case as regards pharmaceutical industries, changing the social perspective vis-à-vis the epidemic, and enhancing the chances of early diagnosis and treatment with the support of all societal forces.

Within the framework of the international commitment to combat the epidemic, more international efforts are needed in the fight against the illegal trafficking in narcotics. More efforts are also needed on the part of the United Nations towards achieving peaceful settlement of armed conflicts, particularly in Africa, as they contribute to the draining of the economic potentials of the countries in which the epidemic spreads. They also contribute to the enlargement of the socially marginalized sectors because of stigmatization and stereotyping, and lead to the growth of the number of orphan children who become susceptible to recruitment in armed conflicts, in addition to the increase of sexual violence and violations that lead to the spread of infection among youth, women and children. Such negative ramifications also create further challenges to peacebuilding efforts in many post-conflict situations.

Mr. President,

All that highlight the necessity to deal with the epidemic with vigour and solid determination to implement fully what we have pledged in the Political Declaration on HIV/AIDS, adopted two years ago by the General Assembly. We have to work sincerely to reinforce the international and national structures and furnish the necessary support, in a manner that maintains the balance between the need to improve the services and ensure their universal access as soon as possible, the provision of treatment and prevention, and increasing assistance and efficient utilization of resources, towards achieving our goals, especially the MDG-6 on the targeted date, and in all states without exception. This high level meeting represents a valuable opportunity to reaffirm our commitments in this regard. Let us not fail the next generations.

Mr. President,

Allow me to now to speak on my national capacity, and to highlight in this regard that the current number of registered infections in Egypt is 2301 cases, 81.5% of which are males and the rest are females, 95.5% of them are over the age of 20, in addition to 796 cases among resident foreigners. This low level of infection is due mainly to the deeply-rooted cultural and social values

which contribute to the control of extramarital relations between men and women according to divine religions.

Despite the record low level of infection in Egypt, which is less than 0.005% of the total population, the Government has embarked on a comprehensive national programme to combat HIV/AIDS since the discovery of the first case of infection in 1986, cognizant that the real challenge lies in the ability to control the spread of the epidemic, especially in light of the tourism influx and the large number of Egyptians working abroad. This programme rests on three pillars:

1. Maintaining the low level of infection through awareness campaigns, provision of means of protection, voluntary testing, and ensuring the safety measures in health clinics and blood banks;
2. The provision of care and support to people living with AIDS and their families and the psychological counselling, regardless of gender; and
3. Fighting any type of stereotyping and discrimination against people living with AIDS.

This is the integrated vision that Egypt would like to share with other countries, should they wish to make use of the lessons learned in their efforts aimed at national capacity building, as compared to other cases where prevalent social norms have become an obstacle to realise progress in dealing with this issue.

Within the same context, Egypt is trying to share its expertise with sisterly African countries, in which AIDS is most prevalent, and has recently intensified her efforts to provide the specialized medical cadets, technical assistance and training through the Egyptian Fund for Technical Cooperation with Africa. She has also embarked in consultation with the private sector on the expansion of its pharmaceutical industry to produce antiretroviral medications in order to facilitate lowering the costs of importing these medications from outside the Continent, benefitting from the price competitiveness of Egyptian products, while they maintain a quality that is highly competitive with international levels.

Undoubtedly, building and improving national capacities and achieving self-reliance is the starting point for developing countries, and African countries in particular, to realise the sustainability of HIV/AIDS response and face the challenges the epidemic poses to the future of their peoples. Egypt hopes to enhance the level of cooperation between the countries of the South further, a matter that will only materialise if there is a serious commitment on the part of international partners to support these efforts, and effective cooperation between all societal forces, within a context of partnership and full coordination between governments, civil society and the private sector.

Thank you Mr. President.

السيد الرئيس،

اسمحوا لى الآن بأن أتحدث بصفتى الوطنية، وأن أبرز فى هذا المقام أن إجمالى عدد حالات الإصابة بالإيدز المسجلة فى مصر يصل إلى ٢٣٠١ حالة، ٨١,٥% منهم من الذكور والبقية من الإناث، أغلبهم فوق سن العشرين بنسبة تصل إلى نحو ٩٥,٥%، بالإضافة إلى ٧٩٦ حالة بين الأجانب المقيمين بمصر. ويرجع انخفاض معدل انتشار الإيدز فى مصر فى الأساس إلى القيم الثقافية والاجتماعية الراسخة التى تساهم فى الحد من إقامة علاقات خارج إطار الزواج بين الرجال والنساء حسب الشرائع السماوية.

وعلى الرغم من انخفاض معدل الإصابة فى مصر، والذى يقل عن ٠,٠٠٥% من إجمالى عدد السكان، إلا أن الحكومة بادرت بتبنى برنامج وطنى شامل لمكافحة الإيدز منذ اكتشاف أول حالة إصابة عام ١٩٨٦، مدركة أن التحدى الحقيقى لها يتمثل فى القدرة على السيطرة على انتشار المرض، خاصة على ضوء الانفتاح على السياحة العالمية وضخامة حجم العمالة المصرية فى الخارج. ويقوم هذا البرنامج على ثلاث ركائز أساسية:

١. الحفاظ على معدل الإصابة المنخفض من خلال حملات التوعية وتقديم أدوات الوقاية والفحص الاختيارى والتأكد من تطبيق إجراءات السلامة فى الوحدات الصحية وبنوك الدم.

٢. تقديم الرعاية والدعم للمتعايشين مع الفيروس وذويهم، بما فى ذلك الإرشاد النفسى بغض النظر عن النوع.

٣. محاربة أى نوع من القوالب النمطية والتمييز ضد المتعايشين مع مرض الإيدز.

هذه هى الرؤية المتكاملة التى ترغب مصر فى نقلها للدول الأخرى الراغبة فى الاستعانة بالدروس المستفادة منها فى جهودها لبناء القدرات الوطنية، مقارنة بحالات أخرى صارت العادات الاجتماعية السائدة فيها عائقاً أمام تحقيق تقدم فى معالجة هذه القضية. ومن نفس هذا المنطلق، شاطرت مصر خبراتها مع الدول الأفريقية الشقيقة الأكثر معاناة من الإيدز، فكثفت فى الآونة الأخيرة من جهودها فى توفير الكوادر الطبية المتخصصة والمساعدات الفنية والتدريب من خلال الصندوق المصرى للتعاون الفنى مع أفريقيا، كما شرعت بالتنسيق مع القطاع الخاص فى توسيع قاعدة صناعاتها الدوائية لإنتاج العقاقير المضادة للفيروسات بهدف المساهمة فى خفض تكاليف استيراد الدواء من خارج القارة، استفادة من الميزة السعرية التى يتمتع بها المنتج المصرى، وفى ذات الوقت جودته العالية التى تتنافس فى الأسواق العالمية.

ويرتكز تحرك مصر فى هذا الصدد على اقتناع تام بأنه بدون بناء وتطوير القدرات الوطنية والاعتماد على الذات من خلال التعاون بين دول الجنوب، فإن الدول النامية، والأفريقية بصفة خاصة، لن تتمكن من تحقيق استمرارية الاستجابة لمرض الإيدز وتحقيق أهدافها التنموية، بما فى ذلك أهداف الألفية للتنمية، وهو ما لن يتسنى بلوغه بدون التزام جاد من جانب الشركاء الدوليين بدعم تلك الجهود، وخلق إطار فعال للمشاركة بين كافة القوى الوطنية لتوحيد جهود الحكومات والمجتمع المدنى والقطاع الخاص.

وشكراً سيدى الرئيس.

Permanent Mission of Japan to the United Nations

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Statement by Ambassador Yukio Takasu

Permanent Mission of Japan to the United Nations

At the High-Level Review Meeting on HIV/AIDS

11 June 2008

New York

Mr. President,

A quarter of a century has passed since HIV/AIDS was recognized by the public as a social issue. Significant strides have been made since then. However, humanity is still confronting one of the deadliest diseases in history, taking more than 25 million lives throughout the world. For developing countries, tackling health issues including infectious diseases like HIV/AIDS is one of the major challenges of development as a whole.

Large amounts of financial resources, public and private, have been mobilized for tackling HIV/AIDS. However, in order to achieve universal access to prevention programs, treatment, care and support by 2010, and also to achieve the related Millennium Development Goals (MDGs) by 2015, it is crucial to scale up, strengthen and implement efficient interventions and increase the positive impact of support programs. From this point of view, we highly appreciate UNAIDS for its efforts to achieve universal access for those

suffering from HIV/AIDS.

Japan will continue to cope with global health issues from the human security perspective, which is a human-centered and integrated approach. Furthermore, as emphasized at the HIV-TB Global Leaders' Forum, we should not overlook the spread of HIV-TB co-infection. An integrated approach is essential. Japan will work with developing countries by making use of its own experience of having overcome high TB rates in its post-war history.

Mr. President,

At the G-8 Okinawa Summit in 2000, Japan took up the issue of HIV/AIDS and other infectious diseases as a priority, and initiated a global action plan. Since then, the G8 leaders have set numerical targets and launched the Global Fund to Fight AIDS, Tuberculosis and Malaria. This has driven the international community to new heights in its campaign against HIV/AIDS. The MDGs and the UN Declaration of Commitment set an important target in the fight against HIV/AIDS.

To meet these challenges, we have to mobilize more support and resources through multilateral and bilateral channels. Japan has extended strong support amounting $850 million to the activities of the Global Fund in

view of its important contribution, participatory approach and promising future. On 23 May Prime Minister Fukuda pledged an additional contribution totaling $560 million to the Global Fund.

In developing countries, an increasing number of international aid agencies, civil society organizations and private sector partners have been involved in the health sector. It is therefore important for all health-related stakeholders to coordinate better to avoid duplication and achieve maximum results.

Mr. President,

Equally important is to strengthen health system and community health care. Actions targeted to specific infectious diseases cannot be implemented effectively without first improving health systems. Fragile health systems are one of the biggest obstacles to combating infectious diseases in developing countries. Japan appreciates the World Bank and the Global Fund for their efforts in strengthening health systems in the developing world.

Last month, the Fourth Tokyo International Conference on African Development reaffirmed the importance of the strong commitment of national

leaders and sustained partnerships in the fight against infectious diseases. TICAD IV stressed particularly the importance of strengthening health systems and improving maternal, new-born and child health by addressing the capacity building of health workers and the brain-drain of skilled health workers from developing countries.

Specifically, the TICAD Action Plan agreed that we should strive to "promote training and the retention of health workers in order to contribute to achieving the WHO goal of at least 2.3 health workers per 1,000 people in Africa." Japan, in collaboration with JICA, commits itself to provide training for 100,000 health and medical workers, including skilled birth attendants.

The outcome of TICAD IV will be fully taken into account in the high priority discussion of health issues at the G-8 Hokkaido Toyako Summit in early July. We hope our political leaders reaffirm the comprehensive and balanced approach which promotes both the strengthening of health systems and the introduction of specific methods for controlling HIV/AIDS.

Thank you.

PHILIPPINES

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Delivered by

Ms. Marie Yvette Banzon-Abalos
Second Secretary
Permanent Mission of the Philippines
to the United Nations

High-level Meeting on HIV/AIDS
General Assembly

10-11 June 2008

PHILIPPINE MISSION TO THE UNITED NATIONS
556 FIFTH AVENUE, NEW YORK, NY 10036 • TEL. (212) 764-1300 • FAX (212) 840-8602

Mr. President,

It is an honor to engage in this debate on the assessment of global progress to curb the HIV/AIDS pandemic. I would like to thank the UN Secretariat for preparing the background report that gives us a picture of the global HIV/AIDS situation and outlines a number of important key recommendations that we should consider.

Mr. President and distinguished colleagues,

We used to think that the HIV/AIDS situation in the Philippines was always "low and slow". While the overall number of HIV-infected persons in the country remains below 0.1% of the population, half of those cases were detected only in the last seven years. This "hidden and growing" situation is reason not to be complacent in our efforts or to move leisurely in every step towards such efforts. Besides, since HIV/AIDS affects Filipinos during the peak of their economically productive years, HIV/AIDS is not just a health concern; it is a developmental concern that affects every aspect of human and national activity. Thus, a major component of the Philippines' efforts on HIV/AIDS is the prevention of its further spread and acting ahead of the epidemic. These efforts are primarily anchored on the Philippines' national law on HIV/AIDS, the Philippine AIDS Prevention and Control Act (Republic Act 8504), to which amendments are currently being considered to make it more responsive to the evolving dynamics and mutability of the disease. The "Three Ones" are also in place in the Philippines. With the Philippine National AIDS Council as the coordination hub, the Philippines has developed medium term plans, including a costed operational plan, to determine where resources could make the greatest impact and what strategies and interventions need to be prioritized. The Secretary-General's report once again highlights that, despite the impressive resources mobilized, the gap between resources and actual needs continues to increase annually. Thus, the Philippines calls for enhanced resources and for these resources to be targeted to the high-impact areas that serve the needs of concerned countries.

Mr. President,

At the national level, the Philippine government has developed guidelines, standards and protocols for HIV case reporting; voluntary counseling and testing; treatment, including the provision of anti-retroviral drugs, as well as care and support. It has also strengthened the capacities of health care providers and created HIV/AIDS Core Teams made up of medical specialists and social workers in government hospitals, in partnership with NGOs. Through its Department of Labor, the Philippines has developed a National Workplace Policy that gives guidance on how to deal with HIV/AIDS in the workplace. Moreover, in order to sensitize Philippine embassies and consulates on HIV/AIDS issues, the Philippines has integrated HIV/AIDS and migration in the training of its foreign service personnel.

The work to fight HIV/AIDS can only be successful if it closely involves the community and the groups that are most-at-risk. Because the government structure in the Philippines is decentralized through the various local government units,

namely, provinces, cities, municipalities and barangays, and the administrative machinery of the government is likewise spread on regional arrangements, success in the fight necessarily depends on the effectiveness and efficiency of the participation of our local government units. Thus, they are charged with integrating HIV/AIDS into their local health systems. A growing number of local government units have institutionalized HIV/AIDS and STD prevention and control programs in their local development plans and matched them with the corresponding budgets. Furthermore, through community-based approaches, which include information dissemination, health services and even behavior change strategies, the Philippines is able to strategically reach out to people, especially the vulnerable groups. Influencing the local leaders is by no means an easy task, but they can be convinced if they have models to emulate. Highlighting good practices and exemplars for local leaders is a key factor in this regard. For example, the Philippines has publicly featured the impressive work on HIV/AIDS of model cities, such as Laoag City, a city to the north of the capital Manila, and Zamboanga City, in the south, to inspire other cities to do the same. In addition, despite the negative perception on harm reduction programs, the Philippines has managed to use these programs as examples of involving and empowering persons mostly at risk, such as injecting drug users (IDU) and men having sex with men (MSM).

Indeed, systematic monitoring and evaluation is key to knowing the epidemic and knowing what steps to take to avert its spread. The establishment of a monitoring and evaluation system in the Philippines is a continuing multi-stakeholder effort that requires the partnership of national and local governments, as well as civil society. Uncovered in the course of the establishment of this system are critical issues such as the need to develop better data collection and compatibility, the importance of having the right technologies and capacities for documentation and monitoring, as well as the need to improve communication lines with stakeholders, involving government and civil society actors.

Mr. President,

We have only two years to go before the universal access targets. We are also already halfway towards the Millennium Development Goals. Can we still make it? The people on the ground working against HIV/AIDS are clamoring for real political leadership. Even at this time, not all leaders are aware of the seriousness of the issue, and so while we have the words and the plans, more often that not, we don't have the corresponding implementation. We also do not have the corresponding resources. For our plans to have a real impact on the disease, we need to sustain our actions and sustain our resources. Can we intensify our cooperation, among governments, with international organizations and non-governmental organizations to generate more resources and share our knowledge, capacities and technologies? HIV/AIDS finds an easy breeding ground in environments of poverty, ignorance, discrimination, social marginalization and gender inequalities. This means that if we are to stamp out HIV/AIDS in the long term, it will require grounding with determined and sustained resolve our response to a broader development and human rights framework.

I thank you for your attention.

THE REPUBLIC OF KOREA

PERMANENT MISSION TO THE UNITED NATIONS

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Statement by H.E. Ambassador In-kook Park

Permanent Representative

2008 High Level Meeting on HIV/AIDS

12 June 2008

New York

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Mr. President,

1. I would like to join the previous speakers in expressing my deep appreciation to the United Nations for the extraordinary leadership it has displayed in its tireless efforts to combat the HIV epidemic in cooperation with national governments, donors, and other stakeholders. We made our commitment to successfully address HIV/AIDS challenges and draw significant attention to the issue through the *2001 Declaration of Commitment on HIV/AIDS*, and reaffirmed this in the *2006 Political Declaration*. These have been working as key mechanisms for the implementation of the steps we need to take in fighting HIV/AIDS.

2. However, we cannot deny the sobering fact that the AIDS pandemic still presents daunting challenges. Statistics relating to HIV/AIDS demonstrate these concerns: about 33.2 million people worldwide are currently living with HIV. Statistics released in 2007 which show an estimated 2.5 million people newly infected with HIV, and 2.1 million AIDS deaths, serve as an alarming reminder of the urgency of the issue.

3. As we have seen from the harrowing history of this epidemic, AIDS represents not just a public health problem but a profound threat to human life, undermining fundamental human rights and causing tremendous loss due to the social and economic burden it imposes. Additionally, the global toll of AIDS hinders the prospects for both poverty reduction and economic development. Together, we must

galvanize an effective response to the scourge of HIV/AIDS. This will be a vital element in the overall success of achieving the MDGs and other internationally-agreed development goals.

4. In this respect, allow me to share some ideas of how to effectively deal with HIV/AIDS. I believe that regions with a high HIV prevalence must first muster their own will and political leadership and step up to the challenge. The international community must also do its part to assist those regions in their struggle to stem the spread of HIV/AIDS. To this end, there is a need to promote better coordination among governments, civil societies, and international organizations within and between countries.

5. For substantial prevention, individuals, communities, and societies should be educated and informed on how best to avoid infection, and the sustainability of such efforts should be ensured. In this regard, it is crucial that we provide accurate information on HIV/AIDS by conducting public awareness campaigns and promote education through diverse channels, as well as scale up access to voluntary testing and counselling services.

6. Provision of proper treatment including expanding access to life-preserving HIV treatments and services, such as antiretroviral treatment programmes to those already infected, will be vitally important not only for human rights protection, but also for HIV/AIDS prevention. In addition to treatment and support, good nutrition is indispensable in order to ensure effective care of HIV-positive individuals.

7. It is also imperative to formulate a national strategic plan for the protection of vulnerable groups such as women and young people. Half of all those living with HIV are female and HIV infection among young people is on the rise, underlining the urgency of the need to focus on these groups.

Mr. President,

8. Although the ROK has a HIV prevalence rate of less than 0.1%, this is nevertheless steadily increasing. The ROK simply can not afford to lapse into complacency. Taking this meaningful opportunity, my government will seek to draw valuable lessons from sharing observations and best practices in developing a national response to the HIV/AIDS epidemic.

9. First of all, in striving to join the global efforts to achieve the targets set out in 2001 and 2006, the ROK Government has continued to make contributions to the Global Fund to Fight AIDS, Tuberculosis, and Malaria, and has announced an additional pledge of $10 million over three years from 2007. The ROK is also a member of the Executive Board of UNITAID, an International Drug Purchase Facility which was established to secure sustainable supplies of affordable, quality medications for people in developing countries suffering from AIDS, TB, and malaria.

10. At the bilateral level, the ROK has recently committed to fund a joint effort with the UNDP for the prevention of HIV/AIDS among women and girls in the Republic of Congo, as well as for the strategic planning and implementation of HIV/AIDS response and capacity development in Nigeria. To this end, the ROK has pledged 1.5 million dollars.

11. Secondly, stigma and discrimination associated with HIV/AIDS still remain major obstacles in many countries in grounding the AIDS response in the field of human rights, and the ROK is no exception. This stigma and discrimination surrounding HIV/AIDS may stem from lack of information, false belief, prejudice, and fear of the disease. Furthermore, such stigma and discrimination can impede efforts to mobilize active cooperation on AIDS prevention from businesses, pharmaceutical companies, media, regional organizations, national assemblies, and even the political leadership itself.

12. Last but not least, the Government of the ROK endeavours to nurture an accurate and complete knowledge of the facts relating to HIV by conducting health education and public awareness campaigns through various channels such as HIV/AIDS guidelines for media professionals. In particular, coordinated campaigns through television and other mass media outlets can play an active role in addressing misperceptions about the disease and eliminating discrimination against infected individuals and the stigma associated with the disease. In addition, we are expanding information and education campaigns for vulnerable populations.

13. In the coming years, my government will continue to scale up our response toward the universal access to HIV prevention, treatment, care, and support. The ROK will spare no effort in implementing the *2001 Declaration of Commitment on HIV/AIDS* and *the 2006 Political Declaration on HIV/AIDS*.

14. In closing, the Government of the ROK would once again like to extend sincere appreciation to the United Nations for its continuing efforts in combating AIDS. I am confident this meeting will serve as an opportunity to take stock of our previous efforts and further reinvigorate our commitment in the global fight against the HIV/AIDS pandemic in the future.

Thank you.

MAURITIUS

STATEMENT

By

Ambassador Somduth Soborun
Permanent Representative of the
Republic of Mauritius to the United Nations

At The High-Level Meeting on a Comprehensive Review of the Progress Achieved in Realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS

Sixty Second Session of the United Nations General Assembly

12 June 2008
New York

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PERMANENT MISSION OF THE REPUBLIC OF MAURITIUS TO THE UNITED NATIONS
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Mr. President,

I join previous speakers in thanking you for convening this High Level Meeting and also to commend the Secretary-General for his report on the Comprehensive Review of the Progress Achieved in Realizing the 2001 Declaration of Commitments on HIV/AIDS and the Political Declaration on HIV/AIDS of 2006 contained in document A/62/780. Let me also add that my delegation subscribes to the statements made by Antigua and Barbuda on behalf of G-77 and China, Egypt on behalf of the African Group and Zambia on behalf of the Southern African Development Community.

Mr. President,

In the light of the Report of the Secretary-General and the various statements that we have heard over the last two days, it is more than evident that world leaders, governments, civil societies, non-governmental organisations amongst others are more than ever committed in their resolve to address the HIV/AIDS pandemic. There is no doubt that progress has been made to curtail the increase of the epidemic. However, the question that we all ask is whether we have achieved enough since the 2006 High Level Meeting on HIV/AIDS, which had set ambitious national targets for scaling up universal access to HIV prevention, treatment, care and support by 2010. The answer unfortunately is not very encouraging as evidenced by the facts and figures in the Secretary-General's Report:

- Current trends suggest that the world will fall short of achieving universal access to HIV prevention, treatment care and support services without significant increase in the level of resources available for HIV programmes in low and middle-income countries.

- Global coverage for prevention of mother to child transmission accounts for 34 percent as against the pledged target of 80 per cent.

- Children still accounted for one in six new HIV infections. The majority of children infected prematurely die before the age of two.

- Certain critical services, such as support for children orphaned by the epidemic, are not expanding as quickly as compared to others.

- Some countries that reported early success against the epidemic are having difficulty in sustaining previous achievements.

- The number of patients needing therapy continues to outstrip available financial, human and logistical resources.

Furthermore, the Sub-Saharan Africa continues to remain the most afflicted region with HIV/AIDS. In 2007 it accounted for over two thirds of all adults living with HIV, 90 percent of the world's HIV-infected children and three quarters of all AIDS death. This is undeniably a very gloomy and frightening picture for a continent which is still struggling to cater for the most pressing needs for its citizens - extreme poverty and hunger. The HIV/AIDS in Sub-Saharan Africa is taking a high toll on human lives, including semi-skilled, skilled workers and professionals which are already in short supply; thereby seriously undermining genuine efforts for the development of the region. In order to overcome this humanitarian crisis, it is imperative that the international community takes immediate actions to follow through on the pledges made since 2001.

Mr. President,

Tuberculosis is one of the greatest threats to the health of people living with HIV. It is therefore necessary to prevent the development and spread of Tuberculosis and specifically drug resistant TB. Increased awareness is needed regarding the links between these two diseases and the need to scale up universal access to integrated TB and HIV prevention, diagnostic, treatment and care services.

Mr. President,

Allow me now to touch briefly on some of the important facts about HIV/AIDS in Mauritius. The overall HIV/AIDS infected rate in Mauritius is about 1.8 percent. However, although the rate of prevalence is very low, Government strongly believes that political commitment is vital in the fight against HIV/AIDS. It has therefore, increased the amount allocated to HIV/AIDS by 50 per cent in this year's budget.

Government is implementing through the National AIDS Committee chaired by the Hon. Prime Minister a multi-sector HIV and AIDS Strategic Plan. It provides anti-retroviral treatment free of charge to all HIV infected persons, and has scaled up the Voluntary Counselling and Testing Service at the national level and also implements a prevention of Mother to Child Transmission Programme.

Government also recognizes the very important role that NGOs play in helping to reduce HIV/AIDS epidemic. In this context, it has provided funds to three of them to assist them in their activities.

Government has also set as a priority the minimizing of the transmission of HIV among Most at Risk Population (MARPs) namely intravenous drugs users, commercial sex workers and prisons inmates. In this respect, a three-pronged strategic approach is being implemented to reduce the transmission of HIV/AIDS and IDUs through Methadone Substitution Therapy, HIV/AIDS legislation and Needle Exchange programme.

Mr. President,

We do acknowledge that the fight against the HIV/AIDS pandemic is not easy to win. The lack of financial resources and Trade Related Aspects of the Intellectual Property Rights on drugs constitute major obstacles to address the HIV/AIDS epidemic. Those infected with HIV/AIDS not only require antiretroviral drugs to cater for their immediate needs but they require them at affordable and cheaper rate. In this context, it is absolutely essential that States must have the flexibility to relax patent protection, and thus lower drug prices in times of public health emergency. In addition to these, prevention should remain our highest priority. We need to invest heavily on key infrastructural facilities and services to provide for better health care services and education opportunities. A healthy and educated population constitutes the bedrock of any forward looking society. In this respect, we require the concerted efforts of all the stakeholders, government, non-governmental organisations, civil societies, pharmaceutical industries, medical researchers, the private sector and as well as the support of regional and international institutions and organizations.

In conclusion, Mr. President, let me say that you very rightly pointed out in your opening address to this august body that "Addressing the global challenges of sustainable development, climate change, extreme poverty, hunger, and the HIV/AIDS pandemic, are the moral and political imperatives of our time." Indeed they are! However, we could add to these imperatives the urgent Reform of the International Institutions. Without effective and responsive International Institutions and Organisations, the global challenges would continue to remain challenges and we run the risk of missing many more agreed targets.

Thank you.

Réunion de haut niveau de l'Assemblée générale sur la mise en œuvre de la Déclaration d'engagement sur le VIH et de la Déclaration politique sur le VIH, les 10 et 11 juin 2008 à New York

Déclaration de S.E.M. Jean-Marc Hoscheit,
Représentant Permanent du Luxembourg
auprès de l'Organisation des Nations Unies

Monsieur le Président,

Monsieur le Secrétaire général,

Excellences,

Mesdames et Messieurs,

J'aimerais tout d'abord appuyer pleinement la déclaration faite par la Slovénie au nom de l'Union Européenne. S'agissant du fléau du VIH/SIDA qui nous réunit aujourd'hui, j'aimerais souligner ici l'importance toute particulière que le Luxembourg attache à la prévention, au renforcement des systèmes de santé et à l'accès égal de tous aux soins de base, ainsi qu'au respect des engagements pris par tous les Etats en 2001 et en 2006 en ce qui concerne les ressources nationales et internationales à allouer à la lutte contre le VIH/SIDA.

Le Luxembourg remercie plus particulièrement le Secrétaire général pour les recommandations faites dans le rapport préparé pour cette occasion, notamment celles concernant le rôle important à jouer par les dirigeants politiques nationaux, celles concernant la viabilité et la durabilité de l'action aux niveaux national et international, ainsi que celles concernant la lutte contre l'inégalité des sexes dans le contexte de la pandémie du VIH.

Mon pays estime que l'ONU a un rôle primordial à jouer dans la coordination, le renforcement et l'accompagnement de la lutte contre le VIH, en particulier à travers le Programme commun des Nations Unies sur le VIH/SIDA (ONUSIDA), et je voudrais ici reprendre à mon compte les hommages vibrants qui ont été rendus à M. Peter Piot et à son action.

Parmi les priorités sectorielles de la Coopération luxembourgeoise figurent la santé et l'éducation. En 2007, l'APD du Luxembourg a atteint 0,92% de son RNB : près de 20 % de cette APD étaient dédiés à la santé et près de 15 % à l'éducation. Une grande partie des ces ressources ont été consacrées à des projets et programmes ciblant directement 1) la lutte contre le VIH/SIDA et ses coïnfections, 2) le renforcement des systèmes de santé et des capacités de gestion de ces derniers, 3) la recherche et le développement de traitements, notamment de traitements antirétroviraux pour les enfants, ou encore 4) des activités de sensibilisation et d'éducation à des comportements sans risques. Les principaux partenaires internationaux de la Coopération luxembourgeoise dans ce contexte sont l'OMS, ONUSIDA, l'UNFPA, l'UNICEF, ainsi que le Fonds mondial de lutte contre le sida, la tuberculose et le paludisme.

C'est dans la perspective de la mise en place d'une action commune énergique, flexible et durable que le Luxembourg s'est engagé en 2007 à soutenir à hauteur de 5 millions d'euros l'initiative « aids 2031 » lancée par ONUSIDA pour développer une stratégie de lutte contre le VIH à l'horizon de 2031 – année qui marque le cinquantième anniversaire de l'épidémie

Nous nous félicitons du fait que le débat international en cours attire encore une fois l'attention des décideurs politiques du monde entier sur l'urgence de la mise en œuvre des Objectifs du Millénaire pour le Développement (OMD). Il est vrai

que la lutte contre le VIH s'inscrit en premier lieu dans la réalisation de l'OMD 6, mais il y a aussi un lien direct avec la mise en œuvre de tous les OMD de la santé, soit l'OMD 4 « Réduire la mortalité infantile » et l'OMD 5 « Améliorer la santé maternelle ». Dans ce contexte je voudrais relever que le thème du segment de haut niveau de la session 2009 de l'ECOSOC – sous présidence luxembourgeoise - sera dédié à la mise en œuvre des OMD de la santé. Par ailleurs, à l'initiative de l'UE, l'Assemblée mondiale de la santé vient de mettre un point spécifique sur la mise en œuvre des OMD de la santé sur son ordre du jour.

Monsieur le Président,

L'évolution de la pandémie du VIH/SIDA est une préoccupation d'ordre global, mais elle se décline dans le concret, jour après jour, dans le sort de millions de personnes dans chacun des pays représentés ici.

Le Luxembourg, quant à lui, est un pays à faible endémicité, mais le nombre de nouvelles infections par an a doublé depuis les années 1990. Les infections à VIH au Luxembourg sont surtout transmises par voie sexuelle, homo-et bisexuelle et hétérosexuelle, à parts à peu près égales. Entre 5 et 15 %, selon les années, des nouvelles infections sont transmises par injection de drogues.

Le Luxembourg applique un programme de réduction des risques avec médications de substitution et échange de seringues et d'aiguilles, y compris dans les établissements pénitenciers.

Le dépistage dans mon pays se fait sur base volontaire, et les tests nécessitent un consentement éclairé, se font de façon confidentielle et sont accompagnées de « counselling ». Aucun test ne peut être exigé lors de l'embauche, ni durant le

contrat de travail. Aucun test VIH n'est demandé lors des formalités d'immigration. Il n'y a pas de restriction de voyage pour les personnes infectées.

L'accès au traitement est facile et encouragé, non lié à la nationalité et pris en charge entièrement par la sécurité sociale.

En 2006, le Comité luxembourgeois de Surveillance du Sida a élaboré pour le Ministre de la Santé une nouvelle stratégie et un plan d'action en matière de lutte contre HIV/SIDA pour 2006-2010, et ce plan fut ultérieurement approuvé par le Conseil des Ministres du Luxembourg.

Monsieur le Président,

Le Luxembourg est convaincu que le VIH/SIDA restera encore de longues années avec nous et qu'il faut créer et renforcer de toute urgence au niveau mondial les structures permettant de réagir efficacement. Trois défis en particulier attendent le monde dans les années à venir :

(1) L'accès aux services, aussi bien de prévention que de traitement, et ceci de façon égale et équitable pour les hommes, pour les femmes, pour les minorités sexuelles, pour les utilisateurs de drogues par voie parentérale, pour les travailleurs du sexe, pour les prisonniers ;

(2) La qualité des services offerts, des services intégrés et non séparés pour VIH, les coïnfections telles que la TB, l'Hépatite C et l'Hépatite B, des services offrant une réduction de risques pour utilisateurs de drogues, une séparation nette entre mesures de santé publique et mesures répressives ; et enfin

(3) Un leadership politique fort couplé avec une collaboration à tous les niveaux avec la société civile, les ONG et surtout les personnes vivant avec le VIH/sida.

C'est en affrontant avec courage, lucidité et détermination ces défis que nous arriverons à consolider les avancées obtenues au cours des dernières années. A nous de faire preuve de la détermination indispensable dont dépend la vie de millions de personnes de par le monde !

Je vous remercie de votre attention

STALNA MISIJA CRNE GORE PRI UJEDINJENIM NACIJAMA
PERMANENT MISSION OF MONTENEGRO TO THE UNITED NATIONS

STATEMENT
by H.E. Mr. Nebojsa Kaludjerovic,
Permanent Representative of Montenegro to the United Nations
at the Hugh-level meeting on a comprehensive review of the progress achieved in realizing the Declaration of Commitments on HIV/AIDS and the Political Declaration on HIV/AIDS
11 June 2008

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Mr. President, Excellencies, Ladies and Gentlemen,

We are two years away from the target date set for achieving universal access to HIV prevention, treatment, care and support and halfway to the target date set for achieving the MDGs. UN, international and national initiatives, most notably UNAIDS, Global Fund to Fight AIDS, Tuberculosis and Malaria, and the United States President's Emergency Plan for AIDS Relief have significantly contributed to international efforts in addressing this crisis. Even though the progress reported has been considerable in almost all regions of the world, it has also been uneven.

With extremely high infection rates in some parts of the world and high death rates once AIDS is developed, the pandemic is truly a global threat to health, development, quality of life, security and stability. Clearly, the progress in combating HIV/AIDS is directly linked with a broader international development agenda and represents a prerequisite for reaching universal development targets. Unfortunately, the expansion rate of the epidemic is outstripping our abilities to follow with necessary access to essential services. HIV/AIDS is undermining the important achievements made so far in eradicating extreme poverty and hunger, promoting gender equality and empowerment of women, reducing child mortality, and so on. We have a moral responsibility, therefore, to reaffirm the commitments made in 2001 and 2006 and work on further scaling-up the efforts to reverse the HIV epidemic.

Mr. President,

Even though HIV/AIDS epidemic is worst in sub-Saharan Africa, Eastern European countries are witnessing alarming yearly increases in infection rates, a twentyfold increase in less than a decade! It might not affect every country equally, but it affects the whole region and therefore it is the problem that the whole region must address together.

Montenegro is a low prevalence country with an estimated HIV percentage of 0.01. However, experts estimate that the actual incidence of HIV/AIDS may be 6 to 11 times higher than the current value. The cumulative number of people registered with HIV since 1989 was 71, out of whom 40 had developed AIDS and 26 died.

Government of Montenegro is strongly committed to combating HIV/AIDS on a country level. National Coordination Body was formed to ensure the common direction in partnership and establish an appropriate response in tackling complex medical, social, legal and human rights issues raised by HIV/AIDS. It consists of 15 members, including various Ministries, NGOs and people living with HIV/AIDS.

National HIV/AIDS Strategy for Montenegro, partially financed by the Global Fund, is a five-year framework for the development, implementation, monitoring and evaluation of HIV/AIDS focused programming. To improve the harmonization and alignment of international development aid with country-owned strategy, the "Three Ones" are being implemented. Montenegro has one National Strategy, one National Coordination Body and one system for monitoring and evaluation of national HIV/AIDS programme.

During the first two and a half years of implementation of the National Strategy, Montenegro has made significant progress in establishing the normative framework for HIV prevention and treatment and in procuring essential equipment and commodities. Main achievements are reported in all required areas – prevention of mother-to-child transmission of HIV, safe blood, sexually transmitted infections, treatment protocol, universal precautions, voluntary counselling and testing, and youth-friendly facilities. Moreover, in preventing the spread of HIV/AIDS among populations considered most at risk, Montenegro has implemented various initiatives, including needle exchange programmes in public health centres, extensive training of outreach workers to work with vulnerable populations, and dissemination of information on HIV/STI prevention in both Montenegrin and minority languages to raise public, especially youth, awareness.

Nevertheless, there is still a lot to be done. As other countries that are going through transition, Montenegro is looking into ways to increase its efforts to respond to remaining major challenges, such as stigmatization and discrimination, as well as lack of necessary research, data, technical expertise, human resources within the Government, sustainable and long-term financing and more active involvement of the private sector.

Mr. President,

HIV/AIDS clearly represents both an immediate and long-term crisis for the international community, the one that simply cannot be addressed by a traditional state-centric approach. The consequences of HIV/AIDS, especially in countries where it has risen to epidemic proportions, on a proper functioning of a state and general quality of life of its citizens is devastating since it effects all levels of development and security, be it international, regional, national or personal.

Success is only possible if there is a global solidarity to create strong leadership and commitment, increased international coordination and cooperation to build on existing efforts and avoid overlapping, along with sustainable long-term strategies and funding and participation of all relevant stakeholders. It is imperative to note that this cannot be done without the crucial involvement of the UN agencies and programmes, which already had a significant role in leading the international response.

Thank you!

REPUBLIC OF SAN MARINO

STATEMENT

By

H.E. Mr. Daniele D. Bodini
Ambassador, Permanent Representative
Of the Republic of San Marino

To the

HIGH-LEVEL MEETING ON A COMPREHENSIVE REVIEW
OF THE PROGRESS ACHIEVED IN REALIZING THE DECLARATION
OF COMMITMENT ON HIV/AIDS AND THE POLITICAL
DECLARATION ON HIV/AIDS

June 12, 2008

New York

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Mr. President,

We would like to thank you for convening this high level meeting which emphasis the international concern and the extreme importance of addressing HIV/AIDS, a disease that continues to cause immense suffering and innumerable deaths in every part of the world.

We welcome the report of the Secretary-General which provides us with a sober picture of the HIV/AIDS pandemic and very useful suggestions to address this problem in a more coherent and effective way.

The Government of San Marino is tackling our HIV domestic challenge through prevention and education strategies. Moreover, specialized centers provide women with information on prevention regarding sexually transmitted diseases. Our National Health Plan provides care to our citizens and monitors the HIV/AIDS cases among the San Marino population, guaranteeing free treatment and anonymity to all patients.

On an international level, San Marino has participated in the UNICEF campaign UNITE FOR CHILDREN - UNITE AGAINST AIDS, and financed a pilot project in Gabon. This campaign has been focused on strengthening prevention of mother-to-child-transmission; pediatric treatment

and services; prevention among adolescents and young people and protection and care.

Finally, the Republic of San Marino is offering help through UNICEF to developing countries youth run organizations whose aims are to promote children's rights and public awareness to young people, including HIV/AIDS.

Mr. President,

With more than 30 million people worldwide living with HIV and 2 million AIDS deaths per year, we are convinced that only together, Member States, UN Agencies, NGOs, educational institutions, the media and the business sector can fight successfully this global scourge. The great participation to this High Level Meeting underlines, once more, the deep political will and the commitment of all nations in tackling this global challenge together.

The Government and the people of San Marino are determined to share this responsibility with the international community.

Thank you.

PERMANENT MISSION OF THE PRINCIPALITY OF LIECHTENSTEIN
TO THE UNITED NATIONS

HIGH-LEVEL MEETING ON A COMREHENSIVE REVIEW OF THE PROGRESS ACHIEVED IN REALIZING THE DECLARATION OF COMMITMENT ON HIV/AIDS AND THE POLITICAL DECLARATION ON HIV/AIDS

STATEMENT

BY

H.E. AMBASSADOR CHRISTIAN WENAWESER
PERMANENT REPRESENTATIVE
OF THE PRINCIPALITY OF LIECHTENSTEIN
TO THE UNITED NATIONS

NEW YORK, 12 JUNE 2008

CHECK AGAINST DELIVERY

Mr. President

For more than 25 years HIV/AIDS has caused immense suffering in countries and communities throughout the world and has had devastating consequences on development. In adopting the Declaration of Commitment in 2001, we equipped ourselves with an effective tool to combat the AIDS pandemic, both nationally and in our multilateral efforts. The greatest asset of the Declaration is its comprehensive approach: We recognized at the time that HIV/AIDS is a complex phenomenon and that we need to address all its aspects in order to be successful. Seven years after its adoption and two years after its first review, it is clear that the Declaration has had a galvanizing effect and shaped the international response to HIV/AIDS. This is one of the areas where UN action has proven most effective and indeed indispensable. Our success in coping with the pandemic will have a strong impact on our progress in achieving the Millennium Development Goals, in particular MDG 6. The accomplishments made in containing the pandemic are encouraging. At the same time, the rate of progress in expanding access to essential services does not keep pace with the expansion of the pandemic itself. We must therefore not relent in our efforts and place even stronger emphasis on the area of prevention.

Mr. President

One of the central tenets of the Declaration is the focus on **leadership**. The experience gained over the past seven years makes it clear that leadership is indeed an indispensable element of our response. We will need more leadership, at all levels, in the area of **universal access** to prevention, treatment, care and support in particular. Furthermore, an effective response to HIV/AIDS must be driven by strong and sustainable **financing mechanisms**. Liechtenstein has taken this responsibility very seriously and has over the last years continuously increased the resources invested for this purpose, both domestically and at the international level. Within the UN family, we are currently contributing to programs run by UNICEF and UNAIDS, in addition to our participation in the financing of the Global Fund. We also made special efforts to increase aid-effectiveness, including through the pooling

of funds with other small States.. We are committed to continuing our financial contribution in the future.

Mr. President

Our strategies for fighting HIV/AIDS need to go far beyond the launching of informational campaigns and providing antiretroviral drugs. Most importantly, our response must be rights-based. This is true in particular with respect to discrimination against people living with HIV/AIDS and to gender inequalities that exacerbate the risk of new infections. The Declaration addresses the special needs of women, including through their empowerment, but the increasing feminization of the pandemic illustrates the need for stronger implementation at the national level. The empowerment of women, as well as the promotion of **human rights** of key populations such as sex workers, men who have sex with men and people who use drugs, are key elements in our further efforts in achieving universal access to prevention, treatment, care and support by 2010.

Mr. President

Children and young people are still among the most vulnerable groups affected by the pandemic. Inadequate access to education, in particular to information on sexual and reproductive health, continues to fuel the transmission of HIV and escalates its impact. HIV **prevention** in both low-income and high-income countries will only be successful if we improve the knowledge of children and young people about HIV/AIDS and the risk of infection. Innovative communication strategies that capture the attention of young people should be explored. The ultimate goal must be to spread life-saving information faster and wider than any virus ever could.

Mr. President

The fact that 147 Member States have reported on their national progress in response to HIV/AIDS, coupled with the extraordinary level of attendance at this review meeting demonstrates the global concern as well as our determination to cooperate in tackling the pandemic. Let us seize this critical opportunity to fulfill our commitment from 2001 and continue to develop more innovative ways of working together.

I thank you.

Address

by

H.E. Mr. Paul Kavanagh,
Permanent Representative of Ireland

High Level Meeting on HIV and AIDS

United Nations General Assembly

New York, 12th June 2008

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PERMANENT MISSION OF IRELAND TO THE UNITED NATIONS
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ireland@un.int

Mr President

I am honoured to represent my country here today.

Ireland has prioritised the fight against HIV and AIDS as fundamental to poverty and vulnerability reduction. We are living up to the promises made at this General Assembly in 2001 and 2006.

With over €100 million how being spent annually on HIV and other diseases of poverty the Irish Government is investing in programmes that are benefiting those most in need; delivering anti-retroviral treatment in countries most affected; providing support to children made vulnerable by AIDS; and investing in empowering women and girls to protect themselves from infection.

Ireland's record on the Millennium Development Goals is impressive. We have made very significant increases in overseas aid in recent years with the result that this year we are spending 0.54% of our GNP fighting poverty, disease and hunger.

This review of progress towards Universal Access to comprehensive HIV prevention, treatment, care and support is timely. Ireland encourages this meeting to make a strong contribution to the forthcoming G8 meeting and Millennium Development Goals Summit this year. On these occasions world leaders will not only account for their progress in meeting the international commitments already made but will also agree a collective response to the multiple needs, threats and challenges, including that of HIV and AIDS, faced by people everywhere.

The leadership of the United Nations is crucial to the global HIV challenge. As co-chair of the General Assembly discussions on UN System Wide Coherence, I see the fight against AIDS as a benchmark of UN reform in action. It is beginning to yield results in *'Delivering as One'*. The leadership provided by the UN Joint Programme on AIDS – UNAIDS – in coordinating and facilitating a Joint UN response to the global AIDS epidemic is to be commended. But much remains to be achieved.

We need better coordination especially at country level between the relevant UN agencies, the World Bank, the Global Fund to fight AIDS, TB and Malaria and other major bilateral funders. These major initiatives are bringing considerable additional and much needed financial resources to deal with HIV and AIDS and are achieving significant results. Further work is needed however, to align these new resources with other donor aid mechanisms consistent with agreed international commitments to improve aid effectiveness and promote local ownership.

The Secretary General's report points to the significant results being achieved towards Universal Access to comprehensive HIV prevention, treatment, care and support throughout the world.

The HIV epidemic is being contained in most regions of the world, except in Eastern Europe who are currently experiencing the greatest increase in new HIV infections.

There are enormous advances in HIV treatment which have increased life expectancy and the quality of life for HIV infected people with access to these medications. New challenges continue to emerge however, with increases in the numbers of HIV/TB co-infections and the need for further investment in second line anti-retrovirals. Ireland supports the call for stronger collaborative activities to address the increasing levels of HIV-TB co-infection. We all need to work together in support of national governments and health ministries to face these challenges and strengthen health systems to provide universal access to all essential health services.

The evidence shows that we need to do more on HIV prevention. As highlighted in the Secretary General's report, and to ensure a long term sustainable response to the global HIV pandemic, it is critical that further investment is made in evidence-informed HIV prevention programmes, in particular those targeted at high risk populations.

Prevention is at the core of our HIV strategy. In recognition of the need to increase investment in HIV prevention Ireland has developed a five-year national HIV prevention action plan. Starting this year the action plan prioritises the need for strong leadership, increasing knowledge and awareness of HIV transmission and providing key prevention services to those most at risk.

It is unlikely that HIV will ever cease to be a major cause of inequality, vulnerability and ill health until appropriate technological solutions are found that can effectively prevent HIV transmission. We should continue to invest in good quality science to find effective HIV preventive vaccines and microbicides directed at controlling the pandemic.

Female controlled HIV prevention commodities will be central to addressing women and young girls' disproportionate vulnerability to HIV. Although the data demonstrates that more women than men are accessing HIV treatment, it is also clear that more women are infected by HIV, in particular, in sub-Saharan Africa, and that women and young girls are more vulnerable than men and boys to HIV infection.

A combination of HIV and gender inequality is proving lethal for women and girls. Ireland is committed to addressing the particular vulnerabilities of women and young girls especially in poor countries. Addressing gender based violence as a core HIV prevention strategy is one of our key priorities.

There is a direct link between the well-being of women and children. When women are healthy, educated and free to avail of life's opportunities, children also thrive. The increasing number of women testing HIV positive and the consequent rise in peri-natal HIV transmission underscores the importance that Ireland places on gender equality. Prevention of mother-to-child transmission is a policy priority for Ireland. The rate of mother-to-child transmission in Ireland is less than 2%, while in sub-Saharan Africa about one in three children born to a HIV-infected mother will test positive.

The Secretary General's report highlights the *special plight of children* infected and affected by HIV. HIV positive children are significantly less likely to receive anti-retrovirals than HIV positive adults; national strategies to address the needs of children remain largely unimplemented and only 15% of orphans are receiving some form of assistance.

This calls for urgent attention. The 4th Global Partners Forum on Children affected by HIV and AIDS will be held in Ireland in October of this year. It will bring together global leaders and decision makers and will focus attention on key priorities to address the needs of children living in a world with HIV. Priority issues will include the extension of social protection mechanisms to benefit children; removing the barriers to essential services; keeping mothers alive; families together and supporting community based responses to meeting children's needs.

HIV and AIDS does not respect national boundaries or gender or age. In Ireland a National Campaign is addressing stigma and discrimination experienced by people living with HIV in Ireland. With the leadership and active engagement of people living with HIV in its design and implementation the first phase of this National Campaign has been hugely successful in increasing an understanding of HIV while highlighting the irrationality of stigma and discrimination at home and abroad. Research demonstrates key areas requiring further investment. The Government will continue to support this crucial campaign.

Civil society, including faith based organisations, are critical partners in Ireland's response to HIV and AIDS. Their work must be commended. They are central to service delivery particularly to marginalised and minority groups. They are strong advocates for HIV treatment access and they continue to challenge governments to meet their international commitments.

Ireland has a strong focus on addressing world hunger and food insecurity. We are particularly concerned about the impact of the current increases in global food prices for AIDS affected communities.

Addressing food security and nutrition in all settings is vital to achieving the goal of Universal Access to HIV prevention, treatment, care and support. Ireland is committed to supporting multi-sectoral HIV programming that incorporates effective food and nutrition interventions as a way of reducing vulnerability to HIV infection and increasing resilience to AIDS.

Mr President, we have the capacity, the medicines, the know-how and the institutions to address the challenge that this pandemic poses to achieving Universal Access and the Millennium Development Goals.

We now need the political will and the resources to sustain and increase the response to the challenges of the global HIV pandemic. This is increasingly important in light of current competing global issues.

Ireland will continue to play its part.

Thank you.

The Permanent Mission
of the Kingdom of Morocco
to the United Nations

البعثة الدائمة
المملكة المغربية لدى الأمم المتحدة
نيويورك

Déclaration

de

S.E. M. Hamid CHABAR,
Ambassadeur, Représentant Permanent Adjoint
du Royaume du Maroc
auprès des Nations Unies

devant

l'Assemblée générale des Nations Unies

Réunion de Haut niveau
sur le VIH/SIDA

New York, le 12 Juin 2008

Prière de vérifier à l'audition

Excellences, Messieurs les Chefs d'Etat et de Gouvernement
Mr le Secrétaire Général,
Mr le Directeur Exécutif de l'ONUSIDA,
Mesdames, Messieurs

Il nous est agréable de vous dire combien le Royaume du Maroc se réjouit de la décision prise par cette auguste Assemblée de tenir une Réunion de Haut niveau sur le VIH/SIDA. Nous nous félicitons de cette opportunité pour réitérer notre ferme engagement dans la lutte contre cette pandémie ravageuse, et notre pleine adhésion aux Objectifs de développement du Millénaire qui font, de la santé, faut-il le rappeler, un droit humain inaliénable.

Nous souhaitons pleins succès à cette noble initiative et formons le vœu que notre engagement permette de mobiliser les ressources nécessaires pour combattre ce fléau meurtrier.

