THE PRESIDENT
OF THE
GENERAL ASSEMBLY

28 April 2021

Excellency,

I have the honour to transmit herewith a letter dated 28 April 2021 from H.E. Mr. Mitchell Fifield, Permanent Representative of Australia and H.E. Mr. Neville Gertze, Permanent Representative of Namibia, the co-facilitators of the processes related to the convening of the high-level meeting on HIV and AIDS in 2021. Through the aforementioned letter, the co-facilitators submit the zero draft of the political declaration for the high-level meeting and invite all member states to the first consultation on 4 and 5 May at 10:00am to 1:00pm and 3:00pm to 6:00pm via the Cisco WebEx Platform.

Please accept, Excellency, the assurances of my highest consideration.

Volkan BOZKIR

All Permanent Representatives and
Permanent Observers to the United Nations
New York

28 April 2021

Excellency,

We have the honour to write to you in our capacity as co-facilitators of the processes related to the convening of the high-level meeting on HIV and AIDS. We submit herewith the zero draft political declaration for the high-level meeting.

Pursuant to OP15 of A/RES/75/260 on organization of the 2021 high-level meeting, the draft text gives due consideration to the report of the UN Secretary-General and other inputs to the preparatory process, including the Multi-Stakeholder Hearing. The draft text comprises four parts: a concise and action-oriented 'Call to Action;' an overview of existing commitments, global progress and gaps; new targets to guide the global response, grouped under twelve headings; and follow-up.

We will convene the first consultation on 4 and 5 May at 10:00am to 1:00pm and 3:00pm to 6:00pm via the Cisco WebEx Platform. Delegations will be invited to provide general comments on the resolution, before proceeding with a first reading of the text. Please note, the second reading will be the deadline for the introduction of new language proposals. The logistical information will be circulated by the Secretariat in advance of the meeting.

We kindly request all delegations submit all comments in writing, by close of business on 6 May to our focal points:

Rosemary O'Hehir
Rosemary.O'Hehir@dfat.gov.au

Nekwaya lileka –Amesu
2ndsecpol@namibiaunmission.org

We look forward to your engagement in this important process.

Please accept, Excellency, the assurances of our highest consideration.

H.E. Mr. Mitchell Peter Fifield
Co-Facilitator
Permanent Representative of Australia
to the United Nations

H.E. Mr. Neville Melvin Gertze
Co-Facilitator
Permanent Representative of Namibia
to the United Nations

All Permanent Representatives and
Permanent Observers to the United Nations
New York

2021 Political Declaration on HIV and AIDS

[Ending inequalities and getting on track to end AIDS by 2030]

ZERO DRAFT

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, we, Heads of State and Government and representatives of States and Governments assembled at the United Nations from 8 to 10 June 2021:

    i. 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 pandemic;

    ii. Express deep concern 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;

    iii. Commit to urgent and transformative action to end the social, economic, racial and gender inequalities, punitive laws, policies and practices, stigma and discrimination based on HIV status, sexual orientation and gender identity, and other human rights violations that perpetuate the AIDS pandemic;

    iv. Strongly commit to provide greater leadership and to work together through reinvigorated multilateralism and community engagement to urgently accelerate our national, regional and global collective actions, investments and innovations to build a healthier world for all, and leverage the Decade of Action to deliver the Sustainable Development Goals;

    v. Commit to build back better and fairer 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 enhance public health, systems for health and pandemic preparedness and response;

    vi. 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, goals and targets contained in the present Declaration, recognizing that achieving them will generate important progress towards the elimination of all forms of HIV-related stigma and discrimination and will reduce annual new HIV infections to under 370,000 and annual AIDS-related deaths to under 250,000 by 2025.

