

2021 Political Declaration on HIV and AIDS

Ending inequalities and getting on track to end AIDS by 2030

REV.2

PART I: CALL TO ACTION

1. In order to get the world on track to end AIDS as a public health threat by 2030 and accelerate progress towards achieving the Sustainable Development Goals, in particular Goal 3 on good health and well-being, we, Heads of State and Government and representatives of States and Governments assembled at the United Nations from 8 to 10 June 2021:
 - a. Regret that over 75 million people have become infected with HIV and over 32 million people have died from AIDS-related illnesses since the start of the AIDS pandemic;
 - b. Express deep concern and regret that the international community did not meet the 2020 targets set out in the 2016 Political Declaration on HIV and AIDS despite the fact that we have the knowledge and tools to prevent every new HIV infection and each AIDS-related death;
 - c. Commit to urgent and transformative action to end the social, economic, racial and gender inequalities, punitive laws, policies and practices, stigma and multiple and intersecting forms of discrimination, including based on HIV status, and other human rights violations that perpetuate the AIDS pandemic;
 - d. Strongly commit to provide greater leadership and to work together through international cooperation, reinvigorated multilateralism and meaningful community engagement to urgently accelerate our national, regional and global collective actions towards comprehensive prevention, treatment, care and support, increase investments in research, development, science and innovations to build a healthier world for all, and leverage the Decade of Action to deliver the 2030 Agenda and ensure that no one is left behind, with an endeavor to reach the furthest behind first;
 - e. Commit to build back better in a more equitable and inclusive manner from the colliding pandemics of AIDS and COVID-19 and build resilience against future pandemics and other global health and development challenges, and continue to leverage the investments and experience of the HIV response to further enhance public health and strengthen health systems;
 - f. Commit to urgent action over the next five years through a coordinated global HIV response based on global solidarity and shared responsibility to fully implement the commitments, contained in the present Declaration, and urgently work towards a HIV vaccine and a cure, recognizing that achieving them will reduce annual new HIV infections to under 370,000 and annual AIDS-related deaths to under 250,000 by 2025 and generate progress towards the elimination of all forms of HIV-related stigma and discrimination.

PART II: THE END OF AIDS IS IN REACH, BUT URGENT ACTION IS NEEDED

To this end we:

Reaffirming international resolve

2. Reaffirm the 2030 Agenda for Sustainable Development, including the SDG target 3.3 to end the epidemic of AIDS by 2030, the Addis Ababa Action Agenda of the Third International Conference on Financing for Development, as well as the Beijing Declaration and Platform for Action, the Programme of Action of the International Conference on Population and Development and the outcomes of their review conferences, the Alma-Ata and Astana Declarations on Primary Health Care and other relevant instruments, agreements, United Nations outcomes and Programmes of Action;
3. Reaffirm the 2001 Declaration of Commitment on HIV/AIDS and the 2006, 2011 and 2016 Political Declarations on HIV and AIDS;
4. Reaffirm further the Political Declaration on Antimicrobial Resistance, Political Declaration on Tuberculosis, Political Declaration on the Prevention and Control of Non-Communicable Diseases and the Political Declaration on Universal Health Coverage;
5. Recall all relevant resolutions and decisions from the UN General Assembly, UN Security Council and the Economic and Social Council, including the Commission on the Status of Women, as well as the Human Rights Council, and of the World Health Assembly;
6. Takes note with appreciation of the report of the Secretary-General “Addressing inequalities and getting back on track to end AIDS by 2030” and the UNAIDS “Global AIDS Strategy 2021–2026: End Inequalities. End AIDS”;
7. Reaffirm the Universal Declaration of Human Rights and commit to respect, promote, protect and fulfil all human rights, which are universal, indivisible, interdependent and interrelated, including in the context of the HIV response, and urge that all human rights and fundamental freedoms, including the right to development, be integrated into all HIV and AIDS policies and programmes;
8. Reaffirm the right of every human being, without distinction of any kind, to the enjoyment of the highest attainable standard of physical and mental health, and affirm that the availability, accessibility, acceptability, affordability and quality of HIV combination prevention, testing, treatment, care and support, health and social services, including sexual and reproductive health-care services, information and education, delivered free from stigma and discrimination, are essential elements to achieve the full realization of this right;
9. Reaffirm the commitment to sexual and reproductive health and reproductive rights, in accordance with the Programme of Action of the International Conference on Population and Development, the Beijing Declaration and Platform for Action and the

outcome documents of their review conferences, recognize the right of everyone to the highest attainable standard of sexual and reproductive health, and recognize the right of everyone to have control over and decide freely and responsibly on matters related to sexuality, including sexual and reproductive health, free of coercion, discrimination and violence;

10. Emphasize the important role of cultural, family, ethical and religious factors including the key role played by religious leaders in the prevention of the AIDS pandemic and in treatment, care and support;
11. Recognize that ending AIDS requires ending inequalities and driving multisectoral action across a range of sustainable development goals and targets, and that the HIV response is making a vital contribution to the achievement of the 2030 Agenda for Sustainable Development;
12. Recognize that poverty and poor health are inextricably linked and that poverty can increase the risk of progression from HIV to AIDS owing to a lack of access to comprehensive treatment-related services and adequate nutrition and care services and to the inability to meet costs related to treatment services, including transportation;
13. Note that 2021 marks 40 years since the first cases of AIDS were reported, 25 years since the Joint United Nations Programme on HIV/AIDS (UNAIDS) commenced its work as a unique multi-stakeholder and multi-sectoral programme to lead the efforts of the UN system against the AIDS pandemic, and 20 years since the landmark 2001 Declaration of Commitment on HIV/AIDS and decision to establish the Global Fund to Fight AIDS, Tuberculosis and Malaria;

