



# General Assembly

Twenty-sixth special session

Official Records

**1**st meeting

Monday, 25 June 2001, 9 a.m.

New York

*President:* Mr. Harri Holkeri ..... (Finland)

*The meeting was called to order at 9.10 a.m.*

## Item 1 of the provisional agenda

### Opening of the session by the Chairman of the delegation of Finland

**The Temporary President:** I declare open the twenty-sixth special session of the General Assembly, on HIV/AIDS.

## Item 2 of the provisional agenda

### Minute of silent prayer or meditation

**The Temporary President:** I invite representatives to stand and observe one minute of silent prayer or meditation.

*The members of the General Assembly observed a minute of silent prayer or meditation.*

## Scale of assessments for the apportionment of the expenses of the United Nations (A/S-26/3)

**The Temporary President:** I should like, in keeping with the established practice, to invite the attention of the General Assembly to document A/S-26/3, which contains a letter addressed to the President of the General Assembly by the Secretary-General, in which he informs the Assembly that 16 Member States are in arrears in the payment of their financial contributions to the United Nations within the terms of Article 19 of the Charter.

I should like to remind delegations that, under Article 19 of the Charter,

“A Member of the United Nations which is in arrears in the payment of its financial contributions to the Organization shall have no vote in the General Assembly if the amount of its arrears equals or exceeds the amount of the contributions due from it for the preceding two full years.”

May I take it that the General Assembly duly takes note of the information contained in this document?

*It was so decided.*

## Item 3 of the provisional agenda

### Credentials of representatives to the special session of the General Assembly

#### (a) Appointment of the members of the Credentials Committee

**The Temporary President:** Rule 28 of the rules of procedure provides that the General Assembly, at the beginning of each session, shall appoint, on the proposal of the President, a Credentials Committee consisting of nine members.

In accordance with precedents and with General Assembly resolution 55/242 of 22 February 2001, the Credentials Committee of the twenty-sixth special session should have the same membership as that of the

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fifty-fifth regular session of the Assembly, namely, the Bahamas, China, Ecuador, Gabon, Ireland, Mauritius, the Russian Federation, Thailand and the United States of America.

If there is no objection, I take it that the Assembly decides to appoint those States members of the Credentials Committee.

*It was so decided.*

**The Temporary President:** In this connection, may I invite the attention of the members of the Assembly to a note verbale from the Secretary-General, dated 26 April 2001, in which it was stated that credentials should be issued for all representatives to the special session, in accordance with rule 27 of the rules of procedure of the General Assembly.

I would urge all members to submit the credentials of their representatives to the Secretary-General as soon as possible.

#### **Item 4 of the provisional agenda**

##### **Election of the President**

**The Temporary President:** The Assembly decided in its resolution 55/242 that the twenty-sixth special session should take place under the presidency of the President of the fifty-fifth regular session, Mr. Harri Holkeri of Finland.

I take it that the Assembly wishes to elect Mr. Holkeri President of the General Assembly at its twenty-sixth special session by acclamation.

*It was so decided.*

**The Temporary President:** I extend my sincere congratulations to Mr. Harri Holkeri and invite him to assume the presidency.

I request the Chief of Protocol to escort the President to the podium.

*Mr. Holkeri took the Chair.*

##### **Statement by Mr. Harri Holkeri, President of the General Assembly at its twenty-sixth special session**

**The President:** I should like to welcome you all to the twenty-sixth special session of the United Nations General Assembly.

I should like to thank Mr. Osmo Soininvaara, Minister of Health and Social Services of the Republic of Finland, for presiding over the opening of this meeting prior to my election to this position. I am most grateful and pledge to see this session to a successful conclusion.

Today the international community has gathered in this Hall to mount a global response to the worse epidemic in our history — that of HIV/AIDS. Unknown until 20 years ago, HIV/AIDS has turned into a crisis that touches us all and that needs action by every one of us.

Fifty-eight million people have become infected with the virus. Of these, 22 million have died, leaving families, communities and entire nations seriously affected. More than 36 million around the world are living with HIV/AIDS, and every single day another 14,000 people become infected. Despite consistent efforts to date, the epidemic continues its rapid spread on all continents. The statistics are overwhelming and difficult for us to comprehend. We simply cannot imagine 10 million children orphaned by AIDS, and the figure is expected to rise to 40 million in less than 10 years. It is hard to imagine that in some regions one in four or five adults is living with the virus and is likely to have his or her life cut short in its prime.

Today, at this special session of the General Assembly, we welcome the many courageous people - men and women - living with the virus who have come to New York and whose presence here makes this special session unique. The decision of the General Assembly, alarmed by the accelerating spread of the epidemic, to convene a special session of the General Assembly as a matter of urgency shows that the world is committed to intensifying efforts to contain the epidemic and tackle the crisis.

We can have the best technical strategies in the world to combat this disease and still make no difference if we do not have strong leadership. In this session we will galvanize political commitment and leadership. Such leadership is represented here today from all corners of the world and from all levels of our society. Prevention, care, treatment and support and the efforts to find a vaccine and care for children orphaned by AIDS are also critical. These are additional reasons why this special session is so important in the history of the epidemic. This special session is a landmark in the history of the United Nations. With our concerted

efforts, we will be able to turn the tide and contain the spread of HIV/AIDS.

Preparing for this special session has been a Herculean effort for all of us, not the least for the two co-facilitators, Ambassador Wensley of Australia and Ambassador Ka of Senegal. I wish to thank them wholeheartedly for their enormous and tireless work and effort. I regret to say that there still remains a difference in views on certain issues. I appeal to delegations to resolve the remaining issues.

Let me now call on the Secretary-General of the United Nations, His Excellency Mr. Kofi Annan.

**The Secretary-General:** We are here to discuss an unprecedented crisis, but one that has a solution: an unprecedented response from all of us. We are here to agree on the action we will take.

In the 20 years since the world first heard of AIDS, the epidemic has spread to every corner of the world. It has killed almost 22 million people. It has left 13 million children orphaned. Today, as we heard from the President, more than 36 million people worldwide are living with HIV/AIDS. Last year alone, more than 5 million people were infected. Every day, another 15,000 people acquire the virus.

In some African countries, it has set back development by a decade or more. And now it is spreading with frightening speed in Eastern Europe, in Asia and in the Caribbean.

Up to now, the world's response has not measured up to the challenge. But this year, we have seen a turning point. AIDS can no longer do its deadly work in the dark. The world has started to wake up.

We have seen it happen in the media and public opinion, led by doctors and social workers, by activists and economists; above all by people living with the disease. We have seen it happen among Governments. And we have seen it happen in the private sector. Never since this nightmare began has there been such a moment of common cause.

Never have we felt such a need to combine leadership, partnership and solidarity. Leadership is needed in every country, in every community and at the international level, where the entire United Nations system is now engaged.

All of us must recognize AIDS as our problem. All of us must make it our priority. Partnership is

needed between Governments, private companies, foundations, international organizations and, of course, civil society.

Non-governmental organizations have been at the forefront of the fight against AIDS from the very start. All of us must learn from their experience, and follow their example. How right it is that they are playing an active part in this session.

Finally, solidarity is needed between the healthy and the sick, between rich and poor; above all, between richer and poorer nations.

Spending on the battle against AIDS in the developing world needs to rise to roughly five times its present level. The developing countries themselves are ready to provide their share, as African leaders pledged at the Abuja summit. But they cannot do it alone.

Ordinary people in the developed countries are now showing that they understand this. I urge their leaders to act accordingly. We must mobilize the money required for this exceptional effort and we must make sure it is used effectively. That is why I have called for a global AIDS and health fund, open to both Governments and private donors, to help us finance the comprehensive, coherent, coordinated strategy we need.

Our goal is to make the fund operational by the end of this year. I will continue to work with all the stakeholders to ensure that we meet that goal. Let me applaud those who have already pledged contributions. I hope others will follow their example, during and after this special session.

When we urge others to change their behaviour so as to protect themselves against infection, we must be ready to change our own behaviour in the public arena. We cannot deal with AIDS by making moral judgements or by refusing to face unpleasant facts, and still less by stigmatizing those who are infected and making out that it is all their fault.

We can only do it by speaking clearly and plainly about the ways that people become infected and about what they can do to avoid infection. And let us remember that every person who is infected — whatever the reason — is a fellow human being, with human rights and human needs.

Let no one imagine that we can protect ourselves by building barriers between us and them, for, in the ruthless world of AIDS, there is no “us” and “them”.

My friends, to do all this we must change, if not for our own sakes, then for our children’s. We must make this session of the General Assembly truly special and we must send the world a message of hope.

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

### **Item 5 of the provisional agenda**

#### **Organization of the session (A/RES/55/242)**

**The President:** In accordance with General Assembly resolution 55/242 of 22 February 2001, the following arrangements contained in the annex of the resolution shall apply to the twenty-sixth special session.

The Vice-Presidents of the twenty-sixth special session shall be the same as those of the fifty-fifth regular session of the General Assembly. The Vice-Presidents of the fifty-fifth regular session are the following Member States: Belarus, Bhutan, Burkina Faso, China, the Comoros, El Salvador, France, Gabon, Guinea, Haiti, Kuwait, Maldives, Mozambique, the Russian Federation, Suriname, Tunisia, Turkey, the United Kingdom of Great Britain and Northern Ireland, the United States of America, Uzbekistan and Yemen.

If there is no objection, I shall take it that the Assembly decides to elect by acclamation those States Vice-Presidents of the twenty-sixth special session of the General Assembly.

*It was so decided.*

**The President:** Regarding the Chairpersons of the Main Committees of the twenty-sixth special session, the Chairpersons of the Main Committees of the fifty-fifth regular session shall serve in the same capacity at the special session.

The Chairpersons of the six Main Committees at the fifty-fifth regular session are the following: First Committee, U Mya Than of Myanmar; Special Political and Decolonization Committee (Fourth Committee), Mr. Matia Mulumba Semakula Kiwanuka of Uganda; Second Committee, Mr. Alexandru Niculescu of Romania; Third Committee, Mrs. Yvonne Gittens-Joseph of Trinidad and Tobago; Fifth Committee,

Mr. Gert Rosenthal of Guatemala; Sixth Committee, Mr. Mauro Politi of Italy.

If there is no objection, I shall take it that the Assembly decides to elect by acclamation those representatives Chairpersons of the Main Committees at the twenty-sixth special session.

*It was so decided.*

**The President:** As concerns the First Committee, in the absence of its Chairman, Mr. Alberto Guani of Uruguay, Vice-Chairman of the First Committee, has been designated to act as Chairman of that Committee for the duration of the special session.

As concerns the Special Political and Decolonization (Fourth) Committee, in the absence of its Chairman, Mr. Patrick Albert Lewis of Antigua and Barbuda, Vice-Chairman of the Special Political and Decolonization (Fourth) Committee, has been designated to act as Chairman of that Committee for the duration of the special session.

As concerns the Sixth Committee, in the absence of its Chairman, Mr. Marcelo Vázquez of Ecuador, Vice-Chairman of the Sixth Committee, has been designated to act as Chairman of that Committee for the duration of the special session.

As members are aware, pursuant to Assembly resolution 55/13 of 3 November 2000, I appointed Ms. Penny Wensley, Permanent Representative of Australia to the United Nations, and Mr. Ibra Deguène Ka, Permanent Representative of Senegal to the United Nations, as co-facilitators.

In accordance with Assembly resolution 55/242, four round tables shall be held at the twenty-sixth special session. The Chairpersons of the four round tables shall be from the four regional groups not represented by the President of the General Assembly. They shall be selected by their respective regional groups. I should like to inform Members that the Chairpersons of the round tables are as follows: round table 1, The Right Honourable Denzil Douglas, Prime Minister of St. Kitts and Nevis; round table 2, Mr. Grzegorz Opala, Minister of Health of Poland; round table 3, The Honourable Dato’ Seri Suleiman Mohamad, Deputy Minister of Health of Malaysia; round table 4, Mr. Benjamin William Mkapa, President of the United Republic of Tanzania.

Regarding the General Committee, it shall consist of the President, the 21 Vice-Presidents and the Chairpersons of the six Main Committees of the twenty-sixth special session of the General Assembly, as well as the two facilitators and the Chairpersons of the round tables.

The General Committee of the twenty-sixth special session of the General Assembly has now been fully constituted.

We turn now to matters concerning the participation of speakers other than Member States in the work of the special session.

On the basis of General Assembly resolution 55/242, observers may make statements in the debate in plenary. A number of organizations and entities, having received a standing invitation to participate as observers in the sessions and the work of the General Assembly, may participate in the twenty-sixth special session as observers.

States members of the specialized agencies of the United Nations that are not Members of the United Nations may participate in the work of the twenty-sixth special session as observers. A limited number of these observers may also participate in each round table.

Heads of entities of the United Nations system, including programmes, funds, the specialized agencies and regional commissions, may make statements in the debate in plenary. The Executive Director of the Joint United Nations Programme on HIV/AIDS will be given the opportunity to make a statement early in the debate in plenary.

Entities of the United Nations system with specific expertise in areas related to the themes of the round tables will be invited to participate in the round tables.

In accordance with paragraph 16 of the annex to resolution 55/242, given the availability of time, a limited number of accredited civil society actors may make statements in the debate in plenary. The Assembly requested the President of the General Assembly, following appropriate consultations with Member States, to present the list of selected accredited civil society actors to Member States for consideration on a non-objection basis for final decision by the Assembly.

In paragraph 30 of the annex to the same resolution, accredited civil society actors with specific expertise in areas related to the themes of the round tables will also be invited to participate in the round tables. The Assembly requested the President of the General Assembly to conduct appropriate consultations with Member States and also with accredited civil society actors before presenting a list of selected accredited civil society actors that may participate in each round table to the Member States for consideration on a non-objection basis for final decision by the General Assembly.

As members are aware, the General Assembly, at its fifty-fifth session, did not reach an agreement on the list of selected accredited civil society actors to participate in the debate in plenary and in the round tables. In conference room paper HIV/AIDS/CRP.6, to which is attached, for final decision by the General Assembly, the list of selected accredited civil society actors for participation in the debate in the plenary and in the round tables, as originally proposed in my letter of 13 June 2001, and subsequently revised by my letter of 21 June 2001 and orally corrected during the 104th plenary meeting of the fifty-fifth regular session of the General Assembly on 22 June 2001, was transmitted to all permanent missions on 23 June 2001.

In connection with the participation of civil society actors in round table 2, the General Assembly has before it document A/S-26/L.1. I should like to inform the Assembly that consultations are still under way regarding the list of selected civil society actors. We shall take up this matter again after we have heard the last speaker this morning.

There will be eight plenary meetings over the three-day period, with three meetings per day for the first two days: from 9 a.m. to 1 p.m., from 3 p.m. to 6 p.m. and from 7 p.m. to 9 p.m.; there will be two meetings on the last day: from 9 a.m. to 1 p.m. and from 3 p.m. to 6 p.m.

I should like to inform the Assembly that I intend to start the plenary meetings promptly at 9 a.m., 3 p.m. and 7 p.m. In this connection I would like to assure the Assembly that I shall be in the chair punctually at the scheduled time. I sincerely hope that all delegations will make a special effort to cooperate in this regard.

With regard to the length of statements in the debate in the plenary, I should like to remind delegates that in accordance with Assembly resolution 55/242,

all statements in the debate in the plenary shall be limited to five minutes. In connection with the time limits, a light system has been installed at the speaker's rostrum, which functions as follows: a green light will be activated at the start of the speaker's statement; an orange light will be activated 30 seconds before the end of the 5 minutes; and a red light will be activated when the 5 minute limit has elapsed.

In view of the large number of speakers already inscribed on the list, I should like to appeal to speakers in the debate in the plenary to cooperate in observing the time limits of their statements, so that all those inscribed on the list of speakers for a given meeting will be heard at that meeting.

I should now like to draw the attention of delegates to a matter concerning the participation of Palestine, in its capacity as observer, in the sessions and work of the General Assembly.

Members will recall Assembly resolution 52/250 of 7 July 1998 and its annex, as well as a note by the Secretary-General contained in document A/52/1002 that outlines the Secretary-General's understanding of the implementation of the modalities annexed to the resolution. I should like to draw your attention in particular to paragraph 6 of the annex to resolution 52/250, which reads as follows:

“The right to make interventions, with a precursory explanation or the recall of relevant General Assembly resolutions being made only once by the President of the General Assembly at the start of each session of the Assembly.”

Accordingly, for the twenty-sixth special session of the General Assembly, the observer of Palestine will participate in the work of the Assembly in accordance with Assembly resolution 3237 (XXIX) of 22 November 1974, resolution 43/177 of 15 December 1988 and resolution 52/250 of 7 July 1998, with no further need for a precursory explanation prior to any intervention by Palestine in this special session.

I should now like to report on the status of the draft declaration. Despite great efforts to reach agreement on the text of the draft declaration, regrettably, up until this moment no final agreement has been reached. I should like to inform the Assembly that it is my intention to submit the text as it stands now, to be issued as a document of the twenty-sixth special session of the General Assembly, for further

consideration. As the special session is only for three days, I strongly appeal to Member States to continue with their informal consultations, with a view to reaching agreement on the text for action at our last meeting on Wednesday afternoon, 27 June.

## **Item 6 of the provisional agenda**

### **Adoption of the agenda**

**The President:** The provisional agenda of the twenty-sixth special session of the General Assembly is contained in document A/S-26/1.

In order to expedite its work, the Assembly may wish to consider the provisional agenda directly in plenary meeting without referring it to the General Committee. May I take it that the General Assembly agrees to this procedure?

*It was so decided.*

**The President:** May I take it then that the Assembly wishes to adopt the provisional agenda as it appears in document A/S-26/1?

*It was so decided.*

### **Agenda item 7**

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

**The President:** The Assembly will now begin its debate on agenda item 7.

The Assembly will hear a statement by His Excellency El Hadj Omar Bongo, President of the Gabonese Republic.

**President Bongo (Gabonese Republic) (*spoke in French*):** We are gathered here once again to talk about AIDS and to seek together appropriate strategies to fight it. This disease, which has been spreading unbelievably for twenty years, particularly affects the developing countries and is ravaging their populations.

I feel obliged to pay particular tribute to you, Mr. Secretary-General, for your personal involvement and ability to mobilize the international community. This special session of the General Assembly on AIDS demonstrates not only your effectiveness in implementing the decisions of Member States, but also that we are on the right track.

Since the appearance of the first cases of AIDS, tremendous progress has been made in research by the major laboratories. Drugs that slow down the development of the disease exist, but this is not yet a victory. A treatment that cures and a vaccine that prevents have not yet been found. The laboratories thus must continue their research.

As regards access to treatment, the developing countries are still not able to obtain new treatments. But the spirit of fairness, of justice and of humanity demands that drugs be available to all.

In this spirit, while developing countries have a duty of support and involvement, the rich countries — which have the greatest responsibility not to betray humankind — have a duty of humanity and solidarity.

The global AIDS and health fund, a solidarity fund that will receive contributions from various sources — and I am thinking in particular of the richest countries — must be fully and swiftly operational. This fund will thus make it possible for developing countries to obtain up-to-date drugs and to continue strategies of prevention.

Thanks to this fund and its management, financing for research and access to drugs for developing countries, there will be new hope, particularly hope of finding a real treatment that will erase AIDS from the map of the world. Smallpox has disappeared; polio is vanishing; AIDS must also go.

In such a plan, Africa — and this was demonstrated recently at the Abuja Summit — is ready to assume its share of partnership in fighting AIDS. As regards Gabon, apart from standard preventive actions, we have created a solidarity fund to fight AIDS.

Now is the time for us to act together. It is an opportunity to show future generations that at a particular moment, in the face of a scourge threatening humankind, the world was able to react in “solidarity”. Thus, for once in history, the word solidarity will have taken on its full meaning. Together, thus, in a committed and dynamic partnership, let us choose humankind.

**The President:** The Assembly will now hear a statement by His Excellency Mr. Festus Mogae, President of the Republic of Botswana.

**President Mogae:** I wish at the outset to commend the Secretary-General for his strong

leadership in the struggle against HIV/AIDS, and in particular the initiative to establish the global fund to fight it. The HIV/AIDS pandemic is the most serious global challenge facing humanity at the present time. The convening of a United Nations special session of the General Assembly on HIV/AIDS is therefore fitting and opportune, but perhaps a little overdue. But if we act decisively, we can redeem ourselves.

HIV/AIDS poses a threat to global security and peace, as well as sustained development, through the reversal of development gains that the world has achieved. If resolute and concerted action is not taken against the spread of HIV/AIDS, the human death toll and suffering inflicted will be catastrophic.

Furthermore, if the HIV/AIDS pandemic is not contained, it will accentuate disparities in living standards between developed and developing countries. Developing countries, particularly the poorest, many of which are on the African continent — my continent — are also the countries least able to put into effect efficacious strategies to counter the pandemic. This is so because of their lack of human and material resources, underdeveloped health-care systems, lack of health research capacity, lack of social security and a generally low level of development, which is made worse by low rates of economic growth and declining levels of official development assistance.

The HIV/AIDS pandemic is severely limiting the development prospects of the affected countries through the loss of skilled human resources, declines in productivity and the reallocation of budgetary and human resources from development activities towards those related to the pandemic. The unchecked spread of the HIV/AIDS pandemic therefore poses a threat to the goal of the reduction of global poverty by half by the year 2015. Increased disparities in living standards between developed and developing countries are not acceptable, or at least they should not be acceptable.

In the global village in which we live today, which is characterized by high mobility of people across countries, no country is safe from the ravages of the pandemic. Therefore, it is in the interest of each and every one of us to ensure that we do everything in our power to eliminate the spread of HIV/AIDS in the quickest possible time and in the most effective way.

The international community needs to commit substantial financial and other resources to supporting strengthened HIV/AIDS prevention strategies,

especially information, education and communication, including counselling and testing. It must also provide assistance to develop and extend social support systems to deal with the consequences of HIV/AIDS, support scientific research for AIDS drugs and vaccines, improve access to antiretroviral drugs for the poor and most affected countries, and make the drugs available at affordable prices on a sustained basis. Further, the international community should deal decisively with traditional, cultural and religious beliefs and practices that inhibit the fight against HIV/AIDS and, most importantly, ensure that the fight against HIV/AIDS does not come at the cost of sustainable development and improved living standards for developing nations.

In Botswana, the National HIV/AIDS Strategic Plan embodies a multisectoral approach and a close working relationship among the public and private sectors as well as non-governmental organizations (NGOs). The implementation of the plan is overseen by a committed leadership across the broad spectrum of our society. Our key prevention strategies include house-to-house counselling, behaviour change targeted at youths and other vulnerable groups, voluntary counselling and testing, and programmes to prevent mother-to-child transmission. A combination of hospitalization and community home-based approach is the cornerstone of care for AIDS patients and support for orphans, vulnerable children, and affected families. Treatment strategies include pain management and symptomatic treatment as well as the prevention and treatment of opportunistic infections. We shall shortly introduce antiretroviral treatment in our public health facilities to complement all these activities, as part of the strategy for fighting AIDS.

I appeal to the international community, NGOs, the private sector and humanity at large to do all that is necessary to avert the aggravation of human suffering, death and misery that the HIV/AIDS catastrophe brings to many people. Needless to say, substantial resources are necessary to mount an effective fight against the pandemic. This is an urgent matter which calls for immediate action and committed leadership.

Although not reflected in the United Nations system's film footage, at the Millennium Summit I devoted my entire speech to the issue of HIV/AIDS. I am gratified that the Secretary-General and his top officials were listening, as is reflected in their current positions.

In that respect, Botswana fully supports the proposal to establish a global fund for HIV/AIDS. It is encouraging to note that the United States Government and the Bill and Melinda Gates Foundation — and, I have been lately informed, the British and the French and others — have already taken the lead by pledging contributions to the fund. It is important for the fund to have criteria that will ensure that its resources are used to meet the needs of countries most seriously affected by HIV/AIDS, such as my own country. It would be unjust to exclude countries such as my own on account of perceived or supposedly high per capita income. The fund should have efficient and flexible rules of operation and mechanisms for the disbursement of the funds, and should give priority to the most affected countries.

I wish to conclude by stating that, without doubt, the challenge of the millennium is to reverse the effects of the pandemic, not only through prevention and care strategies but by meaningfully addressing the structural determinants, such as poverty and gender inequality, which exacerbate the spread of HIV/AIDS. I appeal to the world community to be innovative, bold and courageous in embracing and respecting that challenge. What is really required of us is a social revolution, a willingness to commit, to share and to prioritize: a social vaccine against harmful practices and the violation of human rights. We have the inner strength in our humanity to win this war. That is my conviction, and, if nothing else, let us all leave this Hall with the determination to persist and persevere, and to give our children a viable future.

**The President:** The Assembly will now hear a statement by His Excellency Mr. Denzil Douglas, Prime Minister of Saint Kitts and Nevis.

**Mr. Douglas** (Saint Kitts and Nevis): Last year we shared in the excitement and heightened expectations of a new millennium. Leaders spoke optimistically about the future and agreed to work to improve the lives of our peoples. In Saint Kitts and Nevis, we too were optimistic despite the multitude of problems that threaten to derail the optimism of our efforts to develop the human potential of our people in its fullest sense. We applaud the United Nations for coming to play a pivotal role and for demonstrating leadership in helping to address many of the challenges we face.

One of those challenge is the pandemic of HIV/AIDS. The reality of that disease and of its devastating potential is well documented, and the decision of the United Nations to focus global attention on that disease is both opportune and necessary. This special session on HIV/AIDS offers an opportunity for us to look more closely at the reality of the disease, at its impact and at what should be done to address it. My delegation praises the Secretary-General for his forward-thinking millennium report (A/54/2000), which called on policy makers to work to arrest the spread of this deadly disease and to register tangible results by the year 2015.

That is indeed a monumental task, but it is a necessary one, because the reality for people living with AIDS is a tragically grim one. The stigma of the disease, the wider social ostracism, alienation within families and the lack of resources to get treatment all represent serious obstacles to addressing this serious problem. Additionally, we in the small economies of the Caribbean are especially troubled by the potential of this disease to decimate a generation of young people, weaken our economies, and set back human development by decades.

Although the rate of infection in the Caribbean is a fraction of that of the worst affected countries in Africa, it has been reported that the Caribbean region ranks second, behind sub-Saharan Africa. In percentage terms, it is higher than those of North America and of South-East Asia. Regrettably, the institutions and private foundations that pledge to assist the countries of Africa do not appear to have recognized the seriousness of the situation in the Caribbean region.

Recent statistics from the Caribbean Epidemiology Centre (CAREC) and UNAIDS suggest that approximately 360,000 adults and children are living with AIDS in the Caribbean region, of whom an estimated 60,000 adults and children have been newly infected with the HIV virus. It is suggested that, in the Caribbean, 70 per cent of the reported AIDS cases are in persons between the ages of 15 and 44 years, and 50 per cent are in persons between the ages of 25 and 34 years. The statistics paint an alarming picture.

This disease, although it does not discriminate, has proved to be overwhelmingly devastating to the young, to the poor and to our womenfolk. In the face of this phenomenon, Caribbean countries have been steadfast and proactive. We have taken steps to build

the requisite national infrastructure and to strengthen regional mechanisms to stem the spread of this deadly disease.

For its part, my Government has to that end forged strategic partnerships with CAREC, with the Pan American Health Organization (PAHO), with local private sector organizations, with civil society, with persons infected with the disease, and with others. Those frank and open discussions have resulted in the development in Saint Kitts and Nevis of a strategic plan for the national response to HIV/AIDS. Our expanded national response embraces several key health promotion strategies that are detailed in the regionally developed plan for Caribbean cooperation in health. It is premised on the importance of continued holistic and multi-sectoral involvement. It also envisages engaged political and financial support from my Government and calls for participation from society at large.

Through that approach, we intend to meet head-on the challenges posed by HIV/AIDS and to encourage broad participation in planning, implementation, monitoring and evaluation of programmes designed to prevent the spread of HIV/AIDS. The programs we are undertaking are geared not only towards placing us on the front line in the fight to arrest the spread of this deadly disease, but also towards allowing us to develop mechanisms to provide access to treatment and care. We thank and applaud CAREC, UNAIDS and PAHO for their support, and we look forward to their continued engagement in the Caribbean region as we battle this pandemic. In the past two and a half years, my Government has committed 10 per cent of the health budget to AIDS-related programmes.

But, like countries in Africa, the Caribbean countries have little access to the oft-expensive antiretroviral medicines that can prolong the lives or improve the health of infected persons. The prohibitive cost of those drugs has put them out of the reach of even the budgets of most Caribbean Governments.

Antiretroviral drugs and inexpensive access are fundamental to any viable and productive treatment approach to the HIV/AIDS pandemic. In the absence of these drugs, most patients diagnosed with AIDS may die within two years. Hardly any of these individuals can afford the \$10,000 to \$20,000 a year necessary for

treatment, which is usually administered by private doctors and, in many cases, outside the region.

In closing, I stand before the Assembly this morning to remind the international community that HIV/AIDS is not people-specific. It does not have a country bias; it threatens us all. It should force us to accept that in the struggle to preserve the fabric of our humanity we must work together to solve this global problem.

In hosting this special session we have made a positive step, and we must now do much, much more.

**The President:** The Assembly will now hear a statement by His Excellency Mr. Abdoulaye Wade, President of the Republic of Senegal.

**President Wade** (*spoke in French*): By meeting for three consecutive days at the highest possible level to discuss the issue of HIV/AIDS, the General Assembly is rightly reflecting the concerns of the international community about the persistent seriousness of this scourge. It is a genuine worldwide threat, and thus it calls for global and concerted action that is commensurate with the scale of the scourge.

Notwithstanding the range of circumstances, it must be recognized that today no country in the world is immune from this terrible disease, which most affects women and young people in the flower of youth, disrupts family and community structures and seriously undermines entire economic sectors. The time for observations has passed. We must act urgently and at all social levels to halt the destructive spiral of AIDS. Combating AIDS means, first of all, talking about it and breaking the conspiracy of silence once and for all. It further means breaking down taboos and overcoming the prejudices surrounding this disease and its victims. Lastly, it means informing, sensitizing and educating, and addressing the patients' physical, psychological and social needs, preventing them from being marginalized.

In Africa the HIV/AIDS pandemic has created an exceptional situation, as has been acknowledged by the summit of the Organization of African Unity (OAU) on HIV/AIDS, tuberculosis and other associated infectious diseases. This summit was held in Abuja, Nigeria, last April. I would like to recall here the commitment made at Abuja to devote 15 per cent of our national budgets to health — with the fight against AIDS a top priority.

In Senegal, since the appearance of the first cases in 1986, we have taken the appropriate steps to address the situation by setting up a national committee to combat AIDS; strengthening blood-transfusion policies, including the systematic screening of blood donations; and selling commercial AIDS-detection tests at reasonable, State-subsidized prices. In addition to these efforts, there has been a vigorous public information, education and awareness campaign, led jointly by public authorities, non-governmental organizations, opinion leaders and even religious leaders, who through their preaching have provided the spiritual and moral dimension that is indispensable to the fight against AIDS.

These measures, combined with many others, have enabled Senegal to keep the rate of infection below 2 per cent of the population. Further, the relevant international bodies, such as the Joint United Nations Programme on HIV/AIDS (UNAIDS), have recognized and praised Senegal's success in its efforts to curb the disease. Hence there is not necessarily a connection between underdevelopment and the propagation of AIDS.

Senegal in any event is ready to share its experience and the expertise of its researchers and other experts as a contribution to solidarity and the pooling of our efforts to combat the HIV/AIDS threat.

Although in the absence of a vaccine, prevention remains the surest defence against AIDS, the problems associated with access to currently available treatments should not be ignored. The exorbitant cost of drugs — costs that are determined exclusively by the profit motive — is, it must be admitted, simply immoral and unacceptable, in that these costs undermine the sacred and fundamental right of human beings to life. The effectiveness of a medical treatment is of little real value if it is not available to the majority. This is why, thanks to open and constructive dialogue with its partners, my Government has reached an agreement that substantially lowers the cost of AIDS treatment. In the same spirit, next year Senegal will begin the first tests of a preventive vaccine against AIDS.

The international meeting on access to treatment for AIDS victims that Senegal will be holding on 30 November and 1 December this year, thanks to French cooperation, is also part of this twofold preventive and healing approach. I would like at this point to express my thanks to France and to all who

will be contributing to making this meeting a success. I would also like to pay a firm tribute to Secretary-General Kofi Annan for his persistent support of and devotion to the fight against AIDS. I know that very recently he made a personal gesture, contributing to the global AIDS fund.

As we are meeting here, millions of men and women around the world are living with AIDS and are inflicted by physical and psychological suffering, haunted equally by the deadliness of the disease and by faint hopes of surviving. These men and women are looking to us. Thus the international community must take up all the challenges. It now has the necessary resources to successfully address the AIDS pandemic. All that is needed is political resolve. This is the work that brings us here. History will judge us on how we carry it out.

So let us work together so that, beyond the diplomatic niceties, this twenty-sixth special session of the General Assembly will be immediately followed by specific and decisive action to safeguard present and future generations. The time to act is now. Tomorrow will be too late.

**The President:** The Assembly will now hear a statement by His Excellency Mr. John Agyekum Kufuor, President of the Republic of Ghana.

**President Kufuor:** It is a great honour for me to participate in the twenty-sixth special session of the General Assembly, on HIV/AIDS — a session that aims at reviewing and addressing the problem of HIV/AIDS in all its aspects and at securing a global commitment for intensified and coordinated action at the global and national levels against the pandemic. This meeting, being the first ever of the General Assembly to strategize against a major disease, is historic and significant. It is clear evidence of the global awareness of the need and the resolve to stand together and fight against threats to humanity. HIV/AIDS is a horrifying threat to all the joy of life itself.

It is a fact that no continent has been spared the spread of HIV/AIDS. However, Africa has been the hardest hit, especially sub-Saharan Africa. According to available statistics, Africa is home to 70 per cent of adults and 80 per cent of children living with HIV/AIDS. These statistics are frightening — even more so given the fact that we know that only about 40 per cent of the cases are recorded. What this means

is that our social security and our economic development efforts are being undermined, too fast for us to contain the situation by ourselves. It is imperative, therefore, that we marshal all available support and resources to arrest the situation on the continent.

It is in recognition of this urgent need for concerted action against the pandemic that we, the leaders of Africa, met in Abuja in April 2001 to sound the clarion call for battle readiness on the continent and to seek the necessary support from all the nations of the world. It was at this meeting that the Secretary-General of the United Nations, Mr. Kofi Annan, launched the global HIV/AIDS and health fund to constitute the central war chest to combat this universal menace.

In Ghana, since 1986, when the first cases of HIV/AIDS were reported, the Government has instituted measures to combat the disease. Those measures culminated in the formulation of a National HIV/AIDS Strategic Framework and in the establishment of the Ghana Aids Commission under the Office of the Presidency.

Today HIV/AIDS concerns are being mainstreamed into sector plans, with specific roles assigned to private- and public-sector organizations. Civil society, including non-governmental organizations (NGOs), religious groups and traditional rulers, are now fully involved in open discussions in the media. This is helping to eliminate any moral squeamishness towards sufferers and encourage open discussion and increased information, in order to enhance management of the pandemic.

The success of these policies and programmes in Ghana, as elsewhere in Africa, is, however, dependent on the availability of financial and material resources, which are woefully inadequate on the continent. Despite the budgetary constraints faced by Governments in Africa, it was decided at the Abuja Summit that at least 15 per cent of our annual budgets would be allocated to the improvement of the health sector to combat the pandemic. Significant as this initiative is, it must be admitted that it will be inadequate without sustained and concerted international assistance directed at both prevention of the disease and mitigation of its impact on sufferers and on society.

In this regard, Ghana lends its support to the call by the Secretary-General for the establishment of a

global HIV/AIDS and health fund, which should be administered by the United Nations, with all the urgency and dispatch the crisis commands.

Poverty, underdevelopment and illiteracy have been identified as major challenges to effective HIV/AIDS response in developing countries. It is, therefore, imperative that this session resolve to assist those countries implement internationally agreed strategies to eradicate these handicaps.

To this end, my delegation calls for international cooperation and solidarity with Africa in the combat against HIV/AIDS. We also call for the following measures to be considered seriously: first, debt relief; secondly, acceleration of the enhanced Heavily Indebted Poor Countries Initiative (HIPC); thirdly, reversal of the declining levels of official development assistance; and fourthly, additional resources from donor countries and the international private sector.

It is also our expectation that this session will address the issue of accessibility and affordability of essential drugs for people living with HIV/AIDS in Africa and the promotion and protection of their rights. The international community should further ensure that global trade policies are used more effectively to increase access to care and treatment, and we should also encourage increased investments in research on the development of the needed vaccines.

Finally, I would like to reiterate here the commitment I made in Abuja to provide my personal leadership for our national programme and to work with all involved in this global fight until we achieve success. It is the hope of my delegation that the declaration of commitment to be adopted by this session will be backed by the required political will, a spirit of international solidarity and adequate resources for its effective implementation to give hope to those infected and affected by HIV/AIDS.

**The President:** The Assembly will now hear a statement by His Excellency Mr. Pascoal Manuel Mocumbi, Prime Minister of the Republic of Mozambique.

**Mr. Mocumbi (Mozambique):** It is indeed a great honour for me to address the Assembly on the national day of Mozambique, and on such an important issue. Today we are celebrating 26 years of independence, 26 years of achievements and challenges.

As we all acknowledge, humanity is facing a global emergency caused by HIV/AIDS. From all corners of the world, we are confronted with disturbing figures about the incredible spread of the pandemic. Every single day, the infection and death toll grow, and the epidemic claims more and more victims.

Southern Africa is so far the hardest-hit region, comprising seven of the 10 most affected countries in the world. Our families are increasingly impoverished, our work force drastically reduced and our children orphaned. The basic social and economic fabric of communities and the political stability of nations are threatened.

The magnitude of the problem posed by the HIV/AIDS pandemic has been duly recognized by world leaders who, in adopting the Millennium Declaration, committed themselves to halt and begin to reverse the spread of HIV/AIDS, and to help Africa build its capacity to tackle this tragic pandemic.

This special session is being convened in the spirit that a global crisis such as the HIV/AIDS pandemic must be addressed through global action. My Government believes that the declaration we are about to adopt at this historic meeting should ensure a global commitment to the coordination and strengthening of national, regional and international efforts to combat the epidemic in an integrated manner. We urge the international community to show the necessary political will to relieve the unprecedented sorrow and pain the pandemic is causing to humanity.

We know, and it is widely acknowledged, that poverty, the stigma attached to HIV/AIDS, a lack of information and weak health infrastructures are hindering our quest in southern Africa to successfully fight this epidemic. We have been less willing to acknowledge, and to break our silence regarding, the sexual behaviour and the gender inequalities that drive the epidemic.

AIDS is not like smallpox and polio. We may not be able to eliminate it simply with a one-time vaccination or course of shots for children, since new strains of HIV are constantly evolving. Unlike the communicable killer diseases we have encountered most often in the past, HIV is transmitted through the most intimate and private human relationships, through sexual violence and commercial sex; it proliferates mostly because of women's poverty and inequality.

In Mozambique, the overall rate of HIV infection among girls and young women, estimated at 15 per cent, is twice that of boys their age, not because the girls are promiscuous, but because nearly three out of five are married by age 18, 40 per cent of them to much older, sexually experienced men who may expose their wives to HIV/AIDS and other sexually transmitted diseases.

Similar patterns are common in other nations where HIV is rapidly spreading. Abstinence is not an option for these child brides. Those who try to negotiate condom use commonly face violence or rejection. In heterosexual sex, girls and women are biologically more vulnerable to infection than boys or men.

To reverse the current situation, African leaders recently signed the Abuja Declaration, thus committing themselves to furthering their leadership in the fight against HIV/AIDS. In the Southern African Development Community (SADC) region, our collective actions are guided by the SADC HIV/AIDS Strategic Framework and Programme of Action. Within the framework of the Community of Portuguese-Speaking Countries, we are working towards the adoption of a multilateral instrument aimed at maximizing the results of existing national programmes, as well as bilateral and multilateral cooperation in the fight against HIV/AIDS.

The fight against HIV/AIDS is a priority area for Government action in Mozambique. In this endeavour, our Government has adopted a multisectoral approach, with the active involvement of all stakeholders. To coordinate the multisectoral action, a national council to combat HIV/AIDS was established to ensure that Mozambicans have access to information and services. The Government also adopted a national strategic plan to combat HIV/AIDS and to reduce absolute poverty.

The key platform of our national policy to combat HIV/AIDS is prevention. For prevention to be successful, we must break our silence and speak clearly without taboos. We must strive to create a healthy environment where the community can access accurate information about the pandemic.

Accordingly, we must give special attention to vulnerable groups such as women and young people, girls in particular. We are striving to provide the necessary information and skills that will empower them to protect themselves. We must summon the

courage to talk frankly and constructively about sexuality. We must recognize the pressures on our children to have sex that is neither safe nor loving. We must provide them with information, communication skills and, yes, condoms. In this process, we count on the interest and valuable contribution of families, community leaders, non-governmental organizations and religious leaders to advance awareness campaigns and other educational undertakings, without disrupting moral values.

Our children are another group requiring special attention. We shall not discriminate against orphans living with HIV/AIDS, nor those who became so because their relatives were claimed by the epidemic. We shall, however, strive to ensure that programmes are in place, supported primarily by communities, to ensure that orphan children are accorded an adequate environment for living their lives smoothly. The voices of those affected by the pandemic must be heard and taken into consideration.

For the success of our national efforts to combat HIV/AIDS, a genuine and strong partnership among all relevant stakeholders is fundamental. Since HIV/AIDS is a global problem that calls for a global solution and action, this special session must call on those countries that managed to halt and reverse the spread of HIV/AIDS, as well as those in a position to do so, to support countries in need.

The success of our fight against HIV/AIDS requires political will and leadership at both the national and international levels. We, the leaders gathered here, have the ways and means to deliver a bright and safe future for our children. We must not leave for tomorrow the current unsustainable global patterns of poverty, debt and the shameful and immoral prices demanded for drugs and medicines to treat HIV/AIDS. Let us strive to enhance scientific research towards providing affordable means of prevention, care and treatment, including a vaccine against HIV/AIDS, and better protective methods, such as microbicides, that women can use with or without the cooperation of their partners.

My delegation would like to commend the United Nations family, and the Secretary-General in particular, for the proposed creation of the global fund to fight against HIV/AIDS. Given the immensity of the problem and the urgency of the task at hand, we would like to urge those in a position to do so to contribute to

the fund expeditiously, while emphasizing four critical points.

The first of these is the additional nature of resources allocated to the fund; we must ensure that these resources are not taken away from current development programmes for fighting poverty. Secondly, access to the fund should not be subject to a cumbersome bureaucratic mechanism and should be intended to enhance the national capacities of recipient countries. Thirdly, the management of the fund should be transparent so that those in need can benefit effectively from it. Finally, no commitment we declare today will achieve the desired results if adequate resources are not provided consistently and sustained over time.

We see the United Nations as the appropriate forum for advancing the agenda to combat HIV/AIDS. UNAIDS and the World Health Organization have proved that, provided with the necessary resources, they can assist our countries to meet the challenges before us. We remain committed to supporting all international initiatives aimed at defeating HIV/AIDS.

**The President:** The Assembly will now hear a statement by His Excellency Mr. Olusegun Obasanjo, President of the Federal Republic of Nigeria.

**President Obasanjo:** Only two months ago, African leaders met at a historic Summit in Abuja to demonstrate our firm commitment to combating the scourge of HIV/AIDS in order to ensure the survival of our continent. It is for this reason that Nigeria welcomes the convening of this United Nations special session to set the agenda for meeting the immense challenges posed by a disease so deadly that it has become one of the greatest obstacles to human development and security.

Mr. President, may I, on behalf of the Government and people of the Federal Republic of Nigeria, thank you, the members of your Bureau and all those who have worked tirelessly to make this very important occasion a reality. I have no doubt that under your able guidance we shall achieve the objectives for which we have all gathered here.

Our appreciation also goes to the indefatigable Secretary-General, Mr. Kofi Annan, and his team, particularly the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), Dr. Peter Piot, for their commitment to the fight against

HIV/AIDS. Their very excellent report provides us with the basis for very meaningful and fruitful deliberations.

It is distressing to note that Africa, a continent already crippled by problems of underdevelopment, poverty, food scarcity, internal conflicts and the heavy burden of external debt, is the hardest hit by the HIV/AIDS pandemic. According to the Secretary-General's report, Africa is home to 70 per cent of adults and 80 per cent of children living with HIV. It is also home to three quarters of the nearly 22 million people worldwide who have died of AIDS since the epidemic began. Today, out of more than 36 million people worldwide living with AIDS, over 25 million are to be found in Africa. There is a growing population of children orphaned by AIDS, and of the world's 13 million such children, over 12 million are in Africa.

With this trend in statistics, the future of our continent is bleak, to say the least, and the prospect of the extinction of the entire population of a continent looms larger and larger. We do not have any choice but to contemplate exceptional measures to contain the spread and devastation of HIV/AIDS, and those measures have to be comprehensive and total at all levels — national, regional and global.

The Abuja Summit produced a Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases, as well as a Framework for Action for the implementation of the Declaration. African leaders resolved to accord the fight against HIV/AIDS the highest priority in their respective national development plans.

We committed ourselves to personally provide leadership in all activities of the national mechanisms to be established in our various countries; we agreed to mobilize necessary resources by allocating 15 per cent of our annual national budgets to improvement of the health sector; we also agreed to set up Leadership AIDS Watch for Africa, to be made up of leaders from seven African countries and the Executive Director of the Joint United Nations Programme on HIV/AIDS.

In Nigeria, we have sadly observed how the rate of HIV/AIDS has risen from less than 2 per cent in 1986 to about the critical 5 per cent mark in 1993. For a country with a population of about 120 million people, the potentially serious consequences of the situation cannot be overemphasized. However, I am

pleased to report that our Government has adopted a multisectoral and multidisciplinary programme, as well as a battle plan — the HIV/AIDS Emergency Action Plan — to guide us in our fight against AIDS.

In taking the above steps, we in Africa are conscious of the need for additional assistance from the international community in support of the global dimension of the war against HIV/AIDS. The undeniable fact is that, with the fragility of our economies, we simply lack the capacity to adequately respond to the magnitude of the HIV/AIDS epidemic.

African peoples are looking to this special session with renewed hope. We are expecting that this Assembly will address all aspects of the problem of HIV/AIDS, including the issue of international funding and cooperation, alleviating the social and economic impact, prevention, care and support, and the issue of access to and affordability of drugs.

We are encouraged by the success stories of the industrialized countries where HIV/AIDS is being reasonably controlled, and we urge the international community to make a firm commitment to helping Africa achieve similar results. We support the initiative of the Secretary-General to create a global AIDS fund to fight HIV/AIDS and other diseases related to it. The fund, which is to be established by the donor community in the amount of \$7 billion to \$10 billion, would focus on prevention, with special attention to treatment through the provision of drugs at affordable prices by the leading international pharmaceutical companies. Let the administration and management of this fund be the concern and the responsibility of the Secretary-General, the donors and indeed all stakeholders, especially those infected and affected, who know where it really hurts.

Furthermore, the circumstances and the situation of HIV/AIDS underscore our call for total cancellation of Africa's debts in favour of investment in the social sector. If we are to be true partners in development, the debt issue must be addressed in a comprehensive manner that frees our resources to enable us to fight the scourge of HIV/AIDS, as well as to meet our other social obligations to our people.

I wish to make a plea for the millions who are already infected with the HIV virus. These people, referred to as people living with HIV, require primary attention. I will include here the millions of children orphaned by the disease. This special session must

therefore consider and adopt a comprehensive approach that accords priority to the treatment and improvement of life of infected persons; the prevention of mother-to-child transmission; and adequate welfare and provision for AIDS orphans so that they can grow up into normal members of society.

Let us come up with a programme that respects and saves people living with AIDS as part of humanity. Let us help them to overcome the stigma of society, and they can join the crusade against the further spread of the killer disease.

I wish this special session an outcome that is successful enough to rescue humanity from the clutches of a pandemic that threatens to blight the future of humankind.

**The President:** The Assembly will now hear a statement by His Excellency Mr. Jorge Sampaio, President of the Portuguese Republic.

**President Sampaio** (*spoke in Portuguese; English text furnished by the delegation*): I would like to congratulate the Secretary-General for opening this special session of the General Assembly, the first in the history of the United Nations to be devoted to a public health issue. I decided to attend because I believe that the AIDS pandemic constitutes a priority at the national and international levels that requires an intense, ongoing mobilization of efforts, to which Portugal wishes to make a committed contribution.

We are all aware, thanks largely to the dedicated work of the Joint United Nations Programme on HIV/AIDS (UNAIDS), which I would like to commend here, that the AIDS virus now affects some 36 million people, 25 million of whom live in sub-Saharan Africa. Let us not forget, as well, the 22 million people who have already died as a result of this epidemic. Surely each one of us knew some of them personally. These figures are appalling. Yet we cannot ignore the fact that every estimate of the spread of the epidemic has been lower than its true dimensions.

Therefore, there can be no room for complacency or hesitation. Through this forum, we must place the question of AIDS at the top of the international political agenda as an inescapable humanitarian issue that cannot be put off and as a serious threat to the security and economic and social development of many countries and regions.

The fight against AIDS has always been delayed and hindered by the stigma attached to the disease and by the fact that the discussion of the most vulnerable groups of people, of the forms of transmission of the virus and of the behaviour that favours it involves questions that, for many, are still taboo. We cannot, however, allow the sensitivity of these questions to silence us, to make us avert our eyes and give up before the insidious advance of the epidemic.

This struggle should mobilize us all. That is surely the understanding of the heads of State and Government who, through their participation in this session, are signalling their commitment to fighting AIDS. I also greet the non-governmental organizations, essential partners in calling attention to and fighting the infection, in the creation of networks of solidarity and in the struggle against discrimination. Also fundamental is the contribution of those who are HIV-positive. Their militancy has been decisive to the awakening of consciences to this issue, and their involvement in the efforts directed at prevention and treatment is irreplaceable.

Although the AIDS virus strikes every region, culture and social group, it cannot be denied that it is most prevalent among those populations socially and economically less advantaged. AIDS and poverty go hand in hand and lead to a vicious circle with devastating consequences at every level. Suffice it to reflect, for example, on the millions of orphans created by the epidemic or on the fact that it strikes mostly those in the prime of their lives, with catastrophic effects for public administration and the State, for the productive systems and for the very social cohesion of the most affected countries.

At the bilateral level, and through the Community of Portuguese-Speaking Countries, with a major contribution from Brazil — an exemplary case of success in combating the epidemic — we have endeavoured to raise awareness among the Portuguese-speaking countries of Africa about the need to increase their efforts to combat AIDS and to support their efforts, all the more so since we fear that their real situation may be more serious than that suggested by official statistics.

At the multilateral level, we support the constitution of a global fund for health and HIV/AIDS that would also cover other transmissible diseases, such as malaria and tuberculosis. Such a fund should be

open to contributions by the public and private sectors and must be provided with effective management. There is undoubtedly a need for the allocation of greater financial resources for AIDS prevention, treatment and research programmes. Nevertheless, without political leadership and social mobilization, greater resources alone will be insufficient to win this fight.

International support must be implemented effectively at the national level in the fields of prevention and treatment. To that end, proper planning and mobilization are required, in addition to a courageous educational approach capable both of challenging stereotypes and of combating risky behaviour. International support should also take into account the need for treatment. The cost of medication cannot be allowed to jeopardize it, since one of the central problems in this field is access to care, including the antiretroviral therapies that allow a significant improvement to the life expectancy and quality of life of patients and that, in 50 per cent of cases, prevent the transmission of the virus from mother to child. The initiatives that have already been implemented in this field by the pharmaceutical industry are very positive, but efforts must continue in order to make these medicines more accessible, particularly through greater use of generics.

We must also pay special attention to specific groups more vulnerable to infection, for which we must promote access to adequate information through proper communication channels. In the case of Portugal — which, in the European context, has a relevant AIDS problem — I would like to underscore the measures taken in the field of drugs, which can have a great effect on improving the results connected with the incidence of HIV. Damage-reduction policies have proved to be effective in reducing the risk of transmissible diseases, as well as in preventing social exclusion and facilitating the relationship with health-care structures. I should also like to underline the need to carry out specific work among the immigrant population, the care to be taken with transient populations and the attention to be given to prisoners, who must be able to benefit from the opportunities available to the community at large.

As a general concern at the international level, I should like to single out the particular importance of the situation of women, the group in which the infection is spreading more swiftly. This requires a

non-discriminatory gender perspective in the combat against the epidemic.

The fight against AIDS demands the imaginative and audacious creation of new partnerships to set up integrated, effective measures. Governments cannot stand aside from this whole process, nor can they stand alone. A multifaceted response to an increasingly complex issue must be intensified. Public authorities, universities, non-governmental organizations — which Portugal involves in its official government action — donors, international organizations, private companies and volunteers must all be called upon to cooperate. All these concerns are shared by the European Union, as its current Presidency will express in the course of this session.

I would address a very special word to the churches and religious groups. I would like to see the part played by these entities in the fight against AIDS strengthened, as is already happening in other spheres of public health. Here, too, for imperative humanitarian reasons, a commitment based on compassion and solidarity is essential, a commitment that does not have to call into question the beliefs and moral values of each group.

Despite the fact that, unfortunately, the situation is bleak, there are encouraging signs that the epidemic can be controlled and substantially reduced through timely, decisive measures. Countries that have implemented effective prevention and assistance programmes have obtained positive results. It is our obligation to study these experiences and to learn from them. We must use every means to reduce the impact of the epidemic. For this to be possible, we need to be more demanding of ourselves and to require greater dedication and mobilization of society.

AIDS is a threat of concern to all humankind. For many it is already a terribly concrete source of pain and early death. Nobody is entitled to stand aside from such brutal facts. The responsibility lies with all of us, all our commitment is needed, every measure is urgent and the involvement of all is welcome.

**The President:** The Assembly will now hear a statement by His Excellency The Honourable Daniel Toroitich arap Moi, President and Commander-in-Chief of the Armed Forces of the Republic of Kenya.

**President Moi:** The continent of Africa has suffered from the harsh experience of wars, droughts,

floods and other human and natural tragedies, yet our people have been resilient and adaptable.

At present, there is a plague engulfing a huge area of our continent, particularly sub-Saharan Africa. This is a disaster unlike any previously experienced. It continues without an apparent cure. You will know that I speak of AIDS.

The reality is that millions of African people have died, and many millions more will die. Some African countries have been partially successful with educational programmes to control the spread of this terrible pandemic.

In Kenya, AIDS has been designated a national disaster. We continue to vigorously pursue our educational programmes. I am pleased to say that Kenya is participating at the forefront of research for a vaccine or other preventive measures and cures. We will continue to cooperate and work with the world's research leaders and others in this field. We are determined to fight the spread of this dreadful disease relentlessly until a permanent cure is found. But the indications are that it will be at least 10 years before significant, tangible developments will be available.

In the meantime, the people of my country must not be deprived of the most basic right — the right to life. I have walked through hospitals and other care institutions in my country, and I have seen the plight. I have experienced the desperation in the faces of the victims of AIDS. It is a grim reminder that they are deprived even of the treasure of hope itself.

I would be failing in my duty if I were to stand idly by. This is a time when the production of coffins is a growing industry because of this dreadful pestilence. As a leader, I am charged with the welfare of my people. We are not a wealthy nation, but the people must at least be given hope.

Like most other countries, Kenya also has in force laws pertaining to patent protection. Even though we are a developing nation with limited financial resources, we shall play our part in honouring our international obligations. The time has come when we are compelled to make a decision between the lives of our people and the rights of commercial interests. Human life must surely come before anything else. Our choice is therefore made. Nonetheless, we must pursue our choice in a balanced way, a way that is balanced to protect the interests of further research and

development so that life can be further protected and enhanced.

We believe this balance can be achieved by making available the best possible medication at the lowest possible cost. At the present time, we are unable to pay international prices for the medicines we need. This is the simple fact that we are facing, and this is why we are now embarking on the following course of action. My Government has enacted emergency legislation to deal with life-threatening epidemics. This legislation provides for the suspension of existing patent protection legislation and is framed to prevent abuse. Manufacture, marketing, distribution and exportation are rigidly controlled. The sole purpose of this legislation is to make high-quality AIDS drugs that are the subject of internationally valid patents. They will be made available to the sick at the lowest possible cost.

Our culture of self-help will be reborn. This will ultimately lead to a scientific ability within Africa that equals any other in the world.

We shall, at the same time, seek to maximize the protection of current holders of valid patents. They will be given preference to supply active ingredients or medicines in finished form, provided, first, that they meet European or American drug specifications and, secondly that they are offered at the same price as or a better price than they can be produced indigenously in Kenya or imported from a source that does not infringe on valid patent rights.

Furthermore, my country will work in close cooperation with its African neighbours for the same purposes that I have outlined here. Exports to these countries will be by licence from both the exporting country and importing country. The cost to these Governments will be calculated on a basis that minimizes the cost and maximizes the benefit from our programme. This lethal virus knows no borders, nor is it selective in its host. The saving of life will take priority over political beliefs or aspirations.

We have considered very seriously the steps we are taking to ensure that our people and the people of Africa can live in hope — the hope that one day they will be able to take their place among the communities of the world in providing for their well-being, that fathers will see their sons become men and that men and women will live to grow old with the dignity that they deserve.

I want to see my people, my nation and Africa moving into the twenty-first century with an increasing ability to manage disaster in a confident and competent manner.

I would like to take this opportunity to thank the Secretary-General, who attended a meeting that we held in Nigeria. That was the beginning of the effort to eradicate and vigorously fight this disease. I thank him.

With every passing week, thousands more are dying or becoming infected. I am not prepared to allow this to continue. The campaign will be driven with the utmost vigour. The people of Kenya and the people of Africa will be the beneficiaries.

**The President:** The Assembly will now hear a statement by His Excellency Mr. Paul Kagame, President of the Rwandese Republic.

**President Kagame:** Let me thank Secretary-General Kofi Annan for convening this special session on HIV/AIDS and for his efforts in mobilizing resources for the global AIDS and Health Fund.

As we all recognize, HIV/AIDS is a threat to social and economic development as well as to global security, as underscored by the United Nations Security Council, among others. Hence, this special session, which follows other important gatherings on HIV/AIDS. In Africa, the Addis Ababa summit emphasized the role of leadership at all levels of society in the fight against HIV/AIDS. The Abuja summit focused on sustainable resource mobilization and concrete actions to contain the HIV/AIDS pandemic.

African women have undertaken important initiatives in this regard. For example in May of this year the Summit of African First Ladies held in Kigali emphasized the urgent need to pay special attention to the most vulnerable groups on our continent, i.e. children, young people and women. We must harness, therefore, the experience, commitment and wisdom gained from these sessions in our battle against the HIV/AIDS scourge.

Let me now briefly share with you the experience of my country. Rwanda is among the sub-Saharan African countries most seriously affected by HIV/AIDS. It is currently estimated that some 400,000 Rwandans, out of a total population of 8 million, are infected. In our case, one of the contributing factors was the 1994 genocide, in which untold numbers of

women and young girls were systematically raped. The impact of this episode of our history has not yet been fully grasped. The massive internal and external dislocation and movements of millions of people during this period also contributed to the spread of HIV/AIDS.

Despite these challenges, we have undertaken a number of initiatives to combat HIV/AIDS in my country, including the following. A national campaign to sensitize leadership at all levels of society has been mounted, leading a significant proportion of our people to volunteer for HIV/AIDS testing. This has led to a tenfold increase in voluntary testing since 1997. A programme for prevention of mother-to-child HIV transmission is in place. The Government has initiated a scheme of purchasing antiretroviral drugs, which are made available to the public at subsidized prices. The National Commission for HIV/AIDS was established to coordinate all HIV/AIDS initiatives. Rwandan youth have taken a leading role in their own right, as demonstrated by the establishment of AIDS clubs in all secondary schools in the country.

HIV/AIDS can be tamed and eventually defeated. The immediate goal in this quest is a focused global strategy that is realistic, practical and effective, particularly in regard to resource mobilization and management. Prevention programmes, among other things, should become central in the unfolding strategy. It is imperative that accountability and transparency become the hallmark of this strategy in its implementation.

**The President:** The Assembly will now hear a statement by The Right Honourable Hubert Ingraham, Prime Minister of the Commonwealth of the Bahamas.

**Mr. Ingraham:** The Bahamas is pleased to add its voice to the international call for a coordinated, escalated response commensurate with the extent and magnitude of the HIV/AIDS pandemic. The direct and indirect cost of HIV/AIDS to our economies, to individuals, to their families, to businesses, and to Governments is staggering. The consequences for development, growth, expansion, and stability of the economies of the world, especially of the economies of small developing countries, are daunting.

The tragedy which unfolded in the wake of this terrible disease — when so many, for so long, failed to recognize its full dimensions and consequences — has finally attracted the needed and deserved attention of

health and political leaders of the world. Let us now resolve to not permit harm to come to our new collective resolve to stem the tide of HIV/AIDS by permitting any agenda, other than that of the promotion of good health, to distract us from our commitment, or to cause the diversion of scarce funding to conflicting programmes and strategies.

Our meeting here this week is, I believe, an important demonstration of our resolve to defeat this international health terror, together. For his role in bringing us to this point, I wish to recognize, acknowledge and thank the Secretary-General, Mr. Kofi Annan. Special recognition and commendation are also due to UNAIDS.

In July of last year, G-8 countries, meeting in Okinawa, committed to the establishment of a new global fund to combat HIV/AIDS, tuberculosis and malaria in developing countries. Because these diseases are responsible for the decimation and disintegration of large percentages of populations in the developing world, the fund would mobilize, manage and disburse grant resources in support of country- and regional-level programmes to combat the major health challenges created by them. The fund would also support national development processes and mechanisms created to achieve the goals agreed at the United Nations Millennium Summit.

My Government strongly endorses and supports the establishment of the fund and the objectives of its proponents to provide opportunities for donors with no traditional country base to fund work directly at national levels. This is a commendable and helpful objective. I call attention, however, to a concern of small developing countries, such as my own, with regard to our ability to access a global fund, given the general absence of resident donor-based infrastructure or of United Nations development agency offices in our countries.

I wish also to sound a cautionary note: we should not place all our eggs in one basket. While we recognize that the fund must assist in drug acquisition, it is critically important that the urgency of the need for affordable drugs required for the treatment of HIV/AIDS and effective drugs for tuberculosis and malaria not result in a disproportionate skew of the assets of the fund to the supply of drugs.

