THE PRESIDENT
OF THE
GENERAL ASSEMBLY

4 May 2021

Excellency,

Further to the Informal Interactive Multi-stakeholder Hearing that was held on 23 April 2021 on the preparatory process in the lead up to the 2021 high-level meeting on HIV/AIDS from 8-10 June, and pursuant to operative paragraph 8 of General Assembly resolution 75/260, I have the pleasure to share with you the summary of that Hearing, which has been prepared by UNAIDS.

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

Volkan BOZKIR

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

Summary Report

Interactive Multi-Stakeholder Hearing

as part of the preparatory process for the 2021 high-level meeting on HIV/AIDS

Friday, 23 April 2021

In accordance with General Assembly resolution 75/260, a high-level meeting (HLM) on HIV/AIDS will be convened from 8 to 10 June 2021, in the General Assembly Hall, at the UN Headquarters, in New York. The HLM will undertake a comprehensive review of the progress on the commitments made in the 2016 Political Declaration towards ending the AIDS epidemic by 2030, and how the response, in its social, economic and political dimensions, continues to contribute to progress on the 2030 Agenda for Sustainable Development and the global health goal. The high-level meeting will provide recommendations to guide and monitor the HIV/AIDS response beyond 2021, including new concrete commitments to accelerate action to end the AIDS epidemic by 2030 as well as to promote the renewed commitment and engagement of leaders, countries, communities and partners to accelerate and implement a comprehensive universal and integrated response to HIV/AIDS.

The General Assembly requested that the President of the General Assembly organize and preside over an informal interactive multi-stakeholder hearing as part of the preparatory process for the high-level meeting, with support from the Joint United Nations Programme on HIV/AIDS (UNAIDS), and with the participation of people living with, at risk of and affected by HIV, including key populations, representatives of Member States and observers of the General Assembly, parliamentarians, representatives of local governments, non-governmental organizations in consultative status with the Economic and Social Council, philanthropic foundations, academia, medical associations, the private sector and broader communities. To support broad and inclusive participation from a wide range of stakeholders in the processes leading up to the high-level meeting, UNAIDS formed a multi-stakeholder task force, comprising civil society and private-sector representatives from all regions of the world, members of key population groups, young people, people living with disabilities, indigenous people and people living with HIV. The task force advised UNAIDS, as the lead substantive UN entity, on the format, theme, speakers and programme for the multi-stakeholder hearing, which took place on 23 April 2021. It was hosted on the remote simultaneous interpretation platform Interprefy, and was webcast live and on demand on United Nations Web TV and streamed on multiple social media platforms. The hearing was simultaneously translated into all six official UN languages and into International Sign Language, with closed-captioning.

During the hearing, 24 panellists and moderators from different sectors of the global response to AIDS—representatives of governments, the UN and its specialized agencies, parliaments, the private sector, academia and communities and civil society organizations of people living with HIV, key populations and other affected populations—gave their views on

the progress and challenges of the AIDS response. A further 16 individuals from different regions of the world were heard through video interventions, adding comments and questions about the themes being discussed. These voices, together with live questions to the panellists from viewers connected through social media platforms, generated a fruitful and interactive discussion during the six-hour virtual hearing.

Opening Segment

The President of the General Assembly, H.E. Volkan Bozkir, underscored the importance of the multi-stakeholder hearing and urged all Member States to engage constructively in the informal consultations on the outcome of the high-level meeting. He observed that the experiences of the COVID-19 pandemic have reinforced the importance of health in all its dimensions.

The President of the General Assembly recognized that the participants in the multi-stakeholder hearing have an understanding of the complexity of living with HIV, which makes them best-placed to advise policy-makers on creating legal and social environments that uphold fundamental values and protect people from HIV. He noted that despite great strides towards ending AIDS, with more treatment available, fewer people dying from AIDS-related causes and fewer infants born with HIV, the 2020 Fast-Track targets for the HIV response have not been met. He noted that the most vulnerable and marginalized remain hardest hit by HIV. He observed that 280,000 of the 1.7 million people who acquired HIV last year are adolescent girls and young women.

