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Agenda item 10

Implementation of the Declaration of Commitment on HIV/AIDS and the political declarations on HIV/AIDS

Draft resolution submitted by the President of the General Assembly

Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030

The General Assembly

Adopts the political declaration entitled “Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030” annexed to the present resolution.



Annex

Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030

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 global AIDS epidemic;

(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,¹ 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, restrictive and discriminatory laws, policies and practices, stigma and multiple and intersecting forms of discrimination, including based on HIV status, and human rights violations that perpetuate the global AIDS epidemic;

(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 and delivery for sustainable development and ensure that no one is left behind, with an endeavour to reach the furthest behind first;

(e) Commit to build back better in a more equitable and inclusive manner from the coronavirus disease (COVID-19) pandemic and its impact on the global AIDS epidemic 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 an HIV vaccine and a cure, recognizing that achieving the commitments 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.

The end of AIDS is within reach, but urgent action is needed

To this end we:

Reaffirming international resolve

¹ Resolution [70/266](#), annex.

2. Reaffirm the 2030 Agenda for Sustainable Development,² including Sustainable Development Goal 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,³ as well as the Beijing Declaration and Platform for Action,⁴ the Programme of Action of the International Conference on Population and Development⁵ 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/AIDS⁶ and the 2006,⁷ 2011⁸ and 2016 political declarations on HIV and AIDS;

4. Reaffirm further the political declaration of the high-level meeting of the General Assembly on antimicrobial resistance,⁹ the political declaration of the high-level meeting of the Assembly on the fight against tuberculosis,¹⁰ the political declaration of the third high-level meeting of the Assembly on the prevention and control of non-communicable diseases¹¹ and the political declaration of the high-level plenary meeting on universal health coverage;¹²

5. Recall all relevant resolutions and decisions of the General Assembly, including the Human Rights Council, the Security Council and the Economic and Social Council, including the Commission on the Status of Women, and of the World Health Assembly;

6. Take note of the report of the Secretary-General entitled “Addressing inequalities and getting back on track to end AIDS by 2030”¹³ and the Global AIDS Strategy 2021–2026, “End Inequalities, End AIDS”, of the Joint United Nations Programme on HIV/AIDS;

7. Reaffirm the Universal Declaration of Human Rights¹⁴ 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;

² Resolution 70/1.

³ Resolution 69/313, annex.

⁴ *Report of the Fourth World Conference on Women, Beijing, 4–15 September 1995* (United Nations publication, Sales No. E.96.IV.13), chap. I, resolution 1, annexes I and II.

⁵ *Report of the International Conference on Population and Development, Cairo, 5–13 September 1994* (United Nations publication, Sales No. E.95.XIII.18), chap. I, resolution 1, annex.

⁶ Resolution S-26/2, annex.

⁷ Resolution 60/262, annex.

⁸ Resolution 65/277, annex.

⁹ Resolution 71/3.

¹⁰ Resolution 73/3.

¹¹ Resolution 73/2.

¹² Resolution 74/2.

¹³ A/75/836.

¹⁴ Resolution 217 A (III).

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, and reaffirm the right of every human being to the highest attainable standard of physical and mental health, including sexual and reproductive health;

10. Reaffirm the sovereign rights of Member States, as enshrined in the Charter of the United Nations, and the need for all countries to implement the commitments and pledges in the present declaration consistent with national laws, national development priorities and international human rights;

11. Emphasize the important role of cultural, family, ethical and religious factors, including the key role played by religious leaders in the prevention of the global AIDS epidemic and in treatment, care and support;

12. Recognize that ending AIDS requires ending all 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;

13. Also 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;

14. 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 commenced its work as a unique multi-stakeholder and multisectoral programme to lead the efforts of the United Nations system against the global AIDS epidemic and 20 years since the landmark 2001 Declaration of Commitment on HIV/AIDS and the decision to establish the Global Fund to Fight AIDS, Tuberculosis and Malaria;

Progress and gaps

15. Express deep concern that the global AIDS epidemic continues to affect every region of the world, remaining a global emergency and a paramount health, development, human rights and social challenge;

