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Monday, 8 June 2015, 10 a.m.
New York

President: Mr. Kutesa . . . . . (Uganda)

In the absence of the President, Mrs. Al-Mughairy (Oman), Vice-President, took the Chair.

The meeting was called to order at 10.10 a.m.

Agenda item 112 (*continued*)

Elections to fill vacancies in subsidiary organs and other elections

(e) Election of members of the United Nations Commission on International Trade Law (A/69/920)

The Acting President: I would like to draw the attention of members to document A/69/920, in which the Permanent Representative of Georgia to the United Nations informs the President of the General Assembly that, according to the agreement among the members of the Group of Eastern European States to rotate their membership in the United Nations Commission on International Trade Law among themselves, Georgia will relinquish its seat in favour of the Czech Republic on the last day prior to the beginning of the forty-eighth session of the Commission, in July 2015. As a result, a vacancy will occur and a new member must therefore be elected to fill the unexpired term of office of Georgia that commenced in June 2011, the first day of the forty-fourth session of the Commission.

As the Assembly is aware, in accordance with rule 92 of the rules of procedure of the General Assembly, all elections shall be held by secret ballot and there shall be no nominations. However, I should like to recall paragraph 16 of decision 34/401, whereby the practice of dispensing with the secret ballot for elections to subsidiary organs when the number of candidates corresponds to the number of seats to be filled should become standard unless a delegation specifically requests a vote on a given election.

In the absence of such a request, may I take it that the Assembly decides to proceed to the election on that basis?

It was so decided.

The Acting President: May I therefore take it that the Assembly wishes to declare the Czech Republic elected as a member of the United Nations Commission on International Trade Law for a term of office beginning on the first day of the forty-eighth session of the Commission, in July 2015, and expiring on the last day prior to the beginning of the forty-ninth session of the Commission, in 2016?

It was so decided.

The Acting President: May I take it that it is the wish of the Assembly to conclude its consideration of sub-item (e) of agenda item 112?

It was so decided.

Reports of the Special Political and Decolonization Committee (Fourth Committee)

The Acting President: The General Assembly will now consider the reports of the Special Political and Decolonization Committee (Fourth Committee) on agenda items 52 and 118.

15-17101 (E)

If there is no proposal under rule 66 of the rules of procedure of the General Assembly, I shall take it that General Assembly decides not to discuss the reports of the Special Political and Decolonization Committee (Fourth Committee) that are before the Assembly today.

It was so decided.

The Acting President: Statements will therefore be limited to explanations of vote. The positions of delegations regarding the recommendations of the Special Political and Decolonization Committee (Fourth Committee) have been made clear in the Committee and are reflected in the relevant official records. May I remind members that, under paragraph 7 of decision 34/401, the General Assembly agreed that when the same draft resolution is considered in a Main Committee and in the plenary meeting, a delegation should, as far as possible, explain its vote only once, that is, either in the Committee or in the plenary meeting, unless that delegation's vote in plenary meeting is different from its vote in the Committee.

May I remind delegations that, also in accordance with decision 34/401, explanations of vote are limited to 10 minutes and should be made by delegations from their seats.

Before we take action on the recommendations contained in the reports of the Special Political and Decolonization Committee (Fourth Committee), I should like to advise representatives that we are going to proceed to take decisions in the same manner as was done in the Committee unless notified otherwise in advance.

Agenda item 52 (*continued*)

Comprehensive review of the whole question of peacekeeping operations in all their aspects

Report of the Special Political and Decolonization Committee (Fourth Committee) (A/69/455/Add.1)

The Acting President: The General Assembly has before it a draft resolution recommended by the Special Political and Decolonization Committee (Fourth Committee) in paragraph 6 of its report contained in document A/69/455/Add.1. The Assembly will now take action on the draft resolution.

The Special Political and Decolonization Committee (Fourth Committee) adopted the draft resolution without a vote. May I take it that the Assembly wishes to do the same?

*The draft resolution was adopted (*resolution 69/287*).*

The Acting President: May I take it that it is the wish of the Assembly to conclude its consideration of agenda item 52?

It was so decided.

Agenda item 118 (*continued*)

Revitalization of the work of the General Assembly

Report of the Special Political and Decolonization Committee (Fourth Committee) (A/69/463/Add.1)

The Acting President: The Assembly has before it a draft decision recommended by the Special Political and Decolonization Committee (Fourth Committee) in paragraph 4 of its report contained in document A/69/453/Add.1. The Assembly will now take action on the draft decision.

The Special Political and Decolonization Committee (Fourth Committee) adopted the draft decision without a vote. May I take it that the Assembly wishes to do the same?

The draft decision was adopted (decision 69/525 B).

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

Agenda item 7 (*continued*)

Organization of work, adoption of the agenda and allocation of items

The Acting President: Members will recall that the Assembly concluded its consideration of sub-item (b) of agenda item 19 at its 75th plenary meeting, on 19 December 2014. In order for the Assembly to take action on the draft resolution before it, it will be necessary to reopen consideration of the sub-item.

May I take it that it is the wish of the General Assembly to reopen consideration of sub-item (b) of agenda item 19?

It was so decided.

The Acting President: Members will furthermore recall that, at its 2nd plenary meeting, on 19 September 2014, the General Assembly decided to allocate sub-item (b) of agenda item 19 to the Second Committee. To enable the General Assembly to take

action expeditiously on the document, may I take it that the Assembly wishes to consider sub-item (b) of agenda item 19 directly in plenary meeting and proceed immediately to its consideration?

It was so decided.

Agenda item 19 (*continued*)

Sustainable development

(b) Follow-up to and implementation of the Mauritius Strategy for the Further Implementation of the Programme of Action for the Sustainable Development of Small Island Developing States

Draft resolution (A/69/L.73)

The Acting President: I now give the floor to the representative of South Africa to introduce draft resolution A/69/L.73.

Mr. Malawane (South Africa): On behalf of the Group of 77 and China, I have the honour to introduce draft resolution A/69/L.73, entitled "Comprehensive review of United Nations system support for small island developing States".

The SIDS Accelerated Modalities of Action Pathway (Samoa Pathway) laid the foundation for a comprehensive review by tasking the Joint Inspection Unit with defining the parameters for implementing the review. Consequently, the Joint Inspection Unit report on the matter (JIU/REP/2015/2), which was published in March 2015, contains six such parameters. The time is now ripe to launch the full review, based on those parameters, in order to improve the United Nations system support for small island developing States. As envisioned in the Samoa Pathway and reaffirmed in last year's resolution on small island developing States (resolution 68/238), the initial findings would be included in the upcoming report of the Secretary-General to the seventieth session. The report in full would be published later in the same session as an annex to the report.