Access to drugs for treatment is only one of the many important components of the agreed Strategic

Plan. Other equally urgent matters need funding if we in the developing world are to better meet the challenges presented by this awful disease. These must include such things as health promotion, advanced research, training, the building of health infrastructure, the forging of partnerships, the coordination of networks and follow-up care.

No other single health problem compares to the threat that HIV/AIDS holds for the continued development and progress of my country, the Bahamas, or of my region, the Caribbean. HIV/AIDS is not confined to any particular sector of Bahamian society. It has spread to the general population, predominantly through heterosexual contact and from infected mothers to infants.

It is small comfort to report that the Bahamas Government early recognized the terrible threat of HIV/AIDS; that recognition did not save us from experiencing the tragedy that AIDS has wrought on our country.

Prevention and care are inextricably bound. We have demonstrated this in the Bahamas even in the absence of antiretroviral drugs.

Our task is urgent. The new HIV/AIDS infections recorded in all our societies on a daily basis are a clear indication that, notwithstanding progress, AIDS-awareness programmes in schools, churches and the wider community still fail to reach far too many individuals, particularly young people, who continue to engage in high-risk unprotected sexual activity.

Together, I am convinced, we can continue and can overcome the challenge.

The balance of my statement will be available in written form.

**The President:** The Assembly will now hear a statement by His Excellency Mr. Carlos Lage Dávila, Vice-President of the Republic of Cuba.

**Mr. Lage Dávila** (Cuba) (spoke in Spanish): No country is free of AIDS. A few — privileged and rich — have managed to reduce mortality through the use of drugs with high and irrational prices. Many others — the unfortunate and poor — are facing a harrowing drop in the average life expectancy of their peoples and population decreases that could lead them to extinction.

In a number of African nations, the number of teachers who die of AIDS every year is greater than the number of new teachers being graduated. The deaths that have already occurred in sub-Saharan Africa are equal in number to those that would result from the dropping on that region of more than 70 bombs like the ones dropped on Hiroshima and Nagasaki. It is a tragic paradox that the very continent on which humankind's earliest ancestors first emerged 6 million years ago is now witnessing the beginning of our disappearance in this new millennium.

Cuba is also suffering from this disease. There are 2,565 people living with HIV/AIDS in our country. Our programme to fight AIDS guarantees comprehensive care and support for all those with HIV and AIDS, free treatment with antiretroviral drugs for all patients, centres for specialized medical care for cases that require it, and a tireless effort to ensure that people with HIV/AIDS enjoy the fullest possible social integration, with full rights and without discrimination. We have the lowest rate of infection in the Americas and one of the lowest in the world, at 0.03 per cent of the population between the ages of 15 and 49.

Although still under blockade, and thus denied access to 50 per cent of the new drugs produced in the world, since they are produced by United States companies, we have contained the epidemic, and have indeed achieved an average life expectancy of 76 and infant mortality of less than 7 per 1,000 live births. Cuba has come to this Assembly as a responsible and full member of the international community, modestly to offer its experience and its cooperation, expecting nothing in return.

The Secretary-General has undertaken the worthy and just effort of proposing, and striving to obtain, between \$7 billion and \$10 billion for the fight against AIDS. That amount is not sufficient, and money alone cannot solve the problem, but it is a necessary beginning. Is it conceivable that this money could not be raised to save lives in a world that spends 40 times more than this on illicit drugs, 80 times more on military budgets, and 100 times more on commercial advertising?

Is it conceivable that this money could not be raised to save lives in a world where 20 per cent of the population accounts for 86 per cent of private consumption, and where 22 individuals each have a private fortune greater than the amount requested by

the Secretary-General, while their combined wealth is 43 times greater?

The wealthiest, most powerful nation in history, which purports to be a champion of human rights, fails to comply with its financial obligations to the United Nations, is trying to reduce its contribution to the World Health Organization, devotes barely 0.2 per cent of its gross domestic product to development and votes alone against a draft resolution enshrining the right of all to access to AIDS drugs. And at the same time, it is dragging the world into an senseless arms race through the sale of the most sophisticated instruments of war to its allies and followers and through its initiative to establish a total global anti-missile shield.

Nothing more need be said to understand that the current international economic order is criminally unjust, and that words like democracy, human rights, individual freedoms and others, coming from the mouths of the powerful, ring hollow and demagogical.

Donations and philanthropy are welcome and appreciated, for they help to alleviate pain and suffering, but they are not the solution to the problems facing humankind: what is needed are justice and solidarity.

We believe it is necessary and possible to topple the imperialist dogmas ruling the world. But it will be a long struggle, too long for the 36 million people sick with AIDS and for the millions who die from curable diseases. Cuba considers that at this special session, the General Assembly should proclaim: that drugs to fight AIDS and other vital drugs needed on a massive scale cannot be protected by patents and that profits cannot be made at the expense of human lives; that the external debt of the poorest countries should be cancelled immediately, without conditions or impositions, for that debt has already been paid more than once; and that the Group of 7, at its next meeting, instead of adopting new economic liberalization measures to be imposed on the world's poor and less wealthy, should agree to reduce military spending and to raise at least the \$10 billion requested by the United Nations, which should be provided immediately, without calmly waiting for 25 million more people to die, for that is but a fraction of the social debt to the third world.

It is my task, on behalf of the Government of Cuba, to offer to the poorest countries with the highest incidence of the disease 4,000 physicians and other

health-care workers to create the infrastructure needed to provide drugs to the population, with the necessary prescriptions and follow-up. Those same personnel could train and prepare a large number of specialists in their own fields, along with nurses and health-care technicians.

We offer the professors needed to establish 20 medical schools, many of whom could be selected from among the 2,359 Cuban doctors currently providing services in 17 countries. Those schools could train 1,000 doctors a year in the countries that most need them. We offer the doctors, educators, psychologists and other specialists needed to provide advice and cooperation for campaigns to prevent AIDS and other diseases. We offer the equipment and diagnostic kits needed for basic prevention programmes. We offer antiretroviral treatment for 30,000 patients. It would only be necessary for the international community to contribute the raw materials for the drugs, equipment and material resources needed for these products and services.

Cuba would make no profit whatsoever and would pay the participants' salaries in its own national currency. This is usually the most costly aspect for international health agencies, while the most difficult aspect is finding qualified individuals willing to undertake such a mission.

AIDS is a war without bombs and without armies. The world has accumulated extraordinary knowledge in all fields of study. There are many more scientists living in the world today, in a single historical period, than the total of all those who lived throughout the prior history of humanity. The wealth that has been created is more than enough to guarantee a healthy life for the world's 6 billion inhabitants. Nonetheless, we have begun this millennium in illness. The only possible cure is to place all of the planet's boundless resources at the service of humanity without petty commercial interests or national selfishness. It is our responsibility to achieve this goal.

**The President:** I give the floor to His Excellency The Honourable Eriya Kategaya, First Deputy Prime Minister and Minister for Foreign Affairs of Uganda.

**Mr. Kategaya (Uganda):** I bring fraternal greetings and best wishes from the Government and the people of Uganda to all Members of the United Nations for the United Nations special session on HIV/AIDS. I also bring to you, Mr. President, and through you, to

this special session, the personal best wishes of the President of Uganda, Mr. Yoweri Kaguta Museveni. I also wish to congratulate Secretary-General Kofi Annan on taking the lead in the global efforts against AIDS. In the interest of time, I will make a short summary of my statement, which is being distributed.

Uganda was at the epicentre of the HIV/AIDS epidemic in the mid-1980s. Today, HIV prevalence in Uganda has declined from an average of 18.5 per cent in 1993 to 8.3 per cent in 1999 and 6.2 per cent in 2000. A number of factors were clearly unique in our response to this pandemic. Uganda recognized at an early stage that HIV/AIDS is a multidimensional problem which requires a multisectoral approach from the political, cultural, economic and health and clinical perspectives.

When the National Resistance Movement (NRM) Government assumed leadership in 1986, we chose a political strategy as one of the options to fight AIDS. President Museveni personally led community mobilization campaigns, speaking about AIDS at every opportunity. The President also adopted an attitude of openness about the disease. He urged all our leaders to put AIDS on their political agenda, and technical experts to provide correct information to the public. The NRM Administration actively encouraged public debate about AIDS-related activities. The involvement of people living with HIV/AIDS was critical in the mobilization and awareness campaign.

In order to coordinate the activities of the multiple partners, the Uganda AIDS Commission was established by statute in 1992. We intend to strengthen this coordination for enhanced and sustained advocacy.

We have integrated AIDS issues in the National Priority Programme, under the Poverty Eradication Action Plan. This implies that debt relief funds from the Heavily Indebted Poor Countries Debt Initiative will, inter alia, be dedicated to AIDS activities.

The Universal Primary Education policy in Uganda has provided an opportunity for critical messages on HIV/AIDS issues to reach primary-age children. A similar focus is targeted on post-primary institutions.

It is well recognized that sub-Saharan Africa has borne the brunt of the pandemic. Over 70 per cent of the adults and 80 per cent of the children living with

HIV/AIDS in the world are in sub-Saharan Africa, while 55 per cent of HIV-positive adults are women.

During 2000, an estimated 3.8 million people became infected, and 2.4 million people died in Africa. The key factors affecting the impact of HIV/AIDS in Africa are poverty, poor health infrastructure, illiteracy, political instability and armed conflict. Indeed, long-term prevention and care in African countries will succeed only if African countries can lift themselves out of poverty. African countries will therefore need access to long-term international financial arrangements in order to have viable sustained economic growth, generate adequate resources and build capacities for poverty eradication and combating HIV/AIDS, including the following: viable education systems, including universal primary education, especially for the girl child; strong and sustainable health infrastructure, including health delivery systems; creation of opportunities for employment and other conditions for the empowerment of women; agricultural modernization to increase rural productivity and incomes; and lastly, total debt cancellation for poor and highly indebted countries.

The establishment of the global fund for AIDS and health is timely, essential and most welcome. Uganda therefore pledges \$2 million as a demonstration of our commitment to the global fund. We strongly urge wealthier countries and private organizations to make contributions commensurate with their resources so that the fund, with minimum bureaucracy, is accessed for holistic applications in prevention, provision of drugs, treatment, care and research.

Equitable access to effective treatment is an urgent necessity. Future strategies must include accelerated vaccine development. Vaccines are the ultimate weapons against HIV/AIDS.

**The President:** I now give the floor to Her Excellency Ms. Anne Kristin Sydnes, Minister of International Development of Norway.

**Ms. Sydnes (Norway):** AIDS is a development catastrophe. In Abuja, African leaders declared a state of emergency in their continent due to AIDS. Other regions report alarming infection rates. We are facing a global crisis, and we need a global response and global solidarity.

Our battle against HIV/AIDS must be part of our battle against poverty, for AIDS causes poverty, and poverty undercuts our fight against AIDS.

Winning the war against AIDS will take courageous political leadership, such as that provided by President Museveni, President Obasanjo and others present here today.

It will take an unprecedented mobilization of resources. We need additional resources, such as the domestic resources pledged by African leaders in Abuja, and increased official development assistance, which is often pledged but seldom delivered. It will take external resources mobilized through innovative public/private partnerships, such as the proposed global fund.

The walls of silence and denial must be broken. We must overcome our natural shyness and talk about sex and condoms in public and to our youngsters. The price of silence and denial has become much too high — too high for parents, and higher still for the millions of children who have been orphaned.

We must put an end to abuse, discrimination and stigmatization, so that little Nkosi Johnson from South Africa, who shamed and inspired us equally, did not die in vain. We must offer partnership, not exclusion - partnership with people infected and affected by HIV/AIDS, and innovative ways of working with such vulnerable groups as men who have sex with men, injecting drug users and sex workers. Openness and cooperation promote responsible behaviour. Stigmatization increases vulnerability.

We need a response that is firmly based on the promotion and protection of human rights: the right to development, the right to health, the right to life. Why? Because people whose rights and dignity are violated become more vulnerable to HIV infection; because discrimination against those infected also discourages testing and undermines effective prevention; and because the epidemic poses a new and grave challenge to the fulfilment of the right to health.

We welcome recent progress to make AIDS-related drugs more accessible and affordable. We must push on to deal with structural and systemic barriers to such access. The pharmaceutical industry must be held morally responsible. More must be done on differential pricing. The public health safeguards in the Agreement

on Trade-related Intellectual Property Rights (TRIPS) must become a real option for developing countries.

But drugs alone will not bring us victory. Even much cheaper drugs must still be paid for, delivered and administered. Patients must receive treatment and care. It is irresponsible to talk about drugs without talking about additional resources. We cannot talk about drugs without talking about health-delivery systems.

Prevention must remain the mainstay of our response to halt the spread of AIDS. At the same time, we must assume responsibility for those already infected. Effective health systems combine and reinforce both.

Young people must be given tools and life skills to protect themselves. Condoms must be widely available and affordable. We must increase efforts to prevent mother-to-child-transmission, and women must be empowered so that they can truly protect themselves. We must promote male responsibility. We must harness the desire of trade unions to protect their members and the interest employers have in protecting their workers.

The Security Council has recognized the impact of AIDS on peace and security. Armed conflicts fuel the epidemic and multiply the number of victims. We must work with the uniformed services, including peacekeeping personnel. During an international peace support exercise in Norway recently, I was proud to be the first to hand out the HIV/AIDS awareness card for peacekeeping operations, produced by UNAIDS and the Department for Peacekeeping Operations with Norwegian funding.

We must mobilize broadly. No government can deal with the challenges of the epidemic alone. It requires an extraordinary partnership with civil society and the private sector. It calls for alliances with all democratic forces, across political divides - and we must start at home.

In the Norwegian Ministry of Foreign Affairs, every Director-General has become a member of our AIDS team, and every department has been given an AIDS mandate. Inspired by African AIDS commissions, we have established a forum for AIDS and development, as well as an AIDSnet, where leaders — from labour, business, the cultural arena, sports, churches, non-governmental organizations

(NGOs), the mass media and the research community — have joined as partners against AIDS. I am proud to have many of them here, as members of my delegation.

The counter-offensive against AIDS cannot be won without a bigger war chest. The Norwegian Government welcomes the proposal for a new global health fund on AIDS, tuberculosis and malaria. The operational framework must be set out in close cooperation with the developing countries most affected. The fund must tie in with and complement existing efforts and structures, particularly the UNAIDS umbrella. It must be effectively geared to country implementation and must become operational soon. My Government pledges an additional 1 billion Norwegian kroner (approximately \$110 million) over the next five years to international efforts against HIV/AIDS, tuberculosis and malaria. We attach particular importance to strengthening health systems in developing countries in cooperation with the World Health Organization (WHO) and to reaching the poorest and hardest-hit. How much will be channelled through existing mechanisms, and how much through the new fund, will be decided when we know more about the fund.

Let me conclude by paying tribute to the Secretary-General for the way he has made the fight against AIDS a personal cause and a priority issue for the United Nations system. His leadership will surely be needed in the follow-up of the special session as well.

**The President:** I give the floor to His Excellency Mr. Colin Powell, Secretary of State of the United States of America.

**Mr. Powell** (United States of America): I commend you, Mr. President, as well as the Secretary-General, Ambassador Wensley, Ambassador Ka and Dr. Piot of UNAIDS for pioneering this special session of the General Assembly. This will go down as a historic moment in the annals of the United Nations.

The world has entered an age of immense promise. The spread of democracies and market economies, and breakthroughs in technology permit us to envision a day in this century when most of humanity will be free from tyranny and poverty. Yet we have been blind to the fact that this promising new century has arrived at a time of plague. It is 20 years since the onset of the HIV/AIDS crisis, but we have

only just begun to grasp the threat it poses to this promising new world.

AIDS is often linked to the bubonic plague of the fourteenth century, which killed one third of the population of Europe. But this is not the Middle Ages. Back then people did not know what caused the pestilence, or how it spread. They thought it resulted from an alignment of the planets or was visited upon them for their sins by a wrathful god.

We of the twenty-first century know better. We know that a virus causes AIDS, and we know how to prevent its spread. Treatments have been developed. Science has given us grounds to hope for vaccines and, ultimately, for a cure.

All of this is known. Yet, to date, our global response to this rapidly spreading scourge has been woefully inadequate. What will historians say of us if we continue to delay? Will history record a fateful moment in our time, on our watch, when action came too late? AIDS respects no man, woman or child; it knows no race, religion, class or creed. No community, country or continent is immune from its ravages. Let us resolve that, from this moment on, our response to AIDS must be no less comprehensive, no less relentless and no less swift than the pandemic itself.

President Bush joins Secretary-General Annan in the conviction that AIDS is so immense in its scope and profound in its impact that it compels new thinking and concerted action. As the President has said, only through sustained and focused international cooperation can we address problems so grave and suffering so great. Last month President Bush announced a pledge of \$200 million to jump-start the global fund, a bold new public-private partnership to combat HIV/AIDS, tuberculosis and malaria. We hope this seed money will help to generate billions more from donors all over the world, and more will come from the United States as we learn where our support can be most effective.

Beyond the global fund, I am proud to say that my Government has been, and will continue to be, the largest bilateral donor in the fight against AIDS, providing 50 per cent of all international funding. To date, the United States has dedicated over \$1.6 billion to combating AIDS in the developing world. President Bush's budget for the next fiscal year seeks \$480 million, more than double the fiscal year 2000 amount. The President is also requesting over \$3.4 billion for

AIDS research. The United States, I pledge today, will continue to lead the world in funding vital research.

President Bush has put the full force of his Government and the full force of his Cabinet behind the United States response to this crisis. He has named Secretary of Health and Human Services, Tommy Thompson, who is here today, and me to co-chair a special task force to ensure that my Government's efforts are comprehensive and coordinated. Comprehensive and coordinated these efforts must be, for AIDS is not just a humanitarian or health issue; it not only kills, but it also destroys communities; it decimates countries, it destabilizes regions; it can consume continents.

No war on the face of the earth is more destructive than the AIDS pandemic. I was a soldier, but I know of no enemy in war more insidious or vicious than AIDS, an enemy that poses a clear and present danger to the world. The war against AIDS has no front lines; we must wage it on every front; and only an integrated approach makes sense — an approach that emphasizes prevention and public education. But it must also include treatment, care for orphans, measures to stop mother-to-child transmission, affordable drugs, delivery systems, infrastructure and medical training; and, of course, it must include research into vaccines and a cure. All of these elements are essential and must be aggressively pursued. But unless a strong emphasis is put on prevention, prevention and more prevention, this pandemic will continue to rage out of control.

In this global war against AIDS, everyone can and must be a leader. Everyone can and must be an ally. We are all vulnerable, big nations and small, the wealthy and the poor. We cannot let AIDS divide us. My country is ready to work with all nations to build a global coalition of action against this common foe. It is not just Governments that can play leadership roles; philanthropists, foundations and corporations must step up to the challenge. Contributing to the global fund is one important way to do that, and I urge all members of the international community, public and private, to join in making substantial pledges to this crusade.

I do not, however, want to leave the impression that the global fund is only for big donors. The United Nations Children's Fund (UNICEF) is a wonderful example of how grass-roots efforts can raise significant money and international awareness. Leadership also

comes from individuals, non-governmental institutions and faith-based organizations. Let me describe just a few of those organizations and people that are doing such wonderful work, the kind of people and organizations we can help with this trust fund. For example, there is Dr. Jean William Pape, who co-founded the only institution in Haiti that gives post-graduate AIDS training to medical workers. In Poland, Father Arkadiusz Nowak speaks out against the misperception that AIDS is a punishment from God. He has established a foundation and homes for people with AIDS. In Tahiti, 26-year old journalist Maire Bopp DuPont has used her HIV-positive status to raise awareness through a popular radio show. All of these people do what they can, speaking out, and we should help encourage millions more to do so. Silence kills. Silence kills. Breaking the silence is a powerful way that people at all levels of society can combat the disease. I do not underestimate the courage it can take to come forward, to challenge taboos and change traditions, but that kind of courage is needed or more people will die.

Opinion leaders from all walks of life must deliver the message that AIDS is real, that our enemy is the HIV virus, not its victims, that those who carry HIV deserve compassion, not ostracism, that they deserve to be treated with dignity, not with disdain. I must — you must — all public officials must use the spotlight we are given to speak out and make AIDS a top priority.

Many speakers have noted the dreadful toll that AIDS is taking. After the tenth or the twentieth speech, even the most shocking statistics start to numb. But let me try to make it more relevant. This Hall holds about 2,000 people. By the time three hours of this session elapse, 2,000 people around the world — just about the same number right here — will have been newly diagnosed with HIV/AIDS. That is one for each one in this room. In some countries, the infection rate is so high that one in three of us — the representative to your right, the representative to your left, or you yourself — would be HIV-positive. If this disease goes unchecked, the misery and destruction will continue to grow exponentially. It can rob us of our future. We must not let it rob us of our future.

The world is looking to us today; the world wants us to act. We must act, and we must act now. This is the time, this is the place, and we must not fail the

people of the world who are looking to us for leadership.

**The President:** I now give the floor to The Honourable Mantombazana Tshabalala-Msimang, Minister of Health of South Africa.

**Ms. Tshabalala-Msimang (South Africa):** Our country, South Africa, is one of the most affected by HIV and AIDS. We have come to New York not just because we care about our people and our country but also because in a real way the destiny of the nations and peoples of the world will take a turn for the better or worse depending on how we elect to conduct this important gathering.

South Africa has to contend with this catastrophe against the background of pervasive poverty, underdevelopment and a range of other public health challenges. Clearly, our response to the challenge we face has to be rooted in this reality.

There is a lot that we know about how to mitigate the impact of HIV and AIDS. Most of these strategies are eloquently covered in the draft declaration before us. Fundamental among these is the need to anchor our efforts in strong preventive programmes, with a specific focus on youth, in the empowerment of women and the girl child and in ensuring that men become part of the solution. The national programme we pursue incorporates all these elements.

*Mr. Ngedup (Bhutan), Vice-President, took the Chair.*

Some of the key prevention programmes we have in place are the life-skills programme, which is a compulsory component of our school curriculum, the free supply of quality condoms and public-awareness campaigns that target all sectors of our society. Although still at the beginning of a long journey, we are encouraged by some of the results of some of these programmes.

Many HIV/AIDS prevention programmes have additional benefits that may be overlooked. Many of these interventions involve many role players and target communities with widespread positive outcomes. For example, condom programmes also prevent sexually transmitted infections that are spread in the same way as is HIV. Life-skills programmes in schools and the encouragement of condom use among adolescents who engage in sex will complement efforts to postpone sexual debut and reduce teenage pregnancy

and abortion and, as a result, will improve school completion rates among young girls. Young girls will thus be able to acquire skills, be productive and have a better quality of life. Although these benefits are difficult to quantify, they should not be overlooked.

Programmes to reduce mother-to-child HIV transmission pose significant challenges in developing countries where breastfeeding is the norm and lack of access to safe water and sanitation is a reality. In order to unravel these challenges, South Africa has embarked on a programme to provide a package of care for pregnant women who are HIV positive at selected sites in all of our nine provinces. We have learned through the programme at these sites that indeed there is far more to this programme than the mere administration of an antiretroviral drug. Concerns raised about the emergence of resistant viral strains following exposure to this drug will also be examined at these pilot sites. However, we see this challenge not so much as a deterrent but as a call for an intensified effort.

But let me stress that the solutions we seek are those that are rooted in our reality and which will enhance the capacity of our countries, and more specifically help secure our health systems in order to better respond to the many public health challenges that accompany HIV/AIDS, malaria and tuberculosis. In our country, for example, we face both an HIV/AIDS and a tuberculosis epidemic. It is clear that one of the major determinants of our overall success relates to our ability to intensify our tuberculosis programmes, secure high full treatment rates, reduce treatment interruptions and contain the rise in multidrug resistance tuberculosis.

As we continue to act on the basis of the best evidence available to us today, let us also continue to support research and scientific inquiry into this complex phenomenon. Let us also not forget that some simple interventions, such as the management of opportunistic infections and the provision of nutritional support for HIV-infected individuals, have a significant impact on the quality of life. Let us not shy away from the simple truth that while we know a lot today, there are many facets of both HIV and AIDS that need further elucidation. Among these efforts we include the international search for appropriate vaccines, in which our country actively participates.

Needless to say, the millions already infected and affected cry out for care and support now. We need to

move with a great sense of urgency — all of us! We support the view that prevention, care and support are sides of the same coin and mutually reinforce each other.

Our task is to mobilize the requisite resources to provide a comprehensive programme. We need to assist formal and informal social support networks as may exist. In addition, greater involvement of communities, especially people living with AIDS, is key to our success.

AIDS constitutes a global crisis. No country has the luxury to opt out. What may seem to be an act of generosity may in fact be nothing but enlightened self-interest. In this regard, we should try to leverage and strengthen regional efforts. In our own region the heads of State and Government of the Southern African Development Community countries have endorsed a regional multisectoral strategy on HIV/AIDS.

We welcome the growing number of pledges that have been made to the global AIDS and health fund, and we eagerly await escalation in both the number and the size of contributions, in keeping with the scale of the problem. We are, however, a little concerned that the lack of finality with regard to its actual working may be presenting an obstacle to additional pledges.

Since it is not in our collective interest to have the generosity of the international community restrained by issues of process, we would lend our voice to calls for the Secretary-General to continue his leadership role and to assist us in navigating the final stages of this course. In the meantime, we would be quite content to hear from others that the check is in the mail.

Let me conclude by thanking the international community for the support given to us during our recent court case against some elements in the pharmaceutical industry. In particular, I wish to recognize the efforts of the Secretary-General, Mr. Kofi Annan, and my President, Mr. Thabo Mbeki.

Let me also signal my Government's determination to forge enduring and constructive partnerships with the pharmaceutical industry — an undeniable key stakeholder in health-care delivery. Affordable access for the majority is a basic requirement if this century is truly to be an African century. This calls for a better balance between creating a system of incentives to drive innovation and

strategies to ensure that advances translate into benefits for those most in need. Let us be bold and think more creatively. This session and the creation of a fund are small but very important first steps. We pledge the full support of our Government for this important initiative.

**The Acting President:** I give the floor to His Excellency Mr. Abdul Malik Kasi, Minister for Health of Pakistan.

**Mr. Kasi (Pakistan):** Allow me to extend, on behalf of my delegation, our warmest greetings and best wishes to you, Mr. President, in presiding over this watershed special session. We are hopeful that under your wise stewardship, this special session will be able to achieve the objectives that bring us together in facing the worst challenge that humanity has faced in centuries. We also appreciate the contribution of two co-facilitators to the outcome document.

This special session is an event of paramount importance for the entire world community. It provides us a unique opportunity not only to reaffirm our firm commitment and resolve to combat the pandemic of HIV/AIDS, but also to evolve a collective global response and a comprehensive action plan to deal with this menace of unprecedented magnitude. We must rise above narrow expediencies and focus our undivided attention on the need to prevent and combat HIV/AIDS in all parts of the world without discrimination or selectivity.

HIV/AIDS is not merely a health problem; it has become a security issue as millions of people are on the verge of extinction. More than 22 million people have died of AIDS. Over 36 million are estimated to be living with HIV/AIDS. Of these, over 25 million are in sub-Saharan Africa alone. Asia and Latin America together account for 8 million victims. Around 90 per cent of AIDS victims are living in the developing countries, where the incidence rate is aggravated by poverty, hunger, disease, lack of medical facilities, illiteracy and underdevelopment.

AIDS has become a development issue and poverty is recognized as a direct contributor to the spread of HIV/AIDS. Combating HIV/AIDS and eradicating poverty must therefore go hand in hand. This cannot be achieved without active and determined cooperation on the part of the international community, with the special participation of the developed countries, which have a moral obligation to set aside a part of their affluence to reduce the burden of poverty

and alleviate human suffering. There has never been a greater necessity for urgency in responding to the needs of the developing countries through enhanced debt relief, market access and official development assistance.

We appreciate the personal commitment and dedication of Secretary-General Kofi Annan in intensifying international efforts against AIDS as a matter of priority. The campaign for a global AIDS fund launched by him lays out a solid foundation on which a global response to HIV/AIDS should be built. We hope that generous contributions will be made to the fund and that they will eventually rise to \$10 billion annually, the level of spending currently envisaged.

We are happy to see representatives of international pharmaceutical companies here. While welcoming them, we urge them to consider HIV/AIDS as a humanitarian issue and not as a commercial venture. Human life is much too precious to be used for profit. We hope that, besides making generous contributions to the fund, they will complement it by providing treatment for HIV/AIDS, at least to the victims in the least developed countries of sub-Saharan Africa, at affordable prices.

HIV/AIDS in Africa is the cross-cutting theme of this session. It is Africa that is most severely affected and where combating AIDS is proving to be the most difficult task, due to abject poverty, a lack of domestic resources and a heavy debt burden. Pakistan attaches great importance to this special session on HIV/AIDS not only because of the humanitarian dimension of the problem, but also because we accord a high priority to our relations with Africa. We feel the heat of the inferno decimating hundreds of Africans every day. We share the pain and agony of our African brothers. We have come to this meeting to express our solidarity and to reiterate our support in their struggle against HIV/AIDS.

The Secretary-General, in his report on HIV/AIDS, has given an exhaustive and comprehensive account of the humanitarian, development, social and cultural dimensions of the pandemic. We believe that every country has to chalk out its own preventive and combative strategy and to formulate and implement goal-oriented policies best suited to its circumstances. International involvement should be limited to resource mobilization, sharing the

benefits of research and technological advancement and making available affordable and sustainable treatment and medicines. Above all, it is time now to recognize the fundamental human right to development.

Indeed, we are facing a human calamity, which must be fought by all of us with unity of purpose. In this collective struggle, there is no room for rhetoric or rancour. We need action and the mobilization of resources to fight this war against HIV/AIDS. We must not let controversial norms or behaviours overshadow our struggle, but we must remain sensitive to each other's value systems. While pursuing our crusade against the pandemic, let us continue to show respect for each other's cultures, faiths and values. Tolerance, freedom of choice and the spirit of mutual respect and cooperation must continue to guide our interaction as we prepare ourselves to meet this greatest challenge of our times.

Pakistan, to a large extent, has so far managed to remain protected from the spread of AIDS. By the end of 2000, a total of 1,549 HIV-positive and 202 AIDS cases had been reported, but we believe that even one AIDS case is an epidemic. Since the diagnosis of the first AIDS case in Pakistan in 1986, the challenge has been taken very seriously. In 1990, the first Government-sponsored project for AIDS control in Pakistan was implemented with the support of the World Health Organization. In 1993, a more extended national AIDS control programme was launched under the national agenda. Since then, HIV/AIDS control has been made an essential element of six major health development projects.

Prevention is the mainstay of our AIDS-control strategy. I do not wish to go into the details, which are reflected in the distributed text of our statement. We are proud to say that the Government of Pakistan has put the building blocks of a strong prevention programme in place. We are ready to accelerate and expand our efforts in concert with the international community to cope with the twin scourge of HIV/AIDS.

**The Acting President:** I now give the floor to His Excellency Mr. Jon Kristjansson, Minister of Health and Social Security of Iceland.

**Mr. Kristjansson (Iceland):** Even though Iceland ranks among the nations with the highest income per capita of the world, enjoys a high standard of

education, is an island and shares no borders with other countries, Icelanders have not been left unaffected by the misery of AIDS. Iceland's problems in this respect, however, are minimal in comparison with the problems of many other nations, particularly in Africa.

In only 20 years, the epidemic has spread all across the world. Over 20 million people have died as a result of AIDS. Almost 40 million men, women and children are afflicted by this disease at this time. Over 10 million children are orphans as a result of this epidemic. The problem is therefore of enormous proportions, particularly in sub-Saharan Africa, which is home to 70 per cent of the adults and 80 per cent of the children afflicted by the disease.

I want to pay a tribute to the Secretary-General for his very important initiative. This United Nations special session on HIV/AIDS is fully justified.

The distribution of this disease in the world is not even. Many of the poorest nations of the world are most severely affected. The consequences of the disease are dreadful. Entire generations of young people are deprived of their lives in an untimely manner. Social institutions are decimated. Poverty is growing. Economic growth and stability are at risk. In some of the most densely populated countries of the world, the epidemic is still in its initial stages. If the epidemic spreads in these areas it will cause indescribable suffering.

What can be done? We need to face up to the problem. First of all and most importantly, we need to increase preventive measures and prevent the infection of those who are not already afflicted. Life-saving drugs and medical care must be made available to all those in need. And we also need to increase medical research.

We all know this, but that is not enough. In order to attain these objectives we need to promote human rights and to improve the situation of women. We need to continue the struggle against stigmatization and prejudice towards those who are afflicted. We need to enlighten and educate. We need to influence behaviour and customs. Otherwise, we will make no progress.

The nations that are better off need to help those who are in need. We can do this by assisting international humanitarian organizations. We can work with the pharmaceutical industry on reducing the price

of drugs and we can assist poor countries in buying drugs.

Although drugs against AIDS can save lives and reduce the odds of infected mothers passing the disease on to their children, the drugs will not work unless they reach the people who need them. This is only possible if the health services of afflicted countries are functional. Drug treatment of HIV infection is not a simple matter. The medication must be taken each and every day. Side effects are not uncommon. Also, it must be possible to monitor the presence of viruses in the person under treatment.

Otherwise there is a risk of drug-resistant virus strains gaining the upper hand. This would leave us in the same position as before. Health services must be strengthened. Otherwise, we will make no progress.

Some success has been achieved in the struggle against the spread of AIDS. This has been achieved by improving the conditions of women. This has been achieved by disseminating knowledge about the transmission chain and how to break it, by recruiting young people in the struggle against AIDS, and by making drug treatment available to those who need it. This has been achieved through the active participation of HIV-infected people in the struggle against AIDS. And this has been achieved where governments lead the way and actively support preventive measures and treatment.

In spite of all this we all know that HIV is here to stay as long as there is no cure and as long as we have no effective means of vaccination. The struggle now is to keep the epidemic in check and reduce it as much as possible. HIV infection is a chronic disease that requires life-long treatment. The governments of all countries should therefore take the initiative regarding long-term plans designed to reduce the social and financial impact of the epidemic. They need to take steps to improve the position of social classes that are disadvantaged and therefore at a greater risk of infection. They need to promote achievement of the goals established regarding the fight against the epidemic, to ensure access to treatment and care for all those who need it, and to encourage the development of drugs and vaccines against HIV infection. And they need to ensure the availability of sufficient resources for the campaign against the AIDS epidemic.

Finally, I would like to mention that Iceland is now supporting the initiative of the Council of the

Baltic Sea States Task Force on Communicable Disease Control in the Baltic Sea Region, both financially and with medical expertise, where the fight against AIDS, tuberculosis and other infectious diseases are high priorities.

Before I finish I would like to announce that the Icelandic Government is fully aware of its duties and responsibilities in fighting the HIV/AIDS pandemic, and we will financially support the special global AIDS and health fund.

**The Acting President:** I give the floor to His Excellency Mr. Hansjörg Frick, Minister for Public Health and Social Affairs of Liechtenstein.

**Mr. Frick (Liechtenstein):** When the human immunodeficiency virus was discovered on 5 June 1981, hardly anyone could have predicted how tremendous and destructive an impact this virus would have on humanity — that it would indeed affect the lives of all of us, those infected and those not. We all had to learn how to live with the threat of the disease or indeed the disease itself. Twenty years later, the sheer statistical data are shocking: More than 36 million people currently living with HIV/AIDS, 22 million already fallen victim to the epidemic, 13 million children orphaned by the disease. The projections for the future are even more sombre. These numbers speak volumes, and they do not even talk about the other dimensions of the pandemic: The breakdown of families and entire communities, the destruction of the social fabric, the devastating effects on national economies and the countless untold stories of social exclusion, stigmatization and individual suffering.

We are facing a global crisis, but the epidemic has taken its most devastating toll in Africa, in particular in its sub-Saharan region. The HIV/AIDS epidemic knows no national boundaries and reached global dimensions a long time ago. The United Nations is thus the international organization that faces the enormous challenge of designing a response to this global public health crisis. We therefore welcome this special session as a historic opportunity and wish to thank Secretary-General Kofi Annan in particular for his strong personal commitment to the issue.

This special session has already been a big success through raising awareness and focusing the interest of a broad public on the continuing HIV/AIDS crisis. Now we are called upon as Governments to add

to this achievement by sending a clear and strong political message. We have to commit ourselves to respond globally to the pandemic — through both national action and international cooperation.

Clearly the HIV/AIDS epidemic has to be addressed in different ways in different countries and regions. Underlying issues of a structural nature such as poverty and education pose enormous difficulties in certain countries and regions. In others, such factors are less important. Cultural factors are important everywhere, but they are not the same everywhere. The groups and individuals at particular risk also vary from country to country and from region to region. There is no easy answer to this very complex problem. An approach that proves effective in one country may be misdirected somewhere else. It is necessary to keep this fact in mind. It is also of critical importance that we are willing to share our respective experiences, to share the lessons that all of us have learned so that others, too, can benefit from them.

In our experience, prevention, which leads to a drastic reduction or, ideally, elimination of new infections, is indeed the core of an effective response to halt the spread of HIV/AIDS. This approach has proved effective not only in our region but also in many other countries. Prevention is based on information and education, general access to relevant services, and the promotion and protection of human rights. It requires openness and political will to address the root causes of the disease. It requires an ability to recognize that the marginalization and stigmatization of persons infected with the HIV virus not only exacerbates the crisis but also contributes to the further spread of the disease. Clearly, prevailing local and national circumstances have formed the basis of all prevention strategies, in particular the identification of groups that are at special risk of contracting the virus. Governmental action and leadership are critical, as is the involvement of civil society, in particular the people living with HIV/AIDS themselves.

The focus on prevention should not undermine the attention we give to the care and treatment of infected people. Access to medication is certainly the key issue in this respect. We believe that the human right of every individual to the highest attainable standards of health can and must be reconciled with the existing legal standards in the area of intellectual property rights. The business sector also has a clear

responsibility in this respect. We are gratified to note that discussions in this regard are under way.

In conclusion, I would like to emphasize that the Government of Liechtenstein supports the establishment of a global fund to combat the HIV/AIDS pandemic. National strategies can only be successful if they are funded adequately. A strong international component is needed in these efforts. My Government is currently considering the level of its contribution, which we hope to be able to announce as soon as possible. Thank you.

**The Acting President:** Distinguished delegates, I must appeal to the representatives to be good enough to keep silent in the General Assembly Hall in order to maintain the dignity of the Assembly and out of courtesy to the speakers. Thank you. I now give the floor to His Excellency Vitaliy Moskalenko, Minister for Health Care of Ukraine.

**Mr. Moskalenko** (*spoke in Ukrainian*): Mr. President, on behalf of the delegation of Ukraine allow me to congratulate the participants in this session on the opening of the General Assembly special session on HIV/AIDS.

I would also like to express our sincere gratitude to the United Nations Secretary-General, Mr. Kofi Annan, for his personal contribution to the preparation of this extremely important forum. We highly appreciate the efforts of its organizers, Member States, and other participants in the negotiation process, in preparing the draft declaration to be adopted by this special session.

Fully recognizing the gravity of HIV/AIDS epidemic throughout the world, Ukraine was one of the initiators of convening this special session. Unfortunately, my country has not escaped the negative process that has affected all humanity. At present, there are more than 38,000 officially registered HIV-infected people in Ukraine. These include 2,000 people living with AIDS, of whom more than a thousand have already died.

The President and the Government of Ukraine defined the fight against HIV/AIDS among the most important priorities of our national policy. A decree signed by the President of Ukraine in 2000, which provides for the implementation of emergency measures aimed at preventing the spread of HIV/AIDS

in Ukraine, shows his commitment to addressing this global challenge.

One of the first laws adopted in Ukraine after it achieved independence concerned the prevention of AIDS and the social protection of the population. Another important step provided for in the Ukrainian legislature, in keeping with international norms of human and patient rights, was to abandon the policy of obligatory HIV testing for groups at risk.

The national strategy to address the epidemic is based on establishing a whole hierarchy of national institutions covering the entire social-humanitarian sphere and on promoting effective cooperation with the international community and close collaboration with non-governmental organizations.

The national policy in this sphere is implemented by a special governmental commission on HIV/AIDS prevention, which coordinates all the aspects of the battle against HIV/AIDS.

Since independence, three national programmes on HIV/AIDS prevention have been implemented, and earlier this year the fourth programme, which defines the new strategy to address the epidemic, was approved. A network of health-care institutions for HIV/AIDS patients has been established in Ukraine and effective protective measures are being implemented to prevent mother-to-child transmission of HIV. A number of other preventive programmes for the population at risk have also been launched. Ukraine can share its experience in the application of these preventive measures with our partners in Eastern Europe and Asia in their response to HIV/AIDS.

Our national testing system and the large-scale manufacture of antiretroviral drugs in Ukraine fully meet our country's needs, but could also help to meet the demands of neighbouring States.

Given the global dimension of the epidemic, a qualitatively new approach towards mobilizing efforts at the regional level is needed. We regard the initiative to set up an Eastern European training and methodological centre on HIV/AIDS in Ukraine as one of the most efficient means of subregional cooperation. Such a centre could operate within the framework of the GUUAM Group — that is Georgia, Uzbekistan, Ukraine, Azerbaijan, and Moldova — with the participation of other interested countries.

We call upon the international community to intensify its efforts to mobilize scientific and technical resources for research into new medicines and vaccines and to ensure access to medicines through technology transfer, which would facilitate production of antiretroviral drugs at the national level.

The HIV/AIDS epidemic struck Ukraine immediately after the Chernobyl catastrophe, which affected more than 3 million citizens including 550,000 children, and which weakened the immunity of the entire population. Eliminating the aftermath of the accident and closing the Chernobyl nuclear power plant require significant resources. We therefore call upon the international community to assist Ukraine in the implementation of large-scale activities aimed at addressing the HIV/AIDS epidemic, which, with its destructive power, could have consequences greater than those of the Chernobyl disaster.

By supporting the draft declaration of the General Assembly at this special session, Ukraine undertakes the commitment to take concrete steps aimed at fulfilling the tasks and achieving the goals to be set out at the session. Our political will is evidenced by the recent decision of the President of Ukraine to declare 2002 as the Year of Combating AIDS in Ukraine.

We earnestly wish us all — every country and every nation — success in addressing HIV/AIDS. We wish success to this special session. We are convinced that only with the united efforts of the world community will we win the fight against this plague of the twenty-first century.

**The Acting President:** I now give the floor to Her Excellency The Right Honourable Clare Short, M.P., Secretary of State for International Development of the United Kingdom of Great Britain and Northern Ireland.

**Ms. Short** (United Kingdom): There is no need for me to repeat now the terrible statistics of the seriousness of the HIV/AIDS pandemic. We have heard them this morning, and I hope we all know them. HIV/AIDS is a cause of enormous suffering and premature loss of life, and is a terrible barrier to development, especially in sub-Saharan Africa, which is already the region suffering the largest and deepest poverty in the world.

But no country and no people in the world can afford to be complacent. HIV/AIDS is spreading across

the world, particularly in Asia, the Caribbean, Latin America and Russia. Everyone is vulnerable, and there is still no cure. It is absolutely inevitable that the pandemic will spread to more people and more countries before things start to get better. We must urgently do more to prevent its spread.

We have, I am afraid, no reason to congratulate ourselves on the convening of this session. Of course, we welcome it, but we must face the fact that we have been aware of the infection for 20 years and that it was spreading out of control for at least 10 years. And we must not fool ourselves — welcome as this session is — into thinking that the holding of a special session of the General Assembly leads to any automatic improvement in prevention or treatment. Indeed, it is my strongly held view that we waste too much time and energy in United Nations conferences and special sessions. We use up enormous energy arguing at great length over texts that provide few if any follow-up mechanisms or assurances that Governments and United Nations agencies will carry forward the declarations on which we agree.

We must do better, and we must be determined here to do better. It was agreed, for example, at the special session held in New York to conduct a five-year review of the implementation of the outcome of the Cairo International Conference on Population and Development that we would all work for a 25 per cent reduction in transmission of HIV/AIDS among young people in worst-affected countries by 2010. We should now be asking every country, United Nations agency and Government to report annually on progress towards those already agreed targets rather than launching another general declaration. We must make these targets real and make them operationally effective rather than come to New York and say things, and then go home and carry on as before.

However, as we are all here, we must make the best possible use of this session and try to use it to energize a worldwide effort to contain the spread of the disease much more effectively. We are all aware — and it has been said this morning — that some countries have taken brave and intelligent action which has allowed them to slow down the spread of the disease. Uganda and Thailand in particular have set an important example of successful prevention. But, as the First Deputy Prime Minister of Uganda said, Uganda itself has no room for complacency.

Prevention remains the most important work, because there is still no cure for HIV/AIDS. We must, of course, press on with research on a vaccine and, very important, on microbicides. We must make antiretroviral drugs available where we can do so responsibly, but let no one pretend that antiretrovirals are a cure or that, whatever their price, most people who are infected will receive them. The truth is that most people who are affected are not served by any basic health-care system and that most suffer with poor nutrition and little basic care. We must do more to make condoms and drugs available, but we must be absolutely clear that, without a much greater commitment to building basic health-care systems, the overwhelming majority of the more than 30 million people who are already infected will not be helped.

That is where we need the big increase in expenditure of money. Yes, we need the global health fund to get drugs and commodities, but Governments themselves and development agencies must put resources into building basic health-care systems right across the world that reach all the people of the world, or, no matter what the drugs, they will not help us, because most people will not receive them.

My own department has committed £1 billion to that work, and we will commit more. The declaration made by African leaders in April 2001 at Abuja that they would commit more resources to that work is a very important commitment indeed, which must be carried through.

Twenty years' experience in our own country, the United Kingdom, and internationally assures us that if we are to prevent the spread of the infection we must speak openly about the epidemic and deal with stigma and discrimination head-on, as I think the Prime Minister of Mozambique did so powerfully earlier this morning. We know which behaviours lead to the greatest risks of transmission; we must, in each of our countries, directly, openly and honestly engage in a debate on ways to promote and protect the health of those at greatest risk of HIV infection. That means vulnerable groups which we can all accept — children, adolescents and refugees — but it must also mean the other groups with high risk of infection.

Let me say to those countries and organizations that do not wish to mention those high-risk groups that if they fail to face up to the need to take action to protect such groups, they will sentence their countries

to higher rates of infection. All countries have in their populations men who have sex with men, commercial sex workers who have clients, and intravenous drug users who have sexual partners. If we fail to work together to remove the denial, the stigmatization and the discrimination that exist, we will fail to prevent the spread of the infection. Open and honest debate and the sharing of knowledge and information are essential if we are to make progress in tackling HIV/AIDS.

Work must also continue on a vaccine. In Europe and in the United States, the pharmaceutical companies are driving forward that work. But we must ensure that work continues to develop a vaccine for the strain prevalent in Africa and in other poor countries. We salute the initiative of the International AIDS Vaccine Initiative (IAVI) in organizing the funding for the important work that is taking place in Nairobi and in South Africa, and we call on development agencies and charitable foundations to continue to fund that work to find a vaccine. It is also crucial that we take forward urgently the development of a microbicide so that women are in a position to protect themselves. More than half the new infections are amongst young women who frequently lack the confidence or power to refuse sex or to demand the use of a condom. A microbicide would give them the power to protect themselves. I hope the pharmaceutical companies and others will join the Rockefeller Foundation, the Population Council, the Medical Research Council and ourselves in ensuring this work is taken forward.

I want to conclude with a word on the proposed global health fund, which needs the support of this session, the Group of 7 and the whole international community so that we can have it up and running properly by the end of the year. The fund is designed to provide drugs and commodities for the treatment and prevention of HIV/AIDS, tuberculosis and malaria. It cannot fund the development of health systems; they must be provided by Governments with the help of development agencies. But the health fund can ensure that drugs are available at reasonable prices and can encourage the development of effective delivery systems. We want to model the fund on the success of the Global Alliance for Vaccine and Immunization (GAVI), which has increased the availability and reduced the price of vaccines in the poorest countries. We believe the global fund can bring down the price and increase the supply of drugs and commodities for tuberculosis, HIV/AIDS and malaria and can also

encourage research on new drugs. To be a success, it needs, like GAVI, a small, effective secretariat and a lean governing body that includes representatives of the United Nations system, development agencies and developing countries. The United Kingdom stands ready to contribute \$200 million to the fund if those conditions can be agreed.

My hope is that this meeting will spur us all to action. We know what needs to be done. The lessons of best practice are summarized in the declaration. We must all go home and implement. There have been enough conferences and declarations. What we need now is urgent and much more effective action on a much wider scale to prevent the terrible suffering, loss of life and costs to development that this terrible disease is inflicting across the world.

**The Acting President:** May I call upon those delegates who are consulting within the Hall to do so outside, in those areas that the United Nations system is so famous for — the corridors and the lounges.

I now give the floor to His Excellency Mr. Arturo Vasi Páez, Vice-Minister of Health of the Republic of Peru.

**Mr. Vasi Páez (Peru)** (*spoke in Spanish*): I have the pleasure of addressing the Assembly at this special session that is responding to the need for the international community to directly confront the task of reducing and perhaps eliminating, as soon as possible, the scourge that is the human immunodeficiency virus (HIV).

In taking up the task that lies ahead we must begin by recognizing fully that we are faced with a global problem, whose various aspects — prevention, care, support and treatment — must be dealt with in an integrated manner given that they are interrelated. It is also essential to recognize that to reduce and eliminate this problem it must be the subject of a frontal attack in all the regions of the world, without exception.

From a health perspective, probably no other problem so adversely affects the future of our peoples as does HIV infection and the complex of illnesses derived from it. The nature of the problem and its close links with factors that in theory can be prevented yet in practice cannot be controlled by public-health measures, and that involve various lifestyles and levels of education, have transformed our understanding of the interrelationship of health and illness. In addition,

the impact of HIV on individuals affected by the epidemic and its consequences has serious repercussions for the economic and social development of our respective countries.

Faced with this situation, in Peru we have responded to this epidemic by taking the following decisions. We established a comprehensive programme for the control of sexually transmitted diseases with defined objectives and its own budget, funded by national resources. At present this programme has reached the stage of reinforcing strategies for prevention and care for the benefit of the community in general.

Secondly, the promulgation of the law which created what we call the anti-AIDS system has allowed for the drawing up of a national plan. This plan includes strategies for intervention focused on the reinforcement at the national level of early diagnosis and treatment of sexually transmitted infections and on taking steps to change behaviours. Free antiretroviral treatments are provided both to pregnant women infected with HIV, in order to reduce vertical transmission, and to new-born children of HIV-infected mothers. For the latter, the plan provides artificial nursing, safe blood and the promotion of the proper bio-safety practices. High-quality services are also offered to people affected by HIV/AIDS. And all of these programmes are part of an overall effort to promote and protect the human rights of persons affected by this epidemic.

In this context, we must make sure that the generalization of the epidemic is not the only possible option, nor is it the necessary outcome. Thus our goal as a country is to stop the expansion of the epidemic. For this, it is essential first to stabilize the disease at its current level and to reduce this level by using the appropriate preventive measures.

The December 2000 statistics on the HIV/AIDS epidemic in Peru indicate that we are still in an epidemic that is concentrated, above all in the population of men who have sex with men. Their rate of infection is 11 per cent. The number of cases of AIDS to date is 11,300. With regard to the means of transmission that have been detected, sexual transmission of the epidemic predominates, being the means in 96 per cent of the cases. Second in frequency is vertical mother-to-child transmission: 2.19 per cent of the cases. In third place is transmission among

relatives, the rate of which in our country is very low: 1.85 per cent. However, we must point out the swift increase in the rate of infection of women, which may indicate that there is a risk of the epidemic becoming generalized, instead of being concentrated in the groups with a high prevalence of infection.

In conformity with the national situation I have described, Peru's has high expectations for the outcome of the declaration of commitments that this Assembly is to adopt. In this sense, we consider it pertinent that the international community as a whole give the maximum political support to all the resolutions adopted here.

We are also aware that the prices of antiretroviral drugs must be substantially reduced, and thus we are pleased with the international trend in this direction. Peru believes it essential that the global fund to be established here be managed in a very transparent manner and in complete accordance with a comprehensive vision that maintains a unified approach to all countries, including those, such as ours, with low incidence rates.

I wish to state that the delegation of Peru assigns the highest priority to the resolutions that may issue from this General Assembly, and thus we reiterate the commitment of our current transitional Government to uphold our political commitment to work cooperatively at the national and international to reduce and eliminate HIV/AIDS.

**The Acting President:** I was asked to make the following announcement on behalf of the United Nations Protocol Service. Delegations are hereby reminded that all the presidents, vice-presidents and prime ministers who will participate in the luncheon hosted by the Secretary-General are invited to come around 1 p.m. to the Indonesian lounge where they will be joined by the Secretary-General and the President of the General Assembly, and subsequently proceed to the luncheon area together.

At the same time, all other guests invited to the luncheon hosted by the Secretary-General will be expected to proceed directly to the Delegates' Dining Room and to take their seats at the luncheon tables.

I now give the floor to His Excellency Mr. Abdallah Baali, Chairman of the delegation of Algeria.

**Mr. Baali (Algeria) (*spoke in French*):** The holding of this special session devoted to reviewing all the aspects of the problem that HIV/AIDS poses to all societies reveals the Member States' interest in this issue as well as their willingness to unite both their efforts and their resources to put up a united front against this global threat, which is one of the major challenges confronting the international community in the third millennium.

Although the effects of the HIV/AIDS pandemic are being felt with the same tragic force by all the populations, in the South this disease is also a true economic catastrophe which is undermining the development efforts and such progress as has been made at the cost of heavy sacrifices, in particular in the area of social development.

It is a social menace that overturns existing structures such as the family — the traditional centre of solidarity and mutual assistance. It is also a human tragedy, because it endangers the survival of whole populations — particularly people between 15 and 49 years old, of whom women and children are the most often infected. The consequences for the severely affected countries are, from all points of view, enormous. How, in fact, is it possible to respond to an ever-growing need when the necessary human and material resources for taking care of the sick and the orphaned, for example, are cruelly lacking.

To address this problem, international solidarity has a dominant and beneficial role to play in helping the countries in great need fight HIV/AIDS in an effective and sustainable manner. In our opinion, while awaiting vaccines able to protect us from this terrible disease, the only means of first checking and then reversing the current trends is to make available to developing countries at affordable prices the means of prevention and, above all, of treatment — such as tri-therapy. It is not just a question of guaranteeing the right of the sick to treatment and access to health care. No one is against that. But what we must do is to arrange things so that the countries concerned can in fact provide that treatment and care.

In this context the very positive initiatives taken by some pharmaceutical companies should be noted. This is also the place to express our satisfaction at their participation in this collective effort and to call on others to follow their example.

Already facing many complex challenges, Africa is also, of all the world's regions, the one that is being hardest hit by the HIV/AIDS pandemic. Of the 36 million people infected with the virus, more than two thirds of them are African. Of the 13 million children who are counted as having been orphaned by AIDS, 12 million are African. And three quarters of the 22 million people throughout the world who have died as a result of AIDS are African.

Aware of the serious consequences of this dreadful pandemic, both for the populations and for the economies, stability and security of the affected countries, African leaders have, since the early 1990s, been adopting a series of measures to respond collectively. These measures are set forth, inter alia, in declarations and plans of action. The most recent of these are: the framework for International Partnership Against AIDS in Africa, which was adopted during the Algiers summit in 1999; the Algiers plan of action to support HIV/AIDS orphans, vulnerable children and children infected by HIV/AIDS, which was also adopted at Algiers in April 2000; the Lomé Declaration on HIV/AIDS in Africa, adopted in July 2000; and, more recently, the Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases, which treats AIDS as an urgent matter for the continent, requests the lifting of all customs and economic barriers that hinder access to financing for AIDS-related activities, makes the fight against HIV/AIDS a priority issue for national development plans and, lastly, supports the establishment of the global AIDS fund.

Although not greatly affected by this global scourge, Algeria, nonetheless, like other countries, has adopted measures to protect the country against the disease. Thus, since 1998 a national programme to combat HIV/AIDS and sexually transmitted diseases has been in place. This programme is a complex of strategies, resources and structures that the country has marshalled to halt the spread of these diseases, in the framework of existing health policy. The programme has three objectives: to prevent the transmission of HIV, to reduce the impact of HIV infection on individuals and families, and to reduce the impact of AIDS on health costs.

To achieve these goals a number of priority campaigns have been implemented. These include the promotion of less risky sexual behaviour. This is carried out through education, public awareness and

information campaigns for youths who are in school and those who are not, and for men and women at their workplaces. The campaigns also include facilitating access to contraceptives, addressing both the issues of cost and distribution; guaranteeing the diagnosis and early treatment of sexually transmitted diseases; organizing and strengthening access to consultation and voluntary HIV screening; expanding access to family-planning services; guaranteeing the safety of transfusions throughout the country, while monitoring the maintenance of asepsis and sterilization; guaranteeing seropositive individuals and AIDS sufferers access to health care; promoting access to social services for seropositive individuals, AIDS sufferers and their families; and, lastly, reorienting public expenditures to strengthen the health-care budget and guarantee the financing of the health-services education programmes developed by other departments.

During the various phases of implementation, a certain number of structures have been created. These include referral centres to ensure that seropositive individuals and AIDS sufferers are taken care of and provided follow-up on the biological, clinical, therapeutic and psychological levels. The centres also handle the management of diagnostic and therapeutic methods and the training of health-care personnel. Other structures include committees at the *Wilaya* level to fight sexually transmitted diseases and AIDS. The committees cover health care, as well as other sectors and associations. The effective decentralization of our fight against sexually transmitted diseases and AIDS has been achieved through a multisectoral approach.

Finally, evaluating the implementation of the programme through the development of medium-term plans, has made apparent shortcomings that will be addressed during the development of a strategic-planning process for the years 2001-2005.

For many of developing countries, fighting AIDS is, without doubt, difficult and painful because of their inability to confront the HIV/AIDS pandemic with the often pathetic resources that they have at their disposal and because of the indifference to this scourge. On this occasion may I say that I am pleased by the leadership role being played by our Organization in mobilizing the relevant actors to fight AIDS, and by the role that has been played by the Joint United Nations Programme on HIV/AIDS (UNAIDS) and its partners, as well as by

the non-governmental organizations and other associations active in this field.

Finally, I would like to express the hope that the interest generated by this special session will lead to the commitments made by all those involved not being simply empty words. Rather, I hope that these commitments will be effectively implemented so as first of all to contain and then to eradicate this scourge that is threatening the very existence of humanity.

**The Acting President:** I am compelled to use the only power I have in my hand — the gavel — to attract the delegates' attention. May I most humbly and respectfully request the delegates not to consult within the Hall and to keep their voices down, out of respect for the speakers. I am repeating this appeal for a second time.

I now give the floor to His Excellency Mr. Yoshiro Mori, Chairman of the delegation of Japan.

**Mr. Mori (Japan)** (*spoke in Japanese, English text provided by the delegation*): The rapid spread of HIV/AIDS poses a threat to human society and greatly hinders the efforts of developing countries to reduce poverty, advance social and economic development and gain stability. The United Nations special session on HIV/AIDS is indeed an historic opportunity for the international community to ponder how to deal effectively with this unprecedented threat to humanity by mobilizing the wisdom and resource that we collectively possess.

The Group of Eight (G-8) Kyushu-Okinawa Summit meeting in July of last year, which I chaired, took up the issue of infectious diseases, including HIV/AIDS, as one of its leading themes. Participants in the Summit agreed to accelerate, on an urgent basis, international efforts to fight infectious diseases, setting specific numerical targets for reducing the number of victims they claim.

On that occasion, the Japanese Government announced the Okinawa Infectious Diseases Initiative, under which Japan committed itself to extending support to developing countries for measures against HIV/AIDS and other infectious diseases, with the target of allocating a total of \$3 billion over the following five years. Furthermore, in December 2000, Japan hosted the Okinawa International Conference on Infectious Diseases, with the participation of representatives from the G-8 countries, developing

countries, international organizations and civil society. That International Conference adopted an action plan that gave concrete form to the notion of partnership proclaimed in the communiqué of the G-8 Kyushu-Okinawa Summit.

Also, in January of this year, I, as Prime Minister of Japan at the time, visited South Africa, Kenya and then Nigeria, where my belief further deepened that there can be no stability or prosperity in the world in the twenty-first century without a solution of the problems Africa faces. I witnessed firsthand the difficult struggle against HIV/AIDS and other infectious diseases waged by the people of Africa, and I was made keenly aware once again of the importance of the problem and our responsibility for tackling it.

I am very pleased that the leadership role Japan has played has led to the opportunity to build momentum for the international community to come together to combat infectious diseases all around the world, thereby culminating, through the Millennium Summit, in this special session on HIV/AIDS.

As the largest donor of assistance to developing countries in the world, Japan has continued to place importance on cooperation in the area of infectious diseases and has been providing positive support to developing countries in their effort to take countermeasures against HIV/AIDS. Based on this experience, Japan believes that the following points are of particular importance in any future international strategy against HIV/AIDS.

First of all, the surest and most effective measure against HIV/AIDS is prevention. The importance of prevention cannot be overemphasized. Specifically, a wide range of preventive measures are urgently needed, including educational and awareness-raising activities; the wider use of condoms, ensuring safe blood supplies; improvement of public hygiene; prevention of mother-child transmission of diseases; and improvement of counselling and testing capabilities. The strengthening of support for developing countries in these areas is indeed urgently needed.

Secondly, ensuring improved access to pharmaceuticals such as antiretroviral drugs and to care for infected persons, patients and AIDS orphans is an important task. We welcome the major progress that has been made recently in this field.

At the same time, the establishment of health systems is essential for the safe and effective use of medicine. Together with improved access to medicine, the strengthening of support for human resources development in the medical field and for the improvement of medical infrastructure in developing countries is important.

Thirdly, research and development on an AIDS vaccine is a task both developed and developing countries must shoulder. It is necessary to further strengthen international cooperation in this field.

Fourthly, the efforts of the developing countries themselves are essential for measures against HIV/AIDS to be effective. In order to enhance the ownership of developing countries, it is important for them to share, through South-South cooperation, their experiences relating to effective HIV/AIDS countermeasures.

Fifthly, it is important for donor countries, developing countries, international organizations and civil society to build a partnership towards the common goal of mobilizing financial resources for the fight against the epidemic.

It goes without saying that the global struggle against HIV/AIDS requires huge financial resources. In addition to the efforts of developing countries to mobilize financial resources, strong international support is indispensable. For this purpose, the Japanese Government is determined to implement the Okinawa Infectious Diseases Initiative and has already decided on, and implemented, specific support measures amounting to a total of approximately \$700 million.