Progress and gaps

14. Express deep concern that the AIDS pandemic continues to affect every region of the world, remaining a global emergency and a paramount health, development, human rights, and social challenge;
15. Recognize that while AIDS is a global pandemic, with 38 million people globally living with HIV, national and regional epidemics have different characteristics and drivers, and that, based on different epidemiological contexts, differentiated responses and interventions are required for addressing them taking into account different national realities, capacities, levels of development and respecting national priorities;
16. Welcome and encourage regional efforts to set ambitious targets and design and implement strategies on HIV and AIDS;
17. Reiterate with profound concern that while Africa, in particular sub-Saharan Africa, is the region that has demonstrated the most substantial progress, it remains the worst-affected region and that urgent and exceptional action is required at all levels to curb the devastating effects of the epidemic, particularly on women, adolescent girls and children;
18. Express deep concern that, in 2019, HIV and AIDS affects every region of the world, welcome recent reductions in HIV infections and AIDS-related deaths achieved in Asia and the Pacific, the Caribbean, western and central Europe and North America, and note

with concern that despite progress Caribbean continues to have the highest prevalence outside sub-Saharan Africa, while the number of new HIV infections is increasing in Eastern Europe and Central Asia, Latin America and Middle East and North Africa, and note that 90 per cent of people newly infected with HIV live in just 41 countries;

19. Welcome the progress achieved since the 2001 Declaration, including a 54% reduction in AIDS-related deaths and a 37% reduction in HIV infections globally, including a 68% reduction in vertical transmission of HIV, while noting with concern that overall progress has dangerously slowed in recent years;
20. Express deep concern that insufficient progress has been made in reducing HIV infections, with 1.7 million new infections in 2019 compared to the 2020 global target of fewer than 500,000 infections, and that the AIDS pandemic has increased in at least 33 countries since 2016;
21. Note with concern that inequalities across multiple forms and dimensions, whilst different in different national contexts, can include those based on HIV status, gender, sexual orientation and gender identity, race, ethnicity, disability, age, income level, education, occupation, geographic disparities, immigration status and incarceration and these often overlap to compound each other, and have contributed to the failure to reach the 2020 global HIV targets;
22. Note with alarm that the COVID-19 pandemic has exacerbated existing inequalities created additional setbacks and pushed the AIDS response, especially access to medicines, treatments and diagnostics, further off track, widening fault lines within a deeply unequal world and exposing the dangers of under-investment in public health, health systems and other essential public services for all and pandemic preparedness;
23. Welcome recent efforts by countries to put in place societal enablers, including enabling laws, policies, public education campaigns and anti-stigma training for health-care workers and law enforcement that dispel the stigma and discrimination that still surrounds HIV, empower women and girls to take charge of their sexual and reproductive health and reproductive rights, and end the marginalization of people living with and at higher risk of HIV infection;
24. Note with concern that global epidemiological evidence demonstrates that key populations are more likely to be exposed to HIV or to transmit it, and that these include gay men and other men who have sex with men who are at 26 times higher risk of HIV acquisition, people who inject drugs who are at 29 times higher risk of HIV acquisition, female sex workers who are at 30 times higher risk of HIV acquisition, transgender women who are at 13 times higher risk of HIV acquisition, and people in prisons and other closed settings who have six times higher HIV prevalence than the general population, and note that each country should define the specific populations that are key to their epidemic and response based on the epidemiological and social context;
25. Note with concern that key populations and their sexual partners account for 62% of new HIV infections globally and for 98% in Asia and the Pacific, 60% in the Caribbean, 99% in Eastern Europe and Central Asia, 28% in Eastern and Southern

Africa, 77% in Latin America, 97% in Middle East and North Africa, 69% in Western and Central Africa, and 96% in Western and Central Europe and North America; across all of these regions, HIV infections increased among gay men and other men who have sex with men by 25% between 2010 and 2019, and annual infections among sex workers, people who inject drugs and transgender people have barely changed;

26. Note that, depending on the epidemiological and social context of a particular country, other populations may be at elevated risk of HIV, including women and adolescent girls and their male partners, young people, children, persons with disabilities, ethnic and racial minorities, indigenous peoples, people living in poverty, migrants, refugees, internally displaced persons, men and women in uniform and people in humanitarian emergencies and conflict and post-conflict situations;
27. Express concern that, in sub-Saharan Africa, five out of six new infections among adolescents aged 15–19 years are among girls, that adolescent girls and young women account for 24% of HIV infections despite representing 10% of the population, and that AIDS is the leading cause of death for adolescent girls and women aged between 15 and 49 years;
28. Express deep concern about stigma, discrimination, violence, and punitive and discriminatory laws and practices that target people living with, at risk of and affected by HIV, including key populations - including for sexual orientation and gender identity and non-disclosure, exposure and transmission of HIV - and laws that restrict the movement or access to services for people living with HIV, key populations, young people, women and girls in all their diversity, and in this regard, deplors acts of violence and discrimination, in all regions of the world against them;
29. Recognize that sexual and gender-based violence, including intimate partner violence, the unequal socioeconomic status of women, structural barriers to women's economic empowerment and insufficient protection of the sexual and reproductive health and reproductive rights of women and girls compromises their ability to protect themselves from HIV infection and aggravates the impact of the AIDS pandemic;
30. Note with concern that men generally have poorer outcomes than women across the HIV testing and treatment cascade;
31. Note with concern that globally HIV continues to disproportionately impact young people, including young key populations and that young people's knowledge and awareness on HIV and AIDS and access to and use of essential HIV-related services remains unacceptably low, that condom use is on the decline and that adolescents and young people, who represent 15% of the global population, account for 28% of new HIV infections while stressing the need to create an environment that does not allow the dissemination of scientifically inaccurate information about HIV, including HIV denialism;
32. Note with alarm that 150,000 children were born with HIV in 2019, in part because of lack of early infant diagnosis coverage and lack of testing options for older children who acquire HIV during breastfeeding, compared to the 2020 target of 20,000, and that 47% of children living with HIV globally—two-third of whom are 5 years old or