I would like to take this opportunity to thank the two facilitators of the draft resolution for bringing the informal consultations to a speedy conclusion. I would also like to express my appreciation to all delegations for their constructive engagement during the consideration of the draft resolution, as well as to the Secretariat, for their assistance.

In conclusion, I commend draft resolution A/69/L.73 to the General Assembly for adoption by consensus.

The Acting President: We shall now proceed to consider draft resolution A/69/L.73.

The Assembly will now take a decision on draft resolution A/69/L.73, entitled "Comprehensive review of United Nations system support for small island developing States".

May I take it that the Assembly wishes to adopt draft resolution A/69/L.73?

*Draft resolution A/69/L.73 was adopted (*resolution 69/288*).*

The Acting President: The General Assembly has thus concluded this stage of its consideration of sub-item (b) of agenda item 19.

Agenda item 10

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

Report of the Secretary-General (A/69/856)

The Acting President: I am pleased to participate in this meeting and deliver this statement on behalf of the President of the General Assembly, Mr. Sam Kahamba Kutesa. I thank the Secretary-General for his comprehensive report entitled "Future of the AIDS response: building on past achievements and accelerating progress to end the AIDS epidemic by 2030".

This meeting comes at a critical juncture as the international community approaches the target date for the Millennium Development Goals (MDGs) and is now in the final stages of negotiations to define a universal, transformative and ambitious post-2015 development agenda.

The Secretary-General's report demonstrates that the global AIDS response has been highly successful in reversing, and in some cases even stopping, the spread of HIV/AIDS, in line with MDG Target 6 and the ambitious targets set out in the 2011 Political Declaration on HIV and AIDS (resolution 65/277, annex).

New HIV infections and AIDS-related deaths are falling globally. Risk-taking behaviour has been reduced, while access to lifesaving antiretroviral therapy has vastly improved and mother-to-child transmission rates are dropping. Through these and other important developments, millions of lives have been saved.

Despite these important accomplishments, we must not be complacent. Worldwide, 2.1 million people became newly infected with HIV in 2013 and 1.6 million people lost their lives to the disease. Today, of the 36 million people living with HIV, 19 million do not know they are infected. Social and econonomic inequality and gender-based violence continue to place women and girls at an unacceptably high risk of infection. HIV is the leading cause of death globally among women of reproductive age, and stigma and discrimination against people living with or at a higher risk of HIV infection persist.

Given these realities, the Joint United Nations Programme on HIV/AIDS (UNAIDS) has developed fast-track targets to ensure that, by 2020, 90 per cent of all people living with HIV will know their HIV status, 90 per cent of all people with diagnosed HIV infection will receive sustained antiretroviral therapy, and 90 per cent of all people receiving antiretroviral therapy will achieve viral suppression. Increased resources and investment, global solidarity, shared responsibility and an inclusive, people-centred, human rights-based and gender-sensitive approach will be necessary to achieve these objectives.

As we work this year to put in place the future development agenda along with adequate means of implementation, I welcome the target to end the AIDS epidemic by 2030 set forth in the proposed sustainable development goals (SDGs). Progress in the AIDS response is closely intertwined with other objectives outlined in the SDGs, including targets related to health, gender equality, human rights, and development as a whole. Significant value lies in the lessons learned from the global AIDS response and the UNAIDS approach as we seek to deliver a post-2015 development agenda that is truly transformative.

As it has had to address complex challenges, the AIDS response has reaffirmed the value of multisectoral approaches, inclusive governance and partnerships with a wide range of stakeholders. Our response to HIV and AIDS has demonstrated that much can be achieved through collective action and adequate resourcing. We should take the important lessons learned and seek to implement similar approaches across the post-2015 development agenda.

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.

We welcome the comprehensive and balanced report of the Secretary-General entitled "Future of the AIDS response: building on past achievements and accelerating progress to end the AIDS epidemic by 2030" (A/69/856). The report underlines some of the remarkable achievements of the global AIDS response in reducing HIV infections and AIDS-related deaths.

However, much remains to be done. Several of the key targets and goals that we set for 2015 may not be reached. The fight against AIDS will remain an urgent global health and development challenge in the post-2015 development agenda. The report concludes that intensified efforts are needed to build upon the achievements already made and ensure that the global goal of ending the HIV/AIDS epidemic by 2030 can be realized.

At the country level, there is a need to invest strategically in evidence-based and tailored responses developed in collaboration with all the relevant stakeholders — including people living with HIV/AIDS, key populations and civil society — to ensure that resources and programming are targeted and responsive to needs and that the relevant health services are accessible for key populations, including hard-to-reach and marginalized groups, while remaining available in locations and for populations where a rise in new infections has been observed.

We fully agree that the goal of zero discrimination must be rigorously pursued. National responses must support human rights-based initiatives and address human rights challenges such as discrimination, including of women and girls, who are particularly vulnerable and at risk for contracting HIV/AIDS, and the stigmatization of key populations together with restrictions and punitive approaches towards key populations.

As countries develop economically, they should increasingly take over the financing of their HIV/AIDS programmes. We welcome the increased efforts of low- and middle-income countries to reduce their dependence on international funding. We encourage the leveraging of domestic resources, not only for HIV/AIDS but for the health sector in general. In that regard, we would like to remind Governments to urgently and significantly scale up their efforts to accelerate the

transition towards universal access to affordable and quality health-care services.

We look forward to the high-level meeting on HIV/AIDS to be held in 2016 and to broader strategic discussions on HIV/AIDS activities in the context of a thorough health-system-strengthening approach in the post-2015 era.

Ms. Derderian (United States of America): The United States commends the Joint United Nations Programme on HIV/AIDS (UNAIDS), the Global Fund to Fight AIDS, Tuberculosis and Malaria, and partner Governments on the tremendous progress outlined in the report of the Secretary-General on the implementation of the Declaration of Commitment on HIV/AIDS and the Political Declarations on HIV/AIDS (A/69/856).

It is critical for all partners to continue to fast-track the fight against HIV/AIDS. We must accelerate our investments and focus on effective interventions where they are needed most. The United States strongly supports the UNAIDS fast-track 90-90-90 global targets described in the report of the Secretary-General, and we have made them an essential part of the United States-funded programmes.

President Obama is committed to partnering with countries to control the epidemic and ensure that no one is left behind. The United States displays this commitment by increasingly focusing on data, mutual accountability and transparency to implement evidence-based prevention, treatment and care interventions that directly contribute to controlling the epidemic.