16. Recognize that, while AIDS is a global epidemic, 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;

17. Welcome and encourage regional efforts to set ambitious targets and design and implement strategies on HIV and AIDS;

18. 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;

19. Express deep concern that in 2019 HIV and AIDS affected 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, the 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

the Middle East and North Africa, and note that 90 per cent of people newly infected with HIV live in just 41 countries;

20. Welcome the progress achieved since the 2001 Declaration, including a 54 per cent reduction in AIDS-related deaths and a 37 per cent reduction in HIV infections globally, including a 68 per cent reduction in vertical transmission of HIV, while noting with concern that overall progress has dangerously slowed since 2016;

21. 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 new HIV infections have increased in at least 33 countries since 2016;

22. Note with concern that inequalities across multiple forms and dimensions, whilst different in different national contexts, can include those based on HIV status, gender, race, ethnicity, disability, age, income level, education, occupation, geographic disparities, migratory status and incarceration and these often overlap to compound each other, and have contributed to the failure to reach the 2020 global HIV targets;

23. 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;

24. 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, 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, and end the marginalization of people living with and at higher risk of HIV infection;

25. Note that each country should define the specific populations that are central to their epidemic and response, based on the local epidemiological context and 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 people living with HIV, 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 people 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 further note with concern that these populations and their sexual partners account for 62 per cent of new HIV infections globally and for 98 per cent in Asia and the Pacific, 60 per cent in the Caribbean, 99 per cent in Eastern Europe and Central Asia, 28 per cent in Eastern and Southern Africa, 77 per cent in Latin America, 97 per cent in the Middle East and North Africa, 69 per cent in Western and Central Africa and 96 per cent in Western and Central Europe and North America;

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, local communities,

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 (15–24 years) account for 24 per cent of HIV infections despite representing 10 per cent 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 restrictive and discriminatory laws and practices that target people living with, at risk of and affected by HIV – including for non-disclosure, exposure and transmission of HIV – and laws that restrict the movement or access to services for people living with, at risk of and affected by HIV, including key populations, young people, women and girls in diverse situations and conditions, and in this regard, deplore 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, 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, of women and girls compromise their ability to protect themselves from HIV infection and aggravate the impact of AIDS;

30. Note with grave concern that the holistic needs and human rights of people living with, at risk of and affected by HIV, and of women and young people, remain insufficiently addressed because of inadequate integration of health services, including sexual and reproductive health-care services and HIV services, including for people who have experienced sexual or gender-based violence, including post-exposure prophylaxis, legal services and social protection;

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

32. Note with concern that globally HIV continues to disproportionately impact young people and that young people's knowledge and awareness of HIV and AIDS and access to and use of essential HIV-related services remain unacceptably low, that condom use is on the decline and that young people, who represent 16 per cent of the global population, account for 28 per cent 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;

33. Note with alarm that 150,000 children were vertically infected with HIV in 2019 compared to the 2020 target of 20,000, while 850,000 children living with HIV were not on treatment, in part because of the lack of early infant diagnosis coverage and lack of testing options for older children who acquire HIV during breastfeeding, and thus that 47 per cent of children living with HIV globally – two-thirds of whom are 5 years old or older – do not have access to life-saving treatment, especially in developing countries, 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;

34. Note that, thanks to the increased access to antiretroviral therapy, a rising number of people are living longer with HIV, but 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 non-communicable diseases and other comorbidities, including mental health conditions;

35. 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;

36. 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, pre-exposure prophylaxis, post-exposure prophylaxis, voluntary medical male circumcision, harm reduction,¹⁵ in accordance with national legislation, comprehensive information and education, including in and out of school, screening and treatment of sexually transmitted infections, quality secondary education, economic empowerment, sexual and reproductive health, reducing risk-taking behaviour and encouraging safer sexual behaviour, including correct and consistent use of condoms, prevention of sexual and gender-based violence, poverty reduction and food security, and blood safety, and in this regard note with alarm the limited scale of combination prevention programmes;

