



THE PRESIDENT
OF THE
GENERAL ASSEMBLY

18 April 2016

Excellency,

Please find enclosed for your kind attention a letter dated 14 April, 2016 from the Co-facilitators for the high-level meeting on HIV/AIDS, H.E. Mr. Jürg Lauber, Permanent Representative of Switzerland and H.E. Dr. Mwaba P. Kasese-Bota, Permanent Representative of the Republic of Zambia, transmitting the zero draft of the political declaration, which will be used as the basis of negotiations by Member States to finalise the declaration for its adoption at the high-level meeting on 8 June 2016.

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

A handwritten signature in black ink, appearing to read 'Mogens Lykketoft', written in a cursive style.

Mogens Lykketoft

To all Permanent Representatives
And Permanent Observers to the United Nations
New York



Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Permanent Mission of Switzerland to the United Nations

14 April 2016

Excellency,

As Co-facilitators of the high-level meeting on HIV/AIDS, we have the honour to share with you the zero draft of the political declaration, which will be used as the basis of negotiations by Member States to finalise the declaration for its adoption at the high-level meeting on 8 June 2016.

We have prepared the zero draft keeping carefully in mind the overall objectives of the high-level meeting (HLM) and the mandate for the declaration to be adopted as its outcome, as set out in the modalities resolution for the HLM (Resolution 70/228), in particular in operative paragraphs 1 and 17.

As you will see in the attached text, the draft builds on the previous declarations on HIV/AIDS and offers a set of action-oriented provisions, including measurable and time-bound targets, to help end the AIDS epidemic by 2030. The draft has been informed by the Secretary-General's report entitled "On the Fast-Track to End the AIDS epidemic", which was circulated in the advance unedited version on 4 April. It takes into account views of Member States provided to us at the GA briefing and informal meeting on 26 February and 8 April, respectively. It also takes into account key outcomes of the Civil Society Hearing on 6 April.

As previously announced, we will begin informal consultations on the zero draft declaration with Member States starting from Monday, 25 April 2016. The schedule for the week is as follows: 25 - 26 April from 10:00am – 1:00pm and from 3:00 – 6:00pm, and on 28 – 29 April from 10:00am – 1:00pm and 3:00 – 6:00pm. We also intend to hold a meeting with stakeholders on 26 April from 8:30 - 9:45am. Kindly check the Journal for meetings' venues. The schedule for May will be shared shortly.

We look forward to your active participation at the informal consultations and continued engagement in this important process.

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

H.E. Mrs. Mwaba Patricia Kasese-Bota
Co-Facilitator
Permanent Representative of Zambia
to the United Nations

H.E. Mr. Jürg Lauber
Co-Facilitator
Permanent Representative of Switzerland
to the United Nations

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

UN General Assembly 2016 Political Declaration

Zero Draft

On the Fast-Track to End AIDS in the age of Sustainable Development

1. We, Heads of State and Government and representatives of States and Governments assembled at the United Nations from 8 to 10 June 2016, reaffirm our commitment to end the AIDS epidemic by 2030 as our legacy to present and future generations, to ensure that we are on the Fast-Track to reach this target, and to seize the new opportunities provided by the 2030 Agenda for Sustainable Development to accelerate action and to recast our approach to AIDS given the potential of SDGs to accelerate joined-up and sustainable efforts to lead to the end of AIDS and we pledge to intensify efforts that will help to increase the life expectancy, quality of life, and dignity of all people living with, at risk of and affected by HIV;
2. Express grave concern about the costs of inaction and, in the face of a looming treatment crisis and inadequate investments in prevention, call for urgent efforts over the next five years to ensure that returns on the unprecedented gains and investments made over the past decades are fully realized, and that efforts are intensified, including through global solidarity and shared responsibility, to avoid the risk of a rebound of the epidemic in some parts of the world, which would result in increased human and financial loss;
3. Emphasize the importance of continuing to move from a focus on one disease to a more integrated and systemic approach to addressing people's health needs in a more holistic manner, in the context of ensuring health and well-being, health security, universal health coverage, health system strengthening and preparedness to tackle emerging disease outbreaks, such as Ebola, Zika and those yet to be identified;
4. Emphasize that HIV prevention, treatment, care and support services should be integrated with services to address coinfections and co-morbidities as well as sexual and reproductive health-care services, such as prevention, screening and treatment for sexual transmitted infections, human papillomavirus, viral hepatitis and cervical cancer;
5. Reaffirm the 2001 Declaration of Commitment on HIV/AIDS and the 2006 and 2011 Political Declarations on HIV/AIDS, the Security Council Resolution 1983 on the impact of the HIV epidemic in conflict and post-conflict situations, and the 2015 ECOSOC resolution on the Joint United Nations Programme on HIV/AIDS (UNAIDS);
6. Reaffirm the 2030 Agenda for Sustainable Development, including the resolve of Member States to end the AIDS epidemic by 2030, and the Addis Ababa Action Agenda of the Third International Conference on Financing for Development;
7. Reaffirm the 60th Commission on the Status of Women's Resolution on Women, the girl child and HIV and AIDS, the outcome document of the 2016 United Nations General Assembly Special Session on the World Drug Problem, the Beijing Declaration and Platform for Action and the outcomes of its reviews; the Convention on the Elimination of all Forms of Discrimination Against Women, the outcome documents of the Twenty-third Special Session of the General

