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New York

President: Mr. Ashe . . . . . (Antigua and Barbuda)

The meetinag was called to order at 10.05 a.m.

Agenda item 118 (*continued*)

Follow-up to the outcome of the Millennium Summit

Draft resolution (A/68/L.48)

The President: Members will recall that the Assembly held a debate on agenda item 118 jointly with agenda item 14 and agenda item 123 at its 54th plenary meeting, on 20 November 2013. Members will also recall that, under agenda item 118, the Assembly adopted resolution 68/271 at its 85th plenary meeting, on 13 May 2014.

The Assembly will now take a decision on draft resolution A/68/L.48, entitled "United Nations Nelson Rolihlahla Mandela Prize". May I take it that the Assembly decides to adopt draft resolution A/68/L.48?

Draft resolution A/68/L.48 was adopted (resolution 68/275).

The President: I now give the floor to the Secretary-General, His Excellency Mr. Ban Ki-moon.

The Secretary-General: I offer my warmest congratulations to all members of the Assembly on the adoption of historic resolution 68/275, which establishes the United Nations Nelson Rolihlahla Mandela Prize. The international community still mourns the death of the great global leader, our Madiba.

I saw the outpouring of international emotion at the State memorial service in Johannesburg last December. The President of the General Assembly, together with many other leaders, was also there. South Africans were joined by leaders and people from around the world to pay solemn tribute to Nelson Mandela's humanity, integrity and remarkable strength, as well as the example that he left to us all of the power of an individual to transcend hatred and to achieve justice. He suffered enormous deprivation and pain for the cause of democracy and equality. At the end of his long journey, he died tranquilly and triumphantly, leaving behind a shining legacy of true peace.

As Nelson Mandela well knew, the struggle still continues. There is still terrible racism in our world. There is deplorable inequality. People suffer hatred, communities are divided and factions and nations are at war. Our best tribute to Nelson Mandela is found not in words or ceremonies but in actions that take up the torch he passed to us. The United Nations was honoured to stand fby Nelson Mandela and the people of South Africa until the apartheid regime ended. The General Assembly has a proud record of acting against apartheid and for Nelson Mandela. From the early days of sanctions to the more recent declaration of 18 July as Nelson Mandela International Day, the Assembly has placed itself on the right side of history, with the people who need us most. Today, the Assembly took another step forward in carrying on Nelson Mandela's lifelong work through this meaningful prize.

When Nelson Mandela himself accepted the Nobel Prize, he said he was a representative of the countless human beings who "recognized that an injury to one is an injury to all and therefore acted together in defence of justice and a common human decency". Nelson

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Mandela embodied that altruistic spirit of solidarity. The United Nations will forever be inspired by his example.

The President: I thank the Secretary-General for his statement.

I now give the floor to the Permanent Representative of South Africa.

Mr. Mamabolo (South Africa): On behalf of President Jacob Zuma of the Republic of South Africa and the Government and people of South Africa, I would like to thank and commend the Assembly for the initiative of establishing the United Nations Nelson Rolihlahla Mandela Prize. I would be remiss if I did not thank you, Mr. President, for your vote of confidence in appointing me to facilitate the consultation on the draft resolution on the Mandela Prize to be adopted today by consensus (A/68/L.48). In the same vein, I should also thank the Member States for their outstanding cooperation, solidarity and support during the facilitation. I would also like to take this opportunity to thank the Secretary-General and his Office for gracing this occasion.

By adopting the resolution on the Mandela Prize, the General Assembly has expressed its appreciation for Mandela's leading role in and his support for Africa's struggle for liberation and unity. In his outstanding contribution to the creation of a non-racial, non-sexist, democratic South Africa, to the struggle for democracy internationally and to the promotion of a culture of peace throughout the world, Mandela has left a legacy that will benefit and inspire generations to come. He has set an example for the rest of the world and created history on his journey through life.

Mandela's greatness does not lie in any infallibility but in the memory that we too are made in the image of God, and can therefore create a world that is rather better than the one we have found. As a world leader who refused to accept injustice, Nelson Mandela had courage that helped to change our entire world. Despite his long years in captivity, Mr. Mandela left prison with a heart closed to any calls for settling scores. Instead, he was filled with a longing for truth and reconciliation, and for an understanding between all peoples. For the greater part of his life he was a beacon of this struggle. In his later years, he became a symbol of hope. In death, he stands confirmed as the embodiment of humanity's triumph. Our dignity and hope found expression in his life and our freedom and democracy are his cherished legacy.

In conclusion, the South African delegation is pleased to join the consensus on the draft resolution on the Mandela Prize.

The President: I would like to personally thank the Permanent Representative of South Africa for the patience and ability he demonstrated in conducting the informal consultations on my behalf.

I now give the floor to the observer of the European Union.

Mr. Mayr-Harting (European Union): Along with other speakers today, the European Union and its member States would like to commend your initiative, Mr. President, in establishing the United Nations Nelson Rolihlahla Mandela Prize, as taken forward in resolution 68/257.

As the Secretary-General stressed, the resolution is an important step in carrying forward President Mandela's lifelong work. Nelson Mandela has been an example of what to strive for and how to strive for it. He taught us all a major lesson in reconciliation, political transition and social transformation. For millions of people inside and outside South Africa, his life is a major source of inspiration. A United Nations prize bearing his name will be a powerful instrument for rewarding achievement and for inspiring and motivating all those who dedicate their lives to the service of humankind, promoting the purposes and principles of the United Nations. As the resolution rightly emphasizes, it also honours and pays homage to Mandela's extraordinary legacy. We therefore warmly welcome its adoption.

We also want to thank the Ambassador of South Africa, Mr. Kingsley Mamabolo, for facilitating the consultations on the resolution. Mandela's life, and the prize through which we aim to honour it, will continue to remind us of South Africa's inspiring journey, which holds lessons for all of us. Alongside South Africa's political struggle, other battles have been waged to improve the lives of those who have been denied equality, social justice and economic opportunity. The European Union and its member States continue to stand with South Africa in those endeavours, consolidating our close relationship, which is strongly based on shared values.

To conclude, we believe there is no better way to honour the memory of Nelson Mandela than by

reaffirming our collective commitment to upholding the values of true and deep democracy, as well as human dignity, for which he fought so tirelessly. This prize will be both a recognition and expression of those values.

The President: The Assembly has thus concluded this stage of its consideration of agenda item 118.

Agenda item 10

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

Report of the Secretary-General (A/68/825)

The President: I should now like to make an introductory statement.

I am pleased to welcome representatives to our annual review of the progress made in addressing the AIDS epidemic. At the outset, I would like to thank the Secretary-General for his comprehensive report, entitled "Towards ending the AIDS epidemic: meeting the 2015 targets and planning for the post-2015 era" (A/68/825). The report outlines progress achieved in the 10 target areas that were unanimously set by our leaders in the 2011 Political Declaration on HIV/AIDS.

The report sends a very clear message. The global solidarity and joint efforts of the international community are yielding significant gains against the epidemic, and bringing about a historic opportunity to lay the foundation for ending the scourge of AIDS. However, AIDS will remain a global challenge beyond 2015, and a sustained commitment and efforts will be required if we are indeed to defeat this scourge.

We cannot underestimate the global progress that has been made in addressing the AIDS challenge. It has been truly remarkable. Thanks to the advances of antiretroviral treatment, HIV diagnosis is no longer the death sentence it used to be in the early days of the epidemic. More than 10 million people in low- and middle-income countries are receiving that life-saving treatment. New HIV infections and AIDS-related deaths continue to decline globally. Progress has been particularly noteworthy in reducing the number of children born with HIV and in keeping their mothers alive.

But despite those significant gains, the epidemic is far from over. The number of HIV infections is still unacceptably high, at 2.3 million in 2012. More than half of those in need of antiretroviral treatment do not have access to it — with a glaring gap in access to paediatric treatment. The epidemic continues to impose a high toll on women and girls, young people and marginalized populations at higher risk of HIV infection. Furthermore, new challenges are emerging, such as the need to address the intersection of HIV and non-communicable diseases, particularly in light of the aging-related health challenges of the growing number of older adults living with HIV.

To address those daunting challenges, we must now accelerate action to reach those who are most vulnerable and underserved. We can make great strides to provide effective HIV response by promoting gender equality, preventing gender-based violence and by addressing stigma and discrimination, both in law and in practice. We must also ensure that the necessary resources are available and spent in the most efficient way, maximizing the synergies between the HIV response and the broader health and development priorities, such as education, nutrition, health and community system strengthening and social protection. Those measures are essential not only for achieving the commitments and targets set for 2015, but also for advancing towards the ambitious goal of ending the AIDS epidemic.

When I took office as President of the General Assembly, I chose "The post-2015 development agenda: setting the stage" as the theme for the sixty-eighth session. As Member States proceed in their deliberations, I hope they will consider the importance of ending the AIDS epidemic as a priority. In addition to the immediate and obvious benefits to the people and societies afflicted, the successes of HIV response can also offer useful lessons for addressing other health and development issues.

The ongoing deliberations on the post-2015 agenda and the proposed high-level meeting on HIV/AIDS both offer timely opportunities to delve further into those issues. Foremost, we need to take comprehensive stock of the progress and challenges in implementing the current goals and targets, set new ones and ensure strong accountability mechanisms to deliver results. With so much investment and effort having been made by all stakeholders, and with so many lives still on the line, it is a moral imperative to seize the opportunity of getting the job done. With continued political commitment, investment and innovation, we can make great strides toward ending AIDS and take a giant

step towards creating a healthier and more prosperous human family, living on a sustainable planet.

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

The Secretary-General: Three years ago, Heads of State agreed on a set of ambitious targets to halt and reverse the spread of HIV and AIDS by the end of 2015. With just over 500 days to go, the international community has made great progress. Between 2011 and 2012 alone, the number of people accessing HIV treatment globally increased nearly 20 per cent. We are on track to providing antiretroviral therapy to 15 million people by 2015 and to eliminating mother-to-child transmission in just a few years.

The world is making solid headway in meeting some of the targets and commitments from the 2011 Political Declaration on HIV and AIDS (resolution 65/277, annex), such as expanding treatment access, eliminating HIV infections among children and keeping their mothers alive, and mobilizing resources. More countries are making specific efforts to take action. Domestic spending on HIV now accounts for more than half of global HIV resources.

At the same time, the Global Fund to fight AIDS, Tuberculosis and Malaria has been strengthened. The recent replenishment of more than $12 billion over three years is a concrete demonstration of global solidarity. I thank Michel Sidibé and UNAIDS for their leadership — along with the efforts of all those across the United Nations system and beyond — to mobilize the global response. We have the tools, the science and the knowledge to end AIDS once and for all. But we cannot let confidence turn to complacency.

Progress remains uneven. Two out of three children who need treatment do not get it. Death rates among adolescents are increasing. Epidemics in Eastern Europe, Central Asia, the Middle East and North Africa are getting worse. And we are far behind on targets, such as reducing sexual transmission by 50 per cent and halving HIV transmission among people who inject drugs. Stigma, discrimination and the criminalization of people who are the most vulnerable to HIV are also getting worse in parts of the world. Several countries are not on track to meet any of the targets. We have the ability to harness the incredible power of HIV treatment as prevention. But this requires countries to accelerate access to early HIV testing and get people on treatment early and consistently. Less than 40 per cent of the 28.6 million people eligible for HIV treatment are receiving it. Many countries still suffer from inadequate supply of lifesaving drugs.

We cannot fail the people who need our help the most.

Those include young people, who are disregarded and underserved by health systems; women and girls, who face unchecked violence and abuse; and key populations, such as sex workers, lesbian, gay, bisexual, transgender and intersex persons, and intravenous drug users, who continue to face criminalization. That not only violates human rights, but drives people away from essential services. Human rights and access to health care are for all, not just for some.

The goal of ending AIDS remains a major challenge. I encourage Member States to continue the vital debate on ensuring how that important objective is best reflected in the post-2015 development agenda. As that work proceeds, the progress and important lessons from the global AIDS response can provide useful guidance. It has a record of breaking through political gridlock, integrating health care and mobilizing key actors from the public and private sector, civil society and the philanthropic community to help spur innovation and deliver results.