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

To this end we:

Reaffirming international resolve

2. Reaffirm the 2001 Declaration of Commitment on HIV/AIDS, and the 2006, 2011 and 2016 Political Declarations on HIV and AIDS, the 2030 Agenda for Sustainable Development, including the SDG target 3.3 to end AIDS by 2030, Addis Ababa Action Agenda of the Third International Conference on Financing for Development, Political Declaration on Antimicrobial Resistance, Political Declaration on Tuberculosis, Political Declaration on the Prevention and Control of Non-Communicable Diseases, Political Declaration on Universal Health Coverage, 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 and other relevant instruments, agreements, United Nations outcomes and Programmes of Action (A/RES/74/306 pp4);

3. Recall relevant resolutions and decisions from the UN General Assembly, UN Security Council, the Economic and Social Council, the Human Rights Council and the Commission on the Status of Women;

4. Welcome the report of the Secretary-General and the UNAIDS “Global AIDS Strategy 2021–2026: End Inequalities. End AIDS”;

5. Reaffirm the commitment to respect, protect and fulfil human rights in the context of the HIV response, as referred to in the International Guidelines on HIV/AIDS and Human Rights, and urge that all human rights and fundamental freedoms, including the right to development, be integrated into all HIV and AIDS policies and programmes;

6. Affirm that the availability, accessibility, acceptability and quality of HIV prevention, testing, treatment, care and support, health services delivered free from stigma and discrimination, information and education, are essential elements to achieve the full realization of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health;

7. Reaffirm the commitment to sexual and reproductive health and rights, recognize the right of everyone to attain the highest 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;

8. Recognize that ending AIDS requires ending intersecting 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;

9. 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;

Progress and gaps

10. 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, security and social challenge;

11. 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 differentiated responses and interventions are required for addressing them;

12. 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 and adolescent girls;

13. Welcome the progress achieved since the 2001 Declaration, including a 54% reduction in AIDS-related deaths and a 37% reduction in HIV infections, while noting with concern that progress has dangerously slowed in recent years;

14. 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;

15. Note with concern that intersecting inequalities—including those based on HIV status, gender, sexual orientation and gender identity, race, ethnicity, disability,

income level, drug use, sex work, immigration status and incarceration—have contributed to the failure to reach the 2020 global HIV targets;

16. Note with alarm that the COVID-19 pandemic has created additional setbacks and pushed the AIDS response further off track, widening fault lines within a deeply unequal world and exposing the dangers of under-investment in public health, systems for health and pandemic preparedness;

17. Express deep concern about stigma and discrimination, violence, punitive laws that criminalize people living with HIV and key populations—including for sexual orientation and gender identity and non-disclosure, exposure and transmission of HIV—and laws that restrict movement or access to services for people living with HIV, key populations, young people, women and girls in all their diversity;

18. 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 police that dispel the stigma and discrimination that still surround HIV, empower women and girls to claim their sexual and reproductive health rights, and end the marginalization of people at higher risk of HIV infection;

19. Note with concern that compared to the general population, global epidemiological data demonstrates that there are key populations who are at greatly elevated risk of HIV infection in all regions and epidemic settings; key populations as defined by scientific research 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;

20. 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;

21. 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, persons with disabilities, ethnic and racial minorities, indigenous peoples, people living in poverty, migrants, refugees and people in humanitarian emergencies and conflict and post-conflict situations;

22. 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 women aged between 15 and 49 years;

23. Recognize that sexual and gender-based violence, the unequal socioeconomic status of women, structural barriers to women's economic empowerment and insufficient protection of the sexual reproductive health and rights of women and girls compromises their ability to protect themselves from HIV infection and aggravates the impact of the AIDS pandemic;

24. Strongly deplore acts of violence and discrimination, in all regions of the world, committed against individuals because of their sexual orientation or gender identity;

25. Note with concern that men generally have poorer outcomes than women across the HIV testing and treatment cascade;

26. Note with concern that young people's knowledge on HIV and AIDS 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;

27. Note with alarm that 150,000 children were born with HIV in 2019, 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;

28. Note the rising proportion of people living with HIV who are over the age of 50, and 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;

29. Underscore the critical role of science, including biomedical and clinical science, social and behavioural science, and political and economic science, and evidence-based approaches in shaping and accelerating the direction of the HIV response;

30. 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, including needle-syringe programmes and opioid substitution treatment, age-appropriate comprehensive sexuality education in and out of school, screening and treatment of sexually

transmitted infections, quality secondary education, economic empowerment, sexual and reproductive health and rights, prevention of gender-based violence, poverty reduction and food security, and blood safety;

