



THE PRESIDENT
OF THE
GENERAL ASSEMBLY

21 May 2021

Excellency,

I have the honour to transmit herewith a letter dated 20 May 2021 from H.E. Mr. Mitchell Fifield, Permanent Representative of Australia and H.E. Mr. Neville Gertze, Permanent Representative of Namibia, the co-facilitators of the processes related to the convening of the high-level meeting on HIV and AIDS in 2021.

Through the aforementioned letter, the co-facilitators submit a second revised draft of the political declaration for the high-level meeting and a compilation of written contributions received from member states after the second informal consultation.

The co-facilitators convene the third reading on 25, 26 and 27 May at 10 a.m. to 1 p.m. and 3 p.m. to 6 p.m. via the Cisco WebEx Platform.

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

A handwritten signature in blue ink, appearing to read 'Volkan Bozkir'.

Volkan BOZKIR

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



20 May 2021

Excellency,

We have the honour to write to you in our capacity as co-facilitators of the processes related to the convening of the high-level meeting on HIV and AIDS. We would like to thank you for your participation in the first and second informal consultations on the political declaration.

Attached to this letter is a second revised draft political declaration. Our intention from the start of this process has been to produce an ambitious, evidence-based and balanced political declaration which focuses on developments since 2016. In preparing this draft, we have adopted as many proposals as possible while maintaining a sharp focus on this objective. For transparency, attached you will also find a compilation of written contributions received from Member States after the second informal consultation.

We will convene the third reading on 25, 26 and 27 May at 10:00am to 1:00pm and 3:00pm to 6:00pm via the Cisco WebEx Platform. The logistical information will be circulated by the Secretariat in advance of the meeting. We appreciate the goodwill and flexibility shown by delegations throughout this process. We ask that you approach the third reading in this spirit by focusing on your highest-priority proposals and incorporating these within existing paragraphs. Following the third reading, our intention is to convene small groups to finalise the text, as required.

We kindly request all delegations submit all comments in writing by close of business on 27 May to our focal points:

Rosemary O’Hehir
Rosemary.O’Hehir@dfat.gov.au
2ndsecpol@namibiaunmission.org

Nekwaya lileka –Amesu

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

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

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

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

Compilation of Member State inputs: Rev.1
2021 High-level Meeting on HIV/AIDS

General Comments

Belarus

- Community-led - preferable usage: **community-based**
- Gender-based violence - preferable usage: **all forms of violence**
- Sexual and reproductive health and rights - preferable usage: Sexual and reproductive health and **reproductive** rights
- Punitive laws – deletion of this term
- Intersecting forms of discrimination - preferable usage: **all forms of** discrimination
- Adolescents - preferable usage: **children, including** adolescents
- Rights-based - preferable usage: **with respect to all human rights**

General strong support to

- reference to national sovereignty and national context
- all family-oriented policies and support of families
- promotion of healthy life-style and responsible behavior
- paras on UCM

Mexico

- We support all references to the respect of sexual and reproductive health and rights and strongly advocate for a progressive and ambitious text. We would urge for us to avoid regressions in terms of what has been adopted in all multilateral fora, without going below those adopted in the recent CPD resolution and other relevant resolutions
- We do not agree with the proposals to eliminate references to “punitive laws, policies and practices”, since we believe we need to avoid stigma and discrimination those who have HIV. We could accept India’s proposal to replace “punitive” for “discriminatory” as a compromise and to obtain consensus.
- We generally support the proposals from the African Group to include references to reinforce multilateralism and international cooperation to achieve Agenda 2030. We also support the proposal to strengthen health systems and preparedness for pandemics.

<p>2021 Political Declaration on HIV and AIDS</p> <p>[Ending inequalities and getting on track to end AIDS by 2030]</p>	<p>CARICOM - 2021 Political Declaration on HIV and AIDS</p> <p>[Ending inequalities and getting on track to end the AIDS epidemic by 2030]</p>
<p>PART I: CALL TO ACTION</p>	
<p>1. In order to get the world on track to end AIDS as a public health threat by 2030 and accelerate progress towards achieving the Sustainable Development Goals, in particular Goal 3 on good health and well-being, we, Heads of State and Government and representatives of States and Governments assembled at the United Nations from 8 to 10 June 2021:</p>	<p>EU - We propose to add wording on annual monitoring of the commitment</p>
	<p>1. alt CARICOM - We, Heads of State and Government and representatives of States and Governments assembled at the United Nations from 8 to 10 June 2021, reaffirm our commitment to end the AIDS epidemic by 2030 and accelerate progress towards achieving the 2030 Sustainable Development Agenda, and we pledge to intensify efforts towards the goal of comprehensive prevention, treatment, care and support programmes that will help to significantly reduce new infections, increase life expectancy and quality of life, and promote, protect and fulfil all human rights and the dignity of all people living with, at risk of and affected by HIV and AIDS and their families [Para 1 of 2016 PD]</p>
<p>1.a. Regret that over 75 million people have become infected with HIV and over 32 million people have died from AIDS-related illnesses since the start of the AIDS pandemic;</p>	<p>Holy See - AIDS pandemic epidemic Indonesia - AIDS pandemic epidemic RF -AIDS pandemic epidemic</p>
<p>1.b. Express deep concern and regret that the international community did not meet the 2020 targets set out in the 2016 Political Declaration on HIV and AIDS despite the fact that we have the knowledge and tools to prevent every new HIV infection and each AIDS-related death;</p>	