Also, in order to develop further international cooperation in the field of health, discussions are now in progress towards the establishment of a global HIV/AIDS and health fund to address the prevention of HIV/AIDS, tuberculosis and malaria, and treatment and care for those who contract those diseases. The Japanese Government will spare no effort, through consultations with other countries such as the G-8 Genoa Summit meeting, to achieve the prompt establishment of the fund in an appropriate form and the commencement of its operation early next year. I would like to take this opportunity to announce, on behalf of the Japanese Government, a pledge of a substantial contribution to this global fund.

Despite the extremely severe financial situation it is currently facing, the Japanese Government is determined to participate actively in global efforts against infectious diseases, in recognition of the fact that HIV/AIDS and other such diseases represent a crisis for humankind, threatening human security and endangering the development of countries throughout the world.

**The Acting President:** I give the floor to His Excellency Yashar Aliyev, Chairman of the delegation of Azerbaijan.

**Mr. Aliyev (Azerbaijan):** In two decades, the problem of HIV/AIDS has become a truly global emergency. The epidemic has continued its relentless and merciless spread across continents, hitting harder in some places than others but sparing no country. Today we are facing terrible figures: more than 50 million people around the world are living with HIV/AIDS, the vast majority of them in sub-Saharan Africa.

On behalf of the Government and the people of my country, I should like to express our sincere sympathy to the Governments and the people of Botswana, Zimbabwe, Swaziland, Lesotho, Namibia, South Africa, Zambia, Kenya, Malawi, Djibouti and Mozambique, and to all other affected African, Asian, Caribbean and Eastern European countries which, despite all the difficulties, are rising up against the disease and the suffering it causes.

As outlined in the report of the Secretary-General (A/55/779),

“The countries of the former USSR present some of the most dramatic trends in the worldwide AIDS epidemic ... A complicated backdrop of economic crisis, rapid social change, increased poverty and unemployment, growing prostitution and changes in sexual norms have all contributed to fuelling the rapid spread of HIV throughout the region.” (A/55/779, paras. 11 and 12)

Azerbaijan is experiencing a humanitarian emergency, as the conflict with neighbouring Armenia has resulted in 1 million refugees and displaced persons. All of this, along with a huge migration of Azerbaijan's population into the countries of the former Soviet Union, has created conditions for the rapid spread of HIV throughout the country.

In comparison with the previous nine years, the rate of revealed HIV infection has increased 50-fold since the beginning of 2001. To cope with this scourge, a number of necessary and important measures have been taken at the national level. In 1990, the National Centre for Combating HIV/AIDS was established. That governmental institution is the primary body charged with providing all possible assistance to those who need it. In 1996, the Parliament of Azerbaijan adopted a law on the prevention of AIDS. In 1997, the country's Government approved the National Programme on AIDS prevention. Unfortunately, a shortage of financial resources has prevented us from fully implementing the Programme.

I wish to take this opportunity to express our gratitude to UNAIDS and its co-sponsors for the pilot project implemented earlier in Azerbaijan. However, at present, we are deeply concerned that our country is not a participant in any project, and we hope for a quick resolution of the matter.

If we analyse our experiences of the past 20 years, we have to recognize that the results of the fight against HIV/AIDS are still far from satisfactory. Therefore, the time has come to reconsider strategies and tactics for combating this problem at the national, regional and global levels.

We are certain that all aspects of addressing the problem are pivotal. We fully share the Secretary-General's approach, with prevention as its first objective. We must do our best to halt and reverse the spread of the virus, notably by mobilizing young people, who are at greatest risk of infection, for their own protection.

We must also prevent the cruellest, most unjust infection of all, that which passes from mother to child. All mothers must be able to find out whether they are HIV-positive or not. And those who are must have access to antiretroviral therapy, which has been shown to halve the risk of transmission.

It is needless to say how vitally important it is to put care and treatment within everyone's reach. The access to treatment for people with HIV must be dramatically improved.

And, last but not least, there is the achievement of tangible scientific breakthroughs. We are still a long way from finding a cure for HIV/AIDS and a long way from finding a vaccine against it.

The foregoing clearly manifests how complex and difficult the problem is and how combating HIV/AIDS demands concerted efforts and decisive actions by all of us. Our delegation supports the draft declaration of commitment on HIV/AIDS, "Global Crisis — Global Action", which we are going to adopt at the end of the session. We strongly believe it will be a decisive step forward, and it will lay down a solid foundation for joint effective responses against this scourge.

**The Acting President:** I give the floor to Ms. Lalla Joumala Alaoui, Chairperson of the delegation of Morocco.

**Ms. Alaoui (Morocco) (*spoke in Arabic*):** His Majesty, Mohammed VI, King of Morocco, has entrusted me with the honour of reading out the following royal speech on his behalf and with conveying His Majesty's greetings and utmost respect for this important gathering.

"I am pleased to say how much the Kingdom of Morocco appreciates the decision taken by the United Nations General Assembly to convene a special session on HIV/AIDS. This is a commendable initiative, and we wish it full success. We also hope that this United Nations gathering will manage to mobilize the necessary resources to fight this deadly epidemic, and thus overcome the blatant contradiction involved in hailing health as a theoretical human right while allowing discrimination between the developed countries that have been able to contain the spread of AIDS, thanks to their resources and their use of medical research, and the developing countries that are powerless against stopping the spread of the disease because they lack the minimum prevention and treatment capacity. This is particularly true for the African continent, which is facing terrible danger.

"We are trying to cope with the constraints of globalization and to keep abreast of developments taking place around the world. In addition, we are endeavouring to keep up with the migration flows that have now made it impossible for any nation to remain immune from this epidemic. The provision of medical protection and making it accessible to all, as well as supplying necessary drugs and medical equipment, require substantial resources from national budgets, in addition to tax and customs

duties exemptions for those medical supplies deemed necessary, especially drugs on which citizens' health is dependent, without any social, geographic or ethnic discrimination.

"We commend the praiseworthy steps taken by the United Nations Secretary-General to set up a global fund in order to enable developing countries afflicted by AIDS to secure antiretroviral drugs.

"As part of its effort to fight AIDS, Morocco has developed a comprehensive strategy based on detection, therapy and prevention. It calls for the involvement of all sectors, including Government agencies and civil society in large-scale awareness-raising campaigns through the media and among young people and populations at risk at large.

"At the same time, we are responding to the concerns set out in the United Nations draft declaration that is being considered at the present session. While expressing satisfaction with the United Nations initiatives, Morocco would like to express its hopes for obtaining preferential prices, like those granted to other countries. We also call for the setting up of additional international cooperation and coordination mechanisms to combat this epidemic, which poses a threat not only to our own development effort, but also to health security the world over.

"Given the experience, skills and know-how accumulated by Morocco and by its professional labour force over the years, and considering its continuous monitoring, evaluation and adaptation effort with respect to the initiatives and activities taken in this field, Morocco is ready to put its modest experience at the disposal of the international community and, more particularly, of brotherly African nations, in confirmation of its strong commitment to the principles of effective solidarity, principles which should guide us in all of our efforts."

**The Acting President:** I now give the floor to Mr. Fernando Yépez Lasso, Chairman of the delegation of Ecuador.

**Mr. Yépez Lasso (Ecuador)** (*spoke in Spanish*): Mr. President, it is a great pleasure for me to express the gratitude of the delegation of Ecuador for your

excellent leadership in conducting our work at this extremely important special session General Assembly of the United Nations. This marks a milestone in the work of our Organization in its commitment to international cooperation, to the harmonious development of our people, to the respect for human rights and to a growing well-being of all of the members of the world community.

Consideration of this important subject, whose importance is clear for the world community, causes us to think deeply about the characteristics and the course of the current international situation. More than 10 years have gone by since the end of the cold war, and today we are living in a period of globalization, with the opening of markets, the liberalization of trade, the promotion of private investment and a revolution in information and communications technologies.

However, the situation of the developing countries has not changed much. Globalization has unfortunately widened the gap between the rich and poor. External debt is one of the most serious obstacles to development, because it prevents the implementation of programmes aimed at improving the health, education, employment, environmental management and well-being of the most disadvantaged groups of the population. The opening of markets and the liberalization of trade have benefited very few and our products still face restrictive regulations in accessing the major world markets. Cooperation for development has been reduced and scientific and technological research is moving in very well-defined directions. The large multinational enterprises own the patents for the massive production of goods and products, including medicines, and they set their prices according to their interests. On the other hand, the developing countries, which depend on technology transfer, must also overcome obstacles in order to have the intellectual property of traditional knowledge recognized.

In an international scenario with these characteristics, it is clearly difficult to effectively face the AIDS pandemic and its devastating effects. This is a great challenge for the United Nations, and this special session is precisely the first step in the right direction towards political dialogue, effective cooperation and real solidarity.

The political constitution of Ecuador guarantees the right to health and its promotion and protection, in accordance with principles of equity, universality,

solidarity, quality and efficiency. Furthermore, it clearly defines the State's obligation to promote a culture for health and life, emphasizing sexual and reproductive health.

In that regard, Ecuador has developed actions to prevent and address the HIV/AIDS epidemic since the 1980s. Thus, in 1987, the programme for the prevention and control of HIV/AIDS and sexually transmitted infections was established. Following that, with a view to combining efforts and strengthening the impact of the struggle against this evil, the National Committee for the Prevention, Control and Care of HIV/AIDS was created. Finally, in April 2000, the National Congress adopted the law for HIV/AIDS prevention and comprehensive assistance, which declares the fight against this epidemic a national concern.

Therefore, Ecuador believes it is necessary to create and implement public policies aimed at systematic and sustainable monitoring actions, prevention and the care of people affected by HIV/AIDS, in the context of full respect for human rights, with a comprehensive approach and the ongoing participation of civil society organizations, particularly those made up of people affected by the disease. The goal is to achieve, over the medium term, a change in the epidemic's current trend and, if possible, to cause it to recede.

The programmes carried out by the national Government place special emphasis on the prevention of sexually transmitted infections and HIV/AIDS, which includes a focus on gender perspectives and human rights, children and adolescents attending schools, as well as on groups that, because of their social status or behaviour, are vulnerable. Special priority attention should be given to the prevention of vertical transmission of HIV/AIDS and particularly to helping people affected by the virus by facilitating access to low-cost medicines, tests and other health-care activity.

The heads of State of the Andean Community of Nations, who met yesterday at the thirteenth Andean Presidential Council in Venezuela, have expressed their great concern about the scope of the HIV/AIDS pandemic, particularly the consequences and weaknesses caused by the poverty and extreme poverty existing in the Andean subregion, whose spread causes concern. They have, therefore, expressed their

confidence in the results of this Assembly, which must include a comprehensive vision for a frontal and decisive struggle against the pandemic at the global level, while recognizing that prevention, care, support and treatment are inseparable aspects that must be the subject of financing and cooperation by States, the private sector, the pharmaceutical industry, the donor countries and international organizations.

Finally, Ecuador reaffirms its full support for the international community's struggle, led by the United Nations, to confront the HIV/AIDS pandemic, as well as its firm commitment to the principles of international cooperation that allow the establishment of a more united, just and equitable world.

**The Acting President:** I now give the floor to Mr. Peter Piot, Executive Director of the Joint United Nations Programme on HIV/AIDS.

**Mr. Piot (UNAIDS):** Two paths lead from this special session — two possible futures. One path simply continues from where we are today: an epidemic that we are fighting but that is gradually defeating us. One path simply continues from where we are today; a path where tens of millions of people are dying and where a hundred million more may become infected and die in the future; where half of every new generation of boys and girls in the worst affected countries will die of AIDS.

These figures are not theoretical. They represent real lives. If we continue as we are, struggling to hold the front but each year losing a little more ground, this is the territory we will stand in, a place of pain and sorrow, a place of unimaginable loss.

But we will also be in a place of collective shame in that all together, with all of our resources, with all of our wealth, we will have failed to protect the vulnerable; we will have failed to care for the sick, protect the orphaned and stop the dying.

This is one path that leads from this special session. But there is another. We are here today to build this other path. Over the last year there has been an extraordinary shift towards a collective responsibility. In coming here today, the Member States of the United Nations declare their commitment to stop this epidemic.

Those who have been involved in this process know how hard it has been to clear the forest of denial and fear to start building this path. None of us should

be surprised. These are difficult issues. The behaviours and social circumstances that drive this epidemic are not easy to understand or to talk about. Many are associated with shame and discrimination, and we often exclude what we fear.

Negotiating the declaration has required that Member States address these issues in much the same way that communities, families and couples across the world have had to — with respect, sensitivity and compassion.

A declaration of commitment must lay the foundations for the second path. It must be grounded in our experience of the epidemic and scientific evidence of what works and what does not. To achieve the goals of this declaration, we will need to redouble our efforts and then redouble them again.

This path out of the special session must be one of commitment to stop this epidemic; to never give up; to never allow the obstacles along the way to defeat us; to go on until no one living with HIV is stigmatized, excluded, shut out; to persevere until all our young people know how to protect themselves from infection and no infant is born infected with HIV; to go on until children orphaned by AIDS have the same prospects as any other children and until antiretroviral therapy is essential care for anyone living with HIV and until an affordable vaccine is available for all.

*The President returned to the Chair.*

Is this an impossible dream? Not at all. Over the last year, dramatic changes have shaped our view of the possible. We have seen major new commitments of resources, even this morning, and the recognition of the need for the urgent creation of a global fund on AIDS and health. We have seen unprecedented political leadership, and here I salute in particular our Secretary-General. We have seen the communities and participation of people living with HIV increasingly strong in all countries. We have seen major reductions in the price of HIV drugs, a newly mobilized United Nations system and new partnerships with the private sector, with foundations, with faith-based organizations. We know what works. We know what to do. And with uncompromising determination, we must ensure that no country, no community fails in its response to AIDS because of a lack of financial and human resources.

Two paths lead from this special session: one, a path that leads to unimaginable loss; the other, a path of commitment and hope. Representatives here have a choice. The world looks to their leadership.

#### **Agenda item 5**

##### **Organization of the session (A/RES/55/242)**

**The President:** The General Assembly will now return to the matter concerning the list of accredited civil society actors for participation in the debate in plenary and in the round tables.

In this connection, the Assembly has before it a conference room paper in document HIV/AIDS/CRP.6, which was transmitted by facsimile to all permanent missions on Saturday, 23 June 2001. The General Assembly also has before it document A/S-26/L.1, containing an amendment to the list of selected accredited civil society actors that may participate in the round tables of the special session of the General Assembly on HIV/AIDS, which list is reflected in the annex to conference room paper HIV/AIDS/CRP.6.

In accordance with rule 90 of the rules of procedure, the amendment must be acted on first. The Assembly shall therefore take a decision first on the amendment circulated in document A/S-26/L.1.

I call on the representative of Egypt on a point of order.

**Mr. Roshdy (Egypt):** All representatives present here today know what the issue at stake is. It is not the issue of an organization that will participate or not participate in a round table. It is the issue of the right of Member States to use the rule of non-objection basis. If we abolish this rule today, those countries that do not move in a group will be the countries that suffer the most.

That is why I am proposing, on behalf of the Organization of the Islamic Conference (OIC) — which represents 56 countries — a motion of no action on this amendment. I invite all representatives to press the green button to support this no-action motion in order to demonstrate our support of and solidarity with the rights of Member States.

The OIC tried to avoid starting the first day of this special session by having a vote. This is a dangerous precedent and it is not the right message the General Assembly would like to send to the outside

world. That is why I am encouraging and urging all representatives to press the green button to show their support of and solidarity with each Member State's right to the non-objection basis.

**The President:** I call on the representative of Canada to introduce draft resolution A/S-26/L.1.

**Mr. Hynes (Canada):** I am pleased, on behalf of the original sponsors — Canada, Norway and Sweden — as well as the more than 30 other sponsors, to introduce draft resolution A/S-26/L.1. The additional sponsors include Andorra, Australia, Austria, Belgium, Bulgaria, Chile, the Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Malta, Monaco, the Netherlands, New Zealand, Poland, Portugal, Romania, San Marino, Slovenia, Spain, the United Kingdom and Yugoslavia.

The amendment contained in document A/S-26/L.1 proposes that the list of participants for round table 2 — the round table on human rights — include the name of Karyn Kaplan of the International Gay and Lesbian Human Rights Commission.

As you reported this morning, Sir, that name had been included in the original list that was circulated on 13 June, following consultations with Member States. However, following the receipt of objections from 11 unspecified countries, it was removed from the list, which is contained in conference room paper HIV/AIDS/CRP.6.

After lengthy informal discussions over the past few days, it has become apparent that your Office is not at liberty to divulge the identities of the objecting delegations; nor is it able to enlighten the Assembly as to the nature or basis of the objections; nor, it seems, were any of the anonymous objecting delegations able or willing to share any such information with other members of the Assembly.

In the circumstances, our delegations do not believe that they have sufficient information to enable them to make an informed decision to exclude this representative from the list of civil society actors. In this regard, we would note that the organization in question has been duly accredited to the special session by virtue of an earlier consensus decision of this Assembly. I would add that, as a general rule, its exclusion from this list at this stage could be justified only on the basis of clear evidence to the effect that

this organization has engaged in activities contrary to the goals or fundamental principles of the United Nations. At this stage, no such evidence has been adduced, and indeed no such allegations have even been advanced.

It is an important matter of principle for our delegations that the United Nations must not, and cannot, engage in the practice of denying important privileges to organizations on the basis of a system of anonymous, arbitrary blackballing. If we accept the imposition of such procedures on any organization, regardless of whether or not we agree with its views, then no organization, regardless of whether or not we agree with its views, can be protected against such arbitrary and undemocratic process. This is why, as you recalled this morning, Mr. President, the Assembly's resolution 55/242 prescribes that all final decisions in such matters must be taken by the General Assembly.

Throughout the preparatory process for this event, in discussions on both procedural and substantive aspects of our work, it has been frequently and widely stated and agreed by all that this special session can succeed, and the battle against HIV/AIDS can be effective, only if a genuine effort is made to engage all relevant quarters of civil society in the process and in the battle. If we wish the world to regard this special session as a serious effort to contribute to this cause, our actions here today must reflect those words and that reality.

For those reasons, our delegations request that our motion for the reinstatement of this group now be taken up by the Assembly, and we would urge all other delegations to join in taking this step to preserve the integrity of this special session and of the General Assembly.

We would request, further, that this motion be considered through a recorded vote, and we would assume that following this decision the Assembly would proceed to take a decision on the entire list of civil society actors, enabling us to continue with this important event.

The sponsors of the amendment before us sincerely hope that the question we have raised in this amendment can be addressed quickly and in a dispassionate, dignified and serious fashion. This is the only fashion that is befitting the serious purposes that have brought us together this week. Let the Assembly discharge its responsibility in a businesslike manner,

and let us then get on with the crucial business before us.

**The President:** May I ask the representatives of Egypt and Pakistan, are they asking to speak on a point of order?

**Mr. Roshdy (Egypt):** No, I am just asking for the floor.

**The President:** I now ask the representative of Pakistan, is he asking to speak on a point of order?

**Mr. Chaudhry (Pakistan):** Yes, because I had asked for the floor immediately after the Egyptian delegation and I was not given the opportunity to speak, so I would like to have that opportunity now.

**The President:** Is your intervention a point of order?

**Mr. Chaudhry (Pakistan):** I would have to speak in full to explain what it is about.

**The President:** I have to apologize, but according to the rules of procedure, no other interventions besides points of order are allowed at this stage.

We will now take up the Egyptian action — or motion for no action, which must be decided first. After that, we can continue the process.

I give the floor to the representative of the Sudan on a point of order.

**Mr. Rahmtalla (Sudan):** I apologize for taking the floor with a point of order.

I thought it fitting to say that you, Mr. President, should have been advised properly by the Secretariat that the first speaker to address this very important issue after you returned to the Chair was the representative of Egypt, on behalf of all the Organization of the Islamic Conference member States, and that was in the process of voting on the issue that we are addressing. I think that giving the floor to the representative of Canada was a grave mistake, because according to the rules of procedure, once a motion has been proposed it has to be seconded and voted on, and there should be no debate. I request you, Mr. President, to act accordingly.

**The President:** I thank the representative of the Sudan, but I have to mention that the amendment on which a motion for no action has been made had not

been introduced at the twenty-sixth special session, and I gave the floor to the representative of Egypt on the basis of a point of order. Thereafter I gave the floor to the representative of Canada in order to introduce the amendment.

Now, the representative of Egypt has moved, within the terms of rule 74 of the rules of procedure, that no action be taken on the amendment contained in document A/S-26/L.1. Rule 74 reads as follows:

“During the discussion of any matter, a representative may move the adjournment of the debate on the item under discussion. In addition to the proposer of the motion, two representatives may speak in favour of, and two against, the motion, after which the motion shall be immediately put to the vote.”

**The President:** I shall now put to the vote the motion submitted. Before that, does any Member wish to speak?

I give the floor to the representative of Pakistan.

**Mr. Chaudhry (Pakistan):** In fact, before we had to go through this whole round of discussion, I had asked for the floor, precisely in accordance with rule 74, in order to be the second speaker. I wanted to explain our viewpoint. Now that you have given me the floor, Mr. President, with your permission, I would like to do so.

This is a matter of great importance to all of us, and it is a matter of principle. Mr. President, you circulated a letter on 13 June concerning the participation of civil society actors in the plenary and round tables. Pursuant to paragraph 30 of the annex to resolution 55/242, Member States are to consider the participation on a non-objection basis. Everyone here recalls that the principle of non-objection was formulated precisely to shorten the time period required for processing non-governmental organizations (NGOs) and civil society actors that do not have consultative status with the Economic and Social Council. For those which have consultative status there is no problem.

Several countries have raised objections to one particular NGO, which has now been introduced in document A/S-26/L.1. In your letter of 21 June, Mr. President, you took the correct action, in our view, according to procedures by deleting the organization to which there were objections.

The principle of non-objection means that if even one Member State objects to a civil society actor, that organization cannot participate. The objection raised by any Member State is not a matter for discussion in the General Assembly.

We respect the viewpoint presented by the Canadian delegation on behalf of several delegations, but we cannot accept the view that insufficient information was available to the countries that raised objections. We believe that it is not for the General Assembly to consider the merits or demerits of any objection. That is for the committee on NGOs to do. They do it every time. But this principle of non-objection was established so that all NGOs that do not have consultative status would be able to participate provided that no objections are raised.

So we do not think that the General Assembly should undertake any discussions on the antecedents or credentials of any particular NGO. We believe that the presentation of document A/S-26/L.1 and this whole question are a violation of the procedure that we had agreed in resolution 55/242. We therefore fully support the no-action motion presented by Egypt, and we believe that we should all support the no-action motion as a matter of principle.

**The President:** I give the floor to the representative of Sweden.

**Mr. Schori** (Sweden): The European Union is convinced that our common goals cannot be achieved without partnerships involving Governments, international organizations, the business community and civil society. This concept is more relevant than ever when we are dealing with a challenge of such magnitude as the global HIV/AIDS epidemic.

As we know very well, the issue before us today is whether the special session is willing to take into account the views and experiences of a particular civil society organization: the International Gay and Lesbian Human Rights Commission. The active participation of this organization, which has already been accredited by the General Assembly, has been challenged by a group of 11 anonymous delegations. We have to assume that objections to the participation of this organization constitute an attempt to exclude it on the basis of its efforts to counteract discrimination based on sexual orientation.

Consequently, as the Assembly has heard, my own delegation, together with Canada and Norway, has submitted this amendment on the proposed list of participants for round table 2 in order to reinstate the International Gay and Lesbian Human Rights Commission in its proper place on the list. We encourage the delegations that believe that the leadership of Governments has to be complemented with the active involvement of civil society — including the parts of civil society that are most vulnerable to or at the greatest risk of HIV infection — to support our amendment to the list.

In line with this, the European Union just stated that we would appeal to the Organization of the Islamic Conference to withdraw its no-action motion and allow a decision on the issue in question: the proposal to reinstate the organization on the list.

**The President:** I give the floor to the representative of the Libyan Arab Jamahiriya.

**Mr. Barg** (Libyan Arab Jamahiriya) (*spoke in Arabic*): Before going into the substance of my statement, I would like to second the proposal of my colleague from Egypt to move directly to a vote. I second the motion immediately to vote on his motion.

I would like to draw attention to document A/S-26/3 concerning countries which may not be able to vote.

**The President:** I now give the floor to the representative of Norway.

**Mr. Hønningstad** (Norway): I speak against the Egyptian no-action motion on behalf of the sponsors of the amendment to the list, as stated in document A/S-26/L.1.

I listened very carefully to the argument presented by the proposer of the motion, Egypt, and by those who spoke in favour of it. They make a point relating to the intentions of paragraph 30 of the annex to resolution 55/242, which clearly states that decisions should be taken on a non-objection basis for final decision by the General Assembly.

What we have here is a small number of countries, through their misinterpretation of a decision already taken by the General Assembly, trying to limit the Assembly's ability to take a final decision on non-governmental organization and civil society participation in the special session. That is absolutely a

misinterpretation, and those of us who participated in the informal consultations that forwarded to the General Assembly the draft resolution adopted as resolution 55/242 know that very well. We had a thorough discussion of all aspects of how it should be interpreted.

But it is more than that. It is also a question of what kind of organization the United Nations is, and what kind of organization we are turning into. The Secretary-General, in his report to the Millennium Assembly (A/54/2000), named this as the greatest challenge to the United Nations in this millennium: to be open, transparent and relevant to the people, to civil society, to the business community — to the world at large. That is what this is really about. It is a fight about the soul of the United Nations: in which direction are we going?

Another thing relates to the practical consequences if a no-action motion is adopted. That would mean that we have no civil society or non-governmental organization participation during the session. If there is one area where we really need partnerships and cooperation, it is in this area: the battle against HIV/AIDS. Those organizations have a world of deep expertise that this body really needs. The United Nations can never be an organization, a debating forum, a General Assembly for Governments: that would be an organization that, in the long run, would not have the right to life.

I appeal to the 11 delegations that object to the participation of this non-governmental organization to withdraw their motion.

**The President:** We have now heard two speakers in favour of the motion and two against it. I shall now put to the vote the motion submitted by the representative of Egypt, that no action be taken on the amendment contained in document A/S-26/L.1.

A recorded vote has been requested.

*A recorded vote was taken.*

*In favour:*

Algeria, Bahrain, Belarus, Benin, Bhutan, Brunei Darussalam, Burkina Faso, Cameroon, China, Comoros, Congo, Côte d'Ivoire, Cuba, Djibouti, Egypt, El Salvador, Gambia, Haiti, Indonesia, Iran (Islamic Republic of), Kenya, Kuwait, Lebanon, Libyan Arab Jamahiriya, Malaysia, Maldives, Mali, Mauritania, Morocco, Namibia,

Nepal, Nigeria, Oman, Pakistan, Qatar, Russian Federation, Saudi Arabia, Senegal, South Africa, Sudan, Syrian Arab Republic, Togo, Tunisia, United Arab Emirates, United Republic of Tanzania, Yemen

*Against:*

Andorra, Argentina, Armenia, Australia, Austria, Belgium, Bolivia, Botswana, Brazil, Bulgaria, Cambodia, Canada, Chile, Colombia, Costa Rica, Croatia, Cyprus, Czech Republic, Denmark, Dominica, Dominican Republic, Ecuador, Fiji, Finland, France, Germany, Greece, Grenada, Guatemala, Hungary, Iceland, India, Ireland, Israel, Italy, Japan, Liechtenstein, Luxembourg, Malta, Micronesia (Federated States of), Monaco, Netherlands, New Zealand, Nicaragua, Norway, Panama, Poland, Portugal, Republic of Korea, Romania, San Marino, Slovakia, Slovenia, Spain, Sweden, the former Yugoslav Republic of Macedonia, Tuvalu, Ukraine, United Kingdom of Great Britain and Northern Ireland, United States of America, Uruguay, Venezuela, Yugoslavia

*Abstaining:*

Antigua and Barbuda, Bahamas, Barbados, Cape Verde, Ethiopia, Ghana, Jamaica, Madagascar, Mexico, Myanmar, Philippines, Rwanda, Saint Lucia, Singapore, Sri Lanka, Swaziland, Tajikistan, Thailand, Zambia

*The motion was rejected by 63 votes to 46, with 19 abstentions.*

**The President:** I call on the representative of Japan, who wishes to make a statement in explanation of vote.

**Mr. Akasaka (Japan):** Japan voted against the no-action motion, and I would like to give a brief explanation of the reason we did so. A no-action motion, in our view, would deprive Member States of their liberty to express their views on the issue in question. Japan has always opposed such no-action motions as a matter of principle, whatever issues they might concern.

**The President:** Since the motion for no action was not adopted, the Assembly will next proceed in accordance with rule 90 of the rules of procedure to take a decision on the amendment contained in document A/S-26/L.1.

I call on the representative of Pakistan on a point of order.

**Mr. Chaudhry** (Pakistan): Before we proceed any further with our business, I would request the President kindly to ascertain the status of the quorum in the Assembly under rule 67 of the rules of procedure.

**The President:** Since the representative of Pakistan asked about the quorum, the result of the previous vote clearly indicated that we have a quorum of 128.

I give the floor to the representative of the Sudan.

**Mr. Rahmtalla** (Sudan): Like my colleague from Japan, I want to address briefly the position of my delegation, stating why we have supported the no-action motion. My country has, for a long time, been a member of the non-governmental organization (NGO) committee. We have upheld the principles of transparency and of right and proper procedure.

Every one of us here knows very well that the principle of the non-objection basis is a very creative innovation. It is an innovation that has been created to facilitate the work and the participation of NGOs and civil society in the deliberations of the United Nations. The latest instance is the process that is going on for the International Conference on Financing for Development. However, I regret to state that the very unfortunate action the Assembly has taken today will create a very serious precedent in terms of future usage of that innovation. And I can bet you, Mr. President, that from now on, on every proposal on every committee and on every commission, you will have an objection to the principle of non-objection. And I think those who have supported the proposal should bear the responsibility for denying, in real terms, or facilitating the participation of NGOs and civil society.

Today we are in a very important session on HIV/AIDS. But we also have other important processes where responsible NGOs and civil society have been making a positive contribution to the work of the United Nations. I thought I should make that explanation.

**The President:** Now I give the floor to the representative of Norway.

**Mr. Hønningstad** (Norway): As I understand it, Mr. President, you ruled that the quorum was already

established in the first vote we had on the same issue, and the quorum question cannot be relevant in this respect. I respect your ruling, Mr. President.

**The President:** I give the floor to the representative of Egypt.

**Mr. Roshdy** (Egypt): My delegation supports the proposal of Pakistan to check the quorum. Some time has passed since we took the vote, and I think all of us should pay some courtesy to our colleagues. Guided by rule 126 of the rules of procedure, explaining the meaning of the phrase "members present and voting", we have to check the quorum because, I am sorry, I cannot agree with the current figure we have because we have only 109 members present and voting; this rule states that members who abstain from voting are considered as not voting. So this means that, in the next vote, if only 15 more members do not push any button, we do not have a quorum. So I think we had better check the quorum before proceeding to further actions.

**The President:** My ruling is that all those delegations that are present compose the quorum, even those that are not voting, if they are present. But now we shall go further. Since the motion for no-action is not adopted, the Assembly will next proceed, in accordance with rule 90 of the rules of procedure, to take a decision on the amendment contained in document A/S-26/L.1. A recorded vote has been requested.

I call on the representative of Malaysia.

**Ms. Abdul Aziz** (Malaysia): I believe that when we pushed the button earlier, it was to indicate how we stood on the no-action motion, and I do not believe that we were at the same time indicating the quorum in this house. I think to determine quorum, you would now have to determine it from this point on and not based on the indication given for a completely separate action.

While I have the floor, I would just like to say that my delegation finds it highly regrettable that the proposal put forward by the delegations of Canada, Norway and Sweden was made at all, that document A/S-26/L.1 was placed before us in this house. We believe that this proposal detracts from the importance of the issue for which the special session has been convened. With this proposal we have now compromised the participation of civil society actors

from proceedings in the house in the future, from this point on.

My delegation would just like to say that we hope the delegations of Canada, Norway and Sweden feel strongly enough about the proposal that they feel it justifies compromising the participation of all society actors in future forums in this house.

**Mr. President:** Before we go any further, may I refer to rule 67 of the rules of procedure. The second sentence reads, "The presence of a majority of the members shall be required for any decision to be taken."

I give the floor to the representative of Pakistan.

**Mr. Chaudhry** (Pakistan): I had to respond after our Norwegian colleague spoke with regard to rule 67 because, after the first vote was taken, I noticed that some of the delegations were leaving the Hall. There is also a possibility that certain other delegations might not like to participate. They may not press any button, green, red, or yellow, in order to dissociate themselves from this wrong precedent we are going to set. It will be a very wrong precedent and a violation of the procedure agreed upon in resolution 55/242, as our Sudanese colleague also reminded us. So it is a possibility that we may not have any red, orange or green button pressed by anybody. People may not participate, and I saw some delegations leaving. So I would like to request you, Mr. President, to invoke rule 67 and take the quorum.

**Mr. President:** I give the floor to the representative of Norway on a point of order.

**Mr. Hønningstad** (Norway): Yes, it is a point of order based on rule 88. You, Sir, have already ruled that there is a quorum, and you have already announced the beginning of the voting, and according to rule 88 only points of order are then relevant.

**The President:** I have already given my ruling. Is there any representative that wishes to challenge my ruling on the quorum?

I give the floor to Egypt on a point of order.

**Mr. Roshdy** (Egypt): My delegation still believes that we need to check on the quorum, but if this is your ruling, Sir, then my delegation disassociates itself from this process. My delegation will not be pressing any button.

**The President:** May I ask the representative of Egypt, are you objecting to my ruling? If that is the case, I will put my ruling to a vote.

I will now put my ruling to a vote.

We are now voting on the quorum —

I give the floor to the representative of the Sudan on a point of order concerning my ruling that there is a quorum.

**Mr. Rahmtalla** (Sudan): I am making this point of order out of deep respect for Your Excellency, Sir. This is the General Assembly Hall. This is the most august body in the United Nations. Please do not allow representatives to stand up and shout in order to be seen and given the floor. I have been here in this building twice but I never saw such acts. I think we have to discipline ourselves and have this session proceed in a very smooth way.

**The President:** Now we are voting on my ruling on the quorum.

*A recorded vote was taken.*

*In favour:*

Andorra, Angola, Argentina, Armenia, Australia, Austria, Bahamas, Barbados, Belarus, Belgium, Bhutan, Bolivia, Botswana, Brazil, Bulgaria, Cambodia, Canada, Chile, Colombia, Costa Rica, Croatia, Cyprus, Czech Republic, Denmark, Dominica, Dominican Republic, Ecuador, El Salvador, Fiji, Finland, France, Germany, Ghana, Greece, Grenada, Guatemala, Hungary, Iceland, India, Ireland, Israel, Italy, Jamaica, Japan, Kenya, Liechtenstein, Luxembourg, Madagascar, Malta, Mexico, Micronesia (Federated States of), Monaco, Namibia, Nepal, Netherlands, New Zealand, Nicaragua, Norway, Palau, Panama, Philippines, Poland, Portugal, Republic of Korea, Romania, Russian Federation, San Marino, Singapore, Slovakia, Slovenia, South Africa, Spain, Swaziland, Sweden, Tajikistan, Thailand, the former Yugoslav Republic of Macedonia, Tuvalu, Ukraine, United Kingdom of Great Britain and Northern Ireland, United States of America, Uruguay, Venezuela, Yugoslavia, Zambia

*Against:*

China, Saint Lucia

*Abstaining:*

Algeria

*The ruling was carried by 85 votes to 2, with 1 abstention.*

**The President:** Does any delegation wish to speak in explanation of vote before the vote on the amendment proposed by Canada?

I give the floor to the representative of Egypt on a point of order.

**Mr. Roshdy** (Egypt): Just guided by the wisdom of the Secretariat, I would like to ask, Sir, if 87 people is a quorum? Because this proves what I said earlier: we do not have a quorum. So if we proceed to any further actions and those delegations that have disassociated themselves do not press any button, this means that we do not have a quorum.

**The President:** Once again, rule 67 clearly says that the presence of a majority of the members shall be required for any decision to be taken. The rule speaks of the presence, not of the voting. In the previous vote there was a clear quorum taking part in the decision-making process.

**Mrs. Šimonović** (Croatia): My delegation would like to join the list of sponsors of A/S-26/L.1.

**Ms. Abdul Aziz** (Malaysia): Being very new to the proceedings of this body, as well as to the whole of the United Nations, I have a question to pose to you, Sir. In my intervention earlier I indicated that the way I understood the vote was that there was a proposal made by the representative of Egypt calling for a no-action motion and you put it to a vote. You asked delegates to vote on that motion. When my delegation voted, it was only on that motion. Subsequently you ruled that this indication — our voting on that motion — also indicated that there was a quorum in this body.

But I have noticed that from that time on there have been people leaving and entering this Hall.

As I indicated earlier, I was a little confused as to how you could determine the presence of members, because, if there was a cut-off point in time, if the quorum was just based on the way we indicated our positions on the motion on the floor, then it would seem a bit strange, as the Assembly may not be taking into consideration the presence or absence of people who have entered or left this Hall since the vote.

When we cast our vote, it was only on one point — on the motion that was before us at that point in time. I beg your kind indulgence, Mr. President, in asking you how it is that you were able to determine that there was a quorum in this body.

**The President:** I have recognized the presence here of the representative of Malaysia. That is what rule 67 says: “the presence of a majority of the members”. I recognized the presence of a majority of the members through a vote and with my own eyes. This is just a waste of time, because we need to proceed to the vote and start the next plenary meeting at 3 p.m. I ask representatives to please help me to do this.

Again, it is a question of presence. Please — if a delegation is not present, it should not ask for the floor.

I call on the representative of Malaysia on a point of order.

**Ms. Abdul Aziz** (Malaysia): I may be wrong in this, but if that last remark was directed at me, then I think it was a little out of place, simply because your ruling, Mr. President, was that the presence of members was indicated by our votes on the no-action motion. I think that Malaysia stated its position on that matter. So if you are indicating that, if Malaysia is not present, it should not be taking the floor, then, of course, you are going against your own ruling. This is exactly why I was asking for some clarification. If you yourself, Sir, are going against the very point you are making, how I am to understand this matter? As I indicated earlier, I am very new in this house. I believe that whatever decisions we make here will be setting precedents in future, so I do not think that we are wasting time here. My delegation kindly asks for your indulgence and would like a reply on this.

**The President:** May I recall that the rules of procedure state that representatives, when asking to speak on a point of order, should use it for the purpose of a point of order and not for other things.

Now I am asking for the cooperation of delegations to go further.

**Mr. Roshdy** (Egypt): This is a very important process, and we are involved in a very important special session, so many delegations have many people accompanying their representatives. Maybe this is the only explanation for why we have a full room. For example, my delegation has five members sitting here,

but that does not mean that we are five delegations; we are five representatives in the same delegation. So I still cannot see how we can apply rule 67 of the rules of procedure to judge how many delegations are present, and I still support the proposal to check that there is a quorum.

**The President:** I call on those delegations who wish to speak in explanation of vote before the vote concerning the proposal made by the representative of Canada.

**Mr. Alaei** (Islamic Republic of Iran): I have asked for the floor in order to express my views and to comment on the question of a quorum. I think that we are in a state of procedural confusion at this moment. What I want to say is that, in ascertaining who is present or not present, we must use the rules of procedure of the General Assembly. It is not the physical recognition by the eyes of any person that determines who is present here and who is not present here. Rule 86 of the rules of procedure will clearly show us what determines the presence of delegations here.

What my delegation gathers and understands from rule 86 is that those delegations that have voted against or in favour or have abstained in the voting are considered to be present in the General Assembly. This is what we understand from rule 86. What does it mean? It means that those delegations that are absent during the voting are not present, although they may appear physically in the General Assembly. But since they do not push the button, they are absent from the voting process. Therefore they are not present in the General Assembly procedurally, though they may be present physically.

I would draw your attention, Mr. President, to the result of the most recent vote taken in the General Assembly. The result was 85 in favour, two against and one abstention. That is a total of 88 members present in the General Assembly and participating in the voting. So, in our understanding, according to that result, a quorum has not been achieved.

We again appeal to you, Mr. President, to announce the quorum of the meeting related to the vote to be taken in a moment.

**The President:** I am going to interrupt those speakers who make statements other than in

explanation of vote. The question of a quorum has already been decided.

**Mr. Chaudry** (Pakistan): With all due respect, I think that the presence of members is to be determined by the rules of procedure, not by rulings. Rule 86, rule 126 —

**The President:** I am terribly sorry to interrupt the representative of Pakistan, but now I am asking only for statements in explanation of vote — nothing else. We have to go on.

**Mr. Pal** (India): I wish to make a statement in explanation of vote.

We are clearly tackling an issue that is of the utmost sensitivity for a large number of delegations. There are social and religious sensibilities involved, and, clearly, these have to be respected.

However, in India, in our national AIDS policy, we recognize that homosexuals are a group at particular risk — a particularly vulnerable group. We recognize them as such, accepting facts, and therefore we believe that their voice should be heard in this special session of the General Assembly, without wishing to cause any offence to those whose, as I said, social and religious sensibilities are offended by the presence in normal circumstances of groups whose existence they would not wish to recognize.

Also, we looked at the provisions of resolution 55/242, which said, as many of our colleagues have reminded us, that the list of civil society actors should be presented by you, Mr. President, on a no-objection basis for final decision by the General Assembly. We recognize that the non-governmental organization (NGO) in question is not an NGO accredited to the Economic and Social Council — that is absolutely true — but it is also a fact which we take very seriously into account that the name was presented to the General Assembly in informal consultations after you had held your consultations, and this list was approved with this NGO on it. Therefore, it is a question of whether the NGO can speak in a round table.

We have one group of countries that objects to the presence of that NGO in the round table. The Canadian proposal, after you, Mr. President, withdrew the name of that NGO from the list, clearly also constitutes an objection to your amended list. We therefore are faced with a situation where in informal consultations of the plenary we have two sets of objections offsetting each

other; and in those circumstances, clearly, under the terms of resolution 55/242, the final decision rests with the General Assembly.

It is for these reasons that we voted against the no-action motion mooted by Egypt, and it is for the same reasons that we will vote in favour of the Canadian proposal.

**The President:** I appeal to every delegation that will take the floor to be as brief as possible, because we need to start a new plenary meeting.

I give the floor to the representative of Argentina.

**Mr. Simón Padrós** (Argentina) (*spoke in Spanish*): The delegation of Argentina would simply like to join the list of sponsors of the draft amendment submitted by the delegation of Canada.

**The President:** I call on the representative of Malaysia on a point of order.

**Ms. Abdul Aziz** (Malaysia): I regret having to take the floor for the third time, but I believe that the first time I spoke I posed a question to you, Mr. President. I said that my understanding, when you asked for us to indicate our vote on the no-action motion put forward by the representative of Egypt, was that that was what our vote indicated. I asked you, with all due respect, if that same vote was to carry more than one meaning, to please indicate that to us. And if that was how you meant it, Sir, then I do believe that it goes against how it was understood by most delegations in this house. Seeing as how that may not have been our understanding even if you had meant it to be so, I believe that you would have to call for another vote on the no-action motion posed by Egypt on the understanding that the recorded vote would indicate not just our stand on that no-action motion but would also indicate a quorum, our presence and whatever else we may want to decide that it would indicate.

Sir, I had asked this question, and then I asked it again during my second intervention. I regret that I have to take the floor on a point of order to ask this same question. When my delegation poses a question, we sincerely hope that it will receive a reply. Until now, it has not.

**The President:** With all due respect, I will answer your question once again. There is no question of the presence of the members. Whether or not each of

those members chooses to vote is a sovereign right and decision which we cannot count.

I give the floor to the representative of the Libyan Arab Jamahiriya on a point of order.

**Mr. Barg** (Libyan Arab Jamahiriya) (*spoke in Arabic*): It is indeed regrettable that the presidency has been acting in a way contrary to its action of Friday, 22 June, when it adopted a different style of work concerning the question of quorum.

We feel confused. Is the presidency consistent concerning the rules of procedure? If it is, then we would expect the presidency to apply the same criteria it applied on Friday afternoon concerning this question. Otherwise, with utmost regret we would say that the presidency is not applying the same principle. What is happening now is at best a tactic with which we do not agree.

**The President:** I appeal to members to give their explanations of vote. The question of the ruling of the President has already been decided.

I give the floor to the representative of Nigeria on a point of order.

**Mr. Apata** (Nigeria): I am taking the floor not to speak on the merits or demerits of the draft amendment, or whether we have a quorum or not, or whether your ruling was in order or not; that is not the issue. The Nigerian delegation is simply concerned and, indeed, worried about the whole turn of events since about 1 p.m. I can, without doubt, even hazard a guess as to what the headlines will be in the newspapers tomorrow, in *The New York Times*, in *Le Monde*, in the *Daily Times of Nigeria*: that the special session on HIV/AIDS has turned into a contest between the supporters of gays and those who are hostile to the gay community. That is not the purpose of this special session.

Consequently, it occurs to the Nigerian delegation that it might be wise for us not to proceed to take action on the present draft amendment, and I would therefore urge my Canadian friends and the other sponsors of that draft to tarry a little and let us, outside the premises of this grand Hall — perhaps in one of our other smaller rooms, under one of the Vice-Presidents of the General Assembly — meet and further reflect on this draft instead of forcing it to a vote. Because, instead of the draft declaration we are going to adopt on HIV/AIDS, what will be the focus of the

international community tomorrow, and for the rest of the week, will be this particular draft amendment, which is not the substance of this meeting. I would therefore urge you, Mr. President, and urge the sponsors of the draft amendment to please delay action on it.

**The President:** I have invited speakers to make their explanations of vote.

**Mr. Akasaka** (Japan): Indeed, following your instructions and guidance, Mr. President, Japan would like to briefly explain its voting position on the draft amendment put forward by Canada and other countries.

Japan did not have any objection to the original list of selected accredited civil society actors for participation in the plenary debate and the round tables, including the representative of the International Gay and Lesbian Human Rights Commission in round table two. We did not have any objection to the participation of the non-governmental organization in question.

It is, however, regrettable that the General Assembly now has to call for a vote on this issue, despite the General Assembly resolution that states that the list of selected accredited civil society actors is expected to be considered on a non-objection basis. We are still doubtful that voting is the best solution to this delicate and important issue.

From this point of view, Japan will regretfully abstain in the voting on the draft amendment proposed by Canada and other countries.

**Mr. Alaei** (Iran): First, I would like to associate myself with the statement made by the representative of Malaysia, and express my regret that the question has been put before us regarding legal matters that have not been answered.

Pursuant to paragraph 30 of the annex to resolution 55/242, the General Assembly is to consider the participation of civil society actors in the round tables on a non-objection basis. On that basis, several countries have communicated their objections in writing to the President of the General Assembly regarding the participation of the International Gay and Lesbian Human Rights Commission in the round tables.

In my understanding, the principle of non-objection means that if even one Member State objects, that organization cannot participate in the meetings,

and an objection raised by any Member State is not a matter for discussion in the General Assembly. It is our firm conviction that any interpretation that runs contrary to the current practice of the accreditation of non-governmental organizations to different conferences, which has been clearly developed by the General Assembly over the past decade, will hamper the spirit of consensus and general understanding inherent in resolution 55/242 and will hamper similar future processes. This is entirely undesirable in any framework.

Having said this, my delegation would like to disassociate itself from the voting process that started with the submission of the proposal contained in document A/S-26/L.1.

**Mr. Roshdy** (Egypt): With this explanation of vote, my delegation wishes to state that it will disassociate itself from this process. We are not participating. We are not pressing a button. We would like for it to be shown in the official records of this plenary meeting that in deciding the quorum the presidency took the results of the first vote, not the last vote. This is a very dangerous precedent, and it will put the work of the plenary of the General Assembly as a whole in great jeopardy.

**Mr. Chaudhry** (Pakistan): We, too, regret that on such an important issue we are resorting to the practice of voting, whereas in all international conferences and major events we had adhered to the principle of consensus. It is indeed a regrettable and very sad precedent for future conferences.

We fully share the view that our Japanese colleague expressed, that we should not have resorted to voting on such an important matter. We also would like to disassociate ourselves from the voting process, and we will not be pressing any button — green, red or yellow. We would request that this be recognized and reflected in the records. We further believe that different standards have been followed in determining the quorum, based on the two sets of votes that were held earlier.

We would also like to state for the record that our objection is based on a matter of principle - that under the principle of non-objection every State has a right to object to the presence of any civil society actor that does not have consultative status with the United Nations or the Economic and Social Council. We regret that the objections raised by a number of delegations

have been ignored. We urge our interlocutors to show respect for the process and procedures. We therefore would like to disassociate ourselves from this violation of the procedures and would not like to participate in the voting by pressing any button.

**Mr. Rahmtalla** (Sudan): I have two points. The first, again, I make out of deep respect for you, Mr. President: every President of the General Assembly is very keen to leave behind a legacy.

The representative of Malaysia has asked you three times a very simple question, but a very, very serious question, and that is regarding the quorum. My humble experience is that there has been no President of the General Assembly who has ruled on the issue of the quorum because it would have created a very serious precedent.

**The President:** I have asked for explanations of vote, and the question of the quorum has already been decided. There is no question on that. I appeal to the representative of the Sudan to finish his explanation of vote.

**Mr. Rahmtalla** (Sudan): That is part of the whole process. It has to go on record; that is very important.

With respect to the explanation of the position of my delegation, we would like to disassociate ourselves from the coming vote for the simple reason that I stated earlier. We think that the principle of non-objection basis has been a creative and innovative principle. The action that we will be taking here will jeopardize the application of that principle in the future.

**Mr. Ali** (Djibouti): I am taking the floor just to record our position on the forthcoming vote. We would like to disassociate ourselves from the whole process and we are not going to press any button.

While I have the floor, may I ask you, Sir, for a clarification? When I look at the record of the voting we undertook a few minutes ago, I see the recorded votes of those who voted in favour, of those who voted against and of those who abstained, but it does not show the status of those who were present and did not participate in the voting. What is the status of those who were present but did not participate in the voting?

**Ms. Abdul Aziz** (Malaysia): I regret that, up to now, I have still not received a reply to the question I posed. Obviously, it is a futile exercise, so I shall

refrain from putting the question again, only again not to receive a reply.

I should just like to state very clearly that my delegation would like to disassociate itself from this process. We find it regrettable and rather shameful that we have been subjected to this process for the past two hours. I think it calls into question the credibility of this house as to how votes are being read.

We would also like to disassociate ourselves from this process because we now fear that, if we do cast a vote on this proposal, it could also very creatively be read to mean other things. We now fear what casting one vote would also translate itself to mean into other things.

**Mr. Al-Sulaiti** (Qatar) (*spoke in Arabic*): Without giving a detailed speech, and due to the reasons presented by the delegations of Egypt, Malaysia, Iran, Pakistan, Sudan and others, my delegation will also not participate in the voting.

**Mr. Al-Mazrou** (Saudi Arabia) (*spoke in Arabic*): My delegation adds its name to the list of countries that will not participate in the voting because we deeply regret all the time that is being wasted on this issue instead of discussing substantial points of the declaration to be issued by this special session. For the reasons that have been presented by various representatives, we will not participate in the voting.

**Mr. Al-Dosari** (Bahrain) (*spoke in Arabic*): Briefly, my delegation wishes to associate itself with the statements made by the brotherly States members of the Organization of the Islamic Conference to the effect that we will not participate in the voting.

**The President:** I now appeal to every delegation to save time, because we have to solve this problem, in order, for instance, to allow the first meetings of the round tables to start. We cannot do that before this has been solved.

**Mr. Al-Absi** (United Arab Emirates) (*spoke in Arabic*): I wish to add my voice to those of the representatives of Egypt, Pakistan and others who have spoken. We disassociate ourselves from this process and shall not vote on this draft resolution.

**Mr. Al Saidi** (Kuwait) (*spoke in Arabic*): Very briefly, because we do not wish to waste any more time, my delegation disassociates itself from the voting process for the same reasons that have been given by

the representatives of Egypt, Pakistan and the other Islamic countries.

**Mr. Al-Hinai** (Oman): My delegation is taking the floor to announce that it is disassociating itself from the voting process and will not be participating in the voting.

**Ms. Haj Ali** (Syrian Arab Republic) (*spoke in Arabic*): My delegation joins its voice to the States members of the Organization of the Islamic Conference in not participating in the voting and in disassociating ourselves from the process.

**Mrs. Mint Mohamed Saleck** (Mauritania) (*spoke in French*): My delegation has taken the floor to announce that we will not be participating in the voting.

**Mr. Asad** (Jordan) (*spoke in Arabic*): Let me add my voice to those of the States members of the Organization of the Islamic Conference in stating that we will not participate in the voting.

**Mr. Diab** (Lebanon) (*spoke in Arabic*): Briefly, my delegation joins those members of the Organization of the Islamic Conference who have preceded us in stating that it will not participate in the voting.

**Mr. Barg** (Libyan Arab Jamahiriya) (*spoke in Arabic*): Mr. President, we are very sorry that at this difficult moment you are unable to pronounce the name of our country. We are the Libyan Arab Jamahiriya, not Republic. We have surpassed the stage of republics, which we see reflected here in this Hall, and we are quite proud of the fact that we took this step back on 1 September 1969.

My delegation thinks that, as expressed in paragraph 30 of the annex to resolution 55/242, Member States have the right to decide which civil society actors will participate in the work of the General Assembly on the basis of non-objection.

We know that there are countries that have objected to the participation of a certain non-governmental organization, and we have always followed the rule of non-objection. It has been the backbone of consensus in the negotiations among us here.

We consider that it is not the right of anyone to question this principle or to question the objective basis on which countries express their views in objecting to the participation of that organization.

I want to add that we are setting a very dangerous precedent for the future of the General Assembly. This ruling will bring harm, first and foremost, to the developing countries, whose turn will come in the near future. We do not think that this new precedent will ease the problems that we are facing. In fact, they will make them more complex and difficult. On this basis, my delegation considers that it is not possible to participate in a voting process that is sorely lacking in terms of transparency, neutrality and the application of certain of the General Assembly's own rules and procedures. We are very sorry about this.

My delegation dissociates itself from this voting process. We will not participate in the voting, and we want this to be reflected in the records of this meeting.

**The President:** I thank the representative of the Libyan Arab Jamahiriya. No doubt that I made a mistake when I first said "Republic". I tried to correct my announcement, but the microphone was already switched over to the representative of the Libyan Arab Jamahiriya.

Because round table 1 is about to start, we need a decision here. I ask that speakers make their comments as brief as possible.

**Mr. Al-Douri** (Iraq) (*spoke in Arabic*): Iraq has been deprived of its right to vote in the General Assembly by virtue of Article 19. If we had the right to vote we would dissociate ourselves from the process and not participate in the vote because we think that these procedures are not correct and are contrary to the traditional practices of the General Assembly.

Iraq supports the countries that have expressed the desire not to participate in the vote, because this is a very dangerous precedent in the work of the United Nations.

**Mr. Trifuhovic** (Bosnia and Herzegovina): We would like to not take part in the voting, and we would like to support the decision made by the Organization of the Islamic Conference.

**The President:** We have heard the last speaker in explanation of vote before the voting.

The following countries have joined the list of sponsors of draft amendment A/S-26/L.1: Argentina, Croatia and Luxembourg.

A recorded vote has been requested.

*A recorded vote was taken.*

*In favour:*

Andorra, Argentina, Armenia, Australia, Austria, Belgium, Bolivia, Brazil, Bulgaria, Canada, Chile, Colombia, Costa Rica, Croatia, Cyprus, Czech Republic, Denmark, Dominican Republic, Ecuador, El Salvador, Fiji, Finland, France, Georgia, Germany, Greece, Guatemala, Honduras, Hungary, Iceland, India, Ireland, Israel, Italy, Liechtenstein, Lithuania, Luxembourg, Malta, Mexico, Micronesia (Federated States of), Monaco, Netherlands, New Zealand, Norway, Palau, Panama, Poland, Portugal, Republic of Korea, Romania, San Marino, Slovakia, Slovenia, South Africa, Spain, Sweden, the former Yugoslav Republic of Macedonia, United Kingdom of Great Britain and Northern Ireland, United States of America, Uruguay, Venezuela, Yugoslavia

*Against:*

None

*Abstaining:*

Algeria, Angola, Antigua and Barbuda, Bahamas, Barbados, Belarus, Belize, Bhutan, Botswana, Cameroon, Cuba, Ethiopia, Grenada, Haiti, Jamaica, Japan, Lesotho, Madagascar, Myanmar, Namibia, Nigeria, Philippines, Russian Federation, Rwanda, Sierra Leone, Singapore, Sri Lanka, Swaziland, Thailand, Zambia

*Draft amendment A/S-26/L.1 was adopted by 62 votes to none, with 30 abstentions.*

[The delegation of Peru subsequently informed the Secretariat that it had intended to vote in favour of the amendment.]

**The President:** I shall now call on those representatives who wish to explain their vote or position on the amendment just adopted.

**Mr. Apata** (Nigeria): A simple question that occurs to the Nigerian delegation is, "What is the purpose of this special session?" I believe that the purpose is to arrive at a global action plan to combat HIV/AIDS. This session is not about gays and lesbians — surely not. That is not to deny that fact that they are a vulnerable group in the context of HIV/AIDS. To focus attention on the participation of that group in this session is to detract from the seriousness which we as representatives of Member States, and which the entire international community,

ought to attach to that scourge, which has wreaked tremendous havoc on many communities in the world, particularly on the African continent.

As we stated earlier on, we are concerned that the headlines in all the newspapers around the globe tomorrow — and indeed for months to come — will focus on this controversy instead of on the action plan to combat the epidemic. Having had the honour of hosting the African Special Summit on HIV/AIDS, at which a bold action plan was agreed upon and at which the issue of gays and lesbians was not a focus, Nigeria cannot be party to this controversy. We must hold on to the sanctity of the Abuja Declaration and Framework on HIV/AIDS, Tuberculosis and other Related Infectious Diseases of 27 April 2001.

Let me make it known, for the record, that our national law is manifestly against sodomy. That and the sanctity of the Abuja Declaration are why the Nigerian delegation deemed it appropriate to abstain in the vote on the amendment.

**Mr. Navarrete** (Mexico) (*spoke in Spanish*): The delegation of Mexico abstained in the vote on the no-action motion because, unfortunately, we felt that there was insufficient clarity about the way in which the non-objection procedure and the subsequent final decision by the General Assembly should be applied. That lack of clarity was seen also in last Friday's informal consultations on this matter, when the representative of the Legal Counsel pointed out that to date no formal written opinion had been formulated about how the two elements of the procedure — objection and subsequent final decision by the Assembly — should be applied. My delegation considers that it would be appropriate to have a formal opinion from the Legal Counsel so that we can tread on firmer ground when procedural questions arise about the issue of non-objection and subsequent final decision by the General Assembly.

The delegation of Mexico voted in favour of the proposal by Canada, Norway, Sweden and other countries because we are convinced of the importance of participation by non-governmental organizations and representatives of civil society. Such participation should be defined broadly, consistent with the diversity and richness of opinion that such organizations can contribute to our debates. That is especially true when the Assembly is discussing, as it is today, questions of great importance to all of our societies.

**The President:** I call on the representative of Pakistan on a point of order.

**Mr. Chaudhry** (Pakistan): We would like to hear the understanding of the President and of the Office of Legal Affairs about what these numbers mean. We know that there are 62 countries that would like to see the International Gay and Lesbian Human Rights Commission on the list. Our understanding of rule 67 of the rules of procedure was that the presence of a majority of members would be required for any decision to be taken. We seek guidance as to how this works out.

**The President:** I call on the representative of South Africa on a point of order.

**Mr. Kumalo** (South Africa): It is with very great reluctance and a heavy heart that I take the floor now, because I think that in the past two and a half hours we have been on a road that will make working in the United Nations more difficult than it now is. This is a session about people who are dying of HIV/AIDS. The people who are dying of HIV/AIDS are white people, black people, gay people, non-gay people — all people. Our experience in South Africa is that this is a disease that knows no differentiation.

All along, we would have preferred that this matter not get to the point where it is. We regret that we have come to this point. But above all, we regret that this process is now questioning the motives of those who choose to abstain, those who choose not to participate and those who choose to vote in favour. I do not apologize to anybody for having voted “yes” on this. As victims of past discrimination in our country, we are very sensitive when people are being discriminated against.

But this is not about discrimination; this is about people who are dying of HIV/AIDS. I truly regret that we have come to the stage we have reached, and I appeal to all delegations: we need those who chose not to participate; they are very good Members of the United Nations. We need those who chose to participate; they are very good Members of the United Nations. I would feel regret and sorrow if we were to question one another’s motives. I urge that we view this as a bump on the road and move forward together, and that we really be concerned about the people who are dying of this disease.

**The President:** I call on the representative of the Sudan on a point of order.

**Mr. Rahmtalla** (Sudan): I found it a bit difficult when a point of order was raised by the representative of Pakistan on a very important and serious issue. I think it is serious for every Member State here because we are talking about the future, as well. The representative of Pakistan questioned the legitimacy of this decision, and he wanted to be absolutely sure the decision we have taken is correct in terms of the quorum and in terms of the majority required. That was a question you were asked three times, Mr. President, by the representative of Malaysia, but no answer was given to her.

**The President:** The representative of the Sudan and the representative of Pakistan have asked about the grounds for the decision. I think we are all quite familiar already with rule 67 of the rules of procedure, which clearly indicates that the presence of a majority of the members shall be required for any decision to be taken. We had the presence of a majority of members here in the plenary Hall when the decision was taken. Sixty-two votes were made in favour, none against, with 30 abstentions.

I call on the representative of Saint Lucia, who wishes to speak in explanation of vote or position.

**Ms. Leonce** (Saint Lucia): My delegation regrets having to take the floor to explain our non-participation in the process. We are very disheartened by this whole process, and we think it is a misuse of our productive time in the light of the serious issues we have come here to discuss. We think it is a major distraction from the process before us. My delegation also thinks we have set a very dangerous precedent for the future work of the General Assembly. If we had followed principle and procedure we would not have found ourselves discussing, and wasting time on, such a non-issue, which should never have come before us.

**The President:** I give the floor to the representative of Pakistan as a point of order.

**Mr. Chaudhry** (Pakistan): Mr. President, our question was not with regard to the quorum. We respected your ruling and we are not raising that. Rule 67 says that for any decision to be taken, the presence of a majority of members shall be required. Rule 84 says that for any amendment, a two-thirds majority is required. We just want to know what the number of 62

votes mean. It is not half of the membership. We just want to know whether it is a simple majority or a two-thirds majority. We would benefit from a legal opinion in this regard.