As we look ahead, we must do more to drive change. I welcome the UNAIDS Programme Coordinating Board recommendation that the General Assembly consider holding a high-level meeting in 2016 to review progress, identify remaining challenges and make concrete proposals for the next steps on our path to end AIDS. With the ongoing commitment of Member States along with the work of UNAIDS and the entire United Nations system, we have the capacity to deliver a great gift to the world — ending AIDS through the shared vision of no new HIV infections, no discrimination and no AIDS-related deaths.

Let us make good on that promise. Millions of lives depend on it. I thank the General Assembly for its commitment and resolve.

The President: I thank the Secretary-General for his statement.

Mr. Charles (Trinidad and Tobago): I have the honour to speak on behalf of the 14 States members of the Caribbean Community (CARICOM).

CARICOM acknowledges that there has been notable success in the implementation of the

Declaration of Commitment on HIV/AIDS (resolution S-26/2, annex) and the Political Declaration on HIV and AIDS (resolution 65/277, annex). That is evident in various ways, including through the 49 per cent reduction in the incidence of HIV in our regions, the decline by 52 per cent of AIDS-related deaths, from 24,000 deaths in 2001 to 11,000 deaths in 2012, the increase in antiretroviral coverage from 5 per cent to 67 per cent of the eligible population in 2001, and the virtual elimination of mother-to-child transmission in some of our member States. Additionally, there are strengthened national programmes with improved capacity for implementing prevention, treatment and care interventions. Investments have also been made to improve health systems and scale up services for ongoing care and support for increasing numbers of people who are living longer with HIV in our subregion.

Despite those achievements, however, there remains much to be done to achieve the goals and targets to which we as a region have committed and ultimately to address the challenge of getting to zero — with zero discrimination, zero new infections and zero AIDS-related deaths. As we set our sights on an AIDS-free CARICOM region, we do so in a drastically changing global environment and regional space. We are challenged by increasingly stringent eligibility requirements that limit access to resources, particularly for CARICOM States that have been classified by the World Bank as middle-income countries. CARICOM countries also face the growing challenge of expanding treatment, care and support services to meet the needs of increasing numbers of people who are living with HIV. Stigma and discrimination continue to be obstacles to testing, disclosure and access to prevention and treatment services.

The increasing concentration of the HIV epidemic among vulnerable groups of persons at higher risk also warrants renewed and more effective action to remove the obstacles that prevent universal access to a wide range of comprehensive and high quality health-care services. In our region, we intend to focus efforts on ensuring that the human rights of all of our citizens are respected in order to eradicate stigma and discrimination and ultimately end the HIV epidemic.

In response to the compelling epidemiological evidence that shows that certain populations continue to be vulnerable to HIV, the CARICOM subregion, through the Pan-Caribbean Partnership against HIV/AIDS (PANCAP) and in collaboration with the Joint United Nations Programme on HIV/AIDS, mounted a programme of activities, which is continuing under the theme, Justice for All. The aim of the programme is to promote activities consistent with the Universal Declaration of Human Rights, to which all countries ought to be committed and which denounces discrimination.

CARICOM also continues to support and advocate for retaining HIV and AIDS as key issues in the post-2015 development agenda and for raising awareness of the importance of a more holistic and comprehensive approach to health. In addition to addressing the social determinants of health and of HIV in particular, the nexus between HIV and non-communicable diseases is also a growing concern in our region. CARICOM has articulated the importance of an open, transparent and inclusive process to shape the post-2015 development agenda, which must include health-related issues that must be adequately addressed.

To achieve new goals and targets in relation to reducing and eventually eliminating HIV, CARICOM submits that Governments must efficiently and effectively allocate adequate resources to meeting targets, developing plans for sustainability aligned with national strategic plans, performing cost analyses of different scenarios of action and addressing barriers to universal access to HIV treatment and care with the aim of finally eliminating that global menace.

In conclusion, CARICOM applauds the initiatives being undertaken by the United Nations, PANCAP in our region, and other partners in the fight against HIV/AIDS. CARICOM is and remains completely committed to working with all partners to achieve our objectives as the international community moves forward in addressing that decades-old pandemic.

Mr. Msosa (Malawi): I have the honour to deliver this statement on behalf of the 15 States members of the Southern African Development Community (SADC): Angola, Botswana, the Democratic Republic of the Congo, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, Swaziland, South Africa, the United Republic of Tanzania, Zambia and Zimbabwe. SADC aligns with the statement to be delivered on behalf of the African Group.

We thank the Secretary-General for his comprehensive report (A/68/825) on this important subject and take note of the recommendations contained therein.

HIV is one of the greatest health challenges and among the major challenges facing the SADC region. In combination with tuberculosis, the HIV epidemic is reversing economic and social gains achieved over many years and posing a significant challenge to national efforts to strengthen health systems and improve service delivery. From our experience, the effects of the combined HIV and tuberculosis epidemics have been further compounded by poverty, gender inequality, weak health-care and community systems, and insufficient access to treatment. The stigma associated with the disease at the personal, community and institutional levels further compounds the challenge of issuing an effective and comprehensive response to HIV and AIDS in our communities.

The HIV epidemic continues to be a major challenge to regional efforts to achieve Millennium Development Goal 1, as it exacerbates poverty and has a negative impact on economic development. In many instances, economic productivity at both the household and national levels has been stalled by the ravages of the epidemic. Families have lost valuable labour and economic support, further rendering them unable to break the cycle of household poverty.

That sober scenario notwithstanding, SADC countries have made great strides in the fight against HIV. Under the SADC HIV/AIDS Strategic Framework, States members have continued to implement multi-pronged interventions, which include condom promotion and distribution, behaviour change campaigns, expanded HIV testing and counseling services, and male circumcision. The SADC region has also made great strides towards scaling up access to treatment and prevention of mother-to-child transmission.

Although our region has suffered immensely as a result of the epidemic, SADC is convinced that the lessons we have learned have put us in a good position to make valuable contributions to global efforts to address the epidemic. As such, SADC member States remain ready to work constructively with all partners with a view to ensuring that future generations do not suffer from the diseases that have afflicted us.

The pain and suffering we have witnessed and continue to witness daily as a result of the epidemic have served to enforce our commitment to the elimination of HIV and AIDS. As a result of that commitment, two months after the fact we continue to be dismayed that the resolution on women, the girl child and HIV/AIDS was needlessly subjected to a recorded vote at the fifty-eighth session of the Commission on the Status of Women. We remain convinced that there was no justification for the resolution to have been hijacked from the floor for secondary causes.

Expert after expert from our capitals has reiterated that prevention measures — including promoting condom use, changing risky sexual behaviour and delaying the sexual debut of young girls — have been efficacious in reducing the spread of HIV infection. The report of the Secretary-General before us speaks to those facts. It is our hope that henceforth, as members of the international community, we will continue to strive to consolidate our common objective of ending the epidemic, rather than seeking to use United Nations forums to cultivate divisions at every opportunity.

In our region, women and girls continue to bear the brunt of the HIV epidemic. In addition to their physical vulnerabilities to infection, inequalities between men and women continue to exacerbate their particularly challenged position. In many settings, women continue to fall victim to gender-based violence, which exposes them to an increased risk of HIV infection.

While the gender dimension of HIV/AIDS has gained increased attention over the past few decades, more attention is still needed on the plight of HIV orphans who are left to head households following the death of their parents. More attention needs to be devoted to assisting those orphans and vulnerable children, most of whom also survive in child-headed household environments. That scenario contributes to high levels of school drop-out and to their failure to progress to high school, college and other tertiary learning institutions to complete their education and provide for their families. Strong social protection policies and practices therefore need to be put in place to ensure that vulnerable children are empowered to finish school and realize their potential.

Lack of tertiary education exacerbates gender imbalances and leads to increased poverty, especially for girls and women. It exposes them to extreme vulnerability by leading them to seek alternative and riskier coping mechanisms, such as sex for favours and alcohol and substance abuse. It is for that reason that SADC members are convinced that more needs to be done in the area of poverty reduction, gender equality, and the prevention and management of HIV and AIDS.

Finally, the SADC region fully supports the African Union road map for shared responsibility and global solidarity for AIDS, tuberculosis and malaria response in Africa. The road map stresses the need to promote and facilitate investing in local manufacturing hubs in Africa as one of the four priority actions to ensure access to medicines in the region. As a number of African companies are working tirelessly to obtain the World Health Organization's pre-qualifications, we urge the international community to support the loca manufacturing of medicines in every way in order to reduce the vulnerability of the continent.

Mr. Mamabolo (South Africa): I have the honour to deliver this statement on behalf of the Group of African States.

Although HIV/AIDS, tuberculosis and malaria remain a global health challenge, with a substantial mortality burden in Africa, the African Union and its member States have taken significant measures to address the pandemic at various levels, including the adoption of the road map on shared responsibility and global solidarity for AIDS, malaria and tuberculosis. The progress of the road map, which was adopted by African Heads of State and Government in 2012, is being assessed by the Action Committee of Heads of State and Government of AIDS Watch Africa. The road map calls on African Union members to strengthen ownership, accountability and partnership to accelerate progress to achieve clear deliverables under the three pillars of financing, access to medicines and enhanced governance in order to help countries build long-term and sustainable solutions.

Moreover, the African Union special summit in July 2013 in Abuja, Nigeria, made a strong commitment to the Abuja Action Plan towards the elimination of HIV and AIDS, tuberculosis and malaria in Africa by 2030, which called for accelerating antiretroviral treatment, eliminating the mother-to-child transmission of HIV, and strengthening preventive measures in order to reduce new HIV infection. Furthermore, the decision to allocate 15 per cent of the national budget of African States to the health sector is a clear demonstration of the strong political will in Africa.

The African Group takes note of the Secretary-General's report, entitled "Towards ending the AIDS epidemic: meeting the 2015 targets and planning for the post-2015 era" (A/68/825), and the recommendations contained therein. The Group believes that the report could contribute to discussions towards the formulation of the post-2015 United Nations development agenda. In addition, while the Group welcomes the convening of a high-level meeting on HIV/AIDS in 2016, the African Group underscores the importance of adhering to the intergovernmental principle in defining the modalities and organizational arrangements for the meeting at the seventieth session of the General Assembly.

The Secretary-General's report shows that the global HIV response has reached an important stage. New HIV infections and AIDs-related deaths continue to decline in sub-Saharan Africa. Despite continuing economic challenges and competing priorities, the total resources available for HIV programmes in low- and middle-income countries continue to grow. The Group also applauds and recognizes the joint efforts undertaken in 2013 by the Joint United Nations Programme on HIV/AIDS, the World Health Organization (WHO), the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the United States President's Emergency Plan for AIDS Relief to launch the Treatment 2015 initiative, which provides a road map for accelerating treatment scale-up, including in the three years beyond 2015. It urges States to focus attention on neglected aspects of the treatment agenda, including the urgent need to invest in strategies to increase demand for testing and treatment services. Treatment 2015 further calls for all countries to establish new treatment targets to reflect the 2013 WHO guidelines and to routinely monitor outcomes across the treatment cascades.

The African Group is, however, alarmed that the AIDS response is failing where young people are concerned. Children are only half as likely as adults to obtain antiretroviral therapy when needed. Given that AIDS-related deaths are declining overall, HIV-related mortality among adolescents has increased by 50 per cent since 2005. The African Group is convinced that the youth population represents a great asset. It recognizes that the viability of this resource depends on our capacity to take on this challenge. The Group reiterates that it is of the utmost importance to protect women, children and youth from the particular conditions that may impact on their well-being and livelihood. We are equally concerned that in sub-Saharan African, HIV infection rates remain substantially higher among girls than among boys of a similar age. The number of donor-funded male condoms in low- and middle-income countries dropped from 3.4 billion in 2011 to 2.4 billion in 2012, while the number of donor-provided female condoms fell from 43.4 million to 31.8 million.

Considering the mid-term reviews in 2013 of national progress behavioural HIV prevention programmes, the African Group reaffirms and reiterates that prevention, diagnosis, treatment, strong surveillance systems and universal access to service must be at the core of our efforts. In that regard, the issue of supply-chain management and local production of medicine and other preventive mechanisms must be given the critical attention they deserve.