1.c. Commit to urgent and transformative action to end the social, economic, racial and gender inequalities, punitive laws, policies and practices, stigma and multiple and intersecting forms of discrimination, including based on HIV status, and other human rights violations that perpetuate the AIDS pandemic;

Africa Group - Commit to urgent and transformative **ambitious** action to end the social, economic, racial and gender inequalities, punitive laws, policies and practices, stigma and ~~all multiple and intersecting~~ forms of discrimination, including based on HIV status, and other human rights violations that perpetuate the AIDS pandemic **and pledge to intensify efforts to promote protect all human rights and dignity of all people living with, at risk of, and affected by HIV/AIDS;**

Belarus - ~~punitive laws~~, policies and practices, stigma and multiple and ~~intersecting all~~ forms of discrimination

China - ~~punitive laws, policies and practices~~

EU - racial, **age-related** and gender inequalities, punitive **and discriminatory** laws, policies and practices, stigma and discrimination based on HIV status, **age**, sexual orientation ...

Holy See - stigma and ~~multiple and intersecting~~ **all** forms of discrimination, ... that perpetuate the AIDS ~~pandemic~~ **epidemic;**

Indonesia - stigma and ~~multiple and intersecting~~ **all** forms of discrimination, including based on HIV status, and other human rights violations that perpetuate the AIDS ~~pandemic~~ **epidemic;**

Mexico - racial and gender **and other/multiple and intersecting** inequalities...

Norway – punitive **and discriminatory** laws

RF - ~~and~~ economic **inequalities**, racial **discrimination** and gender **inequality inequalities**, ~~punitive laws, policies and practices~~, stigma and ~~multiple and intersecting forms of~~ discrimination, including based on HIV status, and ~~other~~ human rights violations that perpetuate the AIDS **epidemic** ~~pandemic~~

UK - Commit to urgent and transformative action to ~~end the~~ **ensure** social, economic, racial and gender ~~inequalities~~ **equality**; ~~punitive laws, policies and practices~~ **remove laws and policies that discriminate or otherwise undermine human rights and address** stigma and multiple and intersecting forms of discrimination

	US - HIV status, sexual orientation and gender identity, and other human rights violations
	UK - Elaborate on India's proposal (1.c. bis) to read 'Commit to strengthening prevention including primary prevention'
<p>1.d. Strongly commit to provide greater leadership and to work together through international cooperation, reinvigorated multilateralism and meaningful community engagement to urgently accelerate our national, regional and global collective actions, investments, research, development and innovations to build a healthier world for all, and leverage the Decade of Action to deliver the Sustainable Development Goals by 2030 and ensure that no one is left behind, with an endeavor to reach the furthest behind first;</p>	
<p>1.e. Commit to build back better in a more equitable and inclusive manner from the colliding pandemics of AIDS and COVID-19 and build resilience against future pandemics and other global health and development challenges, and continue to leverage the investments and experience of the HIV response to further enhance public health, systems for health and pandemic preparedness and response;</p>	<p>Africa Group - Commit to build back better in a more equitable and inclusive manner from the colliding pandemics of AIDS and COVID-19 and build resilience against future pandemics and other global health and development challenges, and continue to leverage the investments and experience of the HIV response to further enhance public health, including by strengthening health systems systems for health and pandemic preparedness and response;</p> <p>Brazil - ...to further enhance public health, resilient health systems for health and pandemic preparedness and response;</p> <p>CARICOM - public health, systems for health</p> <p>Holy See - ...build back better in a more equitable and inclusive manner from the colliding pandemics of the AIDS epidemic and COVID-19 pandemic and build resilience against future pandemics, epidemics and other global health and development challenges;</p> <p>Indonesia - colliding pandemics of epidemic AIDS and COVID-19 pandemic</p> <p>RF - Commit to build back better in a more equitable and inclusive manner from the colliding pandemics of AIDS and COVID-19 pandemic and build resilience against future pandemics and other global health and development challenges, and continue to leverage the investments and experience of the</p>