**The President:** Rules 83 and 84 are meant to be valid when there are proposals related to important questions, when a two-thirds majority is needed. They are not the valid rules in this connection. We have a result from the vote indicating that the majority of the members present and voting have voted in favour of the amendment. That is why I have declared that it has been adopted.

Now we shall proceed to take a decision on the list of selected accredited civil society actors for participation in the debate in the plenary and in the round tables, as originally proposed in my letter of 13 June 2001, subsequently revised by my letter of 21 June 2001, and orally corrected during the 104th

plenary meeting of the fifty-fifth regular session of the General Assembly, on 22 June 2001, as contained in the annex to conference room paper HIV/AIDS/CRP.6, and as amended.

May I take it that the Assembly decides to adopt the list of selected accredited civil society actors for participation in the debate of the plenary and in the round tables, as originally proposed in my letter of 13 June 2001, subsequently revised by my letter of 21 June 2001, and orally corrected during the 104th plenary meeting of the fifty-fifth regular session of the General Assembly, on 22 June 2001, as contained in the annex to conference room paper HIV/AIDS/CRP.6, and as amended?

*It was so decided.*

*The meeting rose at 3.50 p.m.*



# General Assembly

Twenty-sixth special session

2<sup>nd</sup> meeting

Monday, 25 June 2001, 3 p.m.

New York

Official Records

*President:* Mr. Holkeri ..... (Finland)

*The meeting was called to order at 3.55 p.m.*

## Agenda item 7 (continued)

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

**The President:** The Assembly will now hear a statement by His Excellency the Right Honourable Pakalitha Bethuel Mosisili, Prime Minister of the Kingdom of Lesotho.

**Mr. Mosisili (Lesotho):** This special session on HIV/AIDS offers a unique opportunity for us to assess the global impact of the AIDS pandemic and the commitment we made at the Millennium Summit to intensifying our actions in fighting this formidable scourge.

In recognition of the challenges posed to our subcontinent and the need for even more intensive efforts at the national level, the Government of Lesotho has declared HIV/AIDS a national disaster and, as such, it is being addressed in all public forums. The Lesotho Aids Programme Coordinating Authority has been established within the Prime Minister's office to oversee the national multisectoral response, as envisaged in the national strategic plan on HIV/AIDS.

Lesotho fully subscribes to the target of 25 per cent reduction by the year 2003 in the prevalence of HIV/AIDS among the 15 to 24 years age group. Our efforts at achieving this are slowly beginning to bear fruit, as evidenced by the high level of knowledge and

awareness about HIV/AIDS, which is now estimated at 95 per cent.

*Mr. Vohidov (Uzbekistan), Vice-President, took the Chair.*

Major changes are, however, yet to be witnessed in behaviour. To this end, we are reorienting and strengthening our communications efforts towards sustainable behaviour change, with special emphasis on young people. We are also working on modalities for the extension of voluntary counselling and testing, as well as the prevention of mother-to-child transmission. We provide drugs for the treatment of opportunistic infections and will soon reach a decision on the availability and accessibility of antiretroviral therapy. However, we need support for strengthening our infrastructure, access to drugs and human resource capacity. The provision of quality home- and community-based care is also a top priority.

We believe that it is a basic human right of both the infected and affected to have access to quality care and support at all levels of our service delivery. We are thus making every effort to ensure that the human rights of both the infected and affected are respected. To this end, we are focusing on removing the stigma attached to the disease and, through the ongoing law reform process, also removing the gender disparities that negatively impact the capacity of women and girls to take control of their sexual health. We acknowledge that social empowerment at the community and household levels will have to be intensified for the

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



laws to have the desired effect on the day-to-day lives of women.

The rapid increase in the number of orphans has prompted us to direct efforts at ensuring the protection and maintenance of their access to health care, education, food and shelter. We are thus reviewing our child and social welfare policies, as well as mobilizing support for and of the concerned sectors.

For all the outcomes mentioned above to become a reality, resource availability is key. The Government of Lesotho has already decreed that every government sector should allocate a minimum of 2 per cent of its budget to AIDS control activities. We are also planning to hold a donor round-table conference in October 2001 to obtain support for our national HIV/AIDS strategic plan.

We should all be aware that any anticipated changes in the status of HIV/AIDS will not be realized if the constraints and underlying factors — including poverty, food availability and access, stigma, infrastructure, human resource capacity and drug availability — are not addressed. We thus urge the donor community to support country efforts in addressing these issues in a coordinated manner. Lesotho supports the initiative of the Secretary-General to establish a global fund for HIV/AIDS. We further request the donor community to honour the agreed target of an allocation of 0.7 per cent of their gross national product to overseas development assistance.

In conclusion, we are committed to an eventual HIV/AIDS-free Lesotho. We will continue our cooperation and collaboration nationally, regionally and globally so that we may, together, win this fight.

**The Acting President:** The Assembly will now hear a statement by His Excellency Mr. Alpha Oumar Konaré, President of the Republic of Mali.

**President Konaré** (*spoke in French*): We are here today in our common house to share a great plan with peoples and with nations. The United Nations is meeting today, as the active conscience of the international community, to provide a decisive impetus to the struggle undertaken nearly a quarter of a century ago against an illness that raises tremendous questions and concerns regarding the future of the African continent. This is a time for deeply felt moments of love, for sharing, for confidence. This is not a time for fear, for withdrawal, or for simply putting on a show.

I should like to share with the Assembly a deeply felt conviction: that the future of Africa is decisive for peace, security and international stability. No future for humankind is conceivable without Africa, or even separately from Africa. This is made particularly clear by the question before us today.

Let me add also that there can be no fight against AIDS that is not specifically and primarily based on Africa — on its painful but extremely instructive experience and on its clear-sighted will and determination to stem the scourge. Faced with the serious threat that looms over us, we must look critically at past actions. We must undertake a more comprehensive, realistic analysis. We must not give in to a feeling of powerlessness in the face of the magnitude of the difficulties facing us and the particularly unfavourable situation that prevails with respect to AIDS.

That is why I am defining this meeting as one of responsibility and hope — responsibility, because it attests to the vitality of an international community that fully shoulders its responsibilities towards its disadvantaged members and that is ready to act without any discrimination; and hope, for we will be showing our solidarity with those millions who are ill and whose future depends entirely on the present. This is a meeting inspired by an ethical system of respect for, and confidence in, the human being.

Pessimists believe that an African apocalypse is inevitable. They are resigned to seeing the continent overwhelmed by its difficulties and by a devastating holocaust.

It is the role and the mission of the United Nations to mark the way ahead, to provide the inspiration for the efforts that are needed, and to mobilize the means for the struggle and coordinate them with the States involved, with their full participation — that is, by making them aware of their responsibilities.

Today, the universal nature of the challenge means that all citizens of the planet are affected by the AIDS epidemic. Africa and the world therefore have good reason to expect a great deal from this session.

The universal general interest indeed requires us to reject the imposition of a system that would work to the exclusive benefit of the wealthy. In this particular area, as with any question dealing of the survival of

humankind, we must promote international law and jurisprudence by adopting the concept of the global public good, which is indispensable for the survival of the human race.

In sub-Saharan Africa, the epidemic and its devastating effects are at the root of an unprecedented number of cases of morbidity and mortality. The result is an unacceptable social and economic burden, reduced life expectancy, and a significant decrease in national revenue for the 10 years ahead.

Africa is therefore in a situation of absolute emergency. Now more than ever, the global conscience of humanity must respond to the challenge of dealing with this epidemic, whose tragic triptych of AIDS, malaria and tuberculosis has been decimating the vital forces of the continent.

AIDS is an illness of poverty, growing in the midst of and due to poverty. It is spreading so extensively in Africa because African soil provides a particularly favourable environment for its development, more so than anywhere else. This phenomenon is promoted by poverty, war and armed conflict, and by the refugees that follow in their wake.

Let us be clear: the commitment to combat AIDS requires that countries in conflict obey the moral imperative of putting an end to those conflicts.

The epidemic has reached a level that is unbearable for our continent and poses a serious threat to its economic and social development. That is why the African heads of State, meeting in special session in Abuja, solemnly reaffirmed their commitment to combat this scourge through all possible means.

But the commitment of Africa at the highest level to combat HIV/AIDS is a long-standing one.

In Mali, since the establishment of our various national programmes to combat AIDS, a plethora of efforts have been made to stem this epidemic. All segments of our society have slowly but gradually become involved. Jointly, the Government and civil society are playing a primary role in the local response to the epidemic, in particular through the "One non-governmental organization, one health district" initiative.

Association of persons living with HIV/AIDS are at present contributing in a decisive manner to breaking the silence that surrounds the epidemic. They are also

contributing to the care of persons infected and affected by HIV/AIDS.

The National Assembly, like other institutions of the Republic, has also taken on an active role, in particular in the areas of advocacy and social mobilization.

In the area of communications, the media and national, private and community radio stations have made a great contribution to disseminating information. The "AIDS synchronous" initiative, under which a nationwide network of radio stations focuses on the subject of AIDS for the month of December, merits emphasis given its originality.

The Imams and the Ulemas, as well as Christian organizations of all denominations, have made an outstanding contribution in the framework of prevention and of caring for those persons infected and affected by HIV/AIDS. Traditional practitioners, whose role is often less visible, are also participating in prevention efforts and in the treatment of AIDS-related opportunistic infections.

Action at the subregional level should be emphasized. The integration of our various national programmes to combat HIV/AIDS will make it possible to realize greater savings and to avoid needless duplication in our research efforts and our activities.

This special session must translate words into action and provide the means for a crusade against HIV/AIDS at the global level. Indeed, the full engagement of world leaders at the highest level can mobilize the necessary forces to combat the epidemic, reverse its course and ultimately eradicate it.

We are convinced that no State must be left alone in the face of HIV/AIDS. If countries are not eligible for one or another form of financing, then exceptional measures must be devised to help them to cope. We must here and now declare an "AIDS exception". We must form a coalition of national and international partners against AIDS. Only in this way can we protect ourselves in order to preserve society, contribute to maintaining life and share with those around us reasons for life and for hope.

It is for all of these reasons that we support the Secretary-General's initiative to establish a global AIDS health fund. Its management must be rigorous and transparent, but without complicated procedures, in

order to facilitate its access to areas and to individuals in need.

For an exceptional situation, exceptional measures are called for. This is why Mali, while welcoming the encouraging results obtained by some countries in terms of the reduction of costs of medicines, is appealing for negotiations with pharmaceutical firms to be undertaken by others so that access to quality health care for opportunistic HIV/AIDS infections and to antiretroviral medicines will become a reality throughout Africa.

We are, finally, convinced that Africa, united and assured of a strengthened partnership on the part of the international community, will overcome AIDS and all the negative behaviour arising from AIDS.

Our problem, to sum it up, is indeed a very simple one. For this new century, are we going to build a civilization of values and of progress, knit together around man, or will we allow humankind to be destroyed through a lack of imagination and of will? Through a lack of solidarity? Our choice is clear — it is to live and work together to conquer this scourge. That is the challenge to which we are condemned to respond during this session.

**The Acting President:** The Assembly will now hear a statement by His Excellency Mr. Mathias Sinamenye, Vice-President of the Republic of Burundi.

**Mr. Sinamenye (Burundi)** (*spoke in French*): The struggle against AIDS has become a struggle for survival for our populations. AIDS is killing those who are most productive. It is affecting the youngest of our fellow citizens, and in so doing it is restricting our potential for development for today and for tomorrow. It is jeopardizing all of the efforts we are making to reduce poverty and provide a better life for our people.

In the case of Burundi, the HIV-positive rate has gone from less than 1 per cent in 1983 to approximately 15 per cent today in urban areas, and the rate is 7.5 per cent in rural areas. This demonstrates the seriousness of the situation.

AIDS today has become the primary cause of death for adults and one of the major causes of infant morbidity and mortality. The community in Burundi today must cope with increased social burdens and shoulder the negative impact of this scourge on the entire economy. Given such a situation, the Government of Burundi has established a strategic

national plan to combat AIDS. That plan is multisectoral in seeking a way to cope with the illness, which is not only medical but also social.

Particular emphasis has been placed on preventive action, in which the network of individuals affected by HIV/AIDS and young people are called upon to play a role of primary importance. In addition, the Government has accelerated mobilization of the population with the support of political and religious leaders, associations to combat AIDS, women's associations and other private actors. To this end, the establishment of the National Council to Combat AIDS — an organ for concerted action and for raising awareness of this scourge, but also to mobilize resources — has supplemented our existing means.

In order to improve access to treatment for those who are ill with AIDS, the Government has also established a National Fund for Therapeutic Solidarity and has eliminated customs and other taxes on medicines, including antiretroviral medications. It has just concluded agreements with several pharmaceutical firms for price reductions of antiretroviral medicines.

Despite all of these steps, antiretroviral medicines remain inaccessible to most of the patients. This is why the availability of antiretroviral medicines in generic form seems to us the only possibility for coping with this epidemic for patients from poor countries. I would venture to hope that this issue of the production of generic antiretroviral medicines will be favourably resolved by the economic groups involved in a solution favourable to life and health.

The Government of Burundi has mobilized to seek means to combat AIDS. During the donors conference in Paris, the international community promised financial support. I have no doubt that these promises will be made specific by fully incorporating the urgency of the situation.

All of these actions which have been planned to stem the scourge of AIDS in my country will doubtless be fruitless if war and insecurity persist, for war is contributing to the spread of AIDS. This is why, after two years of negotiation, with the outstanding mediation of Mr. Nelson Mandela, and the signing of the Arusha Peace Agreement on 28 August 2000, the establishment of a ceasefire is a sine qua non for bringing the peace process to a successful conclusion and implementing the programme contained in the peace agreement. But since the signing of the

agreement rebel groups have stepped up their attacks, in particular against civilian populations and targets. The international community and the countries of the region must be harsher regarding those who reject peace. They must be ready, in accordance with the Peace Agreement, to consider present acts of violence by rebel groups as a rejection of negotiations, and they must be ready to take all appropriate measures to deal with the situation, including sanctions.

In such a context, if violence and war do not cease, it will be extremely difficult for us to implement several provisions of the Agreement. This is why I am taking this opportunity to urgently ask the international community, which has so promised, to do everything possible to demand of the rebel groups that they return to the Arusha peace process.

In Burundi, AIDS is doing as much killing as war does; we need to do everything within our power to conquer both of them. This is what the Government of Burundi is attempting to do with modest means and in an extremely difficult environment. We should continue to protect vulnerable persons and orphans, to promote respect for the fundamental rights of the human person, to reduce vulnerability to HIV/AIDS and to provide support to those who are ill.

The mobilization of populations to combat AIDS is under way, and so is international mobilization. Here, I would like to pay a tribute to the initiative of the Secretary-General, Kofi Annan, for the creation of a global AIDS health fund in the fight against AIDS. This is also an opportunity to thank all of those who have contributed to it or who are planning to do so.

Finally, I would like to thank all of those who pledged contributions for Burundi in December 2000 in Paris, in particular to combat poverty and AIDS. Some of these projects have already made great headway, but I would like to ask everyone to pursue their commitments, in particularly through participation in the thematic consultations to combat AIDS planned for September 2001.

**The Acting President:** I now give the floor to Her Excellency Ms. Elf Borst-Eilers, Deputy Prime Minister, Minister of Health, Welfare and Sports of the Kingdom of the Netherlands.

**Ms. Borst-Eilers (Netherlands):** The Government of the Netherlands hopes wholeheartedly that this meeting will inspire an even stronger personal, national

and international commitment to the fight against HIV/AIDS — a commitment by us, Governments, in close cooperation with civil society.

The epidemic is spreading like wildfire all over the world. Ten people are infected each and every minute — nine of them in developing countries. But AIDS is also rapidly spreading in Eastern Europe, the Caribbean and Asia. It is a fact that people living in poverty run a greater risk of infection. It is a fact that AIDS leads to higher costs, lower productivity and lower economic growth, creating a vicious circle. AIDS has a momentous impact on a country's development, as well as on the individual lives of its inhabitants.

Investing in poverty reduction is crucial in fighting the AIDS pandemic. Pro-poor growth and participatory governance is the best way to eradicate AIDS. Development is crucial, therefore, but more is needed. Solutions for the AIDS crisis should be based on respect for human rights as a guiding principle. Gender equality is a fundamental element in reducing the vulnerability of women and girls to HIV/AIDS. Therefore, empowerment of women and girls is of the essence, so that they can insist on safe sex.

Non-discrimination against HIV-infected people is not just humane, but it is also essential to avoid stigma; and fear of stigma is a major reason for denial, which hampers effective prevention. HIV-infected people are members of our societies, who should have access to work and be able to travel. The promotion and protection of human rights are inherent in reducing vulnerability to HIV/AIDS. I was very encouraged by the inspiring words of the Secretary-General this morning on this issue.

All this demands leadership — leadership by all of us — and political commitment is crucial. As long as political leaders trivialize or underestimate the problem, valuable time and human lives will continue to be lost. We have to create openness on the issue; we have to stimulate a frank and in-depth approach, involving civil society, so as to meet the challenges we face.

The Netherlands has taken the approach that prevention and the improvement of the health-care system are the cornerstone of a viable AIDS strategy. In order to win the fight, we need to invest in improvements to basic health care. We have to be sure that those improvements correspond to the needs of the

affected countries. Prevention, education, information and advocacy need to be further developed on a professional and large-scale basis to reach our peoples. Our Government has therefore substantially and wholeheartedly supported the important work of UNAIDS and the United Nations Population Fund (UNFPA). The special session should commend the invaluable work of these United Nations bodies.

Treatment, access to medication and research are, of course, also part of a viable AIDS strategy. The Netherlands is one of the biggest donors to the International Aids Vaccine Initiative (IAVI). We must set our sights on the future and invest far more all over the world in the development of microbicides and a vaccine. I reiterate the Dutch Government's stance that developing countries should always be in a position to produce or import medicines that their peoples can afford. We have consistently emphasized the flexibility under the TRIPs Agreement. The Governments of developing countries should be in the position to compel pharmaceutical companies to produce for the local market or obtain cheap medicines through parallel imports.

A few words on the financial implications now. To fight the pandemic effectively, more money is essential. That is clear. The question is whether a global health and HIV/AIDS fund is the best way to raise that money. Many existing United Nations organizations, international initiatives and non-governmental organizations have more than proved their worth. They still lack sufficient resources, however. Let us not forget to support them better; let us not enter into a budgetary competition between those commendable and valuable organizations and new initiatives.

Now that a global health and HIV/AIDS fund is going to be established, I would expect the founding fathers of this idea to put their money where their mouth is. However, will this money truly be new and additional? And what conditions will be set? For example, I would be strongly opposed to any conditions that limit the flexibility of the TRIPs Agreement. We also need more clarity on the administration and management of the fund. In agreement with my honourable colleague, Clare Short, I would like to see the fund modelled on the successful Global Alliance for Vaccines and Immunization (GAVI), the global vaccines initiative. The affected countries ought to be fully involved in the fund's

ultimate structure. We can no longer afford to do without their valuable ideas. Management of the fund should be a fully participatory enterprise.

The fund should seek synergy with existing initiatives, such as those of UNAIDS, UNFPA, GAVI and IAVI. Duplication or competition with existing funds and programmes should be avoided.

Once these concerns have been fully addressed, the Government of the Netherlands will be prepared to contribute. And as usual, our contribution will be substantial and additional. Our contribution will depend on the pledges of all G-7 countries in terms of additional money. We sincerely hope that the G-7 countries will challenge us on this, as some of them already did this morning.

AIDS is a problem of the world. It doesn't know any boundaries. Every country is affected. The Netherlands has also had its share in the grievance and loss that AIDS brings. Since 1985 we have been fighting a tenacious battle. Our weapons are openness, acknowledgement and information. Involvement of HIV-infected people, intravenous drug users, homosexuals, sex workers and young people has proven to be key. Infection rates are on the decline for now. However, complacency has been deleted from our word stock.

Twenty years after the start of the pandemic, here we are, finally, discussing it at the highest political level, forced to acknowledge that we have fallen short. Twenty years and millions of deaths later, there are no more excuses for denial or anything but openness, decisiveness and leadership. That is our pledge today.

**The Acting President:** I give the floor to His Excellency Mr. Pitak Intrawityanunt, Deputy Prime Minister of Thailand.

**Mr. Intrawityanunt (Thailand):** On behalf of the Government of Thailand, it is a privilege and a pleasure for me to address the twenty-sixth special session of the General Assembly on HIV/AIDS. In view of the time constraints, I will make only a few brief remarks, as the full text of my statement will be circulated.

This special session, the first high-level intergovernmental conference dedicated to the issue of HIV/AIDS, is indeed a timely initiative and opportunity for all of us to pledge our political and

financial commitment to fight against the HIV/AIDS epidemic.

Over the past two decades, since the first case of HIV/AIDS, more than 22 million people worldwide have been killed. More lives have been lost to HIV/AIDS than to any kind of weapon of mass destruction. Currently, more than 36 million people are afflicted by the epidemic. HIV/AIDS is a silent global menace which threatens not only development and human security, but also international security, to the extent that the global nature of the threat has already been acknowledged by the Security Council.

HIV/AIDS is thus not a threat which any one country can address alone. It is a global crisis that needs not only national action but also regional and global cooperation. We must find ways and means to make good our resolve, stated in the Millennium Declaration, to have halted, by 2015, and to have begun to reverse, the spread of HIV/AIDS as well as the scourge of malaria and other major diseases that afflict humanity. To tackle the scourge of HIV/AIDS effectively, we must take shared responsibility in managing worldwide economic and social development as well as threats to international security, as called for by our leaders at the Millennium Summit just last year.

Recently, in our region, the Economic and Social Commission for Asia and the Pacific, at its fifty-seventh annual session, adopted by consensus a resolution submitted by Thailand, entitled "Regional call for action to fight HIV/AIDS in Asia and the Pacific". In South-East Asia, leaders of the members of the Association of South-East Asian Nations (ASEAN) have also recognized the urgency of the HIV/AIDS problem and will convene a special ASEAN summit on HIV/AIDS this coming November.

Thailand will also have the honour of hosting two very important international conferences, namely the fifth International Conference on Home and Community Care for Persons Living with HIV/AIDS, to be held from 17 to 20 December this year, and the fifteenth International Conference on AIDS, to be held in 2004.

As a country hard hit by HIV/AIDS, Thailand is gratified to be cited by United Nations agencies, the World Bank and many other organizations as having conducted one of the world's most successful AIDS prevention and awareness programmes. Indeed, our record in tackling the AIDS epidemic shows that the

AIDS epidemic can be contained. From the drastic projection made in 1991 that, by 2001, 4 million people in our country would be infected with HIV/AIDS, we have instead seen the number of HIV/AIDS carriers drop by 77 per cent from that projection to less than 1 million today.

As part of our contribution to fighting this global epidemic, Thailand is prepared not only to share our experiences, but also to provide the appropriate technical assistance to other developing countries, including our friends from the African continent, in the spirit of South-South cooperation.

One of the key lessons we have learned from the HIV/AIDS experience is that the leadership must recognize the devastating scale of the epidemic and must be willing to discuss openly the enormity of the HIV/AIDS problem. Thailand was the first Asian country to break the silence and face the crisis head on. Secondly, we need to tackle the HIV/AIDS problem from both the prevention and the treatment perspectives. Thirdly, we also need to take a holistic approach which addresses human, social, economic and cultural aspects of the HIV/AIDS problem.

In particular, concerted nationwide education, prevention and awareness programmes do indeed work in controlling the spread of HIV/AIDS. And to be effective, such programmes need to encompass all sectors of society, involving efforts from the highest level to the grass-roots level, including non-governmental organizations and people living with HIV/AIDS.

In tandem with preventive measures, it is a must that care, support and treatment be an integral part of our effective response to the epidemic. However, for developing countries, the prohibitively high prices of essential drugs limit people's access to treatment.

We are very pleased to see that the United Nations has finally taken the lead in recognizing that HIV/AIDS is not only a medical and health-care issue, but also a humanitarian issue, and that it has convened this special session. We appreciate the role of UNAIDS in that regard. We also support the draft declaration of commitment to be adopted at this special session.

In that connection, Thailand wishes to urge drug-producing countries, regional and international organizations and institutions, especially the United Nations, and civil society, in particular pharmaceutical

companies, to be actively involved in research and development related to HIV/AIDS vaccines and drugs, and to help make HIV vaccines and HIV/AIDS-related drugs more widely accessible and affordable by all who need them in developing countries. The production of such life-saving drugs needs to be guided more by humanitarian concerns and less by purely commercial motives.

All efforts and programmes against HIV/AIDS require not only political commitment but also financial resources. Some may claim that the costs of tackling the HIV/AIDS epidemic are too high, requiring \$7 billion to \$10 billion annually according to United Nations estimates. But considering that each of the world's 29 richest individuals has more than that figure in assets, and if the developed countries and the private sector, including those wealthy individuals, were to pitch in for the global struggle against HIV/AIDS, then \$7 billion to \$10 billion is not at all a high figure, and is certainly within our reach.

We have been fighting HIV/AIDS for more than two decades, since the first incidence of HIV/AIDS. Experiences have been shared; lessons have been learned. Still, much remains to be done, as millions of infected and affected people are dying while waiting for our help. Surely, we cannot remain indifferent. This is one humanitarian intervention to which no one should have any objection.

This special session is a promising beginning in our global crusade against this global crisis. I am confident that, with determination, sacrifice and good faith, we will attain our goal of halting the spread of HIV/AIDS by 2015. For the good of mankind, Thailand for its part is ready to play an active role in that endeavour.

**The Acting President:** I now give the floor to His Excellency Mr. Rogelio Pardo, Minister of Public Health of Costa Rica.

**Mr. Pardo** (Costa Rica) (*spoke in Spanish*): Allow me at the outset to convey my congratulations to Mr. Harri Holkeri on his well deserved election to preside over the activities of this special session of the General Assembly to review the problem of human immunodeficiency virus/acquired immunodeficiency syndrome in all its aspects. I would like also to acknowledge the excellent work of the facilitators in the preparatory process and the valuable contribution

of the UNAIDS office towards the convening of this session.

The AIDS pandemic has become a major tragedy. We have heard many statistics, and it is estimated that today more than 21 million people have died as a direct consequence of the epidemic. In the Latin American and Caribbean region alone almost 2 million people suffer from this infection, which has grave consequences for our countries. While the social and human effects of AIDS are immeasurable, its economic impact is all too clear: the epidemic will dramatically reduce world economic growth.

The epidemiology of HIV/AIDS in Costa Rica has shown gradual growth. Between 1983 and November 2000 we diagnosed 3,679 HIV/AIDS cases, with a small reduction in incidence during the past two years. Eighty-eight per cent of cases occur among males but, in the past few years, the trend has been towards a growing number of cases among women. The segment between the ages of 25 to 39 is the most affected, accounting for 58 per cent of cases.

In my country, sexual transmission is the principal means of infection. Infection is more frequent among homosexuals, who account for 44.6 per cent of cases, followed by heterosexuals, with 23.8 per cent of cases, and bisexuals, who represent 15.9 per cent of cases. Transmission to haemophiliacs and through blood transfusions appears to have stopped, now amounting to only 3.4 per cent of cases. Prenatal transmission, accounting for 1.5 per cent of cases, and contagion among intravenous drug addicts, amounting to 1.1 per cent, while not high, are nonetheless alarming.

In the light of that epidemiological situation, my Government has formulated a new national strategic plan for the period 2001-2004. Under that plan, we emphasize publicity and prevention, social communication and education, and information addressed to vulnerable groups, as well as broadening the coverage of detection, diagnosis, follow-up and quality of treatment, reduction in the costs of treatment, comprehensive epidemiological attention and the building and strengthening of partnerships. We have set concrete goals in each of those priority areas, which we endeavour to achieve with the valuable support of many public and private institutions and civil society.

At present, Costa Rica provides protocolized treatment to people living with AIDS. Such treatment, along with comprehensive attention, support and advice to families, is fully guaranteed through our public health system. In recent years, our policy of careful management of generic drugs has resulted in cost reductions without lowering the quality of the medicines that are used. We support all initiatives to reduce further the cost of treatment and to develop even more effective drugs.

Costa Rica supports the draft declaration of commitment to be adopted at the end of this session; it reflects our main interests and priorities. Thus, I will limit myself to underlining a few issues of special concern to us.

We believe that it is indispensable to strengthen leadership and organization in the fight against HIV/AIDS in order to build up substantially national and international financing plans while enabling each State to see to the proper administration and management of such plans.

We are convinced that the best answer to this challenge is to strengthen prevention, especially of sexual and mother-to-child transmission. Regarding sexual transmission, we advocate the adoption of firm and universal publicity and educational measures aimed at reducing vulnerability, particularly among high-risk groups, and of concrete goals for the implementation of those measures. In Costa Rica, we are committed to promoting sex education both in primary and secondary schools and among young people outside the educational system, migrants, sex workers and men who have sex with men.

Costa Rica, as a steadfast advocate of human rights, supports all initiatives to eradicate discrimination against and segregation of people who are HIV-positive or who are living with AIDS. In April 1998, we enacted a general law on HIV/AIDS, which defined the responsibilities of the organizations dealing with this issue and the rights and obligations of people living with HIV/AIDS. It also set up mechanisms designed to reduce discrimination and to promote the social integration of those affected by the HIV virus.

My country endorses efforts to promote chemical, biological and social research. We are particularly interested in studying the habits and behaviour of higher-risk, higher-vulnerability population groups, and in developing new technologies and strategies for

prevention and treatment. I reaffirm our willingness to share with other developing nations the wealth of experience that we have accumulated in the area of medical treatment. We are confident that the United Nations system and donor countries will help create the conditions necessary to support such horizontal cooperation.

Finally, let me reaffirm our commitment to the global fight against the scourge of AIDS. We are confident that this special session of the General Assembly will enable the international community to muster the political will that is indispensable to face jointly this challenge. Only thus will we be able to adopt the taxing and wide-ranging goals we must meet to overcome the pandemic and, by working together, to give meaning and dignity to our existence.

**The Acting President:** I call next on His Excellency Mr. Lars Engqvist, Minister for Health and Social Affairs of Sweden.

**Mr. Engqvist (Sweden):** I have the honour of speaking on behalf of the European Union (EU). The Central and Eastern European countries associated with the EU, Bulgaria, the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Romania, Slovakia, Slovenia, and the associated countries, Cyprus, Malta and Turkey, align themselves with this statement. A full version of the statement is now being circulated and I will focus on some of its points.

As we pass into the third decade of the HIV/AIDS pandemic, we have repeatedly learned that we must speak openly about the epidemic, and honestly take into account which individuals are at greatest risk in the transmission of HIV, and how they come to be at risk. HIV is to a large part sexually transmitted. For an effective response to the epidemic, it is absolutely crucial that sexuality be addressed in an open and straightforward manner. We must take effective measures to ensure that people everywhere, particularly young people, know how to protect themselves from being infected. We have to facilitate access to education on sex and interpersonal relations, and access to services and methods of prevention. This should be a mainstay of HIV programmes.

Groups particularly vulnerable to HIV, such as men who have sex with men, men and women involved in prostitution and commercial sex, intravenous drug users, prisoners, mobile populations, migrants and

others who are difficult to reach with information must be especially targeted by prevention efforts.

The unequal power relationships between women and men, in which women often do not have the power to insist on safe sex, endanger the health of women and girls. Every woman and girl has a right to decide freely on her own sexuality and to say no to unwanted and unprotected sex. Prevention and treatment are complementary pillars of the expanded response to AIDS. The prospects for making HIV medicine available to large groups of HIV patients in low-resource settings are improving significantly.

This brings hope for better protecting lives and human dignity. However, we must not forget that drugs are only a part of the solution for stopping the epidemic. There is a need to strengthen the capacity of health systems to administer HIV medicines properly and equitably. Further research into cheaper and more effective treatments to combat the symptoms of the disease are necessary. The world also has to increase its efforts to develop effective and safe vaccines and microbicides.

The heaviest burden of AIDS is borne by the poor, and AIDS drives countries and people further into poverty. To reverse the spread of the disease, we must reduce poverty.

To this end, the EU, in May, adopted a programme for accelerated action on HIV/AIDS, malaria and tuberculosis, addressing prevention, care and support. The new programme consists of three pillars: first, increasing the impact of existing interventions to prevent and treat communicable diseases; second, improving the affordability of key pharmaceuticals through, *inter alia*, a broader application of effective, global, tiered pricing of medicines and the promotion of viable and sustainable production for the benefit of affected developing countries; third, supporting the research and development of specific global public goods, such as vaccines and medicines to confront these diseases.

These challenges cannot be met without new, additional and sustained resources. The European Union therefore fully welcomes the proposal presented by the Secretary-General and several donor countries to establish a global HIV/AIDS and health fund. We believe that the fund should tackle the three major communicable diseases: HIV/AIDS, malaria and tuberculosis. The fund's activities must be focused on

the delivery of goals in health and should therefore also include, besides prevention, access to care and treatment.

Together with the international community, the EU commits itself to strengthening efforts to combat these major threats to life and development, and to contributing significantly to the fund once agreement has been reached on the establishment of such a fund. The EU recognizes and emphasizes the vital role and essential contribution of civil society actors in the fight against HIV/AIDS, in particular, people living with HIV/AIDS. They must be included in the development and implementation of programmes to the maximum extent possible. The EU recognizes the crucial role played by civil society, UNAIDS and others, and it strongly commends their devoted work.

Accordingly, the EU attaches great importance to being able, at this special session, to listen to the contributions of representatives of civil society. We must make sure that we go forward from here. We must speak out. We must scale up our responses. We must commit more resources. Most of all, and most important of all, we must show leadership.

**The Acting President:** I give the floor to Her Excellency Ms. Michelle Bachelet, Minister for Health of Chile.

**Ms. Bachelet (Chile)** (*spoke in Spanish*): On behalf of the delegation of Chile, which is comprised of representatives of our Government and parliament, people living with HIV/AIDS, and the scientific community, I welcome the efforts of the Member States of this body to place at the centre of global debate an issue as important as HIV/AIDS, as a commitment to all of humanity.

Twenty years after the description of the first cases of people with AIDS, we attach great value to the important decision taken by Mr. Kofi Annan, Secretary-General of the United Nations, to involve nations in this effort to face up to AIDS globally and to consider it an authentic worldwide emergency. We urgently needed a reaction from the international community commensurate with the challenges which have gradually developed with this epidemic, especially in the developing countries.

In this regard, my Government supports the efforts to create a global AIDS health fund as a substantial advance in the fight to reduce the huge

economic disparities existing between the industrialized world and those countries with fewer resources with respect to their ability to respond to HIV. We believe this initiative expresses solidarity with, and understanding of, the difficulties that many of our countries face in implementing policies appropriate to this epidemic. We would also like to highlight the commitment of the Rio Group to the objectives and aims that have been proposed as a result of this special session of the General Assembly. This commitment expresses the sensitivity of the American continent to this problem.

The problem we are discussing is complex, but despite the difficulties inherent in processes in which diverse values, interests and cultures collide, the Assembly is expressing, and must express firmly, the commitment of humankind to contain the HIV/AIDS epidemic and to secure the rights of, and a better quality of life for, our peoples.

For my Government, full respect for the rights of people living with HIV/AIDS and of the most vulnerable segments of the population is not only a duty that is incumbent upon the States but also a prerequisite for making progress towards containing the epidemic and fulfilling the ethical imperatives of an increasingly democratic society.

In Chile, the epidemic is due mainly to sexual transmission, mainly among homosexual or bisexual men. This epidemiological characteristic and the results of studies and evaluations have provided us with the basis for devising working strategies and policies for prevention and treatment. These have been developed with the active participation of other public institutions and of civil society, in particular organizations of people living with HIV/AIDS and those who are most vulnerable to the epidemic, as well as church and humanitarian organizations in general.

This response is a clear signal of our conviction that economic, political, legal and sociocultural factors determine the vulnerability of people to HIV. This has led to our decision to devise together, with the participation of all actors involved, policies that promote human development and solidarity and that recognize diversity as a cultural asset. This is the focus of our efforts.

Aware of our responsibility as a State towards persons living with HIV/AIDS, and despite our limitations, which are mainly economic, we have made

a clear choice. Our Government has gradually increased the budgets allocated to this area, providing direct medical attention as well as training for health-care teams throughout the country. We are expanding health coverage, which, thanks to international support, now covers 80 per cent of the country. We have worked to promote health and to prevent the transmission of HIV through education and communication, including the necessary means to effect behavioural changes in the area of sexuality.

Furthermore, my Government is convinced that it is indispensable to strengthen the psycho-social factors that promote the prevention of HIV and to take a comprehensive approach in the workplace and in the area of education and health. Consequently, we decided to institutionalize that policy through the adoption of a law, elaborated jointly with the Parliament, the Government and people living with HIV/AIDS.

In the face of a problem such as AIDS, the role of international cooperation has been, and must continue to be, an extremely important tool to achieve both national and global objectives. For this reason, together with the work that we have done through international agencies such as the World Health Organization, the Pan American Health Organization and UNAIDS, we have participated in the Horizontal Technical Cooperation Group on HIV/AIDS of Latin America and the Caribbean. This proposal has become one of the driving forces of collaboration among the countries of the South.

Moreover, Chile had the privilege of participating in the UNAIDS initiative to facilitate access to drugs, which will allow us considerably to improve therapy coverage in our country. The Government recently reached an agreement with multinational companies that will make it possible to lower the price of medicines by 70 per cent on average.

We would like to share this positive experience with interested countries, in the framework of UNAIDS. We would have liked this to have been done earlier. We would have avoided a lot of pain and death. We could have been more effective in maintaining a balance in the use of the resources — always insufficient — that are required for prevention and treatment. We hope to expand this initiative in order to provide treatment to all those who need it urgently.

Finally, this morning the Secretary-General gave us a message of hope. Many children, women and men

have their eyes upon us. We cannot, and must not, disappoint them. Now is the time for decisive action.

**The Acting President:** I give the floor to His Excellency the Honourable Mr. Michael Wooldridge, Minister of Health and Aged Care of Australia.

**Mr. Wooldridge (Australia):** This special session presents us all with a historic opportunity to commit every effort to an effective, urgent and informed global response to the challenge of the HIV/AIDS epidemic. This session is an important step in building international consensus on priority areas for action and the concrete steps that must be taken in confronting this global crisis. Australia has been pleased to work alongside other countries, civil society groups and the Secretariat in recent months in the preparations for this special session.

We were also pleased that our Ambassador, Penny Wensley, was asked to co-facilitate the preparatory process. As leader of the Australian delegation, I should like to pay particular tribute to Ambassador Wensley's outstanding contribution, dedication and hard work in the process of preparing a declaration of commitment for our Governments to adopt here at the special session.

That declaration has the potential to show that the world community is serious about tackling the causes of HIV/AIDS, preventing its spread and caring for those who live with the virus.

Our experience in Australia has been one of substantial success in reducing new levels of infection and has been based on three key principles. The first has been to build and sustain a political consensus supported by all elements of our political system and endorsed by the Australian community at large. This has meant putting great effort into building a consensus across the political spectrum. Thus, in 1996, when the Government of Australia changed, Australia's HIV/AIDS policy did not.

The second feature of Australia's response has been a willingness on the part of the Government to engage and work with those most vulnerable to the virus. At this point, I note that the Australian Government is disappointed that it now appears that these groups will not be explicitly named in the declaration of commitment. In Australia, the support and commitment of such groups and their active involvement and partnership has been the basis for the

Australian national response to HIV/AIDS. We see it as part of a sensitive and respectful approach to affected individuals and communities. In this way, AIDS activism has been directed towards constructive participation, not destructive protest.

The third principle on which we have based our response has been scientific evidence. Where the evidence does not exist, we will fund social or scientific research to find the answers. We are ruthlessly pragmatic in our approach and in our quest to save the lives of many young, talented Australians. It was this approach that meant that we were one of the first countries in the world to adopt a needle-exchange programme, something that is barely controversial in Australia. When people with diabetes complained about this, we funded their needles too.

Australia recognizes the primary importance of promoting prevention as part of a comprehensive integrated response which includes all aspects of treatment, care and support. Interventions necessary for the treatment, care and support of people living with HIV/AIDS also provide opportunities for prevention through the engagement of affected communities and the raising of awareness on a broader scope. Efforts to build stronger health system infrastructures and to improve access to HIV/AIDS treatments will have maximum effectiveness when part of an integrated community response.

Support and encouragement for a robust and inclusive partnership between a wide range of groups has been a defining feature of Australia's response to HIV/AIDS. This is one of the reasons why Australia ensured that civil society members took an active role in the preparatory meetings and are here today as part of our delegation. We see the full involvement of communities through civil society organizations, including people living with HIV/AIDS, as crucial to an international response.

Partnership in decision-making, policy development and programme implementation helps to ensure that activities combating HIV/AIDS are effective and sustainable. Australia is encouraged by moves to adopt this approach on a global level, and, in promoting this participatory approach, we remain willing to share our experiences, both good and bad, with our international partners. No country confronts the threat of HIV/AIDS in isolation and no national response is without consequences beyond national

borders. All countries must be involved in efforts that extend beyond their domestic situation. As a country in the Asia Pacific region, we focus our assistance on our region; and while by no means underestimating the tragedy or immensity of the problems in Africa and other regions of the world, it is also important that the impact of HIV/AIDS in the Asia-Pacific region not be neglected.

At a regional level, Australia supports efforts to increase political commitment in response to the pandemic. To assist these efforts, Australia is inviting ministers from 38 countries across the Asia-Pacific region to a meeting in Melbourne in October this year.

In conclusion, I take this opportunity to thank you, Sir, the UNAIDS secretariat and its partners in the United Nations system for your firm commitment to this special session. We have the opportunity to do an immeasurable amount of good. The issues that we discuss are difficult and brutal in their impact. Whatever one may think, no country is spared. If these issues were easy, someone else would have dealt with them a long time ago. We have come here to the United Nations for these three days to address the issues because they are difficult and require leadership. Whether or not we display this leadership will be the mark by which our grandchildren will judge us.

**The Acting President:** I give the floor to Her Excellency Mrs. Daniela Bartos, Minister for Health and Family of Romania.

**Mrs. Bartos (Romania):** I have the honour to speak on behalf of the Romanian Government.

Today is an extremely important day. Today we all recognize with one voice that HIV/AIDS is no longer the problem of people living with AIDS; it is a major public health problem. For this reason, the Romanian Government has declared HIV/AIDS the main public health problem in our country.

At this time, there are 6,800 children and 1,745 adults living with HIV/AIDS in Romania. Of those, 33 per cent are on antiretroviral therapy.

In the meantime, we have had to cope with the increasing demand for treatment and care and with increasing numbers of infected adults. As the epidemic and its impact have spread, the number of committed partners in the national response has grown to include ministries, local and international non-governmental

organizations, the private sector, the media and the international donor community.

The Government of Romania and its non-governmental partners have, therefore, committed themselves to the development and coordinated implementation of a national HIV/AIDS strategy for the period 2000 to 2003. This strategy focuses on the prevention of infection among youth and vulnerable groups, the prevention of nosocomial infection and the social, legal, ethic and human rights aspects of HIV/AIDS.

Priority attention is also being given to improving health and social services, supporting people infected with and affected by HIV/AIDS and strengthening epidemiological systems to monitor developments in the epidemic over time.

The existing system of care and surveillance ensures access to care for all infected persons and has a good information database. This is doubled by a network of high-technology medical equipment that allows for good evaluation and monitoring of all treated and/or infected persons.

Nine university hospitals in the country serve as HIV/AIDS reference centres. Viral load testing and CD4 counts are available at these centres. In general practice patients referred to a reference centre have the choice to be followed up either at the reference centre or at the closest health centre. Regardless of the patient's choice, immunological and virological follow-up have to be performed at the reference centre.

Since the beginning, we have introduced the latest therapies and have increased them from one year to another. The budget has allocated up to \$20 million this year to the national HIV/AIDS programme. The Romanian Government is committed to maintaining the same budget or to even increasing it in real terms within the next four years. This was not easy to do in a country in transition that has severe budgetary restrictions and numerous public health and social emergencies.

Despite the challenges, we decided to declare HIV/AIDS the number one public health priority, and to introduce, beginning this year, universal coverage for treatment and care, including antiretroviral drugs for people living with HIV/AIDS. The medium-term action plan for universal access to treatment and care is

based on a real partnership with the United Nations and the pharmaceutical companies.

At this very moment, Romania has the following national priorities for the HIV/AIDS programme: the intensification of prevention of HIV/AIDS infection among youth and vulnerable social groups; the prevention of mother-to-child transmission; and the prevention of nosocomial infections and many others.

To accomplish those goals, budget allocations by the Ministry of Health and Family and the national insurance agency have consistently increased, from \$13 million in 1999 to more than \$20 million in 2001. The Ministry of Health has negotiated with the pharmaceutical companies for price reductions and has requested the support of UNAIDS for this purpose.

At the same time, the global fund for AIDS and health might represent a new and very important tool in the management of HIV/AIDS.

We take note with satisfaction that our priorities and concerns are well-reflected and included in the declaration to be adopted by this special session. Romania affirms its commitment to implementing the provisions of the United Nations declaration on HIV/AIDS and to take part in international cooperation in this very necessary framework, further benefiting from support and assistance in carrying out its national programmes in combating the pandemic.

**The Acting President:** I give the floor to His Excellency Mr. Zhang Wenkang, Minister for Health of China.

**Mr. Zhang Wenkang (China)** (*spoke in Chinese*): At the start of a new century, the United Nations is holding a special session of the General Assembly on HIV/AIDS to reveal and address the problem of HIV/AIDS. This special session is a manifestation of the determination and courage of all countries in combating HIV/AIDS. It will certainly have a profound impact on the effort to prevent and control HIV/AIDS throughout the world. I wish to take this opportunity to extend, on behalf of the Chinese Government, our warm congratulations to the participants in this special session.

The Chinese Government deeply appreciates the efforts made by the United Nations to curb the spread of the HIV/AIDS pandemic in the world. We appreciate the Secretary-General's report, which analyses the global situation and sets forth three important strategies

for prevention and control at the global and national levels: strengthening leadership, improving coordination and mobilizing resources.

At present, the HIV/AIDS pandemic is still spreading throughout the world. Africa is most seriously affected by the pandemic, which has greatly hindered and undermined the socio-economic development of the African countries. As the region with the largest population, Asia has witnessed the fastest growth of HIV/AIDS, which has infected 7.5 million people; and the number continues to grow, threatening to turn the continent into the next region worst hit by HIV/AIDS. The prevalence of HIV/AIDS in Latin America, the Caribbean and Eastern Europe is also very serious and is growing without letting up.

Indeed, HIV/AIDS has become a global crisis, and global efforts are needed to stem the tide. The prevention and control of HIV/AIDS receives high priority from the Chinese Government. In 1996, the Regime for the Coordination and Control of STDs and HIV/AIDS was established under the chairmanship of a high-ranking State Council official, with the participation of the heads of 34 ministries and State commissions. In 1998, the Medium and Long-term Programme for the Prevention and Control of HIV/AIDS in China from 1998 to 2010 was formulated by the State Council. This year witnessed the introduction of the Plan of Action for the Restraint and Control of HIV/AIDS in China from 2001 to 2005.

Central Government spending on the prevention and control of HIV/AIDS has grown nearly sevenfold, from an original annual budget of 15 million yuan to the present figure of 100 million yuan. In addition, national bonds for 950 million yuan have been issued for building and improving blood banks. Input from local governments has registered a corresponding increase. The prevention and control of HIV/AIDS in China is steadily progressing under the leadership of all levels of government. In the view of the Chinese delegation, leadership, coordination and resources are closely linked in the campaign to control HIV/AIDS.

The worsening prevalence of HIV/AIDS is concentrated in developing countries, where inadequate resources are a major underlying cause. Poverty is a major factor in the rapid spread of HIV/AIDS, and the epidemic has in turn aggravated poverty. In addition, the irrational international political and economic order, the heavy debt burden of the developing

countries and the uneven distribution of know-how have limited the capacity of developing countries to combat HIV/AIDS. With this in mind, I would like to make the following proposals.

First, emphasizing prevention is a strategy of primary importance in combating HIV/AIDS, particularly for developing countries, which lack resources. Only by quick preventive action can we protect people from becoming victims of the epidemic, ensure the health of our society, families and individuals, and minimize the impact of HIV/AIDS on socio-economic development.

Secondly, treatment is a critical issue in fighting HIV/AIDS. Most patients in developing countries cannot afford the high cost of drugs. However, there are still obstacles along the way to affordable drugs. This is unfair. Given the decreasing pharmaceutical prices on the world market, the United Nations should work closely with the rest of the international community to further improve the treatment of HIV/AIDS patients in developing countries.

Thirdly, in pursuing its strategy against HIV/AIDS, the international community should effectively implement immediate measures, while keeping in mind the long-term perspectives. Vaccination against HIV/AIDS, as a measure for the ultimate control of the pandemic, is economical for the developing countries and therefore merits adequate attention in a global control strategy.

Fourthly, international cooperation should be further enhanced and adequate resources mobilized to help and support the developing countries in their endeavour to prevent and control HIV/AIDS, as the bounden duty of the international community. Only by reversing the trend in the worst-hit regions at the earliest opportunity can the HIV/AIDS pandemic be brought under control on our planet.

**The Acting President:** I give the floor to His Excellency Mr. Roberto Flores Bermúdez, Minister for Foreign Relations of Honduras.

**Mr. Flores Bermúdez (Honduras)** (*spoke in Spanish*): We are aware of the great social, political and economic implications of the debate on HIV/AIDS. We know that its magnitude requires the full participation and efforts of all of our countries, as well as international solidarity. We know that prevention efforts must be given priority, particularly among the

most vulnerable groups. We know that treatment requires greater access to medical services and cheaper medicines within an improved public health system. We also know that Governments can successfully carry out a national response to this problem, which must include all sectors of society.

What we have not managed to do is get national and international actors to combat this crisis on an organized and long-term basis. Here is the true leitmotif of this special session: to mobilize the political will of all actors — national and international — so that they can make an intelligent, coordinated and sustained effort.

It is particularly important, therefore, to learn about the successful experiences of other countries and regions. For this reason, Honduras is participating in workshops during this special session in order to learn, but also in order to share our successes in managing the exceptional presence of this epidemic in our country.

At the end of the 1980s, the HIV/AIDS department was created in our Ministry of Health, with a presence in the most affected regions. This made it possible to identify immediately the behaviour of both the epidemic and the population. With the first national strategic plan against HIV/AIDS, which was adopted in 1998, we achieved broad, multisectoral participation. The opportune contribution by the community working together made it possible to promote the participation of new actors, ranging from organizations in civil society and groups at risk to municipal governments, chambers of commerce, associations of factory workers and religious organizations.

Gradually, the people of Honduras have come to identify HIV/AIDS as a national problem. The community directly affected by the epidemic has now organized itself into a social movement which provides guidance for, and support to, the different actors in the organization of our response.

My country is reformulating its strategies in order to provide comprehensive care of high quality and human warmth. This includes better access to antiretroviral medicines, which will benefit more than a thousand of our compatriots. Our legal framework is defined in the special law on HIV/AIDS of 1999. In 1999, we organized the National AIDS Commission to manage the coordination and formulation of policies. This Commission is already preparing the second

national strategic plan for the period from 2002 to 2006.

Today, we have an intensive monitoring system in order to learn about the epidemic and to better react to it. We also have a large number of specialized physicians who are working directly on this problem. With these measures — and here I have some very interesting news — Honduras has succeeded to the extent that the advance of the epidemic has been less extensive than was projected two years ago. We have become a country with experience in managing these problems and with a capacity to manage rationally and effectively the resources that the aid community continues to supply. However, despite these efforts we must acknowledge that this epidemic is continuing to spread dangerously.

For this reason, Honduras is prepared to shoulder greater responsibilities in the fight against this epidemic. However, our limited national resources make it necessary for us to call on countries that have better developed scientific, technological, human and economic resources in order to mitigate the factors that affect human development, such as poverty, unemployment, the human rights situation and violence. All of these are closely related to the issue we are discussing today.

In just a few days Honduras will assume the pro tempore presidency of the Central American Integration System. The fight against HIV/AIDS is a problem that transcends national borders. It is already being dealt with collectively by the Member States, but requires a greater sense of urgency in accordance with the decisions of this special session. Regional action will demonstrate the commitment and political will to fight HIV/AIDS collectively as part of our common development strategy. I would like to conclude by thanking the United Nations for its opportune and effective contribution to our national efforts. Thank you very much.

**The Acting President:** I give the floor to Her Excellency the Honourable Maria Minna, Minister for International Cooperation of Canada.

**Ms. Minna (Canada):** We are here for the nearly 40 million people living with HIV/AIDS worldwide. We are here for the 15,000 people that were infected with HIV today, and the 15,000 more that will likely be infected tomorrow and every day after that. We are

here for the 40 million children who will be orphaned because of AIDS by the year 2010.

We are here because a mother died today. We are here because a child died today and another lost a mother. We have an obligation to ensure that every citizen of this earth, which we share, can look forward to a healthy and productive future.

If this were a war that was killing millions of people, maiming millions more, leaving millions homeless, devastating countries, would we stand by? We would have intervened aggressively by now, as we did in the Second World War. This is a war; it is bigger than any war we have ever fought before.

This pandemic is a major obstacle to our International Development Target to reduce by half the proportion of people living in extreme poverty by 2015. It also foils our efforts to reduce infant and child mortality rates by two thirds by that same year.

We are here to make sure that every possible effort is made to try to prevent every single new infection and to make sure that every single person infected or affected by HIV/AIDS has access to the most comprehensive care, treatment and support available. We are here to make sure that the rights of all individuals and groups are protected and respected everywhere, particularly those most vulnerable to HIV, such as women and girls, men who have sex with men, intravenous drug users and sex workers.

This means an intensified commitment at the international, national and community levels, and this means involving civil society and people living with HIV/AIDS in every aspect of our efforts.

*(spoke in French)*

This United Nations session marks the turning point in our struggle against this terrible disease. It has been 20 years now, and we still have a long way to go, so let us therefore forge ahead based on what we know works. What works? Prevention works, as do integrative approaches. Prevention must be the mainstay of our response. As for comprehensive approaches, these must fully integrate prevention with care, support and treatment for all those infected and affected by HIV and AIDS. These approaches must also reinforce the linkages between HIV/AIDS, basic education, human rights and good governance.

*(spoke in English)*

In order to meet the targets outlined in the declaration of commitment, we need to make progress on all fronts.

In Canada we have a leading-edge Strategy on HIV/AIDS, which is meeting our own unique challenges, while also linking our efforts with those at the international level. This involves acting locally but thinking globally.

On the global front, Canada is quadrupling its development assistance funding for HIV/AIDS.

We have an HIV/AIDS Action Plan, which is a blueprint for how we will support international initiatives in areas such as prevention, education, community development, research in vaccine and microbicide development, and preventing mother-to-child HIV transmission.

In fact this morning, I committed over \$73 million for HIV and AIDS programming in Africa, the Caribbean, Asia and Central and Eastern Europe. This money is not money that will go to the global fund. That will be announced later. These are funds that we are using on the ground for prevention and other programming.

On another front, Canada has been instrumental in the shaping of the global fund for HIV/AIDS and health. We will support it financially. We are committed to making it operational by the end of the year. My Government believes that actions related to the fund beyond the special session must ensure inclusion of all partners, especially our developing country partners. Most of all, I believe we must all be concerned with ensuring that the fund works for those who need it most. We cannot afford to fail.

There has been some progress in the struggle against HIV/AIDS. The declaration of commitment to be endorsed on Wednesday is an opportunity to make a quantum leap forward. It is now up to each and every one of us to take ownership of the declaration and do what is necessary to end this epidemic. Thank you.

**The Acting President:** I give the floor to His Excellency the Honourable Tommy Tomscoll, Minister for Health of Papua New Guinea.

**Mr. Tomscoll** (Papua New Guinea): The major challenge for the national response to HIV/AIDS in Papua New Guinea has been our ability to address the

geopolitical and sociocultural diversity of our country in innovative ways. Many Papua New Guineans are infected with the virus; many do not know that they have the virus; and many more will continue to get infected because of the complex factors that are contributing to the spread of the epidemic in the country.

My country is probably one of the most difficult places in which to intervene and address such an issue as HIV/AIDS.

The diversity of the country, both in its culture and geographical terrain, makes communication with rural communities difficult. This is further compounded by such limitations as the low literacy rate and the more than 800 different languages, which make communicating with the rural majority a daunting task.

By enacting the National AIDS Council Act in December 1997 my Government acknowledged the threat of the AIDS epidemic to the country. With co-financing from the national Government, the Act established the National AIDS Council and its secretariat. The National AIDS Council membership is made up of all the central government agencies, private sector and non-governmental organizations and churches and people living with HIV/AIDS. In keeping with the Act, we established five working committees at the national level and 20 provincial AIDS committees, which are mandated to coordinate and implement provincial activity plans.

The provincial AIDS committees are made up of people from all sectors, and the majority of them have attained provincial government endorsement and commitment. The five working committees at the national level are responsible for guiding national response policy. These are the Behaviour Change Advisory Committee, the Medical Experts Advisory Committee, the Legal and Ethical Advisory Committee, the Research Advisory Committee, and the Sectoral Response Advisory Committee. The structures have been defined so that there are clear mechanisms for policy development and clear lines of communications with local authorities to plan and implement the comprehensive multisectoral response.

We are committed to the committees' being transparent and accountable so as to minimize duplication, involve maximum participation and allow

for rational use of resources at all levels of our response.

Although it appears that our affected population is small, the problems we face are immense. We estimate that out of a population of 5.2 million, about 10,000 to 15,000 people will fall ill from the disease in the next few years. The majority of the individuals to be affected will be the productive and economically important citizens of our society. In the World Health Organization (WHO) Western Pacific Region, ours is one of the three most affected countries, with the potential of reaching, within a decade, levels like those of sub-Saharan Africa. The Government is committed to avoiding this catastrophe with the support of our international partner agencies.

Major challenges facing us today are the already existing uncontrolled sexually transmitted infections, the growing problem of tuberculosis, and the difficulties of providing basic antenatal care to women throughout the country. Setting up proper pre-test and post-test counselling facilities presents a challenge in itself. Other issues of major challenge acknowledged by the Government include those of security and violence. Through the multisectoral response that we are actively pursuing, we are committed to addressing these and many other issues that can potentially fuel the epidemic in the country. I believe we must review many of the criteria set by global agencies, which often unnecessarily exclude Papua New Guinea from getting the support that is required to improve the social and economic development of the country.

While Papua New Guinea is seen as a resource-rich country, we still need financial support to ensure that services are provided. The Papua New Guinea National AIDS Council is committed to facilitating a study on HIV and development, which will seek to define factors that make Papua New Guinea appear rich but remain poor. This study will enable us clearly to visualize the socio-economic development dimensions of HIV/AIDS and address them in our next medium-term plan.

The United Nations is urged to clearly define its role through the UNAIDS mechanism at the country level, so that we are able to tap the valuable global resources the United Nations system may offer.

Access to treatment is an important challenge. To date the Government does not provide anti-retroviral drugs to those living with the virus. We acknowledge

that it is our moral and ethical responsibility to do so. While anxiously watching the global spread of the disease, we have been developing appropriate standards and protocols to introduce therapy. We have already started introducing treatment against mother-to-child transmission and are working on expanding it to provide retroviral therapy to all.

However, our financial situation prohibits the provision of anti-retroviral drugs to those living with the virus. We therefore welcome the establishment of the United Nations HIV/AIDS trust fund and commend the United Nations Secretary-General, Mr. Kofi Annan, for his insight and initiative. We thank those Governments and the private sector institutions that have contributed so far to this fund.

While we understand that our problems may pale into insignificance compared to those of sub-Saharan Africa, we must not lose sight of the fact that prevention is the only solution to the spread of this disaster. My Government sincerely hopes that Papua New Guinea's efforts to stem the tide of HIV/AIDS can receive support from this trust fund. We are also deeply grateful and acknowledge the generous support provided so far by all our international partner agencies: AusAID, the European Union, the Secretariat of the Pacific Community, all the United Nations agencies including UNAIDS, UNICEF, UNDP, UNFPA and the World Health Organization.

However, we remain mindful that any support provided must seek to avoid dependency and instead empower us to develop the skills necessary to mount a comprehensive response that can be maintained in our cultural and geopolitical setting.

Finally, my delegation wishes to thank the joint efforts of Ambassador Penny Wensley of Australia and Ambassador Ka of Senegal for coordinating the drafting of the outcome document for our consideration at this special session.

**The Acting President:** I now give the floor to Her Excellency Mrs. Mariángeles Argüello, Head of the delegation of Nicaragua.

**Mrs. Argüello** (Nicaragua) (*spoke in Spanish*): I wish to thank the Assembly for this invitation to speak and to thank the organizers of this special session of the General Assembly for the opportunity to meet here to search for solutions to the HIV/AIDS epidemic, which is causing serious problems for our countries.

Nicaragua is a small Central American developing country, with 5 million inhabitants. It has a weak economic capacity and serious limitations that make it difficult to guarantee the basic needs of the entire population. It is vulnerable to natural disasters such as earthquakes, hurricanes and floods, which have further hampered the national economy. Our efforts notwithstanding, the lack of financial resources and the scarcity of material resources, medicines, equipment and service infrastructure make international assistance of paramount importance if we are to overcome these problems.

The Ministry of Health of Nicaragua registered the first HIV/AIDS case in 1987. Through May 2001, a total of 688 people had been infected with HIV; of these, 320 have developed AIDS and 174 have died.

Allow me to stress the difference between Nicaragua's situation and that of other countries in the region. We are at present one of the least affected countries; in Nicaragua the epidemic is considered incipient or at a low level. However, the incidence level is increasing, and, as a result, in the last five years, the number of patients living with HIV/AIDS has doubled. This is why today more than ever we have to strengthen our comprehensive education, prevention and awareness campaign to stop this increase in the number of cases. For now at least we enjoy the unique advantage of having a concentrated epidemic that is in its early stages, and we should maintain this advantage for both present and future generations. If we do not take advantage of this opportunity to contain the disease, we will be condemning a significant number of Nicaraguans to illness, suffering and death.

This special situation in our country means that, in terms of cost-effectiveness, each dollar invested in the prevention of AIDS in Nicaragua will save many more dollars that would otherwise be needed for the treatment of opportunistic infections and the supply of antiretroviral drugs. This is why Nicaragua needs the assistance of Governments, international organizations, non-governmental organizations and friends in general in order to do the humanitarian work of preventing and reducing the economic and social impact of AIDS in our country.