Je voudrais, à cette occasion, rendre un vibrant hommage, aux personnes ici présentes vivant avec le VIH / SIDA. Comment taire plus longtemps notre solidarité avec eux. Qu'il nous soit permis de leur dire notre estime pour le courage qu'elles affichent et notre profond respect.

Nos remerciements vont également aux acteurs de la société civile, pour leur action fondamentale. Nous sommes fiers de les avoir à nos côtés, mobilisés, comme toujours, pour endiguer cette déferlante, qui ignore et fait fi de toutes les contrées.

Excellences, Mesdames et Messieurs,

Il est bien difficile, en entendant chiffres et témoignages, de garder une sérénité affichée, devant la propagation de ce redoutable danger qui continue de faire craindre les pires hypothèses. Face à l'ampleur du fléau, seule une volonté politique collective, conjuguée à une action multilatérale concertée, permettra de juguler le lourd tribut humanitaire et économique de l'épidémie.

Ma délégation relève, avec un intérêt évident, les recommandations contenues dans le rapport du Secrétaire général soumis à notre attention, et en particulier celle relative à la nécessité, pour les pays à revenu élevé, de garantir l'accès universel aux services de prévention, de traitement, de soins et d'accompagnement.

Si des progrès relatifs à l'accès aux services de traitement sont encourageants, il demeure douloureux, pour nous tous ici, de constater cette persistante dichotomie, entre d'une part, les Etats avancés, maîtrisant l'épidémie, et, d'autre part, les pays en développement, dont les indicateurs n'incitent guère à l'optimisme, surtout sur notre terre africaine, ou le VIH continue de peser comme l'une des plus graves menaces pour le développement.

Excellences, Mesdames et Messieurs,

Le temps nous est compté pour atteindre l'objectif de l'accès universel à la prévention et au traitement d'ici à 2010. Et seule une augmentation plus substantielle de l'aide financière, conjuguée à des mesures d'urgence permettra d'atteindre cet objectif en vue d'améliorer l'accès pour tous, sans discrimination aucune, aux services de soins et d'accompagnement.

Ma délégation relève, avec un profond désarroi l'impact croissant des inégalités entre les sexes qui continue de favoriser la propagation du VIH, et ce, en réduisant considérablement l'autonomie et la capacité de contrôle des femmes et des filles sur les risques qu'elles courent de contracter l'infection. Il est donc vital que les gouvernements se mobilisent aux niveaux politique et social pour lutter contre les préjugés sexistes dans le cadre de leur lutte national contre le VIH.

Excellences, Mesdames et Messieurs,

La lutte contre le VIH / SIDA constitue une priorité pour mon pays, qui a établi une stratégie intégrée consacrée à la lutte contre ce fléau. En témoigne, à cet effet, la présentation, par le Maroc, au début de cette année, du Plan stratégique régional et du Plan d'action 2008-2009 de lutte contre le SIDA, qui s'inscrivent, à eux deux, dans le grand chantier de l'Initiative Nationale pour le Développement Humain, chantier lancé par Sa Majesté le Roi Mohammed VI, en 2005.

Ambitieux et réaliste, ce Plan d'action se fixe pour objectif la stabilisation, voire l'infléchissement même de la progression de l'épidémie, qui doit impérativement passer par une plus grande mobilisation de l'ensemble des intervenants impliqués et ce, afin d'augmenter notablement la couverture des populations les plus vulnérables et réduire l'impact sur les personnes vivant avec le VIH.

Excellences, Mesdames et Messieurs

Ma délégation est aujourd'hui heureuse de vous annoncer que la généralisation de la trithérapie est assurément une des avancées majeures de mon pays dans la lutte contre le VIH/SIDA. Grâce au soutien et à la mobilisation de tous les partenaires nationaux et internationaux, mon pays a atteint un de ses objectifs, à savoir que tous les malades du SIDA, au Maroc, ont aujourd'hui, accès, et de manière gratuite, à la trithérapie.

Le Royaume du Maroc réitère ici sa disponibilité à mettre son expérience au service de la communauté internationale, et en particulier au service des pays africains frères. L'engagement personnel de SAR la Princesse Lalla Salma qui avait participé, en marge de la 60eme session de l'Assemblée générale, à la réunion des Premières Dames d'Afrique sur la lutte contre le SIDA, témoigne, de l'importance du niveau d'engagement politique de mon pays. Cet engagement est relayé par le tissu associatif marocain, dont l'action soutenu, par les pouvoirs publics, en matière de sensibilisation et d'accès aux soins, a grandement contribué à la lutte contre ce fléau.

Ma délégation tient à se féliciter de l'impact positif de cette rencontre des Premières Dames, qui avait adopté, faut-il le rappeler, le Programme de campagne de lutte contre le SIDA en Afrique, pour la période 2005-2006, et réitère, du haut de cette tribune, l'adhésion constante du Maroc aux efforts internationaux en matière de lutte contre le SIDA en Afrique.

A ce sujet, mon pays aimerait lancer un appel pour la mobilisation davantage de moyens afin de parer à cette pandémie meurtrière qui continue de faire des ravages sur notre continent, soulignant que celle-ci ne peut être vaincue sans un réel développement du continent africain, développement qui requiert solidarité agissante et sincère engagement de la part des pays développés.

La crise alimentaire que connaît aujourd'hui certains pays du Sud est une des claires illustration des difficultés dans lesquelles se débattent les pays en voie de développement et qui, bien entendu, hypothèque leurs efforts et moyens pour faire face et combattre, entre autre, ce type de pandémie, au demeurant ravageuse.

Excellences, Mesdames et Messieurs

Nous tenons à exprimer ici nos remerciements les plus sincères à l'ONUSIDA pour l'appui et l'assistance technique apportés dans le cadre du Fonds mondial de lutte contre le SIDA, et pour ses efforts inlassables en vue de permettre aux pays les plus touchés d'accéder aux antirétroviraux.

L'appui du Fonds mondial contre le SIDA vient a point nommé, dans mon pays, dès lors qu'il contribue à renforcer l'offre de dépistage et étendre les interventions de proximité et de qualité en direction des groupes à risques. L'intégration de l'éducation à la prévention, ainsi que les campagnes de sensibilisation ciblant les jeunes demeurent une préoccupation constante pour mon pays.

Excellences, Mesdames et Messieurs,

Ma délégation se félicite des nombreuses initiatives des Nations Unies et se réjouit de pouvoir joindre ses efforts à ceux de la communauté internationale pour répondre aux préoccupations exprimées dans la Déclaration d'engagement et la Déclaration politique des Nations Unies, qui sont soumis à l'actuelle session.

Le Royaume du Maroc n'épargnera aucun effort pour juguler la progression de ce fléau afin d'éradiquer cette épidémie qui risque, non seulement d'anéantir nos efforts, mais surtout d'hypothéquer la sécurité sanitaire dans le monde.

Je vous remercie

PERMANENT MISSION OF THE REPUBLIC OF ALBANIA TO THE UNITED NATIONS

UNITED NATIONS

62nd Session of the General Assembly

High level meeting on HIV/AIDS

Statement by

H.E. MR. ADRIAN NERITANI
Permanent Representative

New York, June 11th, 2008

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Mr. President,
Excellencies,
Ladies and Gentlemen,

My country fully aligns itself with the statement made earlier by the distinguished representative of Slovenia on behalf of the European Union. Thus, I would limit my statement to some additional remarks per our national capacity.

The participation of so many delegations in this meeting testifies the serious challenge our world is facing today. It could not be met without our joint efforts and adequate resources at the national and international level. Albania welcomes the approach of this meeting aiming at bringing together governments and civil society.

My country shares the concern of many other delegations that the pandemic of HIV/AIDS is not only a major public health issue, but also a development emergency. Epidemics have always been a major threat to mankind, but addressing the HIV/AIDS in all its multidimensional aspects will help us achieve the MDGs globally, and this is a tough call.

Mr. President,

My country is facing rapid economic and social developments, which undeniably bring a lot of associated problems common to a free and open society. The first two HIV/AIDS cases in Albania were diagnosed and reported in 1993. Since then, 255 HIV/AIDS cases have been reported. So far 55 HIV people have died from it. It's important to mention that during 2007 there are reported 44 new HIV cases from which 31 are males and 13 are females.

Albania is considered a low prevalence country. Despite this positive trend, the HIV infection is going up and the estimates show a high number of undiagnosed cases. On the other hand, different estimates show that Albania can be faced with a quick increase of HIV cases, if sound preventive measures are not put at work effectively.

This is based on several factors. Just to mention a few: the young average age of population; the high number of the Albanian emigrants abroad; the growth of IDU; relatively low level of knowledge on the issue; certain shortcomings in the Primary Health Care System regarding prevention and diagnosis; low level of knowledge and acceptance of condoms, etc.

The Albanian Government has made serious efforts to implement the national strategy to fight HIV/AIDS, covering 2004-2010 and to raise public awareness on this issue. This strategy aims at creating a strong partnership between the Ministry of Health and non-governmental institutions with the technical and financial support of the international specialized organizations, such as WHO, UNFPA and UNAIDS. A national HIV/AIDS program is being

implemented. A draft law on HIV/AIDS prevention and control is now in the parliament following the procedures for approval.

The main objectives of this National Program are maintaining the low prevalence profile of HIV/AIDS in the country and ensuring the accessibility and quality of necessary services for diagnosis, treatment, counseling, support and relief for the persons at risk and those living with HIV/AIDS.

The Government of Albania works in close collaboration with a great number of stakeholders such as non-governmental organizations (NGOs), private foundations and other civil society organizations including associations of people living with HIV/AIDS. We fully support their activities, which are crucial for HIV/AIDS policy development, policy advocacy and policy implementation, as well as for the delivery of social services to those affected by the disease. We work to ensure a close partnership between public sector and civil society, as a necessary precondition for effectiveness and expansion of national responses to HIV/AIDS.

An increasing attention has been paid toward improving the school curricula on HIV/AIDS education and to increasing the awareness of the public at large by organizing national campaigns on HIV/AIDS issues and by asking the assistance and cooperation of the media. Avoidance of prejudice and discrimination is an important element of the overall fight against HIV/AIDS.

Mr. President,

Despite the fact that the international community has invested a considerable amount of resources to confront HIV/AIDS, the epidemic is far from being under control and the response to the disease continues to be far away from sufficiently funded, as the UNAIDS Executive Director stated earlier. In this regard, while I reiterate the strong commitment of my government to scale up national expenditure on the fight against HIV/AIDS, I use this forum to make an appeal to others to increasingly combine their effective commitments toward fighting against HIV/AIDS.

In conclusion, I would like to express once more the support of the Albanian Government to the commitment envisaged at the Political Declaration, which provide guidance to us towards effective fight against HIV/AIDS.

Thank you!

PAKISTAN

PERMANENT MISSION TO THE UNITED NATIONS

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Statement

by

Nawab Muhammad Yusuf Talpur

Member National Assembly

at

The High-level Meeting of the UN General Assembly

on Comprehensive Review of the Progress Achieved in realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS

New York

June 11, 2008

High-level Meeting of the General Assembly on Comprehensive Review of the Progress Achieved in realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS

Mr. President,

Excellencies,

Distinguished Delegates,

It is a privilege to be present in this august assembly where we are reviewing the progress made in realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration.

More than two decades after the global recognition of this killer disease, the world continues to witness the enormous and multiplying consequences of the epidemic. As of December 2007, an estimated 33.2 million people worldwide were living with HIV, an estimated 2.5 million people were newly infected and 2.1 million deaths occurred due to AIDS.

Perseverance in our efforts is the key towards the efficient implementation of national plans, the allocation of sufficient resources and the involvement of all stakeholders to overcome the menace of AIDS.

This high level gathering is a testimony to the commitment of the world leaders in the global fight against the HIV/AIDS epidemic.

Mr. President,

The Secretary General's report presents a comprehensive view on the progress achieved in realizing commitments and time bound targets agreed by Member States in the Declaration of Commitment on HIV/AIDS and the Political Declaration.

It is encouraging that progress in the response to HIV is evident in many regions since 2006. However, as the report suggests, this progress is uneven and the expansion of the epidemic itself is often outstripping the pace at which services are being brought to scale. In countries where HIV prevalence exceeds 15 per cent, the scaling up of response to an unprecedented national mobilization, involving every sector of society and making use of every available prevention tool could only meet the challenge. This is indeed a formidable task.

We agree with the SG's finding that to date, the response to HIV has been largely managed and viewed as an emergency effort and not focused on a sustainable long term response. The sustainability of the response should be central to all HIV-related planning and implementation. Therefore, to that end, we think financing mechanisms need to be strengthened at national, regional and global levels. We stress, in this respect, to increase Official Development Assistance to its targeted levels so that root causes of HIV spread in developing countries could be addressed effectively.

Mr. President,

Currently an estimated 85,000 people are living with HIV in Pakistan with the HIV prevalence less than 1% in overall population. Although estimates for persons living with HIV in general population has remained fairly constant over the years, the shift from low prevalence to a concentrated epidemic took place due to increase in HIV reported cases particularly among injected drug users.

The proportion of HIV infection among other categories like sex workers, unemployed youth and urban injected drug users is still increasing. Their condition represents a potential threat to the over all prevalence of the disease in general population. However we believe that the current low prevalence among general population will provide a vital window of opportunity to influence the future course of epidemic in our country.

The response to the HIV epidemic in Pakistan has been a coordinated effort of the government with bilateral and multilateral donors, the UN System and civil society. It was expressed through National AIDS Control Program at federal and provincial levels in 1990s. The programme, with the allocation of $30 million for the period of 2003-2008 aims to control HIV/AIDS cases by creating awareness and promoting blood safety through strengthening safe blood transfusion services. It also includes expansion of interventions for vulnerable population, prevention of transmission through blood transfusion, and targeted intervention for youth and labour. In addition to that a comprehensive legislative frame work on HIV/AIDS is also under consideration since 2006.

Over the years, civil society in Pakistan has also grown and is now actively shouldering the implementation burden with public sector. The expansion of civil society has also led to the emergence of network structures like National and Provincial AIDS consortia that are playing critical role in facilitating and coordinating civil society efforts.

Mr. President

It will not be fair if we do not recognize the fact that majority of the AIDS victims are living in the developing countries. The incidence rate is aggravated there by poverty, hunger, disease, lack of medical facilities, illiteracy and under-development. Therefore it should also be viewed as a development issue where poverty can be well recognized as a direct contributor to the spread of HIV/AIDS.

The problem of HIV/AIDS can not be dealt as a health issue only. It must be treated broadly as a crucial economic, social and developmental issue. The special session of the General Assembly held in 2001, linked the HIV/AIDS situation to a global emergency and declared it to constitute one of most formidable challenges to the international community and global development goals.

Combating HIV/AIDS and eradicating poverty must therefore, go hand in hand. This cannot be achieved without active and determined cooperation on the part of the international community with special participation of the developed countries who have a moral obligation to set aside a part of their affluence to reduce the burden of poverty and alleviate human suffering. Low cost drugs, lower profits, new scientific research and sharing of knowledge and necessary facilities are needed to achieve common and sustainable solutions. There has never been greater urgency in responding to the needs of the developing countries then before to enhance debt relief, market access and the Official Development Assistance.

At the end I would like to echo-- two years away from the universal access targets and midway towards achieving the Millennium Development Goals, the world must build on its successes to accelerate the pace towards achieving universal access to HIV prevention, treatment, care and support. Unless scale-up efforts increase, the world is unlikely to achieve such universal access by 2010.

I thank you Mr. President.

KAZAKHSTAN

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Statement
by Mr.Ayaganov S.,
deputy of Majilis of the Parliament of the Republic of Kazakhstan to the United Nations at High-level meeting on a comprehensive review of the progress achieved in realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS

10-11 June 2008, New York

PERMANENT MISSION OF THE REPUBLIC OF KAZAKHSTAN TO THE UNITED NATIONS
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Distinguished Mr. Secretary-General,
Distinguished Mr. President,
Distinguished participants,

First of all, I would like to thank the Secretary General, Mr.Ban Ki-moon for initiating this meeting. I would, also, like to underscore the importance of comprehensive report of the Secretary General under the title "Declaration of Commitment on HIV/AIDS and Political Declaration on HIV/AIDS: midway to the Millennium Development Goals". My delegation believes that the review would help to estimate the real scope of epidemy and methods to combat it.

HIV/AIDS pandemic is one of the global challenges that have negative repercussions on economic development and hamper achievement of MDGs. It is necessary to acknowledge that efforts offered by international community on combating HIV/AIDS in not enough yet. Consolidated global efforts to counteract the spread of epidemics are undermined by the high rate of its proliferation.

HIV/AIDS is one of the causes of worsening of social development in the least developed countries that takes toll on health status of future generations and consequently threatens national and international security.

Mr.President,

Since the moment of signing the Declaration of Commitment on HIV/AIDS that was adopted by the Special Session of General Assembly in 2001, Kazakhstan along with other countries in the world achieved certain progress in combating AIDS.

The Government of Kazakhstan endorsed the Concept of the State Policy on Combating AIDS in the Republic of Kazakhstan. The legislative basis is also been improved: the Law of the Republic of Kazakhstan "On Prophylactics and Treatment of HIV infection and AIDS" was amended to upgrade it to international standards.

The current State Programme on Combating AIDS epidemics has already achieved positive results in introducing modern standards of epidemiological surveillance of HIV infection, increasing voluntary testing on HIV, provision of medical services to the risk groups and prevention activities among population through information and education.

The issue of HIV/AIDS is part of main strategic documents, including long-term Strategic Plan 'Kazakhstan-2030" and the State Programme of Health System Reform and Development for 2005-2010.

Treatment and care for HIV infected and those suffering from AIDS including access to antiretroviral treatment is an important component of the activities that are undertaking by the Government of Kazakhstan. Starting the year 2010, there will be a provision made in the State Budget for treatment of all lacking people.

As it was recognized by the international organizations, the country has an advanced national surveillance system that provides data for monitoring and evaluation of activities on

combating the infection. This year, the replacement therapy for drug users has been commenced.

Complexity and scope of the implementing tasks called for participation of the civil society that is gaining support from the government. There are 78 NGOs working in prevention of HIV/AIDS area. Within the framework of the social contract the Government of Kazakhstan made allowance for financing of NGOs. The latter encouraged the representatives of civil society to actively participate in development, implementation and evaluation of prevention activities and measures on treatment and care of people leaving with HIV/AIDS.

Mr. President,

Despite the certain progress in counteracting HIV/AIDS achieved at the national level, there are some issues that require concerted efforts. Although the main way of infection in Kazakhstan is still through blood transfusion among drug users, number of cases of sexual transmission is alarmingly increasing, which is threatening the wide mass of population outside the risk groups.

There are still acute such problems as stigmatization and discrimination of HIV infected, maintenance of their health, including treatment of concomitant diseases, social protection of HIV infected people, their full participation in labor and social life.

In 2006, first time in its history, Kazakhstan faced the unprecedented outbreak of HIV infection of 149 children through blood transfusion in medical hospitals. Eventually, it was localized with the assistance of international organization. It happened due to existing misconception that HIV/AIDS is a problem of the risk groups. Therefore, medical organizations were not ready to meet the challenge.

Mr. President,

The Government of Kazakhstan expresses its gratitude to UNAIDS, WHO, UNICEF, UNFPA, GFATM, the World Bank and other international organizations that provide tangible support in implementation of the programmes on combating HIV/AIDS in Kazakhstan and welcome them to continue fruitful collaboration in this particular area.

Mr.President,

Obviously, today's high-level meeting is an evidence of the fact that the world community recognizes the importance of consolidate efforts to effectively fight HIV/AIDS pandemic. My delegation, on behave of the Government of Kazakhstan, would like to reiterate its commitment to counteract HIV/AIDS and determination in achieving the target set by MDGs.

I thank you for your attention.

Генеральная Ассамблея ООН
Шестьдесят вторая сессия

Заседание высокого уровня по проведению всеобъемлющего обзора прогресса, достигнутого в осуществлении Декларации о приверженности делу борьбы с ВИЧ/СПИДом и Политической декларации по ВИЧ/СПИДу

Выступление
Представителя Республики Беларуси

Беларусь, в том числе во взаимодействии с ООН, уделяет значительное внимание проблематике борьбы с ВИЧ/СПИД. Решение этой проблемы признано одним из приоритетных направлений государственной социальной политики.

Политика государства в этой области выстроена на основе триединого принципа: единая национальная рамочная стратегия, единый межсекторальный координирующий орган и единая национальная система мониторинга и оценки.

Деятельность Беларуси в сфере преодоления эпидемии ВИЧ/СПИД осуществляется в рамках Государственной программы профилактики ВИЧ-инфекций (2006-2010 годы) и стратегического плана мероприятий по противодействию эпидемии ВИЧ-инфекций в Беларуси (2004-2008 годы).

Большое значение в деятельности по борьбе с ВИЧ/СПИД имеет развитая и комплексная **система мониторинга и оценки ситуации** в этой сфере. В Беларуси в этих целях учрежден национальный консультативный совет по мониторингу и оценке, в который входят государственные органы, международные и неправительственные организации, представители частного сектора, православной церкви, а также ВИЧ-инфицированные. Создана единая общенациональная информационная система, налажена эффективная система оперативной передачи информации с регионального и местного уровней в центр.

Ключевым направлением является **лечение ВИЧ-инфицированных**. В Беларуси больные ВИЧ/СПИД имеют ряд льгот и возможность обеспечения лекарственными препаратами на бесплатной основе. Семьям с ВИЧ-ифецированными детьми ежемесячно выплачиваются пособия.

При поддержке Глобального фонда по борьбе со СПИДом и международных доноров Беларусь постепенно приближается к достижению цели обеспечения всеобщего доступа к антиретровирусной терапии. В настоящий момент этот показатель составляет 73,1 процент населения. Увеличилось количество используемых при лечении антиретровирусных препаратов, что позволило повысить эффективность лечения и качество жизни инфицированных.

В шести городах с наибольшим количеством ВИЧ-инфицированных созданы группы сестер милосердия и социальных работников, обеспечивающих лечение, психологическую помощь и уход, поддерживается работа групп взаимопомощи. Проводятся круглые столы, тренинги, семинары и конференции с освещением медицинских, социально-психологических, юридических иных вопросов для выработки толерантного отношения к ВИЧ-инфицированным и повышения качества их жизни.

Важным направлением деятельности является **профилактика ВИЧ/СПИД**. С этой целью в Беларуси действуют 52 пункта анонимного консультирования, финансируемых за счет государственного бюджета и средств Глобального фонда по борьбе со СПИДом. Налажено анонимное тестирование, а также бесплатное предоставление средств профилактики. Реализуется комплекс мер, направленных на профилактику ВИЧ/СПИДа в местах лишения свободы, проводятся обучающие мероприятия среди персонала и осужденных.

В результате комплекса мероприятий Беларуси удалось значительно повысить информированность населения об опасности ВИЧ/СПИДа, а также снизить частоту передачи ВИЧ от матери к ребенку и показатель летального исхода. Однако ситуация остается сложной, число ВИЧ-инфицированных и больных СПИДом в Беларуси растет, хотя и очень медленными темпами.

Необходимо еще более активизировать усилия ООН по координации действий международного сообщества по борьбе с ВИЧ/СПИД. Важно сконцентрировать внимание не только на наращивании финансового потенциала, но и решении таких вопросов, как расширение обеспечения нуждающихся стран медицинскими кадрами, качественными лекарственными препаратами, квалифицированное планирование национальных программ и стратегий по борьбе с ВИЧ/СПИД.

PERMANENT MISSION OF DENMARK
TO THE UNITED NATIONS

Statement by
H.E. Ambassador Carsten Staur
Permanent Representative of Denmark

United Nations General Assembly

2008 High-level Meeting on HIV/AIDS

New York
11 June 2008

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Mr. President,
Mr. Secretary General,
Excellencies,
Ladies and Gentlemen

I welcome this opportunity to address the General Assembly, and shall at the very outset align myself with the statement made by Slovenia as President of the European Union.

Mr. President,

The world is full of paradoxes. We all know that. But it is unbelievable, here eight years into the new Millennium, that so many women around the world still have no rights to decide over their own body. That paradox is central to our session today.

At least 76 per cent of young people aged 15 – 24 living with HIV are women. Women represent 61 per cent of the HIV-infected adults in Africa, and infection levels among adolescent girls in Africa are several times higher than for boys. Even today many women bear the heavy burden of not being able to give birth to their children without transmitting HIV at the same time.

One of the reasons for this is gender discrimination. Gender discrimination simply increases vulnerability to HIV/AIDS among women and girls. Social restrictions, lack of financial security, lack of access to education and employment etc. all limit women's opportunities and their abilities to protect themselves against HIV/AIDS.

In many parts of the world, women do not have the right to question their partner's behavior or to ask their husband to use a condom even when he has several sex-partners. Violence against women and girls also leads to increasing numbers of women being infected. And fear of violence makes it even more difficult for women to negotiate condom use. Today, less than 20 per cent of sexually active young people use condoms. And by not doing so they risk their life. Young women are three times more vulnerable to HIV infection than men.

Challenging gender inequality and negative gender roles is absolutely critical in combating HIV/AIDS. In the 2001 UN Declaration of Commitment on HIV/AIDS, Denmark, together with other governments, has pledged to create multi-sector strategies to reduce the vulnerability of girls and women. This is also reflected in the Danish Strategy for Gender Equality and in our strategy to fight HIV/AIDS.

Mr. President,

There is a strong linkage between HIV/AIDS and sexual and reproductive health and rights. We must work to ensure that HIV prevention is better integrated into reproductive health services and visa versa. We must maintain our full support for the search for new prevention options for women. And we must keep on challenging traditional norms and behavior in order to provide women with their sexual and reproductive health and rights. Reducing the stigma and the discrimination associated with HIV, and targeted interventions for vulnerable groups, like sex workers and drug users, are essential to improve the access to reproductive health services. Better access to family planning services is furthermore essential to enable increased condom use, and to enable a substantial reduction of mother to child transmission, which currently causes 1,500 new infections every day.

Our collaboration with Mozambique clearly demonstrates a large-scale potential for preventing HIV transmission by way of information and training of young people. Together with UNFPA and our partners in Mozambique, Denmark is actively engaged in peer education of young people who are trained to provide advice to other young people on the use of condoms, sexual and reproductive rights and abortion. This programme has now shown such potential for changing young peoples' sexual behavior that it has been up-scaled to cover all parts of Mozambique.

Mr. President,

Strong political leadership and commitment is essential to move more rapidly towards our common goal of universal access by 2010. We should all stick to this goal. I am pleased to confirm that HIV/AIDS will remain a strategic priority for the Danish Government in the years to come. Denmark is fully committed to strengthening its efforts to fight HIV/AIDS, with special focus on Sub-Saharan Africa. Accordingly, we will fulfill our goal of doubling our assistance to HIV/AIDS by 2010. And we will focus our contributions towards reaching the internationally agreed HIV and AIDS targets through our bilateral development cooperation as well as our contribution to the multilateral efforts.

This year, Denmark has further taken a lead in a global Call to Action on gender equality and economic empowerment of women. Our reason is that gender equality is key to accelerating progress on the other development goals, including the Millennium Development Goal on the fight against HIV/AIDS. As part of this global Call to Action, many leaders from governments, private sector and civil society have received a specific MDG3 torch and committed to do something extra to promote gender equality. I am happy to announce that also the UN Secretary General has accepted to do so, and to accept the last Torch in connection with the UN High Level MDG Meeting on 25 September here in New York.

Thank you.

62ND SESSION OF THE GENERAL ASSEMBLY

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Statement by

Mr. Ilan Fluss

Counsellor

2008 comprehensive review of the progress achieved in realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS

United Nations, New York
12 June 2008

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Mr. President,

At the outset, allow me to congratulate you on your stewardship of this Assembly and thank you for convening this high-level debate. I also wish to thank the Secretary-General for his statement, as well as all the panelists for their informative presentations.

Since 2001, when the General Assembly convened a Special Session on HIV/AIDS, the international community has improved its response to the HIV/AIDS pandemic. Despite unprecedented efforts and cooperation in the field, the spread of HIV/AIDS continues with alarming intensity. As we have seen, good humanitarian work alone will not score points with the HIV virus. Last year alone, 2.5 million people were newly infected and 2.1 million people died from AIDS. The rates are particularly distressing in sub-Saharan Africa.

Mr. President,

Israel is fully committed to the Declaration of Commitments and to achieving the Millennium Development Goals, in particular MDG 6, which calls for a halt to the spread of HIV/AIDS and universal access to treatment for HIV/AIDS for all those who need it by 2010. Yet to meet these goals, the international community must sustain the positive momentum garnered by maintaining and scaling up earlier commitments. Successes must be guarded zealously for progress to take hold. States must also adopt a broad-based approach to combat HIV/AIDS. As an example, the prevention of mother-to-child transmissions, the education of young people about HIV/AIDS, and prevention for sex workers all require distinct modes of communication, and involve different actors in transferring the necessary knowledge and establishing the relevant social infrastructures.

Israel is fortunate to have a low rate of HIV/AIDS, in part thanks to broad-based efforts and programmes. Since 1981, Israel has maintained a national HIV/AIDS register. Health education programmes have been developed for both the general population and groups with high-risk behaviors. HIV testing is available at all community clinics around the country, confidential and free of charge for any person requesting the service, citizen or non-citizen. In particular, Israel has enacted landmark legislation authorizing children to request AIDS testing, without first obtaining the consent of a parent or guardian. My delegation believes that implementation of such multi-leveled strategies allows for a mutually reinforcing effect.

On the global level, Israel affirms its commitment to combating HIV/AIDS worldwide, particularly in sub-Saharan Africa, where there is a "feminization" of the pandemic. Increasing numbers of women and girls are being infected. Hence, attention must be paid to gender aspects of HIV/AIDS, including empowering women and girls, education programs, and addressing threats of sexual abuse and violence. HIV/AIDS care and treatment should be integrated within reproductive and sexual health rights with a special focus on gender issues and vulnerable groups.

Mr. President,

In March and April of this year, Israel hosted an international workshop on "Care and Support of Children Affected by HIV/AIDS", in cooperation with UNICEF-Africa. At this very moment, MASHAV – Israel's Centre for International Cooperation – is hosting professionals from Nigeria for a course on "Sexual Health and AIDS Prevention for Adolescents". This course complements other recent programmes held in Israel in cooperation with Uganda, Kenya, and UNAIDS–West Africa, which utilize a "train the trainer" approach and make for cost- effective, efficient, and sustainable educational intervention, as these professionals return to their communities and implement educational programming.

In this light, the partnership between governments and civil society is crucial. Many Israeli NGOs are engaged in vital work on the ground, in several areas relating to HIV/AIDS prevention, training, capacity building, and care. These initiatives make a significant contribution to the implementation of the Declaration of Commitments and enhance regional and international efforts in the fight against HIV/AIDS. Our outreach includes our neighboring countries as well as the world at large. Allow me to share just one example: an Israeli NGO – the Jerusalem AIDS Project – is engaged in efforts in Swaziland to assist in training Swazi doctors in HIV/AIDS prevention. This has spawned a program, "Operation AB," that deploys Israeli experts to the country to work with local organizations on capacity building projects.

Lastly, partnerships should be nurtured between developed and developing countries, taking into account all stakeholders and sectors. The challenge of HIV/AIDS is too great to discount the experiences and best practices of others. Israel reaffirms its commitments in this regard, and looks forward to follow up on this issue in the future.

Thank you.

CROATIA

PERMANENT MISSION TO THE UNITED NATIONS
NEW YORK

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STATEMENT by
Ambassador Neven Jurica
Permanent Representative of the Republic of Croatia to
the United Nations

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

United Nations, New York
June 12, 2008

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Mr. President,

I wish to thank you for the opportunity to discuss the progress achieved in realizing the Declaration of Commitment on HIV/AIDS. Croatia shares the views of the international community that much more needs to be done on the national, regional and global levels as the challenges posed by this epidemic remain as large as ever. It is only through effective coordinated action on these three levels will we be able to stop the negative impact of the epidemic.

In looking to advance this comprehensive approach, Croatia has taken a number of measures at the national level. A Committee for the Prevention of HIV/AIDS was established in 1990, and three years later the Croatian government adopted a National Program for the Prevention of HIV/AIDS. This Program established wide-ranging approaches addressing HIV/AIDS related problems including large scale education, voluntary testing and counseling, as well as, implementing blood and blood product safety measures. A new National Program for 2005 – 2010 has been adopted and has been implemented since 2005.

Croatia also established a Reference Testing and Treatment Centre and adopted a framework of involvement for non-governmental organizations targeted at vulnerable groups. A highly active antiretroviral treatment was introduced through the National Insurance scheme in early 1998 and since then is freely available to all persons living with HIV/AIDS in Croatia at no personal cost. In order to establish a truly multisectorial approach, the National HIV/AIDS prevention Committee has been granted top level government status to ensure the highest possible commitment to fight HIV/AIDS.

Mr. President,

Although less than 663 cases of HIV infection have been recorded in Croatia and all other data indicate a low level HIV epidemic in Croatia, we are fully aware that we are very close to parts of Eastern Europe where the fastest-growing HIV epidemic rate in the world is currently observed. The geographical position of Croatia as a transit country, an economy based to a great extent on tourism, as well as, the growing number of vulnerable populations, represent favourable factors for the possible spread of HIV/AIDS in Croatia.

Therefore, the Croatian government with the assistance of many international organizations is focusing on policies and strategies that will make the public more sensitive to the HIV/AIDS issue, especially for the most vulnerable groups - children, young people and women, while at the same time trying to engage civil society in the national response to the epidemic.

Croatia is also committed to fighting the stigma, fear and discrimination that people living with HIV/AIDS are branded with. Education and preventive programs in schools and universities targeting teachers, students, and risk groups are playing a major role in Croatia's HIV/AIDS policy. Major progress has been achieved and a great deal of effort was invested in coordinating the activities of the government and non-governmental sector. As a result the Ministry of Health and Social Welfare subsidizes the work of several NGOs as well as health institutions dealing with HIV/AIDS positive patients.

Mr. President,

Since 2003 Croatia has participated in the UN Global Fund to Fight AIDS, Tuberculosis and Malaria. This financed project is dealing with educating high school children, reducing the risks of infection in risk populations, making voluntary testing for HIV/AIDS and counselling more accessible, raising the quality of health care for people living with HIV/AIDS and increasing the quality of monitoring the spread of infection.

In Autumn 2003, in collaboration with the WHO Regional Office for Europe, the "Andrija Štampar" School of Public Health in Zagreb, whose founder Dr. Štampar, was the first President of the World Health Assembly, became one of the three «Knowledge Hub» centres for Central and South-Eastern Europe. The joint efforts of this project focus on HIV/AIDS surveillance in order to enhance the system of prevention and monitoring of HIV/AIDS cases in the region, as according to WHO estimates, more than a third of those suffering from AIDS remain unregistered. Moreover, the above mentioned school was granted the status of a WHO Collaborative Centre for building infrastructure capacity for monitoring the HIV/AIDS epidemic. More the 450 participants from 52 countries form Europe, Africa and the Middle East have been educated at this Centre.

Mr. President,

Croatia fully supports the activities focused on the prevention of HIV infections outlined in the Declaration of Commitment on HIV/AIDS adopted by the General Assembly at its twenty-sixth special session, and the 2006 Political Declaration. My country is also actively involved in the prevention of infection in the framework of achieving the Millennium Development Goals. The report on the results achieved thus far of the UN Declaration has set up newly established challenges on which we have to work together.

Croatia will continue to give its support through existing, as well as, new activities in order to achieve a strong and efficient response to the increase of HIV infections in the world.

Thank you.

MISSIÓ PERMANENT DEL PRINCIPAT D'ANDORRA A LES NACIONS UNIDES

Réunion de haut niveau consacrée à un examen d'ensemble des progrès accomplis dans la mise en œuvre de la Déclaration d'engagement sur le VIH/sida et de la Déclaration politique sur le VIH/sida (10 et 11 juin 2008)

Déclaration
de
S.E. M. Carles Font-Rossell
Représentant permanent de la Principauté d'Andorre auprès des Nations Unies

New York, le 11 juin 2008

Two United Nations Plaza, 27th Floor - New York, N.Y. 10017
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Monsieur le Président,
Excellences, Mesdames et Messieurs,

Je tiens tout d'abord à remercier ONUSIDA et tous ses partenaires pour l'organisation de cette rencontre qui a pour objectif la révision complète des progrès accomplis dans la lutte contre le VIH/SIDA. Il est important de souligner le travail constant et remarquable qu'ONUSIDA et ses partenaires effectuent sur le terrain.

Je tiens à saluer également l'importante tâche du Secrétaire Général qui grâce à ses rapports annuels présente une évolution de la situation du VIH/SIDA. Force est de constater que la propagation de l'épidémie a connu un ralentissement. En effet, nous pouvons constater que l'accès au traitement s'est sensiblement amélioré ce qui a permis de constater un recul du taux annuel des nouvelles infections et une chute importante du nombre annuel de décès causés par le SIDA.

La communauté internationale mène a terme des actions depuis de nombreuses années pour lutter contre ce fléau qui nous menace depuis déjà plus de 25 ans. La Déclaration d'engagement de 2001 et la Déclaration politique de 2006 ne sont que quelques exemples qui témoignent de la prise de conscience internationale, de la lutte intense que nous menons ensemble pour faire face à cette épidémie.

Les rapports scientifiques nous ont montré qu'il est désormais possible de diminuer l'avancée du VHI/SIDA. L'objectif est donc d'atteindre l'accès universel à la prévention, au traitement, aux soins et aux services de soutien.

Même si des progrès notoires ont été accomplis, il est indispensable de poursuivre les efforts. En effet, le VIH/SIDA est une maladie qui ne connaît pas de frontières économiques ni des frontières sociales et qui touche tout type de population quel que soit l'âge, le sexe, le niveau social, la culture ou le pays d'origine. Nous devons rester soucieux face à ce problème et essayer d'atteindre notre objectif pour 2015.

Les résultats qui nous sont présentés par les rapports annuels montrent la situation terrible que vit l'Afrique sub-saharienne. Cette région a comptabilisé le plus grand nombre de décès pour cause de VIH/SIDA en 2006 et en 2007 et, compte avec le plus grand nombre de personnes touchées par cette maladie. Il est nécessaire de trouver un remède face à cette urgence et nous invitons à poursuivre tous les efforts afin que l'aide financière internationale se concentre dans cette région.

Monsieur le Président,

Le moment est aussi venu, maintenant, de concentrer une partie de nos efforts sur des solutions durables, à long terme, qui puissent nous permettre d'achever les progrès accomplis jusqu'à l'extermination totale de la maladie.

La prévention doit être la pierre angulaire de notre action. La protection de nos enfants et des futures générations est la principale motivation qui doit nous maintenir éveillées.

Comme je l'ai dit auparavant, le VIH/SIDA touche l'ensemble des sociétés ainsi que l'Andorre.

En 2005, l'Andorre a mis en place un plan national centré principalement dans l'information et la prévention du VHI/SIDA chez les adolescents et les jeunes adultes. Le comité national de l'UNICEF en Principauté, en appliquant les recommandations des Nations Unies sur l'attention particulière au SIDA, a élaboré un programme d'action de prévention pour la jeunesse en coopération avec le Ministère de la Santé, du Bien Etre Social et de la Famille. Ce projet consiste d'abord à promouvoir l'information, la sensibilisation et la prévention pour éviter la transmission du VIH/SIDA entre les jeunes adolescents.
Aussi, ce projet a des objectifs spécifiques:

- Dans le terrain de l'Education, Promouvoir les bonnes habitudes. Responsabiliser les individus afin d'acquérir les connaissances, les attitudes et les habitudes fondamentales.
- Responsabiliser les jeunes et les préparer a adopté un style de vie sain et équilibré.
- Impliquer la participation des jeunes dans l'exécution des programmes de prévention.
- Arrêter les préjugés à cause de la désinformation, le manque de connaissances provoque des attitudes de marginalisation du malade.

Afin d'accéder à un grand nombre de jeunes adolescents, le Gouvernement de l'Andorre a prévu de travailler avec les collectifs de formateurs des jeunes. C'est pourquoi des formations spécifiques ont été organisées en faveur du personnel qui est en contact avec les jeunes dans les milieux sportifs, les centres de loisirs, les associations de parents d'élèves et, bien sûr, dans les centres scolaires.

Monsieur le Président,

L'Andorre s'est beaucoup investie dans la Coopération internationale contre le VIH/SIDA. Mis à part sa contribution traditionnelle aux fonds et programmes de l'ONUSIDA, l'Andorre a financé au cours des trois dernières années quatre projets de coopération au développement dans des pays de l'Afrique subsaharienne. Mon Gouvernement attache une importance particulière au projet mis en place au Cameroun, en coopération avec UNICEF, qui a pour objet de veiller en faveur du soutien psychologique et social des enfants orphelins ou vulnérables à cause du VIH/SIDA.

Monsieur le Président,

Cette réunion doit permettre d'évaluer et de mettre à jour des nouveaux défis posés par le VIH/SIDA à travers le monde. La forte mobilisation de la communauté internationale pour lutter contre l'une des principales causes de mortalité de la planète doit être maintenue sans relâche. Nous devons utiliser l'expérience acquise et les succès substantiels pour essayer d'enrayer la pandémie la plus importante des temps modernes.

Je vous remercie de votre attention.

ST. VINCENT AND THE GRENADINES

Permanent Mission of St. Vincent and the Grenadines to the United Nations

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Statement

By

H.E. Camillo M. Gonsalves
Permanent Representative of St. Vincent and the Grenadines to the United Nations

At the

High-level Meeting on a Comprehensive Review of the Progress Achieved in Realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS

12th June, 2008
New York

Please check against delivery

Mr. President, Excellencies, Ladies and Gentlemen:

Saint Vincent and the Grenadines associates itself with the statements made by the Honourable Prime Minister of St. Kitts and Nevis on behalf of the Caribbean Community; and by the Honourable Minister of Health of Antigua and Barbuda on behalf of the Group of 77 and China.

This title of this high level meeting is couched in optimistic terms, asking us to review the "progress achieved" in our commitments and declarations on HIV/AIDS. Indeed, considerable progress has been made in the struggle against the pandemic, and it is fitting that the international community take stock of our achievements and individual experiences, even as we recognize the tremendous challenges that remain ahead of us.

Saint Vincent and the Grenadines remains a low HIV-Prevalence country, with an estimated 0.4% prevalence in the general population. Our National Strategic Plan, which includes a Care and Treatment Programme and a Mother-to-Child Advancement Programme, is rapidly increasing our responsiveness and effectiveness in addressing HIV/AIDS.

Forty-Six percent of health centers in St. Vincent and the Grenadines have been equipped for the delivery of counseling and testing services, and a number of HIV rapid-test sites have become operational in the last year. A community-by-community outreach programme has been initiated and has tested hundreds of volunteers to date. A human rights desk has been established to field complaints of HIV-based stigma and discrimination, and Government Ministries beyond Health – including the Ministries of Youth, Tourism, Education and Social Development – are now involved in a multisectoral strategy and action plan to address HIV/AIDS.

Antiretrovial treatment, which only became widespread in 2003, now reaches 86% of patients with advanced HIV. Eighty-eight percent of pregnant women were counseled and tested for infection. Even more encouraging is the fact that 100% of infected children under 15 are receiving treatment, and that 100% of public schools currently provide life skills based HIV/AIDS education, a quadrupling of the number from 2005.

Nonetheless, despite this "progress achieved," there are clearly no grounds for complacency, even in States with very low prevalence. The data paints a picture of a glass half empty, with preventable and treatable new infections still causing death in every corner of the globe.

Saint Vincent and the Grenadines is part of the global trend of the feminization of the pandemic, and we are rapidly approaching a 1:1 male-female ratio of new infections. The spread of HIV in our country, which accelerated 12 years ago and reached its height in 2004, is still hovering near peak levels.

Saint Vincent and the Grenadines' survival rate remains unacceptably low. Frankly, our low HIV prevalence may owe something to the fact that many infected persons do not live for a particularly long time, relative to the potential survival rates in developed countries.

Seventy-four percent of new cases occur in our 20-49 year-old demographic, with 3% under the age of 15. Only 10% of general population has been tested in the past year and knows their results; and, of 15-24 year olds with more than one sexual partner, roughly 40% did not use a condom in their most recent sexual encounter.

Further, Saint Vincent and the Grenadines is part of a Caribbean region that has the second-highest prevalence of HIV/AIDS in the world. The pandemic is the leading cause of death among young people in Caribbean, and between 2001 and 2007, an additional 40,000 infections have been recorded in the region.

Mr. President,

The relative success of Saint Vincent and the Grenadines, the wider Caribbean, and much of the developing world in addressing the heart rending cases of HIV/AIDS among mothers and children is laudable, but it also begs the question of why we have fallen short in our treatment of other, arguably less sympathetic, segments of society. We must be careful not to allow our deeply held moral convictions or entrenched social norms to dissuade us from wholeheartedly and nonjudgmentally confronting HIV/AIDS wherever it occurs.

The war against HIV/AIDS may soon reach the point of diminishing returns if we do not begin to broaden the battlefield upon which we fight. It is certainly not an innovative insight to note that that places in which AIDS care is weakest are the places where general health care is weakest. Or that the places where HIV/AIDS education is poorest are the places where general education is inadequate. We cannot hope for ultimate success by jury-rigging sophisticated HIV/AIDS testing, treatment and education onto underequipped, underfunded and overmatched national health care and educational systems. The war against HIV/AIDS cannot succeed until the pandemic is addressed holistically, within the context of preexisting national requirements.

Mr. President,

In your statement at the beginning of this High Level meeting, you correctly identified HIV/AIDS as a "development emergency," with cross-cutting implications. Speakers over the last three days have highlighted the security, gender, political, economic, human rights and public health dimensions of the pandemic. Our 2006 Political Declaration also recognized that "the spread of HIV/AIDS is a cause and consequence of poverty." Further, in the context of the current global hunger crisis, it is appropriate to recall the Political Declaration's resolution to integrate food security and nutritional support into the battle against the pandemic.

In light of the many sided plan of attack required against HIV/AIDS, Saint Vincent and the Grenadines calls for a recommitment in three broad areas if we are to consolidate our progress and turn the tide on this human catastrophe. First, it is critical that we increase global funding for HIV/AIDS well beyond current levels, and without bureaucratic income preconditions that cost lives unnecessarily. Second, we must strive to achieve further reductions in the cost of testing, care and treatment of those infected by HIV/AIDS – from the price of laboratory supplies to the cost of second-level antiretroviral drugs, whose expense remains an unacceptable barrier to long-term survival. In this regard, we strongly endorse the calls made by other states to fully capitalize on the flexibilities within the Trade Related Aspects of Intellectual Property Rights (TRIPS) for public health purposes. Third, we call again for increases in the levels of Official Development Assistance up to and beyond the oft-cited 0.7% of GDP, particularly in the areas of heath infrastructure, education and poverty alleviation. The long-unfulfilled ODA promises remain a significant blot on the credibility of the developed world, and belie much of the commitments and declarations emanating from this august body.

Finally, Mr. President, Saint Vincent and the Grenadines applauds the G77, the Republic of Cuba and other States that have used this forum to discuss a vaccine and a cure to the pandemic. With the rapid pace of globalization, ever-increasing travel, and the unpredictability of human interaction, an HIV infection anywhere is a threat to health everywhere. It is only with a cure that we can discuss, with finality, the "progress achieved" against this global emergency.

I thank you.

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Statement

by

H.E. Mr. Nirupam Sen
Ambassador Extraordinary and Plenipotentiary
Permanent Representative of India to the United Nations

at the

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

New York **12 June 2008**

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Mr. President,

I would like to thank you for convening this High Level meeting on HIV/AIDS. India recognizes that political commitment is essential to combat HIV/AIDS. Our National Council on AIDS is chaired by the Prime Minister and the State Councils by the Chief Ministers. This political commitment at the highest levels has been critical in containing the epidemic. India has a low adult HIV prevalence of 0.36% and it is estimated that the HIV positive population is between 2 to 3.1 million. Enormous efforts are being made to contain and roll-back this epidemic.

Mr. President,

The National Aids Control Programme in India works on the basis that prevention is better than cure. It is committed to ensuring universal access to HIV AIDS prevention. 75% of the National AIDS control programme's budget is allocated to execution of preventive services, particularly among groups with high risk behaviour such as commercial sex workers, injecting drug users, truckers and migrant labour. Preventive services include publicity, counseling, testing, treatment of sexually transmitted infections, condom distribution and harm reduction for intravenous needle users. Voluntary blood collections have increased and the capacity of blood banks to screen out infected blood is continuously being strengthened. Treatment of sexually transmitted infections is accorded high priority and a target of treating 10 million cases has been set.

Our data collection capabilities have increased manifold. In a country of India's size and diversity this has been essential in mapping the geographical spread of the epidemic and in identifying demographic parameters of the epidemic.

Counselling and testing services, which started in a few centres in 2000, are now provided in nearly 5000 facilities. Testing increased more than six fold in two years with 7 million persons tested last year. An additional 3 million women in the antenatal period were tested under the prevention of parent to child transmission programme. This scaling up of testing facilities has resulted in the detection of 1 million HIV infections. It is planned to further increase the number of tests by 300% in the next five years and bring it to 22 million annually by 2012. These counseling and testing services are provided free to all Indians, a practical example of our commitment to universal access.

Mr. President,

The Government of India recognizes that the stigma and discrimination associated with the disease can be as bad as the physical suffering. A comprehensive communication strategy on HIV/AIDS developed by the Government addresses this issue along with the classical prevention aspects.

Special attention is being given to youth and women, who are often the worst sufferers. An adolescent education programme covers more than 100,000 schools. A Red Ribbon express was launched in December 2007 and will cover 180 stations and over 50,000 villages over a year. The efforts to promote an enabling environment and reduce societal discrimination of persons infected with HIV and their families are being made involving civil society, political leadership, grass root level workers, self help groups and others. A government policy document on gender equality and a draft law on AIDS are being finalized that will, among other things, address these issues.

Mr. President,

Mahatma Gandhi said that "It is health that is real wealth and not pieces of gold and silver." In accordance with this philosophy, the Government of India is committed, in the face of resource constraints and competing priorities, to ensuring that no Indian dies of AIDS because of lack of treatment. 140,000 of our citizens are currently being provided anti retroviral therapy and treatment for opportunistic infections. Blood monitoring services to determine when HIV positive persons might require treatment also provided free. We are also trying, again in the face of resource and capacity constraints, to make available second line drugs.

AIDS treatment is as much about the treatment of opportunistic infections and related diseases such as tuberculosis (TB). Strong linkages have been developed in India between the National AIDS Control Programme and the National TB Programme for early detection of HIV TB co-infections and appropriate treatment.

Mr. President,

I would like to compliment you on your active efforts to involve civil society in the proceedings of this event. The informal civil society hearing was remarkable in the diversity and the personal commitment of the participants to the battle against HIV/AIDS. In India the Government has actively involved civil society in the war against HIV/AIDS. 764 NGOs have been enlisted by the National AIDS Control Programme to deliver targeted interventions: IEC & advocacy activities, condom promotion; improving access to counseling and testing facilities and treatment of sexually transmitted diseases.

Mr. President,

Although HIV/AIDS is yet to find its Edward Jenner or Jonas E Salk, anti-retroviral medications ensure that AIDS patients can live. My delegation is perturbed by para 38 of the UN Secretary General's report (A/62/780) that only

30% of those who needed anti-retrovirals were receiving these drugs. We are even more perturbed by para 41 of the report which states that these shortfalls are expected to continue.