Assembly, the Programme of Action of the International Conference on Population and Development, and the key actions for its further implementation and outcomes of its reviews, the Convention on the Rights of the Child, the Declaration on the Elimination of Violence Against Women;

8. Recognize that HIV and AIDS constitute a global emergency, and that HIV is often a cause of poverty and inequality and therefore critical to the achievement of many Sustainable Development Goals (SDGs) including to "End poverty in all its form everywhere" as well as to reduce inequality and secure social justice;
9. Recognize that addressing the holistic needs of people living with and at risk of HIV throughout their lifetime will require close collaboration with efforts to eliminate poverty, provide access to HIV-sensitive social protection for all, including for children, improve food and nutrition security and access to quality education, ensure good health, reduce inequalities, achieve gender equality, ensure decent work, and promote healthy cities, stable housing and just and inclusive societies while ensuring economic empowerment, comprehensive care and support and integrated systems to deliver nutritional support and HIV services to help keep people living with and affected by HIV healthy;
10. Recognize that there are multiple and diverse epidemics and that AIDS responses need to focus on the locations, populations, innovations and programmes that will deliver the greatest impact, including in humanitarian and conflict settings, and welcome regional efforts to set ambitious targets and design and implement strategies on HIV and AIDS, including the Arab AIDS Strategy (2014-2020), the African Union Roadmap on AIDS, TB and malaria (2012-2015, extended to 2020), the South Asian Association for Regional Cooperation's Regional Strategy on HIV/AIDS (2013-2017), the ASEAN Declaration of Commitment: Getting to zero new HIV infections, zero discrimination, zero AIDS-related deaths, the Caribbean Regional Strategic Framework on HIV and AIDS 2014-2018, and other relevant strategies;
11. Emphasize that the greater involvement of people living with HIV (GIPA) and populations at higher risk of HIV infection will facilitate the achievement of more effective AIDS responses, and that people living with, at risk of and affected by HIV, including their families, should enjoy equal participation in social, economic and cultural activities, without prejudice and discrimination;

2011-2016: Reflecting on unprecedented achievements and acknowledging those left behind

12. Recognize that the AIDS response has been transformative, demonstrating outstanding global solidarity and shared responsibility, advancing innovative cross-sectoral and people-centered approaches to global health and fostering unprecedented levels of research and development;
13. Welcome the outstanding achievement in extending access to antiretroviral treatment to over 15 million people living with HIV by 2015;
14. Welcome the reduction in the number of TB-related deaths among people living with HIV, by 32% overall and by 50% or more in some high burden countries since 2004;
15. Welcome the outstanding progress made since the launch of the Global Plan towards the elimination of new HIV infections among children and keeping their mothers alive, including that in just four years, new paediatric infections have been halved in the countries which together

account for 90% of all new HIV infections in children, and that an estimated 85 countries are within reach of elimination;

16. Note that some countries and regions have made significant progress in expanding harm reduction programmes, including the availability of needle and syringe programmes, opioid substitution therapy;
17. Welcome the steps taken by some countries in repealing restrictions or officially clarifying that their national policies on entry, stay and residence do not discriminate based on HIV status, and that corporate leaders promoted the business case for non-discrimination, citing their need to send well-qualified employees overseas regardless of HIV status;
18. Welcome the important gains achieved in mainstreaming HIV into broader development frameworks and the efforts taken towards fulfilling national integration commitments;
19. Welcome the outstanding mobilization of resources globally that reached an estimated US\$ 19.2 billion for HIV programmes in low- and middle-income countries in 2015, and acknowledge the important role played by complementary innovative sources of financing, and welcome the near tripling of domestic HIV investment between 2006 and 2014, with domestic sources accounting for 57% of all investments in 2014, and note the role that the African Union Roadmap on Shared Responsibility and Global Solidarity for AIDS, TB and Malaria Response in Africa has played in this regard;
20. Recognize that, while outstanding progress was made on the Millennium Development Goals (MDGs), in particular Goal 6 to halt and begin to reverse the spread of HIV, urgent efforts are needed to tackle the unfinished business of the MDGs as we begin implementation of the 2030 Agenda for Sustainable Development;
21. Note with deep concern that the HIV epidemic remains a paramount health, development and social challenge inflicting immense suffering on countries, communities and families throughout the world, that since the beginning of the epidemic there have been an estimated 76 million HIV infections and 34 million people have died from AIDS, that AIDS is the leading cause of death among women of reproductive age globally, and around 14 million children have been orphaned due to AIDS, that 6,000 new HIV infections occur every day, mostly among people in low- and middle-income countries, and note with alarm that, among the 36.9 million people living with HIV, more than 19 million people do not know their status;
22. Express grave concern that the 22 million people living with HIV who are eligible to start treatment, as per guidelines issued by the World Health Organization in 2015, to provide antiretroviral therapy to all people diagnosed with HIV infection, in low- and middle-income countries, still remain without treatment and further note that a substantial proportion of people on antiretroviral therapy face social and structural barriers to good health, including lack of social protection, care and support, and as a result struggle to adhere to their treatment, fail to achieve viral suppression and lack good quality care, and further note the threat that the emergence of drug-resistant strains of HIV pose to the expansion of effective HIV treatment;
23. Note with grave concern that TB remains the leading cause of death among people living with HIV;
24. Express grave concern that viral hepatitis is a growing cause of ill-health and mortality among people living with HIV and, in particular, that 2.3 million people living with HIV are co-infected with hepatitis C virus and 2.8 million with hepatitis B virus;