The African Group underscores that universal access to HIV/AIDS treatment remains paramount to global response strategies and constitutes a fundamental human right. The Group reiterates the importance of respect for regional culture and religious value systems and peculiarities in considering human rights issues. The African Group is disturbed by the continuous use of certain concepts and terms in the Secretary-General's report. We wish to stress the need to maintain joint ownership of the international human rights agenda and to consider human rights issues in an objective and non-confrontational manner. It is the African Group's view that we should refrain from relying on notions that fall outside the internationally agreed human rights framework, taking into account that such attempts constitute an expression of disregard for the Universal Declaration of Human Rights.

According to the Secretary-General's report, the stigmatization and discrimination of people living with HIV/AIDS still prevail. The Group is particularly concerned that such attitudes continue to undermine an effective AIDS response to the extent that people living with HIV continue to face challenges in some countries, where they are denied health or dental care and employment. The African Group recognizes that all human rights are universal, indivisible, interdependent and interrelated, and that the international community must treat human rights globally in a fair and equal manner on the same footing and with the same emphasis.

We remain steadfast in the view that, while the significance of national and regional pecularities and various historical, cultural and religious backgrounds must be borne in mind, it is the duty of States — regardless of their political, economic and cultural systems — to promote and protect all human rights and fundamental freedoms. The Group therefore strongly urges for people living with HIV/AIDS to be treated fairly and equally, and protected from stigma, discriminatory practices and related intolerance.

Inasmuch as there has been progress in reducing new HIV infections among people injecting drugs, the Group believes that more emphasis should be placed on efforts aimed at counselling and other means of encouraging people to refrain from using drugs in Africa. Drug use and abuse remain a critical legal matter.

In conclusion, the African Group reaffirms its commitment to fighting the HIV/AIDS scourge, and believes that international cooperation and strategic partnership are crucial in that fight. The Group similarly welcomes medical research developments and technological initiatives on the treatment and cure of HIV/AIDS that are of good quality, accessible and affordable to all. We strongly believe that the HIV treatment for 15 million people, a target set by the Secretary-General, will be achievable only if the significant gains made in HIV prevention and antiretroviral treatment are sustained, and if treatment to prevent mother-to-child transmission is strengthened. The Group therefore calls upon its partners to support the business plan for the implementation of the Pharmaceutical Manufacturing Plan for Africa, which was developed in collaboration with a broad range of partners and subsequently adopted by the special session of the fifth Conference of the African Ministers of Health, in May 2012.

The President: I now give the floor to the observer of the European Union.

Mr. Poulsen (European Union): I have the honour to speak on behalf of the European Union and its member States.

First, we would like to welcome the Secretary-General's comprehensive report (A/68/825) on progress towards achieving the targets of the Political Declaration on HIV and AIDS (resolution 65/277, annex), adopted in 2011. We appreciate the review of the progress to date in reducing new HIV infections and AIDS-related deaths, increasing the prevention of mother-to-child transmission, and the major scientific advances in and large scale-up of access to antiretroviral treatment.

The report underlines that although several of the key targets and goals for 2015 are within reach, AIDS will remain an urgent global health and development challenge. Several significant remaining challenges are mentioned, such as the need for countries to invest strategically in evidence-based HIV prevention in an integrated and comprehensive way, which includes

addressing, among others, links between sexual and reproductive health rights and sexuality education; the importance of scaling up services for key populations and supporting human-rights-based initiatives that will strengthen access to such services; the continued discrimination against and stigmatization of those key populations and women and girls who are particularly vulnerable or most at risk for contracting HIV; the rise in new infections in certain regions and populations; the importance of eliminating HIV-related restrictions on and punitive approaches to those key populations, including people who inject drugs; and the need for better data. The European Union fully agrees with the challenges mentioned and the steps to be taken, especially regarding key populations.

At the country level, tailor-made responses are required to address the HIV epidemic. The report spells out clearly that it is time to integrate HIV prevention and treatment into regular health systems, ensuring that health care services are accessible to hard-to-reach and marginalized groups. It may therefore be unhelpful to recommend establishing national trust funds and mandatory earmarks in budgets only to fund HIV. We welcome the increased efforts of low- and middle-income countries to reduce their dependence on international funding. However, much remains to be done, and we encourage all countries to continue on this path. In that regard, we would like to remind Governments to significantly and speedily scale up their efforts to accelerate the transition to universal access to affordable and quality health-care services.

We acknowledge the work and leadership of Joint United Nations Programme on HIV/AIDS (UNAIDS) as the Organization's focal point in the fight against the HIV epidemic. Collaboration between all relevant actors, including people living with HIV, civil society — both as a service provider and a watchdog — and the Global Fund, especially at the country level, remains of crucial importance. While the Global Fund was not conceived as a long-term financing instrument, we acknowledge that for the foreseeable future it remains crucially important in the fight against HIV and AIDS, tuberculosis and malaria, and we therefore encourage a continued close working relationship between it and UNAIDS.

The European Union and its member States look forward to the high-level meeting on HIV/AIDS in 2016 or soon thereafter, as part of a broader strategic effort to reaffirm and renew our political commitments and to ensure accountability in efforts to achieve universal access to HIV prevention, treatment, care and support in the post-2015 era.

Mr. Tin (Myanmar): I have the honour to speak on behalf of the 10 States members of the Association of Southeast Asian Nations (ASEAN): Brunei Darussalam, Cambodia, Indonesia, the Lao People's Democratic Republic, Malaysia, the Philippines, Singapore, Thailand, Viet Nam and my own country, Myanmar.

At the outset, ASEAN wishes to express its appreciation to the Secretary-General for his report on the important issue of HIV/AIDS (A/68/825). ASEAN also strongly supports the call by the ministers of the Non-Aligned Movement at its seventeenth Ministerial Conference, held recently in Algiers, for a scaling-up of their efforts to achieve the goals of universal access to comprehensive prevention programmes, treatment, care and support and of halting and reversing the spread of this pandemic by 2015.

The HIV/AIDS epidemic remains an issue of critical concern to all peoples all over the world, since to varying degrees it affects every region, including that of ASEAN. It has the potential to be a formidable challenge to and constraint on member States' economic and social development efforts, and curbing it requires a concerted response. ASEAN therefore shares other major regional groups' concerns about the the pandemic's prevalence. Reducing the HIV/AIDS death toll is one of the ASEAN countries' major joint responsibilities.

The leaders of ASEAN have shown their readiness to forge a global partnership by making ASEAN's own political commitments to responding to HIV/AIDS in the wake of the General Assembly's adoption in 2001 of the Declaration of Commitment on HIV/AIDS (resolution S-26/2, annex) and the subsequent Political Declarations of 2006 (resolution 60/262, annex) and 2011 (resolution 65/277, annex). The first ASEAN Declaration of Commitment on HIV/AIDS was made in 2001 at its seventh Summit in Brunei Darussalam, and ASEAN's leaders again adopted a declaration of commitment to zero new HIV infections, zero discrimination and zero AIDS-related deaths during the nineteenth ASEAN Summit in Bali, Indonesia, in 2011. In preparation for the Asia-Pacific Intergovernmental Meeting on HIV/AIDS scheduled for 28-30 January 2015 in Bangkok, ASEAN is also taking steps to evaluate the outcomes of national reviews of its members' policy and legal barriers to universal access to HIV prevention, treatment, care and support.

ASEAN put in place a mechanism to address HIV and AIDS by establishing the ASEAN Task Force on AIDS in 1993. Since then, the Task Force has provided a focus for a coordinated regional response to HIV. It has already completed three work programmes, and has been implementing a fourth for 2011-2015. One of the Task Force's achievements was the development in 2011 of a first regional report on HIV, which documented the status of the HIV pandemic in ASEAN member countries as well as the Association's efforts to address the issue. The report indicated that the main drivers of the epidemic in ASEAN were unprotected sex with multiple partners and needle-sharing in injecting drug use. About 75 per cent of all HIV infections in ASEAN countries are reported from among the key affected populations of sex workers, men who have sex with men, transgender individuals and those who inject drugs. Other vulnerable populations include the intimate partners of the latter groups and at-risk young people, institutionalized persons, the military and mobile populations. The Task Force's initiatives include supporting ASEAN member States in reaching key affected populations by hosting and funding regional-level meetings and consultations, which have included consultations on at-risk youth and on greater involvement and empowerment of people living with HIV.

Many ASEAN countries have already reached their targets in treatment coverage. Nevertheless, most Member States remain dependent on international assistance. For that reason, the ASEAN Task Force supports the fast-tracking of accreditation for licensing in ASEAN member States to produce affordable generic antiretroviral drugs for HIV. An important remaining challenge is developing an enabling a policy environment for HIV programme response. Conflicting laws and policies still exist, particularly for HIV prevention among people who inject drugs, sex workers and homosexual people. In order to get the private sector involved, ASEAN has established the ASEAN Business Coalition on HIV/AIDS and the ASEAN Red Ribbon for Outstanding Workplace Awards for ASEAN senior labour officials as a platform for promoting the greater participation of the private sector in HIV prevention and control and non-discrimination in the workplace.

We are now intensifying our efforts towards building the ASEAN community by 2015. One of the key pillars in that community-building is the ASEAN sociocultural blueprint, which identifies HIV/AIDS as one of the listed priorities. To achieve the goal of a world with zero new HIV infections, zero discrimination and zero AIDS-related deaths, ASEAN needs to forge closer ties with multilateral, bilateral and other international organizations. At present, we are actively engaged with the United Nations family, including the Joint United Nations Programme on HIV/AIDS and the United Nations Development Programme, as well as other donor agencies. Those dialogues and partnerships need to be pursued more strategically, with energy, vigour and passion. Although some ASEAN countries have already reached their universal access targets, we in ASEAN still require further collaboration and financial and technical support. Our vision is an ASEAN community that is people-centred, socially responsible, inclusive and harmonious, with enduring solidarity and unity. We aim to forge a common identity and build a community of caring societies, where the well-being, livelihood and welfare of all peoples are enhanced.

Recognizing the importance of health care for the people, ASEAN leaders, at their recent summit in Nay Pyi Taw, Myanmar, emphasized the need for the effective implementation of the Bandar Seri Begawan Declaration on Non-Communicable Diseases and welcomed ongoing activities in addressing the epidemic. Through the effective implementation of the ongoing ASEAN Work Programme for HIV/AIDS, and with enhanced international assistance, we believe that ASEAN will be able to scale up its efforts to achieve the goal of universal access to comprehensive prevention programmes, treatment, care and support.

Ms. Auguste (Haiti) (*spoke in French*): At the outset, I would like to commend you, Mr. President, for having organized this debate. I am pleased and honoured to participate in this event of great importance to the future of our planet. It is a genuine privilege to come to the General Assembly Hall to make the Haitian nation's contribution to the construction of a new world through the eight Millennium Development Goals (MDGs) — a world of peace, without extreme poverty and without HIV/AIDS. Allow me to commend and thank the Secretary-General for his high-quality report (A/68/825) and for his statement.

My delegation endorses the statement made by the representative of Trinidad and Tobago on behalf of the Caribbean Community.

Nearly 15 years ago, the world joined forces as never before to address the many evils that afflict developing countries and together to define the ways

and means to reduce the suffering and injustices that afflict approximately 1.2 billion people around the world living below the threshold of extreme poverty and to eliminate the scourge of HIV, which further compounds their misery. We are less than two years before the date fixed by the United Nations for the achievement of the MDGs to ensure the advent of a more humane, happier world.

It is with satisfaction and optimism that we look to the future. During the past 14 years, various indicators linked to extreme poverty and HIV have declined globally. At the regional level, since the Pan-Caribbean Partnership against HIV/AIDS was established in 2001, we have recorded a decrease in the incidence of HIV and deaths linked to AIDS by 49 per cent and 59 per cent, respectively. In 2001, 24,000 people died of AIDS. In 2012, only 11,000 died and the use of antiretroviral treatment had risen by 67 per cent. In 2001, such coverage was only 5 per cent.

For some countries, several of the Millennium Development Goals will not be achieved, but the trends are positive and the process is off to a good start. The results attained so far suggest that extreme poverty will be overcome, because the world has come to see that with goodwill and by devoting the resources necessary, we can defeat this scourge and assure all inhabitants of the planet a world of greater well-being and justice. However, those goals must not be interpreted as an opportunity to rest on our laurels. The most important work remains to be done, and we have a long and arduous road ahead. We need to define together the ways and means to reduce the suffering and injustices of people around the world who live below the threshold of extreme poverty and to eliminate the scourge of HIV/AIDS that compounds their misery.