older—do not have access to life-saving treatment, especially in developing countries, which as a result of similar social and structural barriers as the adult population faces, as well as age-specific barriers, including low rates of diagnosis, inadequate case-finding of children outside of Vertical Transmission Prevention settings, poor linkage of children to treatment and limited number and inadequate availability of efficacious antiretroviral child-friendly formulations, in certain countries and regions, stigma and discrimination, and lack of adequate social protection for children and caregivers;

33. Note that thanks to the increased access to ART, a rising number of people are living longer with HIV, and note with concern that older persons living with HIV may face particular challenges, such as stigma and discrimination in health-care settings, treatment access and maintenance, and greater risk of noncommunicable diseases and other co-morbidities, including mental health conditions;
34. Underscore the critical role of science and technology, including biomedical and clinical science, social and behavioural science, and political and economic science, and evidence-based approaches in shaping the direction of and accelerating the HIV response;
35. Underscore that combination HIV prevention is a cornerstone of an effective HIV response and includes the following evidence based interventions dependent on national and regional epidemic characteristics: male and female condoms and lubricant, treatment as prevention (TasP), pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), voluntary medical male circumcision (VMMC), harm reduction,¹ age-appropriate, evidence-based comprehensive sexuality education, relevant to cultural contexts, including in and out of school, screening and treatment of sexually transmitted infections, quality secondary education, economic empowerment, sexual and reproductive health, prevention of sexual and gender-based violence, poverty reduction and food security, and blood safety; and in this regard notes with alarm the limited scale of combination prevention programmes;
36. Note with concern that the majority of countries and regions have not made significant progress in expanding harm reduction programmes, as well as antiretroviral therapy and other relevant interventions that prevent the transmission of HIV, viral hepatitis and other blood-borne diseases associated with drug use, particularly those who inject drugs, and call urgent attention to the insufficient coverage of harm reduction programmes and substance use treatment programmes that improve adherence to HIV drug treatment services, the marginalization of and discrimination against people who use drugs through the application of restrictive laws, particularly those who inject drugs, which hamper access to HIV-related services, and in that regard, ensure access to and use of the full range of harm

¹ A comprehensive package for the prevention, treatment and care of HIV among intravenous drug users (IDUs) includes the following nine interventions: 1. Needle and syringe programmes 2. Opioid substitution therapy and other drug dependence treatment 3. HIV testing and counselling 4. Antiretroviral therapy 5. Prevention and treatment of sexually transmitted infections 6. Condom programmes for IDUs and their sexual partners 7. Targeted information, education and communication for IDUs and their sexual partners 8. Vaccination, diagnosis and treatment of viral hepatitis 9. Prevention, diagnosis and treatment of tuberculosis (TB).

reduction interventions, including in prevention, treatment and outreach services, prisons and other closed settings, and promoting in that regard the use of the technical guidance issued by the World Health Organization, the United Nations Office on Drugs and Crime and the Joint United Nations Programme on HIV/AIDS, and note with concern that gender-based and age-based stigma and discrimination often act as additional barriers for women and for young people who use drugs, particularly those who inject drugs, to access and use harm reduction services;

37. Commend progress achieved in research development and proven efficacy of innovative HIV interventions, including advances in treatment as prevention (TasP), pre-exposure prophylaxis (PrEP), long-acting antiretrovirals for prevention and treatment, antiretroviral based microbicides and other female-initiated options to reduce the risk of HIV infections, such as vaginal rings; and ongoing initiatives to define and address the threat of antimicrobial resistance in relation to HIV and associated diseases, comorbidities and co-infections, especially TB;
38. Welcome the recent and sound scientific evidence related to treatment as prevention, demonstrating that HIV-positive individuals on effective and sustained treatment, with undetectable viral loads, carry no risk of transmitting HIV, which is known as "Undetectable=Untransmittable (U=U)", also recognizing the continued need for investment in research on maximizing the preventative role of treatment;
39. Commend the progress achieved in several regions of the world as a result of implementing research which has led to massive and rapid scaling-up of pre-exposure prophylaxis (PrEP), and the use of post-exposure prophylaxis (PEP), in conjunction with treatment as prevention (TasP), resulting in the rapid reductions in the number of new HIV infections;
40. Welcome that over 26 million people living with HIV are on antiretroviral treatment—a number that has more than tripled since 2010—but despite this progress ~~that~~ 12 million people living with HIV still do not have access to treatment and that these 12 million are prevented from accessing treatment due to inequalities, multiple and intersecting forms of discrimination and structural barriers;
41. Reaffirm that access to safe, effective and affordable medicines and commodities for all, without discrimination, in the context of pandemics such as HIV and AIDS is fundamental to the full realization of the right of everyone to have the highest attainable standard of physical and mental health, yet note with grave concern the high number of people without access to medicine and that the sustainability of providing lifelong safe, effective and affordable HIV treatment continues to be threatened by factors such as poverty and migration, lack of access to services appropriate infrastructure and insufficient and unpredictable funding, especially for those left behind, and underscore that access to medicines would save millions of lives;
42. Note that tuberculosis remains the leading cause of death among people living with HIV and that less than half of TB cases among people living with HIV are diagnosed and treated appropriately, and notes the necessity to increase financing for research

and development of new tools for tuberculosis prevention, diagnosis and treatment, including for multi-drug resistant tuberculosis, for people living with HIV, as well as in the context of COVID-19;

