

I want to thank speakers for their statements and agreeing on what was said I would like to strengthen several points and make several additions.

Since corruption is an issue not for African countries only, as it was stated by Mr. Winjoby, but for many other countries in ECA region as well as Asia therefore transparency in decision-making in the design, implementation, allocation of resources monitoring and evaluation of policies and programs addressing HIV should be supported by involvement of civil society and implementation of anti-corruption measures.

The outcome document must include a clear and inclusive accountability mechanism to review and report on progress and address shortcomings in achieving the MDGs.

We should state that there already is a failure to achieve target 6 B which is "To Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it". Only one third of people who need HIV treatment have access to it currently. Growing drug stock outs causing treatment interruptions are threatening even those who have treatment since treatment has to be taken hourly scheduled. There is insufficient attention to treatment literacy and adherence support. We need new and better drug combinations and adherence should become an overall priority for countries. Part of the solution might be a creation of local warehouses for emergency supplies of ARVs on places by demand.

The response to HIV has had a significant and positive effect in strengthening health care systems as well as a broad spectrum of health priorities including TB, hepatitis, malaria, and bacterial infections. Moreover, community mobilization for HIV care, treatment and prevention services is a model for community engagement in health needs. Strengthening community systems will ensure continued and growing involvement of communities and individuals in health services.

But, it is clear that first serious economical challenge since the signing of Millennium Declaration showed HIV response as well as other MDGs being lower priority than war related issues. Cuts in funding for HIV services are threatening the considerable progress made to date. Although there are funds allocated to failing banks, donor governments are failing people living with and at risk for HIV. The real challenges in meeting HIV and other health needs is a lack of political will, not a lack of funding or knowledge. Governments must fully fund the response to HIV, TB, MDR-TB and Hep-C based on regular and updated estimates. Estimates need to take into account the benefits and savings of HIV treatment as prevention.

HIV response as well as achievement of other MDGs can not be reached by decreasing of funds but on effective funds management, reducing of administrative expenses and competent prioritization from the side of the leading countries.

Mutual accountability of established commitments, targets, indicators and performance-based funding must be ensured at national, regional and international levels.

Governments must ensure the realization of full human rights of people of all ages, including people living with HIV, women, girls, men and boys, sex workers, transgender people, men who

have sex with men, women who have sex with women, people who use drugs, migrants, prisoners and people with disabilities, by facilitating and promoting their meaningful participation in the design, implementation, monitoring and evaluation of HIV prevention, treatment, care and support programming.

The response to HIV must be continued and strengthened, not only to meet the HIV-specific Millennium Development Goals, but to reach other MDGs, particularly MDG 4 and 5 concerning maternal and child health.