31. 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 option 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;

32. Note that over 26 million people living with HIV are on antiretroviral treatment—a number that has more than tripled since 2010—but 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;

33. Note with alarm that 150,000 children were born with HIV in 2019, 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;

34. 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;

35. Note that viral hepatitis coinfection with HIV is reported across all key populations, especially among people who inject drugs, and that women living with HIV are about six times more likely to develop cervical cancer than their HIV-negative peers;

36. Recognize that the HIV response has transformed pandemic responses, strengthened health systems and contributed to socio-economic development in many countries;

37. Recognize the resilience and innovation demonstrated by community-led HIV responses during the COVID-19 pandemic in reaching affected communities with essential services, including COVID-19 testing and vaccination, HIV prevention, testing and treatment and other health and social services;

38. Welcome that HIV-related investments in leadership, expertise, research and development, community-led systems for health, 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;

39. Note that while international investment in the COVID-19 response has been 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 HIV and other disease responses moving forward;

40. 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;

41. 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, recall the commitment of developed countries to overseas development assistance (ODA), including 0.7% of gross national income (GNI) provided as ODA, with 0.15 to 0.2% allocated to least-developed countries;

42. Note with alarm that if we do not share responsibility to increase resources and massively scale up coverage, we will not end AIDS;

PART III: COMMITMENTS

Ending inequalities and engaging stakeholders to end AIDS

43. 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;

44. Pledge to end the acute and intersecting inequalities faced by people living with, at risk of and affected by HIV, communities and countries that are barriers to ending AIDS;

45. 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, people living with, at risk of and affected by HIV, key populations, women, girls, men and boys including adolescents, young people and older persons, in all their diversity, political and community leaders, parliamentarians, judges and courts, communities, families, faith-based organizations, scientists, health professionals, donors, the philanthropic community, workforce, private sector, media and civil society, and community-led organizations, feminist groups, youth-led organizations, national human rights institutions and human rights defenders, and relevant United Nations agencies;

Effective implementation of combination HIV prevention

46. 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, voluntary male medical circumcision, harm reduction, including needle syringe programmes and opioid substitution treatment, sexual and reproductive health services, including screening and treatment of sexually transmitted infections, enabling legal and policy environments and age-appropriate, evidence-based comprehensive sexuality education, in and out of school;

    b) Meeting the diverse HIV prevention 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) 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, persons with disabilities, ethnic and racial minorities, indigenous peoples, people living in poverty, migrants, refugees and people in in humanitarian emergencies and conflict and post-conflict situations;

    d) Delivering integrated services that prevent HIV, sexually transmitted infections and unintended pregnancy among adolescent girls and women in all their diversity, including urgent scale up of these services for adolescent girls and young women in sub-Saharan Africa, integrated with efforts to ensure girls' rights to complete quality secondary education and empowering them economically, ending child, early and forced marriage, female genital mutilation and other harmful practices, protecting and promoting and fulfilling their sexual and reproductive health and rights, affirming women and girls' enjoyment of their human rights, including bodily autonomy, and putting in place interventions that transform unequal gender norms;

    e) Strengthening the role of the education sector as an entry point for HIV prevention, testing and treatment, and ending stigma and discrimination, in addition to its role in addressing the social and structural factors that perpetuate inequalities and increase HIV risk;

f) Providing access to quality, gender-responsive, evidence-based and age-appropriate comprehensive sexuality education, 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;

g) Removing structural barriers, including parental and spousal consent requirements for sexual and reproductive health services, and HIV prevention, testing and treatment services;

HIV testing, treatment and viral suppression

47. 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, ensuring that by 2025, at least 32 million people living with HIV access treatment, by:

a) Establishing differentiated HIV testing strategies that utilize multiple effective HIV testing technologies and approaches, including 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 public health objectives under a human rights framework, as well as encouraging the development of regional markets;

d) Expanding access to the latest technologies for TB prevention, screening, diagnosis and treatment, 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 and paediatric AIDS