The President of the General Assembly urged action to expand equal access to treatment to reach the 12 million people living with HIV who are not accessing life-saving therapies. He called on all Member States to make 2021 a decisive turning point in order to end HIV as a global public health threat by 2030, by adopting an ambitious, inclusive and bold Political Declaration. Failure, he said, is not an option.

His Excellency Mr. Neville Gertze, co-facilitator of the 2021 high-level meeting on HIV/AIDS of Namibia, stressed the urgency of bringing HIV to an end, and said that participants must stand together to achieve the goals of zero new HIV infections, zero AIDS-related deaths, and zero discrimination. He noted that over the past 40 years approximately 76 million people have become infected with HIV, of whom 33 million have died. There have also been many gains during this time: in 2016, for the first time HIV/AIDS no longer appeared on the World Health Organization's list of the 10 leading causes of death globally, and by 2019 approximately 25.4 million people were accessing antiretroviral therapy (ART). However, he acknowledged that the world has not met the 2020 targets, and that the COVID-19 pandemic threatens the progress already made, as health services, resources and investment are diverted. Investments remain inadequate, and profound social and economic inequalities persist. Ambassador Gertze called on Member States to be agile and innovative in supporting the continuation of HIV services, taking on board the lessons learned in the fight against

COVID-19. He observed that civil society forged the initial response to HIV within a rights-based paradigm and added that the role of civil society in HIV prevention, care and support and in advocacy remains critical.

The Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), Ms. Winnie Byanyima, noted that the COVID-19 pandemic has immeasurably changed the world and continues to have a devastating impact on those most marginalized. She expressed the hope that the sense of urgency for seeking solutions to COVID-19 will reignite similar urgency on the part of the world to address the unfinished business of the HIV pandemic. She reflected that although in the 40 years since the first cases of AIDS were reported, and the 25 years since the establishment of UNAIDS, millions of lives have been saved through global solidarity, scientific innovation and community resilience, nonetheless the AIDS pandemic remains a global crisis, with nearly 700,000 deaths every year. She emphasized that every infection and death is preventable, as it is known how to end AIDS.

Ms. Byanyima underlined that inequalities are a key reason for the failure to meet the global targets that were committed to in the 2016 Political Declaration. In sub-Saharan Africa, for example, which remains the epicentre of the epidemic, adolescent girls and young women are five times more likely to acquire HIV than boys and men of the same age. She also stressed that the struggle to end AIDS is inextricably linked with the struggle to end human-rights violations, including discrimination and violence against women and girls, and the marginalization of key populations, including sex workers, people who use drugs, gay, bisexual and other men who have sex with men, and transgender people. She called for a strong, progressive and innovative Political Declaration to end inequalities, dramatically reduce HIV infections and HIV-related deaths by 2025 and end the AIDS epidemic as a global public health threat by 2030.

Ms. Faith Ebere Onuh, civil society representative and a young person openly living with HIV, said that inequalities among countries and communities in progress on HIV are mirrored in the response to COVID-19, with young people in particular having difficulty accessing HIV prevention, testing and treatment during the pandemic. She called for access to these services, and to sexual and reproductive health and rights, for adolescent girls and young women, and support for women before, during and after pregnancy. She underlined that only 53% of the 1.8 million children living with HIV are on antiretroviral therapy. She noted that young women are especially exposed to violence, harmful cultural practices and the risk of HIV. She also acknowledged the impact of stigma and discrimination on young members of key populations, young people in custodial settings and in humanitarian settings.

Ms. Onuh stressed that HIV transmission cannot be ended by age of consent laws that prevent access to testing, treatment and harm reduction services, or by laws that criminalize sex work and drug use, or by the continuation of sexual and gender-based violence against women and minorities. She called for comprehensive sexuality education, gainful employment, social protection and climate justice, to ensure not only that AIDS is ended by

2030, but also that the post-COVID world is just and respects the human rights of all people, in particular those living with HIV and key populations.