25. Note with concern that testing and treatment coverage among children remains low and that over half of new pediatric HIV infections happen during the breastfeeding period;
26. Express grave concern that young people between the ages of 15 and 24 years account for more than one third of all new HIV infections among adults, with 2,000 young people becoming infected with HIV each day, and note that most young people have limited access to good quality education, nutritious food, decent employment and recreational facilities, as well as limited access to sexual and reproductive health programmes that provide the services and commodities, skills, knowledge and capability they need to protect themselves from HIV, that only 36 per cent of young men and 28 per cent of young women (15-24) possess accurate knowledge of HIV, and that laws and policies in some instances exclude young people from accessing sexual and reproductive health-care and HIV-related services, such as voluntary and confidential HIV testing, counselling and comprehensive sexuality education;
27. Note with alarm that deaths are increasing among adolescents living with HIV, that AIDS is the second leading cause of death in adolescents globally;
28. Remain deeply concerned that, globally, women and girls are still the most affected by the epidemic and that they bear a disproportionate share of the caregiving burden, note that progress towards gender equality and women's empowerment has been unacceptably slow and that the ability of women and girls to protect themselves from HIV continues to be compromised by physiological factors, gender inequalities, including unequal legal, economic and social status, insufficient access to health care and services, and the inability to access and exercise sexual and reproductive health and rights as well as all forms of discrimination and violence in the public and private spheres, including sexual violence, exploitation and harmful practices;
29. Note with alarm the slow progress in reducing new infections and limited scale of combination prevention programmes focused on the sites and routes of new infections, and note with grave concern that adolescent girls in high prevalence settings, in particular in sub-Saharan Africa, are more than twice as likely to become HIV positive than boys of the same age and that many national HIV-prevention strategies provide insufficient access to services for key populations that epidemiological evidence shows are at higher risk of HIV, specifically people who inject drugs, who are 24 times more likely to acquire HIV than adults in the general population, sex workers, who are 10 times more likely to acquire HIV, and for their clients, men who have sex with men, who are 24 times more likely to acquire HIV, transgender people, who are 49 times more likely to be living with HIV, and prisoners, who are five times more likely to be living with HIV than adults in the general population, as well as for migrants, and further note, however, that each country should define the specific populations that are key to its epidemic and response, based on the epidemiological context;
30. Note the lack of global progress made in reducing transmission of HIV among people who inject drugs and call attention to the insufficient coverage of highly effective harm reduction programmes, the marginalization and criminalization of people who inject drugs which hamper access to HIV services, and note with concern that gender-based stigma and discrimination often act as additional barriers for women who inject drugs to access HIV services;
31. Reaffirm the commitment to fulfil obligations to promote universal respect for and the observance and protection of all human rights and fundamental freedoms for all in accordance with the Charter, the Universal Declaration of Human Rights and other instruments relating to

- human rights and international law and express grave concern that, despite a general decline in discriminatory attitudes towards people living with HIV, discriminatory attitudes towards people living with, presumed to be living with, or affected by HIV continue to be reported, and that overly broad criminalization of HIV transmission, and punitive legal and policy frameworks continue to discourage and prevent people from accessing services;
32. Remain concerned that discriminatory laws and policies continue to restrict movement of people living with HIV and result in substantial harm and denial of HIV services;
 33. Note with grave concern that, despite the recognition of the need to take into account the human rights and fundamental freedoms of persons with disabilities as set forth in the Convention on the Rights of Persons with Disabilities, the formulation of the global AIDS response remains inadequately targeted or made accessible to persons with disabilities;
 34. Note that several high-income countries' HIV assistance remains below their share of the global economy, and that several low- and middle-income countries can further increase their share of financing as their economies grow, and that allocative and programmatic efficiency is suboptimal, including due to poor targeting of investments on populations with highest risk and burden of HIV;
 35. Note with grave concern that the holistic needs of people living and affected by HIV, in particular key populations and young people, remain insufficiently addressed through better integration of health and HIV services;
 36. Note that 90% of people newly infected with HIV live in just 35 countries, and that epidemic patterns, progress and challenges vary considerably, and reiterate with profound concern that Africa, in particular sub-Saharan Africa, remains the worst-affected region, where AIDS is the leading cause of death among women of reproductive age and among adolescents and that the Caribbean continues to have the highest HIV prevalence outside sub-Saharan Africa, and further note the increasing number of new HIV infections in the Middle East and North Africa, where new infections are concentrated among sex workers, men who have sex with men and people who inject drugs, and that in Eastern Europe and Central Asia new infections continue to increase, largely among people who inject drugs, while cities in North America and western Europe face resurgent epidemics, where men who have sex with men, transgender people, sex workers and their clients, and people who inject drugs are at particularly high risk, and also note that the epidemic is concentrated among key populations in Asia and the Pacific as well as in Latin America and the Caribbean;
 37. Welcome the leadership and commitment shown in every aspect of the HIV and AIDS response by Governments, people living with, affected by and at risk of HIV, political and community leaders, parliamentarians, relevant United Nations agencies, regional and subregional organizations, communities, families, faith-based organizations, scientists, health professionals, donors, the philanthropic community, the workforce, the private sector, civil society and the media, and recognize their contribution to the achievement of MDG 6 on AIDS and implementing the commitments set forth in 2011 Political Declaration on HIV and AIDS and call upon them to support Member States in ensuring that country driven, credible, costed, evidence-based, inclusive, sustainable and comprehensive national HIV and AIDS strategic plans are funded and implemented as soon as possible with transparency, accountability and effectiveness