37. Note with concern that the majority of countries and regions have not made significant progress in expanding harm reduction programmes, in accordance with national legislation, 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 programmes and substance use treatment programmes that improve adherence to HIV drug treatment services, the marginalization of and discrimination against people who use drugs, particularly those who inject drugs, through the application of restrictive laws, which hamper access to HIV-related services, and in that regard, ensure access to and use of the full range of such interventions, including in prevention, treatment and outreach services, prisons and other closed settings, and promoting in that regard the use, as appropriate, 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 these services;

38. Commend progress achieved in research, development and proven efficacy of innovative HIV interventions, including advances in treatment as prevention, pre-exposure prophylaxis, 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

¹⁵ A comprehensive package for the prevention, treatment and care of HIV among intravenous drug users should include the following nine interventions: (i) needle and syringe programmes; (ii) opioid substitution therapy and other drug dependence treatment; (iii) HIV testing and counselling; (iv) antiretroviral therapy; (v) prevention and treatment of sexually transmitted infections; (vi) condom programmes for intravenous drug users and their sexual partners; (vii) targeted information, education and communication for intravenous drug users and their sexual partners; (viii) vaccination, diagnosis and treatment of viral hepatitis; and (ix) prevention, diagnosis and treatment of tuberculosis.

define and address the threat of antimicrobial resistance in relation to HIV and associated diseases, comorbidities and coinfections, especially tuberculosis;

39. Welcome the recent scientific evidence related to the preventative benefits of antiretroviral drug therapy, demonstrating no evidence of sexual transmission of HIV within adult couples when the HIV-positive partner is on effective and sustained treatment, with undetectable viral loads, confirmed by routine testing at intervals as recommended by the World Health Organization and reflected in its updated 2021 guidelines, which is known as “Undetectable = Untransmittable (U = U)”, also recognizing the continued need for further research;

40. 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 and the use of post-exposure prophylaxis, in conjunction with treatment as prevention, resulting in the rapid reductions in the number of new HIV infections;

41. Welcome that over 26 million people living with HIV are on antiretroviral therapy – a number that has more than tripled since 2010 – but note that, despite this progress, 12 million people living with HIV still do not have access to treatment, especially in Africa, and that these 12 million people are prevented from accessing treatment owing to inequalities, multiple and intersecting forms of discrimination and structural barriers;

42. Reaffirm that access to safe, effective, equitable and affordable medicines and commodities for all, without discrimination, is fundamental to the full realization of the right of everyone to the enjoyment of 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 underscore that access to medicines would save millions of lives;

43. Note that tuberculosis remains the leading cause of death among people living with HIV and that less than half of tuberculosis 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;

44. Note that viral hepatitis coinfection with HIV, including mortality due to viral hepatitis coinfection, is reported across populations at higher risk of HIV, especially among people who inject drugs;

45. Note that people living with HIV are at substantially higher risk for many types of cancer, including those caused by the human papillomavirus, that women living with HIV are about six times more likely to develop cervical cancer and that anal cancer rates are substantially higher for men and women living with HIV than their HIV-negative peers;

46. Recognize that the HIV response has transformed global health responses, strengthened health systems and contributed to socioeconomic development in many countries;

47. 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;

48. 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;

49. 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 responses to HIV and other diseases moving forward;

50. 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;

51. 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 targets remains crucial and recall the respective commitment of many developed countries to official development assistance, including 0.7 per cent of gross national income provided as official development assistance, with 0.15 to 0.2 per cent allocated to least developed countries;

52. 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, including local production of pharmaceutical products;

53. Underscore the importance of enhanced international cooperation to support efforts of Member States to achieve health goals, including the target of ending the AIDS epidemic by 2030, implement universal access to health-care services and address health challenges;

54. Recognize that each country faces specific challenges to achieving sustainable development, and we underscore the special challenges facing the most vulnerable countries, in particular African countries, least developed countries, landlocked developing countries and small island developing States, as well as the specific challenges facing middle-income countries;

55. 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 epidemic by 2030;

Commitments

Ending inequalities and engaging stakeholders to end AIDS

56. 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;

57. Pledge to end all inequalities faced by people living with, at risk of and affected by HIV and by communities, and to end inequalities within and among countries, which are barriers to ending AIDS;