48. Commit to eliminate vertical transmission of HIV infections and end paediatric 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-based approach;
    b) Ensuring by 2025 that 95% of pregnant women have access to testing for HIV, syphilis and hepatitis B, 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 lactating 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 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;

Gender equality and empowerment of women and girls

49. 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 gender norms and

practices, and that increase the voice, autonomy, agency and leadership of women and girls in all their diversity;

b) Fulfilling the right to education of 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 unequal socio-cultural gender norms and undo harmful masculinities;

c) Welcoming and supporting the Education Plus initiative to ensure all adolescent girls and young women in sub-Saharan Africa have free quality secondary schooling, live in violence-free environments, have access to age-appropriate comprehensive sexuality education, fully realize their sexual and reproductive health and rights and are economically empowered through successful school-to-work transitions;

d) Eliminating all forms of sexual and gender-based violence, including intimate partner violence, by establishing 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 key and marginalized women;

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 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 service needs met;

g) Reducing the number new HIV infections among adolescent girls and young women to below 50,000 by 2025;

Community leadership

50. 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 community-led organizations are included in HIV response decision-making, planning, implementing and monitoring, and are provided with sufficient technical and financial support;

b) Creating and maintaining, in law and in practice, a safe and enabling environment in which civil society can operate free from hindrance and insecurity;

c) Adopting and implementing laws and policies that enable the sustainable financing of people-centred, integrated, community-led HIV service delivery, including through social contracting and other public funding mechanisms;

d) Supporting community-led monitoring and research, and ensuring that community-generated data are used to tailor HIV responses to protect the rights and meet the needs of people living with HIV and other key populations;

e) Increasing the proportion of HIV services delivered by community-, key population- and women-, and adolescent and youth-led organizations, including by ensuring that by 2025, peer-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;

Realizing human rights and eliminating stigma and discrimination

51. 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 by:

a) Creating an enabling legal environment by removing punitive and discriminatory laws, policies and practices that block effective responses to HIV—such as laws that criminalize any aspect of sex work, sexual orientation and gender identity, drug use and possession for personal use, consensual same-sex sexual relations, 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 punitive legal and policy environments 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 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 in human rights protections, reduction of stigma and discrimination and law reform—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) Ensuring that less than 10% of people living with HIV and key populations experience stigma and discrimination by 2025;

Investments and resources

52. Commit to enhancing global solidarity to close the HIV response resource gap 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 systems for health, social protection, emergency responses and pandemic responses;

b) Complementing domestic resources through greater South-South, North-South and triangular 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, with due attention to the financing of services for key populations, community-led HIV responses and societal enablers;

c) 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;

d) Fulfilling all official development assistance (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;

e) Strengthening development cooperation, increasing access to concessional financing and addressing the debt sustainability challenges facing many least developed countries;

Universal health coverage and integration

53. Commit to accelerating integration of HIV services into universal health coverage and strong systems for health and social protection, building back better and fairer from COVID-19 and humanitarian crises, and strengthening global health security and future pandemic 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, alcohol 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, tuberculosis, and hepatitis B and C co-infection, as well as HPV and sexually transmitted infections that contribute to HIV transmission and increase morbidity and mortality among people living with HIV;

    d) 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 ensuing that 95% of people living with, at risk of and affected by HIV are protected against pandemics, including COVID-19;

    e) Building on the resilience and innovation demonstrated by community systems during the COVID-19 pandemic in reaching affected communities with essential HIV and health services;

    f) Ensuring unrestricted accessibility, availability and affordability of safe, effective and quality-assured medicines, diagnostics and other health technologies and their fair and equitable allocation among and within countries to advance efforts to ensure the full realization of the right to the enjoyment of the highest attainable standard of health through:
        i. Full use of flexibilities as confirmed in the WTO Doha Declaration on the TRIPS Agreement and Public Health;
        ii. Public health-oriented voluntary licensing agreements, including through entities such as the Medicines Patent Pool;