43. Note that viral hepatitis coinfection with HIV is reported across populations at higher risk of HIV, especially among people who inject drugs;
44. Note that people living with HIV are at substantially higher risk for many types of cancer, including those caused by HPV, and that women living with HIV are about six times more likely to develop cervical cancer, and anal cancer rates are substantially higher for men and women living with HIV than their HIV-negative peers;
45. Recognize that the HIV response has transformed pandemic responses, strengthened health systems and contributed to socio-economic development in many countries;
46. Recognize the resilience and innovation demonstrated by communities during the COVID-19 pandemic in reaching affected people with safe, affordable and effective services, including COVID-19 testing and vaccination, HIV prevention, testing and treatment and other health and social services;
47. Welcome that HIV-related investments in leadership, expertise, research and development, community responses, large cadres of community health workers, enhanced health information and laboratory systems, and strengthened procurement and supply chain management systems now play important roles in the response to the COVID-19 pandemic, including the development of COVID-19 vaccines;
48. Note that while international investment in the COVID-19 response has been unprecedented but nonetheless inadequate, many national responses to COVID-19 have demonstrated the potential and urgency for greater investment in pandemic responses, underscoring the imperative of increasing investments for public health systems, including HIV and other disease responses moving forward;
49. Welcome the steady increase in domestic HIV investment and note the importance of public policies, finance and capacity building to spur even greater domestic resource mobilization, including through public private partnerships and innovative financing mechanisms, and for enhanced revenue administration through modernized, progressive tax systems, improved tax policy and more efficient tax collection;
50. Express concern over the stagnation and decline in international resources for the HIV response, reaffirm the importance of international public finance as a complement to domestic resources, reiterate that the fulfilment of all official development assistance (ODA) targets remains crucial and recall the respective commitment of many developed countries to ODA, including 0.7% of gross national income (GNI) provided as ODA, with 0.15 to 0.2% allocated to least-developed countries;
51. Recognize that there are still many gaps in financing for HIV and AIDS and the need to further encourage technology transfer on mutually agreed terms, improve access to medicines in developing countries and scale up capacity-building and research and development;

52. Note with alarm that if we do not share responsibility to increase and equitably allocate resources and massively scale up coverage, we will not end the AIDS pandemic by 2030;

PART III: COMMITMENTS

Ending inequalities and engaging stakeholders to end AIDS

53. Commit to reducing annual new HIV infections to under 370,000 and annual AIDS-related deaths to under 250,000 by 2025, and eliminating all forms of HIV-related stigma and discrimination;
54. Pledge to end all inequalities faced by people living with, at risk of and affected by HIV, and their communities, and inequalities within and among countries, that are barriers to ending AIDS;
55. Commit to reinforce global, regional, national and sub-national HIV responses through enhanced engagement with a broad range of stakeholders, including regional and subregional organizations and initiatives, people living with, at risk of and affected by HIV, key populations, indigenous peoples, women, girls, men and boys including adolescents, young people and older persons, in diverse situations and conditions, refugees, migrants, political and community leaders, parliamentarians, judges and courts, communities, families, faith-based organizations, religious leaders, scientists, health professionals, donors, the philanthropic community, workforce, including migrant workers, private sector, media and civil society, and community-led organizations, women's organizations, feminist groups, persons with disabilities and their representative organizations, youth-led organizations, national human rights institutions, where they exist, and human rights defenders, and relevant United Nations agencies and other key international partners such as the Global Fund;
56. Commit to establishing and utilizing mutual accountability mechanisms, with the active involvement of people living with, at risk of and affected by HIV and other relevant civil society, academia and private sector stakeholders, to support the implementation and monitoring of progress on the commitments contained in the present Declaration;

Effective implementation of combination HIV prevention

57. Commit to prioritize HIV prevention and to ensure by 2025 that 95% of people at risk of HIV infection, within all subpopulations, age groups and geographic settings, have access to and use appropriate, prioritized, person-centred and effective combination prevention options by:
- a. Increasing national leadership, resource allocation and other evidence-based enabling measures for proven HIV combination prevention, including condom promotion and distribution, pre-exposure prophylaxis, post-exposure prophylaxis, voluntary male medical circumcision, harm reduction, sexual and reproductive health-care services, including screening and treatment of sexually transmitted infections, enabling legal and policy environments, as

well as full access to comprehensive information and education, in and out of school;