Panel 1: Equitable and equal access to HIV prevention, treatment and services

The first panel addressed HIV prevention for key populations, youth and adolescent girls and young women; testing; treatment and care with focus on adolescents, youth and adults living with HIV, especially key populations and other priority populations; vertical transmission and pediatric service delivery for children living with HIV; quality of life and well-being, including mental health; integration of services including SRHR, TB and viral hepatitis.

Panellists mentioned that equitable access is essential given the failure to meet any of the global targets set for 2020. The 1.7 million new HIV infections that occurred globally in 2019 were more than three times higher than the target for 2020, and more than 60% of these new infections occurred among key populations and their sexual partners. Panellists agreed that it is necessary to make up for the lost opportunity of the past five years, in order to have greater confidence in 2025 about ending HIV as a public health threat by 2030.

Panellists highlighted the need to consider people living with HIV and key populations in their full diversity, not just as statistics. They called for the Political Declaration to identify and name all key populations to ensure that they are recognized, addressed and protected in the political commitments.

Panellists called for a renewed focus on rights-based, evidence-informed and community-owned programmes combining biomedical, behavioural and structural interventions. It was emphasized that communities should be directly involved in the design of services, contributing their expertise so that programmes are organized to meet the needs of people where their impact will be greatest. The importance was stressed of ensuring that programmes are adequately resourced, including funding for research into a cure, HIV vaccines, and long-lasting antiretrovirals, and with improved domestic funding for community health systems.

Panellists called for greater efforts to tackle the stigma and discrimination faced by key populations, those in situations of vulnerability, and those living with HIV, whether in the health-care system, service delivery, the workplace, law enforcement, or because of travel and work restrictions. They urged greater efforts to remove the structural barriers that prevent key and vulnerable populations from accessing services—and that also deter governments from providing them. In particular this means repealing laws that criminalize HIV non-disclosure, exposure and transmission, sex work, same-sex sexual behaviour, gender expression, and drug use and possession. It was observed that inequitable access to services is also a matter of geography, with great disparities between regions, and that the COVID-19 pandemic has further exacerbated these inequalities.

It was mentioned that HIV should not be addressed in isolation from other health and social needs. Panellists urged greater integration of HIV prevention, treatment and care with a full range of sexual and reproductive health services. It was noted that treatments and services for tuberculosis and viral hepatitis are equally important as entry points for diagnosing and treating HIV. It was emphasized that tuberculosis (TB) continues to be the leading cause of death for people living with HIV, and that we cannot win the battle against AIDS without also fighting TB. Panellists also discussed the need to address inequalities of access and integrate HIV services with harm reduction and drug dependency programmes, hormone replacement therapy for transgender people, mental health and other life-saving programmes.

Panellists discussed how to ensure equitable access for adolescents and young people and to have an equal voice in decision-making. Panellists also discussed how to make care protocols inclusive and train health-care providers to understand and respond to the needs of young people.

The panel discussed the risks of a generation growing up with little knowledge about HIV prevention. It was mentioned that there is a need for wider implementation of comprehensive sexuality education, including in conflict zones, so that adolescents and young people can access the information they need to protect themselves from HIV.

The panel discussed intensified primary prevention efforts for pregnant and breastfeeding women, and support to remain on treatment, especially for those who are young. The importance of rapidly identifying and treating infants with HIV was mentioned, through family-centred index testing, point-of-care diagnostics and viral load testing, and the rapid roll-out across all regions of new, child-friendly therapeutic options.

It was noted that the needs of the world's nearly 500 million indigenous people have in the response to HIV are not met, with poor access to sexual and reproductive health care in general, and with the additional burden of stigmatization and denial of their rights. The need for strategic collaboration between indigenous peoples and the United Nations, its agencies and programmes and Member States, was mentioned, to generate the data needed to understand how HIV is affecting indigenous peoples.