	HIV response to further enhance public health, strengthen health systems for health and pandemic preparedness and response;
1.f. Commit to urgent action over the next five years through a coordinated global HIV response based on global solidarity and shared responsibility to fully implement the commitments, contained in the present Declaration, recognizing that achieving them will reduce annual new HIV infections to under 370,000 and annual AIDS-related deaths to under 250,000 by 2025 and generate progress towards the elimination of all forms of HIV-related stigma and discrimination.	<p>Africa Group - Commit to urgent actions over the next five years</p> <p>Belarus - responsibility to fully implement the commitments</p> <p>China - Declaration in line with national circumstances, policies and priorities, recognizing that achieving them will reduce annual new HIV infections</p> <p>Iraq - to fully implement in line with national circumstances, policies and priorities the commitments, contained in the present Declaration,</p> <p>RF - shared responsibility to fully implement the commitments, contained in the present Declaration, in line with national circumstances, policies and priorities, [based on paragraphs 5, 21 and 55, A/RES/70/1; para 10, A/RES/69/313; para 74, A/RES/70/266] recognizing that achieving them is aimed at will reducing annual new HIV infections...and generating progress towards</p>
	1. f. bis Africa Group - Strongly commit to strengthen investments in science, including research and development, and urgently work to accelerate progress towards an HIV vaccine.
	1. f. ter Africa Group - commit to ensure better access to preventive and curative treatments, including affordable and quality-assured generic formulations and ensure the availability of more finance resources to fully implement the commitments, goals and targets contained in the present Declaration.
PART II: THE END OF AIDS IS IN REACH, BUT URGENT ACTION IS NEEDED	
To this end we:	
<i>Reaffirming international resolve</i>	

	<p>2. pre Belarus - Reaffirm the sovereign rights of Member States, as enshrined in the Charter of the United Nations, and the need for all countries to implement the commitments and pledges in the present Declaration consistent with national laws, national development priorities and international human rights [para 4, 70/266]</p>
	<p>2. pre China - Reaffirm the sovereign rights of Member States, as enshrined in the Charter of the United Nations, and the need for all countries to implement the commitments and pledges in the present Declaration consistent with national laws, national development priorities and international human rights.</p>
	<p>2. pre RF - Reaffirm the sovereign rights of Member States, as enshrined in the Charter of the United Nations, and the need for all countries to implement the commitments and pledges in the present Declaration consistent with national laws, national development priorities and international human rights; [Based on para 4, A/RES/70/266; para 2, A/RES/65/277]</p>
<p>2. Reaffirm the 2030 Agenda for Sustainable Development, including the SDG target 3.3 to end AIDS by 2030, the Addis Ababa Action Agenda of the Third International Conference on Financing for Development, as well as the Beijing Declaration and Platform for Action, the Programme of Action of the International Conference on Population and Development and the outcomes of their review conferences, the Almaty and Astana Declarations on Primary Health Care and other relevant instruments, agreements, United Nations outcomes and Programmes of Action;</p>	<p>EU- Add the Universal Convention of Human Rights and Convention on the Elimination of All Forms of Discrimination against Women.</p> <p>Holy See - International Conference on Population and Development and the outcomes of their review conferences;</p> <p>Iraq - International Conference on Population and Development and the outcomes of their review conferences, the Almaty and Astana Declarations on Primary Health Care</p> <p>RF - the Alma-Ata and Astana Declarations on Primary Health Care and other relevant instruments, such as the Declaration on the Right to Development, as well as agreements, United Nations outcomes and Programmes of Action;</p> <p>UK - Reaffirm the 2030 Agenda...; and recall the Addis Ababa Action Agenda...</p>

	<p>2. alt CARICOM - Reaffirm the 2001 Declaration of Commitment on HIV/AIDS, and the 2006, 2011 and 2016 Political Declarations on HIV and AIDS and the urgent need to scale up significantly our effort towards the goal of universal access to comprehensive prevention programmes, treatment, care and support, [para 2, 2016 PD]</p>
	<p>2. alt bis CARICOM - Reaffirm the 2030 Agenda for Sustainable Development, including the SDG target 3.3 to end the AIDS epidemic by 2030, Addis Ababa Action Agenda of the Third International Conference on Financing for Development, [based on para 3 2016 PD]</p>
	<p>2. alt ter CARICOM - Reaffirm Political Declaration on Tuberculosis, Political Declaration on the Prevention and Control of Non-Communicable Diseases, Political Declaration on Universal Health Coverage [based on para 3 2016 PD]</p>
<p>3. Reaffirm further the 2001 Declaration of Commitment on HIV/AIDS and the 2006, 2011 and 2016 Political Declarations on HIV and AIDS, Political Declaration on Antimicrobial Resistance, Political Declaration on Tuberculosis, Political Declaration on the Prevention and Control of Non-Communicable Diseases and the Political Declaration on Universal Health Coverage;</p>	<p>Norway - ...Political Declaration on Tuberculosis, Outcome Document of the 2016 UNGASS on the World Drug Problem, Political Declaration...</p>
	<p>3. bis (flexible on placement) Africa Group - Reaffirm the sovereign rights of Member States, as enshrined in the Charter of the United Nations, and the need for all countries to implement the commitments and pledges in the present Declaration consistent with national laws, national development priorities and international human rights;</p>
<p>4. Recall all relevant resolutions and decisions from the UN General Assembly, UN Security Council, the Economic and Social Council, the Human Rights Council, the Commission on the Status of Women and the World Health Assembly;</p>	<p>Africa Group - Recall all relevant resolutions and decisions from the UN General Assembly, UN Security Council, the Economic and Social Council, the World Health Assembly, the Human Rights Council, the Commission on the Status of Women and Commission on Social Development;</p> <p>CARICOM - Commission on the Status of Women and the Commission on Social Development and the World Health Assembly</p>