- b. Tailoring HIV combination prevention approaches to meet the diverse needs of key populations, including among sex workers, gay men and other men who have sex with men, people who inject drugs, transgender people, people in prisons and other closed settings, and all people living with HIV;
- c. Ensuring the availability of PrEP for people at substantial risk of HIV by 2025;
- d. Using national epidemiological data to identify other priority populations who are at higher risk of exposure to HIV and work with them to design and deliver comprehensive HIV prevention services; these populations may include women and adolescent girls and their male partners, young people, children, persons with disabilities, ethnic and racial minorities, indigenous peoples, people living in poverty, migrants, refugees, internally displaced people, men and women in uniform and people in humanitarian emergencies and conflict and post-conflict situations;
- e. Delivering integrated services that prevent HIV, comorbidities and co-infections, sexually transmitted infections and unintended pregnancy among adolescent girls and women in diverse situations and conditions, including urgent scale up of these services for all adolescent girls and young women in sub-Saharan Africa, integrated with efforts to ensure girls' rights to access quality secondary education and empowering them economically, eliminate all harmful practices such as ending child, early and forced marriage, female genital mutilation, protecting and promoting and fulfilling their sexual and reproductive health and rights, affirming all women and girls' enjoyment of their human rights, including bodily autonomy, and putting in place interventions that challenge gender stereotypes and address negative social norms;
- f. Strengthening the role of the education sector as an entry point for HIV knowledge and awareness, prevention, testing and treatment, and ending stigma and discrimination, in addition to its role in addressing the social, economic and structural factors that perpetuate inequalities and increase HIV risk;
- g. Providing access to quality, gender-responsive, age-appropriate, evidence-based comprehensive sexuality education, relevant to cultural contexts, both in and out of school, including through the use of digital platforms that respond to the realities faced by adolescents and young people, to enable them to build self-esteem and risk reduction skills and to empower their decision-making, communication and development of respectful relationships, in order to enable them to protect themselves from HIV infection;
- h. Removing structural barriers, including parental and spousal consent requirements for sexual and reproductive health-care services, where appropriate, and HIV prevention, testing and treatment services;

HIV testing, treatment and viral suppression

58. Commit to achieve the 95–95–95 testing, treatment and viral suppression targets within all subpopulations, age groups and geographic settings, including children and adolescents living with HIV, leveraging the potential of U=U, ensuring that by 2025, at least 34 million people living with HIV access treatment, by:
- a. Establishing differentiated HIV testing strategies that utilize multiple effective HIV testing technologies and approaches, including point of care early infant diagnosis, HIV self-testing, and rapidly initiate people on treatment shortly after diagnosis;
 - b. Using differentiated service delivery models for testing and treatment, including digital, community-led and community-based services that overcome challenges such as those created by the COVID-19 pandemic by delivering treatment and related support services to the people in greatest need where they are;
 - c. Achieving equitable and reliable access to safe, affordable, efficacious high-quality medicines, diagnostics, health commodities and technologies by accelerating their development and market entry, reducing costs, strengthening local development, manufacturing and distribution capacity, including through aligning trade rules and global trade that facilitates public health objectives, as well as encouraging the development of regional markets;
 - d. Making HIV viral load testing available to all persons receiving HIV treatment at appropriate time intervals, as recommended by the World Health Organization, including through the use of point-of-care viral load testing to deliver results by the end of their clinical visits;
 - e. Ensure that the needs of older persons living with HIV are met through the provision of available, acceptable, accessible, affordable, and quality health care, and related services, free from stigma and discrimination, that support independence and social connection, health and well-being, including mental health and well-being, and the maintenance of HIV-related treatment and care and the prevention and treatment of co-morbidities and co-infections;
 - f. Expanding access to the latest technologies for TB prevention, screening, diagnosis, treatment and vaccination, ensuring that 90% of people living with HIV receive preventive treatment for TB by 2025, and reducing tuberculosis-related deaths among people living with HIV by 80% by 2025 (compared to a 2010 baseline);

Vertical transmission of HIV and pediatric AIDS

59. Commit to eliminate vertical transmission of HIV infections and end pediatric AIDS by 2025 by:
- a. Identifying and addressing gaps in the continuum of services for preventing HIV infection among women of reproductive age, especially pregnant and breastfeeding women, diagnosing and treating pregnant and breastfeeding

women living with HIV, and preventing vertical transmission of HIV to children, with a human rights and development perspective;

- b. Ensuring by 2025 that 95% of pregnant women have access to antenatal testing for HIV, syphilis, hepatitis B and other sexually transmitted infections, 95% of pregnant and breastfeeding women in high HIV burden settings have access to re-testing during late pregnancy and in the post-partum period, and that all pregnant and breastfeeding women living with HIV are receiving life-long antiretroviral therapy, with 95% achieving and sustaining viral suppression before delivery and during breastfeeding;
- c. Ensuring by 2025 that all HIV-negative pregnant and breastfeeding women in high HIV burden settings or who have male partners at high risk of HIV in all settings have access to combination prevention, including PREP, and that 90% of their male partners who are living with HIV are continuously receiving antiretroviral therapy;
- d. Testing 95% of HIV-exposed children by two months of age and after the cessation of breastfeeding, and ensuring that all children diagnosed with HIV are provided treatment regimens and formulas optimized to their needs, and ensuring that 75% of all children living with HIV have suppressed viral loads by 2023 and 86% by 2025, in line with the 95–95–95 targets;
- e. Identifying and treating undiagnosed older children and adolescents and providing all children and adolescents living with HIV with a continuum of developmentally appropriate care and social protection proven to improve health and psychosocial outcomes as they grow and progress through youth and into adulthood;
- f. Encourage adequate training for health-care workers in pediatric HIV prevention, testing, treatment, care and support;

Gender equality and empowerment of women and girls

60. Commit to put gender equality and the human rights of women and girls in all their diversity at the forefront of efforts to mitigate the risk and impact of HIV by:

- a. Ensuring the establishment, financing and implementation of national gender equality strategies that challenge and address the impact of sexual and gender-based violence, child, early and forced marriage, female genital mutilation and other harmful practices, negative social norms and gender stereotypes, and that increase the voice, autonomy, agency and leadership of women and girls;
- b. Fulfilling the right to education of all girls and young women, economically empowering women by providing them with job skills, employment opportunities, financial literacy and access to financial services, scaling up social protection interventions for girls and young women, and engaging men and boys in intensified efforts to transform negative social norms and gender stereotypes and undo harmful masculinities;