That will not be easy, especially as regards HIV. The progress we are talking about is not across the board, and many countries still lag behind. More than ever, we must redouble our passion and solidarity. Victory over extreme poverty and HIV/AIDS can be achieved only through collective action guided by a sense of fraternity. As the deadline approaches, Haiti wishes to reaffirm the commitment it undertook nearly 15 years ago to joining the global effort to create a more just world in which the dignity of all citizens, no matter where they live, will at last be upheld.

We are proud of the progress made in recent years, especially during the three years that our Government has had the privilege of being in power. Despite all the difficulties that we have had to overcome following various natural disasters and other social and political handicaps, we have stayed the course. Our experience, which we are happy to share with the Assembly, have confirmed that our strategy to prioritize the fight against extreme poverty is the right one. As a result of victories over extreme poverty, we can now instil confidence in the future among the suffering majority and motivate them to achieve their own well-being and that of the nation.

For some countries, victory over HIV appears particularly difficult because it requires the eradication of extreme poverty, since poverty and HIV are linked. It is no coincidence that the poorest countries and communities are those where the rate of HIV infection is the highest. It is no coincidence, either, that AIDS, malaria and tuberculosis are called the infectious diseases of poverty, because they disproportionately affect poor and marginalized populations and are major drivers of extreme poverty and social exclusion.

The link between AIDS and development is indisputable. We must be more aggressive. We must break down barriers, inequality and exclusion and address all causes that perpetuate poverty, since the economic vulnerability that it creates promotes a number of risk behaviours. Such vulnerability must therefore be addressed by using all available means. That is what we have done under the Martelly Administration and Lamothe Government with our social programmes to identify all aspects of extreme poverty, overcoming them with appropriate solutions.

That is why any strategy reviewing the actions to take and the means to use after 2015 in order to achieve that better world for which we struggle must prioritize the fight against extreme poverty, since we must promote any solution that addresses such vulnerability, as we have done with our social assistance programmes and cash transfers in Haiti. Although it was initially criticized, that approach allowed us to improve the outcomes for some key indicators of the Millennium Development Goals.

Three years before the deadline, eliminating underweight among children under 5 years old has been achieved thanks to our determined social policy. Seom 88 per cent of Haitian children now go to school. Our great successes can in particular be seen in the drastic drop in infant and child mortality and in the HIV and AIDS prevalence, which we have managed to stabilize at 2.2 per cent since 2006. It should also be underscored

that such welcome developments could not have been achieved without the solidarity and assistance of the international community and the dedication of the relevant United Nations bodies.

The world will not ever be sufficiently united to deal with all the disasters that afflict it. We need that solidarity more than ever, since the challenges that we must overcome are huge. Six million of our brothers still live in poverty. We have the highest unemployment rate in the hemisphere. While undeniable progress has been made, our health-care system still has serious shortcomings. Considerable efforts should be made to restore our environment, which is the most damaged in the region, in particular since climate change has a serious impact on that deterioration.

However, we are not worried. We have already charted the path that will enable us to achieve all our goals and the post-2015 period is no longer a cause of concern for us. The seeds that we sowed through the implementation of our social programmes, our projects and, in particular, our action plan to reduce poverty have begun to yield results, showing all Haitian citizens the possibility of that lawful, happy and prosperous society of which they have long dreamed. That will give rise to the momentum to overcome all impediments and make it possible to deal with all the challenges, in particular HIV. We now know that it is essential to choose the right path and to move forward time and again in order to succeed. Clearly, we will probably not achieve several goals on time, but it is key to succeed and we will do so.

At the strategic level, we know that we must do our utmost to achieve the set goals by the 2015 deadline or, at least, get as close as we can in order to encourage all international actors to step up their efforts to continue the fight against poverty and AIDS beyond 2015. In that regard, we must urgently find the funds to strengthen prevention campaigns for young people between 15 and 24 years old and women, who are the most affected by the scourge of AIDS. Women account for approximately 57 per cent of the cases recorded between 2010 and 2015. Pharmaceutical companies must also join the global effort and agree to slightly lower their profit so that the price of antiretroviral treatment is more affordable and poor people have access to those medicines.

I would like to tell all sister nations — in particular those that, like us, face difficulties and are overwhelmed by thousands of problems — that the worst is behind us, since we know that if we stay united and mobilized, as we have over the past 14 years, we will achieve our goals, even if not all of them by the set date. The key is to move forward. Victory lies ahead. In order to stay the course, we propose the following actions.

We must speed up decentralization processes so that citizens in the most remote parts of the world can benefit from the same services as those in the major countries. We must emphasize prevention programmes, since people tend to give up once progress has been made in the fight against HIV. They tend to think that the disease has become less dangerous. That is not at all true. We must remind them of that by means of massive and aggressive campaigns, aimed in particular at young people and women. We should subsidize, wherever possible, antiretroviral drugs for those who are not able to pay for them. We must make people aware that the problem of HIV, just like hunger or extreme poverty, in short comes down to one problem: that of development. Development is a common effort. The involvement of every citizen is both a moral and a patriotic duty.

It is especially necessary for each member of the international community, every citizen of every country, to consider their responsibility in what is a true shame for humanity. It is inconceivable that millions of people live in the most extreme poverty and die of hunger, malaria and other diseases, while humanity has all that is needed to eradicate such scourges. For all these years, we members of the international community have been too indulgent towards ourselves. We have accepted too many failures that were avoidable. That is the crux of the issue. Above all, we must continue the strong will to put an end to the phenomenon, which should never have existed, and maintain a healthy indignation for the horrors that for too long we were happy to merely watch. In that way we will remain mobilized and continue on the path that we, as members of the international community, have set for ourselves until the total elimination of poverty and HIV and AIDS.

Mr. Sinhaseni (Thailand), Vice-President, took the Chair.

However, we are not concerned about Haiti. Our results may seem rather modest to the casual observer. That is only because we are in the middle of a democratic learning process that is not very easy and our policy is not always well understood. The Martelly Administration and Lamothe Government have, however, adopted the preferential option for the poor as the social vision that guides our governance. We are in the process of writing that page of history. The uninformed observer clearly lacks the perspective to appreciate the fairness

and scope of such an option, which we are not afraid to call life-saving not only for poor people but for all society. We must therefore understand the essence of the option, study it, perfect it and promote it among ourselves so that it can reappear and regain the prestige that it enjoyed following 1 January 1804.

Mrs. Bartoli (France) (*spoke in French*): We thank the Secretary-General for his report (A/68/825), which, as 2015 approaches, underscores all the efforts made to date throughout the world to combat HIV and AIDS and the progress still to be made in the hope of achieving the fundamental goal of a world without AIDS.

France has been strongly committed to combatting AIDS since the virus was identified 31 years ago. Today, we are the second-largest contributor to the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the largest to the International Drug Purchase Facility, the key organization we played a major role in creating. We therefore welcome the progress that has been made, welcome the mobilization of the international community as a whole in its efforts to combat the pandemic, and reaffirm today the international commitment of France, which allocates more than €300 million — almost $500 million — to combatting AIDS. That massive investment is geared primarily to providing innovative financing for health, such as the solidarity tax on airplane tickets and the tax on financial transactions. Scientific advances, such as the latest recommendations of the World Health Organization (WHO) concerning the early treatment of patients, allow us to foresee a decline in the epidemic that was seen as inconceivable just a few years ago.

The key moment of 2015 for global health will provide us both an opportunity to assess the ground we have covered and to reflect on the ways we propose to shape the fight against AIDS in the post-2015 world. In that context, France underscores three subjects that are dear to our heart.

First, we need to continue to implement policies to combat AIDS that are founded on respect for human rights. The Secretary-General's report exposes the persistent stigmatization, repression and criminalization of vulnerable people — in particular injectable drug users, a population that has unfortunately experienced a spike in the disease in some regions of the world — when they seek access to health care.

Secondly, greater attention should be paid to prevention and treatment for young people, particularly adolescents. The WHO publication on adolescent health published in March notes that HIV/AIDS is the second cause of adolescent death. That is proof, were it needed, that the fight against HIV/AIDS cannot be allowed a moment's pause.

Lastly, the end of the AIDS epidemic can be foreseen only if we devote greater attention to strengthening health systems and to ensuring non-discrimination, with the goal of achieving universal health care. A world without AIDS can become a reality only if the fight against HIV/AIDs is fully integrated into robust national health systems that allow us to address interrelated challenges in the fundamental areas of co-infection, sexual and reproductive health, maternal and child health, and risk reduction among the most vulnerable groups.

France therefore calls for maintaining the political and financial mobilization to combat HIV/AIDS and strengthening efforts within national health systems in order to meet the goal set by the Joint United Nations Programme on HIV and AIDS: zero new infections, zero discrimination and zero AIDS-related deaths.

Mr. Quinlan (Australia): I would like to acknowledge from the very beginning the leadership of Michel Sidibé and all his dedicated colleagues at the Joint United Nations Programme on HIV/AIDS (UNAIDS), who are very instrumental to all our efforts.

I had the great honour to work with my colleague Ambassador Charles Ntwaagae of Botswana as co-chair of the negotiations of the 2011 Political Declaration on HIV and AIDS (resolution 65/277, annex). We are now 12 months from the deadline we ourselves all set for the ambitious targets for a world free of AIDS, but the challenges facing us are still very stark. The recommendations in the Secretary General's report (A/68/825) reflect the action we need to take to deliver on the promise and commitment of the Declaration. The report speaks about the need to use lessons and evidence of what works to scale up all our efforts and build on our successes.

With that in mind, I am frankly alarmed to see that the distribution of condoms declined by over a billion between 2011 and 2012, and that the number of AIDS-related deaths for adolescents actually increased. That is a damning indication that we are not doing what we know works. We need to ensure that HIV and AIDS programmes are targeted to and appropriate for young people. Australia is particularly committed to expanding

access to comprehensive sexuality education, including for adolescents. Fifty adolescent girls contract HIV each hour. That means that 150 will contract HIV during our meeting this morning. It is unforgivably irresponsible not to provide access to HIV prevention programmes for young people.

The report speaks of the need to focus on geographic settings and populations where HIV prevalence and incidence are highest. That has particular resonance for Australia and our Indo-Pacific region. Decades ago, Australia put key populations at the centre of our response. We initiated needle and syringe exchanges and community-based outreach programmes for sex workers and gay men, and we tackled discrimination against people with HIV, with their help. Those interventions helped reduce and avoid new infections well before the new advances in treatment.

Research shows that the pattern of the epidemic's spread in Asia is driven by commercial sex, injecting drug use and sex between men. In Australia's closest neighbour, Papua New Guinea, HIV infection rates in transgender people and sex workers are many times higher than in the general population. The high rates of infection in those key populations denote high levels of risk and demand targeted interventions.Australia is working with our partners in the region to support their efforts to reduce and avoid new infections. For example, our partnerships with Indonesia and Papua New Guinea support national responses and target at-risk populations. Targeting services to those most at risk also makes sense economically. The Commission on AIDS in Asia has found that interventions for key populations are low in cost and high in impact.

Perhaps most importantly, the Secretary General's report speaks of the need to protect the human rights of key populations, particularly lesbian, gay, bisexual and transgender people. Punitive laws that criminalize those people and/or restrict their freedoms of association and expression violate the most fundamental human rights that underpin the Charter of the United Nations itself and that we all obligated to uphold. The evidence shows that such laws limit access to services and put lives at risk. We need policies of inclusion that reduce stigma and discrimination against people with HIV and against socially marginalized and vulnerable groups, sex workers, transgender people, people who use drugs and men who have sex with men. Australia is strongly committed to reaching out to and supporting vulnerable populations and to defending their human rights.

This year, Australia has the honour of chairing the UNAIDS Programme Coordinating Board in Geneva and will host the twentieth International AIDS Conference in Melbourne next month. We relish this leadership role and are committed to making the international conference a compelling, inspiring and informative event for all. Finally, we look forward to the high-level meeting on HIV and AIDS anticipated for 2016, which is a necessary meeting.

To conclude, we know what we need to do to end HIV and AIDS. Our Political Declaration in 2011 set out a straight trajectory to achieve this, and our momentum has picked up. But we need to do so much more. Above all, we must do what we already know works.

