

**MINISTERIAL STATEMENT**  
**Second Asia-Pacific Ministerial Meeting on HIV/AIDS**  
**11 JULY 2004**  
**BANGKOK, THAILAND**

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Countries represented at the Ministerial Meeting include:

*Australia, Bangladesh, Brunei Darussalam, Bhutan, Cambodia, China, Cook Islands, Democratic People's Republic of Korea, Fiji, India, Indonesia, Japan, Kiribati, Lao PDR, Malaysia, Maldives, Marshall Islands, Mongolia, Myanmar, Nepal, New Zealand, Pakistan, Palau, Papua New Guinea, Philippines, Republic of Korea, Samoa, Singapore, Solomon Islands, Sri Lanka, Thailand, Timor-Leste, Tonga, Tuvalu, Vanuatu, and Vietnam*

1. **We**, Ministers from the above countries of the Asian and Pacific region, met in Bangkok on 11 July 2004 at the invitation of the Royal Thai Government, for the **Second Asia-Pacific Ministerial Meeting on HIV/AIDS**. This follows from the **First Asia-Pacific Ministerial Meeting on HIV/AIDS** hosted by the Government of Australia in Melbourne in 2001. The theme of our second Meeting was “**Access for All: Political Accountability**” with a focus on multi-sectoral action and the important role of political leadership in the response to HIV/AIDS in the region. The Meeting also constituted an activity of the Leadership Programme of the XV International AIDS Conference held in Bangkok from 11 to 16 July 2004.
2. **We thank** Thailand for hosting the **Second Asia-Pacific Ministerial Meeting on HIV/AIDS** and for the excellent arrangements made for the Meeting.
3. **We appreciate** the Opening Address by the Prime Minister of Thailand and the United Nations Secretary-General. We also recognize the valuable contributions of the Heads of Agencies and senior representatives of the co-sponsors of UNAIDS (ILO, UNDP, UNESCO, UNFPA, UNHCR, UNICEF, UNODC, WFP, WHO and the World Bank), the Executive Secretary of ESCAP, the Executive Director of UNAIDS, the Secretary-General of ASEAN, the Vice-President of the Asian Development Bank, and the Executive Director and Vice-Chair of the Global Fund to Fight AIDS, Tuberculosis and Malaria who also attended the Meeting.
4. **We recognize** that HIV/AIDS is a development issue that requires a multisectoral response. We acknowledge the threat posed by HIV/AIDS to development gains achieved in recent decades and to human security.
5. **We discussed** the progress achieved since the **First Asia-Pacific Ministerial Meeting on HIV/AIDS**, and acknowledged the progress made in some countries in the region to contain the pandemic, particularly through strong political commitment and leadership at the highest levels.
6. **We express our deep concern** that, despite this progress, the pandemic in the region has continued unabated with nearly 2 million new infections in the past two

years, and that, unless decisive action is taken now, the region will become the new epicentre of the pandemic, accounting for approximately 25 per cent of all new infections by 2010. **We are alarmed** by the rapidly escalating rate of HIV transmission in several countries, particularly among injecting drug users.

7. **We recognize** the differing nature of the epidemic across Asia and the Pacific, and that countries within the Pacific have differing infection rates and levels of capacity to respond to HIV/AIDS. Despite these differences, the Pacific recognizes the significant threat posed by HIV/AIDS, and is working together to develop a Pacific Strategy on HIV/AIDS to combat the pandemic.
8. **We reaffirm**, with this in mind, the commitment of our governments made through the **Ministerial Statement of the First Asia-Pacific Ministerial Meeting on HIV/AIDS** to address the HIV/AIDS pandemic through comprehensive responses which form part of broader economic and social development goals; and call for greater coordination among all partners, including people living with HIV/AIDS and vulnerable groups.
9. **We stress** the importance of promoting high-level leadership and partnership among key stakeholders in combating HIV/AIDS in the region, through various channels, including the **Asia-Pacific Leadership Forum on HIV/AIDS and Development** (APLF). To that end, we will work to promote strong political accountability.
10. **We commit** to fulfill the targets of the Declaration of Commitment of the 26<sup>th</sup> Special Session of the United Nations General Assembly on HIV/AIDS, including: expanding prevention efforts; recognizing the special needs of young people, women, migrant workers, refugees, internally displaced persons, injecting drug users, prison inmates and other vulnerable groups, especially people living in extreme poverty, in the Asia-Pacific region; and increasing accessibility to, and availability of, affordable and adequate treatment, care and support, as well as to pursue follow-up action on the implementation of HIV/AIDS-related provisions in recent ESCAP resolutions.<sup>1</sup>
11. **We express** our commitment to the Millennium Declaration and the Millennium Development Goals contained therein, in particular Goal 6 to combat HIV/AIDS, malaria and other diseases and Target 7 to have halted by 2015 and begun to reverse the spread of HIV/AIDS, as well as Goal 8 to develop a Global Partnership for Development.
12. **We recall** World Health Assembly Resolution 57.14 of May 2004 on scaling up treatment and care and that treatment and access to medication, as well as prevention, care and support, are inseparable elements of a coordinated and comprehensive response to HIV/AIDS at the national level. This response