- c. Welcoming and supporting various regional and subregional initiatives aimed at accelerating actions and investments to prevent HIV, empower adolescent girls and young women and achieve of gender equality, including in sub-Saharan Africa;
- d. Eliminating all forms of sexual and gender-based violence, including intimate partner violence, by adopting and enforcing laws, changing harmful gender and social norms, perceptions and practices, and providing tailored services that address multiple and intersecting forms of discrimination and violence faced by women living with HIV, indigenous women, women with disabilities, women who use drugs, women in prisons, transgender women, sex workers, migrant women and other women in vulnerable situations;
- e. Reducing to no more than 10% the number of women, girls, people living with HIV and key populations who experience gender-based inequalities and sexual and gender-based violence by 2025;
- f. Ensuring by 2025 that 95% of women and girls of reproductive age have their HIV and sexual and reproductive health-care service needs met, including antenatal and maternal care, information and counselling;
- g. Reducing the number of new HIV infections among adolescent girls and young women to below 50,000 by 2025;

Community leadership

61. Commit to implement the Greater Involvement of People Living with HIV/AIDS (GIPA) principle and empower communities of people living with, at risk of and affected by HIV, including women, adolescents and young people and key populations to play their critical leadership roles in the HIV response by:
- a. Ensuring their global, regional, national and sub-national networks and other affected communities are included in HIV response decision-making, planning, implementing and monitoring, and are provided with sufficient technical and financial support;
 - b. Creating and maintaining a safe and enabling environment in which civil society engaged in the HIV response can operate free from hindrance and insecurity;
 - c. Adopting and implementing laws and policies that enable the sustainable financing of people-centred, integrated, community responses, including peer-led HIV service delivery, including through social contracting and other public funding mechanisms;
 - d. Supporting monitoring and research by communities, and ensuring that community-generated data is used to tailor HIV responses to protect the rights and meet the needs of people living with, at risk of and affected by HIV;
 - e. Increasing the proportion of HIV services delivered by communities, including by ensuring that by 2025, community-led organizations deliver:

- 30% of testing and treatment services, with a focus on HIV testing, linkage to treatment, adherence and retention support, and treatment literacy;
 - 80% of services for key population HIV prevention programmes, including for women within key populations;
 - 60% of programmes to support the achievement of societal enablers;
- f. Encouraging the institutionalization of peer-led responses and the scaling-up of efforts to promote the recruitment and retention of competent, skilled and motivated community health workers as well as to expand community-based health education and training in order to provide quality services to hard-to-reach populations;

Realizing human rights and eliminating stigma and discrimination

62. Commit to eliminating HIV-related stigma and discrimination, and to respecting, protecting and fulfilling the human rights of people living with, at risk of and affected by HIV, through concrete resource investment and development of guidelines and training for health care providers, by:
- a. Creating an enabling legal environment by removing restrictive and punitive legal and policy frameworks and discriminatory laws and practices that block effective responses to HIV—such as laws that criminalize key populations, HIV exposure, non-disclosure or transmission, and those that impose HIV-related travel restrictions and mandatory testing—with the aim of ensuring that less than 10% of countries have restrictive and punitive legal and policy frameworks that lead to the denial or limitation of access to services by 2025;
 - b. Adopting and enforcing legislation, policies and practices that prevent violence and other rights violations against people living with HIV and key populations and protect their rights to the highest attainable standard of physical and mental health, education and adequate standard of living, including adequate, food, housing, employment, and social protection, and that prevent the use of criminal and general laws to discriminate against people living with HIV and key populations;
 - c. Expanding investment in societal enablers—including human rights protections, reduction of stigma and discrimination and law reform, where appropriate—in low- and middle-income countries to US\$ 3.1 billion by 2025;
 - d. Ensuring accountability for HIV-related human rights violations by meaningfully engaging and securing access to justice for people living with, at risk of and affected by HIV, including key populations, through the establishment of legal literacy programmes, increasing their access to legal support and representation, and expanding sensitization training for judges, law enforcement, health-care workers, social workers and other duty bearers;

- e. Work towards the vision of zero stigma and discrimination towards people living with HIV and key populations, by ensuring that less than 10% experience stigma and discrimination by 2025;
- f. Ensuring political leadership at the highest level to eliminate all forms of HIV-related stigma and discrimination including by promoting greater policy coherence and coordinated action through whole-of-government, whole-of-society and multi-sectoral response;
- g. Ensuring that all services are designed and delivered without stigma and discrimination, and with full respect for the rights to privacy, confidentiality and informed consent;