Mr. President,

I would like to draw your attention to the Indian experience in producing anti-retrovirals. For the same amount of money that would provide 20,000 rich patients in developing countries with branded and patented medicines, Indian pharma companies can provide generic retrovirals for 2 million patients in these countries. Not only are Indian generic retrovirals a hundred times cheaper, they are also more suited to the special needs of the developing world, besides being often far more effective than those produced in the developed world. Our companies and research have produced a unique triple anti-retroviral as well as paediatric formulations that make life far easier for patients.

Mr. President,

I would like to endorse your view that addressing the interconnected problems of AIDS, Climate Change, extreme poverty, hunger and sustainable development and rising food prices are a moral and political imperative of our time.

Thanks to TRIPS, IPRs are in the private domain and the monopolistic pricing of seeds and other inputs exacerbates the problem of food insecurity and high food prices. This increases malnutrition and the population of the malnourished. To fight climate change, adaptation and mitigation technologies need to be available at affordable rates and again TRIPS is a barrier. Global warming would increase and make more widespread disease vectors. Finally, many of those who survive these two would perish because they cannot afford medicines, thanks to TRIPS. They would not even be left with affordable traditional herbs, thanks to bio piracy and patenting and a refusal to act on CBD. Professor Stiglitz, Nobel Prize winner, in his "Making Globalisation Work", accurately states that TRIPS was "the death warrant for thousands of people in the poorest countries of the world". High prices also reduce the welfare of consumers in developed countries.

Mr. President,

The General Assembly, given its universality and convening power, can discuss and give directions on this vital issue. It is not necessary to be so radical as to try to reopen the whole of TRIPS. But it is necessary to make the public health exception simple and effective and to have similar exceptions for seeds and climate change. Paragraph 6 of TRIPS on compulsory licensing was a problem because para 31 (f) which restricted to domestic market and there was a problem for countries which do not have domestic generic manufacturing capacity.

Document WT/L/540 waives 31 (f) but takes away with the right hand what it gives with the left. There has to be a notification of exact quantities; establishing lack of or insufficient manufacturing capacity; specific measures against trade diversion; another developing country with capacity has to establish that the amount is only for export to the particular country importing; it has to be specially labeled; and each batch requires a fresh procedure. The current procedure is far too cumbersome since no country has been able to make use of this so called public health exception. It is important for those countries who have domestic generic manufacturing capability to use flexibilities. Indian law has done this. It was challenged in the Indian High Court but failed. Hopefully, affordable drugs for the benefit of all will continue to be produced by Indian manufacturers.

In this connection we take note of para 42 of the Secretary General's Report which states that "owing to advocacy by activists, UNAIDS and other partners, the emergence of competition from generic manufacturers and significant price cuts by pharmaceutical companies, prices for many first line anti-retroviral drugs have fallen sharply over the last decade."

Mr. President,

Like the vaccines that terminated the threat of polio and small pox, HIV/AIDS needs a vaccine. India is at the forefront of global efforts to develop such a vaccine. Indian research institutes such as the National AIDS Research Institute, Tuberculosis Research Centre and the All India Institute for Medical Sciences (AIIMS) are engaged in clinical evaluations and trials. A prototype of candidate vaccine based on DNA and MVA has also been developed for HIV-I subtype 'C' at the AIIMS. It is our hope that these combined efforts will lead to the relegation of AIDS, like the Black Death to the realm of history and nursery rhymes.

I thank you.

COLOMBIA

COLOMBIAN MISSION TO THE UNITED NATIONS

140 EAST 57TH STREET, NEW YORK, N.Y. 10022

Statement
H.E. Mrs. CLAUDIA BLUM
Permanent Representative
Colombian Mission to the United Nations

General Assembly
High Level Meeting on HIV / AIDS

62nd Session of the United Nations General Assembly
New York, June 12, 2008

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Mr. President,

My Delegation aligns itself with the statements made by the Group of 77 and China and the Rio Group with regards to the matter we are discussing today.

Mr. President,

Colombia has taken on important challenges to control the HIV/AIDS epidemic. The national situation is considered a low prevalence epidemic with a progressive increase among women. Available studies indicate an estimated prevalence 0.7% among people between 15 and 49 years. Although the registered number of cases is lower, it has been taken into account that there are infected individuals who have not yet had access to diagnosis.

The cases diagnosed in the country are concentrated in certain most at risk populations. Some local studies have found a higher prevalence in men that have sex with men and in women sex workers. Also, some specific factors of vulnerability are recognized in young women and men, women, at street people, internally displaced persons, and people in prison, among other groups.

In Colombia there is legislation related to the National Social Security System, which define institutional frameworks to respond to HIV/AIDS. In addition, there are specific norms related to the attention provided by the State and the protection of affected population's rights. The National Intersectorial Response Plan to HIV/AIDS 2008-2011 was adopted in 2007. The Plan includes measures for prevention, comprehensive care and treatment, support and social protection, monitoring and evaluation.

About 100 million dollars were allocated in 2006 to implement actions related to HIV/AIDS. 95% of these resources were government budget. 64% of the budget was assigned to care and treatment, and 34% to preventive actions. These resources have allowed the strengthening of monitoring processes, prevention of mother-to-child transmission and an increase in comprehensive care and treatment for patients with HIV/AIDS.

All medications and laboratory procedures available in Colombia for the diagnosis and follow-up for persons living with HIV have been included in the health care system. Diagnose services and treatment for pregnant women has been widened, and medications and supplies of baby formula for children born to HIV-infected mothers have been secured. Likewise, provision of condoms for persons diagnosed of sexually transmitted diseases and HIV has been assured. Condoms are also provided to the most vulnerable populations through community actions and a project supported by the Global Fund.

In Colombia, access to anti-retroviral medications coverage is close to 75%. This has been the result of a structural policy of expansion in admission to the health care system, which guarantees complete services to infected people. The goal is to achieve universal coverage. However, in an increasing epidemic scenario, the high cost of treatment and the need to expand access to second and third line drugs, make it difficult to fund the medicines and may delay achieving the goal of universal access. Therefore, stronger international support on this matter is required.

Mr. President,

The Colombian Government considers that an approach based on respect for human rights and the protection of human dignity is essential in order to consolidate an environment in which individuals and communities work together with the State in the fight against HIV/AIDS. Confidence in services has to be strengthened. Stigma, fear, and self-marginalization, which make the control of the epidemic more difficult, must be eradicated. It is also necessary to intensify efforts to eliminate the discrimination still suffered by affected people. Likewise, it is necessary to strengthen sex education programs that are based on respect for human rights and that promote sexual and reproductive rights with a gender perspective and respect for differences.

Furthermore, the human rights based approach must be implemented jointly with adequate supply of social services, and provided with quality and opportunity. In order to control the epidemic and to reinforce prevention strategies is a priority to develop inclusive social protection systems. Due to the higher risk and vulnerability of the poorest communities, prevention strategies have to be linked to national development plans aimed at poverty reduction. Actions in this area must be implemented not only as HIV/AIDS projects but, most importantly, as development projects that will have a sustainable impact on the epidemic. This approach is even more important, because of the high levels of poverty that persist in different regions of the world, including middle income countries.

Colombia recognizes the role of civil society as a fundamental actor in the response to HIV/AIDS. Participation of NGOs has been essential in education and prevention, the promotion of rights, a wider access to comprehensive care, and implementation of productive projects. Their technical expertise, leadership and constant demand for the strengthening of state and social responses to the epidemic are a necessary complement to governmental efforts in this area.

Mr. President,

Colombia reiterates its commitment to the response to HIV/AIDS, and joins the General Assembly in calling upon the international community to strengthen the technical and financial cooperation in this field. Joint effort of States and international cooperation organizations is crucial to fill existing access gaps, provide care to most at risk populations, implement comprehensive prevention strategies, guarantee adequate diagnosis and treatment supplies, and improve epidemiological research. Cooperation is a key factor to achieve the millenium development goals defined on this matter. My delegation hopes that the outcome of this follow-up meeting will be the unyielding renewal of political will and strengthening of cooperation, which are required to reduce vulnerability factors, and improve global and national responses to the HIV/AIDS problem.

I thank you, Mr. President.

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STATEMENT BY
H.E. MR. ROBERT G. AISI
PERMANENT REPRESENTATIVE
OF PAPUA NEW GUINEA TO THE UNITED NATIONS
AND SPECIAL ENVOY
DURING THE HIGH-LEVEL MEETING ON THE
COMPREHENSIVE REVIEW OF THE PROGRESS ACHIEVED IN
REALIZING THE DECLARATION OF POLITICAL COMMITMENT ON HIV/AIDS AND
THE POLITICAL DECLARATION ON HIV/AIDS
12th JUNE 2008, NEW YORK, USA

Mr. President,

I am privileged as head of the Papua New Guinea Delegation to deliver this Statement on the response to the HIV/AIDS epidemic in our country.

Papua New Guinea also associates itself with the Statement delivered by the Republic of the Marshall Islands on behalf of the Pacific Small Island Developing States.

Mr. President,

Papua New Guinea became the fourth (4th) country in the Asia Pacific region to declare a generalized HIV epidemic after the prevalence rate of HIV among antenatal women passed 1% percent in 2002. An accumulative total of 6,469 people were reported to have been infected in the general population of about 5.4 million.

At the end of 2006, a total of 18,484 people were confirmed with HIV. The male to female ratio was about 1:1. The mode of transmission of HIV in PNG is predominantly unprotected heterosexual intercourse. This is followed by mother to child transmission and a few cases through men having sex with men (MSM).

In December 2007, the national prevalence rate was projected at 1.61% with a total 56,175 people living with the virus. The sex age distribution of HIV cases is concentrated in the young between the ages of 15 to 29. This age group accounts for 64% of all reported cases. Notably, within this age group, girls account for two-thirds of these. Interestingly, males dominate in the older age group between 35 and 49 years.

Mr. President,

The Government of Papua New Guinea has taken the lead for a national response to the epidemic.

In 1997, the National AIDS Council was established under an Act of Parliament with its main function being the National Coordinating Authority on HIV/AIDS in PNG. In 1999, the Government approved the Medium Term Plan on HIV/AIDS which is now superseded by the National Strategic Plan on HIV/AIDS 2006-2010. In 2000, twenty (20) provincial AIDS Committees were established. In 2003, our Parliament passed the "HIV/AIDS Management & Prevention Act" which addresses Human Rights principles on stigma and discrimination, confidentiality, testing and criminalizing intentional transmission of HIV.

In 2004, the Government incorporated the Millennium Development Goals (MDGs) in its Medium Term Development Strategy (MTDS) and in so doing stressed HIV/AIDS as a development issue and not just a public health issue. The Government also made addressing of HIV/AIDS as one of its priority expenditures areas for the next five years. The Government and Parliament also established the Parliamentary Committee on HIV/AIDS.

PNG has applied the "Three Ones" principle of the UNAIDS and that is to have:

One National Multi-sector Plan which is the National Strategic Plan (NSP) on HIV/AIDS 2006 – 2010,
One Coordinating Authority which is the National AIDS Council and its Secretariat, and
One Monitoring and Evaluation System which is the NSP monitoring and evaluation framework.

The challenge now remains to make these three existing principles work for a comprehensive Papua New Guinea response.

Mr. President,

The comprehensive efforts towards achieving a multi-sectoral national response to HIV/AIDS is of critical importance. This means that sectors in the response will have to be mobilized in the country and are working together.

By sectors, we mean the public, private, civil society organizations must work together to address HIV both at the workplace and within families. People living with the virus have come out and formed associations in some of our provinces and established a network of HIV positive people which is now gaining support of many of our provincial governments.

However, for a multi-sectoral response to be feasible, sector based coordination mechanisms need to be developed. In this the Business Coalition Against HIV (BAHA) coordinates the response of the private sector, while the PNG Alliance of Civil Society Organization (PACSO) coordinates the civil society response. Additionally, the National Joint Coordinating Committee which is being worked on would represent the public sector while the Provincial AIDS Committees represent the response from our twenty provinces. Other NGOs such as "IGAT HOPE" provides the mechanism to sustain the network of HIV positive people in the response.

Mr. President,

PNG has begun to respond to the new global strategy of scaling up towards universal access. Greater emphasis is now being placed on scaling up of treatment, prevention, care and support, and monitoring and surveillance.

Papua New Guinea completed its Country Report on UNGASS and was delivered to UNAIDS in Geneva on 30th January 2008. The Country report entails the following up scaling activities:

The National Prevention Strategy which is at its final stages of its drafting incorporates high risk settings, behavioral change activities with youths, both in school and out of school, marginalized populations and high risk groups such as sex workers, MSM, addressing the gender issues in particular, family and sexual violence and empowerment of women.

In order for the response to be effective, there has to be strong political will. The Government of PNG has taken that step by setting an enabling legal and policy framework. A new development has come in terms of the leadership strategy that will guide the response by leaders in all sectors and at all levels of our society. Programs are now developed to sensitize political leaders, bureaucrats and civil society leaders on the HIV/AIDS issues and the socio-economic impacts.

The National Government has honored its commitment to the fight against HIV/AIDS with the increased funding allocation from K7million in 2006 to K18 million in 2007.

Mr. President,

In terms of treatment, there are significant efforts being undertaken to scale up care and treatment services throughout the whole country. These efforts are being supported by our development partners. In 2005, PNG received a $29 million grant from the Global Fund for five years to support care and treatment. As of March 2007, there were about 27,000 people receiving testing and counseling compared to 3,052 in 2006. The number of accredited VCT sites reached sixty-two (62). In 2007, the National Department of Health introduced a provider-initiated testing and counseling with the view to scale up HIV testing in the health sector country-wide.

With the introduction of the Anti-Retroviral Treatment (ART) Program recently, the issue of supply of drugs has been discussed with the Department of Health and WHO and Clinton Foundation. In order to scale up, an uninterrupted drug supply at service delivery points is crucial. The procurement supply management systems need much improvement. All drugs for adults and children are procured through the Global Fund and the Clinton Foundation for drugs for children. Ninety percent of the total number of patients are on the first line while 15 are on the second line drug treatment regime. In addition, Papua New Guinea will be using the modules provided through WHO.

The treatment is currently free until 2010. Thereafter it will have to be paid for by patients. Fortunately, the Clinton Foundation has given its commitment to subsidize the cost of treatment.

Mr. President,

Prevention of Mother to Child Program (PMTCT) has also commenced in seven (7) out of twenty (20) provinces. In 2004, the program saw a total of 20,000 pregnant women access PMTCT services. The coverage of the PMTCT Program has fallen from 3.48% in 2006 to 2.32% in 2007 due to program repositioning from NACS to the National Department of Health. This again requires a lot of attention in the up-scaling process.

The Government recognizes the need to address HIV/AIDS with gender-based approaches. A development has been done with the National Gender Policy being launched to guide efforts to integrate gender issues in the HIV/AIDS response. This area still requires a lot of work as gender related issues are so prevalent.

The Government also recognizes that in order to understand the PNG epidemic and take action that is evidence based, it must be guided by scientific and social behavioral research. In 2007, a National Research Agenda meeting was convened to guide research based or evidence based responses in the country. The National Research Agenda document takes stock of past researches on HIV/AIDS, placing emphasis on research gaps to guide our interventions.

Mr. President,

While monitoring and evaluation was done in a minimal way through small projects, it is critical that a national monitoring and evaluation system is set up to enable us to appreciate the level of the response and the understanding of the trends of the epidemic.

The monitoring and evaluation process has been supported by UNAIDS, AusAID and ADB to strengthen the data collection, data collation, data flow, data storage and dissemination processes in the Health Department and the National AIDS Council Secretariat. Coordination of M&E is also done at the Provincial levels. The surveillance system will need to be improved for us to understand the level of the epidemic in Papua New Guinea

Mr. President,

The Program activities and efforts undertaken by a host of stakeholders on the ground have been enormous and it would be remiss of me not to mention our Development Partners on the ground who are greatly assisting in the response. They include: AusAID, UN Agencies: UNDP, UNAIDS, UNICEF, UNFPA, UNIFEM, UNICEF WHO, the Clinton Foundation, the Global Fund, the European Union, the Asian Development Bank, the World Bank, USAID, New Zealand AID and other international NGO partners such as Save the Children, Family Health International to name but a few.

The Development Partners Forum coordinated by UNAIDS in PNG provides an avenue where partners convene discussions around the focus areas of the one plan that they are committing resources towards. For up scaling to be improved, an enhanced cooperation at the level of donor partners is crucial and it must be encouraged by governments in countries to avoid duplication of resources and avoid operating in isolation. This model of cooperation is working well for us in Papua New Guinea.

Lastly, on behalf of my Government I wish to thank the UN and its agencies for the assistance it has given to Papua New Guinea. This includes the rest of the Pacific region which has specific vulnerabilities which will determine the varying responses to HIV/AIDS whilst expanding on the lessons learnt from other countries.

I thank you.

ITALY

HIGH-LEVEL MEETING ON A COMPREHENSIVE REVIEW OF THE PROGRESS ACHIEVED IN REALIZING THE DECLARATION OF COMMITMENT ON HIV/AIDS AND THE POLITICAL DECLARATION ON HIV/AIDS

STATEMENT BY

H.E. AMBASSADOR ALDO MANTOVANI

DEPUTY PERMANENT REPRESENTATIVE OF ITALY

TO THE UNITED NATIONS

(NEW YORK – 12 JUNE, 2008)

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Mr. President,

Italy fully aligns itself with the intervention made by Slovenia on behalf of the EU.

We recognize the inalienable human rights of people affected by HIV/AIDS. Women, girls, and children are particularly subject to stigma and discrimination as a result of the disease, and our fight against HIV/AIDS must include a vigorous defense of their rights.

Italy is committed to the fight against epidemics, in particular HIV/AIDS, through actions at home, support for the competent international organizations, and bilateral projects in the Countries where these diseases are most widespread.

The HIV/AIDS epidemic began in my Country in 1982. The rate of infections and mortality rose until 1995. Last year we had fewer than 200 AIDS-related deaths. Italy's National Program includes measures for prevention, treatment and support, as well as research into developing vaccines (one is already being tested in Italy and in South Africa).

At the international level, Italy supports the action of UNAIDS, WHO, and the Global Fund to Fight AIDS, Tuberculosis, and Malaria. We are among the founders of the Global Fund, and from the outset we have demonstrated our confidence in this innovative instrument, which has helped to save millions of lives over the years. We have contributed 790 million euros to the Fund, and were among the first to deliver our contribution – 130 million euros – for 2008. We will allot an equivalent sum if not more in 2009 and 2010. We believe in the Global Fund, in its special structure as a public-private partnership, and in its composition, which includes communities affected by the disease, civil society, and public and private donors. As proof of our confidence, we have always included representatives of civil society in our delegation to the Fund's Board.

Together with WHO, Italy has launched a joint initiative to fight HIV/AIDS in sub-Saharan Africa, to which we contributed 12 million euros between 2002 and 2008. We have also promoted a parallel initiative to monitor TB in general and AIDS-related TB in particular, to which we have contributed 6 million euros. The purpose of this capacity-building initiative is to maximize the use of Global Fund resources to improve the performance of local health-care personnel and help build a functioning partnership at the country level. At the same time, we have entered into bilateral agreements with

several Countries in the region to help implement national programs to monitor HIV/AIDS and TB.

Mr. President,

We renew our commitment to the target, by 2010, of attaining universal access to HIV/AIDS treatment, prevention, care, and support, and of achieving Millennium Development Goal Six. When Italy holds the Presidency of the G-8 next year, we will make the fight against epidemics one of our central themes. We are open to new ideas from all of the advocacy groups and civil society as a whole in order to update, if necessary, specific targets during our term. We have already heard many important and useful testimonies during this meeting, particularly the "Call for Action" of President Sampaio.

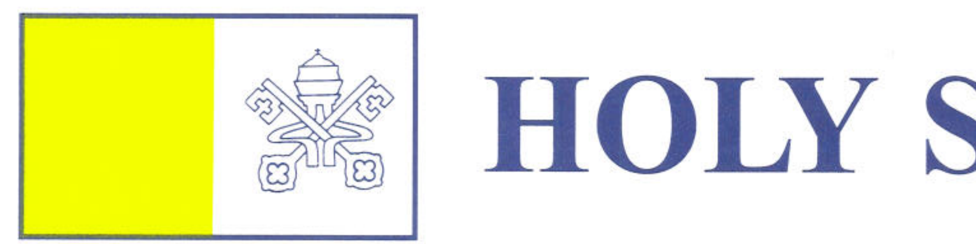
We need to pay special attention to the situation of women in the framework of the HIV/AIDS epidemic. To an increasing extent it is vital to support programs focused on sexual and reproductive health. It is vital to prevent violence against women. It is vital to foster the greatest possible inclusiveness in health care. And it is vital to promote growing awareness of the issue among men, women, and youths.

Attention must be paid to strengthening health care systems, without which no action against epidemics can be effective. HIV/AIDS can no longer be treated as an emergency. The response to the epidemic should be fully integrated into national health care systems. Strengthening these systems means making them more efficient, helping them to better assure the care and treatment of the whole population, and enabling them to retain their health care workers.

The recent food crisis, the rise in oil prices, and climate change have significant repercussions on the fight against HIV/AIDS. Italy is deeply engaged in food assistance. We must work toward finding a solution to the food crisis, which will also guarantee the right to food of people affected by HIV/AIDS and assure the effectiveness of anti-retroviral therapy.

Universal access by 2010 is an ambition that we must honor, together with the targets set for 2015. The world expects no less of us. In this endeavor, Italy will continue to do its part.

Thank you, Mr. President.



PERMANENT OBSERVER MISSION OF THE HOLY SEE TO THE UNITED NATIONS 25 EAST 39th STREET, NEW YORK, NY 10016-0903 (212) 370-7885

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Statement by H.E. Archbishop Celestino Migliore
Apostolic Nuncio
Permanent Observer of the Holy See

62nd Session of the UN General Assembly

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

New York, 11 June 2008

Mr. President,

We come together to review the 2001 Declaration of commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS, and, as the Secretary General's report notes, clearly progress has been made, yet a great deal of work remains. One development of note is the improvement in containing the pandemic and opening a window of hope such that, in the near future, greater numbers of people will survive HIV infections and commitment to caring for the sick will not only persist but increase.

In light of the "Political Declaration on HIV/AIDS" adopted by the General Assembly on 15 June 2006, I would like to report on the commitment of the Holy See and its various bodies around the world to address those living with and affected by HIV and AIDS.

The Holy See, through the "Good Samaritan Foundation," an organization founded for the purpose of giving immediate economic assistance to Medical Institutions, has provided approximately one half million dollars for the purchase of anti-retroviral medicine.

At the national level, the Bishops' Conferences have developed and promoted greater awareness and programs to assist in the struggle against this pandemic, especially in developing countries and among the most marginalized populations. For example, in India alone, more than 100 centers that offer treatment, care and support to AIDS patients have been put in place. Soon, in addition to these institutions, another 45 centers will open in rural and isolated areas. The Bishops' Conference in the United States through "Catholic Relief Services" supports approximately 250 projects in the poorest countries, a figure that in 2007 amounted to over $120 million in assistance.

At the international level, the Holy See through its various institutions is present in all continents of the world, providing education, treatment, care and support regardless of race, nationality or creed. With the assistance of ten thousand workers and volunteers, they have reached almost four million people with awareness raising and life saving education programs. Further, they provide medical and nutritional care and support to almost 350,000 people living with HIV/AIDS and anti-retroviral treatment to over 90,000 men, women and children. One third of this assistance is provided completely free of charge.

We are also acutely aware that a significant number of deaths of those infected by HIV/AIDS are a result of HIV/AIDS related infections and diseases such as tuberculosis and malaria. In this regard, we support and encourage all those who focus upon and work to reduce the number of TB infections and the devastating effects of malaria. These two devastating diseases too often go unnoticed and underfunded and greater efforts must be made to address these two infectious diseases.

Finally, the Holy See and its various institutions continue to support greater access to affordable, reliable and life-saving HIV testing, anti-retroviral treatment, preventative mother-to-child drug regiments and diagnostic technologies such as CD4 testing devices. Along with access to basic health care and sustainable nutrition, these technological advancements can slowly close the gap between what is possible and what is necessary.

Mr. President,

We come here today to review our progress, but more importantly, we must renew our commitment to taking necessary life-saving action. The Holy See and its various organizations remain committed to address this devastating pandemic in a caring and compassionate manner in order to encourage greater compassion and solidarity for all members of our society and to promote the inherent dignity of the human person in all areas of life.

Thank you, Mr. President.

INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES DELEGATION TO THE UNITED NATIONS, NEW YORK

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UNITED NATIONS GENERAL ASSEMBLY
62nd session

Plenary

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

Statement by
Shimelis Adugna
Vice President
The International Federation of Red Cross and Red Crescent Societies (IFRC)

Check against delivery

New York, 11 June 2008

Mr. President,

When the Declaration of Commitment on HIV/AIDS was agreed to at the United Nations General Assembly on HIV in June 2001, the volunteers of the International Red Cross and Red Crescent Societies (IFRC) were specifically acknowledged in paragraph 34 of the Commitment. I will make this contribution to this important debate with that reference in mind.

That acknowledgement spurred the IFRC to take additional steps to increase the reach and effectiveness of the contribution of volunteers. This has included advocacy directed at donors to appreciate the cost effectiveness of investing in recruitment, training and proper support of volunteers, along with work with government partners to ensure that an enabling volunteer environment maximises their contribution at the national level.

Some academics have lately been asserting that a significant share of HIV funding should be redirected to health sector strengthening. The debate only arises because HIV advocates have been so effective in pushing donors and governments to deliver on their promises to respond effectively to HIV. It is truly inspiring that HIV advocates are also demanding a functioning health sector in every country.

To this end the IFRC has collaborated with World Health Organisation to produce eight training modules for training both volunteers and Ministry of Health paid outreach workers around various aspects of prevention, treatment, care and support. Red Cross and Red Crescent National Societies and Ministries of Health have already collaborated successfully in a number of countries to adapt these modules and train staff and volunteers together.

Of particular concern are initiatives that move us further away from fulfilling the Commitment. The IFRC is convinced that moves to criminalise transmission of HIV are unnecessary and counterproductive. All experience and evidence shows that effort should instead be invested in reviewing legislation that feeds stigma and social exclusion, including travel and employment restrictions on People Living with HIV to ensure PLHIV can be effective partners in our response.

Science should be brought to bear, leading to measures such as the utilisation of methodone as an effective treatment for drug addiction. This has been an important element in IFRC presentations to the UN Commission on Narcotic Drugs in recent years, and we have been pleased to see in the Vienna debates that most States and the UN Secretariat share this priority.

Mobilising the power of humanity is at the heart of the IFRC's approach to HIV. Alongside this, the commitment of all States and National Societies to work "together for humanity", which was launched at the International Conference of the Red Cross and Red Crescent in November 2007.

"Together for Humanity" means, among other things, making use of the comparative advantage of the Red Cross and Red Crescent capacity to undertake direct action at community and family level while also having access to policy makers. Our Global Alliance on HIV aims by 2010 to double Red Cross and Red Crescent programming in targeted communities, reaching at least 137 million beneficiaries by then. This means dealing with 10 – 20 % of client load in some countries, which means that we will be looking to government partners and others for the complementarity which is essential if we are together to make real progress towards the realisation of the promise of Millennium Development Goals.

As this year's World Disasters Report being launched on 26 June explains, in the most affected countries in sub-Saharan Africa, where prevalence rates reach 20 per cent, development gains are reversed and life expectancy may be halved. For specific groups of marginalized people – injecting drug users, sex workers and men who have sex with men – across the world, HIV rates are on the increase. Yet they often face stigma, criminalization and little, if any, access to HIV prevention and treatment services.

According to this year's Report, HIV is a challenge to the humanitarian world which must address it as part of its task to improve the lives of vulnerable people and to support them in strengthening their capacities and resilience. Disasters, man-made and 'natural', exacerbate other drivers of the epidemic and can also aggravate people's vulnerability to infection.

The greatest challenge for humanitarian agencies, and for agencies working for the real drivers of development, is to find the most effective and efficient means to deliver the greatest impact for vulnerable people. To do this the IFRC has provided a common framework for scale up including standardised outputs, approaches and tracking indicators. Fifty eight countries are now participating in the Red Cross Red Crescent Global Alliance on HIV. By 2010 the International Federation estimates it will be spending CHF 270 million per year on the HIV response. Every dollar of this accelerates greater impact through volunteer mobilisation. In southern Africa alone in 2007, the Red Cross mobilised close to one million hours of volunteer support.

We in the IFRC appreciate the tenacity and dedication of civil Society advocacy to keep all partners focussed on the fulfilment of the promise of our Declaration of Commitment. All of us who are partners of the commitment have to join hands for action and fight on till we overcome the challenges ahead posed by AIDS.

Thank you.

EUROPEAN UNION
DELEGATION OF THE EUROPEAN COMMISSION
TO THE UNITED NATIONS

High Level Meeting of the comprehensive review of the progress achieved in realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS

Statement by

H.E. Mr. Fernando M. Valenzuela,
Ambassador,
Head of Delegation of the European Commission to the United Nations

General Assembly, United Nations

New York, 10-11 June 2008

Check against delivery

Mr. President of the General Assembly
Mr. Secretary-General
Ladies and Gentlemen

I am honoured to speak today at this High Level Meeting on behalf of the European Commission. I will not repeat here, what has already been expressed so eloquently in the statement of the European Union earlier today, just express the full support and agreement of the European Commission. Instead, I would like to bring to your attention issues, which are particular pertinent for the European Commission in our joint response to the AIDS epidemic.

As many of you have expressed, it is encouraging to see that our investments in the form of political commitment, financial contributions and years of dedicated community action are paying off, with evidence of progress in many regions. Millions of people are gaining access to treatment, the number of new HIV infections has decreased globally and encouraging progress is made in prevention of mother-to-child transmission of HIV. It is, however, abundantly clear that progress is uneven, major gaps and barriers withstand at all levels and extraordinary efforts are required to achieve the target of universal access to HIV prevention, treatment, care and support in 2010.

The biggest challenge is the fact that the AIDS epidemic will not disappear any day soon. It will remain an exceptional global challenge to human security and socio-economic development for decades to come. Those starting on treatment today will be in need of lifelong effective treatment and management of HIV/AIDS as a chronic condition. Furthermore, unless we accelerate and sustain our prevention efforts, this challenge will continue to grow, as today two to three people are becoming infected, for every one person accessing treatment.

Sustainable and robust country-led responses to HIV/AIDS are the keys to our future success, to our efforts to foster resilience at global, country and community level to the devastating impact of the AIDS epidemic. Such responses will require long term political leadership, continued investments, and greater involvement of people living with HIV and affected communities.

Part of the progress made is closely related to the extraordinary, steep increase of financing for AIDS in recent years. However, as stated in the report of the UN Secretary-General, the gap between available resources and actual needs is

increasing annually. The world will fall short of achieving universal access, without a significant increase in the level of resources available for HIV programmes in low- and middle-income countries.

Collectively the European Union already provides 60% of the global development aid and is strongly committed to provide **more aid** and reach the UN goal of 0,7% ODA/GNI by 2015, with a interim collective EU target of 0,56% ODA/GNI by 2010. At least half of this significant increase will be allocated to Africa, the region most affected by AIDS.

Moreover, the European Union is strongly committed to provide **better aid**, in adherence with the principles of the Paris Declaration on country ownership, donor harmonization and alignment with country priorities and processes. As we are approaching the Accra High Level Forum on Aid Effectiveness in September and the Doha Follow-up International Conference on Financing for Development in November, the European Commission is working closely with the Member States to ensure that the European Union will deliver on these commitments for more and better aid.

In line with the Paris Declaration, the European Union, with the Commission in the lead, is moving from earmarked project financing towards budget support modalities and results orientation, where circumstances permit. This move is critical to strengthen country ownership and provide fiscal space to strengthen social sectors, e.g. allowing countries to invest in recurrent costs such as health workers' and teachers' salaries. As called for in the 2006 Political Declaration on HIV/AIDS, the Commission and the EU Member States are also introducing more predictable financing modalities, notably the MDG contract, which will expand the funding commitment to six years and focus on MDG related results.

Considering the weight of European Union development aid, these new modalities provide great opportunities for predictable financing of a long term response to AIDS, which is fully aligned to country priorities and processes. The challenge will be to ensure that partner countries have the political leadership, capacity in planning and management, strong civil society involvement and measures of accountability, which are required to make optimal use of these resources and deliver results.

Part of the support for HIV/AIDS will be channelled through the Global Fund to Fight AIDS, TB and Malaria, where the European Union collectively provides 60% of the total contributions. The European Commission has provided a total

of € 622 million to the Global Fund and pledged additional € 300 million for 2008-2010. For our efforts to ensure sustainable country led responses to AIDS, the European Commission considers it of critical importance to ensure better alignment and integration of the Global Fund and other global health initiatives in efforts to strengthen and transform health, education and social service delivery.

We would not be where we are today, if not for the persistent and strong engagement of people living with HIV/AIDS and civil society. Your movement has managed to change the global agenda and make access to treatment a right and a global entitlement, where a few years back it was considered the privilege of high income populations.

Respect for human rights is a fundamental common value of the European Union. It is at the core of our move towards universal access to HIV prevention, treatment, care and support. It is also the human rights agenda that we will have to consistently pursue and broaden to ensure the right of every human being to a life in health and dignity.

On this note, I would like to conclude by reiterating the strong commitment of the European Commission to the full implementation of the 2001 Declaration of Commitment on HIV/AIDS, the 2006 Political Declaration on HIV/AIDS, with the aim of achieving the target of universal access to HIV prevention, treatment, care and support by 2010 and the MDG target of having halted by 2015 and begun to reverse the spread of HIV/AIDS.

Mr. President,
Ladies and gentlemen,
I thank you for your attention.

Interpreters' copies

IOM Statement by Mr. Luca Dall'Oglio, Permanent Observer
High-Level Meeting on a Comprehensive Review of the Progress Achieved in Realizing the Declaration of Commitment on HIV/AIDS and the Political declaration on HIV/AIDS
United Nations **New York, 11 June 2008**

Mr. President, Excellencies, distinguished delegates, ladies and gentlemen,

Thank you for the honour today to participate in this high-level forum and share the views of the International Organization for Migration (IOM) on issues related to the health of migrants and the global HIV response.

Mr. President, there is today an increasing international awareness of the linkage between migration and derived health outcomes, also in the context of the HIV pandemic, humanitarian emergencies, food insecurity and climate change. These are challenging domains that touch on a wide range of issues, including security, social welfare, global access to care and treatment, human rights and sustainability of health services.

Health is influenced by policies of other domains, and health has, in turn, important effects on the realization of the goals of other sectors. We believe that an open and constructive multi-sectoral dialogue based on shared and fundamental societal values and principles - such as solidarity, integration, human rights and participation - as well as sound public health standards, can contribute to improving health outcomes for both migrants and host communities. Therefore, the inclusion of public health, and specifically consideration for HIV and AIDS prevention, treatment, health care, counselling and support that avoid stigma and discrimination and promote inclusiveness and global access for migrants and mobile populations, need to be advocated within migration policies and practices.

While the large majority of countries have a national AIDS plan, specific measures to address vulnerabilities inherent to the migration process are often lacking. The inclusion of such measures would offer the health sector the opportunity to engage other sectors in an effective dialogue and partnerships, and to develop much needed targeted policies, programmes and new technical instruments.

Migrant workers in some parts of the world are often exposed to particular risks of contracting HIV, even more so those in undocumented status. Effectively addressing HIV risks in the context of labour migration and mobility requires the joint effort of multiple parties at origin and destination countries, including governments, employers, organizations of workers, communities and other social parties representing or working with migrant populations and people living with HIV.

Mr. President,

The issue of mobility of people living with HIV is of significant concern for IOM. The Organization is engaged with the UNAIDS-created International Task Team on HIV-related Travel Restrictions to address the issue of non-discrimination and of non-stigmatization in conjunction with HIV-related travel restrictions. It is hoped that the forthcoming report and the recommendations of this Task Team will be given serious considerations by those Member States that still maintain HIV-specific travel restrictions.

The Global Forum on Migration and Development to be hosted by the Government of the Philippines this coming October represents one of the main processes flowing from the High Level Dialogue on Migration and Development of the General Assembly. Its agenda focuses on how migrants can best contribute to development in countries of origin and in host countries, when they are protected and empowered socially, economically and in terms of their basic human rights, regardless of their migration status. It is important that HIV and AIDS are included in such deliberations, in Manila as well as in other regional and international intergovernmental fora, such as the regional consultative processes on migration.

Mr. President,

Let me conclude by saying that IOM looks forward to continue working with Member States and many other partners on issues related to HIV and migration, and more broadly on migration and health issues for the well-being of migrants and host communities alike. Addressing the HIV prevention and care needs of migrants improves migrants' health, avoids long-term health and social costs, protects global public health, facilitates integration, and ultimately contributes to the stabilization of societies and their social and economic development.

Thank you.

2008 High-level Meeting on AIDS

Uniting the world against AIDS

Statement by James Jennings
Executive Officer

General Assembly, United Nations
New York, 12 June 2008

Check against delivery

Mr. President,

Distinguished Ministers,

Excellencies,

Ladies and Gentlemen,

We have heard much in the last two days about the epidemic that brings us all to this High-Level meeting in New York as we take stock of our promises, ambitions and targets. Without doubt, an enormous amount has been achieved since we last met here in 2006. And, as we have heard, a huge amount remains to be done if we are to have any chance of meeting the goal of universal access to prevention treatment, care and support by the year 2010. Those whose fate it is to live and work in the most marginalized areas of society continue to be desperately vulnerable to the epidemic.

Rather than elaborating on the details of the global picture, I would like, on behalf of of the Inter-Parliamentary Union, to say a few words about the role of parliaments in that picture. To some this role may be obvious, to others it is less so. In that respect, it is noteworthy that the Report of the Secretary-General on the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS makes no reference whatsoever to parliaments or to parliamentarians.

The work carried out in parliaments is fundamental to any successful programme in the field of HIV and AIDS. Every agreement that is forged at the intergovernmental level ends up, sooner or later, on the table of the legislator for debate, possible amendment, and adoption. The enabling legislation that is essential to breaking the barriers of prejudice and fear that drive this epidemic is forged in parliament. The budgets that will be devoted to each country's HIV and AIDS programme are tabled and adopted in parliament.

Evidence of parliamentary interest in this major event is to be found in the large number of members of parliament who have joined their national delegations to the High-Level meeting. On Monday, before the opening of this Meeting, the IPU gathered together more than one hundred of the parliamentarians present for a briefing here in the United Nations. After an informative session with senior representatives of UNAIDS and UNDP, the parliamentarians went on to discuss the question of HIV-related travel restrictions and the need for more enlightened legislation in this field, centered on human rights.

The parliamentarians debated their role in the intergovernmental process and the need to engage, as politicians, with the political declaration. Turning to their own institution, they agreed on the need for more leadership by parliamentarians and for more searching examination of how the epidemic is handled within the parliament. This is a contentious area: there are many places in the world where the moral slur of openly declaring one's status can cause a parliamentarian to lose his or her seat at the next elections.

The IPU has given new impetus to its HIV and AIDS activities since the last UNGASS in 2006. A small Advisory Group of qualified parliamentarians has been set up to spearhead the work among the 150 IPU member parliaments. Last year, on the eve of World AIDS Day, the Group organized the first ever Global Parliamentary Meeting on HIV/AIDS, in Manila. Invaluable support was provided by our partners in UNAIDS and UNDP.

The conclusions of that Meeting included a resolve by the parliamentarians, as leaders in society, to do everything possible to break the silence about HIV/AIDS and encourage openness when discussing the epidemic. They agreed to provide strong, informed and committed leadership on HIV prevention and to speak out openly about the need for action to prevent the spread of HIV and encourage voluntary HIV testing and counseling.

Turning to the question of the affordability and accessibility of treatment for persons living with HIV/AIDS, they said that particular attention should be paid to reforming national intellectual property laws to ensure that TRIPS flexibilities are incorporated fully into legislation. For instance, LDCs should take advantage of the WTO Doha Declaration on the TRIPS Agreement and Public Health which exempts them from granting pharmaceutical patents until 2016. Pointing out that bilateral trade agreements sometimes include provisions with more extensive patent protection than what is required under the TRIPS Agreement, they urged parliamentarians in developing countries to discourage their governments from entering into such agreements.

On the difficult issue of the criminalization of transmission, they declared that before rushing to legislate, parliaments should give careful consideration to the fact that passing HIV-specific criminal legislation can further stigmatize persons living with HIV; provide a disincentive to HIV testing; create a false sense of security among people who are HIV-negative; and, rather than assisting women by protecting them against HIV infection, impose on them an additional burden and risk of violence or discrimination.

Turning to stigma and discrimination, they resolved to strengthen legislation, regulations and other measures to eliminate discrimination against people living with HIV and members of vulnerable populations, and ensure that those laws are properly enforced. They also agreed to work to eliminate travel restrictions for people living with HIV/AIDS and oppose mandatory HIV testing of immigrants and refugees.

Mr. President,

There will be no informed legislation without knowledgeable legislators. The IPU is grateful to its United Nations partners for helping it to promote sound HIV and AIDS-related laws. There is much ground that has to be covered in the parliamentary sphere, but parliaments are committed to playing their part in this endeavor, and the IPU will do all it can to assist them. Thank you

Action for Universal Access 2010:
Myths and Realities

Civil Society Interactive Hearing at the UN High Level Meeting on AIDS

Speeches by Civil Society representatives delivered on Tuesday June 10th, 2008
11:00am – 1:00pm
Conference Room 4 – United Nations, New York

HIV and Human Rights
Mark Heywood, *South Africa, AIDS Law Project*

Mr. Heywood was elected National Deputy Chairperson of the South African National AIDS Council, a national body established to advise the government on its HIV/AIDS response. He serves as the Director of the AIDS Law Project, and is a founding member of the Treatment Action Campaign, the AIDS and Rights Alliance of Southern Africa, and the Global Reference Group on HIV/AIDS and Human Rights.

Friends and comrades. Good morning.

My theme is: Human Rights – do we believe in them and what if we do? My name is Mark Heywood. I am one of the leaders of the Treatment Action Campaign and the Deputy Chairperson of the SA National AIDS Council.

We are all equals in this meeting. We each have a responsibility for human rights. Some of you, particularly from government, have power and resources to better people's lives. Some of you have little power, but come from communities whose rights are violated daily. But whether from government or civil society we must admit that we are failing many, many people. This is because in most parts of the world human rights violations that increase the risk of HIV infection and those that follow after HIV infection are getting worse.

Hundreds of thousands of children still are being born with preventable HIV infection – hardly making them equal. People are dying of preventable illnesses. People are being confined in squalid prisons for drug resistant TB – with no concern for their dignity - in the name of 'public health'. Woman and children are

raped in frightening numbers. Rich people live with HIV -- and poor people die, usually after a period of added pain and indignity.

Regrettably – in China, Zimbabwe and other countries – many who fight for rights – or expose their violations – find themselves the victims of their governments or their self-serving officials. We call on China to free Hu Jia now.

We have to ask: do our governments really believe in human rights?

In the last 20 years nearly one third of UN Members have adopted new Constitutions, many of which explicitly protect human rights. But this legal commitment is meaningless unless these rights are given effect to. This is a duty of governments – not a choice.

And it is the duty of civil society to hold governments up to the standards they have accepted on paper. Poor people cannot afford lip service to human rights from civil society either. When civil society is snared in endless conferences and flattered at "consultations" we become part of the problem. When we gratefully accept the hand-me-downs of government, we leave the poor and vulnerable, defenseless, and eventually very uncivil – as we have seen in the horrific xenophobic violence of South Africa that has displaced 50,000 people.

We say to civil society leaders: work with and assist your governments, but do not trust their promises. There is a direct link between the degree to which human rights are protected and your pressure on government and its institutions.

We have learnt this from experience in South Africa. For example:

Despite our liberation, it took 14 years until a court eventually ordered our national defense force to end the mandatory exclusion of people with HIV from all positions.

In South Africa it takes pressure from community activists to get the police to investigate and the courts to effectively prosecute murder, rape and domestic violence.

In South Africa officials of my government (some probably sitting among you) still persecute doctors for carrying out WHO recommendations on the prevention of mother to child HIV transmission and reducing maternal mortality.

Unfortunately, human rights violations are the global reality, especially when people lack power and organization to fight back.

Therefore civil society must recognize that human rights have to be demanded, fought for, won and then held onto. This can be done through systematic

community organisation, demonstration, legal action, treatment and prevention literacy, human rights education and by demanding to be meaningfully involved at every level of policy-making.

To the democratic governments here today we say: Recognise us as equals. Account to us. The response to HIV will be better for that. When you exclude us from planning or implementation, or dismiss our demands, you betray a solemn pact to govern with stalwart adherence to democratic principles, which are the foundation for respect, protection and fulfillment of human rights. Where governments are not democratic and suppress and torture us we call on the UN to end its policies of quiet diplomacy. This meeting must not make any more false promises.

Human rights will not be realized if they are delivered in e-mailed Declarations from New York.

Finally this High Level Meeting must reconfirm the principle that Universal Access by will not be achieved without human rights. So we call on you to:

Demand an urgent increase in development aid to meet the commitments that have already been promised, particularly by OECD countries; This is not a favour to us, but a human rights duty.

Devise and implement systems that measure and monitor human rights; have the courage to openly denounce countries such as Zimbabwe that violate rights to health; demand investment in justice systems that poor people have access to.

Finally, end the distracting talk of AIDS 'exceptionalism'. Every threat to life and dignity of poor people, be it through a disease or other causes, should generate an exceptional response.

We call on the UN and the WHO not to relegate the response to AIDS to the level of your past failures, such as TB or your mute witness to the demise of our health systems. Instead, raise the response to other challenges to the level we seek to achieve with AIDS.

Good luck and thank you.

Opening Plenary Speaker

Ratri Suryadarma, *Malaysia, Coordination of Action research on AIDS and Mobility Asia (CARAM Asia)*

Ms. Suryadarma is an Indonesian woman openly living with AIDS and is the Program Officer at CARAM Asia, an advocacy and research organization that works to promote and protect the rights and health of Asian migrant workers globally.

Your Excellencies, President of the General Assembly, Secretary General, Honorable Delegates and my dear fellow community members.

I stand before you as a woman from Asia Pacific, where women's highest risk for HIV infection is through marriage.

For more than twenty five years now, we have known how HIV is transmitted and can be prevented, but some governments still believe that they can protect **their** country from HIV by stopping "non-nationals infected with HIV" from entering their country.

Attitudes and policies such as these will not contribute to reaching the goal of Universal Access; it will however contribute to increased stigma and discrimination of people living with HIV.

Yet, your countries have committed to the goal of Universal Access by 2010. So we are halfway there and I ask, "How strong do you hold that commitment?

In my region, experts say there is a "concentrated" epidemic. By that they mean HIV is contained within marginalized and vulnerable groups such as drug users, sex workers, gay men, Men Who Have Sex with Men; many of whom are married, transgenders, migrant workers, prisoners and even refugees who are being infected with HIV at a higher rate. Yet they are often denied or have limited access to HIV Prevention, Treatment, Care and Support.

I ask you, "why?" Are we not all human and deserving of the same rights and treatment?

These communities are not only at a higher risk of HIV in Asia, it is the same everywhere. If you allow one group to become infected with HIV, you will never stop the epidemic. Isn't that the lesson we have learned?

In fact the epidemic is moving out of concentrated groups into the general population. Look at the increasing rates of infection among women, children and youth. This is where you can see the effect of falsely believing that HIV will remain isolated among certain groups.

These groups need services that are sensitive to their needs, supported with

adequate finances and resources. Instead, many countries have criminalized behaviors that push people underground and make them afraid to come forward to receive proper prevention and treatment.

As the Honorable UN Secretary General, Mr. Ban Ki Moon, recently noted, and I quote "We must guard against legislation that blocks universal access by criminalizing the lifestyles of vulnerable groups. We have to find ways to reach out to sex workers, men who have sex with men and drug users, ensuring that they have what they need to protect themselves."

Here, communities, NGOs and people living with HIV can complement and build upon your efforts. You cannot do it alone. We have to work hand in hand together! Here are some recommendations:

Decriminalize behaviors associated with risk of HIV that are targeted at specific groups.

Eliminate mandatory testing of migrant workers and travel restrictions of people living with HIV.

Pass enabling laws that make it easier to get the right prevention method to people who need them, especially clean needles to drug users and condoms to sex workers and their clients.

Stop treating HIV as a separate issue: link the UNGASS on HIV with the UNGASS on drugs; integrate reproductive health, gender and human rights into HIV prevention and address co-infection of Hepatitis C and TB with urgent prevention and treatment responses.

Make treatment affordable and easy to access for all. Explore exercising the TRIPS Flexibility such as compulsory licenses for HIV, Hepatitis C, TB and other essential medicines.

And let us, the Community, sit at the table and make decisions with you.

I am also a Person Living With HIV, and by revealing my HIV status publicly, I am taking a risk of being banned from entering this country and over seventy other countries around the world.

When I found out about my HIV status in 2006, it was thought in my country that only Sex Workers and Drug users got infected. I am neither. But really what does it matter how I got infected?

As a woman living with HIV, I could be accused of bringing HIV into my home, beaten for something I didn't do, stripped of any inheritance rights and thrown out in the streets because of a health condition.

As a woman I need my human rights respected as well as my rights to property and inheritance, I need protection against domestic and sexual violence, I need

to be able to manage and control all matters related to my sexuality and reproductive health. As a Person Living with HIV I need equal access to prevention, treatment, care and support. As a mother I ask this not only for myself but for my daughter and future generations.

In closing, I am committed to the working for the best possible life for people everywhere. While it is not my intention to embarrass anyone or point fingers, I do want to ask, what is more embarrassing and shameful than a tragedy that could have been prevented. We have the tools and knowledge. We need the will.

But more than anything else, we need action!

Keep your promise and renew your commitment of Universal Access by 2010. To not do so would mean to condemn many people living with HIV, like myself, to unnecessary pain, suffering and… even death. I will honor my commitment and so I ask. Will you honor yours?

Sex Workers and HIV

Gulnara Kurmanova, *Kyrgyzstan, Tais Plus*

Ms. Kurmanova has been an advocate for the implementation of rights-based approaches in the comprehensive response to HIV and AIDS and the involvement of key populations in the design, implementation and evaluation of AIDS responses. She is involved with the International Committee on the Rights of Sex Workers in Europe, the Network of Sex Work Projects, and the Global Working Group on Sex Work and HIV Policy. Ms. Kurmanova is the alternate representative for Asia for the UNAIDS PCB.

I will begin with an example of institutional repression and violence that explains why sex workers remain at high risk of HIV and are unable to access health services. Recently one South East Asian country passed an anti-trafficking law that has led to massive human rights violations against sex workers. The law erroneously equates sex work with trafficking. Sex workers have been forcibly detained in so-called “rehabilitation centres” where they have been raped and robbed by police and guards. Thousands of women have lost their livelihoods. HIV positive sex workers have great difficulty in accessing ARV’s – both in and outside the detention centers. Additionally, sex workers are arrested if found with condoms, as evidence of sex work, resulting in sex workers being scared to carry condoms and to access STI services.

As sex workers, we call on countries to address the following:

1. **Decriminalisation.** Sex work is legitimate work and should not be criminalized. It is not a crime. It should not be equated to trafficking or sexual

exploitation. Sex work should be considered a legitimate form of labor and sex workers should be protected under labor laws. People should have right to work as a sex workers.