	<p>China - Recall HIV/AIDS related all relevant resolutions and decisions from the UN General Assembly, UN Security Council^[1], the Economic and Social Council, the Human Rights Council, the Commission on the Status of Women and the World Health Assembly; [add respective numbers of resolutions in foot note based on para6 of A/RES/70/266]</p> <p>Holy See - the Commission on the Status of Women</p> <p>Iran - UN Security Council, the Economic and Social Council, the Human Rights Council,</p> <p>Mexico – If we agree to add CSocD, we would prefer to also include Commission of Population and Development</p> <p>Norway – Economic and Social Council, Commission on Narcotic Drugs, the Human Rights Council</p> <p>RF - UN Security Council and the Economic and Social Council, as well as the Human Rights Council and the Commission on the Status of Women, and of the World Health Assembly;</p>
<p>5. Welcome the report of the Secretary-General and the UNAIDS “Global AIDS Strategy 2021–2026: End Inequalities. End AIDS”;</p>	<p>Africa Group - Welcome Take note with appreciation of the report of the Secretary-General “addressing inequalities and getting back on track to end AIDS by 2030” and the UNAIDS “Global AIDS Strategy 2021–2026: End Inequalities. End AIDS”;</p> <p>CANZ - Welcome the report of the Secretary-General and the UNAIDS “Global AIDS Strategy 2021–2026: End Inequalities. End AIDS” and takes note of the HLM 2021 Civil Society Declaration</p> <p>CARICOM – Welcome Takes note of</p> <p>China - Welcome Take note of</p> <p>Holy See - Welcome Take note of</p> <p>Iraq - Welcome Take note of</p> <p>RF - Welcome Take note of [Based on para 26, A/RES/70/266]</p>

<p>6. Reaffirm the Universal Declaration of Human Rights and commit to respect, protect and fulfil human rights, which are universal, indivisible, interdependent and interrelated, including in the context of the HIV response, and urge that all human rights and fundamental freedoms, including the right to development, be integrated into all HIV and AIDS policies and programmes;</p>	<p>Belarus - protect and fulfil promote human rights</p> <p>EU - Reaffirm the Universal Declaration of Human Rights and commit to respect, protect and fulfil all human rights</p> <p>Holy See - commit to promote respect, protect and respect fulfil human rights,</p> <p>Mexico – We prefer to eliminate “right to development” and particularly oppose any mentioning of the right the development as universal and inalienable.</p> <p>RF - and fulfil promote human rights</p> <p>US - fundamental freedoms, including the rights to freedoms of expression as well as peaceful assembly and association as well as the right to development</p>
<p>7. Reaffirm the right of every human being, without distinction of any kind, to the enjoyment of the highest attainable standard of physical and mental health, and affirm that the availability, accessibility, acceptability, affordability and quality of HIV combination prevention, testing, treatment, care and support, health and social services, including sexual and reproductive health-care services, delivered free from stigma and discrimination, information and education, are essential elements to achieve the full realization of this right;</p>	<p>Africa Group - Reaffirm the right of every human being, without distinction of any kind, to the enjoyment of the highest attainable standard of physical and mental health, and affirm that the availability, accessibility, acceptability, affordability and quality of HIV combination prevention, testing, treatment, care and support, health health-care and social services, including sexual and reproductive health-care services, delivered free from stigma and discrimination, information and education, are essential elements to achieve the full realization of this right;</p> <p>CANZ - health-care services, information and education, delivered</p> <p>CARICOM - accessibility, acceptability, affordability</p> <p>China - recognize the right of everyone to attain the highest standard of sexual and reproductive health, and recognize the right of everyone to have control over and decide freely and responsibly on matters related to sexuality, including sexual and reproductive health, free of coercion, discrimination and violence;</p> <p>EU - delivered free from stigma and discrimination, information and education, with respect to the right to privacy and principles of confidentiality and informed consent, are essential elements to achieve the full realization of this right</p>