Investments and resources

63. Commit to enhancing global solidarity and take concrete actions to increase and fully fund the HIV and AIDS response, by mobilizing finance from all sources, including innovative financing, and increasing annual HIV investments in low- and middle-income countries to US\$29 billion by 2025 by:
 - a. Mobilizing additional sustainable domestic resources for HIV responses through a wide range of strategies and approaches, including public-private partnerships, debt cancellation and restructuring, progressive taxation, tackling corruption and ending illicit financial flows, and ensuring progressive integration of financing for HIV responses within domestic financing for health, social protection, emergency responses and pandemic responses;
 - b. Complementing domestic resources through greater South-South, North-South and triangular cooperation, taking into consideration that South-South cooperation is not a substitute for, but rather a complement to, North-South cooperation, and renewed commitments from bilateral and multilateral donors—including through the Global Fund to Fight AIDS, Tuberculosis and Malaria and the US President's Emergency Plan For AIDS Relief—to fund remaining resource needs, especially for HIV responses in countries with limited fiscal ability, and those whose economies have been severely affected by the COVID-19 pandemic, with due attention to the financing of services for populations being left behind, peer-led HIV responses and societal enablers;
 - c. Encouraging and supporting the exchange of information, research, evidence, best practices and experiences, among countries and regions, to implement the commitments contained in the present Declaration;
 - d. Fully mobilizing the resource needs of the Global Fund through its replenishment conferences, with continued priority focus on the Global Fund's contribution to ending AIDS;
 - e. Recognizing that multi-stakeholder partnerships and initiatives, such as the Global Alliance for Vaccines and Immunization (GAVI), the Global Fund, UNITAID and the Medicines Patent Pool have achieved results in the field of

health and encouraging them to improve their contribution to health systems strengthening;

- f. Fulfilling all respective ODA commitments, including the commitment by many developed countries to achieve the target of 0.7% of gross national income as ODA (ODA/GNI) and the target of 0.15 to 0.20% of ODA/GNI to least developed countries and increasing the percentage of ODA for HIV response;
- g. Strengthening development cooperation, including by increasing access to concessional financing for developing countries and addressing the debt sustainability challenges facing many least developed countries, landlocked developing countries and Small Island Developing States, as well as a growing number of middle-income countries;

Universal health coverage and integration

64. Commit to accelerating integration of HIV services into universal health coverage and strong and resilient health and social protection systems, building back better in a more equitable and inclusive manner from COVID-19 and humanitarian situations, and strengthening public health and enhance future pandemic response and preparedness by:

- a. Utilizing the experience, expertise, infrastructure and multisectoral coordination of the HIV response across diverse sectors such as health, education, law and justice, economics, finance, trade, information technology, and social protection, as well as among development, humanitarian and peace-building actions to advance achievement of the Sustainable Development Goals;
- b. Investing in robust, resilient, equitable and publicly funded systems for health and social protection that provide 90% of people living with, at risk of and affected by HIV with people-centred and context-specific integrated services for HIV and other communicable diseases, noncommunicable diseases, sexual and reproductive health and gender-based violence, mental health, palliative care, treatment of alcohol dependence and drug use, legal services, and other services they need for their overall health and well-being by 2025;
- c. Reducing the high rates of HIV co-infection with tuberculosis, hepatitis C, and sexually transmitted infections, including HPV and hepatitis B, as that contribute to HIV transmission and increased morbidity and mortality among people living with HIV;
- d. Ensure evidence based differentiated HIV services comprise part of the package of Universal Health Coverage, including for living with, at risk of and affected by HIV;
- e. Ensuring the systematic engagement of HIV responses in pandemic response infrastructure and arrangements, leveraging national HIV strategic plans to guide key elements of pandemic preparedness planning, and ensuring that 95%

of people living with, at risk of and affected by HIV are protected against pandemics, including COVID-19;

- f. Building on the resilience and innovation demonstrated by community-based health systems during the COVID-19 pandemic in reaching affected communities with essential HIV and healthcare services;
 - g. Ensuring that by 2025, 45% of people living with, at risk of and affected by HIV and AIDS have access to social protection benefits in accordance with national legislation;
 - h. Expanding the delivery of primary health care, which is a cornerstone of efforts to achieve universal health coverage, through people-centred, community-based services and strengthening referral systems between primary and other levels of care;
 - i. Investing in community-based emergency response infrastructure, and providing strengthened community ownership, outreach, information, and peer support during health emergencies and pandemics;
 - j. Promoting full access to effective, health emergency responses with full respect for human rights and ensuring that 95% of people living with, at risk of and affected by HIV are protected against health emergencies, and that 90% of people in humanitarian settings have access to integrated HIV services, and that 95% of people within humanitarian settings at risk of HIV use appropriate, prioritized, people-centred and effective combination prevention options; including through the implementation of the Minimum Initial Services Package (MISP) at the onset of every emergency;
65. Commit to measures to ensure global accessibility, availability and affordability of safe, effective and quality-assured medicines, including generics, vaccines, diagnostics and other health technologies to prevent, diagnose and treat HIV infection, its co-infections and co-morbidities, by promoting the utilization of all available tools to reduce prices of health technologies and costs associated with lifelong chronic care and urgently removing, where feasible, all barriers, including those related to regulations, policies and practices that hamper access to health technologies objectives, to promote fair and equitable allocation of health products among and within countries to advance efforts to safeguard the full realization of the right to the enjoyment of the highest attainable standard of physical and mental health, through;
- a. Full use of the flexibilities provided in the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) as amended, reaffirming the 2001 World Trade Organization Doha Declaration on the TRIPS Agreement and Public Health, which recognizes that intellectual property rights should be interpreted and implemented in a manner supportive of the right of Member States to protect public health and, in particular, to promote access to medicines for all, and notes the need for appropriate incentives in the development of new health products;