2. **Human Rights.** The fundamental human rights of sex workers need to be protected. Government policies and AIDS programming continues to undermine these rights. Sex workers' rights to information, privacy and freedom from violence, are violated through compulsory testing, and obligatory status disclosure, rape, and murder.

3. **Stigma and Discrimination.** Even in cases where sex work is formally decriminalized, sex workers are persecuted by the police, medical doctors, and local communities. One of the most obvious manifestations of discrimination is allowing outsiders to make decisions about sex workers' lives, health and work, or to look at sex workers as hopeless victims who need external help and so-called 'rehabilitation' to 'become good girls'.

Moralistic policies and programs are not effective. We need to adopt approaches that actually work. We call on all UN agencies and the international community to develop policies that support sex work as work and that include sex workers in their development and decision-making processes that directly affect them. This would be a good opportunity to empower sex workers and strengthen sex workers groups, unions and networks around the world.

Governments must uphold the human rights of sex workers, prevent all forms of violence, including rape and murder, stop the mandatory testing and denial of ARV's, other medications and health services in general for sex workers.

We also call on UNAIDS and UNFPA to accept the perspective of sex workers in the Guidance Note on Sex Work and HIV and finally agree on the concept and content of this paper in the interest of sex workers and public health. We need an effective tool to protect our lives.

Sex workers are not part of the AIDS problem; we are part of the solution.

Thank you.

The Rights of Sexual Minorities

Leonardo Sanchez, *Dominican Republic, Amigos Siempre Amigos (ASA)*

Mr. Sanchez is the Executive Director of ASA, the first and only legally registered organization dealing exclusively with the rights of gay men in the Dominican Republic. A renowned researcher, facilitator, and activist for the rights of sexual minorities, Mr. Sanchez has supported the creation and growth of an alliance working to secure sexual rights nationally.

(Speech delivered in Spanish – Spanish text below)

The Declaration of Human Rights and the Yogyakarta Principles, reminds us that all human beings are created in dignity and rights. Nevertheless one African leader promised to "cut off the heads" of all homosexuals in his country. In the Caribbean, one politician in 2006 stated that homosexuals," will fine no solace**",** in the midst of concentrated epidemics in the region. These statements were made in an environment where African countries invested less than 1% of HIV programming targeting MSM populations and where homophobic murders have become a critical issue in the Caribbean.

Such inadequate commitments to resources and human rights illustrate that stigma is helping to drive a global health problem. Sero-prevalence studies around the world have shown a disproportionate impact of HIV on sexual minorities with estimates that range between 7% and 46%. Globally, transgenders' invisibility, is affected by state-sanctioned ill-treatment and vulnerability to HIV and AIDS through signed international and national legal instruments that does not recognize or refuse to address gender-based identity as an issue.

For women who have sex with women, research has lagged behind information on their vulnerability, because of perceive low risk about sexual practice, creating few opportunities for providing prevention, care and support services. Implementing CEDAW in recognizing the population vulnerability to HIV and AIDS.

In the Asia-Pacific region, HIV resources have climbed from less that $50m to close to $200m from the Global Fund, but resources do not necessarily follow priorities for 5 out of 24 countries get the majority of the resources. Such inequalities worsen an already dire public health situation in a context where persistent human rights abuses, severely complicate efforts at universal access. The urgency, is reflected in Hijra communities, where infection rates reaches 50%. Such elevated risk is a reflection of overt or covert marginalization in planning, policy design, program development, and resources mobilization, that is often expressed through silence, denial or explicit exclusion.

We call on governments as representatives of the people, international agencies, and the United Nations system to commit financial resources, technical support, and sustained institutional dialogue in order to develop and empower sexual minority communities to cultivate local leadership, nationally, within regions, and globally. We are call on the UN and the international community to hold itself accountable to equal treatment for sexual minorities and to reflect the Yogyakarta principles that already existing in national laws. The continued violation of our human rights principles is not only a reflection of a double standard in state action, but demonstrates the unwillingness of such states to respect the humanity of all its citizens. If equality and acceptance is the responsibility of leadership for all, then, our nations' leaders cannot be selective in his or her approach to the right to health, safety and security of all its citizens. As citizens of the world, and as a fellowship of nations, we have an obligation to love and protect all of our citizens, regardless of our differences, in the name of our collective well-being that is the foundation of peace.

Spanish

La Declaración de Derechos Humanos y en particular los Principios de Yogyakarta, nos recuerdan que todo ser humano ha sido creado en igual dignidad y derechos. Sin embargo, recientemente un jefe de estado Africano prometió "decapitar" a todos los homosexuales en su país. En el Caribe, los homicidios homofóbicos se han convertido en un asunto crítico, mientras que los dirigentes políticos promueven insistentemente que las minorías sexuales nunca tendrán derechos, justificando sus posiciones basándose en interpretaciones de doctrinas religiosas. Estos pronunciamientos surgen de un ambiente en donde dos tercios de las naciones prohíben sexo entre dos hombres, y menos del 1% de los recursos que se invierten en VIH es destinado a la población de hombres gay, transgeneros, transexuales y otros hombres que tienen sexo con hombres. Esta distribución inadecuada de recursos violenta el ejercicio de los derechos humanos y solo muestra el cómo el estigma y la discriminación alimenta y promueve una crisis global de salud.
En todo el mundo, lo estudios de seroprevalencia han demostrado un impacto del VIH desproporcionado sobre las minorías sexuales estimándose en un rango de entre 7% y 46%.

Las opciones de sobre vivencia de las transgéneros y transexuales a nivel global son muy limitadas. Las comunidades hijra son conocidas por su habilidosa abogacía para la igualdad de acceso. Sin embargo algunos estudios han detectado tasas de infección de hasta 50% en esta población. Esta alta prevalencia manifiesta una exclusión vergonzosa de las minorías sexuales en discusiones sobre prevención, atención y servicios de apoyo. También refleja la negligencia por parte de las autoridades y tomadores de decisiones de permitir un involucramiento adecuado de estos grupos en la planificación de servicios de salud sexual y reproductiva, y una marginalización en procesos relacionados

tanto al diseño e implementación de programas, como en la movilización de recursos.

El marco legal y epidemiológico, tanto nacional como internacional, fomenta la invisibilidad de esta población, negando o invisibilizando aspectos de identidad de genero. El uso de las siglas HSH o en ingles MSM, es otra muestra de esto. A su vez conlleva al maltrato y a la vulnerabilidad al VIH con la bendición de los Estados y los organismos internacionales, constitutitos en fuerzas hegemónicas. En cuanto a las mujeres que tienen sexo con mujeres, la carencia de datos silencia las voces de la comunidad que hablan de su vulnerabilidad. Los tomadores de decisiones deben rendir cuenta sobre la vulnerabilidad de estas mujeres frente el VIH e implementar los compromisos frente a la CEDAW.

En Asia, los recursos para dar respuesta al VIH por parte del Fondo Mundial se han incrementado de $50m hasta casi $200m, pero, estos recursos no necesariamente siguen las prioridades ya que solo 5 de 24 países en la región de Asia Pacífica reciben la mayoría de estos recursos. Tal disparidad empeora la situación de la salud pública en un contexto de sostenidos abusos hacia las minorías sexuales, dificulta marcadamente el acceso universal y la provisión de servicios a una población que carece de recursos esenciales.

Hacemos unl llamado a los gobiernos como representantes de la ciudanía, a las agencias internacionales y la familia de las Naciones Unidas, de comprometer recursos financieros y técnicos así como de sostener un diálogo institucional para desarrollar y empoderar a las minorías sexuales a cultivar un liderazgo nacional, regional y global. También para que asuman a lo interno un trato de igualdad para las minorías sexuales, y una reflexión sobre la aplicación y promoción de los principios de Yogyakarta. Estos principios resaltan compromisos ya hechos en materia de derechos humanos y ratificados en leyes nacionales.

La violación sostenida de estos principios de derechos humanos no solamente evidencia el doble discurso en cuanto la acción de los Estados, sino también demuestra la falta de voluntad de ciertos Estados en el respeto la condición humana de todos sus ciudadanos y ciudadanas. Si la igualdad y la aceptación significan la responsabilidad de un liderazgo común, los dirigentes de nuestras naciones no pueden ser selectivos en su abordaje de derechos especialmente cuando se trata de la salud y la seguridad para la ciudanía.

Como ciudadanas del mundo y como una confederación de naciones, tenemos la obligación de amar y proteger a todas sin importar nuestras diferencias, en el nombre del bien estar colectivo, que es la piedra angular de la paz.

People who use Drugs

Albert Zaripov, *Russia, International Treatment Preparedness Coalition (ITPC)*

Since 2002, Mr. Zaripov has been an HIV counselor at Vera, an organization providing support for relatives of people who use drugs. An advocate for access to HIV treatment, Mr. Zaripov is also member of ITPC and the Russian Union of People with HIV.

(Speech delivered in Russian - Russian text below)

My name is Alik Zaripov and I am from Russia.

I am not going to quote statistics or criticize the drug treatment system in my country. This won't help my friends who use drugs, nor will it help those who have died because of drugs. I simply want to tell you my story.

I began to use drugs in 1996. My friends started using drugs at the same time as me; there were 12 of us altogether.

I was stopped by the police many times because of injection marks on my arms. I didn't trust the state institutions—how could I? I was "a drug addict"! There was one harm reduction project in the entire city and even then, it was on other side of the city and I had no way of getting there.

Five years after I first started to inject drugs—in 2001—I tested positive for HIV; I began to actively seek help in order to stop using drugs. I turned to doctors who gave me useless advice. They would say to me: "You want help? Then you need to get registered as a drug user." "Get registered?" I thought to myself, "so that my personal information could be available to everyone? No way. I definitely need help, but I don't need anymore problems in my life!"

Neither I, nor my family had the money for drug treatment. But I got lucky. Thanks to the organization where I work, I was able to go through detoxification and rehabilitation free of charge.

I had been sober for about a year and my life was beginning to take shape—I began to set goals, wanted to begin my studies at the university, start a family, and get a driver's license. It was then that I suddenly found out that I had been registered as a drug user in the database.

Do you know what my first thought was? "My past will always follow me like a shadow. How can I become part of this society, when I have already been labeled as a 'drug addict' and my future employers will be able to access this information?" I decided that all of my attempts at a normal life were useless—I figured I might as well start using drugs again, because I would never achieve anything in life.

But I didn't relapse that day and, as I later understood, that saved me. I am certain had I used that day, I would now be either in prison, in the hospital, or dead.

This is my story. There were 12 of us altogether, but I was the only one who quit drugs. Three died of drug overdoses. Seven continue to use to this day. All of them have gone through every single drug treatment program available in our city. Their parents have long turned away from them. Some of them, like me, are living with HIV. All of them have Hepatitis C. Two have children, but they continue to use and they can't quit!

This story is about me and my 11 friends. But such stories are numerous throughout the world. Millions of people who use drugs are suffering, unable to access basic healthcare services. Millions of people are persecuted by the police. Hundreds of thousands are imprisoned, their only crime being that they use drugs. Hundreds of thousands of people who use drugs die each year of drug overdoses, tuberculosis and HIV-related infections.

I am certain that many of their problems could be effectively addressed through harm reduction programs and opiate substitution therapy. Yet, despite the evidence pointing to the effectiveness of harm reduction in reducing the risk of HIV infection, despite the fact that methadone and buprenorphine are included on WHO's list of essential medicines, needle exchange programs and opiate substitution therapy remain unavailable for the overwhelming majority of the people who need them. And for drug users who are HIV positive, access to ARVs remains limited. We are told that, as patients, we are too complicated, while no assistance is offered to solve the many other problems we face. Treatment of HIV is not just about distribution of medications!

So what is the world waiting for? What is the United Nations waiting for? Universal access means including all people in need! Maybe the issue is the fact that it's the law enforcement and not the healthcare agencies that deal with injecting drug users?

Maybe it's time to change the process by which the global drug policy is shaped? I think that we, the people who are living with HIV, people who use drugs and other representatives of civil society have to be actively engaged in this process. Our active participation is needed so that global drug policies take into account the issues of health and human rights, so that harm reduction, substitution therapy, treatment, and rehabilitation are finally prioritized.

The price of our inaction—the lost lives of our friends.

Russian

Здравствуйте, уважаемые коллеги!

Меня зовут Алик Зарипов, и я из России.

Я не буду приводить цифры или критиковать систему лечения в моей стране. Это не поможет моим друзьям, которые употребляют наркотики, как не поможет и тем, кто погиб от наркотиков. Я просто хочу рассказать свою историю.

Я начал употреблять в 1996 году. Одновременно со мной начали употреблять и все мои друзья - нас было 12 человек.

Меня много раз задерживала полиция за проколы на руках от иньекций. У меня не было доверия государственным учереждениям, ведь я "наркоман"! У нас в городе был один проект снижения вреда, но он находился на другом конце города, и у меня не было возможности туда ездить.

Через 5 лет после начала употребления - в 2001 году - я узнал, что у меня ВИЧ, и я начал активно искать помощь в прекращении употребления наркотиков. Я обращался за помощью к врачам и получал бесполезные советы. Мне говорили: «Ты хочешь помощи-- вставай на наркологический учет». «Какой учёт? - думал я, - чтобы данные обо мне были доступны для всех?! Нет, простите, мне, конечно, нужна помощь, но я не хочу усложнять себе жизнь!».

Денег ни у меня, ни у моих близких не было. Но мне повезло. Благодаря моей организации, мне удалось пройти курс детоксикации и реабилитации бесплатно.

Я перестал употреблять наркотики, и в течение года моя жизнь стала налаживаться. Я начал ставить перед собой трезвые цели: я хотел поступить в институт, создать семью, получить водительские права. Но неожиданно я узнал, что я стою на учёте и информация обо мне как о «наркомане» уже включена в базу данных.

Знаете, какая у меня была первая мысль? Моё прошлое меня теперь никогда не отпустит. Как можно адаптироваться в обществе, если я «наркоман» и данные обо могут получить мои будущие работодатели? Я решил, что всё бессмысленно – можно смело идти и снова употреблять наркотики: всё равно мне ничего не добиться в этой жизни.

В тот день я не употребил наркотик, и, как я понял потом, это меня спасло. Я уверен: если бы мне всё-таки удалось употребить в тот день, то сейчас я был бы либо в больнице, либо в тюрьме, либо меня уже не было!

Это моя история. Из 12 моих друзей бросил употреблять только я. Трое умерли от передозировки уличными наркотиками. Семь употребляют и сегодня. Все они неоднократно проходили все существующие программы лечения в нашем городе. От всех уже давно отказались их близкие. У некоторых из них, как и у меня, диагностирована ВИЧ-инфекция. Все больны гепатитом. У двоих родились дети, но они продолжают употреблять и они не могут бросить!

Это личная история – моя и моих друзей. Но таких историй множество по всему миру.

Миллионы людей, употребляющих наркотики, страдают, не имея доступа к базовым услугам в области здравоохранения. Миллионы людей преследуются полицией. Сотни тысяч людей сидят в тюрьме только за то, что они употребляют наркотики. Сотни тысяч наркопотребителей ежегодно умирают от передозировок наркотиками, от туберкулеза, заболеваний, связанных с ВИЧ.

Я уверен, что им могли бы помочь справиться со многими проблемами программы снижения вреда и заместительной терапии. Но, к сожалению, несмотря на доказанную эффективность программ снижения вреда в уменьшении риска распространения ВИЧ, несмотря на то, что метадон и бупренорфин входят в перечень жизненно важных препаратов ВОЗ, программы обмена шприцев и ЗТ остаются недоступными подавляющиму большинству людей, принимающих наркотики. А для ВИЧ-инфицированных потребителей наркотиков ограничен доступ и к АРВ-терапии. Нам говорят, что мы сложные пациенты, но ничего не делают, чтобы помочь нам решить другие проблемы. Ведь лечение ВИЧ заключается не только в раздаче таблеток.

Так чего же ждет мир? Чего ждет Организация Объединенных Наций? Ведь всеобщий доступ означает доступность лечения для всех людей, которые в нем нуждаются.

Может быть дело в том, что проблемами наркозависимых занимаются правоохранительные органы вместо системы здравоохранения?

Может, настало время начать менять процесс формирования глобальной наркополитики? Я считаю, что нам, людям, живущим с ВИЧ, людям

употребляющим наркотики, и другим представителям гражданского общества необходимо активно участвовать в этих процессах.

Это необходимо для того, чтобы глобальная наркополитика учитывала вопросы здравоохранения и прав человека и чтобы программы снижения вреда от употребления наркотиков, заместительной терапии, лечения и реабилитации наконец заняли в ней приоритетное место.

Цена нашему бездействию--жизни наших друзей.

Women and Girls

Winnie Sseruma, *London, UK, Christian Aid*

Originally from Uganda, Ms. Sseruma serves as the HIV Mainstreaming Coordinator at Christian Aid. Until 2006, Ms. Sseruma chaired the African HIV Policy Network, the only organization in Europe that represents the sexual health and HIV needs of Africans in UK policy forums. Ms. Sseruma is a researcher and regularly writes on issues facing Africans living in the Diaspora, especially the impact of HIV on African communities.

I am a British National of Ugandan ethnicity. Christian Aid, my employer, has a presence in 50 of some of the poorest countries in the world.

Women and girls comprise more than 60 percent of those living with HIV, but also face the additional burden of care. The disproportionate impact of HIV on women is fueled mainly by socio-economic inequalities, discrimination, lack of decision-making power in relationships and violence. Young girls are even more vulnerable due to these structural issues and are now the most affected population.

HIV positive women in particular, face further discrimination which prevents them from accessing HIV services and being able to act on prevention and treatment information. As a woman living with HIV for the last 20 years, I have experienced pro-longed illness and could not get treatment, have faced HIV related stigma and have felt invisible in meetings where decisions were being made about HIV positive people.

My experiences resonate with millions of women and I would like urge you to take the following actions:

a) To take concrete actions to promote the meaningful participation and leadership of women and girls in the global response to HIV and AIDS.

b) To bring HIV positive women into key decision making positions in planning and implementing HIV programmes and services.

c) To enforce the legal and policy frameworks that provide effective protection for women, against domestic and sexual violence and promote gender equality, inheritance and property rights and access to financial credit and employment.

d) To fund programmes that support the integration of sexual and reproductive health services, maternal and HIV services.

e) Governments should provide comprehensive sexual education to women and girls, including condom negotiation strategies, and access to male and female condoms.

f) Older women carers need support to fulfill their critical role care giving responsibility they have assumed for Orphaned and Vulnerable Children and people living with HIV.

g) We have to do more to address HIV related stigma and discrimination.

Women and girls make up the majority of migrants and yet the health needs of this population have not been adequately been addressed. Instead restrictive policies are being implementated and migration as an issue has become a political football. we need to reverse this situation by implemeting policies that address the needs of migrants.

There is an urgency to continue to invest in prevention technologies, better treatment for opportunistic infections like TB which impacts on the lives of the my women every year and makes them vulnerable to HIV.

Lastly, please remember, HIV is a virus, not a moral issue. It is an illness, not a crime. Abolish laws that criminalise HIV transmission and for all those countries that have short and long term travel restrictions, please exercise some common sense and remove them.

Children and HIV

Sylvia de Rugama*, The Netherlands*

Ms. De Rugama, a Mexican national, has been living with HIV since 1993, and has openly lived with HIV since 1997. She was granted asylum in 2005 in the Netherlands, where she co-founded the only organization for HIV-positive migrant women and their children.

Good morning. My name is Sylvia De Rugama Prado. I am Mexican-born, but have Dutch nationality and live in The Netherlands.
Some years ago, my presence on this stage would have been unlikely. I am fortunate enough to be alive and well after 19 years of living with HIV.

I am a migrant, a sister, a daughter, and a wife to be. Sadly, I am not a mother and definitely not a teenage girl anymore.

But, I do know first hand through my work with women and can understand why a young girl from Africa went looking for a better life. Most of all I know the high price that she paid to follow her dreams.

This young woman came to Europe running from poverty, violence, disease and injustice. I met her when she had made it all the way to Amsterdam and our paths came together.

While searching for a better life she got HIV and now is pregnant with her first child.

She has been running for her life and in doing so, she left the devastation of AIDS behind her. She did not expect it to follow her to a new land, where she believed her dreams would come true. HIV was not going to be in the baby she was longing to hold in her arms.

She and her unborn child are among the fortunate ones who are able to access the services and treatment she and her baby needs to be healthy. Her baby will be born HIV free and most probably she will have a second child. Through her eyes and smile and the way she nourishes her child, you can see that her life is no longer interrupted by living with HIV. But this is not the reality for most women living with HIV. No matter where these mothers are living, they and their unborn children must be able to access the same treatment that she has received and yet we are far falling far short of delivering these services.

In Africa, we have dedicated caretakers, running out of options and being forced to crush and dissolve adult HIV medication in water to be able to give it to children. Are we living in the same world? Are we doing so well treatment wise in some parts of the world that we forget the ones who do not have the same access to treatment? How can that be?

In many developing countries children living with HIV will die before their second birthday. For HIV positive mothers and their unborn children not to have access to comprehensive treatment is unthinkable, it is unacceptable, it is a crime in progress.

Lost to the world will be hundreds of thousands of creative, gifted, often brilliant spirits. We are in a world with an urgent need of true solidarity and commitment. In the west, while surviving HIV, we are leaving behind the most vulnerable, the most innocent victims of this Pandemic. We have an obligation to provide these children with care and protection. They deserve a better tomorrow and we must fulfill the promises made to them to deliver access to care, welfare, health and security.

If it is really the intention and there is a commitment to provide affected children and their families with care and support, universal access is critical.

Our young girls and boys, they are never too young for education and prevention from harm but they will always be too young to die.

In closing, I urge the global community to listen to the voices of children and deliver on the rights of all women and children affected by HIV.

- All mothers living with HIV MUST have access to comprehensive treatment
- Children living with HIV MUST have access to testing and pediatric treatment
- Children orphaned and made vulnerable by HIV MUST receive wholistic care and support.

If we do not ACT NOW to achieve universal access for children – history will judge us!

Young People Living with HIV

Stephanie Raper*, Australia, People Living with HIV Speakers Bureau*

Ms. Stephanie Raper is 16 years-old, and a well-known advocate for the rights of children and adolescents living with HIV. She is a member of People Living with HIV/AIDS Speakers Bureau in Victoria, and has been speaking publicly about her status and her experiences since she was a girl.

My name is Stephanie Raper; I was born HIV positive in Australia 16 years ago. Growing up HIV positive in the so called lucky country is tough, but at least I've had the chance to grow up, sadly many children born with HIV around the world do not.

For the past nine years I have been attending a camp for over 100 HIV positive children and their families. Most of these children have lost one or both parents to AIDS and many a sibling. Some are in the foster system; others live with relatives that don't want them. Some families' fear of social isolation prevents them telling their children of their status until they are teenagers. These teenagers become confused, untrusting and believe their future is limited. Most children born HIV positive in Australia are conditioned at a young age "never to tell", and lose hope and self-esteem.

We are spread far and wide over thousands of miles, but the bond between us is very strong and for a few days every year we come together in a place we are truly free to be ourselves. The secrets we tell in our normal lives, hiding the terrible side effects caused by our medicine and the social shame surrounding HIV is all forgotten. We can be honest, we are treated the same as everyone else. Mealtimes at camp are full of happy, smiling children proudly displaying their colorful medicine, instead of being a source of frustration and embarrassment; we take our tablets like a badge of honor.

There are many reasons why I am able to speak to you today. My mum has survived, my dad has been the provider, they fought to gain access to medicines and services, taught me to advocate for myself, and most importantly are always honest with me. I am extremely fortunate compared to most.

At high school, my family asked permission for me to attend Camp, but when it became clear that it was AIDS camp, the principal demanded that either I tell the whole school community of my HIV status, or leave immediately. I regret not standing up for myself now, but at the time I was so shocked by this reaction, that I left, started at a new school and resolved never to disclose my status at school again.

But the discrimination continues, as I recently discovered I need a blood test to study at university, and that travel restrictions apply in many countries around the world, which will effect my education. I will overcome these obstacles, but most HIV+ children will not.

Being empowered enables me to believe I will finish my degree in Psychology, marry my HIV+ positive boyfriend and eventually have HIV negative children. This is made possible by the fantastic advances in medicines that can eliminate mother-baby transmission. Nine out of ten young HIV+ women do not have access to these medicines. Until we address this tragedy more babies continue to be born with HIV unnecessarily.

While our stories are different, positive youth across the globe share common ground which goes beyond cultures and borders. The social stigma of HIV is an unacceptable barrier to empowering HIV+ youth. It impacts on our ability and

willingness to access education, the workforce and health systems. Children with HIV deserve the same rights and opportunities as everyone else. You must ensure young people living with HIV have their voices heard.

Thank you for listening to my story.

Access to Treatment

Loon Gangte Henminiun*, India, Delhi Network of Positive People and Collborative Fund for HIV Treatment Preparedness*

Since finding out he was living with HIV in 1997, Mr. Henminuin began working as an outreach workers and HIV counselor. In 1999, he co-founded the Delhi Network of Positive People (DNP+), where he currently serves as President. Loon also serves as the Regional Coordinator-South Asia for the Collaborative Fund for HIV Treatment Preparedness, which provides funding to community groups working on treatment access.

Good morning, ladies and gentleman,

My name is Loon Gangte, I am a person living with HIV, from India.

Thank you for this opportunity to raise 7 important points related to UA to treatment by 2010.

1. First of all, I want to say that my heart is with all PLHIV who died without accessing ART, since we met in 2006.

I also want to express my delight that today 3 million people living with HIV are on ART, this is significant achievement.

However, this means that 7 million people are still waiting for their treatment. We need to accelerate our coverage of comprehensive treatment urgently and we have only 2 years left to do this.

World leaders need to look at the massive regional inequities. While some regions have reached 70% coverage of ART, others are still at 7% only.

2. To achieve UA by 2010, I call on the leaders for affordable and accessible 2nd line ARV and also to improve 1st line, which is urgently needed.

3. It is evident that the current Patent system doesn't enhance R&D for the neglected diseases affecting the poor countries and poor people. So the world needs to find alternative system/solution.

Seven years after the DOHA declaration, it is unacceptable that poor countries are forced to sign FTA or punished for exercising the TRIPS flexibilities.
Profit should no longer be put before human lives!

4.It is high time to move on from ancient century old to modern and effective drugs & diagnostic for this curable disease called TB, which continues to be the leading killer of PLHIV.

5. Until and unless treatment for HCV is made available and accessible for the drug user community, UA will never be a reality.

6. Prevention of Parents to Child programme should be comprehensive so that it takes care of the child health as much as the mother and must goes beyond delivery.

No more single pills Nevarapine.

7. Lets stop pitting AIDS against other diseases, and against strengthening health systems.

We need to fight for health care for all including ARV, TB, HCV, HBV and all the others.

Finally, I would like to challenge the world leaders that the era of declaration must end; and begin the era of action with concrete plan and budgetary allocation to achieved UA by 2010 and save millions of lives.

Thank you.

HIV-related Travels Restrictions, Mobility and Migration
Gracia Violeta Ross Quiroga*, Bolivia, Bolivian People Living with HIV Network*

Ms. Ross Quiroga is an HIV positive activist from Bolivia and an expert on sexual and reproductive health and rights. She is member of many national, regional and international networks of people living with HIV, and was a founding member of the Global Coalition on Women and AIDS, where she currently serves on the leadership council. Ms. Ross Quiroga is the current NGO Delegate for Latin America and the Caribbean for the UNAIDS PCB and an NGO delegate for the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Good morning. My name is Violeta, I am from Bolivia. I thank God and you all for the opportunity to address this audience in this country, despite the fact that I am openly living with HIV for the last 8 years.

While visiting this country, I can be trusted not to transmit HIV or to become a burden on the public health budget of this country. This is what every country with travel restrictions must realize. It is wrong and unfair to assume that I or any other person will transmit HIV. I am a responsible person and I am here to contribute to the fight against this epidemic, just like all my colleagues living with HIV present at this meeting.

But like me, many people living with HIV are likely to face the prejudice that assumes we are not responsible and with it coercive measures such as mandatory testing, having visas canceled or denied , or even being deported from the countries we visit. This is an outrage in 2008 with all we know about HIV.

Regardless of the political commitment and the progress in responding to the AIDS epidemic, the reality of HIV related travel restrictions for entry and residence continue to exist in at least half countries represented in this forum.

HIV related travel restrictions:

- Create and perpetuate the myth that the risk of AIDS is outside our borders.
- Violate fundamental human dignity and human rights
- Fuel stigma and discrimination against those of us living with HIV
- Deny the greater involvement of people living with HIV in the response to the epidemic as well as in the mobility of the world
- Create the idea that people living with HIV are the enemies in this epidemic , not the virus itself
- Go against the commitments already made in 2001 and 2006 and the goals of Universal Access by 2010 , and
- Send contradictory and hypocritical messages, because on the one hand we have commitments made but in the other hand we have borders closed

Therefore, in the name of more than 30 million people living with HIV, we recommend:

- That member states abolish ALL HIV related travel & residency restrictions and report regularly on progress made.
- That member states implement programs for migrant and mobile populations with a human rights approach, in which HIV status should not be a precondition to access work or a reason for deportation
- That member states enact and enforce legislations that eliminate all forms of discrimination against people living with HIV and AIDS.

- That member states adopt a resolution that no high level meeting should ever again be held in any country with travel restrictions for people living with HIV.
- That member states to the commitments already made in 2001 and to the goals of Universal Access of 2006.

HIV related travel restrictions are discriminatory…even migratory birds have laws and treaties that protect them while moving across borders, but not people living with HIV… This has to change. But in order to achieve EQUALITY and JUSTICE for people living with HIV, we need to see real POLITICAL WILL and political commitment.

This IS possible. Today more than 70 countries do not have any kind of restrictions for people living with HIV. They report no problems and they are providing the kind of political leadership this world needs. We ask all countries with HIV travel restrictions to follow their example. Show real commitment to lead on HIV by joining them.

Thank you.

Workplace Responses

Gary Cohen*, United States, Becton, Dickson and Company*

As Executive Vice President of Becton, Dickinson and Company, Mr. Cohen is an advocate and expert in children's health, HIV/AIDS and health system strengthening. He serves on the boards for Perrigo Company and the US Fund for UNICEF, among others, and is a member of the private sector delegation to the Global Fund to Fight AIDS, Tuberculosis and Malaria.

My name is Gary Cohen. I am Executive Vice President of Becton, Dickinson and Company, known as 'BD', a global medical device and diagnostics company with 28,000 employees in 50 countries. Thank you for the opportunity to provide these comments.

As a leader in a company extensively involved in HIV/AIDS and TB, let me first mention how important it is for the entire business sector to be included as an equal partner in the global response to these diseases. We need to ensure that public private partnerships are created, funded and monitored effectively.

Companies have access to workforces, families and communities throughout the world, which can enable health plans and policies to be implemented that are complimentary to the efforts of government and non-government organizations. Many companies have already implemented non-discrimination policies specifying that HIV status cannot be utilized as a basis of employment, promotion and retention. This is the fundamental starting point for corporate involvement in HIV and AIDS. Further, these policies often stipulate provision of

specific health care services including prevention, VCT and anti-retroviral treatment. These benefits are often extended to families, and some companies have expanded their outreach to surrounding communities. There is still much more progress to be made, particularly among employers in the informal sector. Public private partnerships are critical in linking employees, their dependents and community members to health services, and ensuring the services received are of a high standard.

Beyond workforce policies, the application of core competencies represents an even broader opportunity for business sector engagement. One method is to create access to appropriate technology. An example is public/private collaboration to advance diagnostic technology for TB, including tests for drug resistant strains, to address HIV and TB co-infection.

Another important intervention is to provide technical assistance that strengthens local capacities. Some companies have deployed trainers in developing countries in partnership with country health ministries and international agencies. An example is training to improve laboratory worker skills to perform diagnostic tests for HIV/AIDS and TB. This has been deployed in 58 countries.

Philanthropic funding represents a further opportunity for business sector involvement in core issues impacting HIV/AIDS. One example is funding and technical support to provide HIV prevention and treatment services to health workers who are themselves at high risks of disease transmission in the work environment, which further constrains the ability to achieve the goal of universal access.

Companies can also deploy volunteer programs that provides their most precious resource; their people, by sending volunteer teams to strengthen health services access for people living in rural districts and villages in poorly resourced countries.

When the skills and resources of companies are fully harnessed, the business sector can have significant impact in helping address the world's most pressing issues, such as HIV/AIDS and TB. I've provided actual examples of business contributions from the health care industry. Similarly, companies in other industries have demonstrated very positive contributions in areas such as financing, IT, media, communications, and surveillance systems. As a business leader, and a member of civil society, it is a privilege to be able to contribute in this manner, but also to stress that it is incumbent on us to do more. 2010 is around the corner and we need to harness every asset at our disposal to achieve these ideals.

Workplace Responses

Romano Ojiambo-Ochieng*, Uganda, Amalgamated Transport and Geneeral Workers' Union (ATGWU)*

Mr. Ojiambo-Ochieng is the General Secretary of ATGWU, which organizes and represents workers in the transport, oil, chemical and private security industries. As a national and regional trade union leader and HIV/AIDS activist, He works to highlight the realities of HIV in the workplace, and the importance of trade union participation in workplace HIV programs.

As I speak to you now, millions of workers are in their workplaces, working with a virus called HIV and faced with stigma and discrimination and other related problems, simply because they are HIV positive. By the time we are through with this meeting, hundreds of them will have died due to AIDS.

HIV/AIDS is a workplace issue, linked to the broader issues of economic growth and sustainable development. It affects both the individual workers, including migrant workers, and the enterprises that employ them. It undermines the capacity of the economy to sustain decent jobs and adequate living standards for all.

The workplace offers distinct opportunities and advantages as a key delivery point for HIV prevention, treatment programmes for workers and their dependants. The position of labour unions in the workplace makes them ideally placed to help workers who are reluctant to test for fear of discrimination, as well as the millions of workers diagnosed with HIV and who, because of stigma, ignorance, fear of dismissal or deportation, have no idea how to deal with their situation. From our experience, with unions involved, workers are better protected, and receive the support they need.

Despite the 2001 UNGASS Declaration of Commitment on HIV/AIDS, the 2006 UN Political Declaration and the fact that HIV/AIDS has been with us for nearly 30 years, the potential of workplaces as a vital entry point for HIV/AIDS programmes continues to be overlooked. Workplaces have not been targeted by most national programmes and labour unions still do not receive recognition as civil society organisations that are key players in workplace interventions.

We, therefore, recommend:

- Increased public and private investment for workplace initiatives through educational programmes, prevention, care, support and treatment;
- Increased investment for training of labour union activists and occupational health and safety personnel to effectively implement workplace initiatives;
- The adoption of occupational health and safety measures and non-discriminatory practices in keeping with the ILO Code of practice on HIV/AIDS.

- Representation of labour unions and employers on national HIV/AIDS consultative and policy-making bodies, with a view to strengthening workplace approaches to combating HIV/AIDS.

Let us all work together to make our workplaces safe and healthy.

Civil Society involvement and AIDS Accountability

Allesandra Nilo, Brazil, Gestos

Ms. Nilo is the Executive Director of Gestos, a nongovernmental organization working on gender relations, communications, AIDS and human rights. Gestos works primarily with low-income communities and professionals in the health care, education and legal fields to monitor the creation and implementation of public policies through national and international advocacy efforts. (CSH)

Thank you, Mrs/Mr. Chair

Notwithstanding the efforts of some governments and other key stakeholders, none of the UNGASS-AIDS 2001 goals were achieved in 2003 or in 2005, and it is likely, at the current rate of progress and insufficient funds made available, it is sure that Universal Access will not be reached by 2010 either. It is time to talk frankly about this.

UNGASS-AIDS reinforces the necessity for having governments, organized civil society, and people living with HIV/AIDS in designing, implementing, and evaluating the national AIDS programs in the countries. Civil society is still providing services that should be the government's responsibility. However, we are considered annoying when we start monitoring the AIDS response.

We acknowledge that there is a positive examples of civil society participation in some countries. But the continued exclusion or tokenistic involvement of the community sector in many other countries puts into question the validity of the 2008 country progress reports. This exclusion is especially true for groups of women, youth, and marginalized populations that governments here still do not want to recognize. To be clear, I am talking about men who have sex with men, lesbians, sex workers, people who use drugs, and transgender people,.

Given this, the difficulty of holding governments accountable is a fact. There is a clear conflict of interest, because those who implement can not be the only ones monitoring and evaluating their responses. We can see this in relation to corruption, which remains a grave problem in many non-democratic and democratic countries alike (as also in developed and developing countries), impacting on the AIDS response, but this is not referenced in the reports.

It has become clear that many governments, whether from developing or developed countries, have failed to report the reality on the ground to this Assembly. In fact over 40 countries failed to even report. And so what? What will happen to them for not reporting properly – where is the accountability?

This High Level Meeting must direct us toward a new and integrated monitoring and accountability system, with effective participation of civil society at all levels, not only for rubber stamping government reports. Technical assistance or any other important strategy will not work without strong mechanisms of social and democratic control.

A real partnership between governments, donors, and the affected populations requires a balance of power in making decisions – including decision on funding allocation. And UNAIDS and other relevant UN organizations, must have a stronger position in the countries to defend and support this inclusive mechanism.

We are facing a crisis that challenges the political project of Universal Access by 2010 because there is a development model that creates priorities for problems, instead of creating integrated solutions for problems. It is a false competition. AIDS can not and should not fight for space with health system strengthening, climate change, or energy and food supply crisis. All of these problems must be addressed in a coordinated, integrated and consistent way.

This is why we need to review the strategic thinking and create a clear and stronger mechanism of mutual accountability — with different levels of participation for making both the strategies and the money work. Proper accountability, not as I said just a rubber stamping, is required at all levels. The meaningful civil society participation in the monitoring process is required now. There is no other realistic choice.

Thank you!

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Agenda item 44
Implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS

Declaration of Commitment on HIV/AIDS and Political Declaration on HIV/AIDS: midway to the Millennium Development Goals

Report of the Secretary-General

Executive summary

The present report reviews progress in implementing the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS. Its findings are based primarily on the reports of 147 Member States on national progress in the response to HIV, which together represent the most comprehensive body of evidence ever assembled regarding the response to HIV in low-, middle- and high-income countries.[a] The present report has been prepared only two years before the target date the world set itself for achieving universal access to HIV prevention, treatment, care and support, and at the midway mark towards the target date of 2015 for achieving the Millennium Development Goals.

Since 2006, progress in the response to HIV is evident in many regions, reflecting a return on the substantial investments made to date. However, progress is uneven and the expansion of the epidemic itself is often outstripping the pace at which services are being brought to scale. In 2007, the number of new HIV infections was 2.5 times higher than the increase in the number of people receiving antiretrovirals, underscoring the pressing need for a stronger commitment to HIV prevention. Unless greater and swifter advances are made in reaching those who need essential services, the epidemic's burden on households, communities and societies will continue to mount.

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[a] For full analysis of specific country indicators data, see *2008 Report on the Global AIDS Epidemic* (United Nations publication, forthcoming (August 2008)); meanwhile, country progress reports may be consulted on the UNAIDS website at http://www.unaids.org/en/KnowledgeCentre/HIVData/CountryProgress/2007CountryProgress.asp.

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Key findings

Status of the epidemic

As of December 2007, an estimated 33.2 million people[b] worldwide were living with HIV. In 2007, an estimated 2.5 million people were newly infected with HIV and 2.1 million AIDS deaths occurred.

Young people's HIV knowledge

In 2007, national surveys found that 40 per cent of young males (ages 15-24) and 36 per cent of young females had accurate knowledge regarding HIV — still well below the 95 per cent goal for young people's HIV knowledge unanimously endorsed by Member States in the Declaration of Commitment on HIV/AIDS.

Prevention of mother-to-child transmission

The percentage of HIV-infected pregnant women receiving antiretrovirals to prevent mother-to-child transmission increased from 14 per cent in 2005 to 34 per cent in 2007.

HIV prevention for populations most at risk

Globally, most injecting drug users and men who have sex with men lack meaningful access to HIV-prevention services. Sex workers are somewhat more likely to receive HIV-prevention services, although access is sharply limited in many countries.

Women and HIV

More than 80 per cent of countries, including 85 per cent in sub-Saharan Africa, have policies in place to ensure the equal access of women to HIV prevention, treatment, care and support. Women in sub-Saharan Africa have equal or greater access to antiretrovirals, but the reverse is true for women in concentrated epidemics. Although most countries have strategic frameworks that address the epidemic's burden on women, only 53 per cent provide budgeted support for women-focused programmes.

HIV treatment

Antiretroviral coverage rose by 42 per cent in 2007, reaching 3 million people in low-income and middle-income countries, approximately 30 per cent of those in need. Despite the existence of affordable treatments for tuberculosis (TB), only 31 per cent of individuals living with HIV and TB co-infection received both antiretroviral and anti-TB drugs in 2007.

Children orphaned or made vulnerable by HIV

According to recent household surveys conducted in 11 high-prevalence countries, an estimated 15 per cent of orphans live in households receiving some form of assistance, a modest increase over the estimated 10 per cent reported by high-prevalence countries in 2005.

[b] Range: 30.6 to 36.1 million people.

Discrimination and stigma

Although the number of countries with laws to protect people living with HIV from discrimination has increased since 2003, one third of countries still lack such legal protections. While 74 per cent of countries have policies in place to ensure equal access to HIV-related services for vulnerable groups, 57 per cent of these have laws or policies that impede access to HIV services.

Financing

Funding for HIV-related activities in low-income and middle-income countries reached US$ 10 billion in 2007 — a 12 per cent increase over 2006 and a tenfold increase in less than a decade. In low-income and lower middle-income countries, per capita domestic spending on HIV more than doubled between 2005 and 2007.

Key recommendations

National leadership

Although nearly all countries have national policies on HIV, most have not been fully implemented and key components of national strategies often lack any budgetary allocation. Senior political leaders in countries, with the assistance of donors, technical agencies and civil society, should vigorously lead the process to ensure the implementations of policies on HIV.

Sustainability of the response to HIV

National leaders and Governments, donors, researchers, non-governmental organizations and all other stakeholders engaged in the response to HIV must begin planning for the long term, building into their efforts strategies to ensure the sustainability of the robust, adaptable and enduring collective effort that will be required over generations.

Scaling up HIV prevention in hyper-endemic countries

In countries where HIV prevalence exceeds 15 per cent, only an unprecedented national mobilization, involving every sector of society and making use of every available prevention tool, will meet the challenge posed by such catastrophic continued spread of HIV.

Mounting an effective response in concentrated epidemics

Even in countries with low levels of HIV infection, populations most at risk are experiencing an exceptionally heavy burden of disease, including substantial numbers of new HIV infections. Scaling up focused HIV-prevention strategies for populations most at risk represents an urgent public health imperative, requiring a degree of political courage and leadership that has often been lacking.

Sustaining HIV treatment scale-up while strengthening measures to address HIV/TB co-infection

While continuing and strengthening efforts to achieve universal access to HIV treatment, including antiretrovirals, countries should urgently undertake initiatives to improve prevention, diagnosis and treatment of TB in HIV-positive individuals and to diagnose HIV infection in those with TB.

Addressing the role of gender inequities in the HIV epidemic

Countries should ensure a massive political and social mobilization to address gender inequities, sexual norms and their roles in increasing HIV risk and vulnerability.

I. Introduction

1. Since 2006, progress in containing the HIV epidemic is now being seen in nearly all regions of the world. In some of the world's most resource-constrained settings, life-preserving HIV treatments are being scaled up and changes in sexual behaviours are reducing the number of new HIV infections.

2. The world is starting to reap the benefits of the unprecedented investments made during the present decade in responding to the HIV epidemic. The encouraging results reported in many regions demonstrate what can be achieved when there is global resolve, political commitment and the active engagement of people living with HIV and affected communities.

3. Yet these positive trends are not uniform across or even within countries. New infections continue to increase in several countries, while coverage for essential HIV prevention, treatment, care and support remains far too low in many parts of the world to have a major impact on the course of the epidemic. Especially in the countries most heavily affected by HIV, the epidemic's impact continues to grow, with increasing numbers of HIV-affected households and children orphaned or made vulnerable by HIV. Moreover, recent progress cannot obscure the epidemic's continuing human toll, including the deaths of an estimated 25 million people from AIDS since the start of the epidemic.

4. The rate of progress in expanding access to essential services is failing to keep pace with the expansion of the epidemic itself, a shortcoming that is especially evident with respect to HIV prevention. While an additional 1 million people were started on antiretrovirals in 2007, 2.5 million people were newly infected. Unless the international community takes immediate action to follow through on the pledges made to implement an exceptional response to HIV, the epidemic's humanitarian and economic toll will continue to increase.

II. A time to assess progress

5. Following the establishment of the Millennium Development Goals in 2000, Member States made the commitment to work towards a world that is safer, healthier and more equitable. In 2001, Member States unanimously embraced a series of time-bound targets in the Declaration of Commitment on HIV/AIDS (General Assembly resolution S-26/2, annex). In the 2006 Political Declaration on HIV/AIDS (General Assembly resolution 60/262, annex), Member States restated their commitment to achieve the time-bound targets agreed on in 2001 and to move towards universal access to HIV prevention, treatment, care and support by 2010.

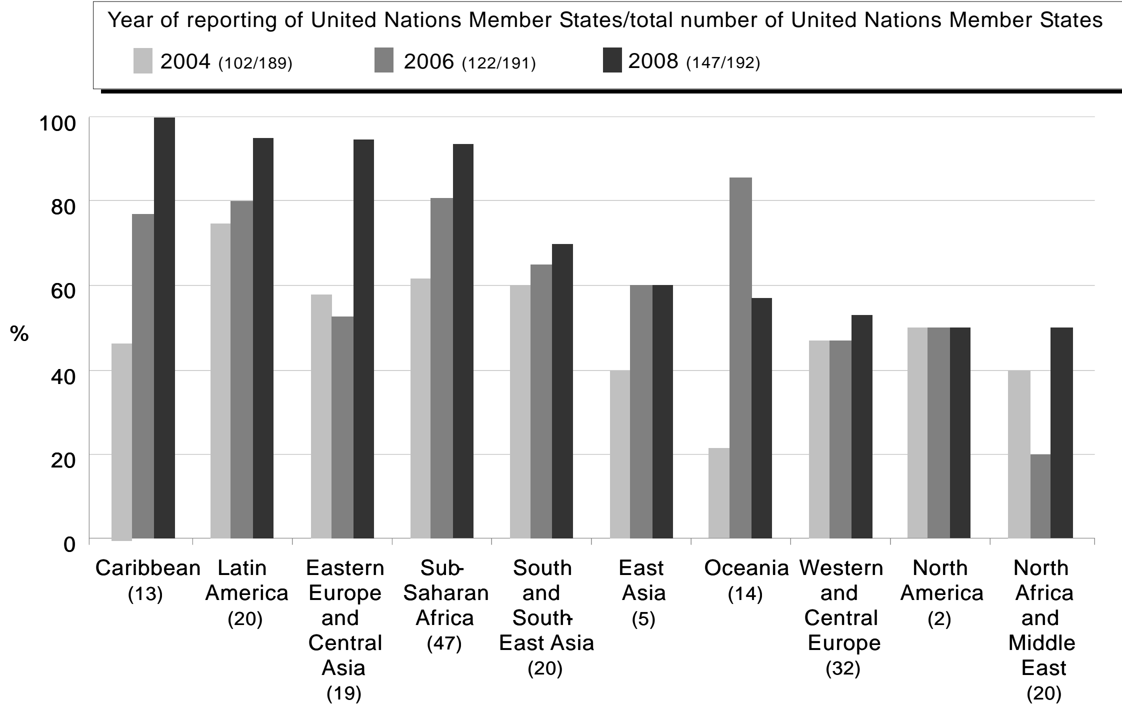
6. The response to the HIV epidemic, while specifically linked to Millennium Development Goal 6 on reducing the burden of the epidemic, also supports the achievement of most of the other Goals. For example, mitigating the epidemic's impact will advance Goal 1, which aims to eradicate extreme poverty and hunger, and the response to HIV also helps to empower women and promote gender equality (Goal 3). With more than half of all HIV-infected infants dying before age two, the prevention of mother-to-child HIV transmission and the provision of paediatric HIV treatment together support progress towards Goal 4, to reduce child mortality. The response to HIV also supports the push towards universal primary education, in support of Goal 2, and is helping drive increased innovation and global partnerships

for development (Goal 8). Thus, progress towards reversing the HIV epidemic is central to the broad international development agenda.

7. Since it is only two years before the deadline for universal access to HIV prevention, treatment, care and support, and midway towards the target date of 2015 for achieving the Millennium Development Goals, the present report assesses progress to date in the global response to HIV. As of 10 March 2008, 147 Member States had reported national information against 25 core indicators that were developed to track implementation of the 2001 Declaration of Commitment on HIV/AIDS. The core indicators cover a broad array of variables, such as HIV prevalence among young people aged 15-24; coverage of antiretroviral therapy and key HIV prevention interventions; services to support children orphaned or made vulnerable by HIV; and national adoption of recommended HIV policies. Information from national progress reports has been supplemented by information from other data sources, such as household surveys; civil society reports; and the budgets and programme-monitoring data of donor Governments, the co-sponsors of the Joint United Nations Programme on HIV/AIDS (UNAIDS), philanthropic foundations and research agencies. Further information on the HIV-related work of UNAIDS co-sponsors is provided in the annex.

8. The number of countries reporting on core indicators of national progress has steadily increased in recent years (figure 1).

Figure 1
Percentage of United Nations Member States reporting, by region, 2004-2008

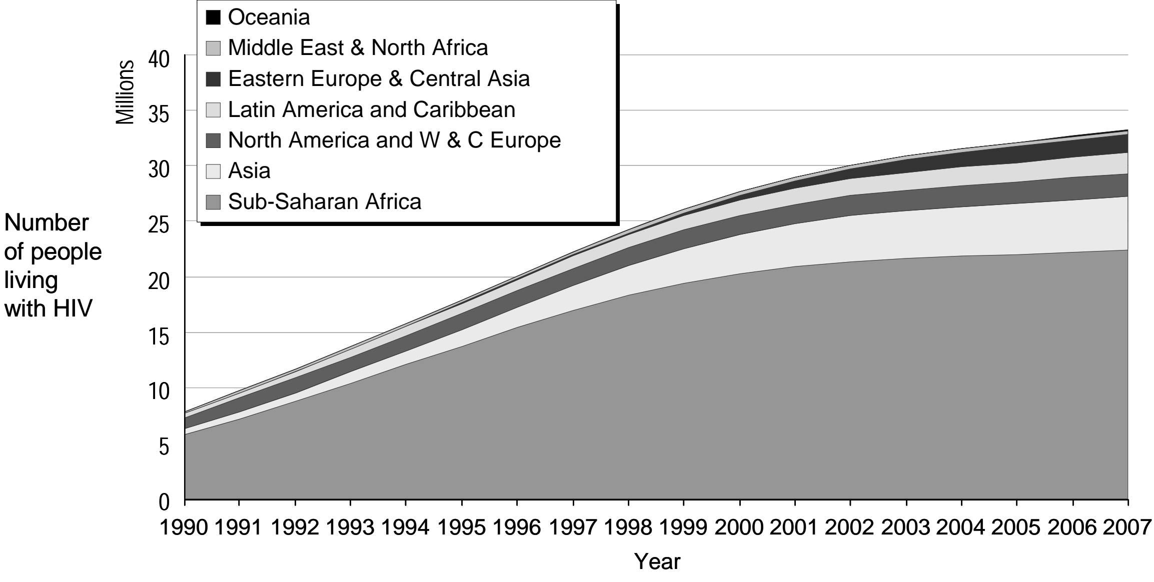


9. In nearly all countries, civil society groups were actively involved in the monitoring and reporting of progress on the core indicators for the Declaration of Commitment on HIV/AIDS. They have provided data to supplement national reports, have engaged in national reporting workshops and produced shadow reports. In 75 per cent of countries, civil society groups reported that their involvement in the national response to HIV improved between 2005 and 2007, although they indicated that such engagement remains inadequate in nearly one quarter of countries.