in line with national priorities and in conformity with international human rights, fundamental freedoms and a gender-responsive approach;

38. Commend the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the strong bilateral investments including from PEPFAR, for the vital role it plays in mobilizing funding for country and regional AIDS responses and in improving the predictability of financing over the long term, and welcome donors' support while noting that it falls short of the amounts needed to further accelerate progress towards front loading investments to end the AIDS epidemic by 2030;
39. Commend the work of the International Innovative Health Tools and Drug Purchase Facility, UNITAID, based on innovative financing and focusing on accessibility, quality and price reductions of antiretroviral drugs and welcome the broadening of the Medicines Patent Pool mandate, hosted by UNITAID, to address Hepatitis C and TB, reflecting the importance of integrating the AIDS response into the broader global health agenda;
40. Welcome the Secretary-General's new Global Strategy for Women's, Children's and Adolescents' Health, which will continue to galvanize global efforts to significantly reduce the number of maternal, adolescent, newborn and under-five child deaths, as a matter of urgent concern;
41. Note with appreciation the efforts of the Inter-Parliamentary Union in supporting national parliaments and overseeing governments to unlock political obstacles to effective HIV responses;
42. Welcome the HIV-relevant strategies of the Co-sponsors of the Joint United Nations Programme on HIV/AIDS and commend the Secretariat and the Co-sponsors for their leadership on AIDS policy, strategic information and coordination and for the support they provide to countries through the Joint Programme, and in this regard, reaffirm the value of the lessons learned from the global AIDS response for the post-2015 development agenda as per ECOSOC resolution E/RES/2015/2;
43. Underline the important contribution made by the Global Commission on HIV and the Law, co-convened by the United Nations Development Programme and UNAIDS, and the UNAIDS-Lancet Commission 'Defeating AIDS Advancing Global Health' in providing the evidence base on the path to ending AIDS;

2016-2021: A narrow window to Fast-Track the AIDS response

44. Take note of the Secretary-General's Report 'On the Fast-Track to End the AIDS Epidemic';
45. Recognize that the attainment of many SDGs will address the social drivers of the AIDS epidemic thereby generating multiplier effects and a virtuous cycle of progress across several SDGs and the Agenda 2030;
46. Welcome UNAIDS 2016-2021 Strategy, including its goals and targets, recognizing that if we do not Fast-Track the response in the next five years, by increasing and front-loading investments and massively scaling up coverage of HIV services so as to reduce the rate of new infections and AIDS-related deaths, the epidemic may rebound in several low- and middle-income countries and we will not reach the target of ending the AIDS epidemic by 2030;

Front-loading and diversifying resources are critical to Fast-Track the AIDS response

47. Pledge to urgently increase and front-load investments to further bend the trajectory of the AIDS epidemic and positively contribute to a wide range of development outcomes;

48. Commit to fully fund the AIDS response and reach overall financial investments in low- and middle-income countries of at least USD 26 billion/year by 2020, as estimated by UNAIDS, that are diverse in source, including from innovative financing, with continued increase from the current levels of domestic public sources and strengthened global solidarity, and encourage all stakeholders to contribute to a successful 5th replenishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria;
49. Strongly urge those countries that have pledged to achieve the target of 0.7 per cent of their gross national income for official development assistance (ODA/GNI) to developing countries and 0.15 per cent to 0.2 per cent of ODA/GNI to Least Developed Countries, to fulfill their commitments in this regard, and commit to close the global HIV and AIDS resource gap between the resources available today and the resources needed to reach the Fast track targets by 2020;
50. Welcome the progress made since the Monterrey International Conference on Financing for Development to develop and mobilize support for innovative sources and mechanisms of additional financing, in particular by the Leading Group on Innovative Financing for Development, and encourage consideration of how existing mechanisms, such as the International Finance Facility for Immunization, might be replicated to address broader development needs, including AIDS, and also encourage exploring additional innovative mechanisms based on models combining public and private resources such as vaccine bonds to support strategies, financing plans and multilateral efforts to Fast-Track the AIDS response;
51. Welcome the recommitment made by countries of the African Union in 2015¹ to increase domestic funding in line with the Abuja Declaration and Framework for Action to allocate at least 15% of their annual budgets to strengthen the health sector and their reiteration of the importance of continued accountability and judicious use of domestic and international resources;
52. Encourage all countries to invest in their AIDS response from domestic sources, and commit to enhancing revenue administration through modernized, progressive tax systems, improved tax policy and more efficient tax collection and work to improve the fairness, transparency, efficiency and effectiveness of tax systems, including by broadening the tax base and continuing efforts to integrate the informal sector into the formal economy in line with country circumstances;
53. Encourage countries to implement sustainable responses that are evidence-based and implemented effectively with transparency and accountability and develop transition plans that outline predictable domestic and international commitments and to negotiate compacts in support of nationally costed plans that maximize synergies;
54. Recognize the need to maximize efficiency and affordability including through enhanced programme management and health service delivery;