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<sup>1</sup> Commission Resolution 57/1 on "Regional call for action to fight the human immunodeficiency virus / acquired immunodeficiency syndrome in Asia and the Pacific; Commission Resolution 59/1 on "Regional action in follow-up to the Declaration of Commitment on HIV/AIDS; Commission Resolution 60/1 on "Shanghai Declaration"; and Commission Resolution 60/2 on "Regional call for action to enhance capacity building in public health."

requires adequate financial and social support from States and other donors in order to address major impediments such as social stigma, discrimination, lack of access, and inadequate health care capacity and human resources.

13. **We recognize** the trans-boundary nature of the HIV/AIDS pandemic, including in the context of people-smuggling, trafficking in persons and illicit drugs, and voluntary/forced migration, and **are deeply concerned** over the absence of adequate joint efforts in HIV/AIDS prevention, treatment, care and support in the region, while reaffirming the importance of addressing the pandemic as part of overall global efforts.
14. **We recognize**, above all, the need for more rapid and effective programme implementation to achieve equitable access for all to prevention, treatment and care, **and declare our commitment to actions emphasizing** policy and legislative preparedness, resource mobilization and community engagement.

#### **With regard to policy and legislative preparedness**

15. **We commit** to strengthen appropriate national and sub-national policy and legislative frameworks to further develop an enabling environment that provides equitable access to essential HIV/AIDS prevention, care and treatment. In particular, **we will strive** to ensure that non-discriminatory laws and policies that protect vulnerable groups and people living with HIV/AIDS from violations of their human rights are in place.
16. **We commit** to pursue multiministerial policies and actions to respond effectively to HIV/AIDS and commit to supporting and facilitating the joint work of key ministries.
17. **We pledge** to take the necessary actions required to address the special prevention, treatment and care needs of women, young people, orphans, people living in extreme poverty and other socially vulnerable groups in the region. We recognize that certain groups require special attention, particularly in view of their public and social responsibilities, including those involved in peacekeeping operations.
18. **We support** the “Three Ones” principles for the improvement of coordination of national AIDS responses, with one agreed HIV/AIDS action framework that provides the basis for coordinating the work of all partners, one national AIDS coordinating authority with a broad-based multisectoral mandate, and one agreed country-level monitoring and evaluation system.
19. **We commit** to strengthen joint efforts to address trans-boundary priorities for HIV/AIDS prevention, treatment and care through regional initiatives, including South-South cooperation.

#### **With regard to resource mobilization**

20. **We agree** to mobilize adequate national and external resources, taking into account the different levels of socio-economic development in our respective countries, to ensure equitable access for all to prevention, treatment and care.
21. **We commit** to ensure that new resources complement, but do not replace or reduce, existing commitments in respect of international resources and national funding.
22. **We commit** to strengthen the overall capacity of health, education, social services and other social protection systems, emphasizing human resource development, and of communities and civil societies, to ensure effective and sustainable services essential to HIV/AIDS prevention, treatment and care.
23. **We agree** that existing innovative mechanisms for resource mobilization, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, and involving both governments and private sector, should continue to be actively and adequately supported and fully utilized for strengthening the region's fight against HIV/AIDS.

#### **With regard to community engagement**

24. **We commit** to strengthen partnership among civil society, religious institutions, communities, government, business and labour, including through national AIDS bodies, to foster a more effective response to the HIV/AIDS pandemic.
25. **We commit** to support and strengthen the role and participation of young people in HIV/AIDS programmes at regional, national and community levels.
26. **We support** the full and equal participation of people living with HIV/AIDS, as enshrined in the principle of the **Greater Involvement of People Living with HIV/AIDS** (GIPA), as well as the active participation of families and communities affected by HIV/AIDS.

#### **Follow-up actions**

27. **We agree** to intensify the sharing of information on HIV/AIDS, in particular on national legislation and policies relating to HIV/AIDS, achievements on resource mobilization and initiatives on community engagement. **We further encourage** countries to circulate documentation related to HIV/AIDS policies/ programmes/ action plans at future Asia- Pacific Ministerial Meetings.
28. **We agree** to task the Troika (the past, the present and the future hosts of the **Asia-Pacific Ministerial Meetings**) to follow up on the results of this meeting and to lay the foundation for the **Third Asia-Pacific Ministerial Meeting on HIV/AIDS**.
29. The **Third Asia-Pacific Ministerial Meeting on HIV/AIDS** will be held in 2006 to review further progress made in addressing the HIV/AIDS pandemic in the region, particularly with respect to the international goals set out in the Declaration of Commitment.