III. Status of the HIV epidemic

10. Estimates of the magnitude and trajectory of the epidemic have improved due to an increasing number of national household surveys, expanded surveillance programmes and improved modelling methods. The most recent data include some encouraging news, although the breadth and severity of the epidemic remain unmatched in modern times by any other infectious disease. An estimated 33.2 million people[1] worldwide were living with HIV as of December 2007 (figure 2). The annual rate of new HIV infections appears to have decreased over the last decade, with an estimated 2.5 million people newly infected with HIV in 2007 — down from 3.2 million in 1998. The annual number of AIDS deaths has declined from 3.9 million in 2001 to 2.1 million in 2007, in part as a result of the substantial increase in access to HIV treatment in recent years. Worldwide, women represent half of all HIV infections among adults, but 61 per cent of those infected in sub-Saharan Africa.

Figure 2
Estimated number of adults and children living with HIV, by region, 1990-2007



[1] Range: 30.6 to 36.1 million people.

11. Sub-Saharan Africa accounted for 68 per cent of all adults living with HIV, 90 per cent of the world's HIV-infected children and 76 per cent of all AIDS deaths in 2007. Although different countries have diverse epidemics, AIDS remains the leading cause of death in the region. According to national estimates that incorporate sentinel surveillance and population-based sero-prevalence surveys, the percentage of adults aged 15-49 and living with HIV ranges from 0.7 per cent in Senegal to 25.9 per cent in Swaziland. In many countries, especially outside sub-Saharan Africa, low levels of infection in the general adult population masks higher infection levels among populations most at risk, including sex workers, injecting drug users and men who have sex with men. In Asia, where the percentage of the population living with HIV is much lower than in sub-Saharan Africa, a recent report indicated that AIDS remains the leading cause of death from disease among people aged 15-44.

12. Expanded sets of data and new methods of analysis indicate that although the rate of new infections has fallen globally, the number of people newly infected has increased in a number of countries. These include China, Indonesia, the Russian Federation and Ukraine, while HIV infections also seem to be increasing in European Union countries and North America. The number of new infections has yet to fall in some of the most heavily affected countries, such as Lesotho, Swaziland and South Africa. Moreover, even where infection levels have stabilized or declined, the dimensions of the epidemic remain alarming. Especially in sub-Saharan Africa, HIV remains a humanitarian crisis and one of the greatest threats to development.

13. The number of patients needing therapy continues to outstrip available financial, human and logistical resources. The future viability of HIV treatment programmes could be in jeopardy. Every effort is needed to sharply reduce new HIV infections.

IV. Status of the response to the HIV epidemic

14. Substantial progress has been made in scaling up essential HIV prevention, treatment, care and support services for those who need them. Financial resources for a multisectoral HIV response continue to increase, and many countries are putting in place policies and programmes required to mount an evidence-informed response to the epidemic.

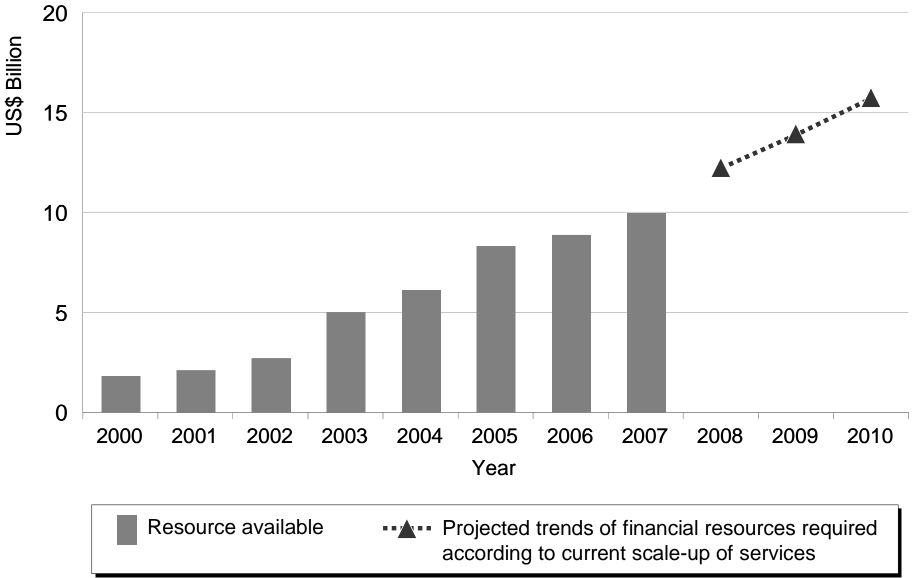
15. Yet few countries have effectively brought to scale the broad range of strategies needed to support a comprehensive effort against the epidemic. Certain critical services, such as support for children orphaned by the epidemic, are not expanding as quickly as others. Moreover, some countries that reported early success against the epidemic are having difficulty sustaining previous achievements. For example, in Uganda, where an early commitment to a robust response to HIV led to widespread behaviour change and sharply lower rates of new HIV infections, recent surveys have revealed increases in risk behaviours and a decline in knowledge about HIV among young people.

16. While the resources mobilized to date are impressive, the gap between available resources and actual needs is increasing annually. Current trends suggest that the world will fall short of achieving universal access to HIV prevention, treatment, care and support services, without a significant increase in the level of

resources available for HIV programmes in low- and middle-income countries. Figure 3 presents the minimum estimated financial resources needed just to continue the current rate of scale-up of services.

Figure 3
Total annual resources available for HIV prevention, treatment, care and support from 2000 to 2007, and projected trends of resources required according to current scale-up of services for 2008 to 2010

(Billions of United States dollars)



A. National readiness

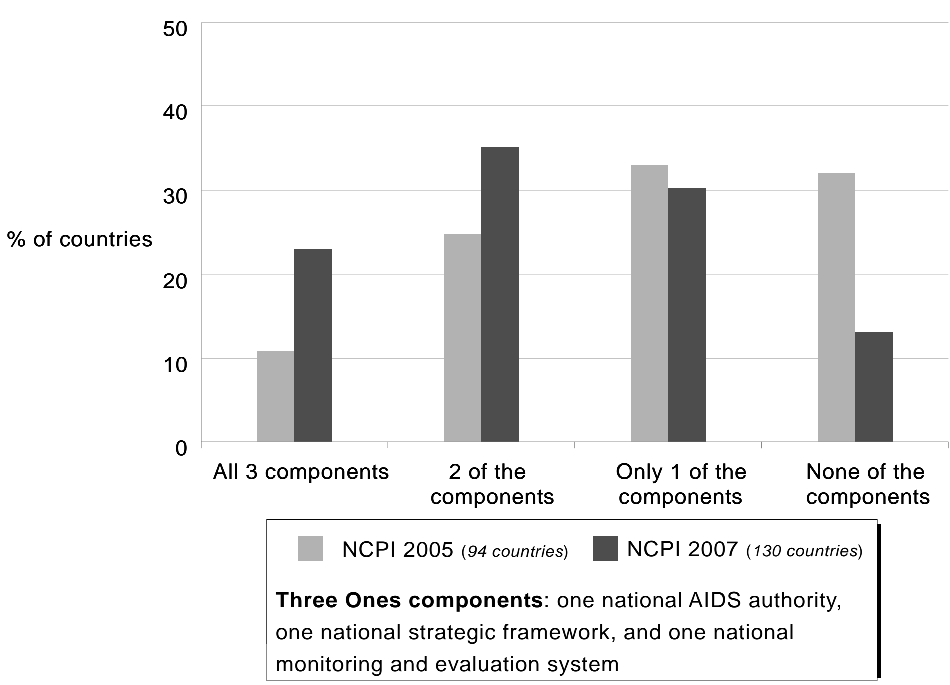
17. The actions that countries must take to plan and implement effective national responses to HIV are well defined. Countries should have in place multisectoral, costed and prioritized strategies and action plans guided by solid evidence regarding their national epidemic, as well as comprehensive policies to support effective action against HIV.

18. Frameworks for effective national responses are in place in most countries: 97 per cent of countries have a multisectoral HIV strategy, 92 per cent have a national HIV coordinating body, 92 per cent have a national monitoring and evaluation plan in place or in development, and all low- and middle-income countries have integrated HIV into national development plans. In 69 per cent of countries, national HIV frameworks have been translated into costed operational plans with identified funding sources.

19. To improve the harmonization and alignment of international development aid with country-owned strategies and plans, the "Three Ones" are being promoted in countries — one national AIDS authority, one national strategic framework, and one national monitoring and evaluation system. Countries have made steady progress in

implementing the Three Ones (figure 4), although the quality of their implementation needs to improve in many countries.

Figure 4
Country progress in improving the implementation quality of the Three Ones: one national AIDS authority, one national strategic framework and one national monitoring and evaluation system



20. According to Government reports, 83 per cent of national HIV coordinating bodies include civil society representatives. Reports of civil society groups indicate that they have been involved in the review of national HIV strategies in 84 per cent of countries and in national planning and budgeting in 59 per cent of countries. However, civil society groups have access to adequate financial support in only 19 per cent of countries.

21. While national readiness to address HIV has improved, many national frameworks have not been effectively implemented. For example, although nearly all countries have national strategic frameworks addressing populations most at risk, fewer than half have implemented HIV prevention services focused on injecting drug users, men who have sex with men or sex workers in all or most districts in need.

B. HIV prevention

22. The 2001 Declaration of Commitment on HIV/AIDS recognized HIV prevention as the “mainstay of the response”. Member States committed to implement comprehensive, evidence-informed strategies to reduce the number of people newly infected with HIV and to support targeted programmes to prevent HIV

transmission in the vulnerable populations most heavily affected by the epidemic. The 2006 Political Declaration on HIV/AIDS pledged action at the global, regional and national levels to ensure universal access to life-saving HIV prevention measures.

23. As part of the 2001 Declaration of Commitment, Member States made a commitment to reduce the number of HIV infections among young people by 25 per cent by 2010. To assess progress towards that goal, countries reported data from sero-prevalence surveys of young women in antenatal clinics. In 12 high-prevalence countries[2] with sufficient data to identify trends, HIV prevalence among young women has declined since 2000-2001, in some cases by more than 25 per cent, with more modest reductions elsewhere. However, no decrease in HIV prevalence among young people has been observed in Mozambique, South Africa and Zambia.

1. Increasing young people's knowledge

24. Member States pledged to ensure that 95 per cent of young people aged 15 to 24 have accurate and complete knowledge of HIV by 2010. In 2007, national surveys found that 40 per cent of young men and 36 per cent of young women had accurate knowledge of HIV, as measured by surveys based on five HIV-related questions (figure 5). Although these figures show a trend towards improved knowledge levels seen earlier this decade, such rates remain far below those envisioned in the 2001 Declaration of Commitment. Both in sub-Saharan Africa and globally, young women had lower levels of basic HIV knowledge than males. Most young people know that condoms can prevent sexual transmission, and 80 per cent of young men and women are aware that being in a monogamous relationship with a person of the same sero-status is an effective prevention strategy.

Figure 5
Comprehensive knowledge of HIV among young people aged 15-24, 1995-2005

[2] Including the Bahamas, Botswana, Burkina Faso, Burundi, Côte d'Ivoire, Kenya, Malawi, Namibia, Rwanda, Swaziland, the United Republic of Tanzania and Zimbabwe.

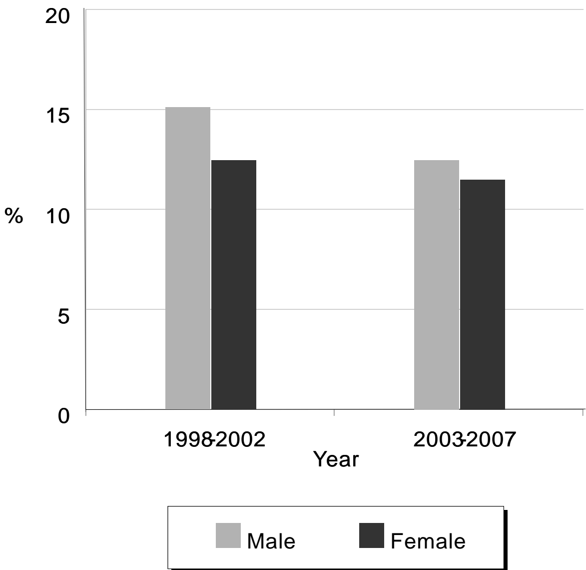
25. In countries with generalized epidemics, fewer than 70 per cent have implemented school-based HIV education in most or all districts, and 61 per cent have put in place HIV prevention programmes for out-of-school youth. Where programmes exist, their quality has often not been evaluated.

2. Reducing sexual transmission of HIV

26. In recent years, data from selected countries, such as Kenya and Zimbabwe, indicate that significant, population-wide changes in sexual behaviour can be achieved and that such behavioural shifts have the potential to reverse national epidemics.

27. In low- and middle-income countries, the percentage of young people having sex before age 15 is decreasing in all regions — a continuation of trends detected earlier this decade (figure 6). Between 1998 and 2007, the share of young people globally reporting sexual intercourse before age 15 fell from 14 per cent to 12 per cent. Worldwide, boys are significantly more likely to report sex prior to age 15 except in sub-Saharan Africa, where adolescent girls under 15 are almost 50 per cent more likely than boys to be sexually active. While global trends towards delayed sexual debut are clear, surveys reveal substantial variations between countries, including a trend towards earlier sexual debut in some countries. Globally, 15 per cent of adult men aged 15-49 reported having sex with more than one partner in the previous 12 months, compared to 6 per cent of women.

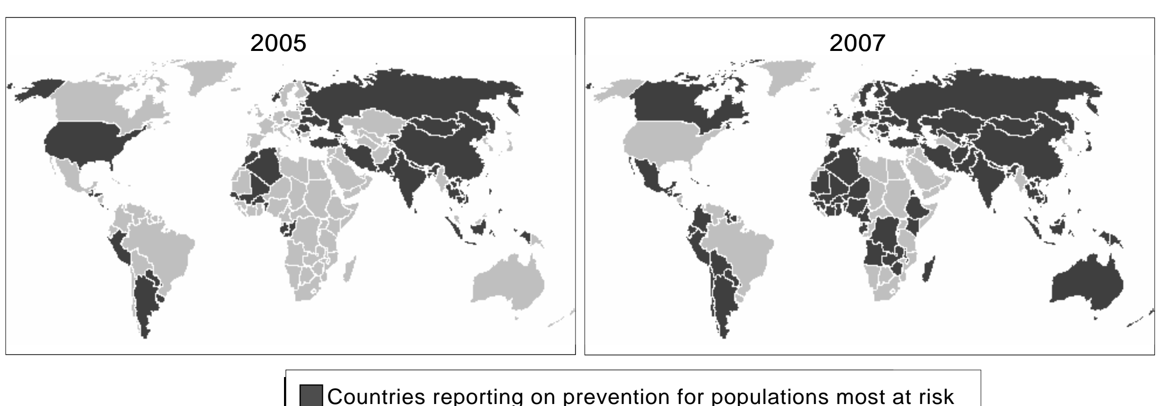
Figure 6
Percentage of young people who have first sex before age 15, by gender



3. HIV prevention for populations most at risk

28. In diverse countries across the world, certain groups are at especially high risk of HIV exposure, including injecting drug users, men who have sex with men and sex workers.

Figure 7
Countries reporting in 2005 and 2007 on prevention services for populations most at risk



29. As figure 7 illustrates, an increasing number of countries are reporting on the HIV-related needs of populations at greatest risk, a possible reflection of the growing awareness of the importance of such groups in the national response. However, most countries have yet to implement focused prevention programmes for populations most at risk. For example, only 34 per cent of countries with a concentrated or low epidemic have implemented programmes to reduce risk among injecting drug users. In 17 countries reporting, 46 per cent of injecting drug users reported knowing where they could receive an HIV test and be provided with condoms and sterile injecting equipment. Regionally, prevention coverage for injecting drug users is highest in South and South-East Asia, at 62 per cent. Thus, while countries like Indonesia are developing comprehensive harm reduction programmes for injecting drug users, access to key components of harm reduction remains limited in other countries, including many Eastern European and Central Asian countries.

30. Thirty-nine per cent of countries with concentrated or low epidemics have implemented HIV risk reduction programmes for men who have sex with men in all or most districts in need. Forty per cent of men who have sex with men surveyed in 28 countries say they are aware of how to obtain a condom or where they may be tested for HIV. In several countries — including Armenia, Greece, Mexico, Papua New Guinea and Turkey — fewer than 25 per cent of men who have sex with men have access to condoms. Greater national commitment is urgently needed to strengthen prevention efforts for men who have sex with men, such as that recently shown by Brazil, which in 2008 launched a national media initiative to promote risk reduction among young men who have sex with men.

31. In general, sex workers are more likely than men who have sex with men to have access to HIV prevention services. Sixty-one per cent of countries with generalized epidemics say that prevention services for sex workers have been implemented in all or most districts. Globally, 60 per cent of sex workers worldwide reported having access to HIV testing and condoms, although in several countries condom access is limited to fewer than half of those who need them.

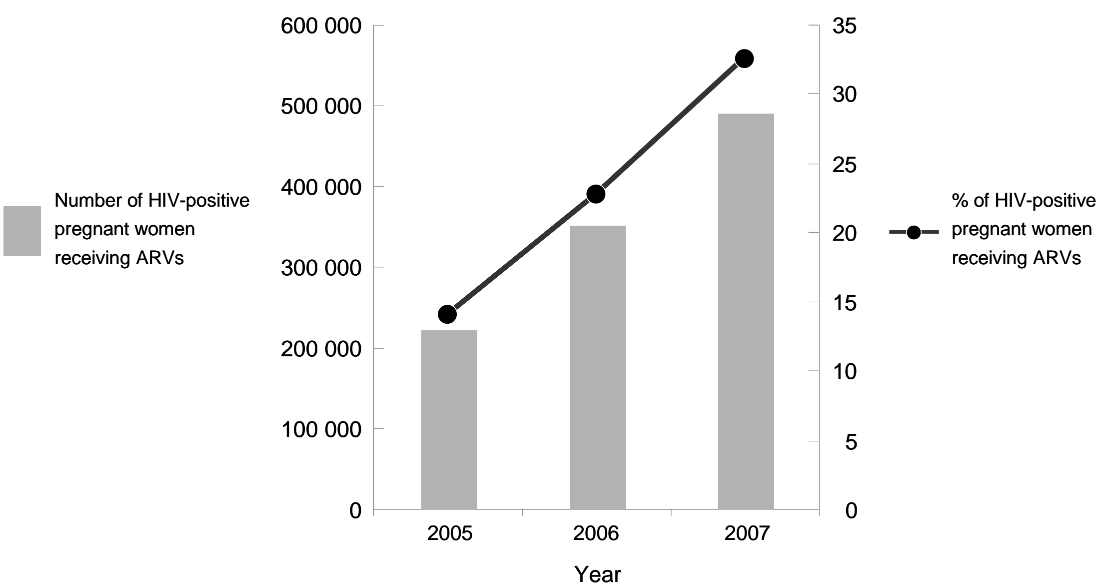
4. Preventing mother-to-child transmission

32. Although the cost-effectiveness of mother-to-child HIV transmission prevention programmes was demonstrated in the 1990s, children still accounted for one in six new HIV infections in 2007. The vast majority of those infections occurred during pregnancy or delivery or as a result of breastfeeding. The majority of children infected perinatally die before the age of two.

33. High-income countries have virtually eliminated the risk of mother-to-child HIV transmission through the implementation of comprehensive prevention measures, including primary prevention of HIV infection; fewer unintended pregnancies among HIV-positive women; provider-initiated HIV testing and counselling in antenatal settings; timely delivery of antiretroviral prophylactic regimens; and safe infant-feeding. In the 2001 Declaration of Commitment on HIV/AIDS, countries pledged to ensure that 80 per cent of pregnant women who have access to antenatal care are offered HIV prevention services. Based on revised epidemiological estimates, global coverage for prevention of mother-to-child transmission increased from 14 per cent in 2005 to 34 per cent in 2007 (figure 8).

34. However, there are notable exceptions to global averages, such as the Bahamas, Botswana and Thailand, where coverage in 2007 reached as high as 80 per cent, demonstrating that reaching universal access at the country level is indeed possible. In Botswana, where the Government made prevention of mother-to-child transmission a national priority, the country reduced the infection rate for children born to HIV-infected mothers in 2007 to 4 per cent, demonstrating the feasibility and impact of such programmes in resource-limited settings.

Figure 8
Number and percentage of HIV-positive pregnant women receiving antiretrovirals, 2005-2007



35. This progress demonstrates the potential to make mother-to-child HIV transmission a rare event even in resource-limited settings. Building on recent successes, Governments, donors and other stakeholders should redouble efforts to expand access to services to prevent mother-to-child transmission, making special efforts to extend such services to both rural areas and urban settings.

5. The search for new technologies to prevent HIV transmission

36. Since the release of results from clinical trials on adult male circumcision,[3] which reinforced the findings of observational studies that circumcision reduces the risk of female-to-male sexual transmission by approximately 60 per cent, many countries are now introducing or scaling up circumcision programmes. Studies are ongoing to determine whether adult male circumcision confers a direct prevention benefit to female partners and for men who have sex with men.

37. Results from trials of other potential HIV prevention approaches have yielded more sobering findings. Studies of the most promising HIV vaccine candidate were halted in September 2007 owing to the vaccine's lack of efficacy. Studies of early-generation microbicides have similarly failed to detect a prevention benefit, and disappointing results were reported on the HIV prevention potential of female diaphragms and community-based acyclovir treatment for herpes simplex virus type 2. But despite finding a lack of efficacy, those trials were useful in informing future research directions. In the case of microbicides, for example, work is already

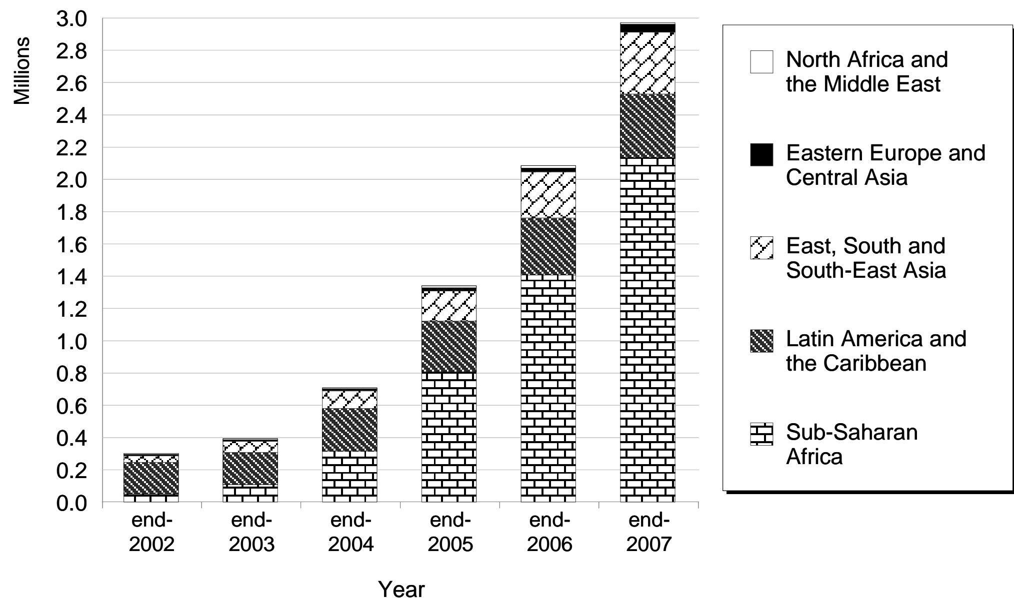
[3] Clinical trials were held in South Africa, Kenya and Uganda.

under way on the next generation of candidates, including gels with an antiretroviral drug to be applied topically. Research continues on other experimental methods, such as pre-exposure antiretroviral prophylaxis. The likelihood that the time horizon for major new biomedical prevention breakthroughs may be lengthy further underscores the importance of making maximum use of the effective prevention strategies that are currently available.

C. HIV treatment and care

38. By the end of 2007, an estimated 3 million people in low- and middle-income countries were receiving antiretrovirals — a 42 per cent increase over December 2006 and a tenfold rise over the last five years. Globally, almost 30 per cent of those who were estimated to need antiretrovirals in 2007 were receiving these drugs (figure 9).

Figure 9
Number of people receiving antiretrovirals in low- and middle-income countries, 2002-2007



39. Increases in treatment access have been extraordinary in many countries. For example, in Namibia, where treatment coverage was negligible in 2003, 88 per cent of individuals in need were on antiretrovirals in 2007. In Rwanda, antiretroviral coverage increased from 1 per cent in 2003 to almost 60 per cent in 2007. In Thailand and Viet Nam, treatment coverage increased more than tenfold between 2003 and 2007.

40. Worldwide, gender parity seems to exist in terms of coverage with antiretrovirals. In a number of countries with generalized epidemics, however, coverage is significantly higher among females. By contrast, women in need are

significantly less likely to be on antiretrovirals in several countries with concentrated epidemics.

41. Notwithstanding the considerable achievements in expanding access to life-preserving HIV treatments, substantially greater progress will be required to achieve universal access to HIV treatment and care. If the current trajectory of treatment scale-up continues, 4.6 million people in need will be on antiretrovirals in 2010 and 8 million in 2015. Those figures fall short of projected need; in 2007, an estimated 9.8 million people living with HIV were medically eligible to be put on antiretrovirals, and that number is certain to rise as the disease progresses among the more than 33 million people currently living with HIV.

42. Owing to advocacy by activists, UNAIDS and other partners, the emergence of competition from generic manufacturers and significant price cuts by pharmaceutical companies,[4] prices for many first-line antiretrovirals have fallen sharply over the last decade. International intellectual property agreements have also helped facilitate improved access to life-preserving medications for people living with HIV. Yet further price reductions for antiretrovirals will be needed to ensure the sustainability of treatment programmes, especially with respect to newer antiretrovirals and drugs for second- and third-line therapy, most of which are currently more expensive than standard first-line regimens. Prices for antiretrovirals are not immutable, as demonstrated when the Clinton Foundation and UNITAID in May 2007 announced steep price cuts for 16 different regimens based on eight second-line antiretrovirals.

43. Despite significant gains in life expectancy for people living with HIV since treatment scale-up began, people on antiretrovirals in lower-income countries still have higher mortality than their counterparts in high-income settings. A greater prevalence of other undiagnosed illnesses and differential access to health care are thought to contribute to those unequal medical outcomes. Furthermore, early losses to follow-up in antiretroviral programmes are becoming increasingly common as antiretroviral services are scaled up, and are associated with fee-for-service programmes and more advanced immune suppression when initiating antiretrovirals.

1. The special plight of children living with HIV

44. Children living with HIV are significantly less likely to receive antiretrovirals than HIV-positive adults in sub-Saharan Africa. Disparities in coverage between adults and children are especially pronounced in West Africa.

45. Diagnosis of HIV infection is more difficult in infants than in adults, and the adult medicines used as standard treatment are inappropriate for younger children. Fortunately, reliable diagnostic tests for HIV infection in infants have become less expensive and are now being used at remote sites. User-friendly tools have been developed to aid clinicians in administering proper doses of antiretrovirals in children, and formulations of medicines designed for children are also becoming available. Concerted action is now needed to scale up access to those tools and medications throughout the world to ensure that children have equal access to HIV treatment.

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[4] For example, the average annual price of lopinavir/ritonavir combination for middle-income countries decreased from US$ 4,510 in 2004 to US$ 1,137 in 2007; over the same time period, the price of tenofavir decreased from US$ 279 to US$ 225.

2. HIV co-infections and the need for dual treatment

46. Tuberculosis remains one of the leading causes of death among people living with HIV, with sub-Saharan Africa alone accounting for 85 per cent of cases of people living with HIV and TB. Yet only 31 per cent of people living with HIV and TB worldwide and 34 per cent in sub-Saharan Africa received both antiretroviral and anti-TB therapies in 2007.

47. Of the 63 countries that account for 97 per cent of estimated cases of TB in people living with HIV, 63 per cent have established national plans that integrate HIV and TB programmes. However, actual programme utilization data demonstrate that many such plans have not been effectively implemented. Although the Global Plan to Stop TB 2006-2015 set a global target of testing 1.6 million TB patients for HIV in 2006, only 706,000 were actually tested for HIV in 2006. Similarly, 42 per cent of countries with generalized HIV epidemics have implemented routine TB screening for people living with HIV, but only 27 per cent provide TB preventive therapy in all districts for people living with HIV. In 2006, less than 0.1 per cent of people living with HIV received TB preventive therapy.

48. Hepatitis B (HBV) and C (HCV) are also common co-infections among adults and children living with HIV. People living with HIV/HCV have a shorter life expectancy than people living with HIV alone, but if people living with HIV/HCV receive dual therapy their life expectancy improves.

3. The need to strengthen health systems

49. Acute shortages of health-care professionals impede the scale-up of HIV treatment and prevention services in many countries heavily affected by the epidemic. While there are 347 physicians for every 100,000 people in Norway, there are only 2 for every 100,000 people in Malawi or the United Republic of Tanzania. The human resource challenge in low- and middle-income countries has attracted considerable action and innovation in recent years, as manifested in new training and education initiatives, creative approaches to capacity-building and technical assistance, and task-shifting from doctors to nurses or medical officers in health-care settings in order to maximize the impact of limited professional capacity. Faith-based organizations, which provide a substantial share of HIV treatment and care in many countries, should be integrally involved in national efforts to expand antiretroviral access. As efforts increase to build additional human capacity in health-care settings, comparable work is needed to strengthen national capacity for drug regulation and the procurement and supply management of drugs and diagnostics. While working to strengthen health systems, countries and donors should also endeavour to build the capacity of community-based groups to help members of vulnerable populations get access to essential health and support services.

D. Structural determinants of risk and vulnerability

50. Although each case of sexual or drug-related HIV transmission results from individual behaviour, risk and vulnerability to HIV infection are also often subject to broad social forces beyond the control of individuals. Poverty, gender inequalities and the social marginalization suffered by groups most at risk make it difficult for individuals to reduce their risk or obtain essential HIV prevention, treatment, care

and support services. In addition to providing each individual with access to essential information and prevention commodities, efforts to curb the epidemic's spread must also address such structural factors, which increase the risk of HIV transmission.

1. Protecting and promoting the health of women and girls

51. Gender inequities fuel the continued spread of HIV, reducing women's ability to protect themselves from sexual transmission, increasing their vulnerability to sexual violence and placing them in circumstances where their risk of acquiring HIV is increased. Women now represent 61 per cent of HIV-infected adults in Africa, while infection levels among adolescent girls in Africa are several times higher than for boys their own age.

52. Globally, more than 80 per cent of countries, including 85 per cent in sub-Saharan Africa, have policies in place to ensure women's equal access to HIV prevention, treatment, care and support. In the case of antiretrovirals, countries have generally succeeded in ensuring access for women. The degree to which women-sensitive strategies have been implemented is unclear because, while most countries have strategic frameworks that address the epidemic's burden on women, only 53 per cent provide budgeted support for women-focused programmes.

53. Moreover, policies that provide for women's equal access to services are sometimes undermined by the lack of laws recognizing the right of women to own or inherit property. While such discriminatory legal frameworks have particular importance for women who are widowed as a result of HIV, they disempower all women and girls by increasing their financial dependence on men.

2. Grounding the AIDS response in human rights

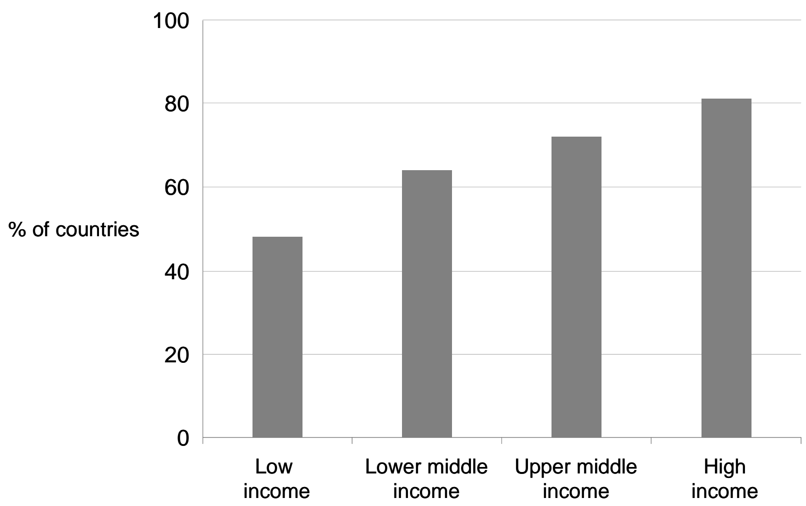
54. In the 2001 Declaration of Commitment on HIV/AIDS, Member States pledged to ground their national HIV responses in a broader human rights framework. That commitment involves more than a question of fairness. Because structural factors in many societies contribute to HIV risk and vulnerability, HIV prevention efforts will achieve their desired impact only if changes in individual risk behaviours are coupled with broader changes in society.

55. In 2001, Member States unanimously agreed to implement legal and policy frameworks to eliminate all forms of discrimination against people living with HIV. In 2007, two out of three countries reported having laws in place to protect people living with HIV from discrimination. The degree to which such anti-discrimination laws are enforced is unclear, and in some countries such favourable legal frameworks are being undermined by the increasing trend towards criminalization of HIV transmission.

56. The 2001 Declaration of Commitment on HIV/AIDS further recognized that the stigma and discrimination targeting populations most vulnerable to HIV also undermines the response to HIV. Seventy-three per cent of countries reported having non-discrimination laws or regulations that specify protections for vulnerable populations. Nevertheless, substantial barriers remain that reduce access to HIV prevention services: 63 per cent of countries report having policies that interfere with access of vulnerable populations to HIV-related services. As figure 10

illustrates, countries with higher incomes are more likely to have legal or regulatory barriers that reduce the access of key populations to HIV services.

Figure 10
Percentage of countries reporting laws, regulations or policies that impede HIV services for vulnerable populations, by income status



E. Addressing the needs of orphans and other children made vulnerable by AIDS

57. An estimated 12 million children under 18 have lost one or both parents to AIDS in sub-Saharan Africa. Surveys indicate that the number of households with persons newly infected by HIV is rapidly increasing in some of the most heavily affected countries in Southern Africa.

58. The 2001 Declaration of Commitment provided that countries would implement national strategies to strengthen the capacity of Governments, families and communities to support children orphaned and made vulnerable by HIV. Member States also pledged to protect orphans and other children from stigma or discrimination, and donors agreed to prioritize children-focused programming.

59. Thirty-three countries with generalized epidemics reported having a national strategy to address the needs of children orphaned or made vulnerable by HIV. However, many of those policies remain largely unimplemented. Among 11 high-prevalence countries with an adult HIV prevalence of 5 per cent or more where recent household surveys have been conducted, 15 per cent of orphans lived in households receiving some form of assistance, including medical care, school assistance, financial support or psychosocial services. That represents only a modest increase over the 10 per cent reported by high-prevalence countries in 2005.

60. Education is critical to children's future potential and sense of self-esteem and to the transmission of knowledge and values between generations within societies.

In 15 high-burden countries[5] where recent household survey data are available, orphans were on average 3 per cent less likely to attend school than non-orphans, suggesting that the gap in schooling between orphans and non-orphans seen earlier in the epidemic may be closing.

F. Humanitarian emergencies and post-conflict settings

61. The 2001 Declaration of Commitment stated that Governments and humanitarian actors should address HIV in post-conflict settings. Although efforts to implement HIV programmes in such settings encounter considerable challenges, significant progress has been made in improving access to services for displaced populations. Substantial additional work is required, however, because universal access to HIV prevention, treatment, care and support will not be achieved unless refugees and displaced populations are included in programmatic scale-up.

G. Mobilizing adequate financial resources

62. In 2001, Member States committed to mobilize between US$ 7 billion and US$ 10 billion for the AIDS response in low- and middle-income countries in 2005. That target was met in 2007.

63. Contributors to the growth in funding for HIV programmes in low- and middle-income countries were numerous. Created in direct response to the 2001 Declaration of Commitment, the Global Fund to Fight AIDS, Tuberculosis and Malaria had by March 2008 committed US$ 10.1 billion in multi-year funding for health programmes in 136 countries, with the majority of such funding dedicated to HIV initiatives. The United States President's Emergency Plan for AIDS Relief (PEPFAR) has provided more than US$ 15 billion in financial assistance for HIV prevention, treatment, care and support over the last five years, with the expectation that such assistance will increase further in the coming years. In 2006, the in-country disbursements from the Global Fund reached US$ 640 million and PEPFAR $2.1 billion. Philanthropic support for HIV activities in low- and middle-income countries nearly doubled between 2004 and 2006, reaching US$ 979 million.

64. Especially noteworthy are recent increases in expenditures by the countries most affected by HIV. In low-income and lower middle-income countries, per capita domestic spending on HIV more than doubled between 2005 and 2007 (figure 11). Per capita expenditure in low-income and lower middle-income countries continues to increase. Highest per capita expenditures were reported by five upper middle-income countries in sub-Saharan Africa, with spending projected to reach approximately US$ 12 per capita in those countries in 2007.

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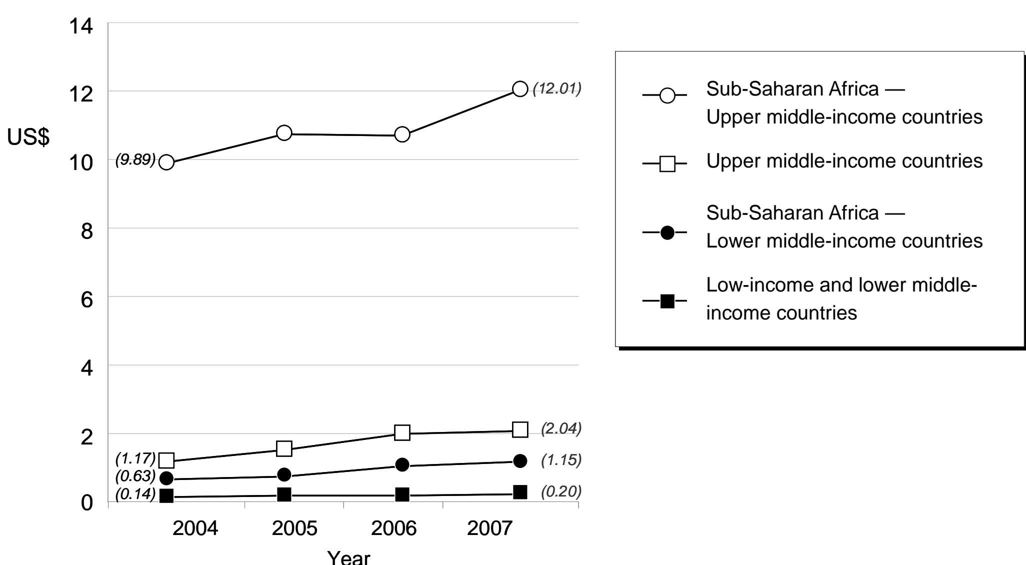
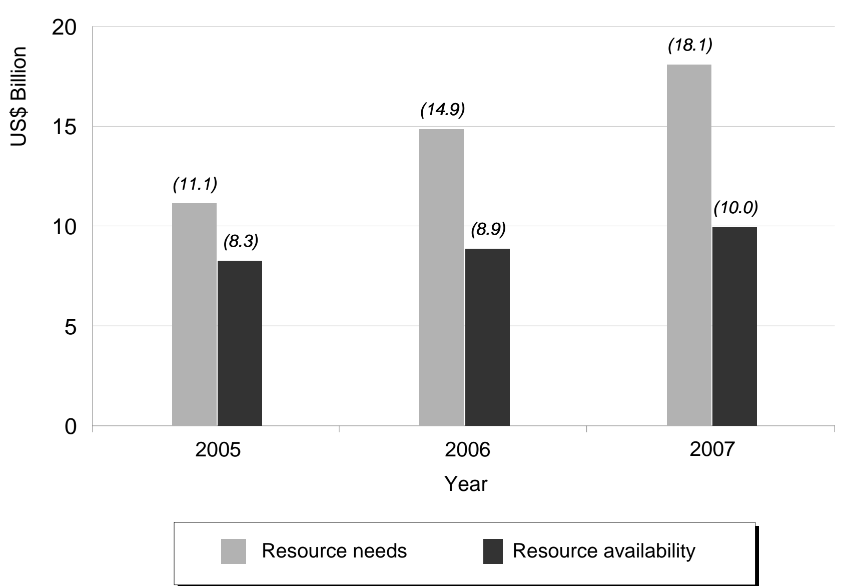
[5] Including Botswana, Cameroon, Central African Republic, Côte d'Ivoire, Gabon, Kenya, Lesotho, Malawi, Namibia, South Africa, Swaziland, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

Figure 11
Per capita HIV expenditures from domestic public sources in low- and middle-income countries, 2004-2007



65. Over time and following further analysis, it has become clear that the 2001 Declaration of Commitment on HIV/AIDS underestimated the financial resources that would be required to mount a comprehensive, evidence-informed response in low- and middle-income countries. As figure 12 indicates, despite the increase in annual resources available to low- and middle-income countries, the current pace of scale-up will not meet the estimated resources needed to achieve universal access to HIV prevention, treatment, care and support by 2010.

Figure 12
Funding gap between resource needs and resource availability, 2005-2007
(Billions of United States dollars)



V. Moving towards universal access to HIV prevention, treatment, care and support: recommendations for action

66. Two years away from the universal access targets and midway towards achieving the Millennium Development Goals, the world must build on its successes to accelerate the pace towards achieving universal access to HIV prevention, treatment, care and support. Unless the rate of scale-up increases, the world is unlikely to achieve such universal access by 2010. However, in a variety of countries, universal access may be achieved for specific sub-targets; for example, the Bahamas, Botswana and Thailand, among others, have already achieved 80 per cent (or universal) coverage for prevention of mother-to-child transmission. Similarly challenging is the Millennium Development Goals target of beginning to reverse national epidemics by 2015, as measured by a decrease in the percentage of young people who are HIV-positive. To successfully address those major challenges, urgent attention should be paid to the implementation of the recommendations set out below.

Leadership

67. **Strong, sustained political commitment and leadership must exist, involving all relevant sectors of society, civil society and people living with HIV, to build on recent successes and move more rapidly towards universal access to HIV prevention, treatment, care and support. True leadership is reflected in action, not words. In many countries, a gap exists between national strategic frameworks and their actual implementation. Where such gaps exist, they should be addressed and reduced. Similarly, the Governments of high-income countries must ensure universal access to HIV prevention, treatment, care and support, and must also provide substantially increased financial assistance to low- and middle-income countries to enable them to meet targets for universal access. Achieving and sustaining universal access to HIV prevention, treatment, care and support is the best means of ensuring that recent progress achieved by countries is maintained and can be extended to others.**

Ensuring the sustainability of the response to HIV

68. **To date, the response to HIV has been largely managed and viewed as an emergency effort. The HIV epidemic requires a sustained, long-term response in order to be overcome. The sustainability of the response must become central to all HIV-related planning and implementation. To that end, financing mechanisms need to be strong and durable over the long term and must be strengthened where they are weak or created where they are currently non-existent; unprecedented human resources must be mobilized in low- and middle-income countries; and, where required, critical new systems must be built and maintained to support a sustainable response. National leaders in affected countries, leaders of donor Governments, researchers, non-governmental organizations and all other stakeholders engaged in the response to HIV must plan for the long term.**

Scaling up comprehensive HIV prevention in hyper-endemic countries

69. **In countries where adult HIV prevalence is 15 per cent or greater, nothing short of a full-scale mobilization across society will successfully address the**

problems posed by HIV. However, in many such countries, young people remain poorly educated about HIV, coverage for basic HIV prevention services is far too low and few workplaces provide essential HIV prevention activities. Every available tool appropriate to national circumstances must be brought to scale, including population-wide campaigns on the risks associated with concurrent partnerships; energetic promotion of universal knowledge of HIV serostatus; adult male circumcision; prevention programmes focused on young people and populations most at risk; prevention activities in the workplace; and comprehensive services to prevent mother-to-child transmission. As treatment is scaled up, it should be closely linked with HIV prevention efforts.

Mounting an effective response to HIV in concentrated epidemics

70. **Although overall HIV prevalence remains low in countries with concentrated epidemics, HIV is exacting an extraordinary toll on key subpopulations, including injecting drug users, men who have sex with men and sex workers. In some countries with concentrated epidemics, the existence of potential epidemiological "bridges" between populations most at risk and the general population poses the risk that the epidemic could become generalized in the absence of effective prevention measures. Scaling up focused HIV prevention strategies for populations most at risk represents an urgent public health necessity. HIV prevention coverage remains especially low for such groups, not because of the complexity of the task but primarily because of a lack of political will. National leaders must work to enact legislation and policies that protect and promote the human rights of populations most at risk of exposure to HIV; implement policies that improve service access; eliminate laws, policies and conditions that impede access to HIV prevention, treatment, care and support; and prioritize focused prevention programmes for populations most at risk. The recent report by the Commission on AIDS in Asia provides an excellent road map for building a strong and sustainable response to HIV in settings with low-level and concentrated epidemics.**

Sustaining accelerated treatment scale-up while strengthening measures to address HIV/TB co-infection

71. **While recent increases in treatment access represent a major achievement, the current pace of scale-up will not achieve universal access to treatment, resulting in millions of people living with HIV failing to obtain the life-preserving treatments they need. National Governments, donors and other stakeholders should work to quicken the pace of treatment scale-up. This will require continued increases in financial assistance for treatment scale-up; and the establishment and strengthening of strong national systems for procurement, supply management, drug regulation, quality assurance and training of health-care workers. Despite being mostly treatable and curable, tuberculosis remains one of the most common causes of illness and death in people living with HIV. While continuing and strengthening efforts to achieve universal access to antiretrovirals, countries should urgently undertake initiatives to improve the prevention, diagnosis and treatment of TB in order to reduce the unacceptable burden of TB among people living with HIV.**

Addressing the role of gender inequities in deepening the HIV epidemic

72. **Because HIV is most often transmitted sexually, the unequal relationships between men and women, as well as gender stereotypes, fuel the spread of HIV. It is therefore vital that Governments incorporate massive political and social mobilization to address gender inequality and sexual norms within their national responses to HIV. Programmes must be grounded in a commitment to the protection of the human rights of girls and women, must seek to empower them to protect themselves from infection, and must meaningfully engage men as partners in the effort. National responses should ensure that women have access to the full range of sexual and reproductive health services, take action against gender-based violence, protect women's property and inheritance rights, and address the disproportionate burden of care experienced by women. Governments should ensure that gender is integrated into national action plans, that funding is identified and that national responses benefit from the full participation of women.**

Annex

Role of the United Nations in strengthening and supporting the HIV response

The Joint United Nations Programme on AIDS (UNAIDS) unites in a single biannual budget and workplan the HIV-related activities of 10 co-sponsors and the United Nations Secretariat pursuing HIV-related work in line with the UNAIDS Technical Support Division of Labour. Activities undertaken in 2007 include:

- The Office of the United Nations High Commissioner for Refugees (UNHCR), working closely with United Nations partners, Governments and non-governmental organizations, has provided technical and financial support to more than 70 countries. UNHCR has issued formal guidance on HIV in humanitarian and post-conflict settings, led inter-agency assessments of HIV programmes in such settings in 10 countries, and contributed to a significant increase in antiretroviral utilization among refugees and displaced populations.

- The United Nations Children's Fund (UNICEF) supports national scale-up of prevention of mother-to-child transmission of HIV; paediatric HIV diagnosis and treatment; protection, care and support for children affected by AIDS; and prevention of HIV transmission in adolescents in over 100 countries.

- The United Nations Development Programme (UNDP) supported more than 90 countries in addressing the links between HIV and development. UNDP and partners aided countries in strengthening HIV priorities in poverty reduction strategy papers and national development plans, and also facilitated national efforts to exercise flexibility in intellectual property agreements so as to increase access to essential medications. Together with the United Nations Development Fund for Women (UNIFEM) and the UNAIDS secretariat, UNDP convened a global consultation on gender and AIDS to develop gender guidance for national AIDS responses.

- The United Nations Educational, Scientific and Cultural Organization (UNESCO) leads the Global Initiative on HIV & AIDS, which in 2007 encompassed activities in 60 countries, including identification of national priority actions in 39 countries. UNESCO provided extensive technical support for HIV-related activities in education sectors throughout the world, including seven subregional capacity-building workshops in 2007.

- The United Nations Population Fund (UNFPA) supported 154 countries in expanding access to sexual and reproductive health services and supplies, including scaling up comprehensive condom programmes. The number of female condoms distributed increased from 13.9 million in 2005 to 25.9 million in 2007 and, in conjunction with UNHCR, UNFPA has brought more than 28 million male condoms and almost 300,000 female condoms to refugees in 23 countries.

- The United Nations Office on Drugs and Crime (UNODC) provided technical or financial support to at least 30 countries on HIV prevention and care among injecting drug users and prisoners. This included the development of a framework to assist countries in mounting effective national HIV strategies in prison settings, standards for treatment of drug dependence, and a technical

guide for countries to move towards universal access to HIV prevention, treatment, care and support for injecting drug users.

- The International Labour Organization (ILO) in 2007 provided technical support to Governments, employers and workers organizations in more than 70 countries, across all regions, in accordance with the principles established in the ILO Code of practice on HIV/AIDS and the world of work. The ILO network of peer educators works in 47 countries, and 28 countries in 2007 received ILO assistance in developing or revising laws and policies on HIV.
- The World Food Programme (WFP) reached more than 330,000 beneficiaries in 16 African countries with food support during the initiation of HIV treatment, as part of its support for HIV prevention, treatment, care and support in 50 countries. In 2007, WFP provided food support for programmes to prevent mother-to-child transmission in 14 countries, working closely with Governments, civil society groups and the UNAIDS family.
- The World Health Organization (WHO) encouraged the scale-up of HIV testing and counselling in health settings, collaborated with the UNAIDS secretariat to develop operational tools for the implementation of male circumcision services and supported population-based scale-up of programmes to prevent mother-to-child transmission. WHO has also assisted countries in estimating human resource needs and developing training, staff retention and task-shifting in line with national plans. First- and second-line treatment regimens for both adults and children have been simplified, and countries have been supported with global purchasing and procurement arrangements for second-line drugs.
- The World Bank funded national and regional HIV programmes, supported accelerated programme implementation, and helped strengthen monitoring and evaluation capacity in countries, in part through hands-on support for monitoring and evaluation activities in 56 countries through the Global HIV/AIDS Monitoring and Evaluation Team. Through the UNAIDS AIDS Strategy and Action Plan services, hosted by the World Bank, 39 countries received direct technical assistance to enhance national strategies and action plans.