The momentous and rapid progress made in addressing the threat of COVID-19 was held up as an example of how it is possible to innovate for medical interventions and access to care, when there is the political will to do so. Participants in the panel pointed to the adaptability demonstrated by community-based programmes in many countries to ensure that those living with HIV continue to access antiretroviral treatment. They called for the same level of commitment to be directed to eradicating AIDS, 40 years after it first emerged as a global threat. They also urged countries to use the momentum of the high-level meeting to discuss and agree to strong commitments to make up the ground lost to the impact of the COVID-19 pandemic, and to end AIDS.

Panel 2: Structural and social barriers to achieving HIV outcomes (zero new HIV infections, zero AIDS-related deaths and zero discrimination)

The second panel addressed scaling up community-led prevention, testing and treatment; addressing social enablers; youth empowerment; repealing punitive laws and policies; addressing gender inequality and ending gender-based violence (including forced sterilization) and violence towards key populations; ending stigma and discrimination; addressing disability and migration; strengthening safety and security, including privacy and data security of people living with HIV and key populations.

Panellists noted that stigma, discrimination and the criminalization of key populations and people living with HIV constitute significant barriers to HIV prevention, testing, treatment, care and support. Panellists urged that the Political Declaration recognizes that discrimination against key populations and people living with HIV is not limited to health-care settings but is widespread in education, the workplace, at community level, in humanitarian and emergency settings, and in the legal system. It was highlighted that it is critically important for all governments to provide an enabling environment for an effective response to the HIV epidemic through appropriate, human-rights-centred policies and legislation.

The panel discussed how discriminatory laws, policies, and practices against people vulnerable to or living with HIV are both a consequence and a cause of stigma and discrimination. The panel also discussed and the need for urgent measures to eliminate harmful laws, policies and practices, including the criminalization of HIV transmission, the criminalization of sex work, drug use, same-sex sexual activity and gender diversity, as well as ending travel restrictions, mandatory HIV testing and measures blocking access to services for key populations. It was noted that it would be insufficient to declare a goal of decriminalization and eliminating stigma and discrimination in the Political Declaration without specific and measurable targets, clear commitments and mechanisms for political and financial support for implementation.

Some panellists underlined that the Political Declaration should not only describe the vision, priorities, policies, and plans of governments, but should reflect the needs of people and communities most affected by the HIV epidemic. They said it is crucial that the Political Declaration names key populations—sex workers, gay, bisexual and other men who have sex with men, people who inject drugs, and transgender people—by name, in order to prevent the wilful neglect of specific groups, and to improve the space for advocacy and cooperation between governments and key populations.

Some panellists noted that criminalization and punitive laws are part of the legislative environment that increases the vulnerabilities of key populations, puts them at increased risk of contracting HIV, presents barriers to access to treatment and care, and hinders them from being equal partners with governments in the HIV response. It was emphasized that as

well as reforming the legal environment, it is necessary to educate and work closely with law enforcement to sensitize the and change discriminatory practices, as well as to educate key populations and other marginalized groups about their rights and pathways for reporting violations of rights and demanding redress. Access to accountability mechanisms, including both formal and informal justice mechanisms, as well as legal advice and representation, is important both to ensure remedies for rights violations and to provide avenues to advocate for change.

Panellists observed that stigma, discrimination and laws serve to render populations invisible, with extreme forms of discrimination leading to the denial of their existence. This means there are huge gaps in data and epidemiological evidence, or in-service delivery, for key populations, making it difficult, if not impossible, to plan, fund and implement programmes and services in an effective manner. Panellists called on Member States to expand collaboration with communities to improve the collection and use of data for planning key-population programmes, in a manner that respects confidentiality and privacy and does not increase the possibilities of harm to vulnerable communities.

It was mentioned that key populations and women face disproportionately high rates of violence, which increases HIV risk and compounds negative health outcomes among people who are already marginalized. This situation is further exacerbated by punitive laws, unequal gender roles, limited economic opportunities and educational gaps. Panellists mentioned that prevention, treatment and care interventions should take into account gender-based risk and vulnerability, including gender-based violence.