We have a national strategic plan to fight sexually transmitted diseases and AIDS. The plan, to be implemented from 2001 and 2005, includes a series of strategic and priority activities. It was designed

through the joint efforts and participation of civil society, infected persons, government institutions and international organizations that provide assistance. Under the plan, \$20 million is needed to cover the most urgent needs; that is, so that the Nicaraguan Ministry of Health, the Nicaraguan AIDS commission and civil society organizations can carry out the necessary preventive, detection and treatment work.

One of our main achievements in this regard has been the approval of Law 238 on the promotion, protection and defence of human rights in connection with AIDS. With the application of this law, we have strengthened national coordination in regard to information, education, prevention and control of this scourge, through the official establishment of the Nicaraguan AIDS commission, over which I personally preside as Minister of Health. This commission works systematically, participating in and facilitating the decision-making process. It is composed of representatives of various government institutions, civil society and of people living with HIV.

Another advance has been the law regarding the security of transfusions. It establishes that no one, for any reason, will receive a blood transfusion without a previous examination. The law requires all private and public health-care services to first screen for HIV antibodies.

In Nicaragua we continue to be concerned about our ability to provide people infected with HIV/AIDS with comprehensive care that includes decent medical treatment and that is respectful of human rights. This has been an arduous and delicate task, particularly given our limited resources — our lack of medicines for the prevention of infections and of the funds needed for antiretroviral therapy. The international prices for antiretroviral drugs continue to be beyond our means, even though in the last few months they have decreased. Therefore, although the number of people in need of antiretroviral therapy in Nicaragua is still relatively low, this fact prompts us to seek the financial assistance needed to provide such therapy.

We need international solidarity so that we can achieve longer life expectancy rates with a better and more humane quality of life. We also want to offer pregnant women means of limiting the transmission of HIV to their children at birth.

I would need more time to express all our hopes and initiatives regarding the prevention and control of HIV/AIDS in Nicaragua.

No one in the international community should be excluded from the efforts to combat AIDS. Thus, my country is concerned that — notwithstanding Taiwan's pharmaceutical advances and its participation in various projects to combat the HIV/AIDS epidemic, undertaken in collaboration with both Governments and non-governmental organizations in many regions of the world, and especially in the western Pacific region — Taiwan cannot actively participate in the programmes of the United Nations system, because it has yet to be readmitted as a State Member of our Organization. Such exclusions, especially considering the humanitarian context, should not exist in the twenty-first century.

Finally, I would like to state that the Government of the Republic of Nicaragua, through its President, Mr. Arnaldo Alemán Lacayo, reaffirms its strong determination to see to it that the comprehensive actions to fight HIV/AIDS are stepped up in our country and are supported at the highest political levels.

I thank God for giving me the opportunity today to express from the heart Nicaragua's concern about this problem. I trust that friendly countries will understand our needs, and thus together we will build a better world for all.

**The Acting President:** I give the floor to His Excellency Mr. Hamza Rafeeq, Minister of Health of Trinidad and Tobago.

**Mr. Rafeeq** (Trinidad and Tobago): Less than one year ago in this very Hall, world leaders at the Millennium Summit pledged to halt and begin to reverse the spread of HIV/AIDS by 2015. The convening of this special session is an important step forward in achieving this goal.

HIV/AIDS rates in the Caribbean are the highest in the world outside sub-Saharan Africa. In the Caribbean, AIDS is the leading cause of death in the 15 to 44 age group, with an overall prevalence of approximately 2.1 per cent among the adult population.

Although initiatives have increased nationally and regionally to reduce the rate of increase, HIV/AIDS continues to spread relentlessly. Current national plans and actions are not sufficient to deal

with this disease. There is an urgent need for greater international assistance and support and for the involvement of all sectors, such as non-governmental organizations, civil society and the private sector, if the fight to defeat this scourge is to be successful.

The disease is a major problem for development. With the most economically active and productive population groups being the most affected by this epidemic, severe social and economic repercussions are inevitable. The financial and economic burdens are not the only disquieting aspects of the impact of this disease. There are also concerns at the individual level, such as the actual burden of the disease on victims and accompanying issues of discrimination and stigmatization.

In Trinidad and Tobago, the epidemic curve is on the rise. It is now estimated that 2.5 per cent of the sexually active population between the ages of 15 and 49 years are living with HIV/AIDS, though the real per cent age could be twice as high, given the high rate of under-reporting.

The number of females infected with HIV is greater than that of males in the age group 15 to 24. According to our national surveillance unit, the percentage of HIV-infected women increased from zero in 1983 to 33 per cent in 1990 and to 45 per cent in 1999. Eighty-two per cent of all reported HIV-infected women are within the age group 15 to 45 years. Since these women are of childbearing age, this scenario highlights the significant risk of mothers passing on the infection to their babies. Statistics have also indicated that at the end of 1999, 7 per cent of the total number of reported HIV cases were paediatric cases.

With 50 per cent of the new cases of infection now occurring in our young people between 15 and 24 years, and 70 per cent of all HIV/AIDS cases falling in the age group 15 to 44 years, there is no doubt that if this trend continues Trinidad and Tobago will be well on the way to an economic and social crisis. It is a burden on the country's resources, and the economy is finding it difficult to sustain this heavy burden.

A macroeconomic study of the impact of HIV/AIDS on key variables indicates that if the current rate of increase continues, by the year 2005 Trinidad and Tobago will experience a reduction of 4.2 per cent in its gross domestic product, 10.3 per cent in savings and 15.6 per cent in investment.

The Government of Trinidad and Tobago is extremely concerned about the possibility of this prediction becoming a reality. Even with limited resources, national efforts will continue to be pursued to better manage the prevention of HIV/AIDS and promote care and support for the infected. Many programmes are aimed at prevention through information and education and are targeted at the vulnerable in the population.

AIDS awareness activities include training of over 6,000 health-care workers. A national policy on the reduction of mother-to-child transmission has been implemented and is offered at most health facilities. Soon, a new policy on HIV/AIDS in the workplace, which will protect the rights of infected persons, will be introduced in Trinidad and Tobago.

Trinidad and Tobago will also be hosting the Tenth International Conference for People Living with HIV/AIDS in October of this year. We are also participating in phase two of the HIV/AIDS vaccine trials, because we are convinced that a safe, affordable and accessible vaccine is the most effective measure for curtailing the advancement of this disease.

The Caribbean Task Force Strategic Initiative on HIV/AIDS proposes a holistic programme response to the epidemic. This regional approach will ensure the integration of efforts and the effective use of resources, as Caribbean countries have common objectives and similar implementation plans. Assistance from the international community will boost this regional initiative.

Efforts are being made to strengthen both the human and physical infrastructure to deal with the epidemic and give appropriate care to persons living with AIDS. But our capacity and resources simply do not allow us to fully achieve this goal, especially in the provision of drugs for the infected. The Government of Trinidad and Tobago supports the call by the Secretary-General for a global AIDS and health fund and strongly recommends that special consideration be given to countries with a high incidence of HIV/AIDS, such as those in the Caribbean region. The vulnerability of our small economies to threats like HIV/AIDS cannot be overemphasized.

With regard to accessing special funding arrangements, the Government of Trinidad and Tobago is of the view that the Caribbean's premier financial institution, the Caribbean Development Bank, must be

seen as an important stakeholder. It is important to partner with an institution which is familiar with the sociocultural and economic environment and is sensitive to the needs of Caribbean Community countries. In addition, the criteria for accessing funds should not be burdensome and bureaucratic, and countries most in need should benefit.

The Government of Trinidad and Tobago would also like to suggest that as far as is possible, existing administrative arrangements within the United Nations system should be utilized to manage the global AIDS and health fund, in order to allow for the maximum use of the fund for its intended purpose.

At the end of 2000, it was estimated that nearly 22 million persons had died from the disease, and over 36 million were living with HIV or AIDS. There has to be a global war to arrest this crisis, and the declaration of commitment to be adopted at this special session is crucial in this quest. The challenge of reversing the spread of HIV/AIDS must be pursued relentlessly so as not to bequeath this life-threatening affliction to future generations.

**The Acting President:** I give the floor to His Excellency the Honourable Timothy Stamps, Minister of Health and Child Welfare of Zimbabwe.

**Mr. Stamps (Zimbabwe):** It is predicted that my country, Zimbabwe, will achieve zero population growth by the end of 2002, the first developing country in modern times to do so. This is due to a combination of three factors. First is the resounding success of our national family planning initiatives, reducing the total fertility rate by two whole units since 1982. Second is outmigration, especially of educated young professional and technical persons and their families. The third factor is escalating death rates, which in themselves have reduced natural growth by almost 50 per cent.

All of these factors have been influenced by the HIV/AIDS epidemic, not merely because of the contribution of HIV to death rates, but also as a result of the effect of awareness of HIV risks on reproductive activity and the very real fear of wise, educated adults of the risk of HIV infection, not so much for themselves but due to the environmental risk for their growing children, who are exposed daily to the promotion of promiscuity and sexual variation by the popular media. The economic, demographic and social consequences of these events are grave, and we have

yet to see their full results. In Zimbabwe as in the rest of the Southern African Development Community (SADC), we are very conscious of the active and passive ethnic discrimination exercised against black Africans. How else does one explain the exponential growth of HIV in our region as compared to other countries where the disease surfaced earlier?

Yet we have achieved as a nation two internationally recognized and acclaimed successes, which we continue to prioritize: first, ensuring and maintaining, since the earliest days of the epidemic in 1985, a sustainable, safe, national blood-transfusion service; secondly, the highest coverage, of any country in the world, of reliable quality condoms (18 per male per annum since 1994), and, in addition, the creation of a sound hypothecated taxation scheme, amounting to 3 per cent on personal income tax and 3 per cent on corporate taxes. Last year this raised over US\$ 30 million. It is managed by an autonomous National AIDS Council established by Act of Parliament, drawing its membership from all sectors of our society and with the mandate of a national HIV/AIDS policy ensuring that the major support is at the district level.

The President of my country, Comrade R. G. Mugabe, is the patron of the Council. We feel compelled to inform Mr. Natsios, the new head of USAID, that though we may not have clocks or roads in Africa, we do know the time, and time is ticking away inexorably for some of our States. Because of world globalization the lack of roads can be compensated for by world Coca-Colanization — we use Coca-Cola trucks very effectively to get vaccines and medicines to the people.

We know that antiretrovirals are only a part of the solution to the problem. But as long as they are denied to us, the message of prevention, especially the importance of knowing one's HIV status in our epidemic situation, is inadequately supported.

The world should recognize that we have taken the bold initiative to repossess our land in order to ensure that families have access to food and economic security, thereby combating, in order to survive, the risks of HIV exposure resulting from adventitious and adventurous commercial sex.

We have had enough of the discriminatory stigmatizing attitude of the rich towards the poor and the inequality which propagates the virus. The danger

of this attitude is that the have-nots and the haves will become the "HIVs" and "HIV-nots" around the world.

We pledge support to the global fund for HIV and health and intend to earmark the equivalent in local currency of US\$ 1 million from our own resources, explicitly as seed money for the creation of a budget line to identify, treat and eliminate reproductive tract cancers that are HIV-related. This demonstrates our solidarity with the Secretary-General's initiative, as well as our recognition of an area that has so far been neglected and affects our most vulnerable people, the young women of Africa.

May God bless you.

**The Acting President:** I give the floor to His Excellency Mr. Bolaños Duarte, Minister of Public Health and Social Welfare of Guatemala.

**Mr. Bolaños Duarte** (Guatemala) (*spoke in Spanish*): Twenty years after the epidemic burst upon us, we applaud the holding of this twenty-sixth special session of the General Assembly as a means of reviewing what has been done in the area of HIV/AIDS. We note that the last decade has seen new processes of globalization and advances in information techniques as well as in antiretroviral therapy that have changed the image of the HIV/AIDS pandemic. Today, I have the honour of representing Guatemala at this important gathering.

Our country is characterized by contrasts and ethnic diversity with a multicultural, multi-ethnic and multilingual population. It is estimated that the population groups most exposed to HIV transmission are mainly in the urban areas. The first known AIDS case in Guatemala was identified in 1984. Up to the present, 4,010 cases have been reported. However, our national programme believes that 50 per cent of cases go unreported. The Guatemalan Government's determination to combat HIV/AIDS has been reflected in the Health Code, which assigns to the Ministry of Public Health, with the participation of other sectors, the responsibility for evaluating and supervising action to control sexually transmitted diseases, including HIV/AIDS.

A general law on STD/HIV/AIDS has been enacted and it declares the disease to be a social problem of national urgency, assigning to it a sum of 5 million quetzals for the activities carried out by the Ministry of Public Health through the STD/HIV/AIDS

programme. The law contains provisions on the human rights of persons living with AIDS and, very importantly, also mandates the Ministry of Education to include in the curriculum a section on human sexuality, including sexually transmitted diseases and HIV/AIDS from fifth grade in primary school onwards.

In this context the Ministry of Health, in coordination with other ministries such as the Ministry of Education and Interior and with organizations in civil society, international organizations and UNAIDS, drew up and set in motion the national strategic plan for STD/HIV/AIDS for 1999-2003, which lays down the strategic objectives and priority lines of actions to be pursued by those institutions.

Within the National Health Council, an agency that provides advisory services to the sector, the Ministry of Health has initiated actions that aim to create a national unit to provide care for people living with HIV/AIDS. To that end it established three commissions. One commission is to formulate a proposal for the management of this national unit as a decentralized and autonomous agency that will receive contributions from sectoral institutions that operate in this area, such as NGOs, the Guatemalan Social Security Institute and organized civil society institutions that combat AIDS. This effort is designed to reduce the social-economic impact of dealing with this social and health problem merely as a public health matter, and also to promote the integration and complementarity of the contributions from the institutions that I have mentioned.

The second commission is charged with the epidemiological analysis of HIV/AIDS. It will study the magnitude and the mechanisms of this problem so as to improve the decision-making process. The third commission is to study access to antiretroviral treatments in order to develop strategies to make them more accessible from the economic and functional perspectives. It will primarily develop mother-to-child transmission prevention programmes, including diagnostic tests. It will standardize diagnostic systems, offer antiretroviral treatments, provide outpatient services and carry out HIV/AIDS research. It will apply universal precautionary measures in the provision of health services and will develop information, education and communication plans that will enable us to reduce HIV transmission of that kind.

As the representative of Guatemala, I wish to convey the determination of my country to assume the various commitments contained in the declaration on the struggle against HIV/AIDS, which refers to strengthening and motivating all levels of leadership in society and throughout the Government. We also think that it is necessary to review and implement strategies and plans for national and multisectoral financing in order to pursue the fight against AIDS and come to grips with the stigma, silence and denial with due regard to the gender and age dimensions.

Finally, I wish to state that our Government pledges to continue observing all the commitments entailed by the adoption of the declaration, because we are conscious of the need to unify our efforts at the national, subregional, regional and global levels in order to halt the progress of this pandemic, which is causing so much suffering to humanity.

**The Acting President:** I give the floor to His Excellency the Honourable Ashock Jugnauth, Minister for Health and Quality of Life of Mauritius.

**Mr. Jugnauth (Mauritius):** It is my pleasure on behalf of the Government of the Republic of Mauritius to address this most distinguished gathering of delegates of the twenty-sixth special session of the United Nations. It is a privilege for me, on behalf of my country, to contribute to the debate which brings together such distinguished national delegates from every corner of the world for the cause of humanity. I tender the personal apologies of the Right Honourable Prime Minister of Mauritius, who was not able to attend this important gathering.

We are here, because we all share a profound concern for the sheer scale of the human impact of the HIV/AIDS pandemic. But this is of little value unless it is coupled with a well-tuned capacity for taking practical steps to provide support for those affected and to arrest the spread of the disease.

The purpose of this special session of the United Nations is to reach an agreement on a declaration of commitment. This commitment will outline priority areas for action. We are here therefore: to agree on the most cost-effective ways and means of reversing the spiralling rates of HIV infection; to agree on the best means for the clinical and personal care of patients with HIV/AIDS; to agree on how those with HIV/AIDS can best be supported so that they can continue to live as normal a life as possible; and to agree on how we

can best meet the very dire needs of those orphaned by AIDS.

I firmly believe that the declaration of commitment towards which we are working will strengthen bonds among nations, communities and all partners, who are represented here today at the global and national levels and will offer ideas and models of good practice for a common goal. The statistics on deaths caused by AIDS since the 1980s, particularly in Africa, on those infected by the HIV/AIDS virus and on actual and potential AIDS orphans are nothing less than alarming. However, this is not just a health problem for Africa; it is a social and economic bomb.

AIDS is killing ten times as many people as war, sabotaging economic development, destroying the social fabric of society and creating a generation of orphans. AIDS is reversing decades of health gains and economic and social progress.

Owing to its chronic nature and the life-threatening conditions associated with it, health-care costs for HIV-infected persons and AIDS patients are tremendous, putting a heavy burden on governments in Africa, which contains many of the poorest countries in the world that are least able to protect themselves.

Despite considerable efforts made by the Southern African Development Community (SADC) to address the HIV/AIDS pandemic and its effects, HIV infections and morbidity caused by AIDS continue to increase at an alarming rate, with a drastic impact on the region's socio-economic development.

The SADC Heads of the State Communiqué 2000 addressed the HIV/AIDS pandemic by stating: "there can be no meaningful development in the SADC region as long as HIV/AIDS is not addressed on an urgent and emergency basis". This pandemic is cutting off the very roots of social and economic progress.

Two of the key resolutions of the SADC Health Ministers' meetings on HIV/AIDS held in Gaborone dealt with sustained help to those afflicted, and affordable medicines and cost-effective prevention programmes.

I am pleased to note that the pledges of the African Heads of State and Government made at the Abuja Special Summit in April 2001 have been included in the draft declaration of commitment on HIV/AIDS. These pledges include the setting up of a target of allocating at least 15 per cent of their annual

national budgets to fight the HIV/AIDS epidemic and increased complementary international assistance to countries whose resources are limited.

I am also pleased to say that the Indian Ocean Commission, which groups countries of the Indian Ocean region — namely Mauritius, Madagascar, Comoros, Seychelles and Réunion Island — has included HIV/AIDS in its agenda as a priority.

Distinguished delegates, it is befitting for me on such an occasion to present the HIV/AIDS profile of my country on this platform. The first case of HIV/AIDS was registered in Mauritius in 1987. Since then, 312 cases have been officially reported, of which 69 are non-residents. Among the 243 residents, 68 have died.

By 1987, the Ministry of Health and Quality of Life was already implementing a national AIDS control and prevention programme, which included many strategies aimed at reducing the incidence of HIV infection. Much emphasis has been laid on educational activities, which, in fact, constitute the backbone of the HIV control programme. These activities aim at promoting safer sex behaviour among the population and among high-risk groups like sex workers.

As regards mother-to-child infection, a programme for the prevention of HIV transmission has been in place since 1998. All pregnant women attending antenatal clinics are counselled and are made to undergo blood tests subject to their consent. Besides, a protocol has been established for HIV-positive pregnant women to be provided with antiretroviral treatment during pregnancy and delivery.

The newborns also receive such treatment for six weeks after birth, and are given free formula-milk for a period of two years. We have found that this prevention protocol cuts down the risk of transmission from 25 per cent to less than 5 per cent.

With a view to having a more concerted and comprehensive approach in the fight against AIDS, key ministries, non-governmental organizations and civil society have come together to develop a multisectoral national strategic plan with the assistance of UNAIDS.

The low prevalence of HIV/AIDS cases registered in Mauritius can be attributed to prevention programmes and to other factors such as free education from primary to tertiary level, free and easy access to medical care, and poverty alleviation. We need to

ensure that low prevalence does not create complacency in the population. In view of the alarming trend in HIV infection worldwide, Mauritius has the potential to become a high-risk country, the more so given changing lifestyles and the mobility of the population to and from other countries. More than 700,000 tourists visit Mauritius every year. We just cannot afford to neglect our HIV/AIDS programme because of its apparent success. The Government of Mauritius is further proposing to set up an inter-ministerial committee on HIV/AIDS, to be chaired by the Right Honourable the Prime Minister or the Deputy Prime Minister and Minister of Finance, for the implementation of the national strategic plan which has already been drafted according to our needs.

Political will and leadership are of utmost importance to the success of a prevention programme. Unless political, social and religious leaders are convinced of the need urgently and imperatively to address the issue, no programme will have the desired impact, however well-intentioned it may be. It is significant that in Mauritius we had a national action control and prevention programme, supported by all community leaders, even before any case of HIV/AIDS was reported in the country. That gave us a good start, and we have to continue and consolidate on that basis.

Despite the availability of life-prolonging drugs such as antiretroviral therapies, accessibility to those drugs is restricted because of their prohibitive cost. Here, I wish to make an earnest appeal to the pharmaceutical industry, especially to those firms engaged in the manufacture of antiretroviral drugs, to change their fly-by-night mentality and revise the prices of those life-prolonging drugs for the sake of humanity.

We are gathered here as members of one and the same community dedicated to alleviate the suffering of those whose lives have been debilitated by HIV/AIDS. Health being a fundamental human right, we should always remain strenuous defenders of patients' rights, which include the right to care and treatment.

The twenty-sixth special session of the General Assembly is sounding a clarion call to all nations to be on full alert on the HIV/AIDS pandemic. The declaration of commitment should be a sacred agreement among nations. There are rays of hope on the horizon. Consolidated preventive intervention programmes are showing good signs of success. In

some of the African countries, the rate of HIV infection is being controlled and shows a promising tendency to decline further. But the battle is not yet won. There is a long way to go.

I wish on behalf of the Government of the Republic of Mauritius to commend to this Assembly the draft declaration of commitment.

**The Acting President:** I now give the floor to His Excellency the Honourable Viliami Tangi, Minister of Health of Tonga.

**Mr. Tangi (Tonga):** It is my honour and privilege to address this special session of the General Assembly convened to review all aspects of the problem of HIV/AIDS. The spread of the HIV/AIDS epidemic has exceeded all estimates; this special session reflects the international community's recognition that HIV/AIDS has become a global emergency. I therefore commend the efforts of the Secretary-General and his strong leadership in combating the pandemic. I also wish to acknowledge the important role played by the President of the General Assembly in preparing for this special session and the tireless efforts of the facilitators, Ambassador Wensley of Australia and Ambassador Ka of Senegal.

The spread and effects of the HIV/AIDS pandemic do not respect regional or national boundaries and spare no community. Though the numbers of HIV/AIDS cases are relatively low in the Pacific region and in Tonga, this does not give rise to a sense of complacency. The incidence of HIV/AIDS cases is increasing. In our view, preventive and control measures are of utmost importance in combating the disease. It is in that context that a national strategic plan is being developed in response to HIV/AIDS in Tonga. Priority areas for action include increasing community awareness of the disease, of how it is transmitted and of methods of prevention. Access to affordable drugs is essential, as is strengthening existing health-care systems. Above all, financial resources must be mobilized for an effective response.

I believe that knowledge empowers, and that that kind of empowerment can effectively combat the spread of HIV/AIDS. In Tonga, that approach applies not just to HIV/AIDS but also to combating other infectious diseases. We must therefore educate those in leadership and teaching roles at all levels of our communities. Health workers in particular play a crucial role in this equation. All relevant information

on HIV/AIDS must be readily available. We must target both adults and young people in our communities.

We must also recognize that certain groups within our communities have a higher risk of infection. This might be due to social circumstances, age, employment situation or lifestyle decision. Information and awareness activities must target those groups to increase their knowledge and their awareness of their own vulnerability, to reduce their risk behaviour and to promote healthy lifestyle choices.

It is of grave concern that HIV/AIDS prevalence is higher among women and young girls than among any other group. There is clearly a need to develop measures to increase the capacity of women and young girls to protect themselves from the risk of infection. This might be done through prevention education and the provision of reproductive health services.

Living with a potentially fatal condition produces great stress and strain, and those people have special problems and needs that must be addressed. Those needs not only include health care and treatment, but also extend to social and spiritual support. People living with HIV/AIDS have a right to confidentiality and must not be subjected to discrimination, whether it be in the family, the workplace or the community. To address these issues, we must raise community awareness of the special needs of people living with HIV/AIDS by strengthening, where possible, existing health care and support services and by ensuring that quality counselling is available to all those involved.

Basic national health and social infrastructures are essential for the effective delivery of preventive and care services. Our national health system is currently overstretched as it is. It is therefore vital that our national health system be improved and strengthened in order to cope with the demands of HIV/AIDS. This would include the existence of a safe blood supply system that provides protection to donors, recipients and health workers.

As we have seen during the past two decades, HIV/AIDS is not just a health problem. Its widespread social and economic impact is potentially devastating in a small community such as ours, of just over 100,000 people spread over some 170 islands. It is therefore essential to coordinate the activities of the many different relevant agencies in order to attain the best and most effective response possible.

At the national level, the establishment of a network mechanism within and between Government, churches, non-governmental organizations and the private sector is crucial. An ongoing commitment from all those groups to the HIV/AIDS response must be developed. We also recognize the important role of non-governmental organizations in planning, implementing and monitoring the HIV/AIDS response. At the regional level, organizations must be equipped to support and strengthen efforts undertaken at the national level. In that regard the continuing presence of UNAIDS in the Pacific region is crucial.

In closing, we commend the commitments and leadership efforts that have been made thus far. In particular, we welcome the establishment of a global fund to combat HIV/AIDS and thank those who have expressed support and made pledges to this fund. A Pacific island nation like Tonga cannot combat HIV/AIDS effectively with its limited resources. In this regard, we wish to thank the Australian Agency for International Development (AusAID) and UNAIDS for their efforts in response to HIV/AIDS in the Pacific region. We look forward to participating in the regional ministerial meeting on HIV/AIDS to be held in Melbourne in October this year, and we welcome further such opportunities in the future.

We see this special session as a window of opportunity for reinforcing existing efforts to find the right approach. We therefore hope that the declaration of commitment to be adopted at this special session will lay a solid foundation for a global consensus on meeting the challenges ahead.

**The Acting President:** I give the floor to His Excellency Mr. Valery Filonov, Deputy Minister for Health Care of Belarus.

**Mr. Filonov (Belarus) (*spoke in Russian*):** On behalf of the President and the Government of the Republic of Belarus, our delegation sincerely welcomes the convening of this special session of the General Assembly on HIV/AIDS.

Until 1996 the Republic of Belarus was a country with a low HIV infection rate, with 5 to 20 new cases registered annually. Just as everywhere else in the world, sexual contact was the most common means of HIV transmission. A critical change occurred in 1996, with the rapid spread of HIV infection among intravenous drug users.

As of 1 June of this year, 3,587 cases of HIV infection had been registered in Belarus, or 37 cases per 100,000 people. The most common mode of HIV transmission — in 78.42 per cent of all registered cases — is among intravenous drug users. Of great concern is the fact that the majority of infections — about 80 per cent — have been diagnosed among young people of reproductive age.

It is extremely worrisome also that recently HIV has been spreading from drug users to the population as a whole.

Furthermore, not only has the number of HIV-infected young women been rising, but there has also been a great increase in the number of children they bear.

The Government of our country considers these facts as militating for the strengthening of efforts of our State and civil society in the combat against this pandemic. In order to control the spread of HIV infection and to devise holistic measures to address this scourge, a State programme on HIV prevention was adopted. Its implementation is handled by the newly established Inter-Agency Council on HIV and Venereal Disease Prevention, under the leadership of the Deputy Prime Minister. The Council coordinates the activities of various ministries, institutions and community-based groups.

The activities of the relevant ministries and institutions are focused on preventive measures, primarily among young people, and information is given free of charge. A great deal of attention is given to the needs of people living with HIV/AIDS. Appropriate medical care is given them, and advanced methods of treatment are being used, including multi-component therapy, all funded from the national budget.

To reduce the risk of vertical transmission of HIV/AIDS, since 1997 we have been using a drug-based preventive treatment for both mother and child, as well as Caesarean deliveries and artificial lactation for infants. At the present time the State budget can cover all those in need, but, in future, should the number of people infected with HIV/AIDS grow rapidly, then there will be a serious need for active international cooperation.

With respect to the affordability of methods of HIV/AIDS treatment, our delegation deems extremely

important the establishment of global and regional mechanisms for the provision of HIV-related drugs, which should complement appropriate domestic measures and strategies. As a way of reducing the price of HIV-related drugs, we believe it is critically important to develop, where possible, domestic pharmaceutical capacities. Indeed, Belarus has synthesized and successfully tested an antiretroviral drug called *Zamitsit*.

Of the number of measures designed to prevent the spread of HIV/AIDS in Belarus, many target people who engage in unsafe behaviours. Such measures are implemented both by government agencies and within the framework of international projects and non-governmental organizations, with financial assistance from international donors, which should continue.

Belarus's holistic approach to combating HIV/AIDS has allowed us to somewhat stabilize the HIV situation in our country and to reduce the number of young people aged 15 to 19 who are infected, from 24.4 per cent of the total number of infected people in 1996 to 9.6 per cent in 2000. We have also decreased the incidence of HIV/AIDS incidence among conscripts, from 6.7 cases per 1,000 people tested in 1996 to 0.4 cases last year.

However, measures to prevent the spread of HIV/AIDS are extremely costly. In view of the spread of the pandemic in the context of globalization, this makes it absolutely essential to enhance international cooperation in this area.

In this regard, at the global level we deem it extremely important to strengthen system-wide coordination within the United Nations in the area of combating HIV/AIDS, including through the provision of active support for the activities of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and through multilateral and bilateral partners. We wish to stress in particular and to commend the high level of cooperation that has evolved between our Government and related United Nations agencies, including the country team in Minsk, in the area of combating HIV/AIDS.

We also deem it especially promising that the efforts of States in this area have been consolidated at the regional and subregional levels. This cooperation, in our opinion, could prove particularly effective for countries where similar factors are contributing to the spread of HIV/AIDS.

**The Acting President:** I give the floor to His Excellency Mr. David Bersh, Deputy Minister of Health of Colombia.

**Mr. Bersh** (Colombia) (*spoke in Spanish*): First of all, it is of the utmost importance to express gratitude to the United Nations for having devoted this special session to a public health issue that undoubtedly constitutes the most serious pandemic the human race has ever had to confront.

The number of HIV cases worldwide will soon be higher than the number of Second World War fatalities. In some countries more than half the people below the age of 15 will die as a result of this disease; that figure may reach two thirds if effective measures are not taken. Under these circumstances, it is hard to know what the future demographics of such populations will be. There still is no effective vaccine or cure for AIDS. Furthermore, there are considerable cultural difficulties involved in carrying out effective prevention.

For these reasons, I will repeat something that may seem alarmist but that is true: the human species has never faced a comparable epidemic. I can say this with the authority that comes from having been a member of the world Medical Research Council of the World Health Organization and having devoted my life to public health. This is why this United Nations decision to seriously confront the threat of AIDS is so important.

In Colombia, the number of AIDS cases has tripled in just two years. In terms of the number of reported cases, Colombia ranks fourth on the list of continental Latin American countries, although the incidence of AIDS is not known in a part of our country's population that is very vulnerable to this illness: people living in conflict areas. Aware of the great human, economic and social harm caused by AIDS, Colombia has adopted a firm political decision that will enable it to do everything necessary to address this problem.

This policy is clearly expressed in the national strategic plan against HIV/AIDS. The plan's general objectives are to consolidate intersectoral and institutional coordination in the country; strengthen activities in the fields of information, education and communication; promote social participation; mobilize the private sector; create programmes and projects for prevention and/or assistance for the most vulnerable populations; update, develop and disseminate the legal

and regulatory framework for AIDS; strengthen the public health monitoring system; and carry out research, assessments and monitoring.

The policy is clear and genuine. The plan is developed through its programmes and activities, and we are prepared to make any adjustments recommended at this special session. But I must point out that what is lacking for its implementation in Colombia, as well as in other countries in similar conditions, is the required economic resources. These resources may come from international cooperation, but they can also come through better rationalizing of the costs involved in coping with AIDS.

For example, the high costs of the drugs presently being used, such as antiretroviral products, restrict considerably the prevention efforts that must be made. A simple and striking example of this is the fact that with what it costs in Colombia to treat a single AIDS case for one year, the social security health payments for 200 people for the same one-year period could be paid. As there are 22,000 recognized AIDS cases in Colombia, if the cost of antiretroviral drugs were reduced by half, then we would save enough on resources to be able to sign up 2 million poor people in the social security programme, or we could treat twice as many AIDS patients. Seen from this perspective, better rationalization of the cost of drugs used for AIDS would have a great impact on the health of millions of people.

The decisions that will be made in this Assembly will have a great impact not only on the well-being of all individuals, but, as I have said, on the very survival of the human species.

**The Acting President:** I give the floor to His Excellency Mr. Haik Darbinian, Deputy Minister for Health Care of Armenia.

**Mr. Darbinian** (Armenia) (*spoke in Russian*): It is a great honour for me to address this special session of the General Assembly on HIV/AIDS, speaking on behalf of the Government of Armenia. I hope that this historic meeting will make a qualitative difference to global cooperation under the auspices of the United Nations in curbing and fully eradicating this dire scourge that we inherited from the last century. It is extremely important to realize that meeting the challenges of the Millennium Summit depends directly, to a large extent, on the success of this session.

Acquired immunodeficiency syndrome (AIDS) is a serious threat to mankind as a whole; it is a threat to the social, economic and political well-being of millions of people. In this context, we think it is more than timely to recall what was said by the Secretary-General, Mr. Kofi Annan; it is a threat to an entire generation and to the whole of civilization. The fact that the crucial mission of combating this pandemic is under the direct control of the most authoritative international Organization attests to the global awareness of this threat to mankind. At the same time, it gives us hope that by pooling our efforts, under the auspices of the United Nations, mankind can conquer this terrible illness.

To date, Armenia has registered 153 cases of HIV infection. But an assessment of the situation shows that the true infection rate is really 10 to 15 times greater than the official statistics report. There are estimated to be actually between 1,500 and 2,200 HIV-infected persons in Armenia. Two ways of transmitting the disease predominate in Armenia: intravenous drug use and heterosexual contact. There are also a few cases of mother-to-child transmission and cases of transmission through homosexual and other contact.

The most promising way to counter this disease is through the establishment of intergovernmental mechanisms, the mobilization of governmental and non-governmental organizations, the mobilization of our financial resources, the widespread use of information and education programmes for various groups of the population and the widespread use of the media to promote a healthy lifestyle and responsible sexual behaviour. We also would like to say that such actions as the introduction of HIV/AIDS prevention programmes among vulnerable people, the introduction of sex education programmes, the introduction of systematic and effective epidemiological surveys and ensuring that donated blood is safe are all priorities in fighting the epidemic.

Preventive action is having some success, despite the obstacles encountered. We wish to point out the adoption of a law in my country called the HIV/AIDS prevention law. We also have very high-level professionals working in this area. An AIDS prevention centre is operating in Armenia, and it has great scientific and practical potential. I wish to note that despite the economic difficulties faced by countries in transition, my Government is allocating considerable resources to scientific research in this area. We hope

that cooperation will be expanded and developed within the framework of the UNAIDS programme and the World Health Organization, as well as with other international structures.

Among the obstacles that we face on a daily basis, I would refer to the complexities of the present transitional period, primarily the lack of financial resources, which hampers full-scale prophylactic measures. My country's Ministry of Health has adopted a national strategic plan to combat the HIV/AIDS epidemic, whose aim is to mobilize the resources of public, private and international organizations, and to set up a powerful interdepartmental mechanism to combat the epidemic. This plan will be the basis for our national HIV/AIDS prevention programme in Armenia, which will be adopted in the near future.

In conclusion, I wish to express support for the draft declaration that has been introduced on commitment to combating HIV/AIDS. I am sure that this document will become a guide for the elaboration and adoption of national and regional strategies to combat this epidemic.

**The Acting President:** I give the floor to His Excellency Mr. Mohammad Abdulhasan, Chairman of the delegation of Kuwait.

**Mr. Abdulhasan (Kuwait) (*spoke in Arabic*):** I would like to say how much my country appreciates the efforts being made by the Secretary-General of the United Nations to confront the plague of HIV/AIDS. This morning, in his preliminary declaration at the opening of the special session of the General Assembly, he explained some of those efforts. I would like to recall some specific points. He wants to start an international fund to combat this terrible pandemic and we hope that this fund will indeed play a pioneering role in combating the spread of this disease and will serve to limit its devastating social and health consequences.

It is generally recognized that one of the greatest challenges in our world today is that of sustainable development, and we cannot achieve that goal until various intertwined factors are in place regarding the health of individuals and their society. This, of course, cannot happen in the absence of security and stability. It seems that wars are not the only scourge that threatens the safety and stability of man and society. Diseases threaten humankind, and they know no regional or geographical borders. The AIDS pandemic

is one of the most devastating of such diseases. It appeared two decades ago and spread rapidly to all continents. All the States of the world have suffered and experienced how dangerous this pandemic is. It is for this reason that the United Nations organized this special session — to elicit a world commitment to coordinated, intensive and well-targeted national and international measures.

One of the essential principles in putting an end to AIDS is the provision of preventive and therapeutic tools to prolong life and to carry out research into treatment and prevention, and apply it to the populations of the world on an entirely egalitarian basis.

We believe that one of the essential elements of prevention is to abide by the principles of the heavenly religions that ban some practices referred to today. The widespread nature of these practices is one of the main causes of the pandemic. We Muslims find in our religion the example to be followed. By respecting the precepts of our religion we have considerably circumscribed the damage caused by this pandemic.

Kuwait attaches great importance to preventing and managing AIDS. Knowing that the number of persons afflicted by this disease is not more than 100 in Kuwait, we have nevertheless created a special commission comprising the Ministries of Health, Information, Education, Interior and Foreign Affairs. On this basis we have created a general treatment policy and adopted programmes and plans to protect our population. Out of this main committee legal, technical and informational subcommittees have been created. Among Kuwait's successes I would like to mention the creation of a special office to follow developments and identify new cases with the participation of public health doctors and the Ministries of Health and Education. We have awakened students at the intermediate level to the seriousness of this disease and ways to prevent it. We treat patients in a humane and non-discriminatory manner and explain how they can make sure not to transmit this disease to their families. They can contact their doctors whenever they wish. Kuwait believes that all countries, and in particular African countries, have to be assisted. We call upon pharmaceutical companies to provide the necessary assistance to African countries and support the decision adopted by the 26th Conference of Ministers of the non-aligned movement in Johannesburg.

Let us join our efforts to contend with this devastating disease. Let us hope that this special session will produce a practical commitment that will limit the expansion of this disease and eliminate it.

**The Acting President:** I give the floor to His Royal Highness Prince Zeid Ra'ad Zeid Al-Hussein, Chairman of the delegation of Jordan.

**Prince Al-Hussein (Jordan) (*spoke in Arabic*):** I have the honour of representing my country at this special session of the General Assembly. We consider the question of the spread of HIV infection and the role of Governments and humanitarian organizations in combating it to be of extraordinary importance.

There is no doubt that we are facing a pandemic without precedent. As you know, it has resulted in millions of cases of death and is steadily growing in a number of regions of the world. We are facing a catastrophe with devastating effects on many countries, a calamity destroying the hopes of millions of people and damaging development efforts and living conditions. It has also resulted in a resurgence of other diseases. As well, it is making it impossible for the health services to fight other serious diseases, such as tuberculosis. This was regarded as a disease of the past but it has now returned.

The death of parents leads to children becoming orphans, left without the protection and tenderness that they need. In Jordan, in addition to strict controls over blood transfusions, the strategy of combating AIDS includes the following steps: first, we provide information and public-awareness programmes, in particular for the most vulnerable. Secondly, we emphasize sterilization and the avoidance of transmission through intravenous instruments. Thirdly, medical, social and psychological care and free medication are provided to HIV-positive individuals. Fourthly, we offer educational programmes in conjunction with the World Health Organization and the Joint United Nations Programme on HIV/AIDS.

Although in Jordan we have the lowest level of HIV infection in the world, we are fully aware that there are factors in our country that could cause an increase in infection if we do not adopt a strategy to fight this pandemic in accordance with international recommendations. This is why my Government has created a special centre to fight AIDS, a centre that provides counselling to those who are in need of it, in order to prevent the spread of AIDS and sexual

diseases. We also provide free health care to AIDS patients, following the guidance of experts. This care allows us to ease the patients' suffering and to improve their standard of living.

*The President returned to the Chair.*

Respect for the principles of human rights as regards those infected with AIDS is very important. The Government and charitable organizations should work together in order to implement the most elementary principles — such as providing humane treatment and counselling to AIDS sufferers with confidentiality. Stressing the legislative and juridical aspects in combating AIDS leads to a reduction in participation in AIDS programmes and an increase of patients' isolation, and non-access to the programmes. The work of non-governmental organizations goes hand in hand with the work being done by the Government in order to ease the sufferings of the

patients and provide them with information and means of protection.

In addressing the issue of AIDS from this lofty rostrum we justify our Governments' attention to the subject of AIDS and this allows us, Governments, voluntary organizations and the private sector to cooperate in order to develop therapies, such as microbicides, to make sure that the rights of these patients to live in dignity are respected, and to take all measures possible to reduce infection with this disease.

**The President:** We have heard the last speaker in the debate for this meeting.

I would like to inform members that immediately following the adjournment of this meeting the 3rd meeting of the twenty-sixth special session of the General Assembly will be called to order.

*The meeting rose at 7.15 p.m.*



# General Assembly

Twenty-sixth special session

**3**rd meeting

Monday, 25 June 2001, 7 p.m.

New York

Official Records

*President:* Mr. Holkeri . . . . . (Finland)

*The meeting was called to order at 7.15 p.m.*

## Agenda item 7 (continued)

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

**The President:** The Assembly will now hear a statement by His Excellency Mr. Paramanga Ernest Yonli, Prime Minister of Burkina Faso.

**Mr. Yonli** (Burkina Faso) (*spoke in French*): On behalf of Burkina Faso and its President, His Excellency Mr. Blaise Compaore, I would like to express my deep satisfaction at the holding of this special session devoted to a subject of great concern: the HIV/AIDS pandemic. We certainly appreciate the overall content of the draft declaration, which takes into account most of our concerns regarding the various areas of the combat against HIV/AIDS.

The commitments entered into during the thirty-sixth summit meeting of the Organization of African Unity (OAU) and the decision to dedicate 15 per cent of the budgets of OAU members to combat HIV/AIDS are part of this overall process.

The conclusion that might be drawn from the state of affairs up to this point is that quite a few commitments have been entered into, many good intentions have been expressed, a series of promises have been made at the highest levels of our States. Yet today it must be noted that the words and intentions

have yet to be followed by concrete actions, by actions that would implement the will expressed by our Governments and fulfil the hopes raised by these declarations of intent.

In my country, since the appearance of the first cases of AIDS in 1986, the Government of Burkina Faso has established a national committee to combat AIDS — a committee that has a permanent secretariat and that is a technical body charged with carrying out the programme to combat AIDS by means of the various relevant plans that have been adopted. I would like to note here some of the most significant actions, such as the establishment of the *Projet Population et Lutte contre le Sida*, which was conducted from 1995 to 2000 and made it possible to finance the fight against AIDS and sexually transmitted diseases. This work included such activities as epidemiological surveying; information, education and communication; the security of blood transfusions; and providing medical and psycho-social care to people suffering from and living with HIV/AIDS.

Another significant action was the launching, in 1998, in all the health-care regions of the country of a multimedia public awareness campaign. In September 2000, a walk-in treatment centre was opened, and a solidarity fund for AIDS sufferers and orphans was established.

Thirdly, the launching of the planning process, in 1998, resulted in the elaboration and adoption by the Government of a strategy framework for combating AIDS during the 2001-2005 period.

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



To finance the national multisectoral plan to combat AIDS, the Government organized, with the support of the United Nations Development Programme, a donors round table last 22 June. This round table made it possible to ensure funding for the plan and for the International Conference on AIDS and Sexually Transmitted Diseases in Africa — known as CISMA. This conference will be held in Ouagadougou, our capital, from 9 to 13 December 2001.

Recently, in order to promote access to antiretroviral treatment, negotiations were conducted with pharmaceutical companies. These negotiations have made it possible to reduce the cost of such treatment, and the Government intends to supplement this effort with State subsidies.

Finally, since 9 May 2001, in order to better show our country's determination to succeed in the fight against this scourge, the status of the National Committee to Combat AIDS has been increased. It is now the National Council to Combat AIDS and Sexually Transmitted Diseases and reports directly to the President of Burkina Faso. This action now confirms — if confirmation were necessary — the personal commitment of the head of State to this struggle.

Burkina Faso is carrying out this struggle with the renewed support of our development partners. Allow me to take this occasion to acknowledge from this rostrum how grateful the people of Burkina Faso and all their leaders are to them.

Among these partners, we would like in particular to mention the Republic of China, whose aid has been very important. I should note that Taiwan, an important actor in development aid, is still a victim of marginalization and ostracism. The Republic of China should rapidly find again its place in our Organization in order to assume its portion of international responsibility.

Our people are calling on us to redefine our role as world leaders in the fight against HIV/AIDS. They want us to do our utmost and to do what is right in areas such as education, health and economic aid.

In this regard, Burkina Faso would like to launch an urgent appeal that, in the face of this major crisis affecting the entire human race, three areas of major concern be intensified, accelerated and consolidated. First, the international community should make sure

that all AIDS sufferers, without any discrimination, have access to antiretroviral treatment and other types of appropriate care. Secondly, the antiretroviral drugs should be made more accessible not only financially but also geographically. Finally, research into vaccines and drugs should be pursued in all areas, in both modern and traditional medicine. This should be done within the framework of a global union of compassion and solidarity.

My country also is calling for cancelling the bilateral debt of the heavily indebted countries. We are calling for the creation of a global fund for combating HIV/AIDS and for health.

The time has come to make sure that the gap that separates millions of AIDS sufferers and HIV-positive people in the North and the South with regard to drugs and care should be reduced. Without meeting this minimal requirement of solidarity, could we continue to extol the benefits of the global village, of a world without geographical limitations?

How will future generations judge the world of today, in which ever more impressive technical and scientific achievements coexist with large segments of humanity continuing in the most abject poverty? If AIDS has resulted in many ravages in Africa, it is not a curse or fate that would strike us. This disaster is, above all, a tragedy of poverty, which leads to the absolute denial of the most elementary human rights.

In such a context, one can see that efforts at public awareness are not enough to prevent the expansion of this scourge. Confident of these factors, my country, Burkina Faso, is firmly convinced that the fight against AIDS is indissolubly linked with the struggle to eradicate poverty and with development for all. This pandemic has reminded us brutally about our duties of solidarity, social justice and shared progress.

The entire people of Burkina Faso is listening to this special session of the General Assembly of the United Nations and is expecting much from it. We would like to reaffirm our full adherence to the global declaration of commitment to fight AIDS that has been submitted for adoption here, the implementation of which will open new prospects in the fight against AIDS and will, we hope, lead to total victory over this pandemic in this century.

**The President:** The Assembly will now hear a statement by His Excellency the Right Honourable Owen Arthur, Prime Minister of Barbados.

**Mr. Arthur** (Barbados): Great events make fascinating history, but commonplace occurrences often have greater influence on our lives.

Historians have recorded that the First World War of 1914 to 1918 took a terrible toll of 8 million souls. Few recall, however, that the influenza epidemic that broke out after the war killed 20 million people. It is therefore not unknown for epidemics to devastate nations and regions.

The present HIV/AIDS pandemic could, however, make all previous epidemics look trifling by comparison. For HIV/AIDS is not just a health crisis. It is an economic and social threat that could lead to a global catastrophe of unprecedented proportions. It has the potential to fully reverse the social and economic achievements of the last half century and to engender a state of global insecurity in which Governments fall and societies crumble.

This special session of the General Assembly on HIV/AIDS is therefore timely. Let us hope it is not too late. To be sure, we do not have a moment to lose.

It is now known that the Caribbean has the highest number of reported AIDS cases in the Americas. Even more ominous, HIV/AIDS is the leading cause of death among the young people in our region. The Caribbean, except during the era of genocide and slavery, has never lost large numbers of its young people in wars or natural disasters. We are in danger now of losing to HIV/AIDS one of the most educated and creative generations in the history of our region. Such a tragedy would put the promise of twenty-first century sustainable development beyond the reach of our people.

But let us not labour under any delusions. HIV/AIDS is not a Caribbean, or an African, or simply a developing world problem. It is a global problem, reflecting our common but fragile humanity. For even those countries with the lowest rates of infection and highest rates of survival cannot quarantine themselves from this global pandemic without resorting to the most nightmarish of totalitarian measures.

There must be a way forward which relates to the universality of the threat we face in common. What we need now is a global emergency response that will

support regional and national programmes to fight the HIV/AIDS pandemic.

The response should be a three-pronged approach that focuses on the following. First of all, effective information and education on how to avoid infection should be provided, especially to young people, the poor and other vulnerable groups. Secondly, there should be improved treatment and care of those infected and living with HIV/AIDS, without the stigma and bigotry that has too often characterized our dealing with those suffering from this disease. Thirdly, there must be an intensified and successful search for a cure and vaccine. The Caribbean has already taken steps along these lines to help fight the disease.

For example, a Pan-Caribbean Partnership against HIV/AIDS was launched in February as a broad coalition of stakeholders, including persons living with AIDS, to provide a multisectoral approach to the fight. The Partnership covers all the countries of the region and aims to reduce the rate of infection and improve the extent and quality of treatment. It will also draw on the Caribbean Regional Strategic Plan of Action already approved by heads of Government of the Caribbean Community (CARICOM) in July 2000.

At the national level, my country, Barbados, has designed its own comprehensive programme for the management, treatment and care of people infected by HIV/AIDS. My Government has pledged just under \$100 million over the next five years, and we are currently negotiating a \$15 million loan from the World Bank to help finance the national programme.

We regard the matter as being sufficiently important to warrant the extraordinary step of a petition to the World Bank, from whose loan programme we graduated in 1999, to readmit us to borrow, solely to support this initiative.

In addition, in order to signal both the gravity and the priority of the national fight against HIV/AIDS, in September last year, as Prime Minister of the country, I assumed responsibility for the coordination of our national programme. Subsequently, my Government has this month established a broad-based National Commission, chaired by the Special Envoy on HIV/AIDS, to advise on policy and to coordinate the implementation of the national programme. But all our national and regional efforts in the fight against HIV/AIDS require massive financial support from the entire international community.

In this respect, Barbados commends the work of the many United Nations agencies and other international organizations in the fight against AIDS, and we fully support the Secretary-General's call for the establishment of a global fund for AIDS and health.

However, I cannot stress enough that the HIV/AIDS pandemic is not just a health problem; it is the most serious threat to global security that now exists. A threat to human security of this order of magnitude, in any other sphere of human endeavour, would inspire a vast and commensurate mobilization of institutional and financial resources.

Nothing less, I submit, is now required to halt and to reverse the spread of HIV/AIDS. We dare not fail, for the price of failure would be to commit humankind to a future as bleak as at any time in the history of humanity. It would be, I submit, to commit humankind to the possibility of no future.

**The President:** The Assembly will now hear a statement by His Excellency Mr. Kumba Yalá, President of the Republic of Guinea-Bissau.

**President Yalá** (*spoke in Portuguese; French text provided by the delegation*): The twenty-sixth special session of the General Assembly devoted to HIV/AIDS, meeting here at such a high level and attended by such a large number of participants, reflects our unswerving commitment to our common ideals and objectives and also illustrates the relevance of the principles of active solidarity, which form the basis of our common, collective actions.

The sense of shared responsibility that has always guided the Members of our Organization and served as a source of inspiration for our work constitutes a valuable asset that we should preserve, strengthen and adapt to new challenges.

The goal of this session is to recall the commitments previously undertaken by world leaders in order to ensure global awareness of the issue as well as the mobilization of the national and external resources necessary for the prevention, control and treatment of this modern-day scourge.

Unprecedented hopes and expectations are associated with this forum. The HIV/AIDS epidemic, given its scope and devastating effects, is indeed one of the major challenges to the survival and development of humankind. Its spread throughout the world is jeopardizing the social and economic development of

States and is affecting global society at the national, community, family and individual levels — in other words, at all imaginable levels.

In Africa, whose vulnerability has caused it to be the continent hardest hit by the epidemic, HIV/AIDS has given rise to an urgent situation that imperils our development, our social fabric and the life expectancy of our peoples.

Africa's tragic situation requires the urgent adoption of special measures. The Declaration and Plan of Action adopted by the African heads of State following the special Summit of the Organization of African Unity (OAU) in April of this year devoted to HIV/AIDS, tuberculosis and other related contagious diseases made clear the need to allocate a considerable percentage of our national budget — at least 15 per cent — to combating this epidemic.

However, it is clear that, for countries with limited means, such as mine, international solidarity is required in order for them to be able to participate in this common struggle. Each one of us — rich or poor, young or old, male or female — is affected by this epidemic, even though women, adolescents and children remain its principal victims. Poverty and underdevelopment constitute fertile ground for the spread of the epidemic, a situation that is further complicated by internal crises and conflicts.

Our Government is committed to enhancing our domestic mechanisms in order to accurately assess the situation and establish prevention programmes to fight HIV/AIDS.

Guinea-Bissau has one of the highest rates of HIV-2 infection in the world. Because between 8 and 10 per cent of its adult population is affected, our country cannot administer the necessary antiretroviral medications.

It is indispensable to intervene, in a coordinated and effective manner, at the national, regional and global levels, in order to reverse this trend and to stem the epidemic's spread throughout the world.

In all of our countries, the basic health infrastructures must be strengthened in order to make available effective prevention services as well as treatment for those who are ill. The latter must be given special attention to make sure that they are not marginalized or stigmatized.

Adequate sex education, the use of condoms, access to public health-care institutions and effective medication all are necessary in the fight against this epidemic.

The global strategy to combat AIDS adopted in December 2000 by the coordinating council of UNAIDS is a framework to harmonize strategies in order to fight AIDS.

We express our fervent hopes that this special session of the General Assembly will serve as a framework for thought, leading to the adoption of concerted measures by our States and Governments, civil society, NGOs and all other goodwill associations in the fight against HIV/AIDS.

**The President:** I give the floor to His Excellency Mr. Charles Josselin, Minister for Cooperation and la Francophonie of France.

**Mr. Josselin (France)** (*spoke in French*): Allow me first to welcome the occasion this special session represents. AIDS, which was long regarded as a health problem affecting only specific sectors of the public, is at last being seen for what it is: a terrible scourge, a major barrier to demographic, social and economic development, and in the most severely affected regions, a threat to political stability. In short, it is a political problem that demands targeted, comprehensive responses and the mobilization of all. This raising of awareness is the first victory.

A second victory awaits us at the conclusion of this session. We shall acknowledge that it is essential to combine prevention with access to treatment, and that effective prevention cannot exist without access to every kind of treatment, including antiretroviral drugs. Since 1997, France has been in the vanguard of this combat, especially in the establishment of an international therapeutic solidarity fund, and I am very glad to see that a consensus is emerging on this now.

Much remains for us to do. First, we must provide support for health-care systems, which have been so severely shaken and disrupted by the pandemic. France, together with several other European countries, proposes an initiative of hospital therapeutic solidarity, in addition to our country's bilateral cooperation efforts. By twinning European hospitals with hospitals in countries that wish to participate, especially in Africa, health professionals from northern countries

will aid their southern colleagues in fighting this scourge.

Secondly, the prices of drugs must be lowered even further to make them accessible to a greater number of people. Manufacturers must resolutely adopt a differentiated pricing policy. Europe is willing to assist them in this. Moreover, it should be possible to authorize the manufacture of generic drugs in third countries, thereby giving real meaning to the flexibility provided for in the agreements on intellectual property rights.

Thirdly, prevention and treatment must be expanded everywhere — in communities, in the workplace and elsewhere. However, let us be careful to ensure equitable access for everyone, no matter what sector of the population they belong to.

Even though France devotes over 100 million francs of its bilateral aid annually to fighting AIDS, Prime Minister Lionel Jospin announced a further, very significant effort in this direction a few days ago. Ten per cent of the poorest countries' cancelled debt over the next 10 years, which is to say, the equivalent of 1 billion euros, will be allotted to combating AIDS.

France will further contribute approximately 150 million euros over three years to setting up the global AIDS and health fund proposed by the Secretary-General, which will also be used to finance campaigns against malaria and tuberculosis. We wish this fund to finance preventive campaigns and access to treatment for the sick. Lastly, we ask that part of the resources of the International Development Association (IDA) be earmarked for the campaign against AIDS in the form of grants.

Today, all elements are in place for beginning a new phase in the fight: political mobilization, lower-priced drugs, the funding needed for bolstering prevention and treatment policies. But the war has yet to be won.

Despite the arsenal at our disposal for containing this disease, we are incapable of treating many thousands of people, of taking care of several hundred thousands of pregnant women and of reaching the rural areas of the least developed countries. Until now, we have transferred the treatment and methods of care used by the wealthy Northern economies to a few teaching hospitals located in African capitals. The

problem is that these techniques are not suitable for the vast numbers of AIDS sufferers in need of treatment.

That is why the French Government is proposing that an international meeting on the subject "From commitment to action" be convened in Dakar on 30 November and 1 December of this year. The aim of the meeting will be to reach policy consensus on the methods of care to be used. For millions of sick people, nothing could be a source of greater despair than to know that the money is there and to see at the same time that nothing has changed.

I wish to thank the Secretary-General and President Wade of Senegal for their personal endorsement of this initiative. I also thank Mrs. Brundtland and Dr. Peter Piot for their support in the preparation of that meeting.

Lastly, I wish to stress that the rights of certain particularly vulnerable groups, whether or not they are infected, are still ignored. Here, I am referring to women and children, homosexuals, prostitutes and migrants. Yet even in countries such as mine where the disease has been contained, these sectors of the population continue to be infected despite the prevention policies. From a public health standpoint, it is inadmissible today not to recognize this reality.

**The President:** I give the floor to His Excellency Mr. Mohamed Rakieb Khudabux, Minister of Health of Suriname.

**Mr. Khudabux** (Suriname): It is a great honour for me, on behalf of the President of the Republic of Suriname, Mr. Runaldo Ronald Venetiaan, to address this special session on HIV/AIDS.

In the early years of the pandemic, Suriname established a dynamic national HIV/AIDS programme with an open attitude towards human sexuality, involving all sectors, including religious leadership and non-governmental partners, and with the full participation of vulnerable populations. But, as has been the case all over the Caribbean, national HIV/AIDS prevention and control in Suriname has suffered severe setbacks, mainly due to a reduction of external financial support for the national AIDS programme in the late 1990s. With political turbulence and a continued deterioration of the economy, along with considerable loss of human capacity in the private sector and relocation abroad, the technical staffing of the programme has also diminished.

But even in this downward spiral, the foundation laid by a strong and vibrant national AIDS programme in the early 1980s has been replaced by a well-integrated national STI/HIV programme. With limited resources, programme coordination has been able to maintain and improve the level of general HIV/AIDS awareness nationwide. Despite the multi-cultural character of our society, with fairly conservative ethnic groups involved, there has been considerable recognition that HIV/AIDS can strike any ethnic group.

Since its inception, the national AIDS programme has targeted its activities to vulnerable groups and to the prevention of HIV/AIDS in larger populations through public education, school programmes, control of sexually transmitted diseases and the prevention of mother-to-child transmission. There are also a number of non-governmental organizations (NGOs) working in the area of HIV/AIDS. Regular UNAIDS team group meetings are held to monitor progress of the various initiatives and develop joint strategies.

These efforts have undoubtedly contributed to maintaining relatively low rates of infection in the general population. However, due to the severe shortage of personnel and financing, the national AIDS programme has been unable to develop large-scale prevention programmes or assess their impact.

Moreover, there is a scarcity of resources for training health professionals in the areas of HIV/AIDS counselling, especially with regard to pre-test counselling, how to encourage partner notification and how to render support to affected and infected people living with HIV/AIDS, including the early diagnosis and treatment of opportunistic infections.

Another dilemma is the fact that while support is available to prevent the transmission of HIV from mother to child through the use of Nevirapine therapy, support to prolong the lives of mothers is not easily available due to the high cost of antiretroviral therapy for HIV/AIDS.

These are the realities we share with other developing countries. These are the problems we are grappling with on a daily basis. At present the HIV rates in the general Suriname population are relatively low, so there is a window of opportunity for positive action. Prompt action taken now, while prevalence is still low, would be highly cost-effective both economically and in terms of human security.

We know that HIV spreads rapidly once it takes hold of the general population. Infection levels of over 20 per cent have been recorded in the country's vulnerable groups. Furthermore, AIDS was the second leading cause of death for males and the third leading cause for females in the age group 15 to 44 from 1997 through 1999. It is also spreading rapidly among the youth, especially among adolescent girls.

These trends indicate that behavioural change is not occurring at the rate which can bring about a decrease in HIV/AIDS incidence. This is not unique to Suriname. With a few exceptions, a significant trend of new HIV infections continues to be reported globally. In order to build up momentum for HIV/AIDS prevention and control in Suriname, my country has recently embarked upon the development of a five-year national HIV/AIDS strategic plan for 2003-2007 which will be a truly participatory, consultative process with the input of all sectors of society.

*Mr. El-Amine (Comoros), Vice-President, took the Chair.*

This initiative — driven from within and supported financially and technically by UNAIDS, the Caribbean Epidemiology Centre (CAREC), the Pan-American Health Organization (PAHO) and the World Health Organization (WHO), with Japanese and Dutch NGO support — will secure a broad-based national response that will not be solely dependent on the Ministry of Health and ad hoc financial inputs. Mobilization of human and financial resources will sustain the efforts to meet the short- and long-term goals to be set in this national plan, which will include greater involvement of persons living with and affected by HIV/AIDS. Through capacity-building, with technical backstopping from local and external support, this AIDS information and prevention group strategy will be one of the cornerstones of a successful HIV/AIDS programme in Suriname.

Through this strategic planning process we will also strive to meet the goals set by the international community at the five-year review of the International Conference on Population and Development, at the twenty-first special session of the General Assembly, in 1999. By 2005 at least 90 per cent and by 2010 at least 95 per cent, of men and women from ages 15 to 24 will have access to the information, education and services they need to develop the life skills required to reduce vulnerability to HIV infections. By 2005 the

prevalence of HIV in the 15 to 24 age group is to be reduced by 25 per cent in the most affected countries, and by 2010 prevalence in this age group is to be reduced globally by 25 per cent.

Suriname looks forward to increased regional and international assistance in order to sustain and strengthen its momentum for our expanded response to the HIV/AIDS pandemic.