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Sixty-second session
Agenda item 44
Implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS

Draft decision submitted by the President of the General Assembly

Participation of civil society representatives in the high-level meeting on a comprehensive review of the progress achieved in realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS, to be convened on 10 and 11 June 2008

The General Assembly decides to approve for participation in the high-level meeting on a comprehensive review of the progress achieved in realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS, to be convened on 10 and 11 June 2008, the list of civil society representatives contained in document A/62/CRP.1, which was drawn up by the President of the Assembly pursuant to paragraph 8 of Assembly resolution 62/178 of 19 December 2007.

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23 April 2008

English only

Sixty-second session
Agenda item 44
Implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS

List of civil society representatives to be invited to participate in the high-level meeting on a comprehensive review of the progress achieved in realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS, to be convened on 10 and 11 June 2008

Note by the President of the General Assembly

1. By its resolution 62/178, the General Assembly decided to convene on 10 and 11 June 2008 a high-level meeting on a comprehensive review of the progress achieved in realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS.

2. By the same resolution, in addition to Member States, the General Assembly decided to invite the Holy See, in its capacity as Observer State; Palestine, in its capacity as observer; the United Nations system, including programmes, funds, specialized agencies and regional commissions; the Global Fund to Fight AIDS, Tuberculosis and Malaria; the Special Envoys of the Secretary-General on HIV/AIDS; the Special Envoy of the Secretary-General to Stop Tuberculosis; intergovernmental organizations and entities that have observer status with the General Assembly; non-governmental organizations in consultative status with the Economic and Social Council; and non-governmental members of the Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS (UNAIDS) to participate in the high-level meeting. The Assembly requested the President of the Assembly, following appropriate consultations with Member States, to draw up, no later than 31 March 2008, a list of other relevant civil society representatives, in particular associations of people living with HIV; non-governmental organizations, including organizations of women, young people, girls and boys and men; faith-based organizations; and the private sector, especially pharmaceutical companies and representatives of labour, including on the basis of the recommendations of UNAIDS and taking into account the principle of equitable geographical representation, and to submit the list to Member States for

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consideration on a no-objection basis for a final decision by the Assembly on participation in the high-level meeting, including panel discussions.

3. Pursuant to resolution 62/178, on 31 March 2008 the President of the General Assembly circulated a letter containing a list of civil society representatives for the consideration of Member States.

4. The President of the General Assembly has the honour to submit to the General Assembly a revised list of civil society representatives, taking into account objections received from Member States, for its final decision (see annex).

Annex

List of civil society representatives to be invited to participate in the high-level meeting on a comprehensive review of the progress achieved in realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS, to be convened on 10 and 11 June 2008

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#	Name	NGO	Faith-based organization	Private sector organization	Labour organization	Association of people living with HIV	Other	Country
1	Aksion Plus	yes	no	no	no	no	no	Albania
2	Albanian Association of People Living with HIV/AIDS	yes	no	no	no	yes	no	Albania
3	Accao Angolana para a Mulher	yes	no	no	no	no	no	Angola
4	ACM - YMCA - SECRET. REGIONAL SUL	yes	no	no	no	no	no	Angola
5	ASPALSIDA - Association of the sero-positive ones and fight activist against the HIV/AIDS in Huila province.	no	no	no	no	yes	no	Angola
6	Doctors with Africa CUAMM	yes	no	no	no	no	no	Angola
7	fight for life	no	no	no	no	yes	no	Angola
8	INSTITUTO PORTUGUÊS DE MEDICINA PREVENTIVA	yes	no	no	no	no	no	Angola
9	MIFRO - Missão sem Fronteiras	yes	no	no	no	no	no	Angola
10	MWENHO	no	no	no	no	yes	no	Angola
11	National Counselling Centre- NCC	yes	no	no	no	no	no	Angola
12	Organizacao PRAZEDOR	yes	no	no	no	no	no	Angola
13	Population Services International Angola	yes	no	no	no	no	no	Angola
14	Rede Mulher	yes	no	no	no	no	yes	Angola
15	Rede NAcional De Pessoas Vivendo com VIH e SIDA - RNP+	no	no	no	no	yes	yes	Angola
16	S.O.S./CEDIA	yes	no	no	no	no	no	Angola
17	SCARJOV - Association for Reintegretion of Youth/Children in Social Life	yes	no	no	no	no	no	Angola
18	Scripture Union Angola	no	yes	no	no	yes	no	Angola
19	Argentinian Network of Women Living with hiv-aids	yes	no	no	no	yes	no	Argentina
20	Asociación Civil SOLDAR	yes	no	no	no	no	no	Argentina
21	Cruz Roja Argentina /Argentina Red Cross	yes	no	no	no	no	no	Argentina
22	Foro de ONG que luchan contra la Discriminación	yes	no	no	no	no	no	Argentina
23	Fundación Buenos Aires Sida	yes	no	no	no	yes	no	Argentina
24	Fundacion Huesped	yes	no	no	no	no	no	Argentina
25	FUNDAMIND	yes	no	no	no	no	no	Argentina
26	FUNDESO - Fundación por los Detenidos Sociales	yes	no	no	no	no	no	Argentina
27	GRUPO DE MUJERES DE LA ARGENTINA - FORO DE VIH MUJERES Y FAMILIA	yes	no	no	no	no	no	Argentina
28	ICW LATINA	no	no	no	no	yes	no	Argentina
29	Intercambios Civil Association	yes	no	no	no	no	no	Argentina
30	INTILLA Asociación Civil	yes	no	no	no	no	no	Argentina
31	Latin America and the Caribbean Network of Female Sex Workers (RedTraSex)	yes	no	no	no	no	yes	Argentina
32	Movimiento Latinoamericano y del Caribe de Mujeres Positivas	no	no	no	no	yes	no	Argentina
33	Observatorio Social sobre el Impacto del SIDA en América Latina (OSISAL)	no	no	no	no	no	yes	Argentina
34	Pastoral Ecuménica VIH-SIDA	no	yes	no	no	no	no	Argentina
35	Red Argentina de Personas Viviendo con VIH Sida (REDAR+)	no	no	no	no	yes	no	Argentina

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36	Red Bonaerense de Personas Viviendo con VIH-Sida	no	no	no	no	yes	no	Argentina
37	Red de Personas Viviendo con vih/sida Mar del Plata	yes	no	no	no	yes	no	Argentina
38	RED LAC TRANS (red latinoamericana y el caribe de personas travestis, transexuales, trangeneros	no	no	no	no	yes	yes	Argentina
39	Red Latinoamericana de personas viviendo convih/sida	no	no	no	no	yes	no	Argentina
40	Armenian National AIDS Foundation (ANAF)	yes	no	no	no	no	no	Armenia
41	World Council of Churches Armenia Inter-Church Charitable Round Table Foundation	no	yes	no	no	no	no	Armenia
42	International Centre for Health Equity Inc	yes	no	no	no	no	no	Australia
43	National Association of People Living with HIV/AIDS (NAPWA)-Australia	no	no	no	no	yes	no	Australia
44	Youth Empowerment Against HIV/AIDS (Y.E.A.H.)	yes	no	no	no	no	no	Australia
45	SANKOFA	yes	yes	no	no	yes	no	Austria
46	PRANTIK Manobik Unnoyan Kendra	yes	no	no	no	no	no	Bangladesh
47	Interchurch Mission "Christian Social Service"	no	yes	no	no	no	no	Belarus
48	International Network Of People Who Use Drugs (INPUD vzw)	yes	no	no	no	no	no	Belgium
49	United Belize Advocacy Movement	yes	no	no	no	no	no	Belize
50	NATIONAL YOUTH COUNCIL BENIN (NYC - BENIN)	yes	no	no	no	no	no	Benin
51	Réseau des ONG Béninoises de Santé (ROBS)	no	no	no	no	no	yes	Benin
52	Fundación REDVIHDA	yes	no	no	no	yes	no	Bolivia
53	Instituto para el Desarrollo Humano - Programa SidAcción	yes	no	no	no	no	no	Bolivia
54	NGO Delegation of the Program Coordinating Board UNAIDS on behalf of LAC	yes	no	no	no	yes	no	Bolivia
55	REDBOL	no	no	no	no	yes	no	Bolivia
56	Bomme Isago Association	no	no	no	no	yes	no	Botswana
57	ABGLT - Associacao Brasileira de Gays, Lesbicas, Bissexuais, Travestis e Transexuais	yes	no	no	no	no	no	Brazil
58	ABRAMD - Associação Brasileira Multidisciplinar de Estudos sobre Drogas	yes	no	no	no	no	no	Brazil
59	Brazilian Interdisciplinary AIDS Association -ABIA	yes	no	no	no	no	no	Brazil
60	Davida - Prostituição, Direitos Civis, Saúde	yes	no	no	no	no	no	Brazil
61	E-JOVEM GROUP - Brazilian Gay, Lesbian and Allied Youth	yes	no	no	no	no	no	Brazil
62	GAPA - Grupo de Apoio a Prevençao a AIDS	yes	no	no	no	no	no	Brazil
63	Gestos - Soropositivity, Communication and Gender Issues	yes	no	no	no	no	no	Brazil
64	Group of studies of the relationship of the Gender Faculty South American	no	no	yes	no	no	no	Brazil
65	Grupo de Apoio à Prevenção da Aids do Rio Grande do Sul - GAPA/RS	yes	no	no	no	no	no	Brazil
66	Grupo Esperança	yes	no	no	no	no	no	Brazil
67	Grupo Humanus	yes	no	no	no	no	no	Brazil
68	humanar	yes	no	no	no	no	no	Brazil
69	LATIN AMERICAN HARM REDUCTION NETWORK - RELARD	no	no	no	no	no	yes	Brazil

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70	REDUC - Brazilian Harm Reduction Network and Human rights	yes	no	no	no	no	no	Brazil
71	UNITED REDE INTERNACIONAL DE DIREITOS HUMANOS	yes	no	no	no	no	no	Brazil
72	Action Volontaire	yes	no	no	no	no	no	Burkina Faso
73	Association Burkin-Action (ABA/BF)	no	no	no	no	yes	no	Burkina Faso
74	Organisation d'Appui au Monde Associatif et Communautaire (OAMAC)	no	no	no	no	no	yes	Burkina Faso
75	Réseau Accès aux Médicaments Essentiels (RAME)	yes	no	no	no	no	no	Burkina Faso
76	Organisation pour la Promotion et la Protection des Droits de la Femme et de l'Enfant	yes	no	no	no	no	yes	Burundi
77	SWAA-BURUNDI	yes	no	no	no	no	no	Burundi
78	Cambodian Human Rights and HIV/AIDS Network	yes	no	no	no	no	yes	Cambodia
79	Cambodian People Living with HIV/AIDS Network (CPN+)	no	no	no	no	yes	no	Cambodia
80	Korsang	yes	no	no	no	no	no	Cambodia
81	Operations Enfants du Cambodge (OEC	yes	no	no	no	no	no	Cambodia
82	AASM (Association des amis Solidaires MERO)	yes	no	no	no	no	no	Cameroon
83	ACTWID KONGADZEM NGO	no	no	no	no	yes	no	Cameroon
84	ASD (Association pour l'action sociale et le développement)	yes	no	no	no	no	no	Cameroon
85	CANASO	yes	no	no	no	no	no	Cameroon
86	CERCLE DES AMIS DU CAMEROUN	yes	no	no	no	no	no	Cameroon
87	CERCLE D'INITIATIVE COMMUNE POUR LA RECHERCHE, L'ENVIRONNEMENT ET LA QUALITE (CICREQ)	yes	no	no	no	no	no	Cameroon
88	COLIBRI	no	no	no	no	yes	no	Cameroon
89	Comité National d'Action pour les Droits de l'Enfant et de la Femme -CADEF-	yes	no	no	no	no	no	Cameroon
90	FONDATION GENEREUSE DEVELOPPEMENT - FGD	yes	no	no	no	yes	no	Cameroon
91	LIGUE CAMEROUNAISE DES DROITS HUMAINS	yes	no	no	no	no	no	Cameroon
92	Martin Luther King Jr. Memorial Foundation (LUKMEF-Cameroon)	yes	no	no	no	no	no	Cameroon
93	Natural Initiative for Voluntary Blood Donors "NIVBLODON" NGO	yes	no	no	no	no	no	Cameroon
94	Prolife aids league	yes	no	no	no	no	no	Cameroon
95	RéCAP+ (Cameroon Network of Associations of PLWHA)	no	no	no	no	no	yes	Cameroon
96	reseau camerounais des associations des pvvih	no	no	no	no	no	yes	Cameroon
97	SUNAIDS	no	no	no	no	yes	no	Cameroon
98	THE FEDERATION OF ENVIRONMENTAL AND ECOLOGICAL DIVERSITY FOR AGRICULTURAL REVAMPMENT AND HUMAN RIGHTS (FEEDAR & HR)	yes	no	no	no	no	no	Cameroon
99	YEDIA FOUNDATION (Initiative for Youths Education and Agricultural Organisation)	yes	no	no	no	no	no	Cameroon
100	Alberta Teachers' Association (Edmonton Public Teachers)	no	no	no	yes	no	no	Canada
101	Canadian AIDS Society	yes	no	no	no	no	no	Canada
102	Canadian AIDS Treatment Information Exchange	yes	no	no	no	no	no	Canada
103	Canadian HIV/AIDS Legal Network	yes	no	no	no	no	no	Canada

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104	Canadian Treatment Action Council (CTAC)	yes	no	no	no	yes	no	Canada
105	Centre for Agricultural Resources and International Development (CEFARD) Canada	yes	no	no	no	no	no	Canada
106	HIV Network of Edmonton Society (HIV Edmonton)	yes	no	no	no	no	no	Canada
107	Interagency Coalition on AIDS and Development (ICAD)	yes	no	no	no	no	yes	Canada
108	Positive Youth Outreach	yes	no	no	no	yes	no	Canada
109	Victoria AIDS Resource & Community Service Society (VARCS)	yes	no	no	no	yes	no	Canada
110	GAPAFOT	yes	no	no	no	no	no	Central African Republic
111	ALMA VIVA	no	no	no	no	yes	no	Chile
112	Centro Cultural Aporte Kolektivo Independiente - AKI	yes	no	no	no	no	no	Chile
113	Corporación chilena de Prevención del SIDA	yes	no	no	no	no	no	Chile
114	traveschile	yes	no	no	no	no	no	Chile
115	Aibai Culture and Education Center	yes	no	no	no	no	no	China
116	Beijing LovingSource Information Center	yes	no	no	no	no	no	China
117	Beijing YIRENPING Center	yes	no	no	no	no	no	China
118	China Global Fund Watch Initiative	yes	no	no	no	no	no	China
119	China HIV/AIDS Information Network(CHAIN)	yes	no	no	no	no	no	China
120	China National AIDS joint meeting of civil society organizations	yes	no	no	no	no	no	China
121	China Orchid AIDS Project	yes	no	no	no	no	no	China
122	Chinese Association of STD&AIDS Prevention and Control	yes	no	no	no	no	no	China
123	Hong Kong AIDS Foundation	yes	no	no	no	no	no	China
124	AFROAMERICA XXI	yes	no	no	no	no	yes	Colombia
125	Association Coeur Africain	yes	no	no	no	no	no	Congo
126	Association Congolaise pour le Développement Economique et Social.	yes	no	no	no	no	no	Congo
127	Association de la jeunesse congolaise pour le Developpement	yes	no	no	no	no	no	Congo
128	Réseau National des Associations des Positifs du Congo (RENAPC)	no	no	no	no	no	yes	Congo
129	CONSEIL D'APPUI AU DEVELOPPEMENT COMMUNAUTAIRE ELIKYA(CADEC ELIKYA)	yes	no	no	no	no	no	Congo, Democratic Republic of the
130	Fondation des Oeuvres pour la Solidarité et le Bien Etre Social (FOSBES ONG)	yes	no	no	no	no	no	Congo, Democratic Republic of the
131	FORUM DE LA FEMME MENAGERE "FORFEM"	yes	no	no	no	no	yes	Congo, Democratic Republic of the
132	JEUNESSE POUR LE DEVELOPPEMENT COMMUNAUTAIRE (JEDEC)	yes	no	no	no	no	no	Congo, Democratic Republic of the
133	LIPILDRO	yes	no	no	no	no	no	Congo, Democratic Republic of the

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134	ONG/D Mutualité Volontaires Africains pour Développement en République Démocratique Congo	yes	no	no	no	yes	no	Congo, Democratic Republic of the
135	UNION PAYSANE POUR LE DEVELOPPEMENT COMMUNAUTAIRE "UPDC"	yes	no	no	no	no	no	Congo, Democratic Republic of the
136	UNITED NATIONS YOUTH ASSOCIATION DR CONGO ASSOCIATION DES JEUNES DES NATIONS UNIES RD CONGO	yes	no	no	no	no	no	Congo, Democratic Republic of the
137	I.C.W. LATINA (Comunidad Internacional de mujeres que viven con VIH y sida)	no	no	no	no	yes	no	Costa Rica
138	Red de Organizaciones no Gubernamentales que trabajan en VIH	yes	no	no	no	no	no	Costa Rica
139	Comunidad Internacional de Mujeres ICW Capitulo Cubano	yes	no	no	no	no	no	Cuba
140	Bliss without Risk	yes	no	no	no	no	no	Czech Republic
141	RESEAU ENSEMBLE POUR LE DEVELOPPEMENT DURABLE DU DISTRICT D'ARTA (E.D.D.A.)	yes	no	no	no	no	no	Djibouti
142	alianza Solidaria para la lucha contra el VIH/SIDA	yes	no	no	no	yes	no	Dominican Republic
143	AMIGOS SIEMPRE AMIGOS (ASA)	yes	no	no	no	no	no	Dominican Republic
144	CENTRO DE ORIENTACIN E INVESTIGACIN INTEGRAL (COIN)	yes	no	no	no	no	no	Dominican Republic
145	Colectiva Mujer y Salud	yes	no	no	no	no	no	Dominican Republic
146	Fundacion Emmanuel Internacional, Inc. -LA FEI-	yes	no	no	no	no	no	Dominican Republic
147	Red Nacional de Adolecentes y Jovenes en Salud Sexual y Prevencion de VIH/SIDA	no	no	no	no	no	yes	Dominican Republic
148	Reserch Center for Feminist action	yes	no	no	no	no	no	Dominican Republic
149	Coalición Ecuatoriana de personas que viven con vih/sida	no	no	no	no	yes	no	Ecuador
150	Al Shehab Institution for Comprehensive Development	yes	no	no	no	no	no	Egypt
151	Red Centroamericana de Personas que viven con VIH-SIDA REDCA+	no	no	no	no	yes	no	El Salvador
152	Youngs Men Christian Association from El Salvador	yes	no	no	no	no	no	El Salvador
153	Baltic Positive Network (Latvia, Lithuania, Estonia)	yes	no	no	no	yes	no	Estonia
154	Estonian Network of PLWH	yes	no	no	no	yes	no	Estonia
155	Association of Ethiopians Living with HIV/AIDS	no	no	no	no	yes	no	Ethiopia
156	Christian Relief and Development Association (CRDA)	no	no	no	no	no	yes	Ethiopia
157	Confederation of Ethiopian Trade Unions	no	no	no	yes	no	no	Ethiopia
158	Ethiopain Muslims Relief and Development Association	yes	no	no	no	no	no	Ethiopia
159	Ethiopian Business Coalition Against HIV/AIDS (EBCA)	yes	no	yes	no	no	yes	Ethiopia
160	Ethiopian Interfaith Forum for Development, Dialogue, and Action (EIFDDA).	no	yes	no	no	no	no	Ethiopia
161	ETHIOPIAN KALE HEYWET CHURCH	no	yes	no	no	no	no	Ethiopia

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162	Ethiopian Muslims Development Agency	no	yes	no	no	no	no	Ethiopia
163	MEKDIM ETHIOPIA NATIONAL ASSOCIATION	no	no	no	no	yes	no	Ethiopia
164	National Network of Positive Women Ethiopians (NNPWE)	yes	no	no	no	no	yes	Ethiopia
165	Network of PLHIV in Ethiopia (NEP+)	no	no	no	no	yes	no	Ethiopia
166	Timret Le Hiwot	yes	no	no	no	no	no	Ethiopia
167	YE ETHIOPIA YOUTH NETWORK	no	no	no	no	no	yes	Ethiopia
168	AIDS Task Force of Fiji	yes	no	no	no	no	no	Fiji
169	Equal Ground Pasifik	yes	no	no	no	no	no	Fiji
170	Pacific Islands AIDS Foundation	yes	no	no	no	no	no	Fiji
171	AIDES	no	no	no	no	yes	no	France
172	Riders for Health - The Gambia	yes	no	no	no	no	no	Gambia
173	World Initiative for Orpans	yes	no	no	no	no	no	Gambia
174	New Vector	yes	no	no	no	no	no	Georgia
175	PUBLIC UNION BEMONI	yes	no	no	no	no	no	Georgia
176	Action Against AIDS Germany	yes	yes	no	no	no	yes	Germany
177	Afrika Initiative e.V.	yes	no	no	no	no	no	Germany
178	AIDS-Waisenhilfe China e. V. (AIDS orphans China)	yes	no	no	no	no	no	Germany
179	Bread for the World	no	yes	no	no	no	no	Germany
180	BUKO Pharma-Kampagne	yes	no	no	no	no	no	Germany
181	Church Development Service (Evangelischer Entwicklungsdienst, EAA)	no	yes	no	no	no	no	Germany
182	Deutsche AIDS-Hilfe e.V.	yes	no	no	no	yes	no	Germany
183	German Foundation for World Population (DSW)	yes	no	no	no	no	no	Germany
184	Medical Mission Institute Würzburg	no	yes	no	no	no	no	Germany
185	Positive Aktion: MigrantInnen gegen AIDS e.V.	yes	no	yes	yes	yes	no	Germany
186	AFRICAN WOMEN'S DEVELOPMENT FUND	no	no	no	no	no	yes	Ghana
187	CHRIST CARES FOR THE NEEDY FOUNDATION	yes	no	no	no	no	no	Ghana
188	Foresight Generation Club	yes	no	no	no	no	no	Ghana
189	FOUNDATION FOR FUTURE CHRISTIAN WORKERS INTERNATIONAL FFCWI	yes	no	no	no	no	no	Ghana
190	FREE WORLD FOUNDATION	yes	no	no	no	no	no	Ghana
191	Ghana Healthy Life International	yes	no	no	no	no	no	Ghana
192	Ghana HIV/AIDS Network	yes	no	no	no	no	yes	Ghana
193	GOODWILL AID	no	no	no	no	yes	no	Ghana
194	Hopelink International	yes	no	no	no	no	no	Ghana
195	OBRA FOUNDATION	yes	no	no	no	no	no	Ghana
196	PLANNED PARENTHOOD ASSOCIATION OF GHANA	yes	no	no	no	no	no	Ghana
197	Seeds 4 African Relief Agency (SARA)	yes	no	no	no	yes	no	Ghana
198	SEND Foundation of West Africa (GHANA)	yes	no	no	no	no	no	Ghana

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199	thiskertt international foundation	yes	yes	no	no	no	no	Ghana
200	Young Activists Against AIDS	yes	yes	no	no	yes	yes	Ghana
201	Young People We Care (YPWC)	yes	no	no	no	no	no	Ghana
202	ACT UP DRASE HELLAS	yes	no	no	no	no	no	Greece
203	Caribbean Women's Association	yes	no	no	no	no	no	Grenada
204	Grenada National Organisation of Women	yes	no	no	no	no	no	Grenada
205	Asociación de Investigación, Desarrollo y Educación Integral	yes	no	no	no	no	no	Guatemala
206	CoNEVIH	yes	no	yes	no	no	no	Guatemala
207	Society Against Sexual Orientation Discrimination (SASOD)	yes	no	no	no	no	no	Guyana
208	FOSREF (Fondation Pour la Santé Reproductrice et l'Education Familiale)	yes	no	no	no	no	no	Haiti
209	PAIDEH	yes	no	no	no	no	no	Haiti
210	reseau des citoyens haitiens pour la promotion des droits de l'homme	yes	no	no	no	no	no	Haiti
211	SEROvie	yes	no	no	no	no	no	Haiti
212	Colectivo Travesti Transegenero y transexual de San pedro Sula.	yes	no	no	no	no	no	Honduras
213	AIDS PREVENTION SOCIETY	yes	no	no	no	no	no	India
214	Association for Rural Uplift and National Allegiance	yes	no	no	no	no	no	India
215	Bikash Bharati Welfare Society	yes	no	no	no	no	no	India
216	Bill Clinton Center for AIDS Research & Education, (B'Care)	yes	no	no	no	yes	no	India
217	BOSS & CIPCA (Blood donors Organisation for Social Service (BOSS) and its AIDS branch Center for Information; Prevention and Counselling on AIDS (CIPCA)	yes	no	no	no	no	no	India
218	Buds of Christ	yes	no	no	no	no	no	India
219	CARE FOUNDATION	yes	no	no	no	no	yes	India
220	CHILD FOUNDATION OF INDIA	yes	no	no	no	no	no	India
221	Christian AIDS National Alliance	yes	yes	no	no	no	no	India
222	DISASTER MANAGEMENT TRAINING INSTITUTE (DMTI),	yes	no	no	no	no	no	India
223	EMPOWER	yes	no	no	no	no	no	India
224	Evangelical Social Action Forum (ESAF)	yes	no	no	no	no	no	India
225	FELLOWS FOR RECONSTRUCTION, INITIATIVE, EDUCATION, NOURISHMENT & DEVELOPMENT OF THE SOCIETY (FRIENDS)	yes	no	no	no	no	no	India
226	Freedom Foundation	yes	no	no	no	no	no	India
227	GGS INSTITUTE OF INFORMATION COMMUNICATION TECHNOLOGY INDIA	yes	no	yes	yes	yes	no	India
228	GLOBAL CENTER FOR PREVENTION OF DISEASES (GCPD),	yes	no	no	no	no	no	India
229	GLOBAL HARMONY, Non-Profit NGO	yes	no	no	no	no	yes	India
230	GLORIOUS WORLD ORGANISATION	yes	no	no	no	no	no	India
231	Gram Bharati Samiti (GBS)	yes	no	no	no	no	no	India
232	Health and Public Welfare Society of IHO	yes	no	no	no	no	no	India
233	HIV-Network	no	no	no	no	no	yes	India

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234	IMAECSED (International Movement for Advancement of Education Culture Social & Economic Development)	yes	no	no	no	no	no	India
235	India HIV/AIDS Alliance	yes	no	no	no	no	no	India
236	Indira Gandhi Charitable Foundation	yes	no	no	no	no	no	India
237	Indu Health Research Foundation	yes	no	no	no	no	no	India
238	International Services Association INSA India	yes	no	no	no	no	no	India
239	Late Dr G M Bhavsar Charitable Trust	yes	no	no	no	no	no	India
240	LEPRA SOCIETY	yes	no	no	no	no	no	India
241	lokdeep manav vikas sanstha parbhani india	yes	no	no	no	no	no	India
242	Maitri	yes	no	no	no	no	no	India
243	Mamta Samajik Sanstha	yes	no	no	no	no	no	India
244	MISBAH	yes	no	no	no	no	no	India
245	NAROTTAM LALBHAI RURAL DEVELOPMENT FUND	yes	no	no	no	no	no	India
246	National Council of Churches in India	no	yes	no	no	no	no	India
247	Network of Asia Pacific Youth	no	no	no	no	no	yes	India
248	NOBLE ACADEMY	yes	no	no	no	no	no	India
249	North East India Harm Reduction Network	no	no	no	no	no	yes	India
250	Orissa Voluntary Health Association	no	no	no	no	no	yes	India
251	People Like Us (PLUS) Kolkata	no	no	no	no	yes	yes	India
252	PEOPLES ACTION FOR SOCIAL SERVICE	yes	no	no	no	no	no	India
253	People's Action for Social Service	no	no	no	no	no	yes	India
254	positive awareness service society	yes	no	no	no	no	no	India
255	Positive Women Network	no	no	no	no	yes	no	India
256	Regional AIDS Training Center and Network in India (RATNEI), International Health Organization	yes	no	no	no	no	no	India
257	RRR INDUSTRIES, Member Company of GBC and Coordinator of SME Business Initiative on HIV/AIDS in INDIA	no	no	yes	no	no	yes	India
258	rural organisation for social education	yes	no	no	no	no	no	India
259	Sampada Grameen Mahila Sanstha	yes	no	no	no	no	no	India
260	Sarada Society for Care & Counselling of AIDS(SSCCA)	yes	no	no	no	yes	no	India
261	Shantiniketan Mahila Kalyan Samiti	yes	no	no	no	no	no	India
262	SKG SANGHA	yes	no	no	no	no	no	India
263	Social Awareness Service Organisation	yes	no	no	no	no	no	India
264	SOMA - (Social Organisation for Mental Health Action)	yes	no	no	no	no	no	India
265	SPACE (Society for People's Awareness, Care & Empowerment)	yes	no	no	no	no	no	India
266	ST. PAUL'S TRUST	yes	no	no	no	yes	no	India
267	Swapnil education Society	yes	no	no	no	no	no	India
268	The Catholic Health Association of India	yes	no	no	no	no	no	India
269	YR Gaitonde Centre for AIDS Research and Education	yes	no	no	no	no	no	India

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#	Name	NGO	Faith-based organization	Private sector organization	Labour organization	Association of people living with HIV	Other	Country
270	Indonesia UNGASS Community	no	no	no	no	no	yes	Indonesia
271	Stigma Foundation	yes	no	no	no	no	no	Indonesia
272	AIDS/Addiction research and Intervention Association	yes	no	no	no	no	no	Iran
273	Mashhad Positive Club (Kanoon Hamyaran Mosbat)	yes	no	no	no	yes	no	Iran
274	The Society for the Protection and Assistance of Socially Disadvantaged Individuals (SPASDI)	yes	no	no	no	no	no	Iran
275	Development Without Borders Institution DWBI	yes	no	no	no	no	no	Iraq
276	The Jerusalem AIDS Project	yes	no	no	no	no	no	Israel
277	ARISTOTELION, INTERNATIONAL INSTITUTE OF CULTURE	yes	no	no	no	no	no	Italy
278	MEDITERRAID	no	no	yes	no	no	no	Italy
279	Permanent Secretariat of Nobel Peace Laureates	no	no	no	no	yes	no	Italy
280	ARC EN CIEL +	yes	no	no	no	no	no	Ivory Coast
281	Bouaké Eveil	no	no	no	no	yes	no	Ivory Coast
282	LUMIERE ACTION	no	no	no	no	yes	no	Ivory Coast
283	Caribbean Vulnerable Communities Coalition	yes	no	no	no	no	no	Jamaica
284	Jamaica AIDS Support for Life	yes	no	no	no	no	no	Jamaica
285	Africa Japan Forum	yes	no	no	no	no	no	Japan
286	Japan AIDS and Society Association	yes	no	no	no	no	no	Japan
287	Kazakhstan Association of Organizations working in the sphere of HIV/AIDS and Drug Abuse	no	no	no	no	no	yes	Kazakhstan
288	Africa Democracy Forum	yes	no	no	no	no	yes	Kenya
289	AMBASADORS OF CHANGE	no	no	no	no	yes	no	Kenya
290	Christian Reformed World Relief Committee - CRWRC	no	yes	no	no	no	no	Kenya
291	COALITION OF HIV INFECTED AND AFFECTED COMMUNITY SERVICE ORGANIZATION IN KENYA (CHIACSOK)	no	no	no	no	yes	no	Kenya
292	DEEDE - KENYA "The Disabled for Education and Economic Development Support Kenya"	yes	no	no	no	no	no	Kenya
293	Ecumenical HIV&AIDS Initiative in Africa (EHAIA)	no	yes	no	no	no	no	Kenya
294	Equality Now! Development Group	no	no	no	no	no	yes	Kenya
295	GALEBITRA-KENYA(Association for HIV+gay and lesbian people in Kenya)	no	no	no	no	yes	no	Kenya
296	GUCHA ASSOCIATION OF RURAL FARMERS	yes	no	no	no	yes	no	Kenya
297	HOME ZION TABERNACLE FOR HIV/AIDS COMMUNITY CENTRE	no	yes	no	no	no	no	Kenya
298	Indigenous Tabernacle council of Kenya	no	yes	no	no	no	no	Kenya
299	INTEGRATED DEVELOPMENT FACILITY	yes	no	no	no	no	no	Kenya
300	International Community of Women Living with HIV/AIDS, KENYA	no	no	no	no	yes	no	Kenya
301	KAIPPG (Kenya AIDS Intervention Prevention Project)	yes	no	no	no	no	no	Kenya
302	Kariobangi South Welfare & Slums Housing Association (KASWESHA)	no	no	no	no	yes	yes	Kenya
303	KENYA AIDS NGO'S CONSORTIUM	yes	no	no	no	no	no	Kenya
304	Kenya Network of HIV Positive Teachers [KENEPOTE]	no	no	no	no	yes	no	Kenya

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305	KENYA NETWORK OF WOMEN WITH AIDS	yes	no	no	no	no	no	Kenya
306	Kenya Orphans and Vulnerable Children Network	yes	no	no	no	no	no	Kenya
307	Kenya traditional and spiritual healers association	no	no	no	no	no	yes	Kenya
308	Laikipia HIV/AIDS Control Organisation	yes	no	no	no	no	no	Kenya
309	Medical Care Development Inputs	yes	no	no	no	no	no	Kenya
310	Mothers' Rural Care for AIDS Orphans	yes	no	no	no	no	no	Kenya
311	Network of African People Living with HIV/AIDS (NAP+)	no	no	no	no	no	yes	Kenya
312	Ogiek Peoples Development Program	yes	no	no	no	no	yes	Kenya
313	Oxfam GB, Pan Africa Programme	no	no	no	no	no	yes	Kenya
314	RAFIKI REHABILITATION PROGRAMME	yes	no	no	no	no	no	Kenya
315	Relief and Environmental Care Africa (RECA)	yes	no	no	no	no	no	Kenya
316	Resources Oriented Development Initiatives (RODI-Kenya)	yes	no	no	no	no	no	Kenya
317	Rural Awareness and Development Services (RADES)	yes	no	no	no	no	no	Kenya
318	Sima Community Based Organization	no	no	no	no	no	yes	Kenya
319	Slums Information Development & Resource Centres (SIDAREC)	yes	no	no	no	no	yes	Kenya
320	Social Development Network	yes	no	no	no	no	yes	Kenya
321	TAABCO RESEARCH AND DEVLOPMENT CONSULTANTS	no	yes	no	no	no	no	Kenya
322	TAABCO Reserch and Development Consultants	no	no	yes	no	no	no	Kenya
323	TABITHA ORPHANS PROJECT OF KENYA (TOPK)	yes	no	no	no	no	no	Kenya
324	Tobacco, Alcohol, Substance Abuse, HIV/AIDS Counseling Centre (TASAHACC)	yes	no	no	no	no	no	Kenya
325	VETAID	yes	no	no	no	no	no	Kenya
326	Sakbol NGO for prevention and treatment of HIV/AIDS, STIs and infections transmitted through injective way.	yes	no	no	no	no	no	Kyrgyzstan
327	AGIHAS (PLWHA Support Group)	yes	no	no	no	yes	no	Latvia
328	PELUM LESOTHO ASSOCIATION	yes	no	no	no	no	no	Lesotho
329	ASSOCIATION OF DISABLED FEMALES INTYERNATIONAL (ADFI)	yes	no	no	no	no	yes	Liberia
330	Charity Aid Foundation (CAF)	yes	no	no	no	no	no	Liberia
331	COBEC-AIDS	yes	no	no	no	no	no	Liberia
332	Community Humanitarian and Advocacy Organization (COHADO)	yes	no	no	no	no	no	Liberia
333	Concerned Women Against the Spread of HIV/AIDS	yes	no	no	no	no	no	Liberia
334	Consortium of HIV/AIDS and Development Organizations	yes	no	no	no	no	no	Liberia
335	ELWA Hospital	no	yes	no	no	no	no	Liberia
336	Faith - Base Netof PLWHAs	no	yes	no	no	no	no	Liberia
337	Group Integrated for Voluntary Empowerment (G I V E)	no	yes	no	no	no	no	Liberia
338	Help Eradicate AIDS & Proverty (HEAP)	yes	no	no	no	no	no	Liberia
339	HIV and AIDS at the WORKPLACE PROJECT	no	no	no	yes	no	no	Liberia
340	Lakayta Township Resettlement Union	yes	no	no	no	no	no	Liberia

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341	Liberia Local Cash Crops Farmers Association and Development/LIFARADE	yes	no	no	no	no	no	Liberia
342	Liberia Network of AIDS Service Organization (LINASO)	yes	no	no	no	no	no	Liberia
343	Liberian Empowerment Against Drugs and Alcohol Demand (LEADAD)	yes	no	no	no	no	no	Liberia
344	Muslim United Against AIDS	no	yes	no	no	no	no	Liberia
345	SAVE AFRICA INTERNATIONAL,INC	yes	no	no	no	yes	no	Liberia
346	Tasly Net Work & Tasly Modern Traditional Complementary Chinese Health Center (Tasly Liberia)	no	no	yes	no	no	no	Liberia
347	United Christians Campaiging Against AIDS, Violence, Injustice and Proverty (UCCA - AIDS)	no	yes	no	no	no	no	Liberia
348	Women in Progress for Community Services	yes	no	no	no	no	no	Liberia
349	Youth Action to Promote Health Care & Development (YAPHCAD)	yes	no	no	no	no	no	Liberia
350	Youth Care INc.	yes	no	no	no	no	no	Liberia
351	Youth United for Sustainable Development	yes	no	no	no	no	no	Liberia
352	Zorzor Distrit Women Care (ZODWOCA)	yes	no	no	no	no	no	Liberia
353	Association "Pozityvus gyvenimas	no	no	no	no	yes	no	Lithuania
354	Association If HIV Affected Women and their Intimates	yes	no	no	no	yes	no	Lithuania
355	Ecumenical HIV and AIDS Initiative in Africa Madagascar	no	yes	no	no	no	no	Madagascar
356	Fifafi	no	no	no	no	yes	no	Madagascar
357	PLeROC	no	yes	no	no	no	no	Madagascar
358	Centre for the Development of People	yes	no	no	no	no	no	Malawi
359	Malawi National Assembly	no	no	no	no	no	yes	Malawi
360	Manerela+	no	yes	no	no	yes	no	Malawi
361	National Association for people living with HIV and AIDS in Malawi (NAPHAM)	no	no	no	no	yes	no	Malawi
362	Asia Pacific Council of AIDS Service Organizations	yes	no	no	no	no	no	Malaysia
363	CARAM Asia Berhad	no	no	no	no	no	yes	Malaysia
364	Drugs Intervention Community Pahang	yes	no	no	no	yes	yes	Malaysia
365	Malaysian AIDS Council	yes	no	no	no	no	no	Malaysia
366	MTAAG PLUS BHD	no	no	no	no	yes	no	Malaysia
367	Association de recherche de communication et d'accompagnement à domicile des personnes vivant avec la VIH	yes	no	no	no	no	no	Mali
368	Mali AIDS Candlelight Memorial Team	no	yes	no	yes	no	no	Mali
369	Tombouctou Koiro Hinsa	yes	no	no	no	no	no	Mali
370	Gathering of the Young Mauritanians for the Development	yes	no	no	no	no	no	Mauritania
371	Mauritanian Association for Human Rights (AMDH)	yes	no	no	no	no	no	Mauritania
372	Sanatan Holistic Vidhya Academy	no	yes	no	no	no	no	Mauritius
373	APROASE A.C.	yes	no	no	no	no	no	Mexico
374	Asociacion Mexicana de Educacion Sexual	yes	no	no	no	no	no	Mexico

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375	CENTER OF PROFESSIONAL ATTENTION To PEOPLE WITH AIDS A.C.	yes	no	no	no	no	no	Mexico
376	Colectivo Sol, AC	yes	no	no	no	no	no	Mexico
377	Derechohabientes Viviendo con VIH del IMSS DVVIMSS	no	no	no	no	yes	no	Mexico
378	Frente Nacional de Personas Afectadas por el VIH/SIDA	no	no	no	no	yes	no	Mexico
379	La Manta de Mexico A. C.	yes	no	no	no	no	no	Mexico
380	MEXSIDA	yes	no	no	no	no	no	Mexico
381	Movimiento Mexicano de Ciudadania Positiva	no	no	no	no	yes	no	Mexico
382	PROFINVIH A.C.	yes	no	no	no	no	no	Mexico
383	Vanguardia Mexicana de Personas Afectadas por el vih	no	no	no	no	yes	no	Mexico
384	Vivir. Participacion, Incidencia y Transparencia, A.C.	yes	no	no	no	yes	no	Mexico
385	League of People Living with HIV in Moldova	no	no	no	no	yes	no	Moldova
386	Mongolian Family Welfare Association	no	no	no	no	yes	yes	Mongolia
387	Youth for Health	yes	no	no	no	no	no	Mongolia
388	Association Marocaine des Jeunes Contre le SIDA	yes	no	no	no	no	yes	Morocco
389	NGO "Credinta"	no	no	no	no	yes	no	Morocco
390	MATRAM-Mozambican AIDS Treatment Access Movement	yes	no	no	no	no	no	Mozambique
391	Lironga Eparu(National Association of People living with HIV/AIDS	no	no	no	no	yes	no	Namibia
392	NAMIBIA NETWORK OF AIDS SERVICE ORGANISATIONS (NANASO)	yes	no	no	no	no	no	Namibia
393	The Southern African Network of AIDS Service Organisations	yes	no	no	no	no	no	Namibia
394	Blue Diamond Society	yes	no	no	no	yes	yes	Nepal
395	Children At Risk Network Nepal (CarNetNepal)	yes	yes	no	no	no	no	Nepal
396	Diyalo Pariwar	yes	no	no	no	no	no	Nepal
397	FPAN (Family Planning Association of Nepal)	no	no	no	no	no	yes	Nepal
398	National NGOs Network Group Against AIDS Nepal (NANGAN)	no	no	no	no	no	yes	Nepal
399	Nepal Harm Reduction Council	yes	no	no	no	no	no	Nepal
400	Nepal HIV/AIDS Alliance (NEHA)	yes	no	no	no	no	no	Nepal
401	NEPAL INDIGENOUS NATIONALITIES PRESERVATION ASSOCIATION	yes	no	no	no	no	no	Nepal
402	NEPAL PLUS	no	no	no	no	yes	no	Nepal
403	Nepal Rural Information Technology Development Society(NRIDS)	yes	no	no	no	no	no	Nepal
404	Nepal Sports Federation Against Drug And HIV/AIDS(NESFADA)	yes	no	no	no	no	no	Nepal
405	Oxygen Research and Development Forum- ORDF	yes	no	no	no	no	no	Nepal
406	PRERANA (an organisation by & for PLWHAs)	yes	no	no	no	no	no	Nepal
407	Rural Area Development Programme, RADP	yes	no	no	no	no	no	Nepal
408	Skill Information Society Nepal (SISo Nepal)	yes	no	no	no	no	no	Nepal
409	White Feather Nepal	no	no	no	no	yes	no	Nepal
410	AIDS & Rights Alliance for Southern Africa (ARASA)	yes	no	no	no	no	no	Netherlands

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411	AIDS Foundation East-West	yes	no	no	no	no	no	Netherlands
412	CHOICE for youth and sexuality	no	no	no	no	no	yes	Netherlands
413	Foundation Positive women of the world	yes	no	no	no	yes	no	Netherlands
414	World AIDS Campaign	yes	no	no	no	no	no	Netherlands
415	YouAct, European Youth Network on Sexual and Reproductive Rights	no	no	no	no	no	yes	Netherlands
416	Body Positive Incorporated	no	no	no	no	yes	no	New Zealand
417	ASSOCIATION DES JEUNES AUX INITIATIVES PROFESSIONNELLES	yes	no	no	no	no	no	Niger
418	Lafia Matassa	yes	no	no	no	no	no	Niger
419	Priorité Action Positive NIGER	no	no	no	no	yes	no	Niger
420	Réseau Nigerien des Personnes Vivant Avec le VIH/SIDA	no	no	no	no	yes	no	Niger
421	AFRICAN CHRISTIAN CARE TRUST ORGANISATION	no	yes	no	no	no	no	Nigeria
422	ALPHA VISION ALLIANCE INT'L	yes	yes	no	no	yes	no	Nigeria
423	Anglican Students Movement (ASM)	no	yes	no	no	no	no	Nigeria
424	Association of Positive Youth in Nigeria (APYIN)	no	no	no	no	yes	no	Nigeria
425	Association of Women Living With HIV and AIDS in Nigeria (ASWHAN)	yes	no	no	no	yes	no	Nigeria
426	Awaka Go Forward Centre For Youth Development (AGFICFYD)	yes	yes	no	no	no	yes	Nigeria
427	Children's Rights Infiormation Network (CRIn)	yes	no	no	no	no	no	Nigeria
428	Christian Coalition Against HIV/AIDS	no	yes	no	no	no	no	Nigeria
429	Christian health association of Nigeria	no	yes	no	no	no	no	Nigeria
430	Civil Power Africa	yes	no	no	no	no	no	Nigeria
431	COMMUNITY HEALTH AND DEVELOPMENT ADVISORY TRUST	yes	no	no	no	no	no	Nigeria
432	Development in Africa, Nigeria	yes	yes	no	no	no	no	Nigeria
433	Foundation Aid Solution for Talent Empowerment and Development (FASTED)	yes	no	no	no	no	no	Nigeria
434	GEODORA SAMARITANS INC. (GSI)	yes	no	no	no	no	no	Nigeria
435	GUILDANCE COMMUNITY DEVELOPMENT INITIATIVE	yes	no	no	no	no	no	Nigeria
436	Health Matters Incorporated	yes	no	no	no	no	no	Nigeria
437	Interfaith HIV/AIDS Coalition of Nigeria	no	yes	no	no	no	yes	Nigeria
438	International women communication center	yes	no	no	no	no	no	Nigeria
439	Journalists Against AIDS (JAAIDS) Nigeria	yes	no	no	no	no	yes	Nigeria
440	LABOUR,HEALTH AND HUMAN RIGHTS DEVELOMENT CENTRE, lhahrdev	yes	no	no	no	no	no	Nigeria
441	National Youth Council of Nigeria (NYCN)/Network of Young People Living with HIV/AIDS in Nigeria (NYPLHAN)	yes	no	no	no	yes	yes	Nigeria
442	National Youth Network On HIV/AIDS in Nigeria (NYNETHA)	yes	no	no	no	no	no	Nigeria
443	Network of People Living with HIV/AIDS in Anambra State (NEPWHAS)	no	no	no	no	yes	no	Nigeria
444	ngoworldnigeria	no	no	no	no	no	yes	Nigeria

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445	Nigerian Youth Action Network (NYAN)	yes	no	no	no	no	no	Nigeria
446	Oodua Peoples Congress.OPC	yes	no	no	no	no	no	Nigeria
447	Positive Life Association of Nigeria (PLAN)	yes	no	no	no	yes	no	Nigeria
448	PRO-NATIONAL CONFERENCE ORGANISATION, PRONACO	yes	no	no	no	no	yes	Nigeria
449	SOCIETY FOR DEVELOPMENT & COMMUNITY EMPOWERMENT(SDCE)	yes	no	no	no	no	no	Nigeria
450	THE ENVIRONMNETAL AMELIORATORS (E.A.)	yes	no	no	no	no	no	Nigeria
451	The Starfish Project- Centre for Special Studies; New York Presbyterian Hospital/Weill Medical College of Cornell University, an affiliate of Olabisi Onabanjo University Teaching Hospital, Sagamu.	yes	no	no	no	no	no	Nigeria
452	United Nations of Youth Network Nigeria(UNOY)	yes	no	no	no	no	no	Nigeria
453	United Nations of Youth-Nigeria	yes	no	no	no	no	no	Nigeria
454	Youth Action Rangers of Nigeria (YARN)	no	no	no	no	no	yes	Nigeria
455	Youth Dignity International	yes	no	no	no	no	no	Nigeria
456	Youth PRO-FiLE	yes	no	no	no	no	no	Nigeria
457	AIDS PREVENTION SOCIETY OF PAKISTAN (APSOP)	yes	no	no	no	no	no	Pakistan
458	Frontier Foundation(Welfare Hospital and Blood Transfusion Services)	no	no	no	no	yes	no	Pakistan
459	Fundamental Human Rights and Rural Development Association (HRRDA)	yes	no	no	no	no	no	Pakistan
460	Goth Sudhar Sangat MAtoo	no	no	yes	no	no	no	Pakistan
461	Himalayan Rural Support Program HRSP-AJK	yes	no	no	no	no	no	Pakistan
462	Institute of Peace and Development (INSPAD)	yes	yes	no	no	no	yes	Pakistan
463	International Human Rights Observer(IHRO)	yes	no	no	no	no	no	Pakistan
464	International Peace Commission - IPC	no	no	no	no	no	yes	Pakistan
465	Kohistan Development & Enviromental Council	yes	no	no	no	no	no	Pakistan
466	Life Foundation	yes	no	no	no	no	no	Pakistan
467	Pakistan AIDS Control Federation	yes	no	no	no	no	no	Pakistan
468	Pakistan Labour Federation(PLF)	no	no	no	yes	no	no	Pakistan
469	SUKKUR BLOOD AND DRUGS DONATING SOCIETY/SBDDS	yes	no	no	no	no	no	Pakistan
470	ZAMANA NGO	yes	no	no	no	no	no	Pakistan
471	Friends Of Environment and Development	yes	no	no	no	no	no	Palestine
472	FUNDACION PARA APOYO AL DETENIDO	yes	no	no	no	no	no	Panama
473	Vencer Foundations	no	no	no	no	yes	no	Paraguay
474	AID FOR AIDS - PERÚ	yes	no	no	no	no	no	Peru
475	Asociación de trabajadoras sexuales MILUSKA VIDA Y DIGNIDAD	no	no	no	no	no	yes	Peru
476	Centro para el Desarrollo Urbano y Rural -CEPDUR-	yes	no	no	no	no	no	Peru
477	Coordinadora Peruana de PVVS - Peruanos Positivos	no	no	no	no	yes	no	Peru
478	RED DE COMUNICACION E INFORMACION PARA GRUPOS DE AYUDA MUTUA DEL PERU	yes	no	no	no	yes	no	Peru
479	RESEARCH QUALITY INSTITUTE	no	no	no	no	no	yes	Peru