	<p>Holy See - health care and social services, including sexual and reproductive health-care services, delivered</p> <p>Norway - health and social services, including sexual and reproductive health-care services,</p> <p>Switzerland - Support reference to SRHR throughout the text</p> <p>UK - including sexual and reproductive health-care services...</p>
<p>8. Reaffirm the commitment to sexual and reproductive health and rights, in accordance with the Programme of Action of the International Conference on Population and Development, the Beijing Platform for Action and the outcome documents of their review conferences, recognize the right of everyone to attain the highest standard of sexual and reproductive health, and recognize the right of everyone to have control over and decide freely and responsibly on matters related to sexuality, including sexual and reproductive health, free of coercion, discrimination and violence;</p>	<p>Africa Group - Reaffirm the commitment to providing access to sexual and reproductive health and reproductive rights, in accordance with the Programme of Action of the International Conference on Population and Development, the Beijing Platform for Action and the outcome documents of their review conferences, recognize the right of everyone to attain the highest standard of health, including sexual and reproductive health, and recognize the right of everyone to have control over and decide freely and responsibly on matters related to sexuality, including sexual and reproductive health, free of coercion, discrimination and violence;</p> <p>Belarus - sexual and reproductive health and reproductive rights, in accordance with the Programme of Action of the International Conference on Population and Development, the Beijing Platform for Action and the</p> <p>Brazil – sexual and reproductive health and rights... recognize the right of everyone to attain the highest standard of sexual and reproductive health</p> <p>CANZ - the Beijing Declaration and Platform for Action and the outcome documents of their review conferences, recognize the right of everyone to attain the highest attainable standard of sexual and reproductive health...</p> <p>Holy See - Delete the para.</p> <p>Indonesia - Reaffirm the commitment to sexual and reproductive health and reproductive rights</p> <p>Iran - sexual and reproductive health and reproductive rights... review conferences, recognize the right of everyone to attain the highest standard of sexual and reproductive health, and recognize the right of everyone to have control over and decide freely and responsibly on matters related to sexuality,</p> <p>Iraq - Delete the para</p>

	<p>RF - reproductive health and reproductive rights, ...the right of everyone to attain the enjoyment of the highest attainable standard of health, including sexual and reproductive health...matters related to their sexuality [Based on para 61(c), A/RES/70/266]</p>
<p>9. Emphasize the important role of cultural, family, ethical and religious factors including the key role played by religious leaders in ending AIDS;</p>	<p>Africa Group - Emphasize the important role of cultural, family, ethical and religious factors including the key role played by religious leaders in ending AIDS and in the treatment care and support taking into account the particularities of each country as well as the importance of respecting all human rights and fundamental freedoms;</p> <p>Argentina - If this paragraph is retained, we suggest including language to indicate that “In different cultural, political and social systems, various forms of the family exist” [based on agreed language from ICPD and CSW agreed conclusions]</p> <p>Norway - Delete the para.</p> <p>RF - religious factors in the prevention of the epidemic and in treatment, care and support, including the key role played by religious leaders in ending AIDS, taking into account the particularities of each country;</p> <p>Switzerland - cultural, families in all their diversity, ethical</p> <p>US - Recognize Emphasize the important role of cultural, family ethical and religious factors including the important key role-responsibility of played by religious leaders</p>
<p>10. Recognize that ending AIDS requires ending intersecting inequalities and driving multisectoral action across a range of sustainable development goals and targets, and that the HIV response is making a vital contribution to the achievement of the 2030 Agenda for Sustainable Development;</p>	<p>Africa Group - Recognize that ending AIDS requires ending intersecting all inequalities...</p> <p>Belarus - ending intersecting all forms of inequalities</p> <p>EU- Recognize that ending AIDS and the prevention of the new HIV infections requires ending intersecting inequalities and addressing harmful socioeconomic, cultural and structural barriers, including multiple and intersecting forms of discrimination and driving multisectoral action across a range of sustainable development goals and targets, and that the HIV response is making a vital contribution to the achievement of the 2030 Agenda for Sustainable Development;</p>

	<p>Holy See - requires ending intersecting inequalities inequality and</p> <p>Indonesia - Recognize that ending AIDS requires ending intersecting inequalities</p> <p>Norway - ending AIDS and the spread of HIV requires</p> <p>RF - ending intersecting inequalities</p> <p>10 alt CARICOM - Reiterate that health is a precondition for and an outcome and indicator of all three dimensions of sustainable development, and that sustainable development can be achieved only in the absence of a high prevalence of debilitating communicable and non-communicable diseases, including emerging and re-emerging diseases; [para 12 2016 PD] and that HIV response is making a vital contribution to the achievement of the 2030 Agenda for Sustainable Development [from para 8 in zero draft] [can also be considered 10.bis]</p>
<p>11. Recognize that poverty and poor health are inextricably linked and that poverty can increase the risk of progression from HIV to AIDS owing to a lack of access to comprehensive treatment-related services and adequate nutrition and care services and to the inability to meet costs related to treatment services, including transportation;</p>	<p>Norway - poverty can increase the susceptibility to becoming HIV-infected as well as the risk of progression from HIV to AIDS owing to a lack of access to comprehensive combination prevention and treatment-related services...</p> <p>Switzerland - nutrition and health-care system services</p>
<p>12. Note that 2021 marks 40 years since the first cases of AIDS were reported, 25 years since the Joint United Nations Programme on HIV/AIDS (UNAIDS) commenced its work as a unique multi-stakeholder and multi-sectoral programme to lead the efforts of the UN system against the AIDS pandemic, and 20 years since the landmark 2001 Declaration of Commitment on HIV/AIDS;</p>	<p>China - major paramount health and development, human rights, security and social change</p> <p>EU - Propose to mention 20 years of Global Fund against HIV/AIDS, Tuberculosis and Malaria (GFATM).</p> <p>Holy See - against the AIDS pandemie epidemic,</p> <p>Indonesia - UN system against the AIDS pandemie epidemic</p> <p>RF - against the AIDS pandemie epidemic</p> <p>US - 20 years since the landmark 2001 Declaration of Commitment on HIV/AIDS, and 20 years since the creation of the Global Fund;</p>
<p><i>Progress and gaps</i></p>	