We applaud UNAIDS for its analytic and advocacy efforts that have encouraged us to focus the right interventions in the countries, cities and communities where the burden of HIV/AIDS is greatest. To reach the 90-90-90 global targets, the United States President's Emergency Plan for AIDS Relief (PEPFAR) takes a data-driven approach in order to strategically target geographic areas and populations where we can achieve the most impact for our investments. For PEPFAR that means targeting effective prevention measures to reach neglected and hard-to-reach populations, such as adolescent girls, as well as key populations, including men who have sex with men, transgender people, female sex workers and people who inject drugs. The United States is particularly concerned about addressing the needs of girls and young women while continuing to expand treatment with children. Through partnerships, we have worked to double the number of children receiving life-saving antiretroviral treatment in 10 African countries, and will enable 300,000 more children living with HIV to receive such treatment.

Continued global solidarity coupled with an increasing shared responsibility and strategic investment, as defined by the 90-90-90 global targets, can put us on a trajectory to end the HIV/AIDS epidemic. The United States encourages all Governments to redouble the intensity of the fight to control HIV/AIDS as they plan and implement the post-2015 development agenda. The United States commitment to ending the HIV/AIDS epidemic is unwavering. Compassion and impact demand that we focus our efforts where the burden of HIV/AIDS is greatest, and ensure that all people in the hardest-hit countries cities and communities have access to services that allow them to survive, thrive and fulfil their dreams.

Mrs. Natividad (Philippines): We thank the Secretary-General for his report (A/69/856). The Philippines is one of the countries that has seen a rise in the number of HIV infections. In February 2015, there were 646 new HIV cases reported — the highest since the first case was diagnosed, in 1984. That translates into 20 cases diagnosed per day for 2015, as compared with 17 per day in 2014 and 9 per day in 2012. From January 1984 to February 2015, there were 23,709 diagnosed HIV cases, 81 per cent of which have been reported in the past five years alone. Most of the cases — 96 per cent — were male and the median age was 28 years.

The Philippines is committed to combating the rise of HIV/AIDS cases. The budget of our Department of Health national HIV/sexually transmitted infection prevention programme has been increased to approximately $11.24 million. Recognizing that addressing the threat of HIV/AIDS requires a multifaceted approach, the Department of Health is currently carrying out behavioural, biomedical and structural interventions to control HIV infections among key affected populations. For instance, a module on HIV/AIDS is now part of the predeparture orientation seminar for all Government personnel and Filipino migrants.

On the legislative side, several bills amending the Philippines AIDS Prevention and Control Act of 1998 are now under consideration by our Congress and Senate, to harmonize that Act with evidence, informed

strategies and approaches on prevention, treatment, care and support. Critical to the fight against HIV/AIDS is the advocacy of, and corresponding funding, provided by local governments. The Joint United Nations Programme on HIV/AIDS in the Philippines has been very strong in that regard. It is important, however, that interventions and campaigns at the level of local governments be coordinated with national Government initiatives.

Consistent with the post-2015 developed agenda, we are also strengthening our health system as a whole, in particular by expanding the reach of our universal health-care programme. Given that may basic knowledge on HIV among key affected populations is only 32 per cent, widespread and intensive information campaigns, including through faith-based initiatives and the active participation of those most at risk, are essential and are an integral focus of our people-centred strategy.

The Philippines Government recognizes that time is of the essence in the fight against HIV/AIDS. If we are to end the AIDS epidemic as a public threat within the next 15 years, continued international support is necessary, in line with the principles of global solidarity, shared responsibility and good governance.

Mrs. Ntaba (Zimbabwe): I have the honour to deliver this statement on behalf of the 15 member States of the Southern African Development Community (SADC). The SADC member States align themselves with the statement to be delivered by the delegation of Rwanda on behalf of the African Group. The Group thanks the Secretary-General for his report (A/69/856) submitted under this agenda item.

SADC member States are gratified to be part of the statistics that speak to the progress that has been achieved in reducing HIV infection rates and expanding access to antiretroviral therapy, particularly in the hardest-hit regions and countries. The SADC region is one of the regions that has experienced the ravages of the HIV/AIDS epidemic. High prevalence rates reversed decades of social and economic progress in our region and weakened our health systems.

Against that background, SADC member States adopted a collaborative approach to combat the spread of HIV and AIDS in the region and its deleterious effects on social and economic development of the region. The SADC regional response to the HIV epidemic was guided by the SADC HIV and AIDS Strategic Framework.

The region also witnessed an unprecedented rise in the proportion of orphaned children, largely stemming from the ravages of HIV and AIDS. As a result of a combination of high poverty levels and high morbidity among the adult population, many of those children ended up either under the care of elderly grandparents or being part of child-headed households. That situation led the development of the region's strategic framework on orphans and vulnerable children, which has guided national initiatives on ensuring comprehensive support for that vulnerable group of children.

In addressing the HIV and AIDS epidemic, SADC member States have adopted a multifaceted approach in recognition of the fact that no one model on its own can yield sustainable results. Among other initiatives and programmes, SADC member States have promoted abstinence, as well as prevention and protection by encouraging condom use and distribution, implementing behaviour modification programmes, increasing HIV testing and counselling and promoting medically safe circumcisions. Individual countries have also taken unprecedented steps to mainstream efforts to combat HIV and AIDS across all sectors, expand treatment for people living with HIV and increase support for home-based care.

A number of important lessons have been learned in the fight against the HIV epidemic. We have seen an unprecedented mobilization of international cooperation with a view to reducing the prevalence of HIV, notably under the auspices of the Global Fund. That has given rise to a well-coordinated system to address HIV. In a number of countries, the spillover effects of the HIV response have had a positive impact on national responses to other diseases. However, we must be careful to make sure that the lessons learned from the HIV response are deliberately used to strengthen health systems in a comprehensive manner so as to increase their resilience and ensure that they effectively address the general health needs of the population.

SADC member States are deeply concerned by the findings set forth in the Secretary-General's report regarding the lack of access to treatment for adolescents. Indeed, various SADC member States have gleaned similar information through their statistical data regarding access to treatment by children and

adolescents. We call for increased international cooperation in this area, including in initiating collaborative approaches to research into paediatric antiretroviral therapy. The HIV response can never be labeled as a success if children continue to receive insufficient access to treatment.

Much has been said about the need for countries to know their epidemic in order to better respond to it and to ensure that the gains recorded are not reversed. We emphasize that the drivers of the HIV/AIDS epidemic differ in various settings, and therefore each country should have the flexibility to tailor its intervention to the specificities of its situation. We reiterate that there is no one-size-fits-all response.

In the SADC region, the epidemic has disproportionately affected women and girls. Accordingly, the region has paid significant attention to the linkages between the status of women and HIV/AIDS. Current data has shown that women and young girls continue to experience higher rates of infection. It is therefore important that we expand proven prevention programmes to target these vulnerable groups. Some of these proven initiatives include delaying sexual debut among young people, amplifying HIV/AIDS prevention education and education on sexual and reproductive health, and expanding counselling and testing facilities. In addressing HIV among young people, we must increasingly attend to the needs of early beneficiaries of life-prolonging antiretroviral therapy who are now entering adolescence and require counselling and support about living with HIV/AIDS.