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480	Via Libre	yes	no	no	no	no	no	Peru
481	Health and Development Initiatives Institute	yes	no	no	no	no	no	Philippines
482	PILIPINA Legal Resources Center as a member of Forum-Asia	yes	no	no	no	no	no	Philippines
483	PSA SOCCSKSARGEN Inc.	yes	no	no	no	no	no	Philippines
484	TLF SHARE Collective Inc.	yes	no	no	no	no	no	Philippines
485	Social AIDS Committee (Spoleczny Komitet ds. AIDS - SKA)	yes	no	no	no	no	no	Poland
486	Fundação Portuguesa "A Comunidade Contra a Sida"	yes	no	no	no	no	no	Portugal
487	SERES	no	no	no	no	yes	no	Portugal
488	Community of People Living with HIV	yes	no	no	no	no	no	Russia
489	Public Health and Social Development Foundation "FOCUS-MEDIA"	yes	no	no	no	no	no	Russia
490	Russian Harm Reduction Network	yes	no	no	no	no	yes	Russia
491	The Russian Health Care Foundation	yes	no	no	no	no	yes	Russia
492	Association Bethesaida du Rwanda	no	yes	no	no	yes	no	Rwanda
493	RWANDA WOMEN'S NETWORK	yes	no	no	no	no	no	Rwanda
494	Caribbean Drug Abuse Research Institute	yes	no	no	no	no	no	Saint Lucia
495	UNITED AND STRONG INC	yes	no	no	no	no	no	Saint Lucia
496	Samoa AIDS Foundation	yes	no	no	no	yes	no	Samoa
497	African Council of AIDS Service Organizations (AfriCASO)	no	no	no	no	no	yes	Senegal
498	ASSOCIATION AWA	yes	no	no	no	no	no	Senegal
499	Association des Jeunes pour le Developpement AJD/PASTEEF	yes	no	no	no	no	no	Senegal
500	CENTRE FOR HIV/AIDS CAMPAIGN	no	yes	no	no	no	no	Sierra Leone
501	People With Aids Sierra Leone	yes	no	no	no	yes	no	Sierra Leone
502	Society for Women and AIDS in Africa, Sierra Leone	no	no	no	no	no	yes	Sierra Leone
503	UNITED YOUTH FOR SUCCESS AND DEVELOPMENT	no	yes	no	no	no	yes	Sierra Leone
504	Disable Welfare Foundation (DWF)	yes	no	no	no	yes	no	Somalia
505	Discovery Health	no	no	yes	no	no	no	South Africa
506	Health Systems Trust	yes	no	no	no	no	no	South Africa
507	INERELA+	no	yes	no	no	yes	no	South Africa
508	International Community of Women Living with HIV/AIDS, SOUTH AFRICA	no	no	no	no	yes	no	South Africa
509	Joint Learning Initiative on CHildren and AIDS (JLICA)	no	no	no	no	no	yes	South Africa
510	Mosaic Training, Service and Healing Centre	yes	no	no	no	no	no	South Africa
511	reisumi impumelelo	yes	no	no	no	no	no	South Africa
512	Southern Africa Treatment Access Movement	no	no	no	no	no	yes	South Africa
513	The AIDS Consortium	yes	no	no	no	no	no	South Africa
514	YENEPAD	yes	no	no	no	no	no	South Africa
515	Tenemos SIDA	yes	no	no	no	no	no	Spain
516	VyH en contexto	yes	no	no	no	no	no	Spain

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517	ZOA REFUGEE CARE	no	yes	no	no	no	no	Sri Lanka
518	ACF	no	yes	no	no	no	no	Sudan
519	Agency for CO-Operation & Research in Development(ACORD)	yes	no	no	no	no	no	Sudan
520	Ana Assudan Organization	yes	no	no	no	yes	no	Sudan
521	Hope And Homes For Children Sudan	yes	no	no	no	no	no	Sudan
522	pan health care(pancare)	yes	no	no	no	no	no	Sudan
523	Patient Helping Fund (PHF)	yes	no	no	no	no	no	Sudan
524	Sudan Family Planning Association SFPA	yes	no	no	no	no	yes	Sudan
525	Together For Sudan	no	no	no	no	no	yes	Sudan
526	UNIVERSITY OF MEDICAL SCIENCES AND TECHNOLOGY (UMST)	no	no	yes	no	no	no	Sudan
527	Zenab For Women In Development	yes	no	no	no	no	no	Sudan
528	Stichting Mamio Namen Project	yes	no	no	no	no	no	Suriname
529	International Community of Women Living with HIV/AIDS, SWAZILAND	no	no	no	no	yes	no	Swaziland
530	Miles Communications	yes	no	no	no	no	no	Swaziland
531	Swaziland Positive Living (SWAPOL)	yes	no	no	no	no	no	Swaziland
532	Heteroplus	yes	no	no	no	yes	no	Sweden
533	African Care and Development Initiative-ACDI	yes	no	no	no	no	no	Switzerland
534	Ecumenical Advocacy Alliance	yes	yes	no	no	no	no	Switzerland
535	Global Hope Network, Int'l	yes	no	no	no	no	no	Switzerland
536	International AIDS Society	no	no	no	no	no	yes	Switzerland
537	Church Of God	no	yes	no	no	no	no	Tanzania
538	EASTERN AFRICA NATIONAL NETWORKS OF AIDS SERVICE ORGANIZATIONS (EANNASO)	yes	no	no	no	no	no	Tanzania
539	Human Development Trust (HDT)	yes	no	no	no	no	no	Tanzania
540	TANGA AIDS WORKING GROUP (TAWG)	yes	no	no	no	yes	yes	Tanzania
541	TANZANIA NATIONAL NETWORK OF PEOPLE WITH HIV/AIDS	no	no	no	no	yes	no	Tanzania
542	TANZANIA NETWORK OF WOMEN LIVING WITH HIV AND AIDS (TNW+)	no	no	no	no	yes	no	Tanzania
543	The Leadership Forum	yes	no	no	no	no	no	Tanzania
544	Asia Pacific Network of Sex Workers	no	no	no	yes	no	yes	Thailand
545	Health & Development Networks	yes	no	no	no	no	no	Thailand
546	Raks Thai Foundation	yes	no	no	no	no	no	Thailand
547	The Coalition of Asia Pacific Regional Networks on HIV/AIDS (7 Sisters)	no	no	no	no	no	yes	Thailand
548	Action Santé pour Tous	yes	no	no	no	no	no	Togo
549	Association des Nations Unies du Togo (ANU-TO)	yes	no	no	no	yes	no	Togo
550	Club Initié pour la Lutte contre le SIDA (CILSIDA)	yes	no	no	no	no	no	Togo
551	Espoir Vie-Togo	no	no	no	no	yes	no	Togo

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552	Le Rônier	yes	yes	no	no	no	no	Togo
553	ONG/REAILD (Recherche, Echange et Appui aux Initiatives Locales de Développement)	yes	no	no	no	no	no	Togo
554	SANTE ET ACTION GLOBALE	yes	no	no	no	no	no	Togo
555	TERRE NOUVELLE	yes	no	no	no	no	no	Togo
556	CARIBBEAN REGIONAL NETWORK OF PEOPLE LIVING WITH HIV/AIDS	yes	no	no	no	yes	no	Trinidad and Tobago
557	Family Planning Association of Trinidad and Tobago	yes	no	no	no	no	no	Trinidad and Tobago
558	RED Initiatives	yes	no	no	no	no	no	Trinidad and Tobago
559	African Women' Economic Policy Network (AWEPON)	no	yes	no	no	no	no	Uganda
560	AIDS INFORMATION CENTER - UGANDA	yes	no	no	no	no	no	Uganda
561	COMMUNITY WELFARE INITIATIVE NETWORK (CWIN)	yes	no	no	no	yes	no	Uganda
562	International Community of Women Living with HIV/AIDS, UGANDA	no	no	no	no	yes	no	Uganda
563	Inter-Religious Council of Uganda	no	yes	no	no	no	no	Uganda
564	KITGUM DISTRICT FORUM OF PEOPLELIVING WITH HIV/AIDSNETWORK	no	no	no	no	yes	no	Uganda
565	National Forum of people living with HIV/AIDS in Uganda	no	no	no	no	yes	no	Uganda
566	New Horizons, Women's Education Centre	yes	no	no	no	no	no	Uganda
567	TASO(The Aids Support Organization)	yes	no	no	no	no	no	Uganda
568	Uganda Episcopal Conference/Uganda Catholic Secretariat	no	yes	no	no	no	no	Uganda
569	Uganda Network of Young People Living with HIV and AIDS	no	no	no	no	yes	no	Uganda
570	All-Ukrainian Interchurch Charitable Fund "Vira. Nadiya. Lybov."	no	yes	no	no	no	no	Ukraine
571	All-Ukrainian Network PLWH	no	no	no	no	yes	no	Ukraine
572	East European and Central Asian UNION PLWH	no	no	no	no	yes	no	Ukraine
573	International Charity Organization "Rehabilitation Center "Steps"	yes	no	no	no	yes	no	Ukraine
574	Light of Hope	yes	no	no	no	yes	no	Ukraine
575	Affirm Facilitation Associates	no	yes	no	no	no	no	United Kingdom
576	African HIV Policy Network	yes	no	no	no	no	no	United Kingdom
577	BBC World Service Trust	yes	no	yes	no	no	no	United Kingdom
578	Christian HIV/AIDS Alliance	yes	yes	no	no	no	no	United Kingdom
579	European HIV/AIDS Funders Group	no	no	no	no	no	yes	United Kingdom
580	GlaxoSmithKline	no	no	yes	no	no	no	United Kingdom
581	Help the Hospices/ Worldwide Palliative Care Alliance	yes	no	no	no	no	no	United Kingdom

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582	ICW International Community of Women living with HIV/AIDS	no	no	no	no	yes	no	United Kingdom
583	International Community of Women Living with HIV/AIDS, UK	yes	no	no	no	yes	no	United Kingdom
584	Muslim Aid - UK	yes	no	no	no	no	no	United Kingdom
585	National AIDS Trust	yes	no	no	no	no	no	United Kingdom
586	SURTAL SABHIACHAR & SAMAJ BHALAI CLUB INTERNATIONAL	no	yes	no	no	no	no	United Kingdom
587	The Female Health Foundation	yes	no	no	no	no	no	United Kingdom
588	VSO	no	no	no	no	no	yes	United Kingdom
589	Youth RISE: An International Youth Network for Reducing Drug-related Harm (an initiative under the International Harm Reduction Association)	yes	no	no	no	no	yes	United Kingdom
590	AID FOR AIDS	yes	yes	no	no	no	no	United States
591	AIDS Community Research Initiative of America	yes	no	no	no	no	no	United States
592	AIDS Vaccine Advocacy Coalition	yes	no	no	no	no	no	United States
593	AIDS-Free World	no	yes	no	no	no	no	United States
594	American Association for Health Education (AAHE)	yes	no	no	no	no	no	United States
595	AmericaShare	yes	no	no	no	no	no	United States
596	amfAR, The Foundation for AIDS Research	yes	no	yes	no	no	no	United States
597	Asia Catalyst	yes	no	no	no	no	no	United States
598	BD (Becton, Dickinson and Company)	no	no	yes	no	no	no	United States
599	Brandon's House I Inc.	no	no	yes	no	no	no	United States
600	Bristol-Myers Squibb	no	no	yes	no	no	no	United States
601	Brown University Medical School Division of Infectious Disease	no	no	no	no	no	yes	United States
602	Center for Health and Gender Equity	yes	no	no	no	no	no	United States
603	Center for Women Policy Studies	yes	no	no	no	no	no	United States
604	Christian Connections for International Health	no	yes	no	no	no	no	United States
605	CMMICorp.	no	yes	no	no	no	no	United States
606	Community Education Group (CEG)	yes	no	no	no	no	no	United States
607	Congregation of the Passion of Jesus (Passionists International)	no	yes	no	no	no	no	United States
608	Congregation of the Sisters of St. Joseph of Peace	yes	yes	no	no	no	no	United States
609	Elizabeth Glaser Pediatric AIDS Foundation	yes	no	no	no	no	no	United States
610	Exxon Mobil Corporation	no	no	yes	no	no	no	United States
611	FACE AIDS	yes	no	no	no	no	no	United States
612	First Congregational Church of Los Angeles	no	yes	no	no	no	no	United States
613	FOCNICSO - USA	yes	no	no	no	no	no	United States
614	Foundation for Integrative AIDS Research (FIAR)	yes	no	no	no	no	no	United States

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#	Name	NGO	Faith-based organization	Private sector organization	Labour organization	Association of people living with HIV	Other	Country
615	Funders Concerned About AIDS	yes	no	no	no	no	yes	United States
616	Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria-GBC	yes	no	no	no	no	no	United States
617	Global Helping to Advance Women and Children (Global Hawk)	yes	no	no	no	no	yes	United States
618	Harm Reduction Coalition	yes	no	no	no	no	no	United States
619	He Intends Victory	yes	yes	no	no	yes	no	United States
620	Health Global Access Project, Inc.	yes	no	no	no	no	no	United States
621	Heartland Alliance for Human Needs and Human Rights	yes	no	no	no	no	no	United States
622	Housing Works, Inc	yes	no	no	no	no	no	United States
623	Institute of the Blessed Virgin Mary	yes	yes	no	no	no	no	United States
624	International AIDS Empowerment	yes	no	no	no	yes	no	United States
625	International Association of Schools of Social Work	yes	no	no	no	no	no	United States
626	International Community of Women Living with HIV / AIDS, Washington DC	no	no	no	no	yes	no	United States
627	International Health Organization (IHO)	yes	no	no	no	no	no	United States
628	International Women's Media Foundation	yes	no	no	no	no	no	United States
629	J-CAP LIVING PROOF HIV/AIDS Services	no	no	no	no	no	yes	United States
630	KBJ Consulting	no	no	yes	no	no	no	United States
631	Linda Hakim MS CASAC	no	no	no	no	no	yes	United States
632	Merck & Co., Inc.	no	no	yes	no	no	no	United States
633	Missionary Oblates of Mary Immaculate	yes	yes	no	no	no	no	United States
634	Mylan Inc.	no	no	yes	no	no	no	United States
635	National Alliance of State and Territorial AIDS Directors	yes	no	no	no	no	no	United States
636	National Association of Social Workers	yes	no	no	no	no	no	United States
637	New York Harm Reduction Educators, Inc.	yes	no	no	no	no	no	United States
638	Orphans International	yes	no	no	no	yes	no	United States
639	OTHER SHEEP	no	yes	no	no	no	no	United States
640	Pfizer	no	no	yes	no	no	no	United States
641	Physicians for Human Rights	yes	no	no	no	no	no	United States
642	Primer Movimiento Peruano GLBT	no	no	no	no	yes	no	United States
643	Program on International Health and Human Rights	yes	no	no	no	no	no	United States
644	Project Hope for Africa	yes	no	no	no	no	no	United States
645	redlactrans	no	no	no	no	yes	yes	United States
646	Religious Institute on Sexual Morality, Justice, and Healing	no	yes	no	no	no	no	United States
647	Sexuality Information and Education Council of the US (SIECUS)	yes	no	no	no	no	no	United States
648	SHALOM 2 YOU, Inc.	no	no	no	no	yes	yes	United States
649	SONA Consulting Inc.	no	no	yes	no	no	no	United States
650	Stuart Leiderman, Environmental Response	yes	no	no	no	no	yes	United States
651	The AIDS Institute	yes	no	no	no	no	no	United States

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652	The ATHENA Network	yes	no	no	no	no	no	United States
653	The Ford Foundation	no	no	yes	no	no	no	United States
654	The Human Rights Program, Harvard Law School	yes	no	no	no	no	no	United States
655	THE RIBBON INTERNATIONAL	yes	no	no	no	no	no	United States
656	The River Fund, Inc.	no	no	no	no	no	yes	United States
657	The Women's Collective	no	no	no	no	yes	no	United States
658	U.S. Fund for UNICEF	yes	no	no	no	no	no	United States
659	VIVAT International	yes	no	no	no	no	no	United States
660	WhyAfrica	yes	no	no	no	no	no	United States
661	Women's Equity in Access to Care and Treatment	yes	no	no	no	no	no	United States
662	WOMEN'S FEDERATION FOR WORLD PEACE INTERNATIONAL	yes	no	no	no	no	no	United States
663	World Council of Muslim Communities	yes	yes	no	no	yes	yes	United States
664	ASEPO	yes	no	no	no	no	no	Uruguay
665	IZA Foundation	no	no	no	no	yes	no	Vanuatu
666	ASOCIACION CIVIL AMAVIDA	no	no	no	no	yes	no	Venezuela
667	LACCASO	yes	no	no	no	no	no	Venezuela
668	MUJERES EN POSITIVO POR VENEZUELA	yes	no	no	no	yes	no	Venezuela
669	Mujeres Unidas por la Salud (MUSAS)	yes	no	no	no	no	no	Venezuela
670	Consultation of Investment in Health Promotion (CIHP)	yes	no	no	no	no	no	Vietnam
671	CIVIL SERVANTS & ALLIED WORKERS UNION OF ZAMIA	no	no	no	yes	no	no	Zambia
672	GROUPS FOCUSED CONSULTATIONS	yes	no	no	no	no	yes	Zambia
673	INDEPENDENT CHURCHES OF ZAMBIA (ICOZ)	no	yes	no	no	no	no	Zambia
674	Mthuzi Development Foundation	yes	no	no	no	no	no	Zambia
675	Network of Zambian People Living with HIV/AIDS (NZP+)	no	no	no	no	yes	no	Zambia
676	NGWIHI MUVWEENDE COMMUNITY CARE PROJECT	yes	no	no	no	no	no	Zambia
677	OVC NETWORK	yes	no	no	no	no	no	Zambia
678	RAPIDS	yes	yes	no	no	no	no	Zambia
679	Society for Women and AIDS in Zambia	yes	no	no	no	no	no	Zambia
680	TBTV.ORG STUDIO1	yes	no	no	no	no	no	Zambia
681	TREATMENT ADVOCACY AND LITERACY CAMPAIGN	no	no	no	no	no	yes	Zambia
682	TRUE CHRISTIAN YOUTH OUTREACH OF ZAMBIA	yes	yes	no	no	no	no	Zambia
683	Twafwilishe Chambishi Community Centre	yes	no	no	no	no	no	Zambia
684	Young Women's Christian Association, Western Region	yes	no	no	no	no	no	Zambia
685	Youth Vision Zambia	yes	no	no	no	yes	yes	Zambia
686	Zambia National Association of persons with physical disabilities (ZNAPD)	yes	no	no	no	no	no	Zambia
687	ZAMBIA NATIONAL UNION OF TEACHERS	no	no	no	yes	no	no	Zambia
688	ZAMBIA NSUNGA COMMUNITY WITHOUT BORDERS	yes	no	no	no	no	no	Zambia

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689	Zambia Society for the Prevention of Child Abuse and Neglect (ZASPCAN) NATIONAL CHAPTER	yes	no	no	no	no	no	Zambia
690	Batanai HIV and AIDS Support Group	yes	no	no	no	no	no	Zimbabwe
691	Public Personalities Against Aids Trus	yes	no	no	no	no	no	Zimbabwe
692	Southern Africa HIV/Information Dissemination Service	yes	no	no	no	no	no	Zimbabwe
693	The Centre	yes	no	no	no	no	no	Zimbabwe
694	Students Aids Action Forum	no	no	no	no	no	yes	Zimbabwe
695	Women and AIDS Support Network	yes	no	no	no	no	no	Zimbabwe
696	ZIMPAPERS-The Herald	no	no	no	no	no	yes	Zimbabwe

Attachment 1

Panel 1: How do we build on results achieved and speed up progress towards Universal Access—moving on to 2015 in order to reach Millennium Development Goals?

Overview

During the 2006 High Level Meeting on HIV/AIDS, countries committed to set ambitious national targets for scaling up towards Universal Access to HIV prevention, treatment, care and support by 2010. This commitment was intended as a mid-point towards achieving the Millennium Development Goals, recognizing that many obstacles in the path to Universal Access were systemic and would impinge upon the achievement of several Goals (e.g. 4, 5, 6 and 8). Reinvigoration of interest in and action towards achieving the Millennium Development Goals has the potential to contribute significantly to HIV efforts.

Current situation

The 2008 *Secretary-General's Report on the Declaration of Commitment on HIV/AIDS and Political Declaration on HIV/AIDS* confirm that countries have utilized the Universal Access process as a catalyst to accelerate their national HIV responses. Most countries have made good but variable progress in responding to the HIV epidemic, especially in the areas of antiretroviral treatment, prevention of mother-to-child transmission and confidential voluntary testing and counselling. Significantly less progress has been made on other HIV prevention efforts, and progress towards ensuring the care of orphans and vulnerable children remains poor in many countries. Moreover, it would appear that most progress has been in areas that have allowed for easier 'wins', not necessarily facilitating equal access for those most in need. This variable progress raises serious unease about whether Universal Access and the health-related Millennium Development Goals can be achieved at the current rate of progress.

Outline of the Panel discussion

The panel will reflect on progress made towards Universal Access and the actions required to speed up progress towards Universal Access by 2010 in order to reach the Millennium Development Goals in 2015. The panel will consider specific actions to be taken in the following key areas:

1. Improving national political leadership and coordination

Countries that have made good progress have demonstrated strong leadership and coordination of the HIV response and fostered linkages with other development issues. Clear political direction from the very highest levels enables a comprehensive, multisectoral and decentralized HIV response. This also encourages development partners to align closely with the national priorities. However, few countries have been able to put all these elements in place, with the main challenges continuing to be weak multisectoral and local government commitment and low levels of national funding.

Question: What are the catalysts that will improve and enhance political will so that countries, with less engaged leadership and weaker coordination mechanisms, can accelerate their response?

2. Addressing obstacles to Universal Access and Millennium Development Goals

Country reports indicate that progress on scaling up has been achieved when national HIV strategies have successfully identified and addressed critical obstacles through an inclusive process. These obstacles include systems strengthening, affordable commodities, predictable and sustainable financing, countering stigma and discrimination and the lack of integration of HIV into key services, such as sexual and reproductive, maternal and child health and tuberculosis services. Investments in HIV programming have longer-term benefits to broader health-system provision, such as increasing human resource capacity for service delivery, improving access to commodities and equipment and making efforts to improve health systems. However, it is also clear that significant capacity constraints remain, and are in some cases exacerbated by the strain placed on service provision due to accelerated scale up of services.

Question: What strategies can be put in place to unblock these obstacles to scaling up towards Universal Access and achieving Millennium Development Goals and ensure that international partners sustain their commitment to support countries to achieve these Goals?

3. Enhancing an evidence-informed response

While many countries have reported substantial improvements in their understanding of the HIV epidemic, scaling up of HIV prevention programmes remains patchy. Key at-risk populations are barely being reached in many countries. Until decision makers at national and local levels use evidence to inform HIV prevention and treatment programmes, it will be impossible for them to halt and reverse the epidemic.

Question: What are the mechanisms and incentives to ensure countries increase demand for, and use evidence for implementation of the national HIV programmes?

4. Tackling stigma and discrimination

Countries report that stigma and discrimination against people living with HIV, most-at-risk populations, and orphans and vulnerable children, continue to be a main challenge to achieving Universal Access. Some countries have put in place strong policies and strategies in support of a human rights-based approach, especially for people living with HIV, women, men who have sex with men, injecting drug users, refugees, and/or migrants. Other countries continue to have policies and regulations that actively criminalize and discriminate against people living with HIV and members of other populations at high risk of exposure to HIV, often resulting in inappropriate prevention programmes, inequitable access to services, and low levels of care for orphans and vulnerable children.

Question: How can we eliminate stigma and discrimination so that we can normalise HIV in society?

5. A greater role for civil society

Significant civil society engagement has been key to successful scaling up, in particular in expanding implementation capacity in countries and ensuring service availability for marginalised populations and those most in need. Unfortunately, in a number of countries, despite the fact that civil society organizations, including networks of people living with HIV are at least partly meeting needs left unmet by inadequate government responses, the legal status of these organizations remains opaque, and civil society remains only marginally included in the national HIV response, including access to sustainable financing.

Question: How can governments provide political and programmatic space for civil society participation in scaling up towards universal access*?*

Attachment 2

Panel 2: Challenges of providing leadership and political support in countries with concentrated epidemics

Overview

A concentrated HIV epidemic is one where HIV has spread rapidly in one or more defined subpopulations but is not well-established in the general population. In a concentrated epidemic there is still the opportunity to focus HIV prevention, treatment, care and support efforts on those populations which are most affected, while recognizing that no subpopulation is fully self-contained. In many regions of the world, including Europe, Asia, Latin America and West Africa, most countries are experiencing concentrated epidemics.

In most situations, a combination of social vulnerabilities, and biological and behavioural factors place the following populations at differentially higher risk of acquiring and/or transmitting HIV: sex workers and their clients; injecting drug users; men who have sex with men; and incarcerated people (prisoners).

Members of other populations, such as people with sexually transmitted infections, mobile or migrant workers who endure long periods of spousal or partner separation, uniformed services personnel and ethnic or cultural minorities may also be likely to be exposed to HIV at a significant level, depending on the local situation.

Current situation

The 2008 *Secretary-General's Report on the Declaration of Commitment on HIV/AIDS and Political Declaration on HIV/AIDS* show some progress but many remaining challenges. Many most-at-risk populations lack meaningful access to HIV prevention services which is a key concern—for example, the use of contaminated injection equipment accounts for more than 80% of all HIV infections in Eastern Europe and Central Asia. It is also one of the main entry points for HIV epidemics in countries in the Middle East, North Africa, South and South-East Asia and Latin America.

The Secretary-General's *Report* also shows three quarters of reporting countries have protections in place for those most-at-risk populations, principally for women and young people, but only around one third have protection against discrimination for sex workers, men who have sex with men and injecting drug users. In half of all reporting countries there are laws or policies which actually impede access by the most-at-risk populations to HIV prevention, treatment, care and support. It is also notable that while women's access to antiretroviral medicines has reached parity with or exceeded that of men in countries with generalized epidemics, women in need are significantly less likely to be on antiretroviral medicines in several countries with concentrated epidemics.

Outline of Panel Discussion

This panel will consider specific actions which can be taken in countries with concentrated epidemics to increase the leadership and political support for more effective responses to AIDS, and especially those which address the main barriers to access to HIV prevention, treatment, care and support. The following key issues will be considered.

1. Tailoring responses to AIDS to the context of the epidemic

Only through a process of 'knowing your epidemic and response' is it possible to ensure responses to AIDS are fully effective. Situational analyses of size of the vulnerable populations, where they can be reached, and rates of HIV infection should be undertaken to inform responses. Concentrated HIV epidemics can be prevented, stabilized and even reversed using a comprehensive programme of HIV prevention, treatment, care and support activities.

Question: How do political leaders in concentrated epidemics ensure that responses to AIDS are on track?

2. Addressing underlying drivers of HIV risk and vulnerability among most at risk populations

Underlying drivers of concentrated epidemics include gender inequality, stigma and discrimination, and human rights violations. These drivers need to be addressed through a range of measures including: training and community awareness raising, especially involving policy makers, law enforcement and health care and other service providers. Also legal and policy reform is needed to help remove barriers to accessing HIV prevention, treatment, care and support, including access to essential commodities and services for HIV prevention and care.

Question: How can political, religious and social leaders work together to overturn stigma and break taboos on sensitive subjects?

3. Involving most-at-risk populations in devising and delivering the response to AIDS

Where injecting drug users, sex workers, men who have sex with men, and prisoners have been engaged in responses to the epidemic, they have often been among the most effective actors in those responses. The legitimate incorporation of civil society actors into responses to AIDS has proven particularly successful in addressing concentrated HIV epidemics. Funding and capacity-building initiatives for civil society organizations representing those most at risk and vulnerable is important, particularly with regard to participation and peer provision of information, education and commodities and "know your rights" programmes.

Question: Are the right voices being heard in guiding the response to AIDS?

4. Creating partnerships between policy makers and affected populations

Key HIV programmes for most-at-risk populations include implementing public health approaches to the management of sex work, injecting drug use and sex between men. Partnerships which include health and law enforcement agencies can be highly effective in moving beyond legal constraints in reaching key populations at higher risk with HIV prevention, treatment, care and support and are particularly important in reaching some of the most marginalized and abused populations, such as transgender populations.

Question: How do law enforcement, justice and other sectors work with and not against most affected populations?

Attachment 3

Panel 3: Making the response to AIDS work for women and girls: gender equality and AIDS

Overview

HIV infections in women have continued to rise in each region of the world. Globally, women comprised half of adults living with HIV in 2007. In sub-Saharan Africa, 61% of people living with HIV are women, and in all other regions, the proportions of women living with HIV are steadily growing. Even as many countries have accelerated their national responses, the epidemic continues to spread among women due to deeper underlying factors of gender inequality, persistent stigma and discrimination against women and girls, and lack of empowerment to reduce their vulnerabilities to HIV.

In order to sustain the progress countries have made in responding to their HIV epidemics, national programmes must address the factors that continue to put women and girls at risk. The social, cultural and economic factors that make women vulnerable to HIV and that disproportionately burden them with the epidemic's impact are major challenges in national AIDS responses.

Current situation

Young women represent about two thirds of all people aged 15–24 in developing countries newly living with HIV, making them the most-affected group in the world. The vulnerability of women to HIV starts well before they become adults. Many girls under the age of 18 years are at particular risk due to early sexual initiation, unsafe sex, early marriage and widespread sexual exploitation and violence. Because they are experiencing gender discrimination and often have less access to education, health services, and income-earning opportunities than men and boys, women and girls bear a heavy burden of the epidemic, often including providing care and support to household members with AIDS.

We are falling short of fulfilling the commitments of governments in the 2001 *Declaration of Commitment on HIV/AIDS* and in the 2006 *Political Declaration on HIV/AIDS* which acknowledged that HIV services and programmes reaching women and girls need to be scaled up, if the course of the epidemic is to be reversed.

For example, services to provide women living with HIV with antiretroviral prophylaxis to prevent mother-to-child transmission reach only 34% of women living with HIV, far below the 80% target. Ways of reducing gender inequalities are not sufficiently integrated in national strategies, thus hindering adequate scaling up and funding of programmes that will benefit women and girls. While women's leadership and participation help make HIV services and programmes more sensitive to gender inequalities, opportunities for their participation in decision-making are limited. Women are too often absent from policy dialogues that shape global and national AIDS policies and programmes.

Outline of Panel discussion

The panel will reflect on progress in meeting the commitments to women and girls since the last substantive review of the *Declaration of Commitment* in 2006 and will consider specific actions which can be taken on three key areas: importance of the funded multisectoral approach, making the response work for young women and girls, and women's participation and leadership.

1. Creating an enabling environment for HIV programmes through a fully-funded, multisectoral approach

In order to make the response work for women and girls, national strategies should reflect a *multisectoral* approach with strong commitments and accountable leadership, sufficient resources and concrete plans for implementation in all sectors, not just the health sector. An empowering approach to reducing inequalities of women and girls ensures availability of comprehensive HIV services and of social and economic services including those that reduce their burden of care. A multisectoral approach covering social and economic empowerment of women and girls confers many benefits, including reduction in intimate partner violence and facilitation of women's access to services.

Question: How can countries better operationalize a multisectoral response to achieve universal access to prevention, treatment, care and support, and to empower women and girls?

2. Prioritizing young women and girls

Young people need accurate and relevant information about HIV transmission, the skills to put this information into practice, and access to appropriate services. However, national surveys undertaken in 2007 found that only 40% of young men and 36% of young women had accurate knowledge of HIV. Access of adolescent girls to HIV prevention services and other sexual and reproductive health services is still constrained by factors such as community norms and shortage of youth-friendly, gender-sensitive health facilities.

Question: What can be done to overcome the barriers to universal access to HIV prevention services faced by young women and girls? What can be done to translate information into knowledge, and knowledge into behaviour change? How can men and boys be involved in promoting knowledge and behaviour change?

3. Ensuring participation and leadership of HIV-positive women in the response

Commitments to ensuring women's and girl's voices are incorporated in decision-making processes and mechanisms need to be reinforced and implemented in order to ensure that those most affected are in a leading role. AIDS policies and programmes are more effective when women's organizations—particularly those of HIV-positive women—help form their content and direction. In a UNAIDS 2007 survey of 80 countries, only one third of these countries had full formal participation from women living with HIV, and only 28% had full formal participation from women's organizations. In addition, an analysis of 45 current national strategic plans shows minimal effort to scale up economic and psychosocial programmes and services targeting women living with HIV.

Question: How can governments, bilateral and multilateral organizations strengthen the resilience of and further engage women living with HIV and those on the front-line of care-giving in households so that they are successfully engaged as leaders in the response and key participants in formal decision-making processes?

Attachment 4

Panel 4: AIDS: A Multigenerational Challenge – Providing a Robust and Long-Term Response

Overview

New and old challenges face the global community in building a long term and robust response to HIV. Many impediments, from poverty to tuberculosis, are proving to be powerful obstacles, and in some instances turning back advances gained. Enduring and collective efforts are required over generations to come and depends on actions taken now by national leaders, donors, researchers, non-governmental organizations, and all other stakeholders engaged in the HIV response. The response to HIV requires investment in both HIV disease-specific interventions and broad health systems strengthening. More research and investments are required, while scaling up of proven and effective HIV prevention tools and strategies is urgent. Social protection for the most vulnerable populations, especially orphans and children, must remain a priority.

Current situation

Substantial progress has been made in the past decade in scaling up essential HIV prevention, treatment, care, and support services, reinforcing health system components such as procurement and laboratory capacity. Important developments have also been achieved in the search for new technologies to prevent HIV transmission. Mobilising sustained support commensurate with the long-term effects of the HIV epidemic is a challenge for both governments and development partners to meet.

Outline of the Panel discussion

This panel addresses the importance of HIV to overall development, the role of social protection, the urgent need for a combined approach to tuberculosis and HIV, the value of health systems strengthening, and the promise of scientific innovation. The panel will consider specific actions to be taken in the following key areas:

1. Progress in HIV key to overall development

The global response to HIV, while specifically linked to Millennium Development Goal 6, also supports the achievement of most of the other Goals. For example, mitigating the epidemic's impact will advance Goal 1 – eradicating extreme poverty and hunger, and Goal 3 – to empower women and promote gender equality. With more than half of all HIV-infected infants dying before age two, the prevention of mother-to-child HIV transmission and the provision of paediatric HIV treatment together contributes towards Goal 4 – reducing child mortality. The multisectoral response that is essential to effectively address the broad nature of HIV must give equal importance to health, education, employment, development, humanitarian and human rights concerns, and the perspectives of women and children. Thus, progress towards reversing the HIV epidemic is central to the human development agenda.

Question: How can national development plans better integrate and reinforce the response to HIV?

2. Social Protection for affected populations

Social protection, including family and child support programmes, helps mitigate the social and economic impact of HIV on families and communities and builds social support foundations for long-term development. Children orphaned by AIDS and other vulnerable children require special attention to reduce their vulnerability and to ensure access to education, health care, and legal support to address child abuse and inheritance rights. They also need to be protected from stigma and discrimination.

Question: How can social protection programmes be innovative and contribute towards Universal Access?

3. “One life, two diseases” – Combined approach needed for tuberculosis and HIV

HIV responses that integrate HIV and tuberculosis prevention and treatment programmes into poverty reduction strategies and national development plans can address the long-term and multi-generational challenges of these co-infections. Tuberculosis, particularly drug-resistant tuberculosis, poses an urgent threat to people living with HIV. It is critical to build the capacity of affected populations to respond to tuberculosis and HIV, helping to ensure programme relevance, transparency and improved accountability.

Question: How can collaboration between national TB and HIV programmes be facilitated?

4. Need for health system strengthening

Health system strengthening aims to improve the six building blocks of health systems, managing their interactions to achieve more equitable and sustained improvements across health services and health outcomes. These blocks are service delivery; health workforce; strategic information; medical products, vaccines, and technologies; financing; and leadership/governance. HIV has highlighted a range of chronic health systems problems and has stimulated interest in and investment in addressing them. The challenge is to achieve the right balance between HIV disease interventions and broad health system strengthening.

Question: How can HIV investments best contribute to overall health outcomes?

5. Scientific innovation for securing the future

Despite some setbacks, the search for new technologies to prevent HIV transmission has been rewarded by the compelling findings of male circumcision trials which have proven to reduce the risk of female-to-male sexual transmission by approximately 60%. A number of countries are now introducing or scaling up male circumcision services within comprehensive prevention programmes emphasising safer sex practices. Trials of pre-exposure prophylaxis hold out for hope for discordant couples and those at high risk. However, the main diagnostic test for TB is over 120 years old, and there have been no new anti-tuberculosis drugs in 40 years.

Question: How can we support scientific innovation and prepare for rapid implementation of new technologies*?*

Attachment 5

Panel 5: Resources and universal access: opportunities and limitations

Overview

Responding to the call for increased resources to support to the global AIDS response in 2001, new initiatives by multilateral institutions such as the World Bank's Africa Multi-Country HIV/AIDS Program and by bilateral donors, such as the United States President's Emergency Plan for AIDS Relief were launched to mobilize international resources in response to the spread of the AIDS epidemic. The Global Fund to Fight AIDS, Tuberculosis and Malaria was established to provide low- and middle-income countries with additional financing. Prices of some HIV medicines have been greatly reduced and now millions of people are on antiretroviral treatment.

At the High-Level Meeting on AIDS in 2006, governments capped these achievements with an even bolder commitment: to achieve universal access to HIV prevention, treatment, care and support by 2010. National, regional and global consultations leading up to the High-Level Meeting of 2006 cited predictable financing as one of the major challenges to achieving universal access.

Current situation

From 1996, when UNAIDS was launched, to 2005—the annual funding available for the response to AIDS in low- and middle-income countries increased 28-fold. Funding reached a projected US$ 8.9 billion in 2006 and US$ 10 billion in 2007. While impressive, there is still a gap between the needs and the estimated available funding.

Outline of Panel Discussion

This panel will consider specific actions and steps which can be taken to ensure predictable funding well into the future, from all sources, including domestic budgets, without imposing excessive burdens on poor nations and the poorest communities. The following key issues will be considered.

1. Predictability and sustainability of HIV funding

HIV is a long-term epidemic and although there are more financial resources available now, governments need to demonstrate increased national commitment and responsibility to respond to HIV and the health issues of those in need over the long term.

Question: What can countries do to minimize the impact of uncertain and variable external funding? How can countries ensure it is sustainable?

2. Mobilizing adequate financing

If the scaling up of HIV services continues at the current pace, the funding required is estimated to be US$ 15.7 billion in 2010 and US$ 23.6 billion in 2015. Even with these resources, the world will not achieve universal access by either 2010 or 2015. Of the nearly 9.6 million who will be in need of antiretroviral treatment in 2010, only 4.7 million people will receive it. The Universal Access by 2010 scenario envisages the need for significant increases in available resources—between US$

27 billion–US$ 43 billion in 2010 and between US$ 35 billion–US$ 49 billion in 2015. To close the gap, existing international donor commitments must be fulfilled and new ones made.

Question: Can adequate financing be achieved in the short and long term? If yes, then how will we do this?

3. Moving governments to mobilize their own resources

A long-term effort to support HIV programmes also depends on an increase in public expenditure by low- and middle-income countries. In low-income countries, official development assistance will continue to be the main source of HIV financing. However a greater percentage of national budgets could still be dedicated to health (for example as proposed in the 2001 Abuja declaration by African leaders to allocate 15% of annual national budgets to the improvement of the health sector). Governments, if they have not done so, need to put in place national HIV strategies and operational plans that are prioritized, costed and based on evidence. Governments must reduce tariffs on HIV commodities and exploit fully the flexibilities of international trade law.

Question: What can low- and middle-income countries do to increase public expenditure on HIV? Is there a role for social health insurance?

4. Mobilizing new and innovative sources of finance

In addition to donor and public sources of funding, various initiatives have used innovative ways such as channelling monies from debt relief to health programmes. Resources have also been raised from corporate champions and products, private sector, philanthropists and the general public.

Question: What role are these initiatives likely to play in bringing additional resources to the HIV response?

5. Making the money work

The development and use of comprehensive, credible, costed strategic and action plans is a first step in making the money work. Investments on HIV programmes must be evidence informed and tailored to local realities. National and international partners must make policies, procedures and financial flows transparent so as to militate against all forms of waste and misallocation of funds. Civil society organizations and communities must be involved in decision making at all levels and have an influence on the proper use of funds. How can we show returns for investment made on HIV?

Only through a process of 'knowing your epidemic and response' is it possible to ensure that AIDS responses are fully effective. Situational analyses of the sizes of vulnerable populations, where they can be reached, and rates of HIV infection should be undertaken to inform responses.

Question: How can we show return on investments made in HIV programming? How can it be ensured that countries develop sufficient and quality strategic information to know their epidemic and act accordingly*?*

Attachment 6

Civil Society Interactive Hearing

Action for Universal Access 2010: Myths and Realities

Overview

During the 2006 High Level Meeting on AIDS, countries committed to set ambitious national targets for scaling up towards Universal Access to HIV prevention, treatment, care and support by 2010.

It is important that all sectors show leadership in ensuring that this commitment leads to action in achieving Universal Access by 2010. The urgent need for action has to be clearly communicated at the High Level Meeting and then acted upon because millions of lives depend on this commitment, which cannot be delayed. A failure to fulfill international commitments has human and social costs which are unacceptable.

Current situation

Twenty-seven years into the epidemic, millions of lives have been lost and hundreds of millions more changed forever. We are not keeping pace with, let alone overcoming the impact of the AIDS epidemic. We are slipping behind on the target of reaching Universal Access by 2010 and the 6th Millennium Development Goal. Many are falling short in the response to HIV and AIDS – in matching action, commitment, leadership, and resources to the rhetoric.

Outline of the Civil Society Hearing

Following remarks from the President of the General Assembly and the Secretary-General, civil society speakers will bring frontline experience to the session, addressing the challenging issues underlying the spread of the epidemic, while stressing the importance of accountability and involvement as we near the targets set to fulfil the Declaration of Commitment and Universal Access.

The civil society hearing will address the current reality of an insufficient response to HIV and the impact it is has on communities around the world. The hearing will also address some of the myths that themselves have become barriers to effectively responding to the epidemic. It will provide an open, honest and dynamic forum to discuss these myths and realities in the urgent work needed to achieve Universal Access by 2010.

The Hearing aims to:

- Actively engage with government representatives on key issues for the high level meeting.
- Provide a space for the voices of those who face marginalization, stigma, and discrimination, in particular people living with HIV, to push for accountability and urgent action to achieve Universal Access by 2010.

- Demonstrate the strength, diversity and commitment of civil society in the response to the epidemic.
- Provide official civil society input to the high-level meeting.

Issue for discussion in the Civil Society Hearing

The overall theme of the Civil Society Hearing is **Action for Universal Access 2010: Myths and Realities.** Speakers will address issues related to achieving Universal Access from a number of different perspectives:

- HIV and Human Rights
- Sex Workers
- Sexual Minorities
- People who Use Drugs
- Women and Girls
- Children
- Young People Living with HIV
- Access to Treatment
- HIV-related Travel Restrictions, Mobility and Migration
- Workplace Responses
- Civil Society Involvement and AIDS Accountability

Annex A

Updated Programme of the high-level meeting

Monday, 9 June 2008		
	Side-events[2]	
Tuesday, 10 June 2008		
9 – 11 a.m.	Opening plenary meeting	GA Hall*
11 a.m. – 1 p.m.	Informal interactive civil society hearing	Conf Room 4*
1:15 - 2:45 p.m.	Side-events	
3 - 6 p.m.	Plenary meeting	GA Hall
	3:00 - 4:30 p.m. Panel Discussion 1 *How do we build on results achieved and speed up progress towards universal access by 2010 – moving on to reach the MDGs by 2015?*	Conf Room 4*
	4:30 - 6:00 p.m. Panel Discussion 2 *The challenges of providing leadership and political support in countries with concentrated epidemics.*	Conf Room 4*
6 – 9 p.m.	Plenary meeting, if/as necessary	GA Hall
Wednesday, 11 June 2008		
8:30 - 9:45 a.m.	Side-events	
10 a.m. - 1 p.m.	Plenary meeting	GA Hall
	10:00 - 11:30 a.m. Panel Discussion 3 *Making the Response to AIDS Work for Women and Girls – Gender Equality and AIDS.*	Conf Room 4*
	11:30 a.m. - 1:00 p.m. Panel Discussion 4 *AIDS: A Multigenerational Challenge – Providing a Robust and Long Term Response.*	Conf Room 4*
1:15 - 2:45 p.m.	Side-events	
3 – 6 p.m.	Plenary meeting	GA Hall
	3:00 - 4:30 p.m. Panel Discussion 5 *Resources and Universal Access: Opportunities and Limitations.*	Conf Room 4*
6 - 9 p.m.	Plenary meeting, if/as necessary; Conclusion of the high-level meeting	GA Hall

[2] See: www.un.org/ga/president/62/issues/hiv/calendar_hlm_sideevents.pdf
* Proceedings of these meetings would be transmitted in the overflow room (Conference Room 1).

Calendar of Side Events

Sunday, 8 June

04:30-07:30

HIV/AIDS Current Medical and Scientific Issues: Updates for the Non-Scientists
NYU School of Medicine, Alumni Hall 550 First Avenue (Open Access)
Organizers: New York University Center for Global Health
Contact: fred.valentine@med.nyu.edu

Monday, 9 June

08:30-01:00

Civil Society Orientation and Caucus
UN Conference Room 1(Open Access)
Organizers: Civil Society Task Force
Contact: cstf@unaids.org; sawyere@unaids.org

09:00-10:30

Launch of "Securing Our Future," the report of the Commission on HIV/AIDS and Governance in Africa (CHGA) - Panel Discussion on "Keeping the Promise: Regional Lessons in the Progress Towards Universal Access"
UN Conference Room 2 (Open Access)
Organizers: UN Economic Commission for Africa
Contact: YAdeyemi@uneca.org

11:00-01:00

Universal Access to Affordable HIV/AIDS Diagnostics and Treatment: In Search of Sustainable Solutions
UN Conference Room 2 (Open Access)
Organizers: UN-Office of the High-Representatives for the Least Developed Countries (OHRLLS), Office of Special Advisor on Africa (OSAA), UNAIDS
Contact: kirungi@un.org

01:00-02:30

Supporting Countries in Strengthening National AIDS Strategies
Delegates Dining Room, 4th Floor (By invitation only)
Organizers: World Bank, UNDP, UNICEF, UNESCO, ILO, UNAIDS Secretariat
Contact: emziray@worldbank.org; mguidry@worldbank.org

01:15- 02:45

Full Enjoyment of Human Rights by All: Vulnerable groups social exclusion and progress towards universal access

UN Conference Room 2 (Open Access)
Organizers: American Foundation for AIDS Research (amfAR), Global Forum on MSM and HIV, UNDP and UNAIDS Secretariat
Contact: jeffreystanton@amfar.org; nadia.rasheed@undp.org

02:00-04:00

Financing and Resourcing Gender Equality and Women's Empowerment in the Context of HIV and AIDS
UN Dag Hammarskjöld Auditorium (Open Access)
Organizers: World YWCA, UNIFEM and Church World Services
Contact: sophie.dilmitis@worldywca.org

03:00-06:00

Parliamentary Briefing
ECOSOC Chamber (By invitation only)
Organizers: Inter-Parliamentary Union, UNDP, UNAIDS Secretariat
Contact: am@mail.ipu.org

HIV-TB Global Leaders Forum
UN Conference Room 2 (Open Access)
Organizers: Special Envoy of the UN Secretary General to Stop TB, WHO, UNAIDS Secretariat, World Bank, EU, and the Global Fund to Fight HIV/AIDS, TB and Malaria
Contact: bakerl@who.int; reida@unaids.org

04:00-06:00

Marginalized Communities: Meeting Targets for Sex Workers and Drug Users by 2010
UN Conference Room D (Open Access)
Organizers: International HIV/AIDS Alliance
Contact: mdhaliwal@aidsalliance.org

06:00- 09:00

Awards Gala of the Global Business Coalition on AIDS, TB and Malaria
Cipriani - 55 Wall Street (Limited Access)
Organizers: Global Business Coalition on AIDS, TB and Malaria (GBC), UNAIDS-Private Sector Partnership
Contact: castillor@unaids.org

06:15-07.45

HIV and Injecting Drug Use
Permanent Mission of Australia to the United Nations (150 Wall Street) (by invitation only)
Organizers: the Permanent Mission of Australia to the United Nations, the Permanent Mission of the Netherlands to the United Nations, the Permanent Mission of the United Kingdom to the United Nations and UNODC
Contact: Natalie.cohen@dfat,gov.au

06:30-09:15

Interfaith Service followed by a reception
Saint Peter's Church-Corner of 54th and Lexington (Open Access)
Organizers: Ecumenical Advocacy Alliance, UNFPA, UNAIDS Secretariat
Contacts: karam@unfpa.org; smiths@unaids.org; cab@wcc-coe.org

Tuesday, 10 June

09:00-01:00

Official Events

1:15-2:45

Overcoming barriers in educating young people about sex and HIV
UN Delegates Dining Room, 4th Floor (By invitation only)
Organizers: UNESCO, UNAIDS Secretariat, UNFPA, International Planned Parenthood-Western Hemisphere
Contact: c.castle@unesco.org

ARVs, Refugees and Displaced Persons
UN Conference Room 6 (Open Access)
Organizers: Government of Canada, UNHCR and BC Centre for Excellence in HIV/AIDS
Contact: Michael.McCulloch@international.gc.ca

Entry Denied: What you need to know about HIV Related Travel Restrictions
UN Conference Room 4 (Open Access)
Organizers: International AIDS Society, Gay Men's Health Crisis, UNAIDS
Contact:NathanS@GMHC.org

01:00-09:00

Official Events

Wednesday, 11 June

08:00-09:45

Accelerating scale-up of Prevention of Mother-to-Child Transmission of HIV: Stories of hope
UN Delegates Dining Room, 4th Floor West Terrace (By invitation only)
Organizers: UNICEF and WHO on behalf of Interagency Task Team on the Prevention of HIV Infection in Pregnant Women, Mothers and their Children
Contact: tdebodt@unicef.org; cluo@unicef.org; Loyi@who.int

10:00-01:00

Official Events

01:15-02:45

Parliamentary Action on AIDS
UN Delegates Dining Room, 4th Floor (By invitation only)
Organizers: UNDP, Inter-Parliamentary Union, UNAIDS Secretariat
Contact: violet.baffour@undp.org

Panel Discussion on "PEPFAR": Moving to a Sustainable Response
UN Conference Room 6
Organizers: Permanent Mission of the United States
Contact: kerryp@state.gov

01:15-02:45

Treating Preventing and Caring: Three approaches to addressing HIV and AIDS
UN Conference Room 9
Organizers: Permanent Observer Mission of the Holy See
Contact: lswanep@gmail.com

03:00-09:00

Official Events

Exhibits and Booths

07June-23 July

Body Mapping Exhibit
UN Visitors Lobby (Opening reception on 10 June, 18:00-20:00)
Organizers: Permanent Mission of Canada, Permanent Mission of Tanzania, Permanent Mission of Zambia, UNAIDS Cosponsors and Secretariat

9-11 June

Common Booth
Conference Room 1 Hallway
Organizers: UNAIDS Cosponsors and Secretariat

THE PRESIDENT
OF THE
GENERAL ASSEMBLY

15 May 2008

Excellency,

Following consultations with Member States, and with the support of the Joint United Nations Programme on HIV/AIDS, I have the honour to transmit herewith the second Information Note outlining the organisational arrangements for the high-level meeting on the comprehensive review of the progress achieved in realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS, to be held on 10-11 June 2008.

Please accept, Excellency, the assurances of my highest consideration.

Srgjan Kerim

All Permanent Representatives and
Permanent Observers to the United Nations
New York

Organizational arrangements for the 2008 high-level meeting on the comprehensive review of the progress achieved in realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS (10-11 June 2008, New York)

Information Note 2

Introduction

1. The organizational arrangements for the high-level meeting have been made in accordance with General Assembly resolution 62/178, which, inter alia, requested the President of the General Assembly, with support from the Joint United Nations Programme on HIV/AIDS (UNAIDS) and in consultation with Member States, to finalize arrangements for the General Assembly high-level meeting on HIV/AIDS, to be held on 10 and 11 June 2008. This note elaborates on and supersedes the information note issued on 11 April 2008.