**The Acting President:** I give the floor to His Excellency the Honourable Levison Mumba, Minister of Health of Zambia.

**Mr. Mumba (Zambia):** Permit me to join the distinguished heads of State and Governments in thanking all of you and the United Nations system for convening this very important and special occasion on HIV/AIDS. In addition, I wish to commend the Secretary-General, Mr. Kofi Annan, for his personal and unprecedented leadership in the global fight against HIV/AIDS.

Please accept very warm greetings from the President of Zambia, Mr. Frederick J. T. Chiluba. It was his desire to be present at this special session on HIV/AIDS. However, due to unavoidable circumstances, he very much regrets that he cannot be with us today to join the community of nations gathered to take very concrete steps in the fight which is the world's most daunting task — that of overcoming the global crisis of HIV/AIDS. Nevertheless, he wishes this special session fruitful deliberations with very concrete commitments towards the eradication of the scourge of HIV/AIDS.

The HIV/AIDS pandemic is devastating Zambia and the South African Development Community (SADC) States, and the whole African continent is now under threat. Speakers from SADC and other regions will bear witness to this, and this is why this special session is timely. It poses a challenge to all of us to assess our achievements, learn from our failures and chart a new course based on renewed and viable partnerships that emphasize collective leadership regarding this problem.

The African continent is facing three very difficult and serious challenges: poverty, the debt burden and the HIV/AIDS pandemic. Of these, HIV/AIDS is the most devastating. In Zambia, the HIV/AIDS pandemic is the greatest humanitarian crisis

we are facing. It is causing a profound reversal of the development gains made over the past 30 years.

The epidemiological, demographic and socio-economic reversals caused by the HIV/AIDS epidemic include the following.

It is contributing to the high burden of disease in our Zambian community. Unfortunately, the situation has overwhelmed the health-care delivery system. It has led to financial pressure on the national treasury due to increasing high costs of drugs and expenditure on medical care. Infant, child and maternal mortality rates, after decades of steady improvement, have now worsened. These rates, combined with increased adult deaths due to HIV-related illnesses, have resulted in a decline in adult life expectancy, decimating the active age group required for economic growth. HIV/AIDS is worsening the effect of opportunistic infections, morbidity and mortality, especially among young children and pregnant women. HIV/AIDS is fuelling a huge population of orphans.

Both the public and private sectors have been affected in a number of ways, including loss of productivity. This has adversely affected our human resource base, undermining our efforts to revitalize the economy. HIV/AIDS is now estimated to reduce our gross domestic product by up to 2 per cent annually. If there is no stepping up of efforts to combat the pandemic, it is estimated that by 2010 this will rise to 20 per cent.

As a nation we have identified a synergetic relationship between poverty and HIV/AIDS. HIV/AIDS deepens poverty. Recent statistics show that women are two to four times more vulnerable to HIV infection than men. Major contributing factors, besides cultural barriers, are that women are not economically empowered and lack complete control over their lives, particularly control of their sexuality. The feminization of poverty is a growing phenomenon in Zambia, and it is exacerbating efforts at prevention, care and support strategies.

We recognize the political, economic and social risks of inaction and have quickly moved towards putting into place a national response. Several interventions have been adopted to curb the transmission of the virus and consequently reduce the spread of HIV/AIDS. Our response is premised on the recognition that HIV/AIDS is more than a health problem; it is a development issue. This understanding

has expanded our focus and encompasses a multisectoral and multidimensional response.

In order to coordinate and strengthen the multisectoral and multidimensional responses, my Government has established the national HIV/AIDS STDTB Council. The Council has representation from a cross-section of society, such as government, non-governmental organizations, the private sector, religious organizations, youth, traditional leaders and people living with HIV/AIDS. The Council is tasked with formulating and reviewing policies and coordinating HIV/AIDS STDTB activities and ensuring effective monitoring and evaluation of programmes and activities. The Council reports to a committee of cabinet ministers.

We have moved towards mainstreaming HIV/AIDS into all our policies and programmes. We have incorporated an HIV/AIDS budget line in the national budget for use by each sectoral ministry.

The community has also responded to the crisis by developing various initiatives and infrastructure aimed at mitigating the impact of the scourge at the family and societal levels. This is being done through programmes such as home-based care, orphan support, income-generation and community support groups for both the infected and the affected.

Effective partnership has emerged between government and civil society, and this is exemplified by the work of organizations, such as the Business Coalition on HIV/AIDS and the Consortium on Adolescent Youth and Sexual Reproductive Health, which provides peer and parent elder education of HIV/AIDS and family planning.

Zambia therefore welcomes many initiatives, such as the creation of the global fund for HIV/AIDS and health, which we understand to mean a concerted multilateral effort to accelerate action to tackle the major communicable diseases.

We would like to associate ourselves with the principles that govern the global fund, as articulated by the UNAIDS programme coordinating board. This, however, should be preceded by broad consultations on the idea and the expectations of the fund and the key parameters, including, but not restricted to, governance and operation at country and regional levels.

Other factors to be addressed will include the role and the representation of developing countries in the

governing structure of the fund. More generally, we appeal to our rich friends to match words with deeds and remove subjective criteria to influence initiatives in this matter. We would, however, like to emphasize our stronger view that in order for the fund to achieve its intended purpose, it should be established with additional resources and avoid the creation of parallel systems.

We believe that the establishment of the fund is an opportunity to make a difference by demonstrating commitment to dealing with the problem of HIV/AIDS. Zambia will therefore be making a modest financial contribution to the fund, as a sign of our commitment to this global effort.

In conclusion, I would like to reaffirm Zambia's commitment to the declaration on HIV/AIDS that will be adopted at the special session. We believe that this signifies the dawn of a new era in the new millennium. We remain convinced that this special session will result in an unprecedented galvanization of global commitment and action to combat HIV/AIDS.

**The Acting President:** I call now on Her Excellency Ms. Celia Villalobos, Minister of Health and Consumer Affairs of Spain.

**Ms. Villalobos (Spain)** (*spoke in Spanish*): As we meet here in New York at United Nations Headquarters to discuss the problem of AIDS, more than 10,000 people have died, and more than 20,000 have been infected. Those figures, however, are only approximate because most countries have yet to acknowledge, or to recognize, the reality of this disease or its consequences. That is why it is so important that we take action and adopt the right decisions to face up to this very grave problem. Over the past 20 years, the pandemic has spread in an extraordinary way. It is devastating developing countries in particular. Beyond the pain it inflicts on millions of individuals, it is wiping out whole generations of the young people on whom many of those countries rely for economic and social development.

In the European Union the epidemic has been controlled up to a point with preventive, educational and treatment measures. To date, in Europe, including in Spain, AIDS is more a chronic disease than a threat to society and to people in general. But in other parts of Europe we are witnessing the emergence of the threat of AIDS, and European countries must watch the evolving situation very carefully. In countries such as

those of sub-Saharan Africa, the epidemic threatens all segments of society, while in Latin America and the Caribbean — a part of the world towards which Spain has particular feelings — the epidemic is spreading in an alarming way, at times as a result of some of the natural phenomena of recent years.

Among the causes of the rapid spread of the epidemic are poverty, which is always linked to illiteracy; disparities between the rights of men and those of women; the stigmatization of AIDS and HIV patients; a lack of empathy with regard to sexual orientation; and the lack of health facilities for control and prevention.

The fight against illiteracy is a priority, along with education policies integrating teaching that will end practices that run counter to human rights, with the participation of families, teachers and young people. Laws should ensure respect for all, and should ensure that neither positive nor negative feelings with regard to sexual preferences are permitted. We acknowledge the efforts made by civil society groups to effect the changes needed to eliminate discrimination among patients, to give support to the most vulnerable groups, and to formulate preventive strategies for groups excluded from society.

Prevention is a key element. Fostering a favourable social environment by stimulating healthy changes in high-risk behaviours, promoting condom use, ensuring the availability of safe blood and avoidance of mother-to-child transmission are decisive elements of this strategy.

And, in the field of prevention, I want to make special mention of the prevention of HIV transmission among drug users. Damage-reduction programmes, especially among intravenous drug users, have had great success in preventing new cases in Spain. We have considerable experience here, since delays in beginning these damage-reduction programmes caused a rapid spread of the epidemic, which was not controlled until such programmes were implemented. The strategy of these programmes involves a powerful assistance network for drug addicts, including assistance facilities, methadone facilities and syringe exchange programmes. These damage-reduction programmes are particularly aimed at prisoners, and are oriented towards their reintegration into society and into the workplace, and towards primary prevention of drug use.

Those preventive efforts, along with advances in treatment, have drastically changed the evolution of the epidemic in Spain. But universal access to prevention and to integrated care for AIDS patients, including antiretrovirals and other medicines for the treatment of opportunistic infections, is abysmally unequal in different parts of the world. The strengthening of local capacities to gain access to essential medicines and antiretrovirals and the implementation of differential pricing will help in the distribution and proper use of these medicines. I am convinced that the tension between the universal right to health and the protection of intellectual property rights will be resolved favourably.

But access to antiretrovirals is not the only challenge. There is a great need to improve the training of health-care professionals and basic health systems; it will require an integrated approach. Here, Spain has joined other European Union countries in an initiative to which the representative of France has already referred: to forge a link between our hospital and primary care systems and the health-care training programmes of those countries.

The Kingdom of Spain firmly endorses the draft declaration of commitment as outlined by the President this morning. We are grateful for the work carried out by UNAIDS. We are willing to assist in the development and implementation of a global fund in the fight against AIDS. But neither the signing of the declaration of commitment nor the creation of the fund is an end in itself; we cannot return to our countries thinking that we have solved the problem. Millions of lives depend on our rapidly taking effective action to do so.

I would like finally to make reference to the fourteenth International AIDS Conference, which is to take place at Barcelona, Spain, in July 2002, and to call for participation by all States Members of the United Nations. The theme of the Conference will be "Knowledge and commitment for action", which faithfully reflects the principles of the whole international campaign against HIV/AIDS.

We are entirely convinced that this is the right course to follow. Five or 10 years from now, we cannot simply meet here again to make the same lovely speeches while millions of our fellow citizens are dying. People expect commitment from us, and they expect solutions to this problem.

**The Acting President:** I now give the floor to His Excellency Mr. Giandomenico Magliano, Director General for Development Cooperation, Ministry of Foreign Affairs of Italy.

**Mr. Magliano (Italy):** More than 20 years ago, the goal was set to achieve health for all by the year 2000. The promotion of basic health care, as approved at Almaty, was clearly the best strategy for reaching that goal. Full implementation of that strategy as an integral part of the health-care system and of the development process as a whole should have led to a profound transformation of health-care systems and to a substantial change in priorities. Instead, a different approach was taken: rather than effecting a systemic change in services, the choice was made to orient health care more towards combating specific illnesses. That may have led to better control of major diseases, but it did not bring about true structural change in the way that health care is provided. We have to admit that we are still far from attaining our goal.

Today we are facing a worldwide health crisis that no one could have imagined 20 years ago: the outbreak of a new plague, the HIV/AIDS epidemic. The inadequacy of health-care systems as a whole and, above all, the failure to tackle the underlying social issues have contributed to the spread of the disease. To this we must add two major factors, the first being armed conflicts and the second poverty, particularly the lack of education, one of the most tragic expressions of poverty. Rather than "health for all", today we have more than 880 million people who are being denied access to basic health care.

At the opening of the twenty-first century, we have a unique opportunity, that is, the common awareness that the international community has a responsibility not to miss this goal once again. The tragic toll in HIV/AIDS victims, especially among the poorest and most afflicted, demands a global response. I insist on the term "global", because the globalization process must be interpreted and governed, above all, within a perspective of sharing the needs of the poorest populations and assisting them, and not just in affirming the interests and policies of the most favoured countries.

In this framework, Italy recognizes the importance of assuring a process of broad sector-by-sector planning, at the level of individual countries, in which public and private partners work together to

carefully identify and promote priorities and needs, as well as internal and external resources. We feel that a similar process should be enacted at every level, assuring strong coordination between bilateral and multilateral donors, as well as between United Nations agencies.

The promotion of fairness in the distribution of and access to health care is one of the guidelines of Italian health cooperation policy. To this I would add prevention, community involvement, appropriate technology, intersectoral participation and the involvement of local resources that are traditional elements of our cooperation, which is inspired by the principles of ownership and partnership.

In this connection, Italy promotes every possible option for improving the availability and reliability of drugs. This includes the lowering of prices and supporting local manufacture of drugs, especially antiretroviral treatments, in order to make the careful distribution of such medicines more effective in the poorest countries. The Italian Government supports and encourages more research, particularly in promoting the testing of preventive and therapeutic vaccines through cooperation and technological transfer programmes with scientific institutes and non-governmental organizations (NGOs) from developing countries.

The Italian initiative currently under way to fight AIDS in Africa follows the above principles and guidelines. It is being implemented in 16 African countries and is fully complementary with the national programmes of each country. For this initiative, Italy has thus far earmarked more than 30 million euros, 20 million of which have already been disbursed. The funds are channelled through bilateral and multilateral arrangements — namely, UNAIDS, the World Health Organization and the United Nations Development Programme but also through national programmes to fight AIDS that unite the Italian scientific community with its co-partners in developing countries. The involvement of both Italian and local NGOs is also foreseen.

In the framework of its international responsibilities, Italy has proposed a strategy to address the most urgent problems stemming from this situation, concerning health first and foremost, but also education, food security, the technological gap and

access to markets. This strategy is based on the following four pillars.

First, in the framework of debt cancellation, Italy, as the Assembly knows, has decided to go beyond the commitments of the Heavily Indebted Poor Countries (HIPC) Debt Initiative and is cancelling 100 per cent of the debt of the poorest countries. Secondly, Italy proposes that the markets of industrialized countries be opened to the exports of the poorest countries. Thirdly, Italy hopes that the private sector can play a new role. Fourthly, we suggest that cooperation focus more on the development of human potential in the poor countries by supporting their efforts in the fields of health and education.

One of the tools for concretizing these strategies is the creation of a global health and HIV/AIDS fund. In welcoming the political message sent by this General Assembly session, the Genoa Summit will assure the launching of this fund when it announces the contributions of the G-8 countries. In Genoa, the Italian Government will announce its substantial contribution to the fund. In our view, the fund should be used in a transparent and consistent manner, based on precise project proposals by the afflicted countries. Such proposals should adopt an integrated approach that activates additional resources.

The idea of the fund was born from a wide-ranging, complex dialogue following the G-8 Summit in Okinawa. It is not an end in itself, but rather it aims to provide an opportunity to create a common framework. We are certain that the fund will cement a special relationship, in a moment of acute need, between rich and poor countries. Political leadership will play a decisive role in this area.

Finally, we must not forget that poverty, underdevelopment and illiteracy are factors that contribute significantly to the spread of AIDS. Therefore, the only possibility for success — the only way to reverse the dangerous tendencies that threaten the gains thus far made — is to follow coherent development policies and foster respect for human rights, a respect that is crucial to lowering vulnerability to AIDS.

It is the historic task of this special session to meet the global challenge of AIDS with a global strategy. It is the moral duty of the international community to face up to its responsibilities collectively.

**The Acting President:** I now give the floor to His Excellency Mr. Julio Frenk, Minister of Health of Mexico.

**Mr. Frenk (Mexico) (*spoke in Spanish*):** The HIV/AIDS pandemic has turned into a global emergency which threatens the security and development of all countries, not only those in the most affected regions. This emergency demands a forceful response, based as much on national efforts as on collective action among countries, as articulated through international cooperation.

Although in the greater part of most Latin American countries, including Mexico, the HIV epidemic has not reached the dimensions observed in other regions, we do have the opportunity to prevent a greater epidemic, provided there is the necessary commitment. The response to the HIV/AIDS epidemic demands an integrated approach, one balanced between prevention, care, treatment and support. None of these elements can be minimized or ignored. With regard to prevention, we must guarantee safe blood transfusions to all, and access to strategies for significantly reducing perinatal transmission. In Mexico, we have succeeded in reducing infection from blood transfusions to the point of elimination, and in reducing perinatal transmission by more than 50 per cent.

In our region, AIDS is a problem that is closely related to sexuality. Thus we need a broad-based and wide-ranging solution that would fully take into account sociocultural issues and promote, as fundamental prevention strategies for the young, sex education and precise and clear information on preventive measures, including the use of condoms.

Comprehensive care for people living with HIV/AIDS implies having the infrastructure and the necessary resources to offer services for detection, counselling and quality medical care, including access to laboratory tests and the necessary drugs. In Mexico, comprehensive care is currently offered through specialized services for HIV/AIDS throughout the country, and 85 per cent of AIDS patients who need treatment are covered by free antiretroviral medicine.

As long as there is discrimination, stigmatization and violations of the human rights of people living with HIV/AIDS or of those at the greatest risk of infection, there is very little that can be done to prevent this epidemic. In Mexico, we support full respect and protection for the human rights of affected persons, as

stated in the Universal Declaration of Human Rights and other conventions and international treaties, as reflected in international guidelines.

The AIDS epidemic in Mexico is concentrated in men having sex with other men, commercial sex workers and intravenous drug users, groups in which prevalence reaches as high as 15 per cent. This means that there still is the opportunity to avoid the spread of the epidemic to the entire population. A concentrated epidemic, which is the case in our country, requires strategies that are focused on men and women who are most vulnerable and at most risk of HIV infection. In the next few years, Mexico will reinforce its prevention efforts aimed at those groups, which will be possible thanks to the cooperation of civil society organizations.

Indeed, the active participation of civil society and people living with HIV/AIDS has played a fundamental role in the design, execution and evaluation of programmes of action and the definition of public policy, for which the Government of Mexico will continue to encourage opportunities for discussion and for joint mechanisms to ensure this participation.

Mexico is convinced of the importance of multisectoral, regional and international cooperation as an essential axis in the global response to the HIV/AIDS pandemic. This is why we have actively participated in this area, and we reiterate our commitment to continue to support processes and actions that will allow for the development of greater response capabilities at all levels.

Mexico reaffirms its support for the global leadership of UNAIDS, the UNAIDS unified strategic plan and the creation of a global HIV/AIDS and health fund.

**The Acting President (*spoke in Arabic*):** I now give the floor to Mr. Hédi M'Henni, Minister of Social Affairs of Tunisia.

**Mr. M'Henni (Tunisia) (*spoke in Arabic*):** Our country is participating in the special session of the General Assembly as we are extremely concerned about the plight endured by mankind, due to the spread of the infectious disease HIV/AIDS. I am very honoured to read out this statement by President Ben Ali of the Republic of Tunisia, to this session.

“This special session of the General Assembly on HIV/AIDS is a significant event that illustrates solidarity among nations of the

world, as well as their determination to coordinate efforts to fight HIV/AIDS, the frightful epidemic of our age. I wish to take this opportunity to commend the sustained efforts of Mr. Kofi Annan, the Secretary-General, to convene this special session, which confirms the extent to which the world as a whole has become aware of this epidemic's devastating effects on human health and of the obstacles it creates in the face of development efforts by those countries that are most affected by it, particularly sub-Saharan African countries that, due to the scarcity of resources, are faced with numerous difficulties in eradicating this pandemic and in checking its expansion.

"Tunisia supports the noble goals and orientations set forth in the draft declaration submitted to this session for approval, as they are fully in keeping with our country's commitment to consolidate the principles of human rights in their various dimensions. Ever since the change of November 1987, Tunisia has endeavoured to buttress the economic underpinnings of economic and social progress. One of our greatest priorities has been the eradication of poverty, illiteracy and disease. We have striven to translate this into fact and to expand the area of social welfare to the widest extent possible.

"Tunisia has spared no effort to promote public health and to eradicate epidemic and infectious diseases. Thus, it was able to fight those diseases and to curb some of them. To address HIV/AIDS, since the outbreak of the first case, we initiated a national programme to fight the disease and have reinforced our efforts in the areas of information, awareness-raising, communications and epidemic monitoring, as well as medical, psychological and social care for patients and their families.

"We have endeavoured to combine State efforts with those partners involved in the fight against HIV/AIDS, particularly non-governmental organizations and various components of civil society, in a move to develop the subject matter and the quality of the communicative discourse, taking into consideration the needs of the target groups, particularly the young.

"Since 1987, Tunisia has also striven to ensure safe blood transfusion. Laboratory checks and health care for AIDS patients are free of charge, including the extremely expensive triple-agent HIV/AIDS therapy. This strategy has made it possible to stabilize the number of cases at a relatively low annual average.

"Our pledge to fight AIDS at the national level has not kept us from playing an active role in addressing the plight in our region, Africa and worldwide. Tunisia has availed itself of a number of international events to renew its commitment to cooperate with the international community in fighting the disease and curbing it. For example, since 1990, Tunisia has organized the Conference of Health Ministers of the Maghreb Union and southern Mediterranean countries on health protection and the fight against HIV/AIDS. In 1994, it also presided over the thirtieth African Summit, leading to the Tunis Declaration on AIDS and the protection of children in Africa. It has also participated in several international meetings devoted to the disease.

"We reiterated our commitment to contributing to efforts aimed at halting the expansion of the plight when we took part in the Millennium Summit of the General Assembly and in the African Summit on HIV/AIDS, Tuberculosis and Other Infectious Diseases, held last April in Abuja. Strong in our belief that no health or social programme can be successful without giving priority to the fight against poverty worldwide, we have called for the setting up of a world solidarity fund, an initiative that was supported and adopted at the fifty-fifth session of the General Assembly, based on our shared belief in mobilizing efforts to fight poverty, as poverty still constitutes a major obstacle that hinders the eradication of incurable diseases and social scourges, threatening the development capabilities of a number of nations throughout the world.

"Tunisia supports the draft declaration submitted for the approval of the special session of the General Assembly, and it welcomes the initiatives for setting up a global fund to fight HIV/AIDS. We hope that the fund's organizational structure will facilitate effective access by our nations to its funding, enabling

them to initiate programmes aimed at addressing the disease and obtaining antiretroviral therapies at affordable costs.

“I would like to conclude by wishing this session, and all those present, success in achieving what is good for mankind as a whole.”

**The Acting President** (*spoke in French*): I give the floor to His Excellency Mr. Rodriguez Soldevila, Secretary of State for Public Health and Social Assistance of the Dominican Republic.

**Mr. Soldevila** (Dominican Republic) (*spoke in Spanish*): As everybody knows, the Dominican Republic is located in the Caribbean region and shares with the Republic of Haiti the island of Hispaniola, which is located between Cuba and Puerto Rico. The Dominican Republic covers 48,000 square kilometres, has 8 million inhabitants and an HIV infection rate of 2.2 per cent among the adult population. With the epidemic predominantly affecting the heterosexual population, our country is one of the countries most affected by HIV/AIDS in the Americas.

The first case of AIDS in the country was detected in 1983. In 1985, the first efforts at vigilance for the disease began. In 1987 the national commission for the study of the epidemic was organized, as was the programme for the control of sexually transmitted diseases (STDs) and AIDS in the Ministry of Public Health, with the ample participation of civil society organizations and the close cooperation of foreign agencies.

The programme was initially aimed at combating an epidemic that showed a great potential for spreading, due to the high levels of critical poverty affecting about 70 per cent of the population, the economic and social subordination of women, limited sexual education, sexual initiation at an early age, the widespread practice of commercial sex work, and covert bisexual activity, as well as transnational migration and growing tourism.

In the mid-1990s, the projections for the HIV/AIDS epidemic indicated that by the year 2000 the disease would have a generalized impact among our population, with approximately 5 per cent of the adult population infected by HIV. However, the rate of 2.2 per cent is sufficiently high as to pose a problem for development, menacing our advances in the campaign

against poverty, and for improvements in the quality of life of the population.

In particularly vulnerable surroundings and sectors of the population — such as in the sugar cane plantations and prisons, men who have sexual relations with each other and sex workers — the situation is much more serious. For example, among the population of Haitian migrant workers and their descendents, where critical levels of poverty facilitate the rapid propagation of the disease, HIV infection rates range from 7 per cent to 15 per cent.

This is all the more serious if we consider that we share the territory of the island with our sister Republic of Haiti, where there is an HIV infection rate of 5 per cent among the adult population, according to the reports of UNAIDS. This circumstance is also affected by a permeable border and a steady flow of migration.

The economies of Haiti and the Dominican Republic, like those of many other Caribbean nations, increasingly depend upon their international ties, on migration and on tourism. The similarity of the situation on sugar cane plantations and the transnational character of the diasporas suggest that there is a strong link between the sub-epidemics of our neighbouring countries. As a result, we can infer that our island constitutes the principal epicentre of HIV/AIDS in the Caribbean.

We believe the national HIV/AIDS sub-epidemics in the Caribbean should not be viewed as demarcated by national borders, but rather as interdependent processes, which form part of an interregional AIDS pandemic circulating throughout the so-called North Atlantic system, which includes our island, the rest of the Caribbean, North America and Western European countries.

This vision, which we call the “pandemological” vision of HIV/AIDS, attempts to transcend the focus on individual national epidemics and replace it with an interregional perspective that studies the risk factors of populations in their historical and social context. Our starting assumption is that by improving the living conditions of migrants and other vulnerable groups, we could reduce infection rates throughout the system. An impact on the incidence of HIV/AIDS in the island of Hispaniola would diminish the pandemic throughout the entire Caribbean subregion.

As well as defining a new perception of the pandemic, we need to reinvent public health programmes that are culturally appropriate for the prevention and control of HIV/AIDS in its various contexts, within the perspective of human rights and sustainable development. Towards this goal, we propose the concept of a “hermeneutics of solidarity” in order to overcome old and mutually accusatory ideologies that tend to project the disease on the other, and which ultimately place the blame for the suffering on the victims.

Adopting this concept of hermeneutics means sharing the blame and the responsibility among everyone. We propose that the HIV/AIDS situation in each country be seen as a common, regional problem. That way, the problem could become a top priority and be dealt with through the collaboration of all of us, in a synergetic and catalytic manner, while being sensitive to and respectful of local cultures, human rights and the gender perspective.

In the case of the Dominican Republic, a coalition of the Government and civil society dating from the mid-1980s has earned a well-deserved international stature with respect to the multiple aspects of the campaign against HIV/AIDS. Innovative prevention technologies developed with highly vulnerable groups, such as sex workers, in a situation of equality, was one of our first, and perhaps most opportune and important, achievements.

Other strengths of our programmes are the approval of a law on AIDS, the creation of a presidential council on AIDS, the political will on the part of the Government and civil society actors to face the epidemic, the joint, multisectoral work between both parties, the existence of a strategic national plan, and the creation of innovative programmes for prevention of vertical transmission and for the monitoring of social behaviour. These efforts have been decisively supported by various international cooperation agencies.

This does not mean that the threat of AIDS has been controlled in our territory. Several challenges await us in the near future, particularly in the creative, participatory and transparent approach to reinforcing the activities of prevention and awareness. This includes the promotion and defence of the human rights of individuals living with AIDS, difficulties in the management of financial resources, the high cost of

medicines, the need to give continuity to the efforts being made, and the lack of sex education among the population.

On the other hand, the principal demands we wish to share with the international community in this great forum are the following. First, the concept of security should be revised. Traditionally directed towards the investment of substantial economic resources in military conflicts, the focus should be instead on investing in the promotion of health and in the fight against the epidemic. We should reject the position of large pharmaceutical companies who hinder the production of generic antiretroviral drugs for persons living with AIDS. We should create a global fund to finance research towards finding solutions to the HIV/AIDS pandemic.

As a country, we commit ourselves to the development of the following efforts over the next five years. We will develop an effective programme of sex education in educational institutions to prevent HIV/AIDS among youths and adolescents. We will create a strategic alliance with the national pharmaceutical industry to produce generic antiretroviral drugs for individuals living with AIDS at an affordable price. We will implement a national policy on the promotion and distribution of condoms for the groups most at risk of infection by sexual transmission. Throughout the public health system, we will implement efforts for the pharmaceutical prevention of the mother-to-child transmission of AIDS, including counselling services before and after testing, and for the provision of alternatives to breastfeeding, in order that more infants can come into this world without being infected by AIDS.

**The Acting President:** I now give the floor to Her Excellency Ms. Villa Schmidt, Federal Minister of Health of Germany.

**Ms. Schmidt (Germany):** In the battle against HIV/AIDS, the world is today embarking on a qualitatively new partnership in terms of international policy. This became possible only when it was generally realized that HIV/AIDS was not only a public health problem, but one which spanned development, economic and even security policy. Today, HIV/AIDS ranks very high on the international agenda, and that is why it was necessary to hold this special session, which I view as the result and culmination of

international policy discussions to date. I thank Kofi Annan for this very important initiative.

Germany welcomes the plans for the creation of a global fund for HIV/AIDS and health. Setting up such a mechanism for providing swift, targeted and efficient resources for necessary and meaningful measures in the countries and regions that are most affected and most at risk will meet a very real need. I sincerely hope that the ongoing negotiations on the setting up of a global fund will succeed soon and will adequately address existing problems. I can state today that Germany will of course support the fund.

In addition to the willingness of the international community to help, responsibility lies with the Governments of the countries that are affected and at risk. They must commit themselves to the fight against HIV/AIDS and assume the leadership role in their countries. This implies — however difficult it may be in individual cases — bringing the problems before the public and calling them by name. This includes, for example, breaking the taboo on homosexuality. It also means embracing the rights of women and girls as fundamental human rights, including the right to sexual self-determination. In that context, I have to say quite frankly that I am shocked that HIV-infected men have sexual intercourse with very young girls who are virgins, in the belief that they can cure the disease by doing so. Naming and exposing this is a precondition for effectively controlling HIV/AIDS. Prevention is possible only through comprehensive, open public information, education and targeted strategies that lead to behavioural changes. And, at the moment, prevention remains the best strategy against HIV/AIDS.

The basic prerequisite for efficient prevention is solidarity with those affected as a humanitarian imperative. Given my country's experience in controlling AIDS, I can affirm one thing: even in Germany, the early 1980s saw fierce social and political debates over the right approach. However, by the end of those debates we had devised a generally accepted national concept for AIDS control that, with the involvement of non-governmental organizations, was based on solidarity. That concept is bound to provide a sound general basis. However, the specific problems vary from one country to another, and no one can, or even wants to, tell the others what to do. But what we will gladly do is to offer and share our experiences.

Leadership also implies linking up with all of those involved: for instance, non-governmental organizations, communities and experienced partners such as UNAIDS and its co-sponsors within the United Nations framework. UNAIDS has transferred best practices from one part of the world to actors in other parts of the globe, and has thus created awareness of the problem itself. It is not least thanks to UNAIDS that many countries have national AIDS control plans which either are about to be or are already being implemented. Thus, UNAIDS merits thanks and recognition. Germany will continue to give full support to the leading role of UNAIDS as coordinator and catalyst in the fight against AIDS in the future as well.

One final thought which is important to me: this special session is the result and the climax of the political discussions on HIV/AIDS that have taken place to date. We are now at another crucial turning point. The global crisis has been recognized. We know what should be done. Now the time has come to take global action. Let us take on this task together.

**The Acting President:** I now give the floor to His Excellency Mr. João Bernardo De Miranda, Minister of External Relations of Angola.

**Mr. De Miranda (Angola)** (*spoke in Portuguese; English text furnished by the delegation*): On behalf of my Government, I would like to begin by congratulating Mr. Harri Holkeri on his election to the presidency of this special session dedicated to the issue of HIV/AIDS. The initiative to hold this event reflects the international community's growing concern as it faces the danger that the HIV/AIDS conflagration poses to the stability and development of our societies, and to the very future of humanity.

The impact of the disease has been catastrophic, above all in Africa, a continent that has seen the greatest rate of cases, resulting in a reduction in the active population, the break-up of families and an increase in poverty. African countries, owing to the weakness of their economies and to the resulting weakness of their health-care systems, are not in a position to face alone the challenges of the disease. The United Nations and the international community must continue to devote special attention to the African continent, especially in the areas of prevention and treatment.

At the same time, there is a need to implement appropriate national policies, in which civil society,

non-governmental organizations, churches and the private sector, as social partners with the State, can play an active role.

In Angola, the fight against AIDS constitutes one of our key priorities. It is estimated that there are currently 160,000 persons infected, and that approximately 31,000 have died from the disease to date. It is forecast that nearly a million people may be infected over the next nine years, of whom 500,000 will die if the current trend is not reversed.

The Government's national strategic plan is aimed at preventing the transmission of HIV/AIDS, above all in the most vulnerable groups, and in reducing the negative impact of the disease within families and communities. The Government has allocated \$33 million for the implementation of the plan. The President of the Republic is a sponsor of this strategic plan, and he is mobilizing all sectors of society.

The outcome of the campaign to fight AIDS in Angola could be more effective if an end were put to the terrorist acts being carried out by armed groups led by Jonas Savimbi. Those acts have destroyed health-care infrastructure, affecting the development of campaigns for the prevention and treatment of the disease. Jonas Savimbi continues to reject resolutions of the Security Council and persists in using the vile logic of war as a means of seizing political power. He continues to wage war despite ceaseless appeals by the international community to return to the framework of the Lusaka Protocol, the only political and legal framework for achieving lasting peace and national reconciliation. The onus of responsibility is on Savimbi to declare, without delay, a unilateral ceasefire, to disarm and to cooperate with the United Nations in order to restart the processes of the Lusaka Protocol and carry out strictly its remaining unfulfilled provisions.

The political, economic and social stabilization that would take place with the return of refugees and the resettling of displaced populations will permit the Government to carry out with greater effectiveness the campaign to fight HIV/AIDS, as well as other diseases such as malaria and tuberculosis.

It is Angola's view that the fight against HIV/AIDS will have to be won through concerted efforts by the international community. For this reason, Angola welcomes with satisfaction the initiative to

create a global fund to fight HIV/AIDS, which was announced by the Secretary-General at the recent World Health Assembly, and we appeal to the international community to contribute to that fund. At the same time, we reiterate our support for the conclusions of the Abuja Summit.

We are convinced that this special session will help the international community find the most effective ways and means to halt the propagation of the AIDS scourge.

**The Acting President:** I give the floor to His Excellency Mr. Ali-Akbar Sayyari, Vice-Minister of Health and Medical Education of the Islamic Republic of Iran.

**Mr. Sayyari** (Islamic Republic of Iran): We have gathered here to address a tragic global emergency situation, an indeed painful affront to human life and dignity and a daunting challenge to the entire international community. We are acting on the solemn commitment made by our heads of State and Government at the Millennium Summit last September to first halt and then begin to reverse the spread of the HIV/AIDS pandemic.

Currently Iran belongs to the group of countries in which the disease is little prevalent. However, we in the Health Ministry are of the view that the pattern is rapidly changing into an epidemic concentrated among intravenous drug users. The first HIV case in Iran was reported in 1987, and now 2,721 cases — 2,608 men and 113 women living with HIV/AIDS — have been reported. Drug abuse has been the dominant mode of transmission, accounting for 65 per cent of the known and reported cases. This is directly related to the very serious drug problem we face as a result of being situated on the transit route for illicit drugs. Another 12 per cent of the cases have been due to heterosexual transmission.

Despite the low prevalence of the disease, a national committee to combat HIV/AIDS, chaired by the Minister of Health, was set up in 1987. It provides policy guidance to the national AIDS programme. The national strategic plan, based on multisectoral collaboration and coordination, is mainly focused on prevention and includes the following major activities: providing patients and communities with information and educational material and facilitating communication; serological and behavioural

surveillance; voluntary testing and counselling; blood safety; and HIV care, support and treatment.

We believe that international assistance, particularly through relevant agencies, can certainly help us to pursue the next steps. These include strengthening the national strategic plan through more active multi-stakeholder participation, including that of non-governmental organizations, the private sector and communities; training programmes, including both out-patient and in-patient care; a management information system; and an information, education and communication programme, with an emphasis on behavioural change.

Allow me to underline a number of overriding considerations. First, we believe that the success of any programme at the national, regional and international levels by necessity depends on genuine consideration for specific national situations and respect for the particular norms and values of the societies concerned. In this context, the pivotal role of the family and of religious and community leaders needs to be underlined. The emphasis on these aspects and elements in the proposed final outcome is well placed, if not optimally satisfactory.

Secondly, the need for urgent, effective international assistance programmes commensurate with the tragic dimensions of the pandemic, and with a particular focus on Africa, can hardly be overemphasized. This should not, however, lead to neglecting the problem of HIV/AIDS transmission through intravenous drug abuse in other countries and regions.

Thirdly, care and treatment of those already infected is all but imperative and should be pursued with vigour and as a matter of priority. Yet it is our considered view that prevention — in the broadest sense of the word, and most certainly based on moral choice, responsible sexual behaviour and the promotion and protection of the family — provides a more effective shield against the further spread of the pandemic.

I close my statement with a brief word of appreciation to the President, to the Secretary-General, the facilitators and all the negotiators. I wish all of you and the special session every success. Let us resolve to halt and reverse the spread of this deadly and dehumanizing pandemic.

**The Acting President** (*spoke in French*): I now give the floor to His Excellency Mr. Eddy Boutmans, Secretary of State for International Cooperation of Belgium.

**Mr. Boutmans** (Belgium) (*spoke in French*): First of all, I would like, on behalf of Belgium, to congratulate Mr. Peter Piot, Executive Director of UNAIDS, who has just been awarded the Nelson Mandela Prize.

The AIDS epidemic has taken on dramatic proportions. The statistics are numerous and well known to this forum. The human, social and economic consequences are enormous. HIV infection and AIDS give rise to complex medical and cultural problems for which there are no simple solutions. Poverty, in the broad sense of the term, is the engine of the epidemic. AIDS is clearly a problem related to development.

I appreciate the fact that the European Commission plan of action on communicable diseases mentions this context of poverty eradication. This clearly illustrates the choices we face, as well as an awareness of the stakes involved in this epidemic. How can we expect young people in the shantytowns of metropolitan areas to change their sexual behaviour, even if they have copious information, if their circumstances give them no hope of living a life of dignity? Sustainable development and the fight against poverty are the global goal encompassing all other challenges. Among other things, we should be ready to reconsider international socio-economic relations in a fundamental manner, in order to enable the poorest countries to break free of the impasse. We will not escape eventually having to consider redistribution of resources, even if that implies sacrifices.

Awareness of the gravity of the situation created by this epidemic has increased considerably in recent years, both among the leaders of the most affected nations and in the international community as a whole. The battle against AIDS is a priority on the agendas of numerous political meetings such as this one. New types of alliances and examples of coordination are emerging. This increased attention to the problem is both positive and necessary. However, there is a grave risk that large amounts of money may go to finance vertical, prestige-driven programmes and questionable priorities.

The current stage of the epidemic and, in particular, the impact of social factors on its spread call

for a multiplicity of responses and strategies, namely, preventive efforts to influence behaviour through education, intervention in the social and political spheres, and therapeutic efforts. Education continues to be an important aspect of our efforts. While making progress in understanding the epidemic, it is important to inform people so that they will be able to develop proper behaviours and to live with the epidemic. In addition to specific information, this process should be part of education plans and should strengthen the struggle against social inequality in the face of infection.

HIV-positive individuals should be part of prevention efforts, in particular by involving them from the time campaigns are designed through the evaluation of those campaigns. Particular attention should be given to those in the most vulnerable groups, for example, women, men who have sexual relations with other men, migrants without status, prostitutes, persons who are victims of social exclusion, intravenous drug users, prisoners, HIV-positive children and young people and HIV-positive women who want to have children. Let us pay tribute to the individuals in those groups who have spoken out publicly about their situation.

With regard to Belgian AIDS policy, one of our objectives is to work within the framework of coordinated international action. A new concept of cooperation was launched thanks to the International Partnership against AIDS in Africa, which is a UNAIDS initiative. The Partnership leaves to countries themselves the responsibility for developing their national strategic plans. The donor community should respond to this in a coordinated manner. The Partnership is not just another superstructure; it is a commitment to work for a common objective with various categories of partners and social actors at different levels.

During the launching of the Partnership — in New York in December 1999 and in which I participated — there were present representatives of African countries, United Nations agencies, donor countries, non-governmental organizations and private sector organizations, such as pharmaceutical companies and trade unions, as well as the media. These new forms of partnership are not only enriching but have become an absolute necessity if we are to achieve results in the medium term.

With our limited means, and in a common effort with numerous partners, Belgian cooperation action attempts to contribute to fighting this global challenge and to work in a complementary and synergistic way in this common effort. Our support for the struggle against AIDS comprehensively doubled between 1999 and 2000. Added to that are the efforts of the Dutch-, French- and German-speaking communities of Belgium.

The events in Brazil and South Africa and civil society campaigns have had the snowball effect of reducing the cost of antiretroviral drugs. That avalanche will not stop, even if there is still a long way to go. Millions of people want treatment, and thousands of pregnant women need access to medicine. The issue of the right to health has never been so clearly expressed. The treatment of people with HIV/AIDS is a complex undertaking, one that requires that health services function in a satisfactory manner and that so far has not provided a cure. Treating people improves their living conditions, but it does not stop the epidemic.

Political discussions have centred on ways to strengthen or implement the fight against the epidemic. I shall limit my comments specifically to the global fund.

We believe that the management of the proposed global fund should conform to several criteria. Its objective should be grounded in public health and therefore public sector actors who have been democratically given responsibility and the representatives of beneficiaries should be the ones to determine the direction to be followed. This initiative should also make it possible to regroup forces by reassembling the various special funds now in existence. The fund should be part of a global health strategy and all its activities should be aimed at strengthening existing capacities and basic structures in the area of public health, as well as in other areas. It should function flexibly and effectively. The acquisition of medical products should be based on a system of differentiated prices. All mechanisms being contemplated as a result of international agreements to improve access to medicines should be put into operation. If the appropriate modalities are worked out, we would favour a special fund because such a fund could potentially be a useful tool. But we should be very clear about the fact that all this should be done with the wisdom this cause merits.

Finally — and I apologize for exceeding my allotted time — I would like conclude by saying that money is just one aspect of combating AIDS. The human commitment of millions of people who show remarkable courage in this struggle is of equal value. The stakes are profoundly human. It is our solidarity and our ability to work together that will enable us, I am sure, to face this battle.

**The Acting President:** I give the floor to Her Excellency Mrs. Ruth Dreifuss, Federal Councillor, Minister of Health, Social Affairs, Education, and Science and Culture of Switzerland.

**Mrs. Dreifuss** (Switzerland) (*spoke in French*): The nations of the world have gathered here, in New York, not only to discuss the problems related to HIV/AIDS, but especially to decide on concrete measures to fight this pandemic.

For the Swiss Government, the battle against HIV/AIDS begins with ensuring proper coordination at the national level allowing it to collaborate with other civil society actors, notably international organizations, non-governmental organizations (NGOs), the economic and research sectors and people living with HIV/AIDS and their families.

Furthermore, any programme designed to effectively fight HIV/AIDS must have adequate and long-term financial means. Its principal axis must be prevention, in order to impede to the extent possible the spread of further infection. Prevention is paramount, especially since no cure exists for this disease. Preventive strategies must place an emphasis on vulnerable groups and people, in particular youth — especially young girls — intravenous drug users, men who have sex with men, migrants and people involved in prostitution.

The predominant role played by a fully empowered civil society must be recognized, particularly in prevention and care, but also in helping programmes to better monitor their activities. Furthermore, to us, it is also very important that activities designed to fight HIV/AIDS be clearly based upon the principles of non-discrimination and of respect for human rights.

One of the most tragic consequences of HIV/AIDS is certainly its having orphaned millions of children who have lost their fathers or mothers, and sometimes both. Many of these orphans are also

infected by HIV/AIDS. It is therefore imperative that a portion of any additional financial resources be used to help them. We must ensure these children the full enjoyment of their fundamental rights and shield them from stigmatization.

Care, treatment and support, along with prevention, constitute inseparable elements for an effective response. In poor countries, access to medication must be made possible for people living with HIV/AIDS. We must persevere in our efforts to reduce the cost of medication. Furthermore, one can neither minimize the gravity of the problem of resistance to the virus, which may develop with use of the wrong medication, nor justify inaction by hiding behind such a fear.

In many developing countries, assuming responsibility for a large number of people affected by the disease requires a reinforcement of health-care systems. Switzerland, for its part, supports granting additional financial resources to multisectoral and cross-cutting programmes, rather than only to specific projects that are often short-lived. It is a question of taking this opportunity to improve the overall health-care infrastructure of countries concerned.

As far as specific projects are concerned, priority should be given to preventing transmission of the virus from mother to child, especially given that treatment in this regard is relatively simple and could be implemented on a large scale.

Lastly, we must increase our efforts in the research and development of a vaccine against HIV/AIDS, of microbicides and of medications intended to fend off the myriad opportunistic sicknesses related to HIV/AIDS, most notably tuberculosis.

Less fortunate countries will need considerably increased resources in the battle against the scourge of HIV/AIDS. These additional resources will have to be drawn from national budgets and from international and private funds.

In response to this emergency, the Swiss Government has decided to practically double its multilateral contribution in 2001, bringing its total contribution to UNAIDS to 4 million Swiss francs. It has also decided that for 2002 this multilateral contribution will be doubled again. Switzerland thereby makes known, through this increased financial effort,

its willingness to stand in solidarity and the importance that it attaches to the fight against HIV/AIDS.

With this perspective in mind, Switzerland wishes to hail the United Nations on its promotion of the concept of a global AIDS and health fund. We can expect this fund to ensure the sustainability of the

international community's efforts and to help mobilize real additional resources. In order to increase Switzerland's long-term financial effort in the battle against HIV/AIDS in developing countries, new directions for financing will be examined, including through global fund.

*The meeting rose at 9.30 p.m.*



# General Assembly

Twenty-sixth special session

**4**<sup>th</sup> meeting

Tuesday, 26 June 2001, 9 a.m.

New York

Official Records

*President:* Mr. Holkeri . . . . . (Finland)

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

## Agenda item 7 (continued)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

cities, without efficient measures to control the epidemic.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

especially for underprivileged and groups that lack access.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

*(spoke in English)*

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

useful information and counselling through the Internet.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

*The meeting rose at 1.25 p.m.*



# General Assembly

Twenty-sixth special session

**5**<sup>th</sup> meeting

Tuesday, 26 June 2001, 3 p.m.

New York

Official Records

*President:* Mr. Holkeri . . . . . (Finland)

*The meeting was called to order at 3 p.m.*

## Agenda item 5 (continued)

### Organization of the session

**The President:** I should like to draw the attention of members to a change in the chairmanship of round table 3 and hence in the membership of the General Committee. I have been informed that His Excellency Mr. Abdul Malik Kasi, Minister of Health of Pakistan, will chair that round table instead of His Excellency The Honourable Dato' Seri Suleiman Mohamad, Deputy Minister of Health of Malaysia; the membership of the General Committee of the twenty-sixth special session will be amended accordingly.

## Agenda item 7 (continued)

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

**The President:** The Assembly will now hear a statement by His Excellency Mr. Nagoum Yamassoum, Prime Minister of the Republic of Chad.

**Mr. Yamassoum** (Chad) (*spoke in French*): Let me begin by conveying the keen regret of President Deby that he was unable to come to New York. I join previous speakers in congratulating the Secretary-General, Mr. Kofi Annan, on having taken a worthy initiative in organizing this special session on HIV/AIDS. This high-level session follows upon the

special summit of the Organization of African Unity (OAU), held at Abuja on 26 and 27 April 2001, and reaffirms the international community's collective awareness and its determination to meet the greatest challenge mankind has ever faced and to find a universal, comprehensive response commensurate with its magnitude.

My sincere thanks go to the many heads of State or Government and their delegations who have come here so that we can work together to attain the goals of this special session, which include inspiring world leaders and urging them to act, intensifying international action and, above all, mobilizing the resources needed to combat the HIV/AIDS epidemic. Those goals are ambitious to be sure, but they can be achieved.

The presence here of so many heads of State or Government attests not only to high-level awareness of the gravity of the problem but also, and above all, to an unambiguous determination to face that problem together and to tell our peoples that the struggle is no longer a matter for experts alone. Over the past few years, experience in the campaign has shown that prospects for success improve when advocacy at the highest level is centred on systems that fall under the direct authority of heads of State or Government. I am certain that, when we return to our countries, our active participation in this special session will lead top leaders to take control of those systems in order to inspire their principals to take action.

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



*Mr. Khudabux (Suriname), Vice-President, took the Chair.*

My own country will significantly heighten the active struggle to which we have been committed since 1986, when the problem was discovered in our territory. The key milestones on the long path we have taken include: the 1988 establishment of a national programme to combat AIDS and of associated bodies such as the National Council to Combat AIDS and the Technical Commission against AIDS; the creation in 1989 of a consensus workshop against AIDS; the formulation of a medium-term plan for the struggle against AIDS for the period 1995 to 1999; the establishment of the concept of focal-point ministries; the establishment of our population project for the fight against AIDS; the 1997 restructuring of the national programme to combat AIDS; our 1998 commitment to a process of strategic planning; the establishment in 1999 of a network of parliamentarians for population and development, committed to the fight against HIV/AIDS, a member of which is part of our delegation; since more than three years ago, active involvement by a network of women, ministers and parliamentarians in the fight against AIDS, a member of which is also among our delegation; Chad's commitment since 2000 to making antiretroviral drugs accessible; this year's initiative by countries of the lake Chad basin to respond to population movements in the face of the infection, in which context my country, this month, joined the initiative by countries on the Congo, Ubangi and Chari rivers; our preparations for high-level participation in this special session; and a focus on the fight against AIDS in the context of the Heavily Indebted Poor Countries (HIPC) Debt Initiative. I am convinced that Chad will be confirmed in its strategy by the conclusions and recommendations adopted at this session.

As to the second goal, intensification of international action, we now know, 20 years on, that HIV knows no borders and that it easily benefits from the communication facilities of the twentieth and twenty-first centuries. Only concerted action can, if not put an end to it, at least stabilize it. It is therefore imperative to strengthen international action. A global problem demands a global response. That is the approach of the initiative by countries of the lake Chad basin; to be effective, that initiative needs the support of the international community, and such support is not entirely lacking. We count among our traditional

partners UNAIDS — to whose Executive Director, Mr. Peter Piot, I convey my greetings — the World Bank, the International Labour Organization, CARE France and national and international non-governmental organizations; further, I hail the recent initiatives of bilateral partners such as the Republic of China on Taiwan. Other initiatives too are under way, and the international partnership has grown. But central tasks remain to be done.

This unique session must serve as a catalyst for broad, concrete action. Such action must in particular include such elements as providing facilities through which countries such as mine could gain affordable access to combination therapies and antiretroviral. Given the worldwide threat, the quest for profit must yield to solidarity. It is not moralistic to say that; it is simply to underscore the facts and the gravity of the problem.

That brings me to the third goal: resources, which lie at the core of the war we must fight against the pandemic. Indeed, the HIV epidemic is a thorny development problem which stymies and calls into question the very future of nations. The impact of AIDS is a cause of poverty, which in turn promotes the spread of the epidemic. That is a true vicious cycle that can be broken only by means of increased awareness and through a greater mobilization of resources.

Since the beginning of the epidemic, the world has made many efforts and spent vast sums in the fight against the scourge. But we must admit that, in the face of this public health, security and development problem, the road ahead is still a long one; we shall have to make further sacrifices and devote greater resources to prevention, access to drugs and research. For, as has been noted here, research and prevention are not mutually exclusive: they are in fact complementary.

The Secretary-General's recent proposal at the Abuja summit to set up a special global fund for AIDS and other infectious diseases would help us attain the goals of this special session, and my country, of course, endorses it wholeheartedly. This special session must mark the beginning of a real declaration of war on HIV/AIDS. I am certain that, by pooling our energy, our resources and our strength, we will win that war for our peoples and for our countries.

**The Acting President:** The Assembly will now hear a statement by His Excellency Mr. Peter Mafany

Mussongue, Prime Minister of the Republic of Cameroon.

**Mr. Mussongue** (Cameroon): I am very privileged to represent the head of State of the Republic of Cameroon, Mr. Paul Biya, at this special session of the United Nations devoted to the fight against HIV/AIDS. As the Assembly knows, the HIV/AIDS pandemic is today, by its magnitude, the greatest threat to mankind. It is one of the most formidable challenges to human intelligence, as it has defied a solution despite more than 20 years of brain-racking research. Given this situation, it has become imperative for the international community to be mobilized in order to make concrete commitments to check this disaster.

With 25 million out of the 37 million persons infected so far worldwide, Africa is the hardest-hit continent. Today, AIDS is no longer a mere public health problem. It has become a genuine development problem which not only thrives on poverty, but also exacerbates it, threatening to plunge the continent into misery and utter despair. Consequently, the time has come to act rapidly and effectively at the global, regional and national levels. Like many other African countries south of the Sahara, Cameroon, with close to 1 million persons infected, is also seriously affected by the AIDS pandemic. The seriousness of the situation led the Government of Cameroon to formulate and adopt a national strategic plan to fight HIV/AIDS. This plan involves all sectors of activity and is reinforced by a communication and social mobilization plan designed for different audiences. This programme, which I had the privilege to launch in September 2000 on behalf of the President of the Republic, Mr. Paul Biya, immediately became operational, testifying to the commitment of the highest authorities of the State to resolutely combat HIV/AIDS.

Our emergency plan, which is currently being implemented, comprises various activities, notably: information, social mobilization and prevention campaigns; voluntary screening; prevention of mother-to-child HIV transmission; support and management of patients; and various research activities aimed at reinforcing local and multisectoral responses in the urban and rural areas.

This programme has received, inter alia, the technical and financial support of the United Nations system through UNAIDS and a loan of \$50 million

from the International Development Agency under its multi-country AIDS Programme. Let me avail myself of this opportunity to thank, on behalf of the President of the Republic of Cameroon, the international community for this very appreciable support, which complements the resources we ourselves have allocated for the fight against HIV/AIDS in Cameroon. Moreover, resources resulting from debt relief within the framework of the Heavily Indebted Poor Countries Debt Initiative have been allocated as a matter of priority to this fight.

The Republic of Cameroon shares the concerns of other developing countries, in particular as regards the urgent need to increase the funding for and means of fighting HIV/AIDS, as well as enhancing access for the poor to health care and drugs. With regard to these two issues, Cameroon supports the Abuja Declaration, welcomes with hope the setting up of a global fund for the fight against HIV/AIDS and salutes here and now all the countries that have already announced their contributions to that fund. Furthermore, Cameroon advocates a significant drop in the prices of drugs, especially antiretroviral drugs.

In this regard, it is necessary, inter alia, to adopt a positive interpretation of the Trade Related Aspects of the Intellectual Property Rights (TRIPS) Agreement. In this way, Cameroon, Africa and the rest of the world will together rekindle the hope of facing the challenge of HIV/AIDS, a challenge which must absolutely be overcome if the world is to develop harmoniously.

**The Acting President:** The Assembly will now hear a statement by His Excellency The Right Honourable Justin Malewezi, Vice-President of the Republic of Malawi.

**Mr. Malewezi** (Malawi): HIV/AIDS is a worldwide problem, but the greatest threat it poses is to development in the southern African region. The pandemic is undermining our future and the future of our children. The HIV/AIDS epidemic is an emergency, requiring an emergency response by all world leaders.

In Malawi, we recognize that high-level political commitment is important in the fight against HIV/AIDS. Our experience demonstrates the importance of strong political leadership and how a broad-based national consensus can be used in a strategic planning process. Our President, Mr. Bakili Muluzi, has been instrumental in breaking the silence

on HIV/AIDS and in emphasizing a multisectoral approach to coordinate the national response.

We set about creating an approach that emphasizes social mobilization and consensus-building methods to create institutional involvement at the community level. This is contained in our strategic framework for HIV/AIDS, which provides a broad analysis of the existing strengths and opportunities for an intensified response to HIV/AIDS prevention and care. The framework also contains goals for each of the major components of the national response. It contains guiding principles and broad objectives for each component and detailed budget estimates, as well as guidance on how to implement the strategic framework. The programme in Malawi is inclusive and involves a genuine partnership between people living with HIV/AIDS, the Government, civil society, non-governmental organizations, the private sector and religious organizations.

The hope for Africa lies in the uninfected youth, who account for more than 50 percent of the population throughout Africa. The success of our national programmes will therefore depend on keeping youth HIV-negative. This is the greatest challenge facing leaders throughout the world, and this needs our collective energy.

Empowering young people with information about HIV/AIDS is helping to reduce transmission. Young people are the most effective voice in promoting responsible sexual behaviour among youth. This is why the Malawi Government is involving young people themselves in advocacy for change.

Expanding access to education will be a key strategy in keeping young people HIV-negative. Education equips and empowers young people to capture and internalize relevant knowledge, and to transform it into behavioural change. Girls' education is an absolute priority in this regard.

Addressing gender inequality is also a key strategy to reduce the rate of transmission of HIV/AIDS. Women are more vulnerable because of their low employment and security status, as well as their lower incomes. Therefore, empowering women economically and educationally is key to reducing the spread of the epidemic. In this equation, changing men's sexual behaviour is also a crucial component in the fight to prevent the spread of the epidemic.

We in Malawi have developed a comprehensive care programme that includes voluntary counselling and testing, psychological support, palliative care, home-based care, prevention and treatment of opportunistic and sexually transmitted infections and nutritional support. The final component of strengthening care is increasing access to antiretroviral drugs. These drugs lower the viral load and thus contribute to preventing transmission of the virus. People are more willing to undergo voluntary testing to disclose their HIV status if there is the possibility of getting treatment. Promoting access to antiretroviral drugs also has the potential to reduce the rate of mother-to-child transmission. Malawi has developed a comprehensive plan for the structured introduction of antiretroviral therapy. The programme will be implemented in a carefully phased manner over a five-to-seven-year period.

African countries carry two major burdens, HIV/AIDS and external debt. This debt burden, of \$227 billion, remains a pervasive obstacle to Africa's capacity to address other issues, and diverts scarce foreign exchange from the fight against poverty and HIV/AIDS. While the Highly Indebted Poor Countries Debt Initiative is welcome, it is inadequate to meet the urgent need to expand investment in basic social services and in HIV prevention and care. If the international community is serious about promoting human rights and addressing the global HIV/AIDS pandemic, debt cancellation is a moral imperative.

The HIV/AIDS pandemic is one of the greatest threats to our human family. More than 36 million people are currently infected with HIV. The pandemic has already claimed 22 million lives and created 13 million orphans. We can defeat this appalling epidemic; we know how to prevent transmission of the virus; and we have drugs that can prolong the lives of those infected with HIV and help them to live with dignity and hope. But we need \$7 to \$10 billion per annum to fully finance a global fund for HIV/AIDS, tuberculosis and malaria. This is less than the cost of one stealth bomber. We must make this global commitment, and we must do it now. Let us invest in human life, not human destruction. We need long-term, committed and sustained leadership to fight HIV/AIDS. Let us therefore aim to work towards a millennium free from the scourge of HIV/AIDS.

**The Acting President:** I now give the floor to His Excellency Mr. Grzegorz Opala, Minister of Health of Poland.

**Mr. Opala (Poland):** On behalf of the Polish delegation, I would like at the outset to express our satisfaction at seeing you, Sir, presiding over the General Assembly special session devoted to the issue of HIV and AIDS.

Allow me to extend a few words of respect and appreciation to the Secretary-General. As the Head of the Polish delegation, and at the same time as the Minister of Health, I would like to pay tribute to him and to the General Assembly for their commitment to fight the global scourge of HIV/AIDS, as expressed in the Secretary-General's address to the fifty-fourth session of the World Health Assembly and demonstrated by this special session.

We meet here at a very special time. The first report of five cases of *Pneumocystis carinii* pneumonia among previously healthy young men was published, as a small case series, 20 years ago, on 5 June 1981. We have since entered the new millennium, and the world is still facing the challenge of responding to the AIDS pandemic. The discrepancy between predictions and actual rates of increase in the prevalence of infection is significant.

Today we call the pandemic the global AIDS crisis. The HIV/AIDS epidemic is worsening, not only in Africa but also in parts of Asia and Latin America. At the same time, there has been an explosive growth in the disease in the region of Central and Eastern Europe. HIV infections will probably spread further in the region as a result of the existence of a large number of injecting drug users, increasing rates of sexually transmitted diseases, the growing commercial sex industry and side effects of socio-economic transition.

Despite these trends, even countries with modest resources, like Poland, have demonstrated that the epidemic can be stabilized or reversed. In Poland, as in all of these countries, successful programmes have included strong, high-level political leadership for HIV prevention, a national programme, adequate funding with allocation of resources and strong community involvement. The increase in HIV infection and AIDS deaths has also led to increased aid from Governments and international and national organizations and foundations.

In that context, I would like to add that there are an estimated 15,000 people living with HIV and AIDS in our country. Since the beginning of the epidemic, in 1985, up to the present, 7,000 HIV cases have been detected in Poland, and 1,300 people have been treated with antiretroviral therapy. Nine hundred and ninety-two AIDS cases have been diagnosed, and 525 deaths due to AIDS have been registered for the period.

As the world is shrinking owing to transportation, communications, trade and commercial activity, gaining insight into emerging infections with epidemic potential, such as HIV/AIDS, becomes increasingly important, and not only to public health practitioners.

Given the situation we are faced with, the contribution of international, governmental and non-governmental organizations to international cooperation in the context of HIV- and AIDS-related human rights is a key element of addressing the AIDS pandemic. This can be done by, inter alia, working on advancing HIV and AIDS prevention and care programs, facilitating access to HIV and AIDS treatment and care and sharing knowledge, experiences and achievements concerning HIV- and AIDS-related issues.

The epidemic is a global problem, and addressing the disease and its consequences for particularly vulnerable groups and societies worldwide requires an international response. Cooperation at both the global and regional level is essential to effectively integrate and harmonize different strategies. This will also help strengthen efforts to fight HIV/AIDS and defray treatment costs. Only effective global partnerships can prevail over a global disease.

**The Acting President:** I give the floor to His Excellency Mr. Achmad Suyudi, Minister of Health and Social Welfare of Indonesia.

**Mr. Suyudi (Indonesia):** It is with a deep sense of urgency and commitment to finding a lasting solution to the HIV/AIDS epidemic that the Indonesian delegation is participating in this important special session of the General Assembly. May I also take this opportunity to extend to all present the warmest greetings of President Abdurrahman Wahid and Vice-President Megawati Soekarnoputri. They wish the Assembly every success in this critical undertaking.

In Indonesia, it is estimated that, as of mid-year 2001, approximately 80,000 to 120,000 people will

have become infected with the HIV/AIDS disease. The disease is more prevalent in certain sub-population groups, where the rate ranges from 0 to 26 per cent. My country is increasingly concerned that conditions favouring an increase in HIV infection in Indonesia are soaring. These conditions include poverty, high-risk sexual behaviour, the prevalence of sexually transmitted infections, intravenous drug abuse and the increased mobility of the population, leading to increased transmission.