iii. Promotion of competition in the pharmaceutical market through the production of affordable and quality-assured generic formulations of patented and innovative products;
iv. Strengthening of market dynamics approaches on procurement and supply chain management, including pooled procurement;
v. An indefinite moratorium on international intellectual property provisions for medicines, diagnostics and other health technologies;
vi. Safeguarding against the abuse of intellectual property provisions in free trade agreements;
vii. Increasing access to innovative health technologies by exploring new and alternative models for financing and coordination of research and development in the health sector that reward innovation without being dependent on market exclusivity models, including by grants and financial prizes and other methods of delinking research and development costs from the final prices of health products, improved market transparency and open-source sharing of intellectual property rights, know-how, technologies and data;
viii. 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;
ix. 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;

g) Ensuring that by 2025, 45% of people living with, at risk of and affected by HIV and AIDS have access to one or more social protection benefit;

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-led emergency response infrastructure, and providing strengthened community outreach, information, and peer support during health emergencies and pandemic situations;

j) Promoting full access to effective, rights-based health emergency responses 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;

54. Commit to urgently removing, where feasible, obstacles that limit the capacity of low- and middle-income countries to provide affordable and effective HIV prevention and treatment products, diagnostics, medicines and commodities and other pharmaceutical products, as well as treatment for opportunistic infections, co-morbidities and co-infections, and to reducing costs associated with lifelong chronic care, including by amending national laws and regulations, as deemed appropriate by respective Governments, so as to optimize:

    a) The use, to the full, of existing flexibilities under the Agreement on Trade-Related Aspects of Intellectual Property Rights specifically geared to promoting access to and trade in medicines, and, while recognizing the importance of the intellectual property rights regime in contributing to a more effective AIDS response, ensure that intellectual property rights provisions in trade agreements do not undermine these existing flexibilities, as confirmed in the Doha Declaration on the TRIPS Agreement and Public Health, and call for early acceptance of the amendment to article 31 of the TRIPS Agreement adopted by the General Council of the World Trade Organization in its decision of 6 December 2005;

    b) Addressing barriers, regulations, policies and practices that prevent access to affordable HIV treatment by promoting generic competition in order to help to reduce costs associated with lifelong chronic care and by encouraging all States to apply measures and procedures for enforcing intellectual property rights in such a manner as to avoid creating barriers to the legitimate trade in medicines, and to provide for safeguards against the abuse of such measures and procedures;

    c) Encouraging the voluntary use, where appropriate, of new mechanisms such as partnerships, grants, prizes, tiered pricing, open-source sharing of patents and patent pools benefiting all developing countries, including through entities such as the Medicines Patent Pool, to help to reduce treatment costs and encourage development of new HIV treatment formulations, including HIV medicines and point-of-care diagnostics, in particular for children;

Data, science and innovation

55. Commit to strengthen and enhance the use of data, innovation, research and development, and science to accelerate the end of AIDS by:

    a) Establishing epidemiological, behavioural, 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;

b) Leveraging the important role played by the private sector in innovation, research and development, and engaging strategically with the private sector;

c) Enhancing the potential of digital health technologies and innovations to advance HIV responses, the right to health and service access securely and consistent with human rights obligations;

d) 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 HIV, key populations, adolescents, women and girls;

UNAIDS Joint Programme

56. 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 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 process 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 in addressing the social, economic, political, financial, human rights and structural drivers of the AIDS 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 pathfinder for the United Nations reform;

d) Annually reporting to UNAIDS on progress in the implementation on the commitments, goals and targets contained in the present Declaration, using robust monitoring systems and international accountability mechanisms that identify inequality gaps in service coverage and HIV response outcomes, and to inform the General Assembly, ECOSOC and the High-Level Political Forum on Sustainable Development;

Mutual accountability

57. 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 and private sector stakeholders, to support the implementation and monitoring of progress on the commitments, goals and targets contained in the present Declaration, by:

    a) Accelerating efforts to collect, use and share granular data that is disaggregated by age, gender and sub-population 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;

    b) Encouraging and supporting the exchange among countries and regions of information;

PART IV: FOLLOW-UP

58. 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, goals and targets 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 United Nations High-Level Meeting on Universal Health Coverage in 2023, so as to ensure that follow-up and review processes assess progress in the AIDS response;

59. 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;

60. 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 seventy-ninth session of the General Assembly.