58. Commit to reinforce global, regional, national and subnational 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, local communities, women and men, girls and boys, including adolescents, young people and older persons, in diverse situations and conditions, refugees, migrants, internally displaced persons, political and community leaders, parliamentarians, judges and courts, communities, families, faith-based organizations, religious leaders, scientists, health professionals, donors, the philanthropic community, the workforce, including migrant workers, the 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 entities and other key international partners such as the Global Fund to Fight AIDS, Tuberculosis and Malaria;

59. Commit to effective, evidence-based, operational mutual accountability mechanisms that are transparent and inclusive, 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

60. Commit to prioritize HIV prevention and to ensure by 2025 that 95 per cent of people at risk of HIV infection, within all epidemiologically relevant groups, 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, in accordance with national legislation, sexual and reproductive health-care services, including screening and treatment of sexually transmitted infections, enabling legal and policy environments, 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, 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 pre-exposure prophylaxis for people at substantial risk of HIV and post-exposure prophylaxis for people recently exposed to 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, local communities, 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;

(e) Delivering integrated services that prevent HIV, comorbidities and coinfections, 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, eliminating all harmful practices such as child, early and forced marriage and female genital mutilation, protecting, promoting and fulfilling all human rights for women and girls, including their 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, ensuring that all women can exercise their right to have control over, and decide freely and responsibly on, matters related to their sexuality, including their sexual and reproductive health, free of coercion, discrimination and violence, in order to increase their ability to protect themselves from HIV infection, strengthening their economic independence, 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) Committing to accelerating efforts to scale up scientifically accurate, age-appropriate comprehensive education, relevant to cultural contexts, that provides adolescent girls and boys and young women and men, in and out of school, consistent with their evolving capacities, with information on sexual and reproductive health and HIV prevention, gender equality and women's empowerment, human rights, physical, psychological and pubertal development and power in relationships between women and men, to enable them to build self-esteem and informed decision-making, communication and risk reduction skills and develop respectful relationships, in full partnership with young persons, parents, legal guardians, caregivers, educators and health-care providers, in order to enable them to protect themselves from HIV infection;

(h) Considering removing structural barriers and spousal consent requirements for sexual and reproductive health-care services and HIV prevention, testing and treatment services;

(i) Conducting public awareness campaigns and targeted HIV education to raise public awareness about HIV;

HIV testing, treatment and viral suppression

61. Commit to achieve the 95–95–95 testing, treatment and viral suppression targets within all demographics and groups and geographic settings, including children and adolescents living with HIV, ensuring that, by 2025, at least 34 million people living with HIV have access to medicines, treatment and diagnostics by:

(a) Establishing differentiated HIV testing strategies that utilize multiple effective HIV testing technologies and approaches, including point-of-care early infant diagnosis and 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 and monitoring regularly 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) Ensuring that the needs of older persons living with HIV are met through the provision of available, acceptable, accessible, equitable, affordable and quality health care, and related services, free from stigma and discrimination, that support independence and social interaction, 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 comorbidities and coinfections;

(f) Expanding access to the latest technologies for tuberculosis prevention, screening, diagnosis, treatment and vaccination, ensuring that 90 per cent of people living with HIV receive preventive treatment for tuberculosis by 2025, and reducing tuberculosis-related deaths among people living with HIV by 80 per cent by 2025 (compared to a 2010 baseline);

Vertical transmission of HIV and paediatric AIDS

62. 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, and thus contributing to the reduction of maternal mortality diagnosing and treating pregnant and breastfeeding women living with HIV, and preventing mother-to-child transmission of HIV to children, and taking steps towards achieving World Health Organization certification of elimination of mother-to-child HIV transmission;

(b) Ensuring by 2025 that 95 per cent of pregnant women have access to antenatal testing for HIV, syphilis, hepatitis B and other sexually transmitted infections, 95 per cent 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 per cent 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 pre-exposure prophylaxis, and that 90 per cent of their male partners who are living with HIV are continuously receiving antiretroviral therapy;