Mr. Shearman (United Kingdom): The United Kingdom would like to thank the Secretary-General for his comprehensive report (A/68/825) on progress towards achieving the commitments set out in the 2011 Political Declaration on HIV and AIDS (resolution 65/277, annex). The report highlights the important progress we have made globally in tackling HIV. New HIV infections and AIDS-related deaths continue to decline, and the provision of antiretrovirals means individuals can extend and improve their quality of life. However, as the report clearly outlines, we can in no way afford to be complacent. We know that progress has been uneven, both across the world and within populations.

In particular, the report outlines the significantly increased risk of HIV within populations such as transgender people, people who inject drugs, prisoners, sex workers and men who have sex with men. As the report outlines, health status is powerfully affected by inequality, marginalization and discrimination. We therefore welcome the recommendation for equitable and non-discriminatory access to HIV treatment, including gathering data in a manner that fully respects human rights, in order to close gaps. The United Kingdom also strongly supports the recommendation to replace punitive laws and law enforcement with protective laws as an important element in reducing stigma and halting the rise in HIV infections.

The report also highlights how women and girls are disproportionately affected by HIV. The prevalence of gender-based violence continues to increase the risk of HIV infection. In a conflict or crisis, girls and women are more vulnerable to rape and transactional sex. The highest maternal mortality and worst reproductive health are in countries experiencing crisis. Contraception,

prevention and treatment of HIV and other sexually transmitted infections and safe abortion are life-saving services, yet they are often ignored in humanitarian responses. To help address that, the United Kingdom is supporting the development of a new programme on sexual and reproductive health in crisis and emergency response and recovery, which includes services to reduce the transmission of HIV.

The United Kingdom is a committed partner in the global HIV response. We have increased our annual contribution to the Joint United Nations Programme on HIV/AIDS (UNAIDS) by 50 per cent. At the end of last year, we pledged £1 billion, or nearly $2 billion, to the Global Fund to Fight AIDS, Tuberculosis and Malaria, and we continue to call on other donors over the 2014-2016 period to reach the $15-billion target for the Global Fund. For the global response to be lasting, we must not only integrate HIV within other sectors, but also leverage sustainable financing and increase domestic funding and investments.

We recognize that a strong health system is an important way to improve the reach, efficiency and resilience of services. We therefore support the recommendation of the report for a further integration of HIV within the wider health system. By integrating HIV services within tuberculosis services, sexual and reproductive health services and the wider health system, people living with and affected by HIV, including children and people with disabilities, are treated holistically.

In closing, we agree that community engagement and quality information and education is a vital part of the HIV response and of finishing the job on existing commitments, including Millennium Development Goal 6. It is only through addressing stigma, increasing information and understanding, committing domestic and international resources and supporting a high level of integration of HIV services within the health system that we can truly achieve zero new infections in our lifetime.

Mr. Golitsyn (Ukraine): Ukraine welcomes the report of the Secretary-General (A/68/825), entitled "Towards ending the AIDS epidemic: meeting the 2015 targets and planning for the post-2015 era". We recognize the remarkable work of the Secretariat, national delegations and civil society, which made this document as strong as it could be.

We share the view that the international community, in the past 30 years of addressing the problem, has achieved notable progress in the global AIDS response. However, the AIDS epidemic is far from over. Therefore, Ukraine notes with satisfaction that, despite economic challenges, the total resources available for HIV programmes in low- and middle-income countries continue to grow. It is crucial to sustain the current level of cooperation with all partners, including both international and domestic donor organizations; the Joint United Nations Programme on HIV/AIDS; the World Health Organization; the Global Fund to Fight AIDS, Tuberculosis and Malaria; the United Nations Development Programme; and the United Nations Population Fund.

It has been three years since the adoption of the Political Declaration on HIV and AIDS (resolution 65/277, annex), and this plenary meeting provides us an opportunity to review our achievements. We would like to emphasize that the implementation of preventive measures, including the introduction of substitution therapy among the affected population represented by injecting drug users, has had a decisive impact on addressing HIV in Ukraine. According to an epidemiological survey, from 2006 to 2013 there was a gradual decrease of newly reported HIV cases in Ukraine among injecting drug users, and in 2012, for the first time, HIV infections decreased by 1.6 per cent compared to previous years. The country is also observing a strong positive trend in the decrease in the proportion of new HIV infections among young people, which has dropped by a factor of 1.8. Ukraine has achieved a significant decrease in mother-to-child HIV transmission, which has decreased sevenfold over the past decade.

Those results were made possible thanks to close cooperation between non-governmental and public organizations. The introduction of an integrated approach to dealing with the different groups made our HIV response more effective. That approach includes, in addition to purely medical interventions, components of social support, harm reduction programmes and substitution therapy.

Ukraine takes every opportunity to minimize HIV-related risks and tackle AIDS-related deaths. Therefore, the Ukrainian Government is seeking to decentralize the antiretroviral treatment process, offering medical assistance at the secondary level and providing, as a

first support package, HIV prevention services and support to people living with the infection.

Ukraine and several other countries are studying various options to mobilize sustainable financing, such as national HIV trust funds. However, almost 41 per cent of our HIV treatment is covered by international assistance mechanisms such as the Global Fund. In order to address new realities and shore up the efforts of the Government, international actors and non-governmental organizations, Ukraine has adopted a nationwide targeted social programme for combating HIV/AIDS for 2014-2018. The relevant legislation is being constantly updated in order to correspond to international medical and technical standards.

Given this opportunity to address the Assembly, we would like to raise awareness regarding recent developments. We know that the recent unjustified events in Crimea will directly affect the HIV/AIDS situation on the peninsula. The Ministry of Health of Ukraine and related non-governmental organizations are seriously concerned about the de facto total ban on harm-reduction packages and the abolishing of the opiate substitution treatment provided by Ukraine in Crimea. In that regard, we are ready to announce that the Ukraine's State service on social diseases has established an expert task group to address this issue, which undermines the human rights of Ukrainian citizens and may have humanitarian consequences with lethal effects. As of today, 18 regions of Ukraine are able to provide 416 additional courses of substitution therapy for patients from the autonomous Republic of Crimea.

To conclude, my country believes that further discussion of HIV-related issues at the General Assembly will contribute to national and global progress towards achieving the relevant Millennium Development Goals and strengthen our common efforts on formulating HIV-related targets within the United Nations post-2015 agenda.

Mr. Takahashi (Japan): My delegation would like to thank the Secretary-General for his comprehensive report (A/68/825). My delegation would also like to thank the President of the General Assembly for giving us an opportunity to have a discussion on this agenda item with other Member States.

There are less than 600 days left to achieve the Millennium Development Goals. Since the Political Declaration on HIV/AIDS (resolution 65/277, annex) was adopted three years ago, steady progress has been made globally on several of its core goals, which include reducing sexually transmitted HIV, eliminating HIV infections among newborns and infants and reducing maternal deaths. However, the goal of universal access to treatment for HIV/AIDS by 2010 has not been achieved, and there remain other challenges, such as the continued growth of the epidemic in several countries, including 16 countries in sub-Saharan Africa, and the continued lack of access to treatment for many children.

Discussions on the future sustainable development goals and the Post-2015 Development Agenda are ongoing at present, and there is no doubt that the fight against HIV/AIDS will remain a struggle that we must continue to contend with even after 2015. In his report, the Secretary-General described the many important synergies between the responses to HIV/AIDS on the one hand and global efforts to eliminate extreme poverty, ensure universal health coverage and reduce inequalities on the other. My delegation agrees entirely on that point.

In order to accelerate and enhance our efforts towards HIV/AIDS prevention, diagnosis, treatment and health management, it is necessary to implement comprehensive measures focusing not just on HIV/AIDS itself but on the entire health system. Under Japan's national health programme, we have established an effective health and medical system by locating health-care facilities nationwide and cultivating medical specialists such as doctors, nurses and pharmacists. We have implemented universal medical care insurance in order to enable everyone to access sufficient services, and we have strengthened our measures dealing with HIV/AIDS in addition to our basic health and medical systems. Through the aforementioned efforts, all people in Japan living with HIV have access to the necessary health-care services as part of universal health coverage.

Next, my delegation would like to speak briefly about the issue of equity in the fight against HIV/AIDS. The lack of equitable access to life-saving HIV treatment, especially for women and children, needs to be dealt with. The concept of human security provides a comprehensive approach that strengthens the protection and empowerment of people and communities in need. In that regard, Japan expects United Nations entities and Member States to draw on that approach on the ground to fight HIV/AIDS.

Prejudice and discrimination against people living with HIV continue to exist, and that stigma has been an obstacle in the path of our fight against HIV/AIDS. It is necessary for us to make every effort to eliminate prejudice and discrimination against those living with HIV through a people-centred approach to human security. To that end, my country contributed $1.86 billion by the end of 2013 to the Global Fund to Fight AIDS, Tuberculosis and Malaria for supporting the HIV/AIDS response. Moreover, at the fourth voluntary replenishment conference of the Global Fund, held in December 2013, Japan announced that it would contribute an additional $800 million to the Fund in the coming years, starting in 2014.

Furthermore, at the fifth Tokyo International Conference on African Development (TICAD V), which was held in Japan in 2013, the prevention and treatment of HIV/AIDS were highlighted as an important sector-specific agenda in Japan's assistance policy, and we are moving it forward in order to steadily implement the Yokohama Action Plan 2013-2017, which elaborates on the follow-up to the outcome of TICAD V.

Japan believes that through realizing universal health coverage and human security we can achieve societies and communities where all people have full access to prevention, diagnosis, treatment and health-care services for HIV/AIDS, where new HIV infections cease and where we can live with the people living with HIV without prejudice or discrimination.

Finally, I would like to inform the Assembly that an event on universal health coverage, co-organized by the Governments of Japan, France and Thailand together with the World Health Organization and the World Bank Group, will be held at the Permanent Mission of Japan to the United Nations, beginning at 8.15 a.m. on 11 June. We hope that as many Member States as possible will participate in that event and will learn that universal health coverage is achievable in all countries. We also hope that we can discuss the importance of promoting universal health coverage, particularly within the discussions on both the sustainable development goals and the post-2015 development agenda.

Mr. Maksimychev (Russian Federation) (*spoke in Russian*): The Russian Federation is firmly committed to the purposes and principles of the 2011 Political Declaration on HIV/AIDS (resolution 65/277, annex), which we see as a key framework for expanding international cooperation to combat the immunodeficiency virus.

Russia is one of the countries that, over the past few decades, has undertaken significant efforts to counteract HIV infections, and that has helped to effectively curb the development of the epidemic and its spread. Russian national legislation guarantees all citizens access to wide-ranging prevention programmes and free and voluntary testing, and HIV-infected persons have access to free high-quality medical assistance and social protection. Today, the annual coverage rate for voluntary HIV testing, primarily for risk groups, stands at 18 per cent of our population. That is one of the highest rates in the world. Over 30 per cent of people under observation receive antiretroviral therapy. That indicator is set to increase in the near future. The vertical transmission of HIV has almost stopped, and we are ready to share our successful experience of this work with all interested countries.

We are committed to implementing the World Health Organization strategy of treatment as prevention. We consider it important to coordinate the efforts of the entire international community to reduce the cost of anti-retroviral drugs. HIV prevalence in the Russian population is slightly over 0.4 per cent, which contradicts the forecasts of international experts about a widespread epidemic. Of course, much still remains to be done. Russia consistently and actively contributes to combatting the spread of HIV/AIDs and other infectious diseases throughout the world. In that task, we seek to combine participation in international mechanisms with the provision of bilateral assistance. In particular, Russia's contribution to replenishing resources to the Global Fund to Fight AIDS, Tuberculosis and Malaria totals over $300 million. In 2013, through the United Nations Joint Programme on HIV/AIDS (UNAIDS), Russian-funded programmes to provide assistance to a number of Eastern European and Central Asian countries in the fight against the disease began to be implemented. In May, jointly with UNAIDS, Moscow held the fourth Conference on HIV/AIDS in Eastern Europe and Central Asia, the outcome of which was a plan of action laying out commitments for partner countries, donor countries, international organizations and civil society bodies in order to achieve the main goals of the United Nations strategy to combat HIV/AIDS: zero new cases of HIV infections, zero discrimination and zero AIDS-related deaths.