- b. Encouraging the use of voluntary mechanisms to promote the market entry of affordable health products, including generic formulations, and incentivize the development of innovative products, including HIV medicines and point-of-care diagnostics, in particular for children, through entities such as the Medicines Patent Pool;
- c. Promotion of competition in the pharmaceutical market through the production of affordable and quality-assured generic formulations of innovative products;
- d. Strengthening of market dynamics approaches on procurement and supply chain management, including pooled procurement;
- e. Increasing access to innovative health technologies by exploring new and alternative models for financing and coordination of research and development in the health sector, where rewards for innovation are independent from any rights to market exclusivity, including by grants and financial prizes and other methods to delink research and development costs from the final prices of health products, improved market transparency, voluntary sharing of intellectual property rights, know-how, technologies and data;
- f. Developing the capacities of low- and middle-income countries to strengthen health regulation and to locally produce quality-assured health technologies, including through South-South, North-South and triangular technology transfer collaborative platforms;
- g. Supporting Africa's efforts to strengthen its self-reliance in responding to pandemics and in the local research, development, production and distribution of medicines, diagnostics and other health technologies, including through the establishment and effective operationalization of the African Medicines Agency;
- h. Increasing transparency of prices of medicines, vaccines, medical devices, diagnostics, assistive products, cell-and gene-based therapies and other health technologies across the value chain, including through improved regulations and building constructive engagement and a stronger partnership with relevant stakeholders, including industries, the private sector and civil society, in accordance with national and regional legal frameworks and contexts, to address global concern about the high cost prices of some health products;
- i. Temporarily suspend TRIPS obligations as they relate to essential pharmaceutical products and health technologies for low- and middle-income countries, and commit to limit the use of intellectual property provisions for health technologies, consistent with international human rights, law and public health requirements, while safeguarding the justifiable rights of inventors, and consistent with relevant resolutions from the UNGA, WHA, Human Rights Council, WTO, UNAIDS, and concerned multilateral organisations;

Data, science and innovation

66. Commit to strengthen and enhance the use of data, innovation, research and development, and science and technology to accelerate the end of AIDS by:
- a. Accelerating efforts to collect, use and share granular data that is disaggregated by income, sex, mode of transmission, age, race, ethnicity, migratory status disability, marital status, geographic location and other characteristics relevant in national contexts in a manner that fully respects confidentiality and the human rights of people living with, at risk of and affected by HIV and other beneficiaries, and strengthen national capacity to collect, use and analyze such data, including through technical and financial support to developing countries;
 - b. Establishing epidemiological, behavioral, programmatic, resource tracking, community, and participatory monitoring and evaluation systems that generate, collect and use the estimates and granular, disaggregated data needed to reach, support and empower all populations, with an urgent focus on people living with HIV, key populations and other populations that are still being left behind;
 - c. Leveraging the important role played by the private sector and academia in innovation, research and development, and engaging strategically with the private sector;
 - d. Enhancing the potential of digital health technologies and innovations to advance HIV responses, the right to the enjoyment of the highest attainable standard of physical and mental health as well as service access securely and consistent with human rights obligations;
 - e. Expanding investments in science, including research and development, and accelerate progress towards an HIV vaccine and a functional cure for HIV, with a view to catalyzing innovations that work for people most in need, including people living with, at risk of and affected by HIV, young people, adolescents, women and girls;
 - f. Strengthening international scientific cooperation to enhance the global HIV/AIDS response, including through the provision of capacity-building and technology transfer to developing countries;

UNAIDS Joint Programme

67. Commit to support and leverage the 25 years of experience, expertise and mandate of the Joint United Nations Programme on HIV/AIDS (UNAIDS) in building multisectoral, multi-stakeholder, development and rights-based collaborative action to end AIDS and deliver health for all as global public good by:
- a. Supporting the efforts of UNAIDS to contribute to the follow-up and review of the 2030 Agenda for Sustainable Development, including the High-Level Political Forum on Sustainable Development, in order to ensure that the HIV

response and its interlinkages with other Sustainable Development Goals are fully reflected;

- b. Requesting UNAIDS to continue to support Member States and communities in addressing the social, economic, political, financial, human rights and structural drivers of the AIDS pandemic, by strengthening the capacities of national Governments to develop comprehensive national strategies to end AIDS and advocate for greater global political commitment in responding to the pandemic;
- c. Fully resourcing UNAIDS and supporting its efforts to refine and reinforce its unique operating model so that it can continue to lead global efforts against AIDS, support efforts for pandemic preparedness and global health security, and remain a model for the United Nations reform, underlining the importance of UNAIDS country-level operations in support of national strategies and priorities and the strengthened resident coordinator system;
- d. Annually voluntarily reporting to UNAIDS on progress in the implementation of the commitments contained in the present Declaration, using robust monitoring systems and international follow-up and review processes that identify inequality gaps in service coverage and progress in HIV responses, and to inform the General Assembly, ECOSOC and the High-Level Political Forum on Sustainable Development;

PART IV: FOLLOW-UP

68. Request the Secretary-General, with the support of the Joint United Nations Programme on HIV/AIDS, to provide to the General Assembly, within its annual reviews, an annual report on progress achieved in realizing the commitments contained in the present Declaration, and to contribute to the reviews of progress on the 2030 Agenda for Sustainable Development taking place at the high-level political forum on sustainable development, as well as the United Nations High-Level Meeting on Tuberculosis in 2023, United Nations High-Level Meeting on Universal Health Coverage in 2023 and the United Nations High-Level Meeting on Non-Communicable Diseases in 2025, so as to ensure that follow-up and review processes assess progress in the AIDS response;
69. Request the Secretary-General to strengthen cooperation among relevant agencies of the United Nations system to accelerate progress towards ending AIDS, under the leadership of UNAIDS;
70. Decide to convene a high-level meeting on HIV and AIDS in 2026 to review progress on the 2025 targets and other commitments made in the present Declaration and decide to reach an agreement on the modalities for the next High-Level Meeting on HIV and AIDS no later than at the eightieth session of the General Assembly.