(d) Testing 95 per cent of HIV-exposed children by two months of age and after the cessation of breastfeeding, ensuring that all children diagnosed with HIV are provided treatment regimens and formulas optimized to their needs, and ensuring that 75 per cent of all children living with HIV have suppressed viral loads by 2023 and 86 per cent by 2025, in line with the 95–95–95 targets;

(e) Identifying and treating undiagnosed older children, including 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) Encouraging adequate training for health-care workers in paediatric HIV prevention, testing, treatment, care and support;

Gender equality and empowerment of women and girls

63. Commit to put gender equality and the human rights of all women and girls in diverse situations and conditions 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, harmful practices such as child, early and forced marriage and female genital mutilation, 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 as agents of change in intensified efforts to transform negative social norms and gender stereotypes;

(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 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 stereotypes and negative social norms, perceptions and practices, and providing tailored services that address multiple and intersecting forms of discrimination and violence faced by women living with, at risk of and affected by HIV;

(e) Reducing to no more than 10 per cent the number of women, girls and people living with, at risk of and affected by HIV who experience gender-based inequalities and sexual and gender-based violence by 2025;

(f) Ensuring by 2025 that 95 per cent 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

64. Commit to the Greater Involvement of People Living with HIV/AIDS principle and to empower communities of people living with, at risk of and affected by HIV, including women, adolescents and young people, to play their critical leadership roles in the HIV response by:

(a) Ensuring that relevant global, regional, national and subnational 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, open and enabling environment in which civil society can fully contribute to the implementation of the present declaration and the fight against HIV/AIDS;

(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, including the scientific community, and ensuring that community-generated data are 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, as appropriate in the context of national programmes:

- 30 per cent of testing and treatment services, with a focus on HIV testing, linkage to treatment, adherence and retention support, and treatment literacy;
- 80 per cent of HIV prevention services for populations at high risk of HIV infection, including for women within those populations;
- 60 per cent of programmes to support the achievement of societal enablers;

(f) Encouraging the strengthening 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

65. 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 reviewing and reforming, as needed, restrictive legal and policy frameworks, including discriminatory laws and practices that create barriers or reinforce stigma and discrimination such as age of consent laws and laws related to HIV non-disclosure, exposure and transmission, those that impose HIV-related travel restrictions and mandatory testing and laws that unfairly target people living with, at risk of and affected by HIV, with the aim of ensuring that less than 10 per cent of countries have restrictive 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, at risk of and affected by HIV and protect their right to the highest attainable standard of physical and mental health, right to education and right to an adequate standard of living, including adequate food, housing, employment and social protection, and that prevent the use of laws that discriminate against them;

(c) Expanding investment in societal enablers – including protection of human rights, reduction of stigma and discrimination and law reform, where appropriate – in low- and middle-income countries to 3.1 billion United States dollars by 2025;

(d) Ending impunity for human rights violations against people living with, at risk of and affected by HIV by meaningfully engaging and securing access to justice for them 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) Working towards the vision of zero stigma toward and discrimination against people living with, at risk of and affected by HIV, by ensuring that less than

10 per cent experience stigma and discrimination by 2025, including by leveraging the potential of Undetectable = Untransmittable;

(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 multisectoral 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

66. Commit to increasing and fully funding the HIV and AIDS response by mobilizing finance from all sources, including innovative financing, and enhancing global solidarity and increasing annual HIV investments in low- and middle-income countries to 29 billion dollars 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 financing, debt relief, debt restructuring and sound debt management, progressive taxation, tackling corruption and ending illicit financial flows, identifying, freezing and recovering stolen assets and returning them to their countries of origin, 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 North-South, South-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 United States 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 to Fight AIDS, Tuberculosis and Malaria 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 to Fight AIDS, Tuberculosis and Malaria, UNITAID and the Medicines Patent Pool have achieved results in the field of health and encouraging them to better align their work and improve their contribution to the strengthening of health systems;

(f) Fulfilling all respective official development assistance commitments, including the commitment by many developed countries to achieve the target of 0.7 per cent of gross national income as official development assistance and the target of 0.15 to 0.20 per cent of gross national income as official development assistance to least developed countries and increasing the percentage of official development assistance 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