Our experience of cooperation within the Commonwealth of Independent States shows that cooperation at the regional and subregional levels, where the spread of infectious disease has similar characteristics, plays an important role in combatting the epidemic. In that context, Russia is expanding its technical, financial and organizational assistance to countries of the region in their efforts in that area. Combatting the spread of infectious diseases, including HIV infection, will remain a focus of Russian international development assistance, as enshrined in the concept of State policy for international development assistance, approved by Russian Federation President Putin on 20 April.

It is well known that one of the main reasons for the spread of HIV, including in Russia, is the use of injected drugs. In that context, determining the best strategy for working with that patient group remains a pressing issue. We are convinced that a genuinely scientific approach to the prevention and treatment of drug addiction is incompatible with any kind of legalization of narcotics. Medication and social assistance provided for drug addiction must strictly comply with the three basic United Nations anti-narcotic conventions. In that regard, we continue to pay particular attention to the issue of rehabilitating drug addicts. Patients are offered a range of globally available medicines.

Given the fact that concerns have been raised in this Hall today about the situation in Crimea with regard to persons who have received replacement therapy, I wish to report that all citizens of the Russian Federation are legally guaranteed full access to comprehensive services and social assistance for HIV and that we fully protect the rights of those infected. Of course, that also applies to residents of Crimea. We are effectively implementing national legislation on a series of measures to combat HIV/AIDS, including treatment for drug addiction throughout the country's territory. To provide medical assistance to drug addicts in the Crimea, we believe it necessary to take the particular features of the treatment they have already received into account, and we are guided primarily by their interests and health. Their treatment must continue to use state-of-the-art technology and within the framework of Russian-approved standards for medical assistance.

Finally, drug users residing in the Crimea may, upon their request, receive treatment with methadone and buprenorphine throughout that territory. Nobody is restricting their rights to those medications. At the same time, a tiny number of people — only 39 — are is currently availing themselves of that opportunity. In fact, with respect to medical assistance in the Crimea and other subjects of the Russian Federation, including Moscow and Saint-Petersburg, 450 people who had earlier received methadone therapy are currently receiving addiction assistance. There has been a significant increase in the Crimea with respect to the provision of drugs for the rehabilitation of patients who earlier had used replacement therapy. An individual road map provides for their treatment and their return to society.

Mr. Patriota (Brazil): I would like to commend the report presented by the Secretary-General, entitled "Towards ending the AIDS epidemic: meeting the 2015 targets and planning for the post-2015 era" (A/68/825). As the Secretary-General stresses in his report, the advances observed in the past 30 years are impressive. The number of new HIV infections and AIDS-related deaths globally continues to decline, with unprecedented reductions in the number of children newly infected with HIV. Much has already been accomplished and deserves to be acknowledged due to the ongoing multilateral effort.

Notwithstanding the tangible progress made, however, the international community needs to remain vigilant and not lose focus because of the positive results achieved so far. Progress may sometimes invite indulgence and represent an obstacle to the progress to be made ahead. So it is high time to redouble our efforts. In that connection, my delegation fully subscribes to the Secretary-General's recommendations for strengthened joint actions on the part of countries, civil society, international donors, the United Nations system and other key partners as we approach the deadline for achieving the Millennium Development Goals and the review of the 2011 Political Declaration on HIV and ADS (resolution 65/277, annex).

Brazil strongly supports the convening of a high-level meeting on HIV/AIDS as an adequate answer to the need to step up our efforts to meet one of the greatest challenges in global health care. Renewing our political commitment to fighting HIV/AIDS is the best way to celebrate the progress already made. The political momentum to be provided by a high-level meeting in 2016 will be, in our view, an adequate response to the call by the Joint United Nations Programme on HIV/AIDS (UNAIDS), at its thirty-third Programme Coordinating Board meeting last December, for broader strategic

effort to reaffirm and renew political commitments, and to ensure accountability with regard to the achievement of universal access to HIV prevention, treatment, care and support in the post-2015 era.

We are convinced that a high-level meeting in 2016 will raise awareness and draw international attention to the full spectrum of issues related to HIV-AIDS at a crucial juncture, subsequent to the adoption of the post-2015 development agenda. Political mobilization at the highest level will be necessary to carry out the work we started three decades ago and to continue to preserve the lives of millions living with HIV, halt new infections and inspire us to work towards ending new HIV infections.

Brazil believes that the task of eliminating HIV infections and AIDS-related deaths can be achieved in any region. Unfortunately, pockets of the epidemic — such as the spread of HIV/AIDS in conflict and post-conflict situations, among others — are still not being properly addressed. Moreover, I cannot overstress the disturbing implications arising from the adoption of national laws against homosexuality. Not only does it encourage prejudice and violence against minorities, but it also prevents lesbian, gay, bisexual, transgender and intersex people from accessing proper prevention methods or treatment. Laws against homosexuality will result in an increase, not in a reduction, of the contagion.

Governments of high-prevalence epidemic countries need to adequately focus on the needs of populations that are at higher risk of infection. Discrimination and limited access to health services will make these affected populations disproportionately vulnerable to the infection. We must make use of all internationally recognized best practices in order to eliminate the HIV/AIDS epidemic, including through special attention to marginalized groups and ensuring that they have access to HIV prevention, treatment, care and support. We put in place the necessary tools to eliminate the HIV/AIDS epidemic, but the final push is important to guarantee that prevention, treatment, care and support are available to all.

Mindful of the importance of including marginalized, vulnerable and disadvantaged populations, we Member States agreed at the fifty-eighth session of the Commission on the Status of Women to ensure universal access to comprehensive prevention, affordable treatment, care and support services for HIV/AIDS and sexually transmitted infections, free of stigma and discrimination and with a gender perspective, and to provide comprehensive information, voluntary counselling and testing to young women and adolescent girls living with and affected by HIV and AIDS.

The positive results of the Brazilian policy to fight HIV/AIDS is based on that type of universal approach with no discrimination of any kind. Our achievements in the battle also demonstrates that the fight against HIV/AIDS includes the struggle to overcome financial challenges and limitations. The imperatives of public health must prevail over commercial interests; ensuring the affordability of drugs, at fair prices and in accordance with the economic situation of different countries, constitutes one of the key pillars of that policy.

The full implementation of the flexibility allowed by the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS), as agreed upon in the Doha Declaration on the TRIPS Agreement and Public Health and the World Health Organization Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property, is a powerful and effective instrument to accomplish the targets of universal access, especially with respect to the most vulnerable groups. Brazil reaffirms its support to horizontal cooperation that enables developing countries, particularly low-income countries, to benefit from TRIPS flexibility.

I am proud to share some characteristics of our strategy to deal with HIV/AIDS challenges. The Brazilian national health system guarantees access to medication and all necessary diagnostic tests for all people resident in Brazil. Everyone's privacy is guaranteed by the Constitution. No one — not even health professionals — may reveal that another person has HIV/AIDS without prior authorization. Companies may no longer oblige people to test for HIV when they start a new job. No employer may dismiss an employee just because he has HIV. Dismissal owing to discrimination can lead to legal proceedings so that employees get their jobs back. In addition, if dismissal involves humiliation of any kind, the employee in question can claim compensation for damages.

Anyone who has AIDS, becomes unable to work and whose per capita income is less than one-fourth of the minimum wage has a right to a continuous social security benefit paid by the federal Government.

People with chronic diseases, including AIDS, are exempt from paying income tax on retirement pensions and validity allowances for accidents at work and pensions. In the event of suffering discrimination, the Brazilian Government recommends that the citizen file a complaint at a police station or seek support from a citizens' legal advice bureau or other legal aid organization.

The fight against HIV/AIDS in Brazil includes special attention to young people. Young Brazilians benefit from national programmes, such as health and prevention in schools, a partnership between the ministries of education and health and United Nations agencies and funds, such as UNESCO, UNICEF and the United Nations Population Fund. The programme has enabled the expansion of the discussion on sexual and reproductive health and involved the whole school community — students, parents and teachers. Today in Brazil, approximately 10,000 public schools distribute condoms in a programme associated with educational activities. The goal of the Brazilian Government is to ensure universal access to information and prevention materials to ensure that the young make informed decisions.

I cannot conclude without recognizing the key role played by UNAIDS under the leadership of Michel Sidibé, its Executive Director, in assisting Member States in fighting the HIV/AIDS epidemic. I am glad to note that Mr. Sidibé will be travelling to Brazil next week for an awareness-raising campaign associated with the Fédération Internationale de Football Association World Cup.

Finally, I would like to affirm Brazil's readiness to continue supporting the efforts of the international community by executing cooperation projects and donating to entities, such as the International Drug Purchase Facility, of which Brazil is a proud co-founder and an active member. We believe that the recent budgetary challenges faced by entities dedicated to the fight against HIV/AIDS need to be overcome, and I call upon developed countries, among others, to keep their commitment to maintaining and expanding their pledges and international cooperation with a view to the fulfilment of our collective engagement to saving human lives.

Mr. Goddard (Barbados): Barbados thanks the Secretary-General for the report prepared for review at this meeting (A/68/825).

My delegation aligns itself with the statement delivered earlier today by the representative of Trinidad and Tobago on behalf of the Caribbean Community. I will focus on key aspects of Barbados's progress in implementing the Declaration of Commitment on HIV/AIDS (resolution S-26/2, annex) and the Political Declaration on HIV and AIDS (resolution 65/277, annex).

The comprehensive Barbados HIV programme is evidence-based, gender-sensitive and human rights-based, and addresses prevention, treatment, care and support. The national HIV treatment plan was expanded in 2001, and there has been a significant expansion of prevention and care services, with decentralized testing and referral to high-quality care services. The introduction of antiretroviral treatment in 2002, free at the point of delivery, was a critical turning point. Between 2001 and 2010, there was a significant reduction in newly diagnosed cases of HIV infections and a dramatic decline in mortality rates among persons living with HIV, from 10 per cent to 2 per cent. An estimated 86 per cent of persons who need antiretroviral therapy are receiving it. Voluntary counselling and testing are available within family planning and HIV-prevention services.

Efforts to prevent HIV continue on other fronts. The unmet need for contraceptives has been reduced. Increased access to prevention, treatment and care services for vulnerable populations has been achieved through the national HIV/AIDS progrmme. Behaviour change, which is critical to HIV prevention, is one of our priorities. The key messages being transmitted at this time are unequivocal and advocate the use of condoms, reduced numbers of partners, stopping HIV-related stigma and discrimination, and taking advantage of available services. The prevalence of HIV in the general population was estimated at 1.2 per cent at the end of 2010. AIDS mortality rates have been reduced, as I mentioned, to under 2 per cent. The rate of mother-to-child transmission had fallen to 0.8 per cent by 2012, and Barbados has had no reported cases of mother-to-child transmission in the past seven years.

Empowering women and reducing gender inequality increases the capacity of women and girls to protect themselves from HIV. As is pointed out in the report of the Secretary-General, prevailing gender norms can diminish women's ability to negotiate condom use. It also disadvantages men and boys by encouraging and sanctioning risky behaviour. Barbados continues to

develop a national gender policy. Other programming focuses, inter alia, on building skills for negotiating condom use and condom use education. The Partnership for Peace programme aims to reduce domestic violence of which women and girls are the main victims. Work continues on encouraging healthy behaviour in men.

Stigma and discrimination undermine human dignity. The work on changing attitudes and behaviour is ongoing. In keeping with our commitment under the 2011 Political Declaration, Barbados has strengthened its national actions to address those issues. Programming includes ongoing stigma and discrimination campaigns and workshops, targeting outreach persons and health-care providers. Two dramatic productions centred on transgendered persons and female sex workers have been staged, aimed at generating a national conversation.

I now wish to highlight the critical role of partnership in an effective HIV response. Civil society plays an enormous role, and a small civil society grant system financially supports the work of civil society organizations, particularly those that focus on key populations, behaviour change and communication. As a member of the Caribbean Community, Barbados is a member of the Pan-Caribbean Partnership against HIV/AIDS and is supported by a number of development partners. Support for the national HIV programme is also provided by the Joint United Nations Programme on HIV/AIDS, UN-Women, the United States President's Emergency Plan for AIDS Relief, the Caribbean Public Health Agency, the Centers for Disease Control, the World Bank and others. Barbados therefore welcomes such assistance, while recognizing that the harmonization of country-level programmes with national strategic plans and sensitivity to the cultural context are the most efficient means for achieving targets.