<p>13. Express deep concern that the AIDS pandemic continues to affect every region of the world, remaining a global emergency and a paramount health, development, human rights, security and social challenge;</p>	<p>EU - Express deep concern that the AIDS pandemic continues to affect every region of the world, and continues to disproportionately affect those left behind - including key populations, adolescents and youth, including young women and other priority groups, remaining a global emergency...Reorder 13 and 14</p> <p>Holy See - the AIDS pandemic epidemic continues to ...human rights; security and social challenge;</p> <p>Indonesia- the AIDS pandemic epidemic continues to...human rights; security and social challenge;</p> <p>RF - Express deep concern that the AIDS epidemic pandemic...remaining a global emergency, poses one of the most formidable challenges to the development, progress and stability of our respective societies and the world at large and require an exceptional and comprehensive global response that takes into account the fact that the spread of HIV is often a cause and a consequence of poverty and inequality, and a paramount health, development, human rights, security and social challenge; [Based on para 10, A/RES/70/266</p> <p>13. alt CARICOM - Express deep concern that HIV and AIDS affect every region of the world and that the Caribbean continues to have the highest prevalence outside sub-Saharan Africa, while the number of new HIV infections is increasing in Eastern Europe and Central Asia, and note that 90 per cent of people newly infected with HIV live in just 35 countries; [Para 19 of 2016 PD]</p>
<p>14. Recognize that while AIDS is a global pandemic, with 38 million people globally living with HIV, national and regional epidemics have different characteristics and drivers, and that differentiated responses and interventions are required for addressing them;</p>	<p>Africa Group - ...differentiated responses and interventions based on national priorities and contexts are required for addressing them;</p> <p>China - Recognize that while AIDS is a global pandemic, with 38 million people globally living with HIV, national and regional epidemics have different characteristics and drivers, and that differentiated responses and interventions are required for addressing them; and in this regard recognize that AIDS responses must be based on country ownership and</p>

	<p>leadership depending on epidemiological and social context, tailored to national circumstances; [based on para 57A/RES/70/266]</p> <p>EU - Reorder 13 and 14</p> <p>Holy See - while AIDS is a global epidemic pandemic, with 38 million people globally living with HIV, ... required for addressing them and preventing new infections;</p> <p>RF: Recognize that while AIDS is a global health risk pandemic, [Based on SDG-3(d), A/RES/70/1] ... and that differentiated responses and interventions, based on national priorities and contexts, are required for addressing them;</p>
	<p>14 bis Brazil - Also recognize that different AIDS responses must be based on country ownership and leadership, depending on epidemiological, economic and social context, tailored to national circumstances [based on para 57 A/RES/70/266]</p> <p>14bis RF - Reaffirm in this regard that the prevention of HIV infection must be the mainstay of national, regional and international responses to the epidemic, and therefore commit ourselves to intensifying efforts to ensure that a wide range of prevention programmes that take account of local circumstances, ethics and cultural values is available in all countries, particularly the most affected countries, including information, education and communication, in languages most understood by communities and respectful of cultures, aimed at reducing risk-taking behaviours and encouraging responsible sexual behaviour, including abstinence and fidelity; expanded access to essential commodities, expanded access to voluntary and confidential counselling and testing; and early and effective treatment of sexually transmitted infections; [based on para 22, A/RES/60/262]</p>
<p>15. Welcome and encourage regional efforts to set ambitious targets and design and implement strategies on HIV and AIDS;</p>	