Participation

2. Participation in the high-level meeting will be in accordance with paragraphs 3, 4, 5, 6 and 8 of resolution 62/178.

3. It is expected that the high-level meeting will be attended by several Heads of State and Government and will have a significant level of ministerial participation (ministers of health, economy, development, finance, foreign affairs etc.). In a letter dated 4 February 2008, the Secretary-General extended an invitation to all governments to be represented by a delegation of foremost authority and ability.

4. Pursuant to paragraph 8 of the resolution, a list of civil society representatives to be invited to participate in the high-level meeting as listed in A/62/CRP.1, was approved by General Assembly decision 62/548 of 29 April 2008.

5. In accordance with paragraph 3 of the resolution, Member States are encouraged to include in their national delegations to the high-level meeting parliamentarians and representatives of civil society.

Programme of the high-level meeting

6. The high-level meeting will comprise plenary meetings, five thematic panel discussions and an informal interactive hearing with civil society.

7. The programme of the high-level meeting is contained in Annex A.

8. The President of the General Assembly will circulate a comprehensive summary after the conclusion of the high-level meeting.

Plenary meetings

9. The plenary meetings are scheduled from 9 - 11 a.m. and from 3 - 6 p.m. on Tuesday, 10 June, and from 10 a.m. - 1 p.m. and from 3 - 6 p.m. on Wednesday, 11 June. Additional plenary meetings may be held from 6 - 9 p.m. on both days, as necessary, to accommodate all inscribed speakers.

10. The person openly living with HIV invited to address the opening plenary is Ms. Ratri Suksma, who is accredited through Coordination of Action Research on AIDS (CARAM Asia Berhad).

11. To enable maximum participation within the limited time available, statements in plenary should not exceed five minutes when speaking in the national capacity and eight minutes when speaking on behalf of a group. A list of speakers has been opened for inscription at the General Assembly Affairs Branch from 1 May 2008 (room S-2940B; tel. 1 (212) 963-5063; fax 1 (212) 963-3783; or e-mail heddachem@un.org).

12. Representatives of civil society may attend the plenary meetings in the public gallery, within the limits of the space available.

Five Thematic Panel Discussions

13. The five panel discussions will be held as follows: two on Tuesday 10 June from 3 – 6 p.m., two on Wednesday, 11 June, from 10 a.m. – 1 p.m., and one on 11 June, from 3 - 4:30 p.m. Given limited time, panel discussions will be 90 minutes-long and will be held consecutively.

14. The panel discussions will be open to Member States and observers, as well as civil society representatives.

15. The panel discussions provide an opportunity to have in-depth discussions on the main findings and recommendations of the report of the Secretary-General (A/62/780), which is based on the national progress reports submitted by 147 Member States. They will focus on selected areas that require special attention to advance the HIV/AIDS response, and will help examine the progress made, promote sharing of best practices, identify challenges and gaps and sustainable ways to overcome them. The panels will also consider cross-cutting issues, including human rights, and urgency in meeting commitments set out in the 2001 Declaration of Commitment and the 2006 Political Declaration.

16. To promote interactive, free-flowing discussions, participants will be invited to make brief remarks not to exceed three minutes, raise questions and to respond to other speakers. Written statements are strongly discouraged.

17. To help focus on the specific issues relevant to each of the five panel discussions, background papers for each panel discussion, prepared by UNAIDS, are attached to this Note.

18. Each panel discussion will be chaired by a representative of government, nominated through their respective regional groups. The President of the General Assembly selected, by a drawing of lots, the regional group that will chair each of the five panel discussions.

19. The chairs of the panel discussions will present summaries of the discussions to the President of the General Assembly.

20. The themes and composition of the panel discussions are contained in Annex B.

Informal interactive hearing with civil society

21. An informal interactive hearing with civil society (Hearing) will be convened on Tuesday, 10 June, from 11 a.m. – 1 p.m.

22. The Hearing will provide an opportunity for an exchange of views between civil society (including the private sector) and Member States and observers on various issues, including those arising from the report of the Secretary-General (A/62/780) and with a particular focus on key priority issues for civil society in achieving universal access to prevention, treatment, care and support by 2010.

23. The details on the organizational arrangements for the Hearing are contained in Annex C.

24. A background paper for the Hearing, prepared by the Civil Society Task Force[1], is attached to this Note.

Passes for Delegations

25. The United Nations Pass and ID Office will be open for registration of delegates on the following days at the following times: Sunday, 8 June, from 1 - 5 p.m.; Monday, 9 June, from 8 a.m. - 5 p.m.; Tuesday, 10 June, from 8 a.m. - 4 p.m.; and Wednesday, 11 June, at regular business hours from 9 a.m. - 4 p.m.

26. The United Nations Protocol and Liaison Service will authorize delegation passes, as well as VIP passes for Heads of State and Government and Cabinet Ministers. To facilitate the issuance of these passes, lists of delegations should be submitted to the United Nations Protocol and Liaison Service (room S-201P; tel: 1 (212) 963-7181; fax: 1 (212) 963-1921; or email: chuaw@un.org).

Overflow Room and Webcast

27. Conference Room 1 will serve as the "overflow room" to enable participants to follow proceedings of the opening plenary meeting, the informal interactive civil society hearing, and panel discussions.

28. Plenary meetings, the informal interactive civil society hearing and the five panel discussions, will be transmitted by live Webcast.

Side-Events

29. A calendar of various events related to the high-level meeting from 9 to 11 June is posted on the website of the President of the General Assembly (http://www.un.org/ga/president/62/issues/hiv/calendar_hlm_sideevents.pdf). The side-events listed are subject to change. The organizers of these events are responsible for providing detailed information and updates, as appropriate.

List of Annexes and Attachments

30. The annexes and attachments to this information note are as follows:

Annex A Updated Programme of the high-level meeting (page 4)
Annex B Information on Panel Discussions (page 5)
Annex C Information on Civil Society Hearing (page 8)
Attachment 1 Background paper for Panel Discussion 1 (page 10)
Attachment 2 Background paper for Panel Discussion 2 (page 12)
Attachment 3 Background paper for Panel Discussion 3 (page 14)
Attachment 4 Background paper for Panel Discussion 4 (page 16)
Attachment 5 Background paper for Panel Discussion 5 (page 18)
Attachment 6 Background paper for Civil Society Hearing (page 20)

[1] The President of the General Assembly established the Civil Society Task Force based on the recommendations for membership provided by the UNAIDS Secretariat, to help facilitate civil society's effective contribution to the high-level meeting.

Annex A

Updated Programme of the high-level meeting

Monday, 9 June 2008		
	Side-events[2]	
Tuesday, 10 June 2008		
9 – 11 a.m.	Opening plenary meeting	GA Hall*
11 a.m. – 1 p.m.	Informal interactive civil society hearing	Conf Room 4*
1:15 - 2:45 p.m.	Side-events	
3 - 6 p.m.	Plenary meeting	GA Hall
	3:00 - 4:30 p.m. Panel Discussion 1 *How do we build on results achieved and speed up progress towards universal access by 2010 – moving on to reach the MDGs by 2015?*	Conf Room 4*
	4:30 - 6:00 p.m. Panel Discussion 2 *The challenges of providing leadership and political support in countries with concentrated epidemics.*	Conf Room 4*
6 – 9 p.m.	Plenary meeting, if/as necessary	GA Hall
Wednesday, 11 June 2008		
8:30 - 9:45 a.m.	Side-events	
10 a.m. - 1 p.m.	Plenary meeting	GA Hall
	10:00 - 11:30 a.m. Panel Discussion 3 *Making the Response to AIDS Work for Women and Girls – Gender Equality and AIDS.*	Conf Room 4*
	11:30 a.m. - 1:00 p.m. Panel Discussion 4 *AIDS: A Multigenerational Challenge – Providing a Robust and Long Term Response.*	Conf Room 4*
1:15 - 2:45 p.m.	Side-events	
3 – 6 p.m.	Plenary meeting	GA Hall
	3:00 - 4:30 p.m. Panel Discussion 5 *Resources and Universal Access: Opportunities and Limitations.*	Conf Room 4*
6 - 9 p.m.	Plenary meeting, if/as necessary; Conclusion of the high-level meeting	GA Hall

[2] See: www.un.org/ga/president/62/issues/hiv/calendar_hlm_sideevents.pdf
[*] Proceedings of these meetings would be transmitted in the overflow room (Conference Room 1).

Annex B

Title: **Panel Discussions**

Date/Time: **Tuesday, 10 June, 3 - 6 p.m.; Wednesday, 11 June, 10 a.m. – 1 p.m. and 3 – 4:30 p.m.**

Venue: **Conference Room 4**

Panel discussions will be open to representatives of all Member States and observers, and civil society representatives. Civil society representatives are invited to attend the panel discussions in the public gallery, within the limits of the space available.

The panelists have been selected based on their specific expertise and the recommendations of UNAIDS and civil society. Effort was made to ensure equitable geographical representation and gender balance.

The format for each panel will be as follows:

- The chair will give a brief introduction (maximum of seven minutes).
- Each panelist will speak for a maximum of seven minutes to the specific topic identified to ensure complementarity among the presentations.
- Panelists' presentations will be followed by an interactive discussion, also involving civil society representatives. Interventions should not exceed 3 minutes.
- **Participants are strongly discouraged from reading prepared statements in order to ensure that the discussions are interactive.**

The themes and composition of the panel discussions are as follows:

Panel 1: How do we build on results achieved and speed up progress towards universal access by 2010 – moving on to reach the MDGs by 2015?

The panel will take stock of results and focus on remaining gaps and key decisions that need to be taken - along with actions at country, regional and global levels. The panel will examine specific findings from country progress reports.

Date/time: Tuesday, 10 June, 3 – 4:30 p.m. (Conference Room 4)
Chair: *H. E. Mr. Nimal Siripala De Silva, Minister of Healthcare and Nutrition (Sri Lanka)*
Panelists:
National representative: *H.E. Ms. Nilcéa Sreire, Minister of Women's Affairs (Brazil)*

Civil Society Representative: *Dr Lydia Mungherera of The AIDS Service Organisation (TASO) (Uganda)*

UN Representative: *Dr. Margaret Chan, Director General, World Health Organization (WHO)*

Panel 2: The challenges of providing leadership and political support in countries with concentrated epidemics.

The panel will focus on the various drivers of the epidemic, HIV and human rights and how to reach stigmatized, hard to reach and vulnerable populations. What specific actions are needed to overcome socio-economic barriers and other obstacles to access to prevention, treatment, care and support.

Date/Time: Tuesday, 10 June, 4:30 – 6 p.m. (Conference Room 4)
Chair: *H.E. Mr. Elias Antonio Saca Gonzales, President (El Salvador)*
Panelists:
National representative: *H.E. Ms. Rigmor Aasrud, State Secretary of Health and Care Services (Norway)*

Civil Society Representative: *Ms. Sonal Mehta of India HIV/AIDS Alliance (India)*

UN Representative: *Mr Antonio Maria Costa, Executive Director, United Nations Office on Drugs and Crime (UNODC)*

Panel 3: Making the Response to AIDS Work for Women and Girls – Gender Equality and AIDS.

The panel will review findings from country reports on the progress, or lack thereof, with regard to the feminization of the epidemic and gender equality; remaining barriers and proposed actions to overcome these.

Date/Time: Wednesday, 11 June, 10 – 11:30 a.m. (Conference Room 4)
Chair: *Ms. Anna Marzec – Boguslawska, Head of the National AIDS Centre (Poland)*
Panelists:
National Representative: *H.E. Mr. Francisco Duque III, Minister of Health (Philippines)*

Civil Society Representative: *Ms. Rosa González (Honduras), LACASSO - ICASO*[3]

UN Representative: *Ms. Thoraya Obaid, Executive Director, United Nations Population Fund (UNFPA)*

Panel 4: AIDS: A Multigenerational Challenge – Providing a Robust and Long Term Response.

The panel will examine critical linkages between the response to AIDS and long-term development, health system strengthening, social protection, scientific innovation and the lethal combination of HIV and Tuberculosis. The UN Special Envoy to Stop TB will present the outcome and recommendations of the "HIV-TB Global Leaders' Forum". What more can be done to ensure a robust, sustainable and multi-generational response?

Date/Time: Wednesday, 11 June, 11:30 a.m. – 1 p.m. (Conference Room 4)
Chair: *H.E. Dr. Tabita Botros Shokai, Minister of Health (Republic of the Sudan)*
Panelists:
National Representative: *H. E. Ms. Maret Maripuu, Minister of Social Affairs (Estonia)*

Civil Society Representative: *Mr. Gregg Gonsalves (US), Global Network of People Living with HIV/AIDS (GNP+)*

UN Representative: *Ms. Ann Veneman, Executive Director, United Nations Children's Fund (UNICEF)*

[3] Latin American and Caribbean Council of AIDS Service Organizations - International Council of AIDS Service Organizations.

Panel 5: Resources and Universal Access: Opportunities and Limitations.

The panel will examine aspects of financing of the response to AIDS, including sources of funding, resource allocation, and spending, "making the money work", accountability and predictable and multi-year funding. How can sustainable funding be assured at country level for the long-term?

Date/Time: Wednesday, 11 June, 3 – 4:30 p.m. (Conference Room 4)
Chair: *H.E. Mr. Gudlaugur Thor Thordarson, Minister of Health (Iceland)*
Panelists:
National Representative: *H.E. Mr. Daniel Kwelagobe, Minister, Presidential Affairs and Public Administration (Botswana)*

Civil Society Representative: *Mr. Vladimir Zhovtyak of Eastern European and Central Asian Union of People Living with HIV/AIDS (Ukraine)*

International organization representative: *Mr. Michel Kazatchkine, Executive Director, Global Fund to fight AIDS, Tuberculosis and Malaria*

Annex C

Title: **Informal Interactive Hearing with Civil Society**

Date/Time: **Tuesday, 10 June, 11 a.m. - 1:00 p.m.**

Venue: **Conference Room 4**

The Civil Society Hearing will be open to all Member States and observers, with the active participation of representatives of civil society organizations. Access to the Hearing will be on a first-come-first-served basis.

The theme for the Hearing is ***Action for Universal Access 2010: Myths and Realities.***

The Hearing will be chaired by the President of the General Assembly. Opening remarks will be made by the President of the General Assembly and the Secretary-General.

The opening civil society speaker will be Mr. Mark Heywood (South Africa) of International Council of AIDS Service Organizations (ICASO). His address will have a special focus on the theme of the Hearing, as well as on *HIV and Human Rights*.

Eleven other civil society speakers will be invited to make short presentations on selected topics relating myths and realities, and the call for "Action for Universal Access 2010". Presentations will be as brief as possible. Presentations should be as brief as possible with a maximum time limit of four minutes.

The speakers and topics will be:

Sex Workers: Ms. Gulnara Kurmanova (Kyrgyzstan), International Women's Health Coalition (IWHC)

Sexual Minorities: Mr. Leonardo Sanchez (Dominican Republic), Amigos Siempre Amigos

People Who Use Drugs: Mr. Albert Zaripov (Russia), ICASO

Women and Girls: Ms. Winnie Sseruma (United Kingdom), World Council of Churches

Children: Ms. Miriam Banda (Zambia), the Network of Zambian People Living with HIV and AIDS

Young People Living with HIV: Ms. Stephanie Raper (Australia), Global Network of People Living with HIV (GNP+).

Access to Treatment: Mr. Loon Gangte Hemninlun (India), GNP+.

HIV-related Travel Restrictions, Mobility and Migration: Ms. Gracia Violeta Ross Quiroga (Bolivia), the Bolivian Network of people living with HIV/AIDS

Workplace Responses: Mr. Gary Cohen of Becton Dickinson (USA); and Mr. Romano Ojiambo-Ochieng (Uganda), ICASO.

Civil Society Involvement and AIDS Accountability: Ms. Alessandra Nilo (Brazil), GESTOS.

Presentations will be followed by an interactive discussion among Member States, observers and civil society representatives. Interventions should not exceed 3 minutes.

Ms. Morolake Odetoyinbo (Nigeria) of the Global Network of People Living with HIV/AIDS (GNP+) and a member of the Civil Society Task Force will present concluding remarks on behalf of the civil society.

Following an open call for nominations, which yielded more than 250 proposed speakers, the Civil Society Task Force recommended speakers to the President of the General Assembly. The selection was based on criteria established by the Civil Society Task Force, which included experience, people living with HIV, gender and regional diversity. Six of the civil society speakers are openly living with HIV.

Attachment 1

Panel 1: How do we build on results achieved and speed up progress towards Universal Access—moving on to 2015 in order to reach Millennium Development Goals?

Overview

During the 2006 High Level Meeting on HIV/AIDS, countries committed to set ambitious national targets for scaling up towards Universal Access to HIV prevention, treatment, care and support by 2010. This commitment was intended as a mid-point towards achieving the Millennium Development Goals, recognizing that many obstacles in the path to Universal Access were systemic and would impinge upon the achievement of several Goals (e.g. 4, 5, 6 and 8). Reinvigoration of interest in and action towards achieving the Millennium Development Goals has the potential to contribute significantly to HIV efforts.

Current situation

The 2008 *Secretary-General's Report on the Declaration of Commitment on HIV/AIDS and Political Declaration on HIV/AIDS* confirm that countries have utilized the Universal Access process as a catalyst to accelerate their national HIV responses. Most countries have made good but variable progress in responding to the HIV epidemic, especially in the areas of antiretroviral treatment, prevention of mother-to-child transmission and confidential voluntary testing and counselling. Significantly less progress has been made on other HIV prevention efforts, and progress towards ensuring the care of orphans and vulnerable children remains poor in many countries. Moreover, it would appear that most progress has been in areas that have allowed for easier 'wins', not necessarily facilitating equal access for those most in need. This variable progress raises serious unease about whether Universal Access and the health-related Millennium Development Goals can be achieved at the current rate of progress.

Outline of the Panel discussion

The panel will reflect on progress made towards Universal Access and the actions required to speed up progress towards Universal Access by 2010 in order to reach the Millennium Development Goals in 2015. The panel will consider specific actions to be taken in the following key areas:

1. Improving national political leadership and coordination

Countries that have made good progress have demonstrated strong leadership and coordination of the HIV response and fostered linkages with other development issues. Clear political direction from the very highest levels enables a comprehensive, multisectoral and decentralized HIV response. This also encourages development partners to align closely with the national priorities. However, few countries have been able to put all these elements in place, with the main challenges continuing to be weak multisectoral and local government commitment and low levels of national funding.

Question: What are the catalysts that will improve and enhance political will so that countries, with less engaged leadership and weaker coordination mechanisms, can accelerate their response?

2. Addressing obstacles to Universal Access and Millennium Development Goals

Country reports indicate that progress on scaling up has been achieved when national HIV strategies have successfully identified and addressed critical obstacles through an inclusive process. These obstacles include systems strengthening, affordable commodities, predictable and sustainable financing, countering stigma and discrimination and the lack of integration of HIV into key services, such as sexual and reproductive, maternal and child health and tuberculosis services. Investments in HIV programming have longer-term benefits to broader health-system provision, such as increasing human resource capacity for service delivery, improving access to commodities and equipment and making efforts to improve health systems. However, it is also clear that significant capacity constraints remain, and are in some cases exacerbated by the strain placed on service provision due to accelerated scale up of services.

Question: What strategies can be put in place to unblock these obstacles to scaling up towards Universal Access and achieving Millennium Development Goals and ensure that international partners sustain their commitment to support countries to achieve these Goals?

3. Enhancing an evidence-informed response

While many countries have reported substantial improvements in their understanding of the HIV epidemic, scaling up of HIV prevention programmes remains patchy. Key at-risk populations are barely being reached in many countries. Until decision makers at national and local levels use evidence to inform HIV prevention and treatment programmes, it will be impossible for them to halt and reverse the epidemic.

Question: What are the mechanisms and incentives to ensure countries increase demand for, and use evidence for implementation of the national HIV programmes?

4. Tackling stigma and discrimination

Countries report that stigma and discrimination against people living with HIV, most-at-risk populations, and orphans and vulnerable children, continue to be a main challenge to achieving Universal Access. Some countries have put in place strong policies and strategies in support of a human rights-based approach, especially for people living with HIV, women, men who have sex with men, injecting drug users, refugees, and/or migrants. Other countries continue to have policies and regulations that actively criminalize and discriminate against people living with HIV and members of other populations at high risk of exposure to HIV, often resulting in inappropriate prevention programmes, inequitable access to services, and low levels of care for orphans and vulnerable children.

Question: How can we eliminate stigma and discrimination so that we can normalise HIV in society?

5. A greater role for civil society

Significant civil society engagement has been key to successful scaling up, in particular in expanding implementation capacity in countries and ensuring service availability for marginalised populations and those most in need. Unfortunately, in a number of countries, despite the fact that civil society organizations, including networks of people living with HIV are at least partly meeting needs left unmet by inadequate government responses, the legal status of these organizations remains opaque, and civil society remains only marginally included in the national HIV response, including access to sustainable financing.

Question: How can governments provide political and programmatic space for civil society participation in scaling up towards universal access*?*

Attachment 2

Panel 2: Challenges of providing leadership and political support in countries with concentrated epidemics

Overview

A concentrated HIV epidemic is one where HIV has spread rapidly in one or more defined subpopulations but is not well-established in the general population. In a concentrated epidemic there is still the opportunity to focus HIV prevention, treatment, care and support efforts on those populations which are most affected, while recognizing that no subpopulation is fully self-contained. In many regions of the world, including Europe, Asia, Latin America and West Africa, most countries are experiencing concentrated epidemics.

In most situations, a combination of social vulnerabilities, and biological and behavioural factors place the following populations at differentially higher risk of acquiring and/or transmitting HIV: sex workers and their clients; injecting drug users; men who have sex with men; and incarcerated people (prisoners).

Members of other populations, such as people with sexually transmitted infections, mobile or migrant workers who endure long periods of spousal or partner separation, uniformed services personnel and ethnic or cultural minorities may also be likely to be exposed to HIV at a significant level, depending on the local situation.

Current situation

The 2008 *Secretary-General's Report on the Declaration of Commitment on HIV/AIDS and Political Declaration on HIV/AIDS* show some progress but many remaining challenges. Many most-at-risk populations lack meaningful access to HIV prevention services which is a key concern—for example, the use of contaminated injection equipment accounts for more than 80% of all HIV infections in Eastern Europe and Central Asia. It is also one of the main entry points for HIV epidemics in countries in the Middle East, North Africa, South and South-East Asia and Latin America.

The Secretary-General's *Report* also shows three quarters of reporting countries have protections in place for those most-at-risk populations, principally for women and young people, but only around one third have protection against discrimination for sex workers, men who have sex with men and injecting drug users. In half of all reporting countries there are laws or policies which actually impede access by the most-at-risk populations to HIV prevention, treatment, care and support. It is also notable that while women's access to antiretroviral medicines has reached parity with or exceeded that of men in countries with generalized epidemics, women in need are significantly less likely to be on antiretroviral medicines in several countries with concentrated epidemics.

Outline of Panel Discussion

This panel will consider specific actions which can be taken in countries with concentrated epidemics to increase the leadership and political support for more effective responses to AIDS, and especially those which address the main barriers to access to HIV prevention, treatment, care and support. The following key issues will be considered.

1. Tailoring responses to AIDS to the context of the epidemic

Only through a process of 'knowing your epidemic and response' is it possible to ensure responses to AIDS are fully effective. Situational analyses of size of the vulnerable populations, where they can be reached, and rates of HIV infection should be undertaken to inform responses. Concentrated HIV epidemics can be prevented, stabilized and even reversed using a comprehensive programme of HIV prevention, treatment, care and support activities.

Question: How do political leaders in concentrated epidemics ensure that responses to AIDS are on track?

2. Addressing underlying drivers of HIV risk and vulnerability among most at risk populations

Underlying drivers of concentrated epidemics include gender inequality, stigma and discrimination, and human rights violations. These drivers need to be addressed through a range of measures including: training and community awareness raising, especially involving policy makers, law enforcement and health care and other service providers. Also legal and policy reform is needed to help remove barriers to accessing HIV prevention, treatment, care and support, including access to essential commodities and services for HIV prevention and care.

Question: How can political, religious and social leaders work together to overturn stigma and break taboos on sensitive subjects?

3. Involving most-at-risk populations in devising and delivering the response to AIDS

Where injecting drug users, sex workers, men who have sex with men, and prisoners have been engaged in responses to the epidemic, they have often been among the most effective actors in those responses. The legitimate incorporation of civil society actors into responses to AIDS has proven particularly successful in addressing concentrated HIV epidemics. Funding and capacity-building initiatives for civil society organizations representing those most at risk and vulnerable is important, particularly with regard to participation and peer provision of information, education and commodities and "know your rights" programmes.

Question: Are the right voices being heard in guiding the response to AIDS?

4. Creating partnerships between policy makers and affected populations

Key HIV programmes for most-at-risk populations include implementing public health approaches to the management of sex work, injecting drug use and sex between men. Partnerships which include health and law enforcement agencies can be highly effective in moving beyond legal constraints in reaching key populations at higher risk with HIV prevention, treatment, care and support and are particularly important in reaching some of the most marginalized and abused populations, such as transgender populations.

Question: How do law enforcement, justice and other sectors work with and not against most affected populations?

Attachment 3

Panel 3: Making the response to AIDS work for women and girls: gender equality and AIDS

Overview

HIV infections in women have continued to rise in each region of the world. Globally, women comprised half of adults living with HIV in 2007. In sub-Saharan Africa, 61% of people living with HIV are women, and in all other regions, the proportions of women living with HIV are steadily growing. Even as many countries have accelerated their national responses, the epidemic continues to spread among women due to deeper underlying factors of gender inequality, persistent stigma and discrimination against women and girls, and lack of empowerment to reduce their vulnerabilities to HIV.

In order to sustain the progress countries have made in responding to their HIV epidemics, national programmes must address the factors that continue to put women and girls at risk. The social, cultural and economic factors that make women vulnerable to HIV and that disproportionately burden them with the epidemic's impact are major challenges in national AIDS responses.

Current situation

Young women represent about two thirds of all people aged 15–24 in developing countries newly living with HIV, making them the most-affected group in the world. The vulnerability of women to HIV starts well before they become adults. Many girls under the age of 18 years are at particular risk due to early sexual initiation, unsafe sex, early marriage and widespread sexual exploitation and violence. Because they are experiencing gender discrimination and often have less access to education, health services, and income-earning opportunities than men and boys, women and girls bear a heavy burden of the epidemic, often including providing care and support to household members with AIDS.

We are falling short of fulfilling the commitments of governments in the 2001 *Declaration of Commitment on HIV/AIDS* and in the 2006 *Political Declaration on HIV/AIDS* which acknowledged that HIV services and programmes reaching women and girls need to be scaled up, if the course of the epidemic is to be reversed.

For example, services to provide women living with HIV with antiretroviral prophylaxis to prevent mother-to-child transmission reach only 34% of women living with HIV, far below the 80% target. Ways of reducing gender inequalities are not sufficiently integrated in national strategies, thus hindering adequate scaling up and funding of programmes that will benefit women and girls. While women's leadership and participation help make HIV services and programmes more sensitive to gender inequalities, opportunities for their participation in decision-making are limited. Women are too often absent from policy dialogues that shape global and national AIDS policies and programmes.

Outline of Panel discussion

The panel will reflect on progress in meeting the commitments to women and girls since the last substantive review of the *Declaration of Commitment* in 2006 and will consider specific actions which can be taken on three key areas: importance of the funded multisectoral approach, making the response work for young women and girls, and women's participation and leadership.

1. Creating an enabling environment for HIV programmes through a fully-funded, multisectoral approach

In order to make the response work for women and girls, national strategies should reflect a *multisectoral* approach with strong commitments and accountable leadership, sufficient resources and concrete plans for implementation in all sectors, not just the health sector. An empowering approach to reducing inequalities of women and girls ensures availability of comprehensive HIV services and of social and economic services including those that reduce their burden of care. A multisectoral approach covering social and economic empowerment of women and girls confers many benefits, including reduction in intimate partner violence and facilitation of women's access to services.

Question: How can countries better operationalize a multisectoral response to achieve universal access to prevention, treatment, care and support, and to empower women and girls?

2. Prioritizing young women and girls

Young people need accurate and relevant information about HIV transmission, the skills to put this information into practice, and access to appropriate services. However, national surveys undertaken in 2007 found that only 40% of young men and 36% of young women had accurate knowledge of HIV. Access of adolescent girls to HIV prevention services and other sexual and reproductive health services is still constrained by factors such as community norms and shortage of youth-friendly, gender-sensitive health facilities.

Question: What can be done to overcome the barriers to universal access to HIV prevention services faced by young women and girls? What can be done to translate information into knowledge, and knowledge into behaviour change? How can men and boys be involved in promoting knowledge and behaviour change?

3. Ensuring participation and leadership of HIV-positive women in the response

Commitments to ensuring women's and girl's voices are incorporated in decision-making processes and mechanisms need to be reinforced and implemented in order to ensure that those most affected are in a leading role. AIDS policies and programmes are more effective when women's organizations—particularly those of HIV-positive women—help form their content and direction. In a UNAIDS 2007 survey of 80 countries, only one third of these countries had full formal participation from women living with HIV, and only 28% had full formal participation from women's organizations. In addition, an analysis of 45 current national strategic plans shows minimal effort to scale up economic and psychosocial programmes and services targeting women living with HIV.

Question: How can governments, bilateral and multilateral organizations strengthen the resilience of and further engage women living with HIV and those on the front-line of care-giving in households so that they are successfully engaged as leaders in the response and key participants in formal decision-making processes?

Attachment 4

Panel 4: AIDS: A Multigenerational Challenge – Providing a Robust and Long-Term Response

Overview

New and old challenges face the global community in building a long term and robust response to HIV. Many impediments, from poverty to tuberculosis, are proving to be powerful obstacles, and in some instances turning back advances gained. Enduring and collective efforts are required over generations to come and depends on actions taken now by national leaders, donors, researchers, non-governmental organizations, and all other stakeholders engaged in the HIV response. The response to HIV requires investment in both HIV disease-specific interventions and broad health systems strengthening. More research and investments are required, while scaling up of proven and effective HIV prevention tools and strategies is urgent. Social protection for the most vulnerable populations, especially orphans and children, must remain a priority.

Current situation

Substantial progress has been made in the past decade in scaling up essential HIV prevention, treatment, care, and support services, reinforcing health system components such as procurement and laboratory capacity. Important developments have also been achieved in the search for new technologies to prevent HIV transmission. Mobilising sustained support commensurate with the long-term effects of the HIV epidemic is a challenge for both governments and development partners to meet.

Outline of the Panel discussion

This panel addresses the importance of HIV to overall development, the role of social protection, the urgent need for a combined approach to tuberculosis and HIV, the value of health systems strengthening, and the promise of scientific innovation. The panel will consider specific actions to be taken in the following key areas:

1. Progress in HIV key to overall development

The global response to HIV, while specifically linked to Millennium Development Goal 6, also supports the achievement of most of the other Goals. For example, mitigating the epidemic's impact will advance Goal 1 – eradicating extreme poverty and hunger, and Goal 3 – to empower women and promote gender equality. With more than half of all HIV-infected infants dying before age two, the prevention of mother-to-child HIV transmission and the provision of paediatric HIV treatment together contributes towards Goal 4 – reducing child mortality. The multisectoral response that is essential to effectively address the broad nature of HIV must give equal importance to health, education, employment, development, humanitarian and human rights concerns, and the perspectives of women and children. Thus, progress towards reversing the HIV epidemic is central to the human development agenda.

Question: How can national development plans better integrate and reinforce the response to HIV?

2. Social Protection for affected populations

Social protection, including family and child support programmes, helps mitigate the social and economic impact of HIV on families and communities and builds social support foundations for long-term development. Children orphaned by AIDS and other vulnerable children require special attention to reduce their vulnerability and to ensure access to education, health care, and legal support to address child abuse and inheritance rights. They also need to be protected from stigma and discrimination.

Question: How can social protection programmes be innovative and contribute towards Universal Access?

3. "One life, two diseases" – Combined approach needed for tuberculosis and HIV

HIV responses that integrate HIV and tuberculosis prevention and treatment programmes into poverty reduction strategies and national development plans can address the long-term and multi-generational challenges of these co-infections. Tuberculosis, particularly drug-resistant tuberculosis, poses an urgent threat to people living with HIV. It is critical to build the capacity of affected populations to respond to tuberculosis and HIV, helping to ensure programme relevance, transparency and improved accountability.

Question: How can collaboration between national TB and HIV programmes be facilitated?

4. Need for health system strengthening

Health system strengthening aims to improve the six building blocks of health systems, managing their interactions to achieve more equitable and sustained improvements across health services and health outcomes. These blocks are service delivery; health workforce; strategic information; medical products, vaccines, and technologies; financing; and leadership/governance. HIV has highlighted a range of chronic health systems problems and has stimulated interest in and investment in addressing them. The challenge is to achieve the right balance between HIV disease interventions and broad health system strengthening.

Question: How can HIV investments best contribute to overall health outcomes?

5. Scientific innovation for securing the future

Despite some setbacks, the search for new technologies to prevent HIV transmission has been rewarded by the compelling findings of male circumcision trials which have proven to reduce the risk of female-to-male sexual transmission by approximately 60%. A number of countries are now introducing or scaling up male circumcision services within comprehensive prevention programmes emphasising safer sex practices. Trials of pre-exposure prophylaxis hold out for hope for discordant couples and those at high risk. However, the main diagnostic test for TB is over 120 years old, and there have been no new anti-tuberculosis drugs in 40 years.

Question: How can we support scientific innovation and prepare for rapid implementation of new technologies*?*

Attachment 5

Panel 5: Resources and universal access: opportunities and limitations

Overview

Responding to the call for increased resources to support to the global AIDS response in 2001, new initiatives by multilateral institutions such as the World Bank's Africa Multi-Country HIV/AIDS Program and by bilateral donors, such as the United States President's Emergency Plan for AIDS Relief were launched to mobilize international resources in response to the spread of the AIDS epidemic. The Global Fund to Fight AIDS, Tuberculosis and Malaria was established to provide low- and middle-income countries with additional financing. Prices of some HIV medicines have been greatly reduced and now millions of people are on antiretroviral treatment.

At the High-Level Meeting on AIDS in 2006, governments capped these achievements with an even bolder commitment: to achieve universal access to HIV prevention, treatment, care and support by 2010. National, regional and global consultations leading up to the High-Level Meeting of 2006 cited predictable financing as one of the major challenges to achieving universal access.

Current situation

From 1996, when UNAIDS was launched, to 2005—the annual funding available for the response to AIDS in low- and middle-income countries increased 28-fold. Funding reached a projected US$ 8.9 billion in 2006 and US$ 10 billion in 2007. While impressive, there is still a gap between the needs and the estimated available funding.

Outline of Panel Discussion

This panel will consider specific actions and steps which can be taken to ensure predictable funding well into the future, from all sources, including domestic budgets, without imposing excessive burdens on poor nations and the poorest communities. The following key issues will be considered.

1. Predictability and sustainability of HIV funding

HIV is a long-term epidemic and although there are more financial resources available now, governments need to demonstrate increased national commitment and responsibility to respond to HIV and the health issues of those in need over the long term.

Question: What can countries do to minimize the impact of uncertain and variable external funding? How can countries ensure it is sustainable?

2. Mobilizing adequate financing

If the scaling up of HIV services continues at the current pace, the funding required is estimated to be US$ 15.7 billion in 2010 and US$ 23.6 billion in 2015. Even with these resources, the world will not achieve universal access by either 2010 or 2015. Of the nearly 9.6 million who will be in need of antiretroviral treatment in 2010, only 4.7 million people will receive it. The Universal Access by 2010 scenario envisages the need for significant increases in available resources—between US$

27 billion–US$ 43 billion in 2010 and between US$ 35 billion–US$ 49 billion in 2015. To close the gap, existing international donor commitments must be fulfilled and new ones made.

Question: Can adequate financing be achieved in the short and long term? If yes, then how will we do this?

3. Moving governments to mobilize their own resources

A long-term effort to support HIV programmes also depends on an increase in public expenditure by low- and middle-income countries. In low-income countries, official development assistance will continue to be the main source of HIV financing. However a greater percentage of national budgets could still be dedicated to health (for example as proposed in the 2001 Abuja declaration by African leaders to allocate 15% of annual national budgets to the improvement of the health sector). Governments, if they have not done so, need to put in place national HIV strategies and operational plans that are prioritized, costed and based on evidence. Governments must reduce tariffs on HIV commodities and exploit fully the flexibilities of international trade law.

Question: What can low- and middle-income countries do to increase public expenditure on HIV? Is there a role for social health insurance?

4. Mobilizing new and innovative sources of finance

In addition to donor and public sources of funding, various initiatives have used innovative ways such as channelling monies from debt relief to health programmes. Resources have also been raised from corporate champions and products, private sector, philanthropists and the general public.

Question: What role are these initiatives likely to play in bringing additional resources to the HIV response?

5. Making the money work

The development and use of comprehensive, credible, costed strategic and action plans is a first step in making the money work. Investments on HIV programmes must be evidence informed and tailored to local realities. National and international partners must make policies, procedures and financial flows transparent so as to militate against all forms of waste and misallocation of funds. Civil society organizations and communities must be involved in decision making at all levels and have an influence on the proper use of funds. How can we show returns for investment made on HIV?

Only through a process of ‘knowing your epidemic and response’ is it possible to ensure that AIDS responses are fully effective. Situational analyses of the sizes of vulnerable populations, where they can be reached, and rates of HIV infection should be undertaken to inform responses.

Question: How can we show return on investments made in HIV programming? How can it be ensured that countries develop sufficient and quality strategic information to know their epidemic and act accordingly*?*

Attachment 6

Civil Society Interactive Hearing

Action for Universal Access 2010: Myths and Realities

Overview

During the 2006 High Level Meeting on AIDS, countries committed to set ambitious national targets for scaling up towards Universal Access to HIV prevention, treatment, care and support by 2010.

It is important that all sectors show leadership in ensuring that this commitment leads to action in achieving Universal Access by 2010. The urgent need for action has to be clearly communicated at the High Level Meeting and then acted upon because millions of lives depend on this commitment, which cannot be delayed. A failure to fulfill international commitments has human and social costs which are unacceptable.

Current situation

Twenty-seven years into the epidemic, millions of lives have been lost and hundreds of millions more changed forever. We are not keeping pace with, let alone overcoming the impact of the AIDS epidemic. We are slipping behind on the target of reaching Universal Access by 2010 and the 6th Millennium Development Goal. Many are falling short in the response to HIV and AIDS – in matching action, commitment, leadership, and resources to the rhetoric.

Outline of the Civil Society Hearing

Following remarks from the President of the General Assembly and the Secretary-General, civil society speakers will bring frontline experience to the session, addressing the challenging issues underlying the spread of the epidemic, while stressing the importance of accountability and involvement as we near the targets set to fulfil the Declaration of Commitment and Universal Access.

The civil society hearing will address the current reality of an insufficient response to HIV and the impact it is has on communities around the world. The hearing will also address some of the myths that themselves have become barriers to effectively responding to the epidemic. It will provide an open, honest and dynamic forum to discuss these myths and realities in the urgent work needed to achieve Universal Access by 2010.

The Hearing aims to:

- Actively engage with government representatives on key issues for the high level meeting.
- Provide a space for the voices of those who face marginalization, stigma, and discrimination, in particular people living with HIV, to push for accountability and urgent action to achieve Universal Access by 2010.

- Demonstrate the strength, diversity and commitment of civil society in the response to the epidemic.
- Provide official civil society input to the high-level meeting.

Issue for discussion in the Civil Society Hearing

The overall theme of the Civil Society Hearing is **Action for Universal Access 2010: Myths and Realities.** Speakers will address issues related to achieving Universal Access from a number of different perspectives:

- HIV and Human Rights
- Sex Workers
- Sexual Minorities
- People who Use Drugs
- Women and Girls
- Children
- Young People Living with HIV
- Access to Treatment
- HIV-related Travel Restrictions, Mobility and Migration
- Workplace Responses
- Civil Society Involvement and AIDS Accountability

Excellency,

Pursuant to my letter of 11 April 2008 to Member States transmitting the information note on the arrangements for the high-level meeting on HIV/AIDS scheduled for 10-11 June 2008, I invited the Chairpersons of the five regional groups for the month of April 2008 to my office today to witness the drawing of lots to select the regional group that will nominate a candidate to chair one of the five panel discussions at the high-level meeting. The results of the draw are as follows:

Panel 1: How do we build on results achieved and speed up progress towards universal access by 2010 – moving on to reach the MDGs by 2015?
Chair: Group of Asian States

Panel 2: The challenges of providing leadership and political support in countries with concentrated epidemics
Chair: Group of Latin American and Caribbean States

Panel 3: Making the Response to AIDS Work for Women and Girls – Gender Equality and AIDS
Chair: Group of Eastern European States

Panel 4: AIDS: A Multigenerational Challenge – Providing a Robust and Long Term Response
Chair: Group of African States

Panel 5: Resources and Universal Access: Opportunities and Limitations
Chair: Group of Western European and Other States

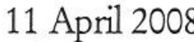
Each panel discussion will be chaired by a representative of a government, at the ministerial level or above. Regional group Chairpersons are requested to communicate the name of the panel chair not later than 9 May 2008.

Please accept, Excellency, the assurances of my highest consideration.

Srgjan Kerim

All Permanent Representatives and
Permanent Observers to the United Nations
New York

THE PRESIDENT
OF THE
GENERAL ASSEMBLY



11 April 2008

Excellency,

Following extensive consultations with Member States, and in consultation with the Joint United Nations Programme on HIV/AIDS, I have the honour to transmit herewith an information note and draft programme for the high-level meeting on the Comprehensive Review of the progress achieved in realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS, which will be taking place on 10-11 June 2008.

Please accept, Excellency, the assurances of my highest consideration.

Srgjan Kerim

All Permanent Representatives and
Permanent Observers to the United Nations
New York

Proposed arrangements for the high-level meeting for a comprehensive review of the progress achieved in realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS, to be convened on 10 - 11 June 2008

Information note

Introduction

1. In paragraph 7 of resolution 62/178 of 19 December 2007, the President of the General Assembly was requested to finalize organizational arrangements for the General Assembly high-level meeting on AIDS. This note outlines proposed arrangements for the high-level meeting, to be held 10 and 11 June 2008. A further note will be issued before the meeting, finalizing any other outstanding arrangements and details.

Participation

2. Participation in the high-level meeting is defined in paragraphs 3, 4, 5, 6 and 8 of resolution 62/178.

3. It is expected that the high-level meeting will be attended by several Heads of State and Government and will have a significant level of ministerial participation (ministers of health, economy, development, finance, foreign affairs etc.). In a letter dated 4 February 2008, the Secretary-General extended an invitation to all governments to be represented by a delegation of foremost authority and ability.

4. In accordance with paragraph 8 of the resolution, a list of civil society representatives that need accreditation to participate in the high-level meeting was drawn up by 31 March 2008 and was circulated to Member States, for consideration on a no-objection basis for a final decision by the General Assembly.

5. In line with paragraph 3 of the resolution, Member States are encouraged to include in their national delegations to the high-level meeting parliamentarians and representatives of civil society.

Programme of work/agenda

6. The proposed programme of work of the high-level meeting, based on the provisions of paragraph 2 of resolution 62/178, is attached as Annex 1.

7. In accordance with paragraph 12 of the resolution, the President of the General Assembly will circulate a comprehensive summary after the conclusion of the high-level meeting.

Plenary meetings

8. The plenary meetings are scheduled from 9 - 11 a.m. and from 3 – 6 p.m. on Tuesday, 10 June, and from 10 a.m. – 1 p.m. and from 3 – 6 p.m. on Wednesday, 11 June. Additional plenary meetings may be held from 6 – 9 p.m. on both days, as necessary, to accommodate all inscribed speakers.

9. The name of the eminent person actively engaged in the response to AIDS and a person openly living with HIV who will speak at the opening plenary meeting will be communicated in a subsequent note.

10. **To enable maximum participation within the limited time available, statements in plenary should not exceed five minutes when speaking in the national capacity and eight minutes when speaking on behalf of a group. A list of speakers will be open for inscription at the General Assembly Affairs Branch from 1 May 2008**.

11. Representatives of civil society may attend the plenary meetings in the public gallery, within the limits of the space available.

Five Thematic Panel Discussions

12. The five panel discussions will be held as follows: two on Tuesday 10 June from 3 – 6 p.m., two on Wednesday, 11 June, from 10 a.m. – 1 p.m., and one on 11 June, from 3 – 4.30 p.m. Given limited time, panel discussions will be 90 minutes-long and will be held consecutively.

13. The panel discussions will be open to Member States and observers, as well as civil society representatives. Due to limited availability of space, access to the panel discussions will be on the basis of colour-coded passes.

14. The panel discussions provide an opportunity to have in-depth discussions on the main findings and recommendations of the report of the Secretary-General, which will be based on the national progress reports submitted by Member States. They will focus on selected areas that require special attention to advance the AIDS response, and will help examine the progress made, promote sharing of best practices, identify challenges and gaps and sustainable ways to overcome them. The panels will also consider cross-cutting issues, including human rights, urgency in meeting commitments set out in the 2001 Declaration of Commitment and the 2006 Political Declaration.

15. The following themes proposed for panel discussions:

Panel 1: How do we build on results achieved and speed up progress towards universal access by 2010 – moving on to reach the MDGs by 2015?
The panel will take stock of results and focus on remaining gaps and key decisions that need to be taken - along with actions at country, regional and global levels. The panel will examine specific findings from country progress reports.

Panel 2: The challenges of providing leadership and political support in countries with concentrated epidemics
The panel will focus on the various drivers of the epidemic, HIV and human rights and how to reach stigmatized, hard to reach and vulnerable populations. What specific actions are needed to overcome socio-economic barriers and other obstacles to access to prevention, treatment, care and support.

Panel 3: Making the Response to AIDS Work for Women and Girls – Gender Equality and AIDS
The panel will review findings from country reports on the progress, or lack thereof, with regard to the feminization of the epidemic and gender equality; remaining barriers and proposed actions to overcome these.

Panel 4: AIDS: A Multigenerational Challenge – Providing a Robust and Long Term Response
The panel will examine critical linkages between the response to AIDS and long-term development, health system strengthening, social protection, scientific innovation and the lethal combination of HIV and Tuberculosis. The UN Special Envoy to Stop TB will present the outcome and recommendations of the "HIV-TB Global Leaders' Forum". What more can be done to ensure a robust, sustainable and multi-generational response?

Panel 5: Resources and Universal Access: Opportunities and limitations
The panel will examine aspects of financing of the response to AIDS, including sources of funding, resource allocation, and spending, "making the money work", accountability and predictable and multi-year funding. How can sustainable funding be assured at country level for the long-term?

16. To promote interactive, free-flowing discussions, participants will be invited to make brief remarks not to exceed three minutes, raise questions and to respond to other speakers. Written statements are strongly discouraged.

17. To help focus on the specific issues relevant to each of the five panel discussions, background notes will be prepared for each panel discussion and circulated no later than four weeks before the meeting.

18. . **Each panel discussion will be chaired by a representative of government, at the ministerial level or above. The President of the General Assembly shall select, by a drawing of lots, the regional group that will chair each of the five panel discussions. Thereafter, each regional group, through its Chair, shall communicate to the President of the General Assembly, no later than 9 May 2008, the candidate nominated from among the group for the respective panel discussion.**

19. Each panel will comprise of three panelists with a thorough knowledge and expertise of the subject. They will include national, United Nations and civil society representatives.

20. The composition of the panels, including the chairs and the panelists, will be finalized by the President of the General Assembly, with due consideration of geographic and gender balance, and communicated in a subsequent note.

21. In accordance with resolution 62/178, the chairs of the panel discussions will present summaries of the discussions to the President of the General Assembly.

Informal interactive civil society hearing

22. An informal civil society hearing, organized in accordance with paragraph 2(c) of resolution 62/178, will be convened on Tuesday, 10 June, from 11 a.m. – 1 p.m.

23. The Hearing will provide an opportunity for an exchange of views between civil society (including the private sector) and Member States and observers on various issues, including those arising from the report of the Secretary-General and with a particular focus on key priority issues for civil society in achieving universal access to prevention, treatment, care and support by 2010.

24. The proposed organizational arrangements for the Hearing will be communicated in a subsequent note.

2008 UN General Assembly High-Level Meeting
Comprehensive review of the progress achieved in realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS
10-11 June 2008, United Nations Headquaters, New York

Draft Programme

Monday, 9 June 2008		
	Side-events	
Tuesday, 10 June 2008		
9:00 - 11:00 a.m.	Plenary meeting, including opening	GA Hall
11:00 a.m. - 1:00 p.m.	Informal interactive civil society hearing	Conf Room 2
1:15 - 2:45 p.m.	Side-events	
3:00 - 6:00 p.m.	Plenary meeting	GA Hall
	3.00 - 4:30 Panel Discussion 1	Conf Room 2
	4:30 – 6:00 Panel Discussion 2	Conf Room 2
6:00 - 9:00 p.m.	Plenary meeting, if/as necessary	GA Hall
Wednesday, 11 June 2008		
8:30 - 9:45 a.m.	Side-events	
10:00 a.m. - 1:00 p.m.	Plenary meeting	GA Hall
	10:00 - 11:30 Panel Discussions 3	Conf Room 2
	11:30 - 1:00 Panel Discussions 4	Conf Room 2
1:15 - 2:45 p.m.	Side-events	
3:00 - 6:00 p.m.	Plenary meeting	Conf Room 2
	3:00 - 4:30 Panel Discussion 5	GA Hall
6:00 - 9:00 p.m.	Plenary meeting, if/as necessary; Closing plenary	GA Hall

THE PRESIDENT
OF THE
GENERAL ASSEMBLY

20 February 2008

Excellency,

On 19 December 2007, the General Assembly adopted resolution 62/178 entitled "Organization of the 2008 comprehensive review of the progress achieved in realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS", by which it decided to convene the high-level meeting on 10 and 11 June 2008. The General Assembly also requested the President of the General Assembly to finalize the organizational arrangements for the high-level meeting.

I am pleased to announce that arrangements for the meeting are already underway. The report of the Secretary-General is being developed following the submission of national reports by Member States on their implementation of the 2001 Declaration of Commitment and the 2006 Political Declaration. In the coming weeks, pursuant to resolution 62/178, I shall, with support from the Joint United Nations Programme on HIV/AIDS (UNAIDS) and in consultation with Member States, finalize other arrangements, including the identification of a person openly living with HIV and an eminent person to speak at the opening plenary meeting, the identification of themes and chairs for the panel discussions, and the format of the informal interactive hearing with civil society.

The organisational arrangements also include the accreditation of relevant civil society representatives that do not have consultative status with the Economic and Social Council or are not members of the Programme Coordinating Board of UNAIDS. The application process is also already underway, and I expect to have the full list ready for distribution to Member States before March 31, 2008.

I have requested the two facilitators, H.E. Mrs. Tiina Intelmann, Permanent Representative of Estonia, and H.E. Mr. Samuel Outlule, Permanent Representative of Botswana, to continue their work on preparations for this meeting. I wish to express my profound appreciation to them for their willingness to continue to undertake this important responsibility.

All Permanent Representatives and
Permanent Observers to the United Nations
New York

Reversing the spread of HIV/AIDS is a Millennium Development Goal which also has an impact on attaining the other goals by 2015. This high-level meeting will provide an opportunity to take stock of the response to the disease, including the progress made and challenges remaining. I therefore encourage Member States to participate in the meeting at the appropriate level.

Please accept, Excellency, the assurances of my highest consideration.

Srgjan Kerim