Barbados wishes to highlight the significant challenges posed by the classification of small developing States, such as ours, as middle- or high-income countries. That classification severely curtails our access to concessionary financing to assist efforts to fund and implement national HIV programmes. While we will continue to make our best efforts to mobilize resources domestically, continuous international cooperation is urgently needed. HIV/AIDs will remain a priority on the international agenda, including in the post-2015 development framework. Barbados looks forward to the high-level meeting on HIV/AIDS to be held at the United Nations in 2015.

Mrs. Chikava (Zimbabwe): My delegation aligns itself with the statements made this morning by the representative of Malawi on behalf of the States members of the Southern African Development Community, and by the representative of South Africa on behalf of the Group of African States. We also take note of the report of the Secretary-General (A/68/825) submitted under agenda item 10.

In Zimbabwe, HIV continues to cause untold suffering to many. The health system, which has borne the brunt of the epidemic, continues to reel under capacity constraints, adversely affecting the overall health services delivered. The epidemic has also lowered life expectancy and contributed to the reversal of the development gains witnessed since 1980. As we approach the 2015 target for implementing our commitment in the Political Declarations, we note that, in all its dimensions, the epidemic has had a disproportionate impact on women and girls. Inequalities between women and men impair the ability of women to negotiate for sex in relationships. At the same time, poverty compels women and girls to resort to risky coping behaviours, such as prostitution and exchanging sex for favours.

It is therefore critical to recognize the positive impact that the empowerment of women through education, life skills, employment opportunities and support for entrepreneurial activities could have on reducing their risk of HIV infection. As we extend national initiatives that target that group, we are increasingly paying attention to the plight of older women who are left to care for orphaned grandchildren as well as that of children heading households.

Zimbabwe's HIV/AIDS response has been carried out in difficult circumstances as a result of the sanctions levelled against my country. Despite those circumstances, the Government has maintained a strong political will that has resulted in significant progress in reducing the spread of HIV. That has been achieved through a multipronged approach aimed at promoting abstinence, condom use, delayed onset for sexual activities among girls and boys, and in encouraging a general change in risky behaviours. We have also made great strides towards expanding access to treatment for all, including pregnant women. Our effort has been buttressed by dedicated domestic resource mobilization and support from international partners and mechanisms. In that regard, we appreciate

the support received through the Global Fund to Fight AIDS, Tuberculosis and Malaria.

We are gratified to note that the gains we have achieved have been echoed at the global level. It is a significant mark of progress that, whereas an HIV diagnosis was once considered a death sentence, nowadays improved access to treatment has given millions of people the ability to live a normal life. However, we must ensure that the change in perception does not result in complacence. HIV/AIDS remains a scourge that must be eliminated.

Strong international cooperation and support have had a significant impact on the achievements made to reduce the spread of HIV. It therefore follows that if we are to transform the dream of ending AIDS into reality, we must further strengthen global cooperation in that area. We also need to be decisive about increasing financing for the HIV response to ensure that we do not witness a reversal of the progress we have made to date. We stress the importance of supporting the strengthening of national health systems and local manufacturing of medicine to increase capacity to cope with the demands of the epidemic. As we accelerate implementation of our commitment on HIV, we need to sustain a multipronged approach to prevention that takes into account different regional customs and standards. There is no one size fits all.

Remaining cognizant of the foregoing, each of us has the responsibility to ensure that we do not stall in our hard-won progress by poisoning the discourse on HIV with excessive politicization of issues. The global AIDS response must not be overshadowed by secondary causes, as had occurred during the Commission on the Status of Women when the draft resolution on Women, the girl child and HIV and AIDS was considered; we must remain united in our common goals of ending the epidemic and saving lives.

In conclusion, I would like to reiterate the commitment of Zimbabwe's Government to working with all stakeholders at the national, regional and international levels towards our coomon goal of eliminating the epidemic.

Mr. Mamabolo (South Africa): We spoke earlier this morning on behalf of Africa as Chair of the Group of African States. I shall now speak in my national capacity.

At the outset, let me thank the Secretary-General for his comprehensive and enlightening report (A/68/825) on an issue to which my delegation attaches great importance. We welcome his recommendations in the report. We would also like to express our profound appreciation for the role played by the Joint United Nations Programme on HIV/AIDS in assisting countries to fight the scourge of HIV and AIDS at the national level.

My delegation is encouraged by the significant progress made globally, in particular in Africa, in the fight against HIV and AIDS. It proves that the strategies and tactics that have been employed since the outbreak of the pandemic three decades ago are starting to yield postive results. However, that does not give us room to relax. In fact, it should inspire us to undertake more rigorous efforts to fight the epidemic. That is particularly true for our region.

Consequently, we also share the Secretary-General's sentiments that the Millennium Development Goals (MDGs) have played a critical role in the fight against HIV and AIDS. However, some MDGs, such as the targets for HIV and AIDS, malaria and tuberculosis, are not likely to be achieved by 2015. We should therefore make a concerted effort to ensure that the issues that are lagging are certainly placed on the post-2015 development agenda.

Key to the fight against the disease is the availability of resources. It is therefore important for commitments made previously to be honoured. Furthermore, we recognize that no country can win the fight on its own. South Africa therefore believes that enhanced international cooperation among States is important if we are to achieve our aim of zero new infections, zero discrimination and zero AIDS-related deaths. We also need to share knowledge about what is and what is not working for our different regions.

For South Africa, gender equality and the elimination of gender-based violence and abuse remain a priority in the fight against HIV and AIDS. To that end, the South African Government adopted legislation in March — namely, the Women's Empowerment and Gender Equality Bill — to promote women's empowerment and gender equality. Furthermore, male involvement has been identified as an important link in eliminating gender-based violence and abuse. Additional approaches that have greatly contributed to the fight against HIV anmd AIDS in South Africa

was the campaigning to encourage circumcision among men, as correctly noted in the Secretary-General's report. In May last year, voluntary medical male circumcision in institutions of higher learning, including universities and colleges, was implemented. The aim of the campaign is to create awareness among students of the benefits of medical male circumcision, together with HIV counselling and testing, counselling on safe sexual practices, including the correct and consistent use of condoms, and a reduction in multiple concurrent sexual partners.

Consequently, we are witnessing the benefit of male circumcision, as well as the supporting initiatives that I have just mentioned, in reducing new HIV infections. We have also seen great progress in increasing the number of health-care facilities that provide antiretroviral drugs from 490 in 2010 to 3,540 currently. The number of nurses trained and certified to initiate antiretroviral treatment in the absence of a doctor has also increased from 250 nurses in 2010 to 23,000 in 2013 through the nurse-initiated management of the antiretroviral therapy programme. The programme has made it possible to increase the number of people receiving treatment from 923,000 in 2010 to 1.9 million in 2013, thereby doubling the number of people receiving treatment.

The cooperation and collaboration of civil society organizations have also yielded some important gains for our country. We will continue that approach. Furthermore, our Government continues to work with traditional leaders in the fight against HIV, AIDS and tuberculosis as part of our National Strategic Plan on HIV, Sexually Transmitted Infections (STIs) and Tuberculosis (TB). That partnership culminated in the signing of the plan to revitalize the HIV counselling and testing campaign in rural areas under traditional leaders. The National Plan on HIV, STIs and TB is based on the following pillars: zero new HIV or TB infections, zero new mother-to-child transmissions, zero preventable deaths from HIV and TB and zero discrimination associated with HIV, STIs and TB.

While we have made progress in the fight against HIV and AIDS, we are still far from where we should be. We continue to work hard to ensure that mother-to-child transmissions drop to below 2 per cent by 2030 and that new infections are reduced by more than four times among women aged between 15 and 24 years of age in the period up to 2030. South Africa is also working with others in order to increase the life expectancy of men and women up to 70 years of age by 2030 through the progressive improvement of evidence-based, preventive and therapeutic interventions for HIV and AIDS. We will continue to strive to make antiretroviral drugs available to all, including all those who are HIV-positive, and to promote consistent and correct condom use, as well as the universal availability of pre-exposure prophylaxis and antiretroviral treatment.

Finally, we look forward to the convening of the high-level meeting on HIV and AIDS in 2016, as it is crucial to maintain the political momentum and to take stock after the post-2015 development agenda has been launched.

Mrs. Mørch Smith (Norway): In the summer of 1981, here in New York City people started dying. Doctors did not understand why. The families and friends of the deceased did not understand why people who had been healthy just a few months earlier suddenly had an immune system that more or less collapsed.

The first article about that mysterious new disease in the United States was in the New York Times on 3 July, almost exactly 33 years ago. Its title was "Rare cancer seen in 41 homosexuals". Since the deaths were concentrated largely in the gay community and it was difficult to understand why that was happening, initially the disease was even called "gay cancer".

Today, we know that that was not the beginning of the HIV/AIDS epidemic globally but the start of the deadly epidemic here in the United States. It was also the start of a stigma that people living with HIV and AIDS have had to confront in the years since then. Today, we of course know that HIV and AIDS are not diseases that affect only people with a certain sexual orientation. They affect everyone, and the epidemic is now on every continent, affecting women, men and children, young and old.

However, in the years since 1981, there has also been progress We know now a lot more about the virus itself and how to prevent it from spreading even farther. Considerable progress has been made in the response to the AIDS epidemic globally, but equally significant gaps remain. Without addressing those gaps, we will not be able to get the HIV epidemic under control. We therefore must take care of our unfinished business now and continue to make HIV/AIDS our business after 2015.

Norway would like to thank the Secretary-General for his excellent report (A/68/825) and a thorough

analysis of the current situation and challenges related to HIV globally. We are pleased to know the significant global reduction in new infections. The sharp reduction in mother-to-child transmissions proves that our joint efforts yield results. The increasing number of HIV-infected people who receive care and treatment leads to the increased health and well-being of themselves, their partners and their families. But in order to bring the epidemic under complete control, we also must tackle the shortfalls of our response.

First, we note with concern that even if financing is improving, we are short of the funding required. A shared responsibility for financing is important to ensuring that the international community is able to sustain and increase investments up until and after 2015. Available funds need to be spent more efficiently. We all need to fulfil our commitments to financing.

Secondly, the rate of new infections is still too high. To control the epidemic, primary prevention efforts must be re-emphasized.

Thirdly, it is unacceptable that infected children are half as likely as adults to have access to antiretroviral therapy. Child-friendly medication is on the market and needs to be available to all who need it.

Fourthly, young people in general, and young women in particular, are more likely to be infected by HIV and are more likely to die from AIDS. Youths need information — including comprehensive sexuality education, and access to services — and to be able to participate in decision-making that concerns them.

Fifthly, we need to focus on the groups we know are disproportionately affected — the so-called key populations. We will not be able to stop the HIV epidemic until we stop new infections among men who have sex with men, injecting drug users, sex workers and other marginalized groups. The evidence is clear; criminalization is the wrong approach. Ensuring the rights of key populations to non-discrimination in health care and in other aspects of life is the right approach.

Good leadership and governance are key. HIV thrives in situations of poverty and inequity, violence, gender inequality, human rights violations and discrimination. In the context of strong political leadership, the next phase of the global AIDS response after 2015 needs to be evidence based. That is the only way we can focus scarce resources where they will have the most impact and eventually enable a world free of AIDS. At the high-level meetings in 2001, 2006 and 2011, we made joint commitments and developed accountability structures to measure the results of our common efforts. We therefore endorse the suggestion of convening a high-level meeting in 2016 in order to review progress as well as to see what measures that need to be made further on.

Ms. Grignon (Kenya): I would like to thank the President for organizing today's plenary meeting to review the progress made in response to the AIDS pandemic.

My delegation aligns itself with the statement delivered by the representative of South Africa on behalf of the Group of African States. We take note of and thank the Secretary-General for his report (A/68/825).

The timing of today's plenary meeting is of major importance as the international community accelerates the achievement of the goals of the 2011 Political Declaration on HIV and AIDS (resolution 65/277, annex), the Millennium Development Goals (MDGs) and the formulation of the post-2015 development agenda and its ambitious targets, especially those related to HIV prevention policies, to treatment and for combating discrimination against those living with HIV/AIDS. We must use our time wisely and redouble our efforts to promote access to HIV prevention, treatment and care to all those who need it. It is clear that HIV/AIDS will remain a major global challenge beyond 2015.