Panellists observed that transgender people are 13 times more likely to acquire HIV than the general population, and that HIV is the main cause of death for transgender people (the second-highest cause of death being hate crimes). Panellists underlines the urgent need for health-care policies that are inclusive of transgender people. Panellists noted that the discrimination that transgender people experience is intersectional, stemming not only from their gender identity but also from their disproportionate burden of poverty, social exclusion, gender-based violence, and lack of access to health services. Panellists called for the right to legal recognition of one's gender identity to be enshrined in law, without additional requirements that may violate human rights.

Panellists called on Member States to recognize the need to remove punitive laws for possession of drugs for personal use and for sex work, and to commit to prioritizing mechanisms that address the linked epidemics of gender-based violence and HIV. To support these aims, panellists said that the Political Declaration should recognize the centrality of key population community mobilization and commit to increasing funding for community-led programmes, as both are critical to reducing violence and HIV.

Panellists acknowledged the importance of recognizing the needs of other groups that face discrimination or unequal access to services. Panellists called for provisions to ensure that

the quality and scope of HIV services available to persons in prisons and other closed settings, are similar to that provided for the broader population. It was noted that in the current refugee crisis, many of the 80 million displaced people around the world face severe challenges accessing HIV services, made worse by refugee camps often being dangerous places for LGBTQ+ people.

Panellists noted stigma also affects children and adolescents living with HIV around the world. They observed that infants may become HIV positive if their mothers fear seeking services for prevention of vertical transmission, and that parents or caregivers may resist bringing their children for HIV testing for reasons of stigmatization. Similarly, many adolescents avoid getting tested or refrain from treatment for fear of having their HIV status disclosed. Panellists called for sexual and reproductive health services to be available without stigmatization regardless of age, sexual orientation or gender identity and without the need for parental consent. Panellists urged Member States to enact legislation to ensure that all information concerning medical examinations and an individual's health status is kept strictly confidential.

Panellists expressed a need for a favourable legal environment, including freedom of association, so that communities can freely create and register non-profit organizations, receive public and donor funding, and access concrete financial and technical tools. They underlined the importance of improving national and international mechanisms to ensure that community-led groups are properly funded, and of strengthening mechanisms for accountability, monitoring and reporting to guarantee regular feedback and communication with communities on delivering the outcomes of the Political Declaration.

Panellists said that faith-based organizations have an important role to play in reaching zero HIV-related stigma and discrimination, by emphasizing a shared belief in the inherent dignity of all people, and also by fostering collaboration between people of differing views to overcome barriers in access to HIV prevention and treatment.

The importance of community-led monitoring in documenting human-rights violations was also noted. Panellists said that documentation is an essential step for engaging with law enforcement authorities, government ministries and politicians on these issues, forming alliances with the legal sector and engaging in strategic litigation to defend people's rights, work for decriminalization and protect access to HIV services.

Panel 3: Fully resource and sustain efficient HIV responses, and integrate into systems of health, development, social protection, humanitarian settings and pandemic responses.

This panel addressed the global funding need; community and health systems strengthening; HIV sensitive universal health coverage and social protection; mitigating the impact of COVID-19 including access to vaccines for people living with HIV and key populations; humanitarian settings; access to medicines and intellectual property and; advocacy and accountability.

Panellists noted that while 62% of new adult infections globally are among key populations and their sexual partners, only 2% of all HIV funding is spent on programmes for key populations. They called for a commensurate increase in investments, alongside investments to remove barriers of gender inequality, criminalization, poverty and discrimination for key populations, women, and people in situations of vulnerability.

Panellists mentioned the need for investment in inclusive health systems, including community systems, acknowledging the critical role that communities play in service delivery, advocacy, and in holding health systems accountable—a role that has been highlighted during the COVID-19 pandemic. The need for strong data accountability mechanisms and data reporting was emphasized.