The issues we have just outlined require concerted cooperation if we are to address them successfully. We have seen unprecedented global partnership and international cooperation in the HIV/AIDS response and we cannot afford to slacken or reduce our momentum at such a critical time. If we are to reach our goals of ending HIV/AIDS, we must ensure that international assistance is sustained and possibly increased to assist those countries that do not have the domestic capacity to cope with the demands of containing the epidemic. As we conclude, we call on all stakeholders and partners to take decisive action to ensure that we do not lose the gains we have made to date in the global HIV/AIDS response.

Mr. Ansari Dogaheh (Islamic Republic of Iran): Fifteen years ago, when the red ribbon was placed at the centre of Millennium Development Goal 6, a ray of hope captured the hearts of people across the globe who had been diagnosed with HIV/AIDS. Through coordinated efforts with the aim and hope of halting and beginning to reverse the spread of HIV/AIDS by the target year 2015, the international community has come a long way. The 2006 Political Declaration on HIV/AIDS (resolution 60/262, annex) set 10 priority targets and commitments to ensure universal access to prevention, treatment, care and support by 2015. In 2011, the General Assembly adopted the Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS (resolution 65/277, annex).

Despite significant global progress, as elaborated in the report of the Secretary-General (A/69/856), emerging gaps and challenges still have to be addressed by the international community. The Islamic Republic of Iran, through its robust commitment to addressing the challenges of the HIV/AIDS pandemic and in implementing the Political Declaration, has rapidly developed HIV/AIDS prevention, care and treatment measures at the national level. We have recently developed our third national strategic plan with a concentration on three major targets: zero new HIV infections, zero discrimination and zero HIV-related deaths.

The Iranian Ministry of Health and Medical Education submitted its fifth national progress report on HIV/AIDS to UNAIDS in 2014. The five national reports we have submitted clearly show that Iran promotes a participatory and proactive approach by all programme partners in controlling the epidemic while seeking to advance a common strategic vision rooted in the "three ones" concept: one strategic programme, one coordinating institution and one monitoring and evaluation framework that is used by all partners to gauge their interventions.

Tens of non-governmental organizations in the Islamic Republic of Iran are active in a wide variety of activities, from awareness-raising to running drop-in centres and outreach teams. Every year, 10 non-governmental organizations from around the world are selected to receive Red Ribbon Awards from the Joint United Nations Programme on HIV/AIDS (UNAIDS), and in 2012 and 2014 Iranian non-governmental organizations received Red Ribbon Awards for their outstanding community leadership on AIDS.

All people living with HIV/AIDS in Iran enjoy free health insurance coverage. Furthermore, the Government has established triangular clinics to provide HIV-positive injection drug users with methadone

maintenance treatment programmes and antiretroviral therapy. The services have also been scaled up to all provinces of the country to bring about universal access. At the community level, hotline services, group educators, training of trainers, home-care services, family education, positive prevention strategy services for post-test clubs, and counselling and harm-reduction services for vulnerable women are provided among all other relevant services. All these facilities, which provide their services confidentially and free of charge, have led to a decrease in the number of new cases and an increase in society's awareness on issues relating to HIV/AIDS.

It should be noted that these services have been provided despite the illegal and unfair sanctions in place against the Islamic Republic of Iran. The sanctions have made more difficult the task of ensuring universal access, which needs a combination of increased and predictable funding and an effective response to diverse and evolving epidemics based on nation contexts and circumstances.

We are of the opinion that the family and the promotion of family ethics play a vital role in achieving the targets stipulated in the Political Declaration. By educating family members while upholding ethics and morality that help prevent HIV/AIDS, we can reduce the stigma and improve prevention and treatment across the board.

In conclusion, I would like to reiterate that the Government of the Islamic Republic of Iran remains robustly committed to the global efforts to work towards reversing the spread of HIV/AIDS, ensuring universal access to treatment for HIV/AIDS patients and preventing any related deaths.

Mr. Mohamed (Guyana): I have the honour to speak on behalf of the 14 member States of the Caribbean Community (CARICOM) at this plenary meeting to review the implementation of the Declaration of Commitment on HIV/AIDS (resolution S-26/2, annex) and the Political Declaration on HIV/AIDS (resolution 60/262, annex).

I would like to take this opportunity to express appreciation to the Secretary-General for his report contained in document A/69/856.

CARICOM takes note of the extraordinary gains made in the global AIDS response since 2000, which has resulted in a decrease of the number of new infections and AIDS-related deaths in 2015. We concur with the report's findings that the work required to end the epidemic is far from over, and that intensified efforts will be needed to build on the impressive gains of the past.

It is important to recognize that the transition from the Millennium Development Goals (MDGs) to the sustainable development goals is upon us and that several of the MDGs, especially those related to health and HIV, will not be achieved. We were pleased to note that a commitment to end the AIDS epidemic by 2030 was included, as part of Target 3.3, in the report of the Open Working Group on Sustainable Development Goals (A/68/970). The transition also means that the existing AIDS-related commitments and goals identified in the 2011 Political Declaration on HIV and AIDS (resolution 65/277, annex), to which this component of the General Assembly is dedicated, must be reconfigured and redirected to the goals of defeating AIDS and advancing global health, the theme of the soon-to-be-released report of the Joint United Nations Programme on HIV/AIDS and Lancet Commission.

I am pleased to be able to report on the significant progress that has been made in the Caribbean towards achieving the goals of the Assembly's 2011 high-level meeting on the Political Declaration (see A/65/PV.95). Indeed, that achievement is associated with a number of factors. They include the region's trend towards becoming the first in the world to eliminate mother-to-child transmission of HIV; a 52 per cent decline between 2001 and 2012 in HIV infections among children, owing to the fact that 90 per cent of pregnant women living with HIV are receiving services to prevent mother-to-child-transmission; a 49 per cent decline in overall HIV incidence over the past decade; a rate of HIV prevalence that fell from 1.5 per cent in 2002 to 1.0 percent in 2012; the availability of antiretroviral treatment to 70 per cent of those eligible, resulting in a major reduction in deaths due to AIDS and an improved quality of life for people living with HIV; a lower prevalence of HIV among female sex workers in several Caribbean countries; strengthened health systems and scaled-up prevention, treatment, care and support services; substantial returns on investments from internal and external sources; and the provision of regional public goods and services, creating more affordable access to medicines and shared capacity in key areas.