<p>16. Reiterate with profound concern that while Africa, in particular sub-Saharan Africa, is the region that has demonstrated the most substantial progress, it remains the worst-affected region and that urgent and exceptional action is required at all levels to curb the devastating effects of the epidemic, particularly on women, adolescent girls and children;</p>	<p>Belarus - devastating effects of the epidemic, particularly on women, adolescent girls and children women, children, including adolescent girls; Holy See - particularly on women, adolescent girls and children; RF - on women adolescent girls and children;</p>
<p>17. Welcome the progress achieved since the 2001 Declaration, including a 54% reduction in AIDS-related deaths and a 37% reduction in HIV infections globally, while noting with concern that progress has dangerously slowed in recent years;</p>	<p>Africa Group - Recognize Welcome the progress achieved...</p>
	<p>17. bis CARICOM - Also welcome the progress achieved since the 2001 Declaration, including a 68% reduction in mother to child transmission of HIV [based on para 2 SG's report]</p>
<p>18. Express deep concern that insufficient progress has been made in reducing HIV infections, with 1.7 million new infections in 2019 compared to the 2020 global target of fewer than 500,000 infections, and that the AIDS pandemic has increased in at least 33 countries since 2016;</p>	<p>Holy See - and that the AIDS epidemic pandemie has increased... Indonesia - and that the AIDS epidemic pandemie has increased... RF - the AIDS epidemic pandemie</p>
<p>19. Note with concern that inequalities along multiple demographics - including those based on HIV status, gender, sexual orientation and gender identity, race, ethnicity, disability, income level, drug use, sex work, immigration status and incarceration - intersect to compound each other, and have contributed to the failure to reach the 2020 global HIV targets;</p>	<p>Africa Group - Note with concern that inequalities along multiple demographics - including those based on HIV status, gender, sexual orientation and gender identity, race, ethnicity, disability, income level, drug use, sex work, immigration status and incarceration – intersect to compound each other, and have contributed to the failure to reach the 2020 global HIV targets;</p> <p>Argentina - Note with concern that inequalities along multiple demographics - including those based on HIV status, gender, sexual orientation and gender identity, race, ethnicity, age, disability, income level, poverty and extreme poverty, drug use, habitat, sex work, immigration status, neglected comorbidities (Tuberculosis), and incarceration - intersect to compound each other, and have contributed to the failure to reach the 2020 global HIV targets</p> <p>Belarus - Note with concern that inequalities along multiple demographics - including those based on HIV status, gender sex, sexual orientation and gender identity, race, ethnicity, disability, income level, drug use, sex work,</p>

	<p>immigration status and incarceration - intersect to compound each other, and have contributed to the failure to reach the 2020 global HIV targets;</p> <p>China – drug use, sex work</p> <p>Colombia - income level, age, drug use,</p> <p>EU- ethnicity, disability, age, income level...</p> <p>Holy See - inequalities along multiple demographics—including those based on HIV status, gender, sexual orientation and gender identity, race, ethnicity, disability, income level, drug use, sex work, immigration status and incarceration—intersect to compound each other, and have contributed</p> <p>Iran - HIV status, gender, sexual orientation and gender identity, race, ethnicity, disability, income level, drug use, sex work,</p> <p>Indonesia - ... gender, sexual orientation and gender identity, race...</p> <p>Iraq - Note with concern that inequalities along multiple demographics - including those based on HIV status, gender, sexual orientation and gender identity, race, ethnicity, disability, income level, drug use, sex work, immigration status and incarceration—intersect to compound each other, and have contributed to the failure to reach the 2020 global HIV targets;</p> <p>RF - Note with concern that inequalities, including gender inequality, and discrimination along multiple demographics - including those related to based on HIV status, gender, sexual orientation and gender identity, race, ethnicity, disability, income level, drug use, sex work, immigration migratory status and incarceration - intersect to compound each other, and have contributed to</p> <p>Thailand - disability, income level, education, occupation, drug use, sex work</p> <p>UK - Note with concern that inequalities and their intersection along...</p>
<p>20. Note with alarm that the COVID-19 pandemic has exacerbated existing inequalities created additional setbacks and pushed the AIDS response, especially access to medicines, treatments and diagnostics, further off track, widening fault lines within a deeply unequal world and exposing the dangers</p>	<p>Argentina - other essential public services for all, support to civil society, and pandemic preparedness;</p>

<p>of under-investment in public health, systems for health and other essential public services for all and pandemic preparedness;</p>	<p>Brazil - under-investment in public health, systems for resilient health systems and other essential public services for all and pandemic preparedness;</p> <p>CARICOM - off track, increasing inequality widening fault lines within... in public health, systems for health and</p> <p>EU- Note with alarm that the COVID-19 pandemic has exacerbated existing inequalities, posed serious risks of regression towards achieving gender equality and created additional setbacks and pushed the AIDS response, especially access to medicines, treatments and diagnostics, further off track, widening fault lines within a deeply unequal world amplifying health inequities especially amongst key populations already experiencing significant barriers to access the health services they need and exposing the dangers of under-investment in public health, systems for health and other essential public services for all and pandemic preparedness and other essential public services for all;</p> <p>RF - under-investment in public health, health systems for health and</p> <p>Singapore - Support acknowledgement of need to invest in pandemic preparedness</p>
	<p>20. bis RF: Welcome the appeal made by the Secretary-General, on 26 March 2020, on the waiving of sanctions that undermine countries' capacity to respond to the COVID-19 pandemic and the statement made by the United Nations High Commissioner for Human Rights, on 23 March, on the need to ease or suspend sectoral sanctions in the light of their potentially debilitating impact on the health sector and human rights; [Based on OP.10, A/RES/75/181]</p>
<p>21. Welcome recent efforts by countries to put in place societal enablers, including enabling laws, policies, public education campaigns and anti-stigma training for health-care workers and police that dispel the stigma and discrimination that still surround HIV, empower women and girls to claim their sexual and reproductive health and rights, and end the marginalization of people at higher risk of HIV infection;</p>	<p>Africa Group - ...empower women and girls to take charge claim their sexual and reproductive health and and reproductive rights, in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing platform for Action and the outcomes documents of their review conferences and end the marginalization of people living at higher risk of HIV infection;</p>