67. 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 enhancing 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 peacebuilding actions to advance achievement of the Sustainable Development Goals;

(b) Investing in robust, resilient, equitable and publicly funded systems for health and social protection systems that provide 90 per cent 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, non-communicable diseases, sexual and reproductive health care 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 coinfection with tuberculosis, hepatitis C and sexually transmitted infections, including the human papillomavirus and hepatitis B, as they contribute to HIV transmission and increased morbidity and mortality among people living with HIV;

(d) Ensuring that science- and evidence-based differentiated HIV services comprise part of the package of universal health coverage, including for people 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 per cent 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 health-care services;

(g) Ensuring that by 2025 45 per cent 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 per cent of people living with, at risk of and affected by HIV are protected against health emergencies, that 90 per cent of people in humanitarian settings have access to integrated HIV services and that 95 per cent of people in humanitarian settings at risk of HIV use appropriate, prioritized, people-centred and effective combination prevention options;

68. Commit to ensuring 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 coinfections and comorbidities, by urgently removing, where feasible, all barriers, including those related to regulations, policies and practices that hamper access to health technologies and objectives, and promoting the utilization of all available tools to reduce prices of health technologies and costs associated with lifelong chronic care and 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) 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, ensuring 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 calling 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) Encouraging the use of 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 rights to market exclusivity, in cases where market incentives have not delivered satisfactory results, including through grants and financial awards and other methods to delink research and development costs from the final prices of health products, improved market transparency, 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 North-South, South-South and triangular technology transfer collaborative platforms, taking into consideration that South-South cooperation is not a substitute for, but rather a complement to, North-South cooperation, and strengthen international solidarity in this regard;

(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 to prevent, diagnose and treat HIV-infection, its coinfections and comorbidities 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 prices of some health products;

Data, science and innovation

69. 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 are 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 analyse such data, including through technical, financial and capacity-building support to developing countries, including to least developed countries, landlocked developing countries and small island developing States to further strengthen the capacity of national statistical authorities and bureaux;

(b) 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 and other people 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 and technology, including research and development, and accelerating progress towards an HIV vaccine and a functional cure for HIV, with a view to catalysing 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 on mutually agreed terms;

(g) Committing to establishing effective systems to monitor, prevent and respond to the emergence of drug-resistance strains of HIV in populations and antimicrobial resistance;

Joint United Nations Programme on HIV/AIDS

70. Commit to support and leverage the 25 years of experience and expertise of the Joint United Nations Programme on HIV/AIDS and reinforce and expand the unique multisectoral, multi-stakeholder, development and rights-based collaborative approach to end AIDS and deliver health for all as global public good by:

(a) Supporting the efforts of the Joint Programme 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 the Joint Programme to continue to support Member States, within its mandate, in addressing the social, economic, political and structural drivers of the AIDS epidemic, including through the promotion of gender equality and the empowerment of women, and human rights, by strengthening the capacities of national Governments to develop comprehensive national strategies to end AIDS and by advocating for greater global political commitment in responding to the epidemic;

(c) Fully resourcing the Joint Programme 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, and in this regard reaffirm, in accordance with Economic and Social Council resolution [2019/33](#) of 24 July 2019, that the Joint Programme co-sponsor and governance model provides the United Nations system with a useful example of strategic coherence, reflecting national contexts and priorities, through its coordination, results-based focus, inclusive governance, and country-level impact, noting the contribution of the Joint Programme to the reinvigorated resident coordinator system;

(d) Annually voluntary reporting to the Joint Programme 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, the Economic and Social Council and the high-level political forum on sustainable development;

Follow-up

71. 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 high-level meeting on tuberculosis to be held in 2023, the high-level meeting on universal health coverage to be held in 2023 and the high-level meeting on non-communicable diseases to be held in 2025, so as to ensure that follow-up and review processes assess progress in the AIDS response;

72. Request the Secretary-General to strengthen cooperation among relevant agencies of the United Nations system to accelerate progress towards ending the spread of HIV and ending AIDS, under the leadership of the Joint United Nations Programme on HIV/AIDS;

73. 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 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.