Despite the overall gains, considerable challenges remain. The Caribbean has a mixed HIV epidemic, consisting of a low-level HIV-prevalence generalized

epidemic in the adult population and an unacceptably high hyper-epidemic among vulnerable and marginalized populations, including in particular men who have sex with men. A more recent disturbing trend is a spike in prevalence among young women, which may also be related to high reported levels of domestic violence and other forms of sexual abuse of Caribbean women.

Through its CARICOM Council for Human and Social Development and the Pan-Caribbean Partnership against HIV/AIDS network, which has expanded beyond the CARICOM region to include the Dominican Republic and Cuba as well as the Dutch, English and French-speaking areas of the Caribbean, our region has recognized the broader development agenda and accountability framework for AIDS within the post-2015 development agenda. To that end, we have highlighted the interconnections and potential synergies that break down silos across various sectors, placing the emphasis on rights-based movements that aim to achieve social justice and equity, leaving none behind.

In addition, the region's ministers of health have urged their Heads of Government to urgently consider strategies for joint action to ensure that the region continues to maximize the use of flexibilities related to trade-related aspects of intellectual property rights, including the Doha Declaration on Financing for Development, which provides opportunities for Caribbean countries to expand access to low-cost, quality-assured pharmaceutical products and pass laws to prevent patent evergreening practices.

Changing the way we do business requires that our leaders demonstrate political will. It requires that civil society maintain its activism, that development partners provide adequate and sustained financing for efforts to end AIDS and that national health systems be strengthened. Among other indicators, those requirements force us to recognize that the 2011 Political Declaration, though still relevant, must enable the creation of a framework that embraces the good practices in the AIDS response in order to advance global health, social justice and development. The key elements include collective leadership and engagement on the part of the affected communities in decision-making, investment in innovation and implementation research, the pursuance of operational convergence, the building of multi-stakeholder collaboration and sustainable financing for the convergence of AIDS and global health.

CARICOM is of the view that linkages with the AIDS response should be promoted across the post-2015 development agenda, particularly in the areas of poverty eradication, employment creation and the empowerment of women and girls. CARICOM member States will continue to take the necessary steps to create synergies at the country and regional level to achieve our targets on HIV and AIDS. In addition to working to advance South-South cooperation, we look forward to continued collaboration with our development partners to that end.

Mr. Sana (Rwanda): I have the honour of delivering this statement on behalf of the Group of African States. The African Group thanks the Secretary-General for his report (A/69/856) and takes note of its recommendations.

We are gathered here today to shape the ways by which we can ensure realization of the global goal of ending AIDS as a public-health threat by 2030. It is therefore important to assess the actions and investments that the international community will have to implement in the next five years in order to achieve that objective.

The Secretary-General's report shows that the global HIV response has reached an important stage, in which rates of new HIV infections and AIDS-related deaths in sub-Saharan Africa continue to decline. It is important to point out that the member States of the African Union (AU) have taken significant steps in the area at various levels, including the adoption in 2012 by the AU's Heads of State and Government of a road map on shared responsibility and global solidarity for AIDS, malaria and tuberculosis. They have strengthened ownership, accountability and partnerships aimed at accelerating progress in achieving clear deliverables under three pillars — financing, access to medicines and improved governance — in order to help countries build long-term and sustainable solutions.

In line with those policies and actions, a special summit of the AU held in Abuja in July 2013 issued a declaration on "Abuja Actions toward the Elimination of HIV and AIDS, Tuberculosis and Malaria in Africa by 2030", calling for accelerating antiretroviral treatment, eliminating mother-to-child HIV transmission and strengthening preventive measures for reducing new HIV infections. Its commitment to allocating 15 per

cent of AU member States' individual national budgets to the health sector was another clear demonstration of the strong political will behind this cause in Africa.

In fact, Africa, in collaboration with its partners, has made considerable progress in creating awareness and mitigating the effects of the pandemic among its population. We have also made significant progress towards achieving universal access to health-care services in general and those directed at HIV and AIDS in particular.

Despite that progress, the African Group is concerned that North Africa is experiencing a rise in HIV infections. We are of the view that a critical analysis should be undertaken of the reasons for that rise so that the subregion can receive assistance and undertake the necessary precautions.

The African Group takes note of the UNAIDS initiative to launch new HIV treatment targets for the post-2015 era at the twentieth International Conference on AIDS in 2014. The fast track 90-90-90 targets provide that, by 2020, 90 per cent of all people living with HIV will know their HIV status, 90 per cent of all people diagnosed with HIV infection will receive sustained antiretroviral therapy, and 90 per cent of all people receiving antiretroviral therapy will achieve viral suppression. The Group also notes that meeting those targets will require significant strengthening of health systems; smart, focused investment in the interventions that have the highest impact; and increased access to tailored services for all those left behind.

The Group therefore calls for increased resources to be devoted to HIV/AIDS responses. It also stresses the importance of complementarity in innovative sources of financing in addition to traditional funding, including official development assistance (ODA), to support national strategies, financing plans and multilateral efforts aimed at combating HIV/AIDS.

The African Group further reaffirms the importance of guaranteeing access to affordable treatments, vaccines, medicines, traditional medicine and indigenous knowledge. It also reaffirms the importance of prioritizing the finding of solutions that would make possible pharmaceutical industry licenses for the production of generic HIV medicines for companies in the developing world. This should be done by intensifying coordination efforts with the World Health Organization, the World Trade Organization and the World Intellectual Property Organization to support the research and development of vaccines and medicines for AIDS and to provide affordable access to those vaccines and medicines, pursuant to the Doha Declaration on the TRIPS Agreement and Public Health. That Agreement affirms developing countries' right to use to the fullest the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding the flexibility to protect public health and, in particular, to provide access to medicines for all and technologies for the treatment, care and prevention of HIV/AIDS, including vaccines, medicines and antiretroviral therapy.

The Group also calls for a substantial increase in ODA allocations for health, financing and the recruitment, development, training and retention of the health workforce in developing countries; and strengthening the capacity of all countries, particularly developing countries, for early warning, risk reduction and management of HIV.

However, the African Group is alarmed that, until now, the AIDS response has been failing young people. In some instances, not all pregnant women are accessing antiretroviral therapy, and not all pregnant women are being offered HIV testing. Moreover, UNAIDS estimates that in 2013 more than half of HIV transmissions to infants occurred during breastfeeding, which today leads to more mother-to-child transmissions than those related to pregnancy and childbirth.