Global leadership: uniting to Fast-Track the AIDS response

55. Commit to reduce the numbers of people newly infected with HIV to fewer than 500,000 per annum by 2020, people dying from AIDS-related causes to fewer than 500,000 per annum by 2020, as well as eliminating HIV-related discrimination;

¹ Decision On The Report Of The Aids Watch Africa (AWA) Doc. Assembly/AU/14(XXV)

56. Commit to differentiate AIDS responses, based on country ownership, local priorities, strategic information and evidence, and to set ambitious quantitative targets tailored to national circumstances in support of these goals;
57. Recognize that achieving the Fast-Track targets will directly support global efforts to eradicate extreme poverty as well as to make progress on the following five most strategic HIV-related SDGs and that investing in efforts to meet a wide range of SDG targets will support efforts to end AIDS:

58. Ensuring access to testing & treatment will accelerate progress on Healthy Lives and Promote Well-Being for All at All Ages (SDG 3)

- a. Commit to 90–90–90 treatment targets², and that 29 million people living with HIV including 1.2 million children access treatment, and that adolescents and adults living with HIV know their status and are immediately offered and sustained on quality treatment to ensure viral load suppression and underscore in this regard the urgency of closing the testing gap;
- b. Commit to using multiple strategies and modalities, including home- or self-testing, to reach the millions of people living with HIV who do not know their status and to providing pretest information, counselling, post-test referrals and follow-up to facilitate linkages to care;
- c. Commit to eliminate new HIV infections among children and ensure that their mother's health and well-being is sustained through early infant diagnosis, dual elimination with syphilis, adopting innovative systems that track and provide comprehensive services to mother-infant pairs through the continuum of care, improving linkage to treatment, increasing and improving adherence support, immediate and life-long treatment for pregnant women living with HIV, and engaging male partners in prevention and treatment services;
- d. Commit to build people-centered systems for health by strengthening health systems, by expanding community-led service delivery to cover at least 30% of all service delivery by 2030, and by investing in human resources for health;
- e. Work towards achieving universal health coverage, including the development of new service delivery models to ensure delivery of more integrated services for HIV, TB, viral hepatitis, sexually transmitted infections, non-communicable diseases, including cervical cancer, drug dependence, food and nutrition support, maternal, child and adolescent health, men's health, mental health and sexual and reproductive health, in order to equip fragile communities to cope with these issues as well as future disease outbreaks ;
- f. Commit to reduce TB-related deaths among people living with HIV by 75% by 2020, as outlined in the WHO End TB Strategy as well as commit to achieve targets set in the Global Plan to Stop TB 2016 - 2020, including through expanding efforts to combat tuberculosis, including drug resistant tuberculosis, by improving prevention, screening, diagnosis and affordable treatment and access to antiretroviral therapy, and intensified TB case finding among all persons living with HIV utilizing new tools, including rapid

² 90% of people (children, adolescents and adults) living with HIV know their status, 90% of people living with HIV who know their status are receiving treatment and 90% of people on treatment have suppressed viral loads

molecular tests through joint programming, patient-centred integration and co-location of HIV and TB services, ensuring that national protocols for HIV/TB coinfection reflect the latest WHO recommendations;

- g. Commit to reduce the high rates of HIV and hepatitis B and C co-infection and ensure that by 2020, efforts are made to reduce by 30% new cases of chronic viral hepatitis B and C infections, and have 5 million people receiving hepatitis B treatment and to have treated 3 million people with chronic hepatitis C infection;
- h. Commit to ensure access to safe, affordable, and efficacious medicines, including generic medicines, diagnostics and related health technologies, utilizing all available tools to reduce the price of lifesaving drugs and diagnostics, as they are fundamental to the full realization of the right of everyone to enjoy the highest attainable standard of physical and mental health, and in this regard look forward to the recommendations formulated by the High-Level Panel on Access to Medicines convened by the Secretary-General;
- i. Recognize that protection and enforcement measures for intellectual property rights should be compliant with the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) and the Doha declaration on TRIPS and public health and should be interpreted and implemented to promote access to quality and affordable medicines and health technologies for all, and call on countries to urgently remove obstacles that limit the capacity of low- and middle-income countries to provide affordable and effective HIV prevention and treatment, diagnostics, and commodities as well as treatment for opportunistic infections, co-morbidities and co-infections, including by amending national laws and regulations, as deemed appropriate by respective Governments, so as to:
 - (i) Optimize the use, to the full, of existing flexibilities under the TRIPS Agreement specifically geared to promoting access to and trade in medicines, and to this end, urge countries to establish easier to use and effective mechanisms allowing improved access to affordable medicines for developing countries and welcome the November 2015 decision to extend the TRIPS exemption on pharmaceuticals until at least 2033 for all least-developed countries,
 - (ii) Address barriers, regulations, policies and practices that prevent access to affordable HIV treatment by promoting generic competition and encourage all States to apply measures and procedures for managing 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,
 - (iii) Encourage the voluntary use, where appropriate, of alternative financing mechanisms for research and development that balance the protection of intellectual property with public health interests, such as partnerships, open-source sharing of patents and patent pools benefiting all developing countries which can enhance access to technology and foster innovation as well as accelerate market entry of newer HIV-related products;
- j. Commit to establishing effective systems to monitor for, prevent and respond to the emergence of HIV drug resistant strains of HIV in populations;