Panellists called for resources for evidence-based combination prevention to be increased globally to US$9.5 billion by 2025, with 80% of prevention services to be delivered by community-, key population- and women-led organizations. Panellists also urged that investments in testing and treatment be increased to US$9.8 billion, with 30% of these services delivered by community-led organizations; and an increase in investments in societal enablers to US$3.1 billion, with 60% of these programmes delivered by community-led organizations.

Panellists said that access to HIV care and treatment is insufficient without Universal Health Coverage (UHC), and that the global HIV and UHC agendas are interlinked. They pointed out that the UHC movement can benefit from the experience of vibrant civil-society engagement in the HIV response. The ability of community-based HIV services to reach the most marginalized people also makes them an entry point to other health-care services. Strong systems are needed for high-quality, people-centred health care, with investments in training for community health workers. Panellists urged that as Member States work towards achieving UHC, they must ensure not only that investments are increased to the 5% of national GDP agreed on in the UHC High-Level Meeting Political Declaration, but that inequities in access and discrimination faced by people living with HIV, and especially key populations, are addressed to ensure that no one is left behind, especially because of inability to pay, their ethnicity, disability, and migrant or political status.

At the domestic level, participants urged action to ensure that patients are not prevented from accessing treatment by out-of-pocket expenses, or by stock-outs and shortfalls in key health products, and that social protection programmes are properly resourced, especially for key populations, women and those in situations of vulnerability, with approaches such as fee waivers and subsidies for national social insurance schemes, cash transfers and the use of information technologies. Panellists also called for improved transparency and accountability in budgeting and accounting for health-care expenditures.

Panellists discussed how the COVID-19 pandemic has disrupted HIV prevention and treatment and harm reduction services. HIV responses are collapsing in some countries due

to COVID-19, with millions of people living with or vulnerable to HIV lacking adequate access to food, water, sanitation and vaccines, as well as HIV treatment. Panellists called for equitable distribution of COVID-19 vaccines, and a commitment to removing intellectual-property barriers to ensure that vaccines can rapidly be provided to all, including people living with HIV. Speakers underlined how the pandemic has shown the importance of low-threshold services, and the value of community-led responses and community solidarity, especially where government systems are weak or overwhelmed.

Panellists noted that the deep economic distress caused by the COVID-19 pandemic threatens both donor and domestic allocations of resources for HIV, and they called for Member States to deliver on existing commitments and commit to mobilizing additional international funding in the form of grants, rather than loans, directed to the countries that most need them. Panellists called for transition and co-financing targets to be reviewed and revised as needed, in particular where donor withdrawal has had negative impacts on access to prevention and services. Panellists called on Member States to improve resource mobilization through progressive taxation policies, and through maximum policy flexibility in trade and investments, leveraging the flexibilities of the Trade-Related Aspects of Intellectual Property Rights (TRIPS) agreement.

It was noted that while people with disabilities constitute at least 15% of the world's population, and are members of all key populations, they experience many health disparities and are twice as likely to be living with HIV as those without disabilities. It was underlined that there has been a serious breakdown in the provision of support for people with disabilities during the COVID-19 pandemic, affecting their access to health care, food and nutrition. Participants called on UNAIDS to identify people with disabilities as a priority population, and Member States to audit and revise their national strategic plans for HIV with the participation of people with disabilities, to identify the specific issues they face and allocate resources to provide the services they need, both through specialized programmes and by mainstreaming disability in all programming and education.

Panel 4: Bringing it together: building synergies and addressing critical gaps

The fourth panel addressed the Global AIDS Strategy 2021-2026, with a focus on political leadership, partnerships, advocacy, community ownership, monitoring and accountability.

Panellists welcomed the new UNAIDS Global AIDS Strategy 2021-2026 and supported the decision by the UNAIDS Programme Coordinating Board (PCB) to use an inequalities lens to view the policies and targets for ending AIDS as a global public health threat by 2030. They mentioned that human rights and ending inequalities should be at the centre of the response at all levels and urged that the 2021 Political Declaration should mirror this position.