Health services have left behind children exposed to or living with HIV. In 2013, only 42 per cent of HIV-exposed children received early infant diagnostics within two months of birth, and nearly half of those who received diagnostic services received their test results. Furthermore, children living with HIV are often not accessing treatment, and pediatric antiretroviral therapy regimens are far less available to them than that for adults. Globally, only 24 per cent of children living with HIV have access to treatment, as compared to 38 per cent of adults. Issues related to the formulation of pediatric antiretroviral therapy regimens, such as finding the right dose and palatable taste, still remain a challenge. The African Group therefore reaffirms and reiterates that prevention, diagnosis, treatment, strong surveillance systems and universal access to services must be at the core of our efforts. In that regard, increased access to early infant and paediatric diagnosis and treatment, which will require strengthened health systems and mechanisms, should be given the critical attention they deserve.

The Group underscores that universal access to HIV/AIDS treatment remains paramount in global response strategies and constitutes a fundamental human right. The Group reiterates the importance of regional, cultural and religious value systems as well as peculiarities in considering human rights issues. The Group is disturbed by the continuous use of certain terms in the Secretary-General's report and stresses 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 using notions that fall outside the internationally agreed human rights framework, taking into account that such attempts constitute an expression of disregard for universal human rights.

According to the Secretary-General's report, stigma and discrimination against people living with HIV/AIDS continue to prevail. The Group is concerned that such attitudes undermine an effective AIDS response, and people living with HIV continue to face challenges. In some countries, they are criminalized and denied health-care services and family-planning measures. In some cases, they are forced or coerced into sterilization or abortion or face gender-based violence from their partners. Others are refused employment. Punitive laws and practices undermine the efforts to bring HIV treatment to all who need it. The Group strongly urges that people with HIV/AIDS should be treated fairly and equally and be protected from stigma, discriminatory practices and related intolerance.

The Group believes that prevention should remain among the key elements in the fight against HIV/AIDS. Priority should continue to be given to the development of prevention programming, including through sensitization and campaigns against risky activities and risky sexual behaviours. In that context, although there has been progress in reducing new HIV infections in people who inject drugs, the Group believes that, while scaling up HIV treatment for people who inject drugs, more emphasis should be placed on efforts such as counselling and other means to encourage 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 fight the HIV/AIDS scourge. The Group welcomes medical research and development and technological initiatives on the treatment and cure of HIV/AIDS that are accessible, affordable to all and of good quality. We believe that HIV treatment for 15 million people, a target set by the Secretary-General, is achievable only if the significant current gains in HIV prevention and antiretroviral treatment are sustained, including strengthening the treatment to prevent mother-to-child transmission. The Group therefore calls upon its partners to support the business plan for the implementation of the Pharmaceutical Manufacturing Plan for Africa, which has been developed in collaboration with partners and which was subsequently adopted at the special session of the fifth conference of the African Union Ministers of Health, held in May 2012.

Mr. Bishnoi (India): We thank the Secretary-General for his report entitled "Future of the AIDS response: building on past achievements and accelerating progress to end the AIDS epidemic by 2030" (A/69/856).

We have set ourselves an ambitious goal of ending the AIDS epidemic by 2030. To achieve this, international commitment must be renewed and strengthened with regard to the 10 priority areas set out in the Political Declaration on HIV and AIDS.

As far as India is concerned, the Government has undertaken targeted interventions for people living with HIV, high-risk groups and bridge populations. A strategy for the period 2012-2017 is in place that is based on lessons learned from the previous phases of the programme. This aims to accelerate the process of reversal by further strengthening the response to the epidemic. We have also involved the corporate sector, non-governmental organizations and other stakeholders towards this end.

Notwithstanding significant global progress in overall terms, there is concern that it has been uneven in the priority areas of the Political Declaration. At the same time, the HIV epidemic has been on the rise in new regions.

The Secretary-General's report points out the need for accelerated efforts to ensure that the required levels of international and domestic funding are available to stabilize progress and maintain HIV-related services. Of particular importance is scaled-up antiretroviral therapy to extend lives and improve the quality of life. Global efforts have ensured that the target of 15 million people receiving antiretroviral therapy by 2015 has nearly been met. While this is a matter of

some satisfaction, we also need to reach the remaining 22 million people infected with HIV.

The challenge before us is not of unavailability of medical treatment, but of accessibility arising from its high cost in many developing countries. We need to bridge this North-South divide if we are to achieve the 2030 target.

The Indian pharmaceutical industry has been plugging this critical gap by producing high-quality affordable drugs for use in India and other developing countries. India is committed to using all flexibilities allowed under the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) of the World Trade Organization to ensure the availability of affordable and quality medicine to all people living with HIV.

It is, however, regrettable that these TRIPS flexibilities, which are critical for the provision of public health care to millions across the developing world, are being questioned in some quarters. It would be most callous if we were to allow narrow considerations of commerce to deny people the most basic and the most fundamental human right: the right to life. We would like to take the opportunity of this debate to draw attention to this matter.

While Governments no doubt need to augment their national efforts, it is equally evident that many developing countries will not be able to meet these challenges themselves. The need for international solidarity to ensure an integrated and holistic approach that includes effective prevention strategies, access to low-cost affordable treatment for all and scaled-up treatment and sound health systems cannot be overemphasized if we are to end the HIV/AIDS epidemic by 2030.

Ms. Grignon (Kenya): I thank you, Madam Acting President, for giving me the floor to address the Assembly at this meeting to consider the implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS. We thank the Secretary-General for his comprehensive report (A/69/856) highlighting the progress made on the status of the epidemic and the tasks ahead in terms of achieving the end of the public health threat posed by the AIDS epidemic.

We align ourselves with the statement delivered by the representative of Rwanda on behalf of the African Group.

Our consideration of this highly important issue comes at a watershed moment in the evolution of the international development agenda. Key milestones have already been achieved in the process of elaboration of the post-2015 development agenda — notably, the sustainable development goals, goal 3 of which recognizes the importance of ensuring healthy lives and the promotion of well-being and includes the critical target to end epidemics such as HIV/AIDS, malaria and tuberculosis by 2030, which is indeed instructive for our deliberations today.

Almost 15 years ago, at the turn of the millennium, the adoption of the Declaration of Commitment (resolution S-26/2, annex) represented a recognition that the global HIV/AIDS epidemic, through its devastating scale and impact, constituted a global emergency. Further, it recognized HIV/AIDS as a most formidable challenge to human life and dignity that undermines social and economic development throughout the world and affects all levels of society at the national, community, family and individual levels. Subsequent declarations and resolutions of the Assembly have outlined this fact, and there have been a raft of decisions and recommendations adopted to address this epidemic.

The continuing ravages of the AIDS epidemic are a poignant reminder of the much-touted unfinished business of the Millennium Development Goals (MDGs). We welcome the report of the Secretary-General and note that, while highlighting the extraordinary gains made towards halting and reversing the course of the epidemic, it reminds us that the task is far from over. Of great concern is the slow progress and sliding backwards in some countries and regions, even as a majority of countries report good progress towards the targets of the Declaration and MDGs. This was also mentioned by the representative of Rwanda while reading the statement of the African Group.