- k. Commit to ensure the continuity of HIV treatment and care in humanitarian emergencies as displaced people and people affected by humanitarian emergencies face multiple challenges, including heightened exposure to HIV vulnerability and risks and limited access to quality health care and nutritious food;

59. Investing in transformative AIDS responses will contribute to Gender Equality and Empower Women and Girls (SDG 5)

- a. Recognize that human rights include the right of all women, including adolescent girls, to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free from coercion, discrimination and violence;
- b. Commit to take urgent action, in particular in sub-Saharan Africa, to curb the devastating effects of this epidemic on adolescent girls and women;
- c. Commit to reduce the number of young women newly infected with HIV each year to 100,000 by 2020;
- d. Commit to end all forms of violence against women and girls, including inter alia, gender-based, sexual, domestic and intimate partner violence, including by eliminating discriminatory laws and harmful social norms that perpetuate the unequal status of women and girls, as well as through the elimination of sexual exploitation of women, girls and boys, trafficking in persons, femicide, abuse, rape and other forms of sexual violence, among others, as well as harmful practices such as child, early and forced marriage, forced sterilization and female genital mutilation, including in conflict, post-conflict and other humanitarian emergencies
- e. Commit to achieve gender equality and the empowerment of women and girls in all their diversity and spheres of life, to protect and fulfill their full enjoyment of all human rights, including the full realization of their sexual and reproductive health and rights, by investing in gender-responsive approaches and ensuring gender mainstreaming at all levels, and supporting women's leadership in the AIDS response and by engaging men and boys, recognizing that structural gender inequalities and harmful masculinities undermine effective HIV responses;
- f. Commit to ensure access to sexual and reproductive health and HIV services and commodities, including women-initiated prevention commodities;

60. Ensuring the rights of all people to access high-quality HIV services and commodities will narrow the inequalities gap within and among countries (SDG 10)

- a. Recognize that the AIDS response can only be Fast-Tracked by protecting and promoting the rights of all people to access appropriate, high-quality, evidence-based HIV information, education and services without discrimination and reaffirm that combination prevention of HIV must be the cornerstone of national, regional and international responses to the HIV epidemic;

- b. Commit to encouraging and supporting the active involvement and leadership of young people, including those living with, at risk of and affected by HIV, as key actors in the AIDS response, to empowering young people, particularly young women and adolescent girls, to protect themselves from HIV, including by encouraging practicing safe sex, including correct and consistent use of condoms, by scaling up adolescents' and young people's access to quality comprehensive sexuality education, ensure their access to HIV-related combination prevention services and the full realization of their sexual and reproductive health and rights, regardless of age or marital status;
- c. Ensure access to tailored HIV combination prevention services for all key populations;
- d. Commit to saturate areas with high HIV incidence with a combination of tailored prevention interventions, including outreach via social media and peer-led mechanisms, male and female condom programming, voluntary medical male circumcision, harm reduction, pre- and post-exposure prophylaxis, and antiretroviral therapy, with particular focus on key populations and young people;
- e. Commit to ensure that 90% of those at risk are reached by combination prevention services, that 3 million persons at high risk access pre-exposure prophylaxis and an additional 25 million young men are voluntarily medically circumcised by 2020 in high HIV incidence areas, and ensure the availability of 20 billion condoms in low- and middle-income countries;
- f. Commit to ensure that financial resources for prevention are adequate and constitute a quarter of AIDS spending globally on average and are targeted to evidence-based prevention measures that reflect the specific nature of each country's epidemic by focusing on geographic locations, social networks and key populations according to the extent to which they account for new infections in each setting, in order to ensure that resources for HIV prevention are spent as cost-effectively as possible;
- g. Commit to ensure that the needs and rights of persons with disabilities are taken into account in the formulation of all responses to HIV and that HIV prevention, treatment, care and support programmes as well as sexual and reproductive health-care services and information are made accessible to persons with disabilities;
- h. Commit to strengthen national social and child protection systems to ensure that by 2020, 75% of people living with, at risk of and affected by HIV, who are in need, benefit from HIV-sensitive social protection, including cash transfers and equal access to housing, and support programmes for children, in particular for orphans, the girl child, and adolescents affected by, at risk of and vulnerable to HIV, as well as their families and caregivers, including through the provision of equal opportunities to support the development of children to their full potential especially through equal access to early child development services, psychosocial support and education, as they transition through adolescence, the creation of safe and non-discriminatory learning environments, supportive legal systems and protections, including civil registration systems;