While the Secretary-General's report indicates that new HIV infections and AIDS-related deaths, and especially the number of children newly infected with HIV, continue to decline globally, such progress has not been achieved everywhere. In sub-Saharan Africa, the campaign to combat AIDS is still affected by a serious shortfall in resources, resulting in a continuing rise in the number of those infected. Furthermore, only 56 per cent of those infected have access to HIV treatment in sub-Saharan Africa.

My delegation is concerned that funding devoted to HIV and AIDS response is still not proportionate to the magnitude of the pandemic, which continues to negatively impact the response. Stigma and discrimination attached to HIV/AIDS also continue to undermine the fight. To address some of those challenges, we call for greater collaborative initiatives, including coherent United Nations inter-agency collaboration that promotes a more integrated response

to HIV/AIDS. Such initiatives must be more closely linked to the broader development agenda with in-built goals to eliminate gender inequalities, stigma and discrimination and to ensure universal health coverage. In that regard, we would like to underscore the role of innovative partnerships, political leadership, the enactment of appropriate legislation, and international trade regulations to ensure that prices for medicines and commodities are affordable to and accessible by even the poor.

Article 21, subsection 3, of our Constitution creates a duty for all State organs and public offices to address the needs of vulnerable groups in our society. That includes the provision of safety-net programmes. The HIV and AIDS Prevention and Control Act promotes supportive care and protective and preventive measures against HIV and AIDS. In addition to traditional funding to combat HIV and AIDS, the Government of Kenya began operationalizing sustainable domestic funding options, which include earmarking 1 per cent of ordinary Government revenues to a national HIV trust fundamental that provides services to those in need.

The Government has launched the first national action plan to facilitate the mobilization of stakeholders in the design and implementation of actions and targets. The action plan, which has been disseminated in all 47 counties of Kenya, guides stakeholders in how to mainstream gender into the national response to HIV/AIDS. In 2011, Kenya was among the countries that endorsed the global plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive.

Although HIV/AIDS remains a great challenge to Kenya, it is noteworthy that the HIV prevalence rate in Kenya has significantly declined over the years, from a high of about 14 per cent in the 1990s to the stabilized current rate of 6 per cent among adults. There are marked gender, age and geographical disparities, with HIV prevalence largely among women at 6.9 per cent compared to that of men at 4.3 per cent. Sexual transmission remains the highest mode of transmission of HIV, which accounts for 85 per cent of all new infections. Unfortunately, every year 10,000 children still die from HIV and AIDS-related complications.

In line with the recent global focus on evidence-informed HIV prevention programming, Kenya's national HIV strategic plan, whose clarion call is "delivering on universal access to services", facilitates the delivery of integrated services at all levels. It has also reduced by 50 per cent the number of new infections and reduced by 25 per cent AIDS-related mortality, markedly decreased HIV-related morbidity due to the availability of antiretroviral treatment, and reduced the socioeconomic impact of HIV/AIDS at the household and community levels.

The Government's collaborative efforts with national and external partners have also led to the formulation of a strategy for the comprehensive prevention of mother-to-child transmission, which targets expectant mothers and their spouses and provides voluntary counseling and testing, as well as antiretroviral treatment for mother and child. As a consequence of the campaign, new infections in children have fallen from an estimated 100 HIV infections per day, to 36.

Another significant effort is the launch of the Beyond Zero Campaign by Kenya's First Lady, Her Excellency Margaret Kenyatta. The campaign aims to promote HIV control and to strengthen maternal and neonatal health services to secure Kenya's future towards an HIV-free generation. Recently and as part of the Beyond Zero Campaign, the First Lady ran two marathons — one in Nairobi and the other in London — to raise awareness and funds for the purchase of mobile clinics for all of the 47 counties of Kenya. The campaign is in line with Kenya's country development priorities, as outlined in our Kenya Vision 2030, the Kenya National AIDS Strategic Plan, and the Kenya Health Sector Strategic Plan 2012-2017.

In conclusion, I would like to reiterate our call on the international community to scale up resource mobilization, ensure adequate resource allocation and secure political commitment and leadership in the fight against HIV/AIDS, especially in sub-Saharan Africa and the most affected areas of the world. The end of the AIDS epidemic is within reach. The irrefutable linkages among HIV and AIDS and human rights, sustainable development, gender equality, equity and exclusion should sharpen our focus and redouble inspired action in the fight against the most devastating scourge of our times.

Mr. Bishnoi (India): We take note of the report of the Secretary-General, entitled "Towards ending the AIDS epidemic: meeting the 2015 targets and planning for the post-2015 era" (A /68/825), which outlines the challenges facing the international community on that front.

The National AIDS Control Programme in India has led to an overall reduction in adult HIV prevalence, HIV incidence and AIDS-related mortality over the past decade. India was estimated to have around 2.09 million persons living with HIV in 2011, down from 2.32 million in 2006. Adult HIV prevalence decreased from 0.41 per cent in 2001, to 0.35 per cent in 2006, and to 0.27 per cent in 2011. India also witnessed an overall reduction of 57 per cent in estimated annual new HIV infections between 2000 and 2011, reflecting the impact of scaled-up prevention interventions. Wider access to antiretroviral treatment led to a 29 per cent reduction in estimated annual AIDS-related deaths between 2007 and 2011.

The Government has undertaken targeted interventions for high-risk groups and bridge populations, such as female sex workers, men who have sex with men, transgender persons, injecting drug users, truckers and migrants. The other important features of our national AIDS programme include strategizing comprehensive information, education and communication packages for specific segments and scaling up the service delivery component. We have also involved the corporate sector, non-governmental organizations and other stakeholders as partners towards that end.

Notwithstanding the encouraging gains made in some of the priority areas identified in the 2011 Political Declaration on HIV and AIDS (resolution 65/277, annex), the overall scenario remains bleak. The report of the Secretary-General notes that an estimated 35 million people are living with HIV worldwide. It further notes that more than half of the people eligible for antiretroviral therapy still do not have access to antiretroviral drugs. The report notes that the HIV epidemic continues to disproportionately affect sub-Saharan Africa, which accounts for an estimated 71 per cent of all people living with HIV globally, 70 per cent of new HIV infections and 75 per cent of AIDS-related deaths.

On the other hand, in much of the developed world of today, HIV/AIDS is no longer a life-threatening disease. As scaled-up antiretroviral therapy extends lives and improves quality of life, older adults are accounting for an increased share of people living with HIV. It is estimated that fewer than 6 per cent of persons receiving treatment have access to second-generation antiretroviral drugs. Clearly, the challenge we face today is not the unavailability of medical treatment, but rather accessibility to medical treatment, primarily due to its lack of affordability in many developing countries. Such a North-South divide is simply unacceptable.

While the report of the Secretary-General makes a few important recommendations for addressing the challenges we face — including through the development of new ambitious targets, closing gaps in access to services, replacement of punitive approaches with protective ones, and so on— it is disappointing to note that it fails to address two critical issues, namely, the need to expand international funding and accessibility to antiretroviral treatment.

Another important shortcoming of the HIV/AIDS response is that it has created a vertical programme to address the crisis more effectively. That would have worked well in conjunction with well-functioning health systems. Many developing countries, however, are grappling with issues of capacity and quality in their health-care systems. Therefore it is important that HIV/AIDS-related programmes are integrated with the overall strengthening of health systems.

One of the major obstacles to accessing treatment is the high cost of antiretroviral drugs. In addition, as the HIV/AIDS experience has shown, diagnostic tools are also important for effective prevention. The Indian pharmaceutical industry has been plugging that critical gap by producing high-quality, affordable drugs for use in India and in other developing countries. India is committed to using all flexibilities under the World Trade Organization's Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) to ensure the availability of affordable and high-quality medicine to all people living with HIV.

It is regrettable to note that the TRIPS flexibilities, which are critical in the provision of public health services to millions across the developing world, are being questioned. Narrow considerations of commerce and profitability should not be allowed to deny the most basic and most fundamental human right — the right to life. India stands ready to play a role in that context. While Governments should undoubtedly augment their national efforts, it is equally evident that in many developing countries Governments will not be able to meet these challenges alone. The need for an integrated approach that includes effective prevention strategies, access to low-cost, affordable treatment for all, and declared international support cannot be

overemphasized if we are to effectively contain HIV/AIDS.

Mr. Ntwaagae (Botswana): We would like to thank the Secretary-General for his current report (A/68/825) and for his continued devoted attention to the issues of women's and children's health, the elimination of violence against women, and the prevention of mother-to-child transmission of HIV. We also particularly appreciate the continuing commitment of the Joint United Nations Programme on HIV/AIDS under the leadership of Michel Sidibé.

My delegation aligns itself with the statements delivered by the Permanent Representatives of the Republic of South Africa and Malawi on behalf of the Group of African States and the Southern African Development Community, respectively.

HIV and AIDS continue to be one of the greatest challenges of our time and one that poses significant challenges to our societies' socioeconomic development and well-being. As the Secretary-General clearly states in his report, the AIDS epidemic is far from over. In that regard, today's meeting is not only timely but also relevant in the context of the 2015 deadline for meeting the Millennium Development Goals (MDGs) and the ongoing discussions on the post-2015 development agenda. It will therefore make a crucial contribution to renewing the international community's commitment to responding to HIV and AIDS and to charting the way forward.

As highlighted in the Secretary-General's report, the global HIV and AIDS response has come a long way. Much has been achieved, but much more remains to be done. Botswana welcomes the progress made by many countries in areas that include scaled-up access to HIV treatment, expanded access to services for preventing mother-to-child transmission and declines in new infections, as well as programmes and interventions that promote HIV testing, consistent and regular condom use and many other efforts. They have borne notable fruit in many ways, and because of them we believe that the vision of getting to zero new infections, zero discrimination and zero AIDS-related deaths for an AIDS-free generation is achievable.

In that regard, however, we remain concerned about the enormous toll the epidemic continues to take on young people. The world's failure to address the needs of children living with HIV and the gaps in current efforts to reduce sexual transmission of HIV are of great concern to my delegation. They are a clear indication that AIDS is far from being over. The world should therefore not be lulled into complacency by some of these seemingly impressive results.

In the quest to turn the AIDS epidemic around, we will need concerted efforts on the part of the international community to achieve the targets set out in the Political Declarations on HIV and AIDS (resolution 65/277, annex) that are the subject of our meeting today. To that end, Botswana shares the view that the international community must redouble its efforts to build on the gains made and step up its work to address barriers that continue to hinder effective responses to the epidemic. We therefore recognize the importance of political will and commitment in addressing complex issues relating to national laws and policies, access to services for all, and the elimination of stigma and discrimination.

Furthermore, the importance of adequate, secure and predictable funding for a sustained global HIV and AIDS response, beyond closing the resource gap, cannot be overemphasized. As the Secretary-General's report makes clear, while countries are encouraged to mobilize much-needed resources to fund their HIV response, many of them, particularly developing countries with a limited capacity to increase domestic resources, will remain dependent on international assistance to fund their response. We must therefore maintain the international commitment to assisting countries if we are to sustain the progress that has been made in the more than 30 years of combating the epidemic. In that connection, we welcome the pledge made way back in December 2013 by international donors of $12 billion to the Global Fund to Fight AIDS, Tuberculosis and Malaria.

It is evident that HIV and AIDS will remain a global challenge well beyond 2015. In that regard, we believe that the ongoing discussions on the post-2015 development agenda provide an opportunity for ensuring that HIV and AIDS remain a top priority. In that context, I would like to emphasize the importance of completing the unfinished business of the MDGs and giving sustained attention to the AIDS response post-2015. In our view, the post-2015 agenda should build on the MDGs, whose Goal number 6 focuses on the response to AIDS. The new framework should therefore clearly reflect the role of an effective AIDS response in broader health and development efforts.

My delegation also fully supports the convening of a high-level meeting in 2016 so we can sustain the momentum that we have gained in implementing HIV and AIDS programmes. I would like to conclude by reaffirming how important Botswanta considers the fight against HIV and AIDS and the achievement of the right of all to enjoyment of the highest attainable standard of physical and mental health. We remain committed to the implementation of the Political Declarations on HIV and AIDS, and central to our efforts is our commitment to ensuring respect for human rights and access to prevention, treatment, care and support services for our people.

The meeting rose at 1.10 p.m.