In the process of elaborating the post-2015 development agenda, we all recognize that there is unfinished business in achieving the MDGs and that it behoves us to craft a new development agenda that takes care of this and that goes beyond, to secure our collective and ambitious aspirations for our common future, development and well-being. This is why we greatly appreciate the reflection of the unfinished agenda of the MDGs in the sustainable development goals. The onus is upon us, the international community, with the impending dawn of a new development

paradigm, to make the achievement of the end of HIV/AIDS a reality. This will call for intensifying efforts, increasing our investment and emphasizing accelerated action. In this regard, we welcome the development and implementation by the Joint United Nations Programme on HIV/AIDS of the ambitious fast-track targets for 2020.

Kenya is committed, and remains steadfast, in its efforts to stem the tide of this deadly scourge, both nationally and as part of a dynamic African region experiencing economic growth, having been re-categorized as a middle-income country. The Constitution of Kenya reflects this changing context and places health as a priority, in view of the fact that development is critical in building a skilled and competitive workforce and lifting people's living standards.

Progress has been made with regard to HIV prevalence, which has dropped from a high of some 14 per cent in the 1990s to stabilize at the current rate of 6 per cent among adults. In the last five years, there has been a decline of two percentage points, and new infections among children have almost been halved. HIV nonetheless continues to contribute to high mortality rates, burden households and strain national health systems and budgets. The number of new HIV infections among adults still remains unacceptably high. There are marked gender, age and geographical disparities in HIV prevalence, which remains highest among women, at 6.9 per cent, when compared with that of men, which stands at 4.3 per cent.

Sexual transmission remains the most common mode of HIV transmission — accounting for 85 per cent of all new infections. It is regrettable that, every day, 15 mothers and over 290 children under the age of 5 die from preventable diseases, pregnancy and birth complications, HIV and AIDS. Those numbers are still too high, and countries will continue to need international cooperation and support to fund their AIDS responses.

Kenya's AIDS strategic framework for the period 2014-2015 to 2018-2019 exemplifies the firm commitment made by key stakeholders to help the national Government as well as county governments in their efforts to deliver better health for all, with a focus on cost-effective and socially inclusive interventions to prevent and manage HIV/AIDS. Kenya's new and progressive Constitution asserts that the Government has a duty to address the needs of vulnerable groups within society through the provision of safety net programmes, such as nutrition feeding programmes.

Kenya has also enacted the HIV and AIDS Prevention and Control Act, which seeks to promote supportive care and protective and preventive measures against HIV/AIDS. The Government's strategy emphasizes an equitable HIV response that ensures that no one is left behind. That response is a priority for Kenya in its efforts to achieve its goals, and focuses on effective evidence-based investments that target priority populations so that all Kenyans are reached, stigma and discrimination are reduced and improved health outcomes are achieved.

In line with the call for increased investment and leadership set forth in the Secretary-General's report, Kenya's AIDS strategic framework underscores the need to increase domestic and sustainable financing for HIV as a matter of priority. It outlines an innovative leveraged funding approach based on the implementation of an HIV fund that will increase resources, increase access to universal health care for those living with HIV, and, ultimately, subsidize Kenya's future liability for HIV prevention and treatment.

In Nairobi, at the launch of All In — a new global initiative to end the AIDS epidemic among adolescents — President Uhuru Kenyatta announced Kenya's commitment to lead by example by increasing domestic resources for its AIDS response, which includes improving HIV prevention and treatment and providing essential health care and counselling services for adolescents. The Ministry of Education has been mandated with the duty to re-examine the national curriculum to better engage with young people living with HIV and to eliminate stigma and discrimination in schools. The Government has launched its first national gender plan of action to facilitate the mobilization of stakeholders in the design and the implementation of actions and targets. That plan of action, which has been disseminated in all of Kenya's 47 counties, will guide stakeholders on how to mainstream gender in the national response to HIV/AIDS.

In 2011, Kenya was among countries that endorsed the global plan that aims to eliminate new HIV infections among children by 2015 and keep their mothers alive. The recent global focus on evidence-informed HIV prevention programming has introduced a paradigm shift, allowing Kenya to examine innovative ways to improve our investments in preventing new HIV infections. In that regard, the Government's strategic

plan has reduced the number of new infections by at least 50 per cent, reduced AIDS-related mortality by 25 per cent, led to a marked decrease in HIV-related morbidity due to the availability of antiretroviral treatment, and reduced the socioeconomic impact of HIV/AIDS at household and community levels. The Government's collaborative efforts with national and external partners have also led to the formulation of a comprehensive prevention of mother-to-child transmission strategy. This targets expectant mothers and their spouses and provides voluntary counselling and testing as well as antiretroviral treatment for the mother and child. As a consequence of that campaign, new infections among children have been brought down from an estimated 100 HIV infections per day to only 36.

Primary prevention among women of reproductive age, family planning for all HIV-positive women and those who want to delay their next birth, antiretroviral prophylaxis during pregnancy, delivery and breastfeeding and care and treatment are all services that the Government continues to provide.

Our first lady, Margaret Kenyatta, launched the Beyond Zero campaign, which aims to promote HIV control and strengthen maternal and neonatal health services to prepare for the birth of a future HIV-free generation in Kenya. She has spearheaded that effort by running marathons to raise awareness and mobilize funds for the purchase of mobile clinics to deliver health-care services all over the country. She has delivered more than half those mobile clinics to half the counties in Kenya. The campaign is guided by Kenya's development priorities, as outlined in Kenya Vision 2030, Kenya's AIDS strategic framework and the Kenyan health sector strategic and investment plan 2012-2017. The campaign is organized in collaboration with the Ministry of Health and other key stakeholder.s

In conclusion, in line with Kenya's priorities, I would like to reiterate our call to the international community to scale up resource mobilization, ensure adequate resource allocation and secure political commitment and leadership in the fight against HIV and AIDS, especially in sub-Saharan Africa and other less privileged regions of the world. The end of the devastating AIDS epidemic, which is set to be a truly historic global achievement for humankind, is within reach during our generation.

Mr. Bosah (Nigeria): Nigeria associates itself with the statement just delivered on behalf of the African Group by the representative of Rwanda.

We join other delegations in congratulating the President for convening this important meeting. I also thank the Secretary-General for his report (A/69/856), and the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), Mr. Michel Sidibé, for his statement. We welcome other stakeholders, such as youth, women, the private sector and people living with HIV/AIDS, and thank them for their collective endeavours.