61. Removing punitive laws, policies and practices that block access to HIV services and ending HIV-related stigma and discrimination will promote just, peaceful and inclusive societies (SDG 16)

- a. Reaffirm that the full realization of all human rights and fundamental freedoms for all is an essential element in the global response to the AIDS epidemic, including in the areas of prevention, treatment, care and support, and recognize that addressing stigma and discrimination against people living with, presumed to be living with or affected by HIV, including their families, is also a critical element in combating the global HIV epidemic;
- b. Commit to remove punitive laws, policies and practices that block access to HIV services, including age of consent laws³, policy provisions and guidelines that restrict access to services among adolescents, travel restrictions and mandatory testing, including of pregnant women, and those related to overly broad criminalization of HIV transmission, same-sex sexual relations, sex work and drug use and provide legal protections for people living with, at risk of and affected by HIV;
- c. Commit to intensify national efforts to create enabling legal, social and policy frameworks in order to eliminate stigma, discrimination and violence related to HIV, including by working with service providers in health-care, workplace, educational and other settings with particular attention to all people vulnerable to and affected by HIV;
- d. Commit to mitigate the impact of the epidemic on workers, their families, their dependants, workplaces and economies, including by taking into account all relevant conventions of the International Labour Organization, as well as the guidance provided by the relevant International Labour Organization recommendations, including the Recommendation on HIV and AIDS and the World of Work, 2010 (No. 200), and call upon employers, trade and labour unions, employees and volunteers to eliminate stigma and discrimination, protect human rights and facilitate access to HIV combination prevention, treatment, care and support;
- e. Commit to national AIDS strategies that promote and protect human rights to empower people living with, at risk of and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights, including by sensitizing law enforcement officials, members of the legislature and judiciary, training health-care workers in non-discrimination, confidentiality and informed consent, supporting national human rights learning campaigns, as well as monitoring the impact of the legal environment on HIV prevention, treatment, care and support;
- f. Commit to implement laws and policies that ensure the full realization of all human rights and fundamental freedoms for young people, particularly those living with HIV and those at higher risk of HIV infection, so as to eliminate the stigma and discrimination they face;
- g. Commit to address the vulnerabilities to HIV experienced by migrant and mobile populations, as well as refugees and crisis affected populations, to ensure they do not face discrimination or violence, including the restriction of entry and forcible return of people

³ The use of “age of consent” refers exclusively to the age of consent to access HIV and other health services. Age of consent laws include laws and regulations that define the age at which people can access sexual and reproductive health services without third-party authorization.

living with HIV, and to support their access to HIV prevention, treatment, care and support;

62. Engaging and supporting people living with and affected by HIV as well as other key stakeholders in the AIDS response will revitalize the Global Partnership for Sustainable Development (SDG 17)

- a. Call for increased investment in the advocacy and leadership role of people living with and affected by HIV, women, young people, local leaders, community-based organizations, and civil society more generally as part of a broader effort to ensure up to 6% of all global AIDS resources are allocated for social enablers, including advocacy, community and political mobilization, public communication, human rights programmes such as law and policy reform, and stigma reduction;
- b. Support and encourage enhanced strategic engagement with the private sector to support countries with investments as well as, inter alia, service delivery, strengthening supply chains, workplace initiatives and social marketing of health commodities and in support of behavioral change, to Fast-Track the response;
- c. Strongly urge increased investments in research and development to enable access to improved and affordable point-of-care diagnostics, prevention commodities, including therapeutic vaccines, more tolerable, efficacious and affordable health technologies and products, including simpler and more effective, drug formulations for children, adolescents and adults, second- and third-line therapy, new drugs and diagnostics for tuberculosis, viral load monitoring tools, microbicides and a functional cure, while ensuring that sustainable systems for vaccine procurement and equitable distribution are also developed, and in this context, encourage other forms of incentives for research and development incentives such as the exploration of new incentive systems including those in which research and development costs are delinked from product prices;
- d. Recommit to realize the full impact of innovations in research, science and technology, by ensuring that trade and other commercial policies support public health goals, under a human rights framework;
- e. Commit to support technology transfer agreements which increase the availability and affordability of medicines and related health technologies;

Leveraging regional leadership and institutions is essential to more effective AIDS responses

63. Commit to working with regional organizations, people living with and affected by HIV, relevant UN organizations, the private sector and other stakeholders to achieve the following targets:
- a. From a baseline in 2010, reduce the number of new infections among adults (15+) in Asia and the Pacific from 280,000 to 88,000, in Eastern Europe and Central Asia from 120,000 to 44,000, in Eastern and Southern Africa from 990,000 to 210,000, in Latin America and the Caribbean from 98,000 to 40,000, in the Middle East and North Africa from 19,000 to 6,200, in Western and Central Africa from 360,000 to 67,000, Western and Central Europe and North America from 86,000 to 53,000;
 - b. From a baseline in 2010, reduce the number of new infections in children (younger than 15) in Asia and the Pacific from 26,000 to 1,900, in Eastern Europe and Central Asia from