In meeting this challenge of redressing the epidemic, let me underline some of Indonesia's activities resulting from our commitment to prevent and control HIV/AIDS. Nationwide, our focus is on early intervention. This is being done through the promotion of abstinence and fidelity, without neglecting the promotion of safe sex among people with high-risk sexual behaviour. Likewise, relevant laws with respect to drug abuse are being implemented, and risk reduction activities are being initiated based on the socio-religious and cultural background of the Indonesian people.

This is not an easy task. The country's widely dispersed geographical composition, large population and diverse cultural backgrounds present a number of obstacles, posing particularly significant barriers to communication and in access.

Another serious obstacle facing Indonesia is the ongoing efforts to cope with the consequences of the economic crisis that has devastated our country. That situation has forced Indonesia to prioritize the allocation of its limited resources, making it extremely difficult to increase the coverage and comprehensiveness of the National AIDS Programme. Providing adequate HIV test kits and affordable antiretroviral drugs is but one of the difficulties. However, despite the difficulties that this reality presents, we remain fully committed to doing our utmost, and our activities will be focused on prevention as the mainstay, together with the provision of comprehensive care and support.

Let there be no mistake about it: Indonesia shares the international community's belief that the global HIV/AIDS epidemic constitutes one of the most formidable challenges to human development and dignity today. We are also strongly committed to participating in and helping to bridge the very wide gap between the established rich countries and the poor

developing countries in their fight against HIV/AIDS, particularly in the African countries. As to an effective response to the HIV/AIDS epidemic, it will require concrete political commitment, genuine cooperation and concerted action by all, at all levels and across all sectors. This will obviously require strong leadership and the provision of additional, substantial and sustained resources.

In addition, I would like to reaffirm Indonesia's previous commitment made on HIV/AIDS through various declarations, at the international and regional levels and specifically through the Association of South-East Asian Nations (ASEAN). In this regard, the ASEAN Inter-Country Consultation Workshop, in Kuala Lumpur, Malaysia, and Bali, Indonesia, in preparation for the seventh ASEAN Summit special session on HIV/AIDS, has agreed to give top priority to the issue that a regional approach could bring added value.

On the question of HIV-related drugs, let me just say that international assistance in addressing factors affecting the provision of these drugs, including technical and system capacity-building, pricing and the examination of alternatives for increasing access to the drugs and their affordability, is of critical importance, especially to developing countries with minimum national resources. The draft declaration itself states that the HIV/AIDS challenge cannot be fully met without new and additional resources and international assistance. We therefore urge the developed countries to generously contribute to combating the HIV/AIDS epidemic and to the search for ways to establish global equity, bearing in mind that the existing inequity has only served to further accentuate the epidemic.

Before concluding, let me commend the United Nations and its related agencies for their financial and technical support, especially during Indonesia's ongoing crisis. I would also like to recognize the many supportive friendly Governments, international organizations and donor agencies that have facilitated the implementation of Indonesia's National AIDS programme.

In conclusion, may I add that we look forward to the commitment, support and action of the global leadership to address the increasingly frightening global HIV/AIDS crisis and to seek viable ways and means of preventing and controlling the HIV/AIDS

epidemic, while taking into account the myriad limitations that confront all of our countries.

**The Acting President:** I give the floor to His Excellency Mr. Antonio Marqués de Lima, Minister of Health and Sports of Sao Tome and Principe.

**Mr. Marqués de Lima** (Sao Tome and Principe) (*spoke in French*): Allow me to convey the greetings of the head of State and the Prime Minister of Sao Tome and Principe to the heads of State and Government here and to all the participants in this special session of the General Assembly on HIV/AIDS.

Allow me also to congratulate the President on his election to guide the work of this Assembly. I also wish to thank the Secretary-General and congratulate him on the extremely important initiative of organizing this special session to debate one of today's most serious health problems and on his appeal for the creation of the global fund to combat AIDS and other infectious diseases, such as malaria and tuberculosis.

Some 20 years ago, when mention was first made of HIV/AIDS infection, probably most of us were far from imagining the threat that this epidemic could represent to development, and even to the survival of the population of vast regions of the globe. In fact, with 34 million individuals stricken by HIV/AIDS and 21.8 million deaths caused by this illness throughout the world, AIDS today is the illness that is certainly of greatest concern to all humankind. These figures, however, conceal a harsh and bitter reality: of the 34 million persons affected by HIV/AIDS, 95 per cent are in developing countries, and Africa alone accounts for a total of 24 million infected persons and a total number of deaths from AIDS estimated at 14 million.

Today HIV/AIDS is the major cause of death in Africa. Our continent is the one that has been most affected, and it is Africa that bears the greatest part of the burden this scourge represents, be it in the number of dead, in economic terms or in social terms. Per capita income has been declining by 0.7 per cent annually, while in some countries health expenditures have quadrupled. This is compounded by the existence of 12.5 million orphans, abandoned because their families are no longer able to care for them.

In April I had the opportunity to participate in the Abuja Summit on HIV/AIDS, Tuberculosis and Other Infectious Diseases. During that outstanding initiative, which was promoted by the President of the Federal

Republic of Nigeria, our heads of State and Government spoke of their concerns regarding these illnesses and what they represent for the health of populations and for the development of the continent. They took the decision to make the efforts required to cope with this nightmare.

I left Abuja fully convinced that that Summit had been a turning point in our way of responding and that now we would be more determined than ever to take action to curb the spread of these illnesses, in particular of HIV/AIDS infection, in the African continent. But, while our will to act is huge, the resources available to do so are extremely meagre. Poverty, which is affecting the great majority of our peoples, is the most reliable ally of illnesses and of death in general, and of the spread of HIV/AIDS infection in particular. It is no secret to anyone now that in populations that have a per capita income of less than \$1 per day, individuals are five times as likely to die before the age of five and two and a half times as likely to die between the ages of 15 and 59 than are individuals with higher incomes.

That harsh reality must spur the poor countries, particularly in Africa, to pay special attention to the battle against HIV/AIDS in their programmes to combat poverty by integrating programmes to combat AIDS into their plans for development. This is a challenge that we cannot shirk if we are not to endanger for ever the future of young generations.

In this struggle against HIV/AIDS infection, we cannot and must not remain alone. The solidarity of the international community, and in particular that of the most developed countries, is necessary and urgently needed. That solidarity is essential so that the populations of poor countries that are not able to slow the galloping spread of the epidemic can have access to means to take effective control of the epidemic, including through access to antiretroviral medications. In that struggle, I am sure that the pharmaceutical industry will not fail to stand by us. Here I would like to emphasize the solidarity shown by the Pfizer Corporation, which, on 6 June 2001, announced that it would be providing to the 50 poorest countries, at no charge and for an unrestricted period of time, medications to deal with two opportunistic infections. We hope that this example will spread by contagion to other pharmaceutical firms, and we also hope that it will lead to the inclusion of antiretroviral medicines, in particular those aimed at reducing vertical transmission from mother to child. Through their solidarity, they

will be making their contribution to the defence of one of the fundamental rights of human beings — the right to life.

**The Acting President:** I give the floor to Her Excellency Ms. María Urbaneja, Minister of Health and Social Development of Venezuela.

**Ms. Urbaneja (Venezuela) (*spoke in Spanish*):** We are taking part in this session to restate the collective aspiration of both male and female Venezuelans to make effective the inalienable right to health and well-being and the right to be respected as equal human beings with equal opportunities without any discrimination or exclusion. In this respect, we endorse the commitment to defend and preserve human life, which is being threatened by the terrible HIV/AIDS epidemic in our world.

Since the number of lives that so far have been taken by the epidemic is equal to the population of Venezuela, and since the number of people living with HIV/AIDS is greater than the Venezuelan population, we think that the only logical response by the United Nations was, in fact, the holding of this special session of the General Assembly in order to adopt a global commitment to face the epidemic.

We feel that we are here to endorse our solidarity through specific, realistic actions that tear aside the veil that covers matters that underlie the HIV/AIDS epidemic. AIDS has extended a perverse circle with dimensions so complex that we have been moved to hold special gatherings of this kind so that we can all think together, exchange ideas and adopt more creative, coordinated and decisive actions to face it not as a problem of some people but a problem of community of nations. In other words, the time has come to break the silence. This is the only way that we can contain this sickness, guarantee the dignity of infected and affected persons and improve those people's quality of life.

Venezuela has tackled HIV/AIDS from a human rights point of view, which means guaranteeing the right to health as a social right. Thus, the Venezuelan State has given priority to preventive, educational and information activities, as well as to guaranteeing comprehensive care free of charge for people living with HIV/AIDS, on a basis of universality, integrity, equality, social integration and solidarity, as established in article 84 of the Constitution of the Bolivarian Republic of Venezuela.

We are sorry that the draft declaration of commitment does not recognize this sort of approach, as it has been very successful in the case of Venezuela and other countries in the Latin American region. Venezuela's investment in combating AIDS has increased tremendously in the last four years, going from 200 million bolívars — about \$300,000 — in 1998 to 32 billion bolívars — roughly \$45 million — this year. Its aim has been to deal with HIV/AIDS in an integrated way, with an emphasis on prevention, improving the quality of life of patients and the care they receive, improving diagnoses, guaranteeing access to medication, drafting standardized protocols for care and improving the response capacity of our medical network.

However, economic factors, among others, threaten the sustainability of this approach. The present cost of drugs continues to endanger our capacity to provide comprehensive care. Here we must recognize that some progress has been made on the basis of bilateral negotiations with some pharmaceutical laboratories in order to guarantee universal access to drugs.

At present, the Ministry of Health and Social Development is evaluating the possibility of promoting local production of generic drugs so that the State can continue to fulfil its constitutional duty of guaranteeing the health of the population.

For Venezuela it has been of great importance to apply coherent policies and strategies in the comprehensive approach to every aspect of this epidemic. On this basis, prevention, reduction of vulnerability among high-risk groups, treatment, care, the support of people living with HIV/AIDS and respect for human rights all receive equal attention. We think that the draft declaration of commitment clearly addresses this consideration. That is one of the most significant achievements of this special session because it represents this integrated vision and opens up previously closed doors to the hopes of millions.

As regards prevention, both the Ministry of Education, Culture and Sport and the Ministry of Health and Social Development have made efforts in formally educating adolescents in sex and reproduction issues. This year we have developed a project involving 50 schools for an integrated campaign to train 10,000 educators, 50,000 parents and representatives, and 6,000 young people in 500

schools, in HIV/AIDS education, information and prevention. Civil society, particularly non-governmental organizations, has contributed to this work by promoting information and educational projects as well as family and consultant support programmes.

HIV/AIDS has had a disproportionate impact on women, and since the epidemic could become feminized, we must strengthen gender strategies in our HIV/AIDS prevention and control programmes. Women must have control over decisions related to sexuality, and they must be empowered to exercise their rights in sexual and reproductive life. This should enable women to protect themselves from the epidemic, while also improving our ability to prevent infection from being transmitted vertically from mother to child. The danger to children is not only that they might be orphaned, but also that they might be infected through vertical transmission.

The populations most affected, as in other countries, include groups such as men who have sex with men, people using intravenous drugs and sex workers, both male and female, particularly those who are living in poverty. It is therefore necessary to develop the programmes of awareness, education and prevention for these groups on the basis of a comprehensive approach that is sensitive to the specific features of the particular people involved.

All these efforts to deal with HIV/AIDS in Venezuela are complemented by recognition of the legal protection of persons living with HIV/AIDS. This protection has been recognized by the courts in the areas of work, family, education, health and medical attention, access to treatment, freedom, personal safety and privacy. This legal protection has been a crucial part of the general response to the epidemic, along with the contribution of non-governmental organizations and those living with AIDS. In struggling against the epidemic our Government has an ally in organized civil society, which is producing creative and direct initiatives. This alliance was demonstrated by Venezuela's participation during the negotiations on the draft declaration to come out of this special session and by the inclusion in our official delegation of representatives of non-governmental organizations, one of whom is HIV-positive.

Support for the global fund for HIV/AIDS and health is another significant achievement contained in

the draft declaration we will adopt at the end of these three days. We would like to express our recognition for the efforts made by Secretary-General Kofi Annan to establish resources for the fund, as well as for his personal commitment to fight HIV/AIDS and other diseases that deepen social inequality in the world. We feel that it is necessary to establish clear criteria for the distribution of the resources and administration of the fund. We are confident that the Secretary-General will ensure that the global fund will be of benefit to low- and medium-income countries through specific projects.

I cannot conclude without recognizing the work done by the Permanent Missions in New York. We all knew from the beginning that these would be very complex negotiations, and they displayed great professionalism. Now it is up to those of us who work in this area to continue to put into practice actions designed to meet the goals laid down in the declaration of commitment.

In conclusion, it is obvious that HIV/AIDS has social, economic, political, ethical, moral and cultural implications. We must recognize and face any kind of obstacle that comes up in our struggle against the epidemic. This requires the participation of all of us, male and female, because we are all silently exposed to this disease.

**The Acting President:** I give the floor to Her Excellency, Mrs. Henriette Ratsimbazafimahefa Rahantalalao, Minister of Health of Madagascar.

**Mrs. Rahantalalao** (Madagascar) (*spoke in French*): Once again we are meeting to tackle the critical problem of AIDS, which is affecting the world in general and the sub-Saharan region in particular, where more than 80 per cent of the persons living with HIV are found. The average rate of occurrence is 8 per cent for Africa, of which 55 per cent are women.

The figures speak for themselves and show that this epidemic disease is seriously threatening not only the health of all of humankind, but also humankind's development in the broadest sense of that word.

Thus, on behalf of our country, which today is celebrating the forty-first anniversary of its independence, and on behalf of Mr. Didier Ratsiraka, President of the Republic of Madagascar, whom we are representing here, we would like at the outset to voice

our sincere gratitude to the United Nations and in particular to the Secretary-General, Mr. Kofi Annan.

Many efforts have been made so far within our Organization to find at the highest levels the ways and means to reduce to a minimum the impact of this disease in our countries. Many meetings and summits have taken place and resolutions have been adopted with firm commitments that are always accompanied by clearly voiced good intentions. What must be done has in fact been done, and it has been done well.

However, we are all aware that AIDS is continuing steadily on its march, and has been spreading exponentially in our countries. To be sure, some countries, such as ours, still have a low prevalence rate, but at a time when globalization and the globalization of our system have become inevitable, should we still rely on these indicators?

We are on an island, and insularity can to a certain extent be considered a protective element. Despite a relatively low rate of prevalence, we have been fighting AIDS since 1988. Currently we have an average rate of prevalence of 0.16 per cent, while five years ago we were at 0.07 per cent. That is an increase of more than 100 per cent.

Thus, the problem concerns us, too, and it is the object of a high-level commitment in our country. The President of the Republic attaches great importance to intensifying our national response. At present, the Government has taken charge of the organization of the fight against AIDS, and its coordination is now a high priority. Our challenge will be to keep the rate of prevalence at less than 1 per cent among the general population.

We are firmly convinced that such an undertaking is not only a State matter. Partnership and international cooperation here find their true meaning here, in order to reduce to a minimum the impact of this illness in our respective countries. Now more than ever before, nations have committed themselves to cooperating and to working together to overcome this common enemy: AIDS.

In that regard, we would like to draw the Assembly's attention to the fact that the agreements signed to provide loans to certain third-world countries are indeed noble and even legitimate gestures to protect countries from this scourge. However, should we indebt only some countries to combat a scourge that is

now global, as the entire planet is threatened, without distinction between the rich and the poor? Might it not be possible to conceive of exceptional measures, with international solidarity prevailing?

Thus we recommend that the alleviation of the external debt be even more substantial in order to make it possible to release additional resources for programmes to fight AIDS, an essential element of the struggle against poverty. The same holds true for antiretroviral drugs and tests to detect HIV infection, which must be the subject of a joint negotiation in which we must all participate without exception.

We agree with the Secretary-General's proposal to create a global fund, and Madagascar is favourably inclined to make its financial contribution, the sum of which would certainly not exceed its contribution to the World Health Organization, a United Nations specialized agency for health care.

We warmly welcome and hail the initiatives of our South African friends, who have recently won the war of generic pharmaceuticals. Faithful to their history, they persevered and were able to enjoy the fruits of victory.

We have great hopes for this session and hope for full success at the culmination of our work. We hope that the various resolutions and recommendations here will effectively contribute to our struggle and that they will be followed by concrete actions.

**The Acting President:** I give the floor to His Excellency Mr. Lyonpo Sangay Ngedup, Minister of Health and Education of Bhutan.

**Mr. Ngedup (Bhutan):** Allow me to begin by commending the efforts of the Secretary-General, Mr. Kofi Annan, in placing HIV/AIDS on the international agenda. I wish to join other speakers in thanking him for bringing the battle against this devastating pandemic to the forefront of world attention.

It may have taken us 20 years since AIDS was first recognized to realize the gravity of the situation, but I believe that we have now opened our eyes to the fact that humanity is under siege by this scourge. Not only have millions already died from the disease, but millions are infected with this incurable affliction and millions continue to be endangered by it. It has defied man's scientific capacity and has forced us to examine our fundamental values of life.

Even as we discuss HIV/AIDS as a global priority, we are confronted with many questions. How can we overcome different mindsets that trap us in the past? Are we willing to transcend professional competition to share medical innovations? Are we ready to back our words with political commitment? Can we raise adequate resources? In other words, can we be more humane?

While we know that there is much to be learned about HIV/AIDS, there is also much we know already. We know that we need to have the courage to support the helpless, to protect the young and the innocent, to counsel those already infected and to comfort those who lose their loved ones.

Today HIV/AIDS has reached the farthest corners of the earth. Even we in the Himalayas cannot escape it. While the number of lives lost and of those infected with the virus in my country Bhutan is relatively small, we are acutely concerned about its implications for our small population, located as we are in a region where the epidemic is spreading at an alarming rate.

Bhutan's National STD/AIDS Control Programme, started in 1988, adopted a multisectoral initiative involving all sections of our society. The programme is integrated into our decentralized national health system. Education on and awareness of HIV/AIDS have been taken to the rural community. Information on HIV/AIDS has been added to our educational curriculum, and our Health Ministry's information and educational activities maintain a sustained momentum in the awareness campaign.

We have made the strongest political commitment to taking up this challenge. Under the guidance of His Majesty King Jigme Singye Wangchuck, the Government of Bhutan has accorded top priority to HIV/AIDS awareness and prevention activities. Her Majesty Queen Ashi Sangay Choden Wangchuck, our United Nations Population Fund Goodwill Ambassador, has been instrumental in creating greater awareness of HIV/AIDS and reproductive health among all Bhutanese people, especially women and children.

With more than 25 per cent of the Government's total budget allocated to the social sector, health and education are provided free in Bhutan. The Government tries to fulfil every citizen's right to good health and a complete education, leaving no community or section of society unreached.

Bhutan fully supports the creation of a global AIDS and health fund. We would like to emphasize that this fund should be realized through an approach focused on integrated primary health care, with equal emphasis on both prevention and treatment of the disease. In this connection, I would like to urge the international community to draw inspiration from the success being achieved by the Global Alliance for Vaccines and Immunization (GAVI), whose non-nonsense approach, has reignited the hope of life, and quality of life, for millions of children the world over.

We believe that only through the combined strength of all nations can we effectively fight this global emergency. International cooperation and funding is vital to our success. As the future of our succeeding generations is at stake, I call upon all nations to show their strongest political commitment to fighting this scourge of humankind.

**The Acting President:** I now give the floor to His Excellency Mr. Saleh Meky, Minister of Health of Eritrea.

**Mr. Meky (Eritrea):** It is gratifying to see the United Nations, through the able leadership of its Secretary-General, make combating HIV/AIDS a focus of attention for the world community. The mechanism it has put in place and the process it has established seem to have succeeded in involving all concerned parties in a joint effort. Allow me, then, to express my sincere admiration and gratitude, on behalf of my country, for the commitment and fortitude the leadership at the United Nations has shown in facing the HIV/AIDS challenge.

It is in this spirit that Eritrea lends its support to this historic event and commits itself to doing its part to make this endeavour successful. In this connection, my country associates itself with the Abuja Declaration of last April, which laid out the African position on the subject under discussion.

As has been noted by several speakers before me, the global HIV/AIDS situation requires all of us to make every effort possible to combat and control the most pressing health issue ever encountered by humanity worldwide. If we succeed in controlling HIV/AIDS and succeed we must — we will have met the monumental challenge that faces our health service organizations. More importantly, we will have had a great impact on efforts for the well-being of all our peoples.

I do not wish to repeat the facts narrated in the impressive report of the Secretary-General, which we have before us. But it is my conscious intention to underline the fact that most of the 15,000 new HIV/AIDS cases occurring daily around the world occur in developing countries. These statistical revelations overwhelm comprehension and make us all feel helpless.

On the other hand, there are many encouraging developments that give us hope and guidance for our efforts and point to significant success in meeting the challenges we face. Some African countries have demonstrated that adopting an open policy in combination with effective community involvement in prevention has effectively controlled the spread of the disease. Other countries have checked exposure, holding it to an impressive rate of less than 2 per cent for the last five years.

This makes even clearer the realization that concerted joint efforts would result in the successful mitigation of these tragic events, and offers real hope for all of us at risk.

In Eritrea, the current national rate of infection is estimated at approximately 3 per cent. As we all know however, statistics can be misleading, especially when dealing with HIV/AIDS. Indeed, the biology of the HIV virus, with its numerous strains, rapid rates of mutation and replication, its habit of attacking and exploiting the very cells designed to fend off infection, and its association with socially questionable but habitually common sexual behaviour, makes the rapid spread of the disease inevitable. In such a situation, it would be unwise to reassure oneself with reports of low rates of infection.

It is because of this realization of the danger of this disease and all its economic consequences that the Government of Eritrea has, through the Ministry of Health, taken a leadership role and made a strong commitment in addressing this challenge, employing all the resources at its disposal. In the past five years, it put into operation an effective national policy on AIDS, established multisectoral selective and technical committees and requested its partners in development to assist it in all the multiple approaches to controlling this real danger to the people.

The response of the public, Governments and multilateral institutions has been very encouraging. Particularly so was the enthusiastic involvement in this

project on the part of the World Bank and our other development partners, such as China, Denmark, Italy and the United States, so far. The World Health Organization, the United Nations Children's Fund and other United Nations agencies have also teamed up in this effort.

In undertaking this task, we made several important assumptions to guide our actions, in an attempt to focus our efforts on those areas proved to be effective. First, HIV/AIDS is an epidemic that has proved to be a menace to public health everywhere. No community has escaped from its effects entirely. Secondly, no magic bullet exists, or is likely to exist for some time to come. Therefore, multiple approaches are necessary. Thirdly, there are no evident examples of nations where the spread of HIV/AIDS has been diminished or brought under control, except where behavioural changes played a key role. Unlike other remedies, behavioural changes are within the reach of all communities. They are not esoteric, require no sophisticated scientific facilities and are relatively cheap compared to any other remedy. Fourthly, community involvement in leadership is fundamental to the success of the project. Finally, there is a role for government in facilitating treatment for a longer life of greater quality for those already infected.

With these assumptions in mind, we decided to map out our actions using what we know will work. Experience, rather than wishful thinking, guided our principles. Towards that end, we are basing our HIV/AIDS programme on the following strategies: a multisectoral approach, multiple approaches with special emphasis on behavioural changes, community leadership and the strengthening of existing health services.

In conclusion, as one perceptive commentator succinctly put it, "The history of public health efforts in AIDS prevention will undoubtedly show the folly of ignoring what we know in favour of what we might prefer".

We will continue to benefit from our collective wisdom at this special session as we map out the most effective way to control this killer: HIV/AIDS. It must be the goal of the international community to follow up the Assembly's express declarations and decisions with unified action. The danger is real; the task is immense. But no less so is our determination to succeed in this

effort, for the future of our communities and of society as we know it is at risk.

**The Acting President:** I call next on His Excellency Mr. Umaid Medhat Mubarak, Minister of Health of Iraq.

**Mr. Mubarak (Iraq) (*spoke in Arabic*):** It is my pleasure to convey greetings to the President of the General Assembly on behalf of the delegation of the Republic of Iraq, along with my wishes for the complete success of the work of this session.

The fact that AIDS is spreading primarily in countries with limited resources, especially in Africa, proves that the rampant growth of the disease is a consequence of a deteriorating economic situation. It shows also that the level of technical and financial support from the United Nations and the international community in the fight against AIDS is not commensurate with the challenge and does not permit full and effective implementation of programmes to control the disease, especially in Africa. It is therefore necessary to establish care centres for AIDS patients and to provide them with drugs and services, and to secure support for such efforts from other sectors.

There have been advances in treating and preventing HIV/AIDS, and we have seen the importance of using drugs to limit mother-to-child transmission during pregnancy and birth. Because the cost of such drugs is exorbitant, the international community, particularly the rich countries of the North, must provide the necessary means, and must supply drugs at affordable prices, especially for countries with limited resources. It is not logical that the disease should remain in Africa while the cure remains in the West — and under its control.

It is crucial to support national AIDS prevention programmes; to increase training opportunities and internships for those planning and implementing such programmes; to increase technological support for treatment and immunity evaluation for AIDS patients and for laboratory diagnosis of AIDS; and to provide materials for cultural awareness and education. All young people throughout the world must be provided with spiritual and ethical immunization, and those who implement these programmes can keep pace with technological innovations, especially in the countries of the South, which suffer as a result of unjust and inequitable economic conditions, and especially as a result of economic and scientific embargoes. In the

field of monitoring and evaluation, early detection and laboratory analysis of HIV is imperative.

Despite the unjust blockade that has been imposed on my country, Iraq, for 11 years, Iraq is among the countries with low incidence of HIV/AIDS, thanks to the social awareness campaigns and health care that the Government of Iraq provides for its people. The problem today lies in the lack of diagnostic equipment and material, and in an inability to keep pace with scientific innovation because of the obstacles that, in the Committee established by Security Council resolution 661 (1990), the United States and the United Kingdom place in the way of the import of such materials to Iraq. That has prevented early laboratory and clinical diagnosis. For example, we are unable to obtain many kinds of essential equipment for evaluating the immune status of patients and for measuring viral loads.

Yet, despite all of that, Iraq has an ongoing national plan to follow up the implementation of its programmes, which are updated in line with the international, regional and local epidemiological environment. The national plan concentrates on awareness and education among the whole population and in its at-risk sectors. Equipment must be sterilized and donated blood tested before transfusion to ensure safety. AIDS patients and HIV carriers receive the care they need in treatment centres throughout the country, along with financial support and some free drugs, in spite of the difficulties resulting from the shortage of such drugs and of medical supplies.

The international community, represented in the United Nations, is closing ranks today to face HIV/AIDS, which poses a threat to the future of mankind. By the same token, the criminal blockade against Iraq, the daily bombing by United States and United Kingdom war planes in the illegal no-fly zones and the use of depleted uranium are no less devastating than AIDS. Those crimes have taken a toll of more than 1.5 million of our citizens, most of them women and children, for no reason other than one country's determination to perpetrate inhuman acts against the people of Iraq in order to serve its own interests and attain its evil goals. I call upon the international community to take effective measures to put an end to the use of coercive economic measures as a means of exerting pressure on the people of my country and depriving them of their right to obtain food, medicine and health care equipment.

I reiterate that the toll taken by the blockade against Iraq is no less serious than that taken by AIDS in Africa. The blockade and AIDS are two sides of the same coin.

We hope that at this session the Assembly will take effective decisions to address the AIDS epidemic. Those decisions should be backed by tangible action and generous contributions to confront this grave epidemic. The final document should set out a balanced programme of prevention and medical care to put an end to this threat against all mankind, in such a way as not to interfere with the religious and socio-cultural values of peoples.

**The Acting President:** I call next on His Excellency Mr. Chan Soo Sen, Senior Parliamentary Secretary in the Prime Minister's office and the Ministry of Health of Singapore.

**Mr. Chan (Singapore):** I am honoured to speak on behalf of the Government of Singapore at this important gathering. The HIV/AIDS pandemic is a serious global problem, and it poses one of the greatest challenges to mankind. It has infected an estimated 36 million persons and has caused more than 20 million deaths worldwide. Singapore empathizes with the many nations that are experiencing the severe consequences that the pandemic has brought.

Singapore sees this special session on HIV/AIDS as an opportunity to gain further insight into the prevention and control strategies of other Member States. We are also happy to share our very limited experience in confronting the HIV/AIDS problem in our country.

The first case of HIV/AIDS was reported in Singapore in 1985. Since then, more than 1,300 Singaporeans have been infected with HIV/AIDS. There have been about 500 deaths, out of a population of about 3 million. Singapore has made prevention of the disease a key priority. We have adopted a comprehensive multisectoral national AIDS control programme. HIV/AIDS education is provided for all sectors of the population through the mass media, while more structured programmes are available for students and young people, national servicemen who serve in the armed forces, and others who are vulnerable to the infection. Individuals who perceive themselves to be at risk of infection are encouraged to undergo HIV screening.

Stringent measures are being undertaken to safeguard the national blood supply. There is a rigorous donor selection process, and all potential blood donors are interviewed and required to declare that they did not engage in and are not engaging in risk activities associated with HIV infection. Those who make a false declaration are liable to prosecution. All blood and blood products are also screened for HIV.

HIV/AIDS patients are given access to subsidized out-patient and in-patient medical treatment and are counselled regularly. They can go to any hospital to seek treatment and are treated no differently from other patients. They also have access to HIV drugs. However, like many other non-standard drugs for the treatment of other ailments, HIV drugs are not subsidized.

The Government also works closely with community groups to raise awareness of HIV/AIDS and prevent discrimination against patients and their families. Those groups we work with include Action for AIDS Singapore and several self-help patient-support groups. These groups are committed to AIDS prevention and providing support to people with HIV/AIDS, their caregivers and volunteers. They receive Government funding for HIV prevention activities and have given the Government strong support over the years. The Government also promotes further training and research activities.

At regional and international levels, the Singapore Ministry of Health cooperates with the Association of South-East Asian Nations, the World Health Organization and UNAIDS, and provides them with regular updates on the HIV/AIDS situation in Singapore.

We realize that there is as yet no drug that can cure the disease, nor is there any vaccine to prevent it. So Singapore believes that education and prevention programmes remain the keys to reducing HIV transmission. The cooperation of the public, private and human sectors, we feel, will be vital in reducing the spread of HIV/AIDS.

**The Acting President:** I now give the floor to His Excellency Mr. Lester Ross, Permanent Secretary of the Ministry of Health and Medical Services of Solomon Islands.

**Mr. Ross** (Solomon Islands): I am grateful for the opportunity to participate in this important United Nations special session on HIV/AIDS, which is charged with the crucial task of producing an effective global strategy to combat one of the deadliest scourges affecting humanity. My delegation wishes to thank Ambassadors Penny Wensley of Australia and Ibra Ka of Senegal for their tireless efforts in co-facilitating the negotiations on the draft declaration of commitment on HIV/AIDS.

This historic event is a testimony to our collective political will to address an epidemic of global proportions; an epidemic that respects no national borders, that is threatening all the development targets in an increasing number of developing countries and that has greatly affected the trajectory of human development. In addition, the HIV/AIDS pandemic has had a tragic impact on the fulfilment of children's rights — the focus of another important United Nations special session, this September.

Although Solomon Islands has a relatively low level of HIV/AIDS cases, we cannot afford to be complacent. With a sexually active and mobile population, and given the increases in other sexually transmitted infections, there is potential for further HIV/AIDS infections. For a small island developing State like ours, whose most vital resource is its people, or human resources, the AIDS pandemic is a serious and direct threat to human security and to social and economic development. It is a new and lethal source of vulnerability, exacerbating existing environmental and economic vulnerabilities. Our small population and struggling economy would not be able to cope with an outbreak of the disease. Since we are still recovering from a two-year ethnic crisis, an outbreak of the disease would be completely devastating. Above all, care and treatment would be extremely difficult to pay for. Therefore, like previous speakers, my delegation firmly believes that prevention must be the mainstay in combating HIV/AIDS.

In this regard, my Government, through the Ministry of Health and Medical Services, has already undertaken a number of policy measures and preventive strategies, including a multisectoral plan to combat HIV/AIDS. Specific activities include HIV/AIDS education and awareness-raising campaigns, through radio programmes, dramas and plays depicting the potential impact of AIDS on our society.

There is a need to institutionalize HIV/AIDS education and to expand awareness-raising activities in the rural areas, taking into account cultural sensitivities. To do so, we have to address the following obstacles: the lack of resources, lack of trained personnel, communication and information-dissemination problems due to the diversity of our local languages and culture, low levels of literacy, and geography. There is also a need to improve coordination of activities at the provincial level.

Besides, awareness-raising activities, my Ministry has also conducted HIV testing on vulnerable groups, including individuals with sexually transmitted infections and relapses of tuberculosis, blood donors, and those who are suspected of having AIDS-related diseases. Broader testing of potential carriers of the virus has been made more difficult by inadequate HIV-testing facilities and a lack of trained manpower, especially in the provinces; by the lack of support services, such as counsellors with expertise in the management of HIV infections; and by stigma.

Like others, Solomon Islands strongly supports a multisectoral approach to prevention, involving the public and private sector, civil society and non-governmental organizations, including churches. Substantial financial resources, however, are required to effectively implement national HIV/AIDS action plans and strategies.

We know the severity of the AIDS epidemic, but we do not always agree on how to address it. If HIV/AIDS is a disease of poverty, ignorance, sexual promiscuity and gender discrimination, and has the greatest effect on poor women and children, a global strategy to combat it must integrate balanced and practical measures to confront all the issues involved. Denial or a lack of emphasis on any of them would only help to spread the disease. Concerted national action and multilateral cooperation for both prevention and care, and for mitigating the impact on families, communities and whole societies, are fundamental. These efforts should integrate a gender dimension. In other words, the pandemic can be tackled only by a global campaign to create enabling environments for prevention and control, and interventions which protect human rights, provide better care and improve access to services for people living with HIV/AIDS. Above all, we need to develop an effective and affordable vaccine if we are to stop further infections.

Current global HIV/AIDS statistics and trends are extremely scary. In the absence of a cure, the world must treat the continuing increase in infection as a desperate situation which requires a vigorous and concerted response. In that regard, the Secretary-General's proposal to establish a global AIDS and health fund to combat the disease is a concrete step forward. Solomon Islands wishes to express its gratitude to those Governments, foundations and individuals which have already indicated their support. We must build on this momentum. Failure to do so will cost present and future generations the battle against HIV/AIDS.

**The Acting President:** I call next on His Excellency Mr. Gian Nicola Filippi Balestra, Chairman of the delegation of San Marino.

**Mr. Balestra (San Marino):** Allow me to convey my thanks to the President for organizing this special session of the General Assembly. The massive attendance by the highest representatives of Member States highlights the importance and urgency that our Governments feel with respect to the global problem of HIV/AIDS. To fight and defeat a powerful enemy, we need to understand it. A pandemic is no exception to that principle. To defeat the disease, we must understand its nature and its structure, the reasons for its devastating effects and, furthermore, the psychology and behaviour of its victims.

Let us put ourselves in the situation of an HIV/AIDS victim. What would our concerns be? First, we might think how we possibly could have contracted the virus. It could have been through unsafe sexual relations, through an exchange of needles when using drugs, through unsafe blood transfusions, or through birth.

Then we might think of our family; the people we had been in touch with; those we could have transmitted the disease to; whether we were going to leave our family without support and our children orphans.

We might think of the reaction of society and friends, how they will consider and treat us in the future; whether they will look at us differently; whether they will reject us. We might think whether we will be able to keep our job or to find a new one, and whether our condition will jeopardize our strength to carry on our work.

Will we be able to pay for drugs to increase the length of our life? What meaning will our life have when we know better than anybody else that we are going to die soon?

Those are questions that 36.1 million people asked themselves every single day last year. How many answers and reassurances are we able to give them?

With that example, I just wished to underline that AIDS concerns all of us, regardless of our origins, our race, our habits, our sex life or our culture. It concerns us from very close by – much closer than most of us expect. If we consider that in some countries one out of five adults is infected by the AIDS virus, we can easily imagine that this can jeopardize not only the lives of many families, but also the life of a country, of a region and of the whole world. The problem of AIDS, therefore, is not only a medical emergency, but also a social, cultural and economic crisis.

San Marino, in its small dimension, is also affected by AIDS. Our infected people generally contracted AIDS through an exchange of needles when injecting drugs. Due to the small size of my country and to the lack of appropriate legislation, most of our HIV/AIDS patients prefer to be treated abroad to be able to maintain privacy and secrecy.

My Government has tried to put in place a good information campaign and to create a Government AIDS coordination policy to monitor any development of the infection, along with a system of surveillance of blood donors and blood transfusions. Moreover, last year a service, managed by volunteers, was activated, providing scientific information and counselling over the telephone, guaranteeing total and absolute anonymity. To stimulate international cooperation, every year since 1998 the Ministry of Health of San Marino has organized an international symposium with the participation of many important immunologists.

We strongly believe that the best form of prevention is a comprehensive education programme. Fear and anxiety about ways to contract the virus, along with all the prejudice that surrounds the victims of this disease, create serious phenomena of discrimination and segregation, and are consequently an obstacle to the use of health services and health providers.

Responsibility must be equally shared. Governments should provide treatment, assistance, care

and support to HIV/AIDS patients. HIV/AIDS patients should act with a greater sense of responsibility towards their community. Exchange of information should be provided in a timely and accurate way. Pharmaceutical companies and research institutions should devote more efforts to research, giving priority to access to HIV drugs rather than to their own financial interests.

Let me assure the Assembly that San Marino will continue its fight against AIDS with all its strength. We will always be allied with the international community to combat this epidemic.

**The Acting President:** I call next on His Excellency Mr. Rashid Alimov, Chairman of the delegation of Tajikistan.

**Mr. Alimov** (Tajikistan) (spoke in Russian): I cannot fail to agree that HIV/AIDS knows no borders. It has become a global problem, and to solve it we need global approaches and the combined efforts of Governments and international organizations. The world's recognition of the crisis is clear from the Millennium Declaration, in which world leaders undertook to stop the spread of the disease by 2015 and to begin to diminish the scale of HIV/AIDS.

The urgent convening of a special session of the General Assembly on this problem may be viewed as a first, very important step towards the implementation of these commitments. The Government of Tajikistan welcomes this, and expresses its readiness to contribute to the joint campaign against the spread of HIV/AIDS. We fully share the international community's concern at the growth of the HIV/AIDS epidemic, which is giving rise to a whole range of humanitarian, social and economic problems throughout the world. The epidemic is associated with poverty, ignorance and gender discrimination, and it has a particularly negative impact on women and children, and on the future of mankind.

Although the number of HIV-infected persons recorded in Tajikistan is barely 20, my Government views extremely seriously the danger of the spread of the epidemic, and is taking preventive legislative and practical measures to combat this dangerous virus. Specifically, in 1993, the Tajikistan parliament enacted legislation to combat HIV/AIDS, and in 1997 a national HIV/AIDS prevention programme was formulated and adopted. This year, based on experience

acquired by other countries, that programme was expanded and was extended to 2007.

On the initiative of the Ministry of Health of Tajikistan and with the support of UNAIDS, an expert assessment is being drawn up and studied. In line with the concept of a national strategy to combat the HIV/AIDS epidemic that takes into account the experience acquired by mankind in the war against the virus, the Government of Tajikistan has established a national centre, one of the first in the Central Asian region, whose objective is to develop and disseminate among the population information about a healthy life style. Together with the United Nations Population Fund, we have begun to implement wide-ranging programmes for the prevention of HIV/AIDS among young people. We believe that in order to coordinate the efforts of the Central Asian States in this area, there is now a need to establish a specialized regional centre to combat HIV/AIDS. The effective activity of such a centre will depend, to a great extent, on the financial support of donor States and international organizations.

It is obvious that, regardless of the nature of this horrendous illness, the root causes of such a large-scale epidemic lie in the weakness of the social and economic health systems of many countries of the world, and on their limited abilities to withstand crisis situations. The onerous consequences of civil conflict will be felt for a long time in Tajikistan, where the health system is now experiencing its most difficult period in 30 years. The Government is making significant efforts to restore the infrastructure of the health system in regions that suffered from the conflict.

Despite limited budgetary resources, Tajikistan is financing projects aimed at strengthening primary medical health care and combating the spread of infectious diseases. This campaign has already yielded positive results. However, without external support, these achievements may turn out to be short-term in nature.

Of course, a particular concern in Tajikistan is the spread of illnesses that exacerbate the spread of the AIDS epidemic. During the last 10 years, the death rate from tuberculosis has increased by a factor of three and the number of people suffering from sexually transmitted diseases has risen by a factor of 15. At the regional conference on HIV/AIDS that took place in May 2001 at Almaty it was noted that new cases of sexually transmitted HIV infections in the countries of

the Commonwealth of Independent States are increasing at one of the highest rates in the world.

Yet another vector for the spread of HIV infection is intravenous drugs. Because of its geographic position on the front line of resistance to the drug threat emanating from neighbouring Afghanistan, Tajikistan attaches particular importance to combating the illegal trade in, and spread of, drugs. The efforts of the Government of Tajikistan in this area have received the widest possible support from the United Nations, neighbouring States and Russia. It is known that the regional plan of action to combat drugs implemented with the support of the United Nations by States of the "six plus two" group is already yielding positive results. To a certain extent, we are convinced that this will also have an impact on the war against HIV infection.

In that connection, we believe that, as part of their priority activities, the specialized agencies of the United Nations — in particular the World Health Organization, the United Nations Population Fund and UNAIDS — could in fact allocate more resources to preventive efforts to combat the HIV epidemic and to strengthen the health-care system in those countries where the epidemic is just beginning. We are convinced that support for the efforts of those Governments will help to prevent the impending tragedy and save hundreds of thousands of human lives.

The result of our work, the draft declaration of commitment to combat HIV/AIDS, must reflect a wide-ranging approach to find a solution to this problem. Within this framework, there is a need to analyse all the relevant aspects, consequences and decisions — whether that means drawing up adequate policies, mobilizing required resources or ensuring coordination of national and international efforts at various levels. There is also a need to determine the scale of efforts to be undertaken at the national, regional and global levels.

In the draft commitment document, the scale attributed to the current problem of HIV/AIDS must be commensurate with other, no less dangerous, challenges facing the international community, such as those related to conflict, hunger, poverty and infectious diseases, from which millions of people throughout the world continue to suffer. In our view, it is extremely important to take into account in the draft declaration the need to target programmes to combat the drug

trade, which involves the use of drugs among young people. Tajikistan supports the measures proposed in the draft declaration to mobilize financial resources, including the establishment of the global HIV/AIDS fund, which could assist not only all countries stricken by the epidemic, but also those in which the plague of the twentieth century is just beginning to make itself felt.

The virus responsible for this illness, which strikes the human immune system and deprives it of the ability to resist various illnesses, has laid down a challenge to all mankind. The measures at the national, regional and international levels reflected in the draft declaration must mobilize the international community to implement the objectives set out to effectively combat HIV/AIDS.

**The Acting President:** Before calling on the next speaker, I would request representatives to be good enough to move quietly through the aisles at the end of each statement and as they enter and exit the General Assembly Hall, in order not to disturb the speaker who has the floor. I rely on those present to cooperate in maintaining order and quiet in the Hall, in keeping with the dignity and decorum expected of members of the General Assembly.

I now give the floor to His Excellency Mr. Stefan Tafrov, Chairman of the delegation of Bulgaria.

**Mr. Tafrov (Bulgaria)** (spoke in French): Twenty years after it began, the AIDS epidemic is now reaching proportions that exceed the most pessimistic forecasts. It is clear that a response to the pandemic must be multisectoral and multidimensional. Combating AIDS requires radical and sustained change from every individual and institution. The role of civil society in this regard is crucial.

At this stage, Bulgaria has not been significantly affected by AIDS. Since 1985, 338 cases have been recorded. But Bulgarian authorities and society as a whole have developed a concerted strategy meant to contain AIDS infection and to keep it at low levels. Bulgaria is convinced that close cooperation with the competent international organizations and regional coordination are key elements in any national strategy against the epidemic.

In the last three years, a thorough analysis of the epidemiological situation in Bulgaria has been carried out with the active support of the United Nations

Development Programme (UNDP). This analysis has made it possible to develop a national strategy to prevent and control sexually transmitted AIDS infection, as well as a national programme for the years 2001 to 2007. Priority areas for this effort focus on young people and vulnerable groups, such as the Roma minority and intravenous drug users, among others. The health services and specialized social services are particularly focused on this strategy, which also includes detailed policies for detection and epidemiological monitoring.

It should be underscored that the national programme is financed entirely by the State. The United Nations specialized agencies — the United Nations Development Programme, the United Nations Joint Programme on HIV/AIDS, the United Nations Children's Fund and the United Nations Population Fund — are active and appreciated partners. The Open Society Foundation and other representatives of civil society are also participating significantly. This year, Bulgaria has decided to join the regional programme Partnership against AIDS in Eastern Europe and the Commonwealth of Independent States.

As an infectious disease, AIDS has a qualitative impact on infectious diseases as a whole. Victory over AIDS in the world can be achieved only by strengthening the overall public health sector and by combating other socially significant diseases, such as tuberculosis, malaria, poliomyelitis and other infections that can be prevented through vaccination.

The AIDS epidemic is a global phenomenon, so we have to be global in our response. The struggle against AIDS obliges us to pool our efforts despite political, cultural and religious differences among different cultures and societies.

My country welcomes the holding of this special session of the General Assembly. We see in it a sign of hope, particularly for Africa, which is the continent that is most affected. To the extent of its capacities, Bulgaria is prepared to contribute to the global response to this pandemic.

**The Acting President:** I give the floor to His Excellency Mr. Yehuda Lancry, Chairman of the delegation of Israel.

**Mr. Lancry** (Israel): Israel welcomes the convening of this special session of the General Assembly, and we are gratified that the Secretary-

General has now raised the global threat of HIV/AIDS, particularly in Africa, to the top of the international agenda. This special session provides a forum for a historic opportunity for us to reaffirm the commitment of the international community to fight the spread of HIV/AIDS. But the magnitude of the threat, and the tremendous human costs which it entails, mandate that we act decisively. Our actions must be focused on two primary issues: the global nature of the AIDS crisis that threatens every country on Earth, and the tragic situation that imperils the future of the African continent.

The international community can no longer ignore the fact that Africa has become increasingly exposed and vulnerable. Two thirds of the global population infected with HIV lives in Africa, where social and economic development has been set back more than a decade. While Africa suffers disproportionately from HIV/AIDS, the disease and its devastating consequences are by no means confined to that continent. AIDS is spreading in Asia and the Caribbean, in Latin America and elsewhere, with no regard for nations or borders, for race or for gender. As the nature and consequences of the problem are global in scope, so must be our response. All nations, Governments, international organizations, the private sector and individuals must resolve, and unite in a comprehensive worldwide effort, to halt the spread of AIDS and to care for those already suffering.

In this connection, Israel welcomes the Secretary-General's global call to action and commends him for proposing a global fund to combat AIDS, which will position the United Nations to lead the worldwide effort against the spread of the disease. Israel stands ready to contribute its share to this global effort following the decision of the Israeli Foreign Ministry this past January to fully engage in the international fight against AIDS.

In the course of this special session, Israel will eagerly explore ways to contribute our skills and expertise to the international effort. Israel's capabilities in the fields of technology transfer, modern agriculture, economic and social development, medicine and public health, community development and education stand at the ready. We have explored the possibility of a compact mobile unit, a sort of mobile health unit that provides preventive assistance, diagnostic and clinical support, and mother and child care in hard-to-reach areas. Israel is capable of counselling and assisting in

the establishment of institutions for AIDS orphans in the light of our unique experience dealing with youth immigration and youth educational institutions. We are ready and willing to do all that we can, and we are committed to forging partnerships that will enable our expertise to be most usefully employed.

In Israel we are fortunate to have a relatively low prevalence of HIV/AIDS. As of 1 June 2000, 690 AIDS cases and 2,402 HIV-positive individuals had been reported to the Ministry of Health since the outbreak of the epidemic in 1980. Nevertheless, we have developed an extensive infrastructure to test, treat, educate and care for infected individuals, coordinated by the Ministry of Health. The Ministry has developed comprehensive educational programmes focusing on preventing infection, and it provides treatment and follow-up for those already infected, including universally available antiretroviral cocktails provided at little cost to the patient. Our partnership with non-governmental organizations has also been fruitful, particularly with the Jerusalem AIDS project, which sponsors educational programmes, increases awareness of AIDS among the general public, lobbies for the rights of patients with AIDS and conducts training workshops in over 20 countries.

It has been nothing less than chilling to listen to the speakers in this debate, heads of State and Government citing the devastating figures charting the advance of the AIDS pandemic, offering grave statistics to describe the devastation wrought by the disease and issuing heartfelt pleas to the nations of the world to act quickly and decisively. In the face of this, it is easy to despair. But we dare not. The people of the world are looking at us today with hope, and for their sake, for the sake of all of us, our children and the future of humankind, we must commit ourselves to eradicating the scourge of AIDS from the face of the planet.

The nature of a global pandemic in our increasingly complex and interconnected world requires new thinking, bold leadership and courageous and timely action. Let us ensure that this special session produces genuine results and that we bear constantly in mind that, ultimately, the success of this session will be measured in something no less precious than human life. As the old dictum states, "Whoever saves a single life is as if he has saved the entire world".

In this spirit, Israel will do everything in its power to contribute to the global effort to fight the AIDS pandemic and we encourage all participants in this session to adopt concrete actions as a top priority.

**The Acting President:** I now give the floor to His Excellency Mr. Walter Bazan, chairman of the delegation of Malta.

**Mr. Bazan (Malta):** At the outset, my delegation declares that it associates itself with the statement delivered by the representative of Sweden on behalf of the European Union and associated countries.

It is indeed appropriate for this body to assemble in special session to review and discuss the HIV/AIDS pandemic 20 years after the first cases of the disease were diagnosed and identified. In these two decades, the pandemic has assumed global proportions and is widely recognized as one of the most serious challenges, if not the most serious challenge, facing humanity today. This pandemic is having devastating effects on humanity far worse than any war or natural disaster.

In the last few months and weeks, we have noticed that the convening of this special session has served as a catalyst for intense activity at all levels. Enhanced public awareness has raised expectations and we are now faced with a daunting challenge. The resolve and commitment embodied in our final declaration must therefore equal the expectations generated.

The gravity of the situation is emphasized and substantiated by statistics that, unfortunately, send a very clear and alarming message. More than 36 million individuals in the world are living with HIV/AIDS; 90 per cent of these are to be found in the developing world and 75 per cent in sub-Saharan Africa; 600,000 children are born with HIV annually. In the face of a crisis of this extent, it was to be expected that, given the limited resources available, a debate would ensue as to whether prevention or cure was to be at the forefront in the battle against HIV/AIDS. It is now evident that both prevention and care are two mutually supportive strategies in a determined response to the epidemic.

Prevention, however, remains of primary importance. It must be interpreted not as cynical disregard of those already infected, but rather as a necessary and pragmatic approach aimed at

minimizing, to the greatest extent as possible, the numbers of those in need of care and treatment. This in turn will release the resources so essential to better and more effective treatment as well as to intensifying research activities. Prevention is an investment for care, support and treatment.

Although, in Malta, the number of those infected with HIV is minimal and seemingly under control, relative studies indicate that the generation born and raised in the past 20 years lacks sufficient knowledge about sexual matters or is rather misinformed. This dangerous situation can be remedied only through the pursuit of a comprehensive sex-education programme as an integral part of the national minimum curriculum. This is an exercise that will be taken in hand in the very near future by the Health Promotion Department within the Ministry of Health.

Education is complemented by awareness-raising campaigns targeting those who have already left the classroom. The use of the media to promote safe sex enables the health authorities to reach the maximum audience. Literature is concurrently distributed to supplement the message delivered. Moreover, the central role played by the family in the national preventive strategy is to be emphasized.

Both treatment and care require support. In Malta, support usually takes the form of pre- and post-test counselling. Health personnel directly involved in this process are regularly updated through annual seminars to keep them abreast of the latest approaches, best practices and methodology. Treatment is provided as an integral part of the national health care and is given according to the requirements of each individual case.

In all aspects and phases of the fight against the epidemic, respect for human rights cannot be overlooked. Reducing vulnerability through the promotion of human rights and fundamental freedoms is the cornerstone of any effective campaign. This is a strategy that goes hand in hand with efforts aimed at reducing stigma, discrimination and social exclusion. Children and women, being particularly vulnerable, deserve special attention. In drawing up policies and strategies, we must ensure that these vulnerable groups and categories remain high on our agenda. In addition, those most at risk must be encouraged to seek testing and counselling. Programmes addressing such issues as risky sexual behaviour and injecting drug use are

necessary if we are to highlight these activities' inherent danger and to bring about the desired behavioural changes.

Undoubtedly, apart from the devastating loss of life, this pandemic has tremendous negative social and economic repercussions. A whole generation is at risk, with the corresponding threat to development. In its disastrous path, this disease is leaving behind orphans and taking a high death toll of teachers and instructors with meagre chances of replacement. The drain on the best and most productive elements of society not only impacts negatively on our present generation, but jeopardizes potential development and future resources.

With regard to care, the results being obtained through the use of highly active antiretroviral therapy are very encouraging and have led to a significant reduction in AIDS-related mortality. However, this is a treatment that, unfortunately, is still beyond the reach of the large majority of those infected. Recent breakthroughs in the discussions on drug pricing have given renewed hope to millions. The next step is to strengthen health systems to enable the delivery of these drugs to those who need them.

It clearly emerges that the concerted efforts necessary to combat this epidemic call for a substantial increase in public health funding at both the national and the international levels. It has been estimated that the achievement of the targets set warrants an expenditure of between \$7 and \$10 billion annually. These figures contrast sharply with the current expenditure of \$2 billion. Such a discrepancy in current and proposed funding reinforces our belief that the international community should express its solidarity, particularly towards current and potential victims, through concrete measures of support, financial and otherwise.

In conclusion, it would be remiss on the part of my delegation not to acknowledge and applaud the leading and coordinating role being played by the Joint United Nations Programme on HIV/AIDS within the United Nations system.

In the final analysis, a balanced and coordinated approach appears to be the most viable of options. This can be achieved only through leadership at the national, regional and global levels. A commitment by all Governments, parliamentarians, civil society and individuals is necessary if we are to ensure that the

number of those infected and affected by HIV/AIDS is considerably reduced. We need to intensify our efforts to collectively work to put an end to this human tragedy.

**The Acting President:** I give the floor to His Excellency Mr. Fuad Mubarak Al-Hinai, Chairman of the delegation of Oman.

**Mr. Al-Hinai (Oman):** At the outset, I would like to say what an honour it is for me to participate in the twenty-sixth special session of the General Assembly, on HIV/AIDS.

The Sultanate of Oman, under the wise leadership of His Majesty Sultan Qaboos Bin Said, has accomplished astounding achievements in the health of its population over the last 30 years of its renaissance. These achievements have been widely recognized and acclaimed by various international organizations, including the World Health Organization (WHO), the United Nations Children's Fund and the United Nations Development Programme.

Health indicators such as infant, under-five and maternal mortality rates continued to show progressive and consistent reduction in the Sultanate over the past three decades. Several diseases have been eliminated and life expectancy at birth has reached levels comparable to those in developed countries. Furthermore, an extensive network of modern health facilities providing a full range of services is made available and is easily accessible to the entire Omani population. Thus, Oman's health achievements are part and parcel of a comprehensive social development.

Nevertheless, rapid socio-economic changes coupled with demographic transition in Oman have led to a remarkable change in the profile of the health problems and risks that are now facing the population. Thus, non-communicable diseases, lifestyle disorders and emerging diseases are becoming leading causes for concern. HIV/AIDS, the global epidemic that is sparing no continent, country or community worldwide, was first reported in Oman in 1984.

While the prevalence of infection in the country continued to be consistently low, the Government is not allowing this fact to be a cause for complacency at home or indifference to the global epidemic. In this regard, Oman was always forthcoming in its willingness to collaborate with regional and international agencies active in the fight against the

epidemic. Both WHO and UNAIDS commended Oman on its transparency in sharing information on the disease and on the performance of its national HIV/AIDS control programme, which applies internationally recommended strategies for combating the problem.

Oman's HIV/AIDS control programme was launched in 1987 with an overall strategy to raise population awareness, mobilize national resources and enhance international collaboration in order to prevent and control the problem. Since then the programme has initiated the following activities.

We conducted a national campaign of communication and information dissemination on the problem and its associated risk behaviours, which was particularly targeted on the young and adolescents, who make up 50 per cent of the Omani population. The programme also continues to work diligently to combat fear, stigma and discrimination, which are associated with the problem. We consolidated and strengthened blood safety measures in the country to eliminate the risk of infection transmission through blood and blood products. We encourage voluntary testing, counselling and, consequently, the provision of appropriate and standard treatment, including measures to prevent mother-child transmission. We have built an HIV/AIDS surveillance and information system, which is documenting the infection/disease status and trends.

We are pleased by the encouraging signals from discussions at WHO and UNAIDS with pharmaceutical manufacturers to reduce the cost of HIV/AIDS multiple drug therapy. The pharmaceutical industry is commended for the concession it has offered so far, but the plight of HIV/AIDS victims is calling on them and us for more. The international community is also obliged to boost and coordinate its scientific and research efforts towards the development of an effective vaccine, which should enhance the ultimate conquering of this menace.

In conclusion, while Oman realizes the importance of national action and vigilance to face the problem of HIV/AIDS at the grass-roots level, it has no doubt that only collective work and partnership at the international level could pave the road out of this nightmare that is confronting humanity. More work and efforts are needed from all of us in order to relieve the suffering of those most afflicted by the epidemic and who have little means to fight it with. In this respect,

Oman appreciates the leadership and efforts provided by WHO, UNAIDS and other agencies and partners in this campaign. We look forward to continuing our work alongside our partners in the spirit of international solidarity against this global plague.

**The Acting President:** I give the floor to His Excellency Mr. Alan Pintér, Chief Medical Officer and Chairman of the delegation of Hungary.

**Mr. Pintér (Hungary):** May I take this opportunity to congratulate the President on his assumption of the presidency of the special session of the General Assembly on HIV/AIDS. Let me assure him of the full support of the Hungarian delegation in the discharge of his important duty.

Let me first state that Hungary associates itself with statement delivered by Sweden on behalf of the European Union.

Fifteen years ago, HIV/AIDS was recognized in Hungary as one of the major epidemiological challenges of recent decades, and it is now considered an issue of utmost importance. Hungary also believes that, to meet this challenge, the response should comprise a wide range of societal aspects, including, inter alia, cultural and human rights, as well as epidemiological ones.

Hungary belongs to a group of countries with low HIV/AIDS prevalence. Between 1985 and 2000, a total of 899 cases of persons with HIV were detected, 766 of them with an identification code, while 133 remained anonymous. The cumulative HIV incidence rate was 85 per 1 million population at the end of 2000. The annual mean of newly detected coded HIV-positive persons was 48, an incidence rate of 4.7 per million.

The proportion of foreigners among HIV-positive persons is considerable. By the end of 2000, a total of 221 HIV-positive persons originating from 56 countries were recorded, representing 29 per cent of all registered HIV-positive persons. It is noteworthy that a number of these persons arrived in Hungary with the explicit purpose of having an HIV test.

As they do worldwide, transmission categories show changing patterns. Heterosexual transmission of the infection is increasing. Females represent 13 per cent of all registered HIV-positive persons, with a growing prevalence tendency. However, the number of registered HIV-positive drug users remained low; only two were identified by the end of 2000, in spite of the

fact that the number of drug abusers is rising at an alarming rate. Recognizing the risks of HIV transmission among drug users, the Hungarian health authorities continue to make significant efforts to address this problem.

The data presented clearly indicate that the HIV/AIDS epidemic has been kept at a relatively low level in Hungary from the time of its first detection until now. This has partly been the result of strict epidemiological measures introduced immediately after the appearance of the first HIV-positive cases in 1985 and of the consistent attitude of the Hungarian authorities during this 15-year period.

Hungary has consistently followed a practice in line with the main principles described in the draft declaration of commitment on HIV/AIDS, which we are called upon to adopt at this special session, and has placed special emphasis on the concept that prevention must be the mainstay of our response. It is also acknowledged that prevention, care, support and treatment are inseparable and mutually reinforcing interventions.

In Hungary, traditional epidemiological surveillance has been developed, along with voluntary counselling and testing facilities, particularly for high-risk groups, in order to provide HIV-positive persons with information and advice, to promote understanding in society and to contribute to combating stigmatization and discrimination. With the help of education and the media, nationwide prevention programmes and intensive campaigns have been organized, financed and implemented, with the vigorous involvement of civil society. These practices have so far proved to be successful in Hungary.

Possibilities for the early detection of HIV infection, as well as recent developments in the area of antiretroviral therapy hold out hopes for reducing the burden of the disease all over the world. Efforts should be made to provide the highest possible standard of treatment for HIV/AIDS in all countries.

Facts on HIV/AIDS worldwide are shocking and call for concerted action. The Hungarian Government fully supports the spirit of the draft declaration of commitment to address the HIV/AIDS crisis and to take action at the global, regional and national levels. The Hungarian Government is committed to contributing to the successful implementation of the declaration.

**The Acting President:** I now give the floor to his Excellency Mr. Ahmad Al-Hadad, Chairman of the delegation of Yemen.

**Mr. Al-Hadad (Yemen) (*spoke in Arabic*):** Twenty years ago, in June 1981 to be precise, when the first case of AIDS was discovered, we could never have imagined the scope of the tragedy. Indeed, over these last two decades, the number of individuals who have died in Africa, most of them in sub-Saharan Africa, exceeds 20 million. Today, 36 million people have been infected by this illness. Our era enjoys the fruits of technology and innovations in the field of medicine, yet humankind has still not been able to find an effective vaccine against this illness. Even when medicines have been found, their considerable cost prevents access to them by the most vulnerable groups of infected persons.

Today the representatives of States and Governments are meeting at United Nations Headquarters, aware of the danger the AIDS epidemic represents. We are facing a global state of emergency, and we must find the means of dealing with this tragedy, including the mobilization of resources to implement the Millennium Declaration, in which heads of State declared their commitment to fighting AIDS, halting its spread by 2015 and rendering assistance to all those orphaned by AIDS and other infectious diseases.