The adoption of the Declaration of Commitment on HIV/AIDS (resolution S-26/2, annex) and of the follow-up Political Declarations on HIV/AIDS of 2006 (resolution 60/262, annex) and 2011 (resolution 65/277, annex), respectively, marks the determination of the international community never seen before on any single disease condition to wage a global and sustained war on HIV/AIDS. Much progress has been made since then, thanks to our collective determination, to the extent that HIV is now better understood, and AIDS is no longer an automatic death sentence. Yet a lot remains to be done.

HIV remains a great global concern, particularly in Africa, where HIV/AIDS poses a heavy financial burden, a social nightmare and a development disaster. The disease knows no race, age or gender. In addition, women are at much higher risk of contracting HIV owing to their biological make-up and how vulnerable they are seen to be within their communities. In sub-Saharan Africa, three young women are infected for every man, while girls between the ages of 15 and 19 are six times more likely to be HIV-positive as compared to boys the same age. The disease is also a leading cause of maternal and child mortality in the African region. As a result, greater attention must be given to the promotion of gender equality and the empowerment of women.

We therefore agree with the Secretary-General that promoting gender-sensitive policies and empowering women constitute an integral part of the global AIDS response. We acknowledge the need to address the structural gender barriers and negative power relationships that affect the ability of women and girls to confront the challenge of HIV. We share the view that critical action is needed to ensure that young women and girls can access and remain in education; women feel safe and have control over their own sexual health; women are engaged to a greater extent in leadership, decision-making and service provision; and there is a greater promotion of women's legal rights and access to justice.

As a demonstration of our determination to strengthen regional cooperation, Nigeria hosted the Abuja+12 Special Summit of the African Union on HIV/AIDS, Tuberculosis and Malaria in July 2013. We will continue to play an active role in vigorously supporting and beneficially advancing those objectives.

In spite of the commitment to fight HIV/AIDS, a large population and limited financial and technological resources have made the fight against the pandemic a major challenge for Nigeria, particularly placing a heavy burden on the health-care delivery system. However, we continue to rise to the challenge, making considerable progress in the process. Some of the initiatives that we have put in place include adopting a national health bill on 19 February 2014. The new law provides a framework for the regulation, development and management of a national health system, which is aimed at setting standards for rendering health-care services.

In addition, on 10 April 2014, Nigeria's National Assembly adopted the HIV/AIDS anti-stigma and discrimination bill. The new law seeks to prevent the stigmatization of, and discrimination against, those living with or infected with HIV/AIDS. On 25 March, the Nigerian Government also adopted a bill called the Violence Against Persons Prohibition, which provides a legislative and legal framework for the prevention of all forms of violence against vulnerable persons, especially women and girls. It seeks to provide maximum protection and remedies for victims of violence and punishment for offenders.

Prevention also remains a major concern, as there is still relatively low access to the prevention of mother-to-child transmission services in rural areas, even as stigmatization and discrimination pose barriers to universal access to services. Furthermore, national ownership and the sustainability of responses continue to be undermined by limited and unpredictable funding. We remain committed nonetheless. Our new Administration, while building on the success of previous Governments, is determined to provide renewed impetus for advancement and development and to consider the health sector as a key component and target of our human development agenda.

We expect that those national efforts will be complemented, not replaced, by support from development partners, the United Nations system and donors. Our international cooperation strategy will not be restricted to the usual major donors; rather, we seek to expand it to include greater collaboration at the regional, continental and South-South levels.

To say that adequate funding is critical to the success of our HIV/AIDS strategy is an understatement. Many countries, including mine, cannot not achieve the noble goals of our declarations, nor the Millennium Development Goals, without the support of our development partners. While appreciating their cooperation and assistance, we call on them to make every effort to fulfil their obligations early in view of the need to create a formidable post-2015 development agenda. We also call for flexibility and understanding on the issue of the transfer of technology and training in the production and distribution of HIV/AIDS-related drugs and devices.

Mr. Maksimychev (Russian Federation) (*spoke in Russian):* The Russian Federation is firmly committed to the goals and principles of the 2011 Political Declaration on HIV and AIDS (resolution 65/277, annex), which we regard as the key framework and basis for increasing international cooperation in the fight against the human immunodeficiency virus. In the past two decades, Russia has undertaken significant efforts to prevent HIV infection. Russian national legislation guarantees that all citizens, including those from high-risk groups, have access to a wide range of prevention programmes and free voluntary testing for HIV and that those who are HIV-positive have access to free, high-quality medical assistance and social protection.

An important role in achieving encouraging results in reducing HIV infection in our country can also be ascribed to the strategy we have chosen, which is based not on the principle of harm reduction, but on risk-exclusion programmes. Such policies have kept the disease under control. We are convinced that a genuinely scientific approach to drug addiction, prevention and treatment is incompatible with any form of drug legalization.

The vertical transmission of HIV infections in Russia has virtually disappeared, and we are prepared to offer our successful experience of that work to any interested partner. Our country has continued to contribute actively to combating the spread of HIV/AIDS and other infectious diseases around the world. Through that work we aim to to combine participation in international mechanisms with the provision of assistance on a bilateral basis. In 2013, in cooperation with the Joint United Nations Programme on HIV/AIDS (UNAIDS) and with the participation of Russian

donors, we began the successful roll-out of a project to help strengthen national systems for controlling infections in Armenia, Kyrgyzstan, Tajikistan and Uzbekistan, including by modernizing material and technical resources for diagnostic laboratories and improving the training of relevant specialists. Last year, together with UNAIDS, we organized the fourth Conference on HIV/AIDS in Eastern Europe and Central Asia, held in Moscow. The result was a plan of action that defined the obligations of partner countries, donor countries, international organizations and civil society in achieving the chief goal of the United Nations strategy on HIV/AIDS — zero new HIV infections, zero discrimination and zero deaths from AIDS.

Our experience of cooperation within the Commonwealth of Independent States has shown that it is collaboration at the regional and subregional levels, where the spread of infectious diseases has similar characteristics, that plays an important role in combating the epidemic. We intend to continue to expand our technical, financial and organizational assistance to countries in the region for their efforts in that direction.

We are also giving very serious attention to the issue of infection within the framework of Russia's chairship this year of the countries of the BRICS group — Brazil, Russia, India, China and South Africa. One upcoming event on the subject will be held this month in St. Petersburg, bringing together experts on preventing mother-to-child HIV transmission. At the same time an international conference will be held in Moscow on the issue of ensuring a joint response to the challenges of dangerous infectious diseases, including HIV/AIDS.

Combating the spread of infectious diseases will continue to be a focus Russian international development assistance, which was strengthened in the State policy concept in this sphere approved by RussianPresident Putin in 2014.

The meeting rose at 11.55 a.m.