1,900 to <100, in Eastern and Southern Africa from 200,000 to 9,400, in Latin America and the Caribbean from 4,900 to <500, in the Middle East and North Africa from 2,300 to <200, in Western and Central Africa from 130,000 to 6,000, Western and Central Europe and North America from <500 to <200 among children);

- c. From a baseline in 2014, increase the number of adults on treatment in Asia and the Pacific from 1.7 to 4.1 million, in Eastern Europe and Central Asia from 270,000 to 1.4 million, in Eastern and Southern Africa from 8.5 to 14.1 million, in Latin America and the Caribbean from 890,000 to 1.6 million, in the Middle East and North Africa from 30,000 to 210,000, in Western and Central Africa 1.5 to 4.5 million, Western and Central Europe and North America from approximately from 1.1 to 2 million;
 - d. From a baseline in 2014, increase the number of children (younger than 15) on treatment in Asia and the Pacific from 73,000 to 95,000, in Eastern Europe and Central Asia⁴ from 14,000 to 7,600, in Eastern and Southern Africa from 600,000 to 690,000, in Latin America and the Caribbean⁵ from 23,000 to 17,000, in the Middle East and North Africa from 2,000 to 8,000, in Western and Central Africa from 93,000 to 340,000, Western and Central Europe and North America⁶ from approximately from 5,000 to 1,300;
64. Encourage and support the exchange among countries and regions of information, research, evidence and experiences for implementing the measures and commitments related to the global HIV and AIDS response, in particular those contained in the present Declaration, as well as subregional, regional and interregional cooperation and coordination, and leverage the unique leadership of these political and economic institutions
 65. Continue to encourage the Economic and Social Council to request the regional commissions, within their respective mandates and resources, to support periodic, inclusive reviews of national efforts and progress made in their respective regions to combat HIV and underline in this regard the valuable model provided by African Peer Review Mechanism of the African Union, and encourage regular regional peer-based reviews of AIDS responses that facilitate engagement of health and non-health ministries, city and local leaders and ensure substantive roles for civil society;
 66. Commit to strengthen regional and local capacity to develop, manufacture and deliver quality-assured affordable medicines, such as generics, and other commodities, including through an enabling legal, policy and regulatory environments, and encourage the development of regional markets, including through enhanced North–South, South–South and triangular cooperation and emphasize the need to increase the self-reliance of drug supplies of all regions, including through pooled procurement, accurate forecasting and timely prequalification;

Enhancing governance, monitoring and accountability will deliver results for and with people

67. Commit to effective evidence-based operational monitoring and evaluation and mutual accountability mechanisms, that are transparent and inclusive, between all stakeholders to support multisectoral Fast-Track plans to fulfil the commitments in the present Declaration, with the

⁴ For EECA, LAC, WCE&NA, the number is lower because in these regions new infections among children are already very low, and children will age out of the group.

⁵ *ibid*

⁶ *ibid*

active involvement of people living with, affected by and vulnerable to HIV, and other relevant civil society and private sector stakeholders, and note that the People Living with HIV Stigma Index provides a tool to monitor HIV-related discrimination and enable people living with HIV to know their rights;

68. Redouble efforts to increase significantly the availability of high-quality, timely and reliable data, including on incidence and prevalence, disaggregated by income, sex, mode of transmission, age, race, ethnicity, migratory status, disability, marital status, geographic location and other characteristics relevant in national contexts as well as the reinforcement of local capacity for use and analysis of such data and for evaluation of efforts to improve population size estimates, resource allocation by population and location and service access;
69. Request the Joint Programme to continue to address the social, economic and political drivers, including those related to gender inequality and violations of human rights, of the AIDS epidemic, to achieve multiple development outcomes, including actions to eliminate poverty and inequalities, provide access to comprehensive social protection and child protection, improve food security, stable housing and access to quality education and economic opportunity, achieve gender equality, and promote healthy cities and just and inclusive societies, and to further contribute to intersectoral efforts essential to reach the global health goal and ensure progress across Agenda 2030 in all settings, including humanitarian;
70. Call on the international community to utilize the AIDS machinery to tackle broader global health challenges and to ensure no one is left behind by sustainable development efforts;
71. Ensure the United Nations is fit to deliver results on the 2030 Agenda by reinforcing and expanding the unique multi-sector, multi-stakeholder, rights-based approach of the UNAIDS Joint Programme and, in this regard, reaffirm, as per ECOSOC resolution E/RES/2015/2, that it offers the United Nations system a useful example, to be considered, as appropriate, of enhanced strategic coherence, coordination, results-based focus, inclusive governance and country-level impact, based on national contexts and priorities;

Follow-up: accelerating progress

72. Request the Secretary-General, with support from 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 made in the present Declaration and request continued support from UNAIDS to assist countries to report annually on the AIDS response;
73. Request the Secretary-General, with the support of the Joint Programme, to include an update on progress on the AIDS response as part of reporting on the 2030 Agenda for Sustainable Development when it is reviewed in the High Level Political Forum, ECOSOC and subsidiary bodies, as relevant;
74. Decide to convene a High-Level Meeting on AIDS in Agenda 2030 in 2022 to review progress towards ending the epidemic, and how the response, in its social, economic political dimensions, continues to contribute optimally to progress on the global health goal and the entire Agenda 2030.