Panellists pointed out that laws and policies affecting key populations can be based on judgmental moral principles instead of evidence, leading to programming that not only fails to achieve health objectives but puts key populations at increased risk of violence, stigma

and discrimination. One example of these consequences is the Asia Pacific Region, where key populations and their partners account for 98% of new HIV infections. Participants agreed that funding for key population programming remains low and should be increased.

Participants held up community engagement, leadership and innovation as forces for positive change, especially in hostile and criminalizing environments. It was mentioned that decades of public health programmes have shown that effective delivery of health messaging and services with the involvement of community members and through community leadership makes interventions more effective and sustainable—especially when community members advocate for and plan services, as well as implementing them. It was noted that the work of community organizations increases the value of complementary multilateral and bilateral investments.

Panellists called on Member States to embrace innovations in community-led monitoring to anchor the response in locally sustainable solutions to improve the quality of services. It was also highlighted how data—especially disaggregated data—can be used as an advocacy tool and help ensure that the HIV response remains results-oriented.

Panellists stressed the need for accountability, calling for strong political leadership to reinforce the principles and strategies in the Global AIDS Strategy and address inequalities and gaps in the epidemic response. They urged that specific targets, universal commitments, inclusive and effective partnerships, country ownership and global accountability be clearly laid out in the Political Declaration.

Panellists said that it is critical that the Political Declaration commit sufficient levels of resources towards meeting the targets set out in the Global AIDS Strategy, especially by increasing funding for community-led responses, including advocacy, networking and community mobilization. They supported UNAIDS' call for 80% of HIV prevention programmes for key populations to be delivered by organizations led by key populations, and that 6% of all HIV funding should support community-led monitoring and advocacy.

On the type of funding and the mechanism for providing financial support, panellists urged the prioritization of long-term, flexible core support for civil society and community-led networks, to give these actors the stability needed to implement their work. Flexible core funding enables civil society organizations to direct funding where it is most needed—and to pivot more easily to meet changing circumstances.

The panel also paid attention to the needs of young people, calling on the Political Declaration to recognize youth leadership as a non-negotiable element of the HIV response, and to commit to funding more programmes that are genuinely youth-led. Speakers talked of a prevention crisis among young people, especially young women. They discussed the prospect of more and improved HIV prevention and treatment technologies , and underlined the need to create demand for, and ensure access to, injectable cabotegravir (long-acting pre-exposure prophylaxis) and the dapivirine vaginal ring (the first topical HIV prevention

method). Participants emphasized that not only are these methods effective, but they are long-acting and provide more options for young women to make informed choices and take charge of their health. These new methods also constitute a base for developing much-anticipated multi-prevention technologies such as the dual prevention pill and the multipurpose vaginal ring. Participants called for the Political Declaration to include firm commitments from governments and others in the HIV response to fast-track the processes involved in bringing these HIV prevention options closer to people who need them.

Closing Segment

H.E. Mitchell Fifield of Australia, co-facilitator of the 2021 high-level meeting on HIV/AIDS thanked the President of the General Assembly for convening the multi-stakeholder hearing. He acknowledged the work of the multi-stakeholder task force and the support provided by UNAIDS in the process towards the high-level meeting. He also thanked all panellists and speakers for their insightful and deeply personal contributions.

Speaking about what his own country has learned in 40 years of responding to HIV, Ambassador Fifield said that the voices of communities and people with lived experience are crucial, because they are on the front line and know first-hand where decision-makers need to focus their attention and efforts.

Ambassador Fifield assured the participants that he and the other co-facilitator, Ambassador Gertze, place great weight on the views expressed in the hearing, and said that these will closely inform their work as they prepare the Political Declaration. He went on to summarize some of the key messages from the hearing, starting with the principle of “Nothing about us without us”—in other words, that policy-makers and decision-makers should engage with communities at all stages of the process.