The response to the disaster of AIDS is not limited to the search for medicines. It also includes the search for a solution to all the various economic and social problems of societies affected by AIDS. It has affected health security, social services, the family and food security. AIDS has created a global crisis threatening the stability of all human society. Therefore, we note the importance of the draft declaration we will be adopting at this session. We also note the measures reflecting our political will, including those of Governments, the private sector and international organizations, including the United Nations, to deal with the problem of AIDS. In that context, the Government of Yemen supports the proposal by the Secretary-General to create an international fund mobilizing resources to deal with the needs of countries to fight AIDS. However, we believe that these resources represent merely the beginning. The international community must also adopt measures to remedy the problem of poverty and the effects of foreign debt, taking into account the role of official

development assistance and the assistance provided to the least developed countries and to the developing countries in general, so that these countries can be a part of an international economy based on justice and shared responsibility.

My delegation believes that this United Nations special session is an unprecedented event of historic importance that has ramifications beyond the domain of health. This special session breaks the wall of silence and places additional responsibility on the international community. The Republic of Yemen has done all within its means to fight AIDS, both through its Government and through the participation of all sectors of civil society, in cooperation with the United Nations, the United Nations Development Programme, UNAIDS, the World Health Organization, and the United Nations Centre for Human Settlements (Habitat).

We have formed a national committee to combat AIDS. In the framework of our national assembly's efforts to combat AIDS, we have implemented a number of programmes and held public meetings to heighten awareness of this illness. We also attach particular importance to providing all due social assistance to young people, women and children.

The Republic of Yemen is particularly interested in combating this epidemic because of our country's geographic situation. Yemen has a rather long coastline, which has led the Government to provide financial resources, even given the economic difficulties we are facing, in order to take preventive measures to stop the spread of the epidemic.

My country is convinced that the battle against AIDS will be successful only if efforts are made at the national level to combat poverty and illiteracy, to provide education and health care, to ensure that all persons infected with HIV and their families are part of this campaign, to prevent mother-to-child transmission, to ensure the safety of transfused blood and to expand social security networks. We are particularly concerned to promote awareness of the dangers of this epidemic.

Humanity and its billions of members, especially the tens of millions of victims, are placing their hopes in this special session. All of mankind nurtures the hope that it will be possible to alleviate the suffering of those who are ill and of those who have been orphaned by the disease. We hope that the leaders of the world are committed to protecting them.

**The Acting President:** I now give the floor to Her Excellency Mrs. Mildred Trouillot Aristide, chairperson of the delegation of Haiti.

**Mrs. Aristide** (Haiti) (*spoke in French*): On behalf of the President of the Republic of Haiti, Mr. Jean-Bertrand Aristide, and of the Government and people of Haiti, I take this opportunity to congratulate the Secretary-General on having opened this special session in implementation of General Assembly resolution 55/13 to review the problem of HIV/AIDS in all its aspects and to promote a global commitment to fighting this epidemic on all fronts.

This pandemic has already led to the deaths of 21.8 million people, 17.5 million of whom were adults, 9 million women and 4.3 million children under the age of 15. The geographic distribution of the epidemic adds it in the most frightful way to the general misery and poverty of the world. In this world of paradox, it is interesting to note that the poor countries, which have been especially hard-hit by the AIDS epidemic, are making very significant efforts to build sustainable democracy and to promote fundamental freedoms despite all the political difficulties that are sometimes entailed by the geopolitical and economic challenges they face, which leave little room for mankind's freedom and development.

In that respect, I take this opportunity to note that the chronic political crisis in my country, Haiti, is now being resolved with the support of the Organization of American States. The new political understanding of the situation in Haiti should lead the international community to support my Government's efforts to strengthen democracy, reduce poverty and combat HIV/AIDS. This trio of democracy, poverty and AIDS could serve as clear signposts for the work and involvement of the United Nations to reverse this epidemic, which threatens development, food security and hopes for life and is a devastating burden on our economy.

Haiti is one of the countries of our region where the epidemic is very widespread. Its prevalence in our nation is between 4.5 and 6 per cent. In a population of 8 million, approximately 260,000 people are living with HIV/AIDS. On 7 May, the Ministry of Public Health and Population officially launched a process for developing a national strategic anti-HIV/AIDS plan for the period 2002-2006. The participation of the President, the Prime Minister and his Government in

this national mobilization activity demonstrates the commitment of the Government to struggling against HIV/AIDS in Haiti. This commitment and political fall within the context of partnership with the private sector in the anti-AIDS campaign.

The social policies of the Government, focusing on investment in the human being, stress the achievement of growth in synergy with human development. This social policy, *inter alia*, assigns special priority to health care, in close harmony with the building of an institutional framework in which the Ministry of Public Health and Population can implement its policy of reorganizing the national health system and improving its performance by decentralizing responsibilities and services. Resources in the health sector are insufficient, whereas most financing for development has been frozen for several years. Despite these difficulties, the Minister of Public Health and Population, in cooperation with its partners, has set up a national AIDS programme focused on prevention, the reduction of sexually transmitted infections other than AIDS, mother-to-child transmission, safe transfusion, vaccine research and care for the ill.

The help of non-governmental organizations can contribute somewhat to easing these difficulties, but enhancing state control is an essential component in the entire logic of the struggle against poverty and in managing the implementation of the AIDS programmes. It is difficult, however, to reverse this pandemic if, beyond the health sector, we do not have the resources necessary to implement fundamental rights, such as the rights to education, information, justice, income to cover the most basic needs, decent living conditions and development. Institutional strengthening will give the State the means necessary to take into account the interaction among all those factors and to ensure consistency in the actions of the various partners.

In conclusion, I would recall that AIDS is everywhere in our world. The campaign against it is the greatest challenge facing humanity at the dawn of this post-modern era of the twenty-first century. In this vein, I take the opportunity to welcome the Secretary-General's initiative to create a global fund against AIDS. Heads of State and Government and members of Government and civil society, including non-governmental organizations and the private sector, must feel themselves challenged every day by this

scourge and, every day, must seize the opportunity when it arises to offer a gesture of solidarity in our struggle against HIV/AIDS at the global, regional, national and even individual levels. Such a simple gesture can work to reduce discrimination and the stigma attached to this pandemic. The motto of my country is “Union is strength”; likewise, working together, we can all overcome AIDS.

**The Acting President:** I give the floor to His Excellency Mr. Murari Raj Sharma, chairman of the delegation of Nepal.

**Mr. Sharma (Nepal):** I commend the President of the General Assembly and the Secretary-General for providing leadership in convening the General Assembly’s special session on HIV/AIDS.

A challenge inspires human beings to respond. HIV/AIDS has dared us to come together and wage war on it. And today the world sits on so much wealth, knowledge and technology that collectively we can combat this epidemic.

HIV/AIDS is appallingly indiscriminate in its scope, and devastating in its scale and impact. In the last two decades, this stealthy killer has taken more than 21 million lives and orphaned 13 million children, as well as having infected 36 million people on earth, 96 per cent of them in developing countries. At a time when antiretroviral therapies and the growing awareness about safer sex are bringing down infection rates in rich countries, this pandemic is spreading like wildfire in poor countries. If left unchecked, it threatens economic development, social cohesion, political stability and food security in many States, particularly in sub-Saharan Africa, but increasingly in Asia and elsewhere. Hence, taking comprehensive, concrete, effective and urgent action at national, regional and international levels becomes critical in order to contain, and eventually eradicate, this deadly pestilence.

Although reported cases are much lower, Nepal is estimated to have nearly 50,000 young people with HIV infection and 2,500 with full-blown AIDS. Poverty and ignorance lie at the root of this menace. The situation has been rapidly deteriorating from a low-prevalence to a high-concentration epidemic. Every year, impoverished young men seeking employment outside and young women victims of trafficking, who end up in brothels, return from abroad with this terrible infection. They and home-grown sex

workers and their clients have been transmitting the plague thick and fast. Combined, they constitute the overwhelming majority of the infected, followed by injecting drug abusers and children inheriting infection through mother-to-child transmission.

We broadly concur with the priorities for action the Secretary-General has outlined in his report. Nepal also welcomes his initiative to set up a global fund to help prevent and treat HIV/AIDS, mainly in needy countries. Of course, assuaging the pain of patients and making drugs affordable and accessible in poor countries must be our immediate focus. But prevention is our best hope and must be our top priority, through behavioural and structural measures.

Giving knowledge and power to people at risk to protect themselves, and courage to the infected to come out of the state of denial and seek assistance, as well as promoting investment in research to develop vaccines against HIV/AIDS, must be the cornerstones of a preventive strategy. Involving AIDS victims, respecting their human rights and offering information, testing and counselling must form an integral part of such a scheme. Above all, we must break the cycle of poverty, illiteracy, disease and conflict to remove structural obstacles to our capacity to reverse HIV/AIDS. No strategy will defeat this malady without such a holistic approach.

With its limited resources and capacity, Nepal has been trying its best to wrestle with the growing HIV/AIDS epidemic. We have now been updating the existing national strategy on HIV/AIDS. We have created a national centre for HIV/AIDS and earmarked a modest budget for preventive activities. A police cell has been formed to control trafficking in women, and a campaign has been launched to bring about awareness in high-risk areas. Government and non-governmental organizations have joined hands to control trafficking and provide support to its victims, as well as to prevent the further spread of HIV/AIDS. We are encouraging the private sector to play a meaningful role in the process.

Despite our commitment, what we have been able to do is far too little to confront this horrendous disease squarely on a sustained basis. Nepal, a least developed country, needs external assistance to build its human and financial capacities to do the job. We therefore appeal to the international community to live up to its commitments made in various global conferences and

compacts. The Millennium Summit should provide us the spirit to carry out this noble task.

HIV/AIDS does not respect national borders. Globalization has intertwined our destinies, pulling down many of the traditional walls that protected us in the past. That is why joining forces to prevent conflicts and wage war on poverty, illiteracy and HIV/AIDS and other diseases will be a good investment in our common future. The world has the capacity to make a real difference. We need political will and commitment to make it happen.

**The Acting President:** I now give the floor to Mr. Hubert Hartl, Chairman of the delegation and Adviser to the State Secretary of Health of Austria.

**Mr. Hartl (Austria):** On behalf of Austria, let me express our sincere admiration and appreciation for the organization of this eminently important world conference. We are especially grateful to Secretary-General Kofi Annan for drawing the world's attention to this serious issue. Let me also thank wholeheartedly Executive Director Peter Piot and his staff at UNAIDS for their excellent work in preparation for this special session.

The extent of the acquired immunodeficiency syndrome (AIDS) epidemic, with its demographic, social, economic and security impacts, has developed into the most threatening health and development challenge of our time. Austrian health policy first reacted to the challenge of HIV/AIDS in 1986 by passing its own AIDS legislation. The focus of the AIDS legislation with respect to the specific epidemiological facts of AIDS is on prevention, with counselling and information efforts placed in the foreground to avoid the spread of infection. Among other things, the law regulates the notification of AIDS cases, which has to be effected anonymously.

For the last 15 years, the Federal Ministry of Health has also committed itself to inform the public about HIV/AIDS. Consequently, the Health Department organizes national AIDS information campaigns with Austrian AIDS relief organizations at regular intervals. Both the population at large and individual target groups with higher risk behaviours were, and are, sufficiently informed of the origins of HIV infection and of the behavioural patterns necessary to avoid this sexually transmitted disease.

At the same time, the Health Department focuses on continuous and detailed information and prevention activities by means of seven regional AIDS relief organizations, which evolved from the Austrian AIDS relief organization Österreichische AIDS Hilfe. These regional AIDS relief associations are subsidized mainly by the Federal Government, but also by the Federal provinces and private sponsors.

For 2001, a total of 2.5 million euros was allocated for the implementation of the following main points. Anonymous HIV tests are carried out for persons willing to undergo them and consulting activities on the transmission routes of HIV. To this effect, special attention is paid to providing relatively easy access to advisory centres, which aim at reaching as many persons as possible. Meanwhile, the associations also offer hepatitis B and C testing. Prevention meetings are held, in particular in schools, and, in this context, there are educational activities for peers and multipliers, such as teachers. There are special projects such as prevention work — street work and prevention on the spot — in order to reach, in addition to children and adolescents, other vulnerable groups. Consulting and information activities are carried out for persons infected with the HIV virus and for their families, but without treatment.

The associations are also participating in many European Union projects, such as AIDS and Mobility, the AIDS Enterprise Network, AIDS in Prison, HIV/AIDS Prevention in Europe, and so on. They are also preparing autonomous projects for Central and Eastern Europe, such as the Peer Education Project for adolescents in Moldova. The Austrian AIDS relief associations also produce informative prevention material and a quarterly review, *Plusminus*, and organize regional campaigns. They also created a home page which provides information on Austrian activities, developments and treatment.

Basically, progress achieved in the treatment of AIDS has changed the clinical picture. As a result of combination therapy, the acquired immune deficiency syndrome will be slowly transformed into a chronic disease, thus causing a change in the scope of activities of AIDS relief associations. In addition to spreading comprehensive and practical information, measures that satisfy the needs of target groups — which can also prevent discrimination against persons concerned, helping them to return to their place of work — must be continued and intensified.

Since the prevention of AIDS requires flexible concepts, the continuous prevention efforts of non-governmental organizations allowing them to take into account the specific circumstances of target groups were considered a significant corner stone in Austrian AIDS prevention, and they seem generally successful. In a country with a total population of over 8 million people, 2,096 AIDS cases have been reported to us since 1985, of which 1,269 resulted in death. Reliable estimates of the number of HIV infections range from 10,000 to 15,000 cases.

Furthermore, the evaluation of these measures is carried out by the Health Department of the Federal Ministry for Social Security and Generations. Examinations of patients treated at major Austrian medical centres are carried out, and it is possible to undertake epidemiological analyses on the basis of a very detailed database.

For those persons for whom preventive measures came too late or were not successful for various reasons, round-the-clock, state-of-the art services are provided by the public health-care system.

Basically, public hospitals are obliged to accommodate any person in need of hospitalization — for example, any person whose physical or mental condition necessitates in-patient treatment. Consequently, there have not been any substantial problems connected with the medical care of AIDS patients in Austria. This intramural care of AIDS patients is effected mainly in specialized and out-

patient departments of the hospitals in the larger urban areas.

The relocation of patients to the out-patient extramural area, which has become feasible thanks to the modern combination therapy, is also paid for by public health insurance. Therefore, in addition to an increased quality of life for the patient, the financing of such services has been secured.

To sum up, the Austrian approach to the HIV/AIDS challenge is based on the following elements: national, regional and local leadership; multisectoral leadership; cooperation with all actors of civil society, especially non-governmental organizations; prevention through education and information; and intramural and extramural treatment.

Nevertheless, the least harmful infection is an infection that does not take place.

The Austrian Federal Government, with State Secretary for Health Professor Waneck at the forefront, therefore decided — despite a very tight budget and a general savings policy — to give, in addition to the non-pecuniary support, financial support to the United Nations for the fight against the HIV/AIDS pandemic, in particular in the most affected regions of our world. In this context, I have the privilege to inform the Assembly that Austria will contribute \$1 million to the global health and HIV/AIDS fund announced by the Secretary-General, Mr. Kofi Annan.

*The meeting rose at 6.05 p.m.*



# General Assembly

Twenty-sixth special session

Official Records

**6**th meeting

Tuesday, 26 June 2001, 7.00 p.m.

New York

*President:* Mr Holkeri ..... (Finland)

*In the absence of the President, Mr. Lelong (Haiti), Vice-President, took the Chair.*

*The meeting was called to order at 7.10 p.m.*

## Agenda item 7 (continued)

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

**The Acting President** (*spoke in French*): The Assembly will now hear an address by His Excellency Mr. Hamada Bolero, Prime Minister of the Islamic Federal Republic of the Comoros.

**Mr. Bolero** (Comoros) (*spoke in French*): Mr. President, speaking for the first time before this Assembly, I first wish to convey to you a message of support and solidarity from the head of State of the Islamic Federal Republic of the Comoros, Colonel Azali Assoumani, and his best wishes for success in our work.

Next, on behalf of the Government of the Comoros and of its delegation, which I have the honour of heading, and in my personal capacity, I wish to address our sincere thanks to Secretary-General Kofi Annan and to all of those who have contributed to the organization of this important international meeting on HIV/AIDS, an unparalleled initiative which translates the commitment and determination of the United Nations in bringing this issue to the attention of the international community.

It is, therefore, a meeting full of enormous hopes for our populations, who have been alarmed and traumatized by the spread of the epidemic and its devastating effects on humanity. In fact, due to the speed at which the disease is spreading, decades of development have certainly been wiped out; hence, the need for worldwide mobilization for stronger action.

We must be aware of several dimensions in the management of the struggle against the HIV/AIDS epidemic. First, the social dimension requires us to take into account the considerable loss of life, which is increasing daily. Next, there is an economic and financial dimension, because in weakening the most productive layers of society, and in slowing down economic growth, AIDS surely endangers the future of economic development. Finally, there is a cultural and educational dimension, which requires the intensification of preventive actions as a key element in the response.

To face this pandemic, we must take into account these three dimensions and start with innovative partnerships — innovative in terms of revising our approach and in our health care strategy; innovative in the measures designed to make medicines financially accessible; and innovative in the consistent attitude of being aware that the care given to the infected persons must go hand in hand with enormous moral support for them.

I wish to take this opportunity to pay a well deserved tribute to the World Health Organization (WHO), the Joint United Nations Programme on HIV/

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AIDS (UNAIDS) and all governmental and non-governmental organizations which are working towards global action to combat this scourge of our time for the remarkable efforts they are making in this area. These efforts must be redoubled in certain regions, including Africa, which is bearing the brunt of the pandemic.

I wish to emphasize the importance of the Forum 2000, which was held at Addis Ababa, and the Abuja Declaration for the fight against HIV/AIDS, which solidifies the concern of high officials in Africa faced with this scourge.

In the Islamic Federal Republic of the Comoros, the HIV/AIDS pandemic is observed with the same fear and the same concern as in many countries which have been seriously affected. In fact, because of its insularity, its geographic position, and the seasonal tourism it attracts, the Comoros archipelago is exposed to this scourge. This situation makes it easy for people to travel from countries with a high prevalence of HIV/AIDS.

Since the first cases were detected in March 1988, my country has recorded 61 persons as carriers of HIV, of which 25 have died. Thus, in accordance with the health policy and the national health development plan, in 1990 the Government set up a national programme to combat sexually transmitted diseases and AIDS, which serves as an organizational and coordination structure.

At the political level, coordination is ensured by the interministerial and multisectoral committee which was established in October 1998. Furthermore, a thematic group composed of representatives of WHO, the United Nations Population Fund, the United Nations Children's Fund, the United Nations Development Programme and certain ministries and non-governmental organizations was established to provide technical support.

The Government of the Comoros is greatly concerned by the magnitude of the spread of the disease and has stressed certain essential actions retained in the plan of action drawn up for the period from 1999 to 2003. This plan of action, adapted to the world strategy as designed by UNAIDS, includes notification of cases and availability of and access to information and services, as well as mobilizing communities.

Preventing transmission through information, education, communication and transfusion security has become a greater priority than ever before. Special attention is granted to young people, for whom specific activities have been identified. Thus, upon the recommendation of the head of State, the Government of the Comoros decided to have widespread anti-AIDS clubs in schools and in youth associations, to include the item "fighting against AIDS" in the school curriculum and to teach parents about it through parent-teacher associations, and to involve all social strata by bringing in religious leaders, traditional leaders, and associations and other village structures.

The commitment of the head of State and the Government of the Comoros is further demonstrated by the opening of a budget line to support anti-AIDS programmes. There is a plan for establishing a technical superstructure for coordination and follow-up under the supervision of the presidency of the Republic, and for including this subject in all official statements of the head of State. However, the will of the Government faces many obstacles, in particular those of an economic and financial nature.

To that end, and keeping in mind these obstacles, my country once again calls for greater international solidarity, particularly at this crucial turning point of its history marked by the process of national reconciliation after four years of secessionist crisis. The embargo imposed on one of the Comoros Islands, Anjouan, has made the action of organizations and specialized structures to combat AIDS even more complicated.

I hope that this session will be a great opportunity to heighten our awareness of this danger that is invading our planet. May we combine our efforts in an ever greater way to limit the consequences.

**The Acting President** (*spoke in French*): I now give the floor to The Honourable John Seneviratne, Minister of Health of Sri Lanka.

**Mr. Seneviratne** (Sri Lanka): I bring warm greetings from Her Excellency Chandrika Bandaranaike Kumaratunga, the President of Sri Lanka, to this gathering representing Governments and relevant organizations at this important special session. Her Excellency, who is also the current Chairperson of the South Asian Association for Regional Cooperation, wishes to express her firm commitment to the global effort in the prevention and control of HIV/AIDS,

which has become a threat to the very existence of mankind. Her Excellency endorses the United Nations addressing the problems of HIV in all its aspects and regrets her inability to attend this special session because of national commitments.

Although a low-prevalence country, Sri Lanka has many factors to fuel an epidemic of HIV/AIDS if appropriate action is not taken to thwart such a disaster. Fifty-five per cent of our population is in the sexually active group. The problems of internal and external migration and displacement either for employment or on account of the ongoing conflict, narcotics usage, poverty and ignorance in some sectors are some of the potential contributory factors.

As the Assembly is aware, the epidemic that devastated Africa has reared its head in Asia with the same trends that were initially observed in Africa. Some of our neighbouring countries are already confronting epidemic proportions of the disease. Prevention is one of the main themes of this special session, and unless we wake up to this challenge, we will soon be facing the repercussions of the disease that our African brethren are facing today.

The Government of Sri Lanka is deeply committed to this cause. My Ministry, in collaboration with the Ministries of media, education, defence, tourism and social services, with the support of non-governmental organizations, is making a valiant effort to act on all aspects of this disease, especially targeting the most vulnerable groups in the tourist sector, sex workers, migrant workers, armed forces, the poor, youth and drug users.

Legislative acts on blood policy and the regulation of private blood banks to ensure blood safety have already been undertaken. The Government has taken steps to train all relevant sectors as an ongoing process, with continuous efforts to improve the infrastructure in order to effectively implement this programme.

Social marketing of condoms, use of antiretroviral drugs on a limited scales, with the assistance of non-governmental organizations, and human rights aspects are some of the issues the Government has already addressed. Aware of the global devastation caused by this disease that transcends all social, political, religious and ethnic barriers, I cannot be complacent, although we are still classified as a low-prevalence country. We have learned, at the cost of

great human losses, the importance of preventing this disease.

Preventing vulnerable groups from entering the sex trade with a poverty-alleviation programme called Samurdhi, ensuring quality education and life competency skills for all and providing relevant vocational training for vulnerable groups and youth are a daunting challenge for the Government and are measures that would need international assistance.

I would like to highlight another crucial area of care, support and treatment that has been addressed as an important issue at this gathering. The cost of antiretroviral therapy and diagnosis creates boundaries of discrimination between the rich and the poor. As a human rights issue afflicting millions in the poorer countries and unborn children, I urge the United Nations to seriously address the issue of the provision of drugs and diagnosis at an affordable price to those countries that are less fortunate.

Let us work together to forge a strong, dynamic and sustainable partnership to fight this deadly disease in our region. To that end, I propose that the United Nations extend further assistance in establishing an Asian AIDS and health fund and an Asian partnership against HIV/AIDS. The stakeholders in this partnership should be the Asian Governments, the United Nations, the donors and relevant groups, including non-governmental organizations. This partnership should be based on mutual agreement, shared vision, common goals and trust. Every effort should be undertaken to curtail the spread of HIV, leading to the reversal of its course. This would reduce human suffering and assist in social and economic development in Asia.

Finally, let me quote Mr. Kofi Annan, whom I was privileged to listen to at the recent World Health Assembly:

“Let us rise above turf battles and doctrinal disputes. The battle against AIDS is too important for us to risk side-tracking it by championing one institution against others. Only the results should matter, and the only acceptable result is that we replace suffering with hope.”

This special session is a noble endeavour. May I, on behalf of Sri Lanka, wish it every success.

**The Acting President** (*spoke in French*): I give the floor to His Excellency Mr. Hajar Bin Ahmed Hajar Al-Banali, Minister of Public Health of Qatar.

**Mr. Al-Banali** (Qatar) (*spoke in Arabic*): I wish to thank you, Sir, for giving me the opportunity to express the position of the State of Qatar on this devastating pandemic that threatens the whole world.

When HIV/AIDS was first discovered 20 years ago, no one expected that this tiny virus would be the largest global health threat to mankind, as it disrupts the social and demographic structure, destroys economies and threatens the political stability of many countries. Furthermore, the emergence of new strains of HIV that resist the existing antiretroviral drugs makes it imperative that we develop a future strategy to effectively respond to these strains of the virus whenever they are detected. The worldwide spread of this dangerous disease requires us to be fully and collectively aware of its negative impact and to work towards stopping it.

During the last 20 years, we have accumulated great knowledge about all aspects of the disease, which should enable us to stop it from spreading further. It is now time to provide the necessary political commitment to utilize and apply this knowledge.

We in the State of Qatar believe in the importance of cultural diversity because we are confident that it enriches human progress and development. However, when some specific risky types of behaviour in certain societies become a source of danger for the rest of the world, being closely linked to the spread of HIV, then we are required to stand up to such behaviours.

The State of Qatar is doing its utmost to combat this disease and to limit its spread. Since we are not isolated from the rest of the world, we have diagnosed 164 cases during the last 20 years. Most of those individuals acquired the virus from blood transfusions before 1985. Although this number seems small, the relatively small population of the country, which is about 600,000, makes every newly discovered case a tragedy.

The State of Qatar provides all the necessary medical services and support to people living with HIV/AIDS, including retroviral therapy and psychological and social counselling for patients and their families, and ensures that they enjoy full civil and political rights.

The State of Qatar is convinced that the best way to prevent the spread of the disease is through increasing awareness among the population. It is worth

noting that Qatar society remains religious, moral and conservative, which has helped limit the spread of the disease.

The ravaging spread of HIV throughout the world requires that we stand together, assume responsibility as a whole and rid ourselves of the mistaken notion that this disease is someone else's responsibility. Indeed, the world has become small and people are no longer isolated from each other, and any threat of infectious disease in any country of the world is a threat to the entire world.

Therefore, the State of Qatar supports the following steps. The first step is to tackle the debt problem of poor countries that are heavily afflicted by the pandemic. The second is to develop and improve the health systems of those countries in order to provide proper medical care, treatment and follow-up for HIV patients, and to allow the transfer of antiretroviral drugs and therapies. Monopolies on drugs should be prohibited in order to provide these drugs at affordable prices to low-income countries and ensure the continuity of their supply, regardless of the negative impact these policies may have on the profits of big pharmaceutical companies.

The third step is to share expertise in the area of HIV/AIDS prevention in order to limit the spread of the virus, using all necessary means and tools to achieve this, including the availability of condoms and sterile syringes.

The fourth step is to intensify support of relevant scientific research in order to speed the discovery of a definitive cure for the disease and to create an effective vaccine that can be used to eradicate the virus worldwide, as occurred with smallpox.

The fifth step is to provide a cure against latent tuberculosis infection for all HIV-infected individuals, since tuberculosis is the main cause of death among HIV-positive individuals in developing countries; it must be taken into consideration that the spread of HIV has created an environment propitious to the propagation of multiple-drug resistant tuberculosis.

The sixth and most important step, which will have an immediate, positive impact, is to direct greater investment and efforts towards increasing societal awareness of HIV/AIDS, and to create an international sense of responsibility at the individual level, with

greater emphasis on decent behaviour and adherence to moral values and virtues.

In conclusion, I extend my thanks to the President, to the Secretary-General, Mr. Kofi Annan, and to the others who have made such commendable efforts in organizing and sponsoring this special session of the General Assembly.

**The Acting President** (*spoke in French*): I call upon His Excellency Mr. Roman Kováč, Minister of Health of Slovakia.

**Mr. Kováč** (the Slovak Republic): First of all, I wish to congratulate the President on his election to lead the twenty-sixth special session of the General Assembly, devoted to the review of the problem of HIV/AIDS in all its aspects. Slovakia associated itself with the statement presented by the representative of Sweden on behalf of the European Union. Nevertheless, it is my pleasure and honour to make a statement on behalf of my country.

Please allow me to express my gratitude and great appreciation for the excellent work of the Preparatory Committee on the final document, the draft declaration of commitment on HIV/AIDS. I would like to assure the Assembly that Slovakia will continue to provide its support for the successful conclusion of this important special session.

Slovakia, like several other Central European countries, has been experiencing a complex economic transition, a part of which is the process of transforming the health sector.

In April of this year, the Ministry of Health of the Slovak Republic, in cooperation with civil society institutions, organized the advocacy meeting of the national programme on HIV/AIDS. Our aim was to strengthen commitment and intensify coordination and cooperation at all levels of society in combating the pandemic disease.

For moving to avoid critical future trends, the Slovak national AIDS programme has been recognized as the most significant element in this partnership. Besides the reinforcement of existing multisectoral cooperation, another area of responsibility is the development of complex preventive measures and antiretroviral treatment and care. Furthermore, it is imperative to mobilize adequate human and material resources.

The creation of a subregional partnership of national AIDS programmes is crucial for preventing HIV/AIDS from spreading. The strengthening of the international technical cooperation of UNAIDS and of the European Union's accelerated action programme on HIV/AIDS will provide significant assistance to my Government.

We wholeheartedly agree with the clear statement of principles made by the Secretary-General, and especially with the need for strong, committed leadership at every level of the multilateral fight against HIV/AIDS and the need for resources. We welcome the initiative to create the global AIDS and health fund, emphasizing that all efforts should be made in order to make the fund operational by the end of 2001.

We believe that this special session of the General Assembly is a great and unprecedented opportunity to combine and augment the efforts, resources and political will of the international community. Our unity will enable us to combat the HIV/AIDS epidemic and, hopefully, reverse its course.

**The Acting President** (*spoke in French*): I now call on His Excellency Mr. Léon-Alfred Opimbat, Minister for Health, Solidarity and Humanitarian Action of the Congo.

**Mr. Opimbat** (Congo) (*spoke in French*): Mr. Sassou-Nguesso, President of the Republic of the Congo was unable to attend, and he appointed me his personal representative to this special session of the General Assembly on HIV/AIDS.

On his behalf, allow me first to congratulate you, the President, Secretary-General Kofi Annan and others for the holding of this special session and for the quality and depth of the Secretary-General's report. I should sincerely like to thank the Secretariat of the United Nations for having patiently organized this noble initiative to mobilize a world partnership against HIV/AIDS, as symbolized by the UNAIDS programme. Our thanks go likewise to the United Nations agencies, which have created and consolidated this national and world momentum, which is now our common credo.

Great scourges require great remedies. HIV/AIDS, as we know, is a very important public health problem, and a problem for socio-economic development and security. This scourge, unfortunately, has caused terrible setbacks to all humankind. The

spread and worsening of the disease have affected my country and our subregion, Central Africa, in terms of poverty, malnutrition, illiteracy, and armed conflicts, which have caused massive forced displacements of populations.

The battle against HIV/AIDS in our specific situation requires the restoration of peace and stability and the alleviation of poverty. Our people and our Government are now resolutely committed to these goals. The recent holding of the all-inclusive national dialogue and the signing of the national convention on peace and development illustrate this point. We express our profound gratitude to the international community, to friendly countries, to external partners and in particular, to the international mediator, El Hadj Omar Bongo, President of the Republic of Gabon, for their support to my country in this process.

AIDS is an undeniable reality, a pandemic that requires a global response at all levels, in a spirit of love, altruism and solidarity, for the sake of the survival of humankind. This is our individual and collective responsibility and duty. Clearly, this goal presupposes a commensurate mobilization of resources of all kinds, particularly financial resources, at every level. There is a great temptation to think that the poor and developing countries are the weak link in this initiative. However, we must recognize the outstanding efforts made by the poor or developing countries in the battle against HIV/AIDS, and in the strengthening of health services, particularly in the areas of information, education and communication, the social marketing of condoms, counselling, training, operational research and the rehabilitation of the health sector. But access to care in general and to antiretrovirals in particular, as well the financing of our health-care systems, continue to pose enormous problems for our peoples.

In our poor and developing countries the ability to take action is limited by several factors. In particular there is the external debt burden, which reduces public investment and keeps States in the cycle of poverty. The reduction or cancellation of this debt, in a spirit of international solidarity, would free up money for the struggle against this disease in our countries. Even in this case, complementary financial support from the international community, and in particular from the most industrialized countries, remains indispensable.

We have increasingly stressed cooperation in subregional and regional groups, and we request

consistent support from such groups. We are pleased by the Secretary-General's proposed establishment of a global fund for HIV/AIDS and health, and we hope that the rich countries and generous donors will help ease the suffering of the poor by contributing regularly and substantially to this fund. While recognizing the efforts made by certain pharmaceutical companies in reducing the prices of antiretrovirals and in social-oriented activities, we hope that they, and other companies that have been slow in responding, will do more here.

In conclusion, it will be largely in this way and in the framework of a dynamic global partnership that we can expect to achieve a true and effective victory over HIV/AIDS for the benefit of all humanity.

**The Acting President** (*spoke in French*): I now call on His Excellency Mr. Peter Coleman, Minister of Health and Social Welfare of Liberia.

**Mr. Coleman** (Liberia): It is with great pride that I represent the Republic of Liberia on this momentous occasion. Understanding the global impact of HIV/AIDS, the President of the Republic of Liberia, Mr. Charles G. Taylor, would like to thank the United Nations for convening this General Assembly special session as a demonstration of its commitment to ensuring that the world joins hands in this concerted effort to combat HIV/AIDS. With sub-Saharan Africa under attack by this deadly pandemic, it is incumbent upon Liberia to do its share in minimizing the effect on our populace and to contribute to a decrease in the rate of infection on our continent, and hence in the world.

With our current prevalence rate at an alarming 8.2 per cent, we find ourselves on the verge of an explosion. Conventional interventions seem effective, but still leave a gap between awareness and education. With negative influencing factors such as a high illiteracy rate, massive migration and an increasing level of poverty in Liberia, we are left with no option other than adopting a new approach in consonance with the resolutions enshrined within the framework of the African Development Forum and the Abuja Declaration. As partnership and leadership at all levels are the keys to curbing the trend of this disease, we must explore and foster new forms of collaboration and strengthen existing ones, within the framework of the international partnership against AIDS. In this way we should be able to develop a holistic approach which will include, inter alia, care and support for people

living with AIDS, the empowerment of women and different measures geared towards poverty alleviation.

As Liberians endeavour to come to terms with the recently imposed United Nations sanctions, which have brought additional hardship to the war-weary population of Liberia, we would like to express our profound gratitude to the Government and the people of the Republic of China for the various types of assistance we have received in the revitalization of our health sector. We would like to make specific mention of the donation of 5 million condoms to strengthen our HIV/AIDS interventions. In other areas of health care, the Taiwan Roots Medical Peace Corps, which responds to appeals for emergency relief from countries confronted with armed conflict or natural disaster, has carried out two campaigns in Liberia, treating about 1,500 patients.

The Government of France has also stepped up its support for our three-year multisectoral strategic plan of action in the area of HIV/AIDS awareness and prevention. As a result, two volunteer counselling and testing centres have been established.

In spite of these contributions, there is still need for additional bilateral and multilateral funding. The current level of resources mobilized and invested in HIV/AIDS prevention and care and in poverty alleviation needs to be more than doubled. This sort of assistance is indispensable if we are to succeed in this fight against this deadly disease. The problem of external international obligations creates even greater difficulties, in that we are harnessed with the strangulating problem of debt relief. The fight against HIV/AIDS would have a greater chance of success if the developed countries would streamline the Heavily Indebted Poor Countries Debt Initiative so as to make it less of a burden on developing countries, and especially on those emerging from civil crises.

The Government and the people of Liberia would like to take this occasion to commend the Secretary-General, Mr. Kofi Annan, for his bold initiative to establish a global fund for the fight against HIV/AIDS. Liberia is committed to this fund and hereby pledges \$25,000 to it. We must all demonstrate our national commitment to fighting this scourge by contributing to the fund, and also by developing mechanisms for the sustenance of the interventions that will be supported by the global fund. All efforts must be made to ensure the affordability of life-saving medicines and other

commodities in poor countries, through price reduction and other mechanisms.

The number of people living with HIV/AIDS now stands at 36.1 million globally, with sub-Saharan Africa accounting for about 75 per cent of this total. There are also 13.5 million children who have been orphaned by HIV/AIDS. Already we cannot afford to educate the majority of children on our continent. How can we care for them?

We would also like to commend the Government of Nigeria and the Organization of African Unity (OAU) for hosting the OAU Summit on HIV/AIDS, the first of its kind on our continent.

**The Acting President** (*spoke in French*): I now call on His Excellency The Honourable Gaston Browne, Minister of Planning, Implementation and Public Service Affairs of Antigua and Barbuda.

**Mr. Browne** (Antigua and Barbuda): Antigua and Barbuda welcomes the opportunity to participate in this special session of the General Assembly on HIV/AIDS, to secure a global commitment for enhanced coordination and the intensification of efforts to combat the pandemic.

The first case of HIV/AIDS in Antigua and Barbuda was recorded in December 1985, and we have seen a steady increase in reported cases during the past 15 years. We have utilized our scarce resources wisely to build our human capital and have made significant strides over the years. However, the prevalence of HIV in Antigua and Barbuda and the wider Caribbean — which is among the highest in the world, ranking second only to sub-Saharan Africa — is threatening to reverse our developmental gains. The pandemic has demographic, social and economic implications for our populations and is now the most serious developmental challenge facing the Caribbean. Today, HIV/AIDS threatens the literacy levels, life expectancy, human-skill resources, prosperity and productive capacities of our respective countries.

Our national HIV/AIDS response programme is essentially one of prevention through a strategy of informing and educating our general population. The programme is funded almost entirely by the Government of Antigua and Barbuda and augmented with external assistance from several agencies. We would like to take this opportunity to thank these agencies, including UNAIDS and the Caribbean

Epidemiology Centre, for the assistance they have extended to us. We recognize the importance of providing care and support for HIV-infected persons and their families and we have sought to do so within the constraints of our extremely limited resources.

A programme of voluntary HIV testing among pregnant women was introduced in Antigua and Barbuda in March 1999 as part of our national intervention to reduce HIV transmission from mother to child. Regrettably, our financial resources do not permit us to offer combination therapy to these mothers. Also, we are now grappling with the very difficult and urgent issue of care and support for our children orphaned by AIDS. We call upon the international community for much-needed assistance to contain the prevalence of HIV and the management of AIDS in the Caribbean.

Taking full cognizance of the complexity of HIV/AIDS and its developmental challenges, our vision is to inspire and mobilize all stakeholders to enter into partnerships, to take responsibility, to provide leadership to create, sustain and support an environment of prevention of HIV transmission through the adoption of safer sexual behaviours and to promote more supportive environments for people living with HIV/AIDS.

HIV/AIDS has infected in excess of 60 million individuals, of whom over 22 million have died in 20 years. This has been the most vicious disease in the history of mankind, and if we do not make the prevention and cure of HIV/AIDS a global priority, we may be faced with the extinction of the human race.

The effective management and reversal of the devastating effects of the pandemic cannot be achieved at the national level given the enormity of the resources required to fight the disease. The resources required to fight this killer disease necessitate a coordinated and systematic global response.

Antigua and Barbuda supports the call for a global coordinated response to combating HIV/AIDS as a priority agenda item for all countries and multilateral and regional institutions. We support the call for the establishment of a global AIDS and health Fund to increase resources to contain and eventually develop a cure for AIDS. Contributions to this fund should take precedence over military spending, and the fund should be easily accessible to all. We support the call for the introduction of concessionary pricing for

HIV antiretroviral drugs for developing countries to increase accessibility to treatment for individuals living with HIV/AIDS.

In addition, we propose the establishment of a global AIDS council, comprising heads of State and heads of the various multilateral institutions, scientists and corporate leaders. They would act as advocates for the procurement of increased investments and commitment for HIV/AIDS prevention and cure, and against discrimination against individuals living with HIV/AIDS and the stigmatization of the disease.

HIV/AIDS is not only a developmental challenge in that it destroys the most productive human resources, but is also now a fundamental threat to national sovereignty and global security. The threat of the AIDS pandemic requires full global commitment at the highest political level and a coordinated approach to effectively manage and ultimately develop a cure for HIV/AIDS.

Let us not deny the realities of HIV/AIDS; let us not stigmatize and discriminate against individuals living with HIV/AIDS. HIV/AIDS is non-discriminatory; it kills and impoverishes millions of people annually, without distinction to age, gender, ethnicity, status or income standing. Finding a solution requires global solidarity. Let us come together in solidarity and fight to combat this deadly disease that is threatening the survival of mankind.

**The Acting President** (*spoke in French*): I give the floor to Her Excellency The Honourable Jacqueline Theodore, Acting Minister of Health and Social Security of Dominica.

**Ms. Theodore** (Dominica): The Commonwealth of Dominica welcomes this opportunity to participate in this United Nations special session devoted to the examination of HIV/AIDS in all its tragic dimensions and global ramifications.

The depressing statistics and horrifying magnitude of the HIV/AIDS pandemic are well known to all of us assembled here; there is therefore no need for further recitation. But there is an urgent need for the international community to make a determined, committed and serious effort to arrest the alarming infection rates in those parts of the world least able to deal effectively with the problem. There is an urgent need to begin at once to act with the resolve of the Millennium Summit so that we can reverse the spread

of HIV/AIDS by 2015. There is an urgent and compelling need for us to marshal the forces and resources necessary to deal with what the Secretary-General has labelled the greatest public health challenge of our time.

In small developing societies like the Commonwealth of Dominica the HIV/AIDS contagion is much more than a public-health challenge. We are already hampered by a severely limited financial and human resource base, and the rising incidence of HIV/AIDS continues to undermine our development efforts on many fronts. With the highest rates of infection occurring in the age group of those between 24 and 54 years old, the productive capacity of the country is being diminished simultaneously with greater demands on our meagre financial resources, both private and public, for increased spending on care and facilities for the victims and to mitigate the devastating social and economic consequences of the disease.

The first case of HIV infection in the Commonwealth of Dominica was diagnosed in 1987. Since then, the virus has been identified in increasing numbers of persons, with a shift from predominantly men who have sex with men to a more heterosexual mix, so that the gender balance of infected persons has changed from almost exclusively male in the 1980s to a ratio of almost 2:1 male to female.

A comprehensive information and education campaign undertaken through the media, schools and community groups has been in existence in Dominica since 1986, and this is being incorporated into the Health and Family Life Education Programme for schools. A National AIDS Committee charged with providing guidance to the Ministry of Health and Social Security and comprising Government agencies, civil society, the private sector and religious organizations has been in place since 1988.

Regionally, our efforts have been greatly assisted by the Caribbean Epidemiological Centre and the Pan American Health Organization, which are currently working with us to develop a five-year strategic plan to deal with the HIV/AIDS situation. The plan uses a multisectoral approach in line with guidelines from the Caribbean Regional Strategic Plan of Action approved by the heads of Government of the Caribbean Community in July last year, and it will be informed by

successful programmes from within the Caribbean region and beyond.

Despite our best national and regional efforts, however, the rates of infection in the Caribbean are second only to those of sub-Saharan Africa. Dominica ranks the second highest among the islands of the Organization of Eastern Caribbean States in numbers of persons infected with HIV. The simple fact is that much more is demanded of us if we are to realize some measure of success in the containment and eventual reversal of the spread of HIV/AIDS in Dominica and the Caribbean region — more in terms of greater capacity-building; more for the implementation of innovative education programmes to effect behavioural change and to assist our young people in particular to fully understand their vulnerability to contracting HIV; and more poverty reduction programmes and greater accessibility to more affordable drugs and treatment facilities.

Small developing islands like Dominica cannot do it alone. The international community must be committed to the struggle. That is why we applaud the efforts of the Secretary-General in seeking to establish the global trust fund to fight AIDS and other infectious diseases. But early responses are not encouraging, and there are serious doubts with respect to the level of funding likely to be achieved. The prospect of the poor receiving the full benefits of the fund are dimmed by the call to respect intellectual property rights and adherence to the World Trade Organization's rules.

The affordability of drugs for victims of HIV/AIDS in poor countries like Dominica must be one of the objectives of the fund. Therefore, producers of generic anti-AIDS drugs are essential to the success of the fund's programmes. We cannot continue to elevate the excessive profits of the major pharmaceutical companies above the suffering of millions.

The Commonwealth of Dominica is committed at the highest level to fighting HIV/AIDS. Bearing in mind the limited resources available nationally and regionally, the present infection rates and the difficulties encountered in effecting positive changes in attitudes and behaviours; and recognizing the potential for an even more rapidly escalating crisis in the Caribbean region, the Commonwealth of Dominica calls upon the international community and industrialized nations in particular, to work seriously to

achieve the goals and targets agreed to in the draft declaration of commitment.

**The Acting President** (*spoke in French*): I now give the floor to Mr. Ahmed El-Atrash, Chairman of the delegation of the Libyan Arab Jamahiriya.

**Mr. El-Atrash** (Libyan Arab Jamahiriya) (*spoke in Arabic*): This twenty-sixth special session of the General Assembly is being held to study the problem of HIV/AIDS, the greatest catastrophe in human history, and to search for strong measures against it. This horrendous pandemic respects no national or racial boundaries, affecting everyone, rich or poor, without distinction as to age, sex or ethnicity. We are facing a historic challenge today. States, Governments, organizations, pharmaceutical companies and individuals must work seriously to tackle this invading danger. We must all face up to our responsibilities. We must go beyond selfish national interests and respect the spirit and the letter of the draft declaration of commitment. We must mobilize all the necessary financial resources and materials to implement it.

The countries of the world — and, despite their meagre resources, the countries of the third world in particular — have committed themselves in the draft declaration under consideration to attain specific goals. There is no doubt that those countries will do their best to respect their commitments. But it is unfortunate to note that the response of developed, wealthy countries is not commensurate with this human disaster.

Preventing HIV/AIDS should be the main target upon which all national, regional and international measures are focused. Prevention, along with care and treatment for all those affected by the virus, should be complementary elements of any effective response. Prevention should entail campaigns to raise awareness of the dangers of the disease through educational and information activities and the provision of food, vaccinations and health care.

We would like to stress the importance of moral, religious and spiritual values, which we believe to be a safety valve allowing us to avoid being tempted into dangerous and far from normal relationships that increase contagion among adolescents and young persons, who are the backbone of our peoples. It is a sin to accept homosexuality and to ask that it be accepted. Homosexuality is one of the main causes of this disease. This sin does not respect divine rules prohibiting homosexual practices. In fact, God sent the

prophet Lot with a clear message prohibiting such practices.

We emphasize the importance of ensuring that the international community confronts the problems associated with the pandemic. In particular, those problems include poverty, poor socio-economic conditions, the deterioration of educational systems and estrangement from religious values. We in Africa are committed to do our best to face the pandemic and other dangerous diseases threatening our peoples. Our leaders committed themselves at the special meeting at Abuja to devote at least 15 per cent of our national annual budgets to improve and strengthen the health sector and to bolster efforts aimed at combating HIV/AIDS. Along with that, we believe that the international community — and wealthy countries in particular — should shoulder their responsibilities to provide financial and material support to strengthen the national capacities of developing countries.

Despite the blockade and the unfair resolutions imposed against it, and on the basis of its profound responsibility to defend human rights to health, well being and effective treatment when people become ill, Libya announced the establishment of a South-South fund for health care at the South summit held in Havana last year. An Africa centre for contagious diseases is being set up, and our leader, Muammar Al-Qadhafi, has announced that the Libyan Arab Jamahiriya will bear most of the expenses for this centre. We hope this initiative will awaken everyone's conscience and encourage people to participate actively to ensure that this foundation will succeed and create other foundations to coordinate with it, with Governments, with international organizations, international corporations and research centres to mobilize efforts in the fight against this lethal disease.

The holding of this special session of the General Assembly is certainly an historic event and a rehabilitation of the role of the Assembly in facing world problems. History and humankind will make us accountable for actions, not simply for declarations. Crying over the millions who have died from this pandemic and feelings of compassion for the millions who are afflicted by it will not be consolation. If United Nations declarations are not implemented, then sick people will not be able to obtain necessary care or treatment.

As part of the international community, we in the Libyan Arab Jamahiriya want to protect our people from the dangers of this pandemic by providing all the necessary care, as well as prevention and respect for the Islamic religion, which has protected us from this horrible disease.

But criminals and evil hands have brought us tragedy. More than 400 children, from 2 months to 14 years old, have become victims. They were purposely injected with the HIV virus, and a great number of them died. Justice authorities in our country have been looking into this terrible crime for the past two years and will decide, through justice and integrity, what to do with those who have encouraged and committed the crime and with their motives.

In conclusion, I wish to thank the Secretary-General for the important role he is playing in mobilizing all potentialities to deal with this disease. We welcome the creation of the global fund for AIDS; we think it should be under the supervision of the World Health Organization in order to ensure transparency, considering the competence of that organization.

**The Acting President** (*spoke in French*): I now give the floor to Mr. Tengiz Tsertsvadze, Head of the Supervisory Board, Scientific Centre for Infection Pathology, AIDS and Clinical Immunology of Georgia.

**Mr. Tsertsvadze** (Georgia): On behalf of Government of Georgia, I would like to welcome the United Nations initiative to organize this special session of the General Assembly on HIV/AIDS. We believe that this session will serve as a milestone and have a significant impact on prevention and control of the HIV/AIDS epidemic worldwide.

The post-totalitarian period has been very hard for Georgia, as for all the former Soviet countries. Despite the difficulties, Georgia has embarked upon the road of democratic reform. While this road is not easy, we are very optimistic and believe in a better future.

According to expert assessment, the health care system is one of the sectors where the reform process has been implemented successfully. Of course, this would not have been possible without the generous support of the international community.

At present, the number of reported HIV/AIDS cases in Georgia is 229. The number of people living with HIV/AIDS is estimated to be approximately

1,500. Even though Georgia is currently among the countries with low HIV/AIDS prevalence, we are experiencing a small but steady increase in the number of HIV/AIDS cases. The experts predict that unless urgent preventive measures are undertaken immediately, we can expect a rapid spread of HIV/AIDS in Georgia in the near future. This dire prognosis is based on the analysis of the current epidemiological situation in Georgia and neighbouring countries, all of which are experiencing widespread drug abuse, increased migration, and lack of disposable medical instruments and diagnostic test systems, among other factors.

Currently, Georgia is still within the so-called "window of opportunity" for preventing the massive spread of HIV/AIDS. However, there are many challenges to be faced and overcome. The Government of Georgia is well aware of the great importance of the HIV/AIDS problem and considers it one of the top priorities for its health care system.

A law on AIDS prevention was formulated and approved by the Georgian Parliament as early as March 1995. The National AIDS and Sexually Transmitted Disease (STD) Control Commission, with membership from different ministries, is responsible for the formulation of national AIDS control policy and for ensuring effective multisectoral collaboration. There is a well-established HIV/AIDS control service in Georgia, directed by the Georgian Scientific Centre for Infection Pathology, AIDS and Clinical Immunology in Tbilisi. Since 1995, the National HIV/AIDS STD Prevention and Blood Safety Programme has been implemented in Georgia.

All modern HIV/AIDS diagnostic and treatment methods are available. However, due to the lack of necessary resources, we are not able to provide specific antiretroviral treatment for all AIDS patients. For this reason, we believe that the inclusion of Georgia in the list of countries that are eligible for a considerable discount in the price of specific anti-HIV medicines would be extremely helpful.

A national multisectoral HIV/AIDS programme was developed to facilitate the full mobilization of governmental and non-governmental organizations and the entire Georgian society to address this problem. However, we still cannot succeed without considerable assistance from international organizations.

In this regard, we are grateful to the Joint United Nations Programme on HIV/AIDS and the United Nations Children's Fund for their significant and continuous support. With their financial and methodological assistance, we have been able to conduct a comprehensive situation and response analysis and have developed a strategic plan for HIV/AIDS for the next five years. We have also had small-scale projects with the United Nations Educational, Scientific and Cultural Organization, the United Nations Population Fund and the World Health Organization, but, unfortunately, the involvement of the relevant agencies in anti-HIV/AIDS activities is not significant in Georgia. Also, we collaborate with the United States Agency for International Development and its affiliated organizations. We hope that such collaboration will be enhanced in the future.

In conclusion, I would like to express our hope that this special session of the General Assembly will not only develop new, more effective policies and approaches to HIV/AIDS prevention and control worldwide, but also address the needs of particular countries, including Georgia. We have great confidence in international collaboration and assistance for the defeat of AIDS. On our part, let me assure the Assembly that the Georgian Government will do its best to implement the decisions and recommendations of this special session.

**The Acting President** (*spoke in French*): I give the floor to His Excellency Mr. Naste Čalovski, chairman of the delegation of the former Yugoslav Republic of Macedonia.

**Mr. Čalovski** (Former Yugoslav Republic of Macedonia): I would like to join the previous speakers who have congratulated Mr. Holkeri on his election as President of the General Assembly at this twenty-sixth special session on HIV/AIDS and to express the hope of the Republic of Macedonia that the declaration of commitments that the Assembly is going to adopt will be an important part of the efforts of our Organization to fight the epidemic and a crucial step in raising awareness about the disease.

Before I state the views of my Government, let me stress the important role and efforts of the Secretary-General, Mr. Kofi Annan, who has done so much for the success of this initiative. I would also like to mention the contribution of my colleagues, Ambassador Wensley of Australia and Ambassador Ka

of Senegal, for their successful preparation of this special session.

The epidemic of HIV/AIDS that we are facing globally has acquired such catastrophic proportions that we have to respond together with a very strong determination and sense of urgency to fight it. The Governments, the private sector and non-governmental organizations should join all their forces for a massive mobilization against the epidemic. In this respect, we share the view of the Secretary-General that "the world has the resources to defeat this epidemic if it really wants to". We hope that that will happen. The Republic of Macedonia will make its contribution to this common endeavour against HIV/AIDS.

HIV/AIDS in the Republic of Macedonia is a relatively new phenomenon. However, there are signs and factors favourable to the spread of the disease. The first HIV-positive case was registered in 1987 and the first AIDS case in 1989. In April this year, the number of officially registered HIV/AIDS cases was 56, representing 40 cases of AIDS and 16 cases registered as HIV-positive. The number of people who have died as a result of AIDS is 36 out of 40. However, this data does not reflect the real situation: 99 per cent of those registered as HIV-positive came to the hospitals by themselves because of health problems related to the infection.

The disease in our country has been spread by heterosexuals and heroin users. Vertical transmission has also been detected. The ages of most of those infected are between 20 and 29. Males and females alike are affected. The Republic of Macedonia is at the crossroads of the Balkans, as members are aware. We are continuously fighting against the illegal traffic in drugs, small arms and light weapons, and people, now with Albanian terrorists. All this is good grounds for the spread of this disease.

Since 1997, the national HIV/AIDS programme has been implemented through the Ministry of Health, mainly oriented to address the health aspects of HIV/AIDS. The Ministry of Health has established a National AIDS Commission. It is entrusted with the implementation of the professional side of the Programme for the Protection of the Population of Macedonia from AIDS. The National HIV/AIDS Commission, together with the United Nations agencies accredited in the country and organized into a United Nations theme group, has been assigned the

responsibility to develop and implement a comprehensive multisectoral national strategic plan for the next three to four years.

This programme is a continuation of the intensive efforts to implement measures and activities aimed at preventing and wiping out HIV infections and AIDS in Macedonia, applying attitudes and guidelines recommended by the World Health Organization, the United Nations Children's Fund and other relevant United Nations organizations. Measures and activities undertaken to apply the programme are the following: the establishment of a system of epidemiological investigation and surveillance; laboratory research; the education of health workers; and health education for the whole population, especially for the group of people with risky behaviour. The Republic of Macedonia collaborates closely with neighbouring countries to monitor the progress of the HIV threat on a regional basis.

The preparations for this session have clearly demonstrated that the implementation of the targets adopted at the United Nations Millennium Summit is imperative to the international community. There is no doubt that prevention must be the mainstay of our response; that the care, support and treatment must be effective; and that we have to pay special attention to the vulnerable. All efforts against the HIV/AIDS epidemic are important at the national, regional and global levels and strong leadership at all levels of society is essential. We place high hopes in the implementation of the declaration we are going to adopt and in the effectiveness of the global fund on AIDS and health proposed by the Secretary-General.

Let me conclude this statement by stressing that our battle against HIV/AIDS should be seen as an important part of the battle against poverty, for development, that unprecedented mobilization of resources is needed and that global response and solidarity are essential.

**The Acting President** (*spoke in French*): I give the floor to the representative of the Secretariat for some information.

**Mr. Perfiliev** (Director, General Assembly and ECOSOC Affairs Division): I would like inform members that the draft resolution submitted by the President of the General Assembly entitled "Declaration of Commitment on HIV/AIDS" is being distributed now in the General Assembly Hall. The text

of the draft resolution will be available in all languages in the delegation boxes tomorrow morning. However, if delegations so wish, the language versions may also be picked up tonight in Room S-2925, in the Secretariat building, in the General Assembly and ECOSOC Affairs Division.

**The Acting President** (*spoke in French*): I give the floor to His Excellency Mr. Mohammed Rashid Al-Absi, Chairman of the delegation of the United Arab Emirates.

**Mr. Al-Absi** (United Arab Emirates) (*spoke in Arabic*): On behalf of the delegation of the United Arab Emirates, it is my honour to congratulate the President on his assumption of the presidency for the special session of the General Assembly on HIV/AIDS.

I wish to take this opportunity to thank and express appreciation to our Secretary-General, Mr. Kofi Annan, and to all those involved in United Nations programmes for their efforts to mobilize all possible international efforts to confront this dangerous epidemic.

Holding this important session reflects the growing awareness of the international community of the magnitude and dangers of this mortal disease; its devastating repercussions are not limited to the fact that it is a fleeting health problem. It is a true human global scourge that imperils the future of family, societies and States, and it jeopardizes human, social and economic development efforts.

It is a source of concern to see that the official morbidity statistics have been growing every year. They show that at the end of last year about 36 million people were infected and that 95 of the countries affected are developing countries. This disease was detected in 1981, and it has caused the death of about 22 million people, most of whom are women and young people living in deplorable conditions. Despite the progress we have seen in scientific research in trying to combat the virus, the scourge is still with us.

The growing seriousness of the problem, the spread of this disease and the fact that there is a close link between its spread and the scourges of poverty, ignorance, conflicts, drugs, social and gender discrimination and the lack of antiretroviral drugs, particularly in the developing countries, have all but prevented most of these countries from individually confronting this dangerous scourge. This means

primarily that we must have a universal political commitment based on a real international partnership involving concerted strategic approaches to help developing countries gain access to medical technology, vaccines, drugs and medicines in order to deal with this virus at affordable prices.

This approach could help provide the necessary treatment to patients. In this context, while we pay tribute to the efforts made by international agencies and organizations — including the World Health Organization, the United Nations Development Programme and UNAIDS — in trying to combat HIV/AIDS, we also appeal for the development of resources, capacities and coordination mechanisms from these organizations so that we can see better mobilization and incorporation of their efforts and programmes.

The United Arab Emirates is aware of the need to protect our citizens' health, given that its citizens are its true national wealth. We have taken all precautions to detect the disease at an early stage and to provide preventive methods and information to people to help them confront the disease and to contain it despite the limited number of infections. We have also established a comprehensive national programme with an ad hoc budget. This programme carries out prevention and early detection services and provides access to the drugs people need. We also follow ongoing international research on the disease and draw on that research as well as encourage national production of drugs to combat it.

We have reviewed our laws and local legislation to guarantee all human rights to the infected, particularly providing access to health care, treatment, social services, education and employment, without any discrimination at all against them.

We have also provided education and informational and training programmes to teach people about this disease, its causes and the means to stop its spread. At the regional and international levels, the United Arab Emirates has actively participated in all meetings, conferences and scientific seminars to consider all aspects of this disease. We have also organized three world conferences in our country.

In conclusion, we pin great hope on current scientific research to discover an effective antiviral vaccine. However, we hope that the efforts of the international community will lead to the adoption of a

strategy and a clear plan of action, one that will live up to the aspirations of all countries and that aims at combating this disease, reducing the number of its victims and at providing drugs and treatment to all those afflicted by it.

**The Acting President** (*spoke in French*): I now call on Mr. Viktors Jaksons, adviser to the Minister for Welfare and Chairman of the delegation of Latvia.

**Mr. Jaksons** (Latvia): First of all, I would like to commend the Secretary-General for the comprehensive, action-oriented report and to reaffirm our support for it. We particularly recognize the statement contained in the draft declaration of commitment on HIV/AIDS that respect for human rights reduces vulnerability to HIV/AIDS.

We are aware that public health is one of the most important requirements for successful social and economic development, while HIV/AIDS is recognized as a major threat.

HIV/AIDS is now a classic, modern health issue, closely connected with individual and collective human behaviour, strongly influenced by broad social and economic forces and linked particularly closely to social discrimination. HIV is a greater risk for those people and groups who are already marginalized, stigmatized and therefore discriminated against within the larger society. We recognize that development, health and human rights are correlated issues.

Since regaining independence, Latvia, together with other Baltic Sea countries, has been facing common problems in the area of health in general, and HIV/AIDS in particular. The region, which during the last four years was characterized by a low prevalence of HIV, is facing an extremely steep increase in the number of new infections.

HIV does not respect borders. The epidemiological situation in one country will affect other countries in the region, and it requires concerted action. As a result of consultations, called the Baltic Sea initiative on HIV/AIDS prevention, the Governments of the region declared their commitment to the implementation of the Baltic Sea action plan, a set of urgent interventions to prevent a widespread HIV epidemic in the region.

Acknowledging that non-discriminatory legislation and protective laws create a supportive legal and political environment for the success of public

health development and national HIV/AIDS prevention efforts, the Latvian Government revised and adopted an adequate legislative infrastructure. Three basic acts — a law on medicine, a law on epidemiological safety, and governmental regulations — ensure that every member of society, including people living with HIV/AIDS, is entitled to access to information and education on health; that HIV testing of an individual is voluntary and confidential; that an infected individual may work at any trade or profession; and that antiretroviral therapy for people with HIV infection is available free, so far.

From the very beginning, HIV prevention in Latvia has been developing in the mainstream of health policy development. Ongoing health care reform is advanced in collaboration with, and with the assistance of, United Nations institutions and programmes. Since 1997, the United Nations resident coordinator in Latvia has chaired the United Nations theme group on HIV/AIDS, in which all relevant ministries and non-governmental organizations participate. The theme group has become the de facto national forum for the exchange of information and operational coordination.

We will continue the development and implementation of the multisectoral strategy for combating HIV/AIDS, focusing on the specific dimension of human rights in our efforts to limit the spread of HIV/AIDS.

*The meeting rose at 8.50 p.m.*