The participants in the hearing, said Ambassador Fifield, had called for an ambitious Political Declaration, with bold targets, underpinned by strong political will from Member States to bring these commitments to life, both by delivering on existing commitments and by mobilizing new funding.

They had also urged equitable access to HIV prevention, treatment and services, and measures to address discrimination, stigma, criminalization and violence against key populations and other people in situations of vulnerability, in order to end the AIDS epidemic. This would mean legal reform to repeal punitive laws and to decriminalize the identities and behaviours of gay, bisexual, and other men who have sex with men, transgender people, sex workers and people who use drugs.

The stakeholders had emphasized the need to address the inequalities driving the HIV epidemic, through a strong focus on gender equality, including sexual and reproductive health and rights, comprehensive sexuality education, and ending gender-based violence. They had stressed community-led interventions and services as a cornerstone of the HIV

response, and the importance of empowering and providing community-led responses with the resources and support needed for HIV prevention, testing, and care services.

The participants had called for young people in all their diversity to be seen and supported as leaders in their own right, since they are aware of the needs and priorities of their communities and the wider social enablers driving the HIV epidemic, including employment, housing and climate change.

Stakeholders had acknowledged the importance of working with faith leaders from various traditions to address key issues. They had also noted the unique challenges faced by indigenous populations and persons with disabilities, and the need for better data on the intersecting vulnerabilities affecting people's risk of contracting HIV or going without adequate care. Participants had called for improved measures to prevent vertical transmission of HIV, prioritizing targets that address paediatric testing and treatment, and reducing new infections in pregnant and breastfeeding mothers.

Ms. Ikka Noviyanti, a young Indonesian woman and sex worker, spoke about her experiences since being diagnosed with HIV in 2015. She said that the criminalization of people who use drugs, sex workers, same-sex sexual behaviours and transgender people is the greatest barrier in access to services for these key populations, as well as for women, young people and migrants. She spoke of extrajudicial killings, unlawful prosecutions and brutality against minority groups, noting that this happens with impunity because of repressive laws and policies and a view of people that is moralistic rather than humanistic.

Ms. Noviyanti spoke about the barriers that young people face in accessing services for sexual health and HIV, noting in particular that "age of consent" laws prevent young people from getting an HIV test and should be repealed. She called for increased investment in key population programmes and community-led interventions for the HIV response and urged Member States to make use of the recommendations from the multi-stakeholder hearing in the Political Declaration.

H.E. Tegan Brink, Chef de Cabinet of the President of the General Assembly, provided closing remarks on behalf of the President of the General Assembly. She thanked Ms. Winnie Byanyima, Executive Director of UNAIDS, her team, and the multi-stakeholder task force for their efforts, as well as panellists and moderators for their contributions.

Ambassador Brink noted that participants have discussed how best to implement equitable and equal access to HIV services and solutions, feasible steps towards removing structural and social barriers to achieving HIV outcomes, methods of mainstreaming HIV into rapid response and long-term planning, and how best to combine efforts to build upon established best practices in order to address the critical gaps which prevents us from ending AIDS.

She expressed her hope that Member States will use the summary of the multi-stakeholder hearing and reflect upon the lessons learned, throughout the informal consultations leading

to the high-level meeting on HIV/AIDS. She offered support to Member States from the Office of the President of the General Assembly in preparations for the meeting, and she thanked Ambassador Fifield and Ambassador Gertze for their leadership in this process.

Ambassador Brink reiterated the President of the General Assembly's call on Member States to adopt an ambitious, inclusive, and bold Political Declaration that advances the Decade of Action to implement the Sustainable Development Goals.

Ambassador Brink reiterated that an end to AIDS requires an end to inequality, which includes ensuring equal access to HIV services, without qualification or distinction, for the most vulnerable in society including young people, and adolescent girls and young women in sub-Saharan Africa. This access should meet the needs of people with special vulnerabilities, disabilities, those living with tuberculosis, and suffering from COVID-19 to leave no one behind.