	<p>Belarus - sexual and reproductive health and reproductive rights, and end the marginalization discrimination of people at higher risk of HIV infection;</p> <p>Brazil – sexual and reproductive health and rights</p> <p>CARICOM - and law enforcement police ... and end the discrimination marginalization of people at higher risk of HIV infection living with, at risk of and affected by HIV;</p> <p>EU - stigma and discrimination that still surround HIV, respect the right to privacy and confidentiality, empower women and girls all to claim their sexual and reproductive health and rights... support people ageing with HIV to fully exercise their health and social rights and end marginalization of people</p> <p>Holy See - still surround HIV, empower women and girls to claim their sexual and reproductive health and rights, and end the marginalization of people living with, at risk of and affected by at higher risk of HIV infection;</p> <p>Indonesia- claim their sexual and reproductive health and reproductive rights, and end the marginalization discrimination of people at higher risk of HIV infection</p> <p>Iran - reproductive health and rights, and end the marginalization stigma and discrimination of people</p> <p>RF - empower women and girls to promote claim their sexual and reproductive health and rights, and end the discrimination marginalization of people at higher risk of living with HIV infection</p> <p>Thailand - training for health-care workers, police and other relevant officials that dispel</p> <p>UK - sexual and reproductive health and rights</p>
<p>22. Note with concern that compared to the general population, global epidemiological data demonstrates that there are key populations who are at greatly elevated risk of HIV infection in all regions and epidemic settings; key populations¹ as defined by scientific research include gay men and other</p>	<p>Africa Group - delete para. Language on key populations to be reflected in paragraph, not footnoted.</p>

¹ Each country should define the specific populations that are key to their epidemic and response based on the epidemiological, social and economic context.

men who have sex with men who are at 26 times higher risk of HIV acquisition, people who inject drugs who are at 29 times higher risk of HIV acquisition, female sex workers who are at 30 times higher risk of HIV acquisition, transgender women who are at 13 times higher risk of HIV acquisition, and people in prisons and other closed settings who have six times higher HIV prevalence than the general population;

Brazil – move footnote to main body of para - ...general population **Each country should define the specific populations that are key to their epidemic and response based on the epidemiological, social and economic context.;**

CARICOM - settings; **emphasizing that each country should define the specific populations that are key to its epidemic and response, based on the local epidemiological context, and as such key populations...** and other closed **custodial** settings

Holy See – Delete the para and the footnote.

Indonesia - ... key populations are **13 to 30 times higher risk of HIV acquisition and some of them, who are in closed settings, have six times higher HIV prevalence than the general population;**

~~,,, as defined by scientific research include gay men and other men who have sex with men who are at 26 times higher risk of HIV acquisition, people who inject drugs who are at 29 times higher risk of HIV acquisition, female sex workers who are at 30 times higher risk of HIV acquisition, transgender women who are at 13 times higher risk of HIV acquisition, and people in prisons and other closed settings who have six times higher HIV prevalence than the general population;~~

~~**Iran** - include gay men and other men who have sex with men who are at 26 times higher risk of HIV acquisition, people who inject drugs who are at 29 times higher risk of HIV acquisition, female sex workers who are at 30 times higher risk of HIV acquisition, transgender women who are at 13 times higher risk of HIV acquisition, and people in prisons and other closed settings who have six times higher HIV prevalence than the general population~~

Norway – Delete the footnote

RF - data demonstrates that there are key populations **at higher** ~~who are at greatly elevated risk of HIV infection in most settings, all regions and epidemic settings~~ and **reaffirm that each country should define the specific populations that are key to their epidemic and response based on the epidemiological and social context;** key populations^H ~~as defined by scientific research include gay men and other men who have sex with men~~

	<p>who are at 26 times higher risk of HIV acquisition, people who inject drugs who are at 29 times higher risk of HIV acquisition, female sex workers who are at 30 times higher risk of HIV acquisition, transgender women who are at 13 times higher risk of HIV acquisition, and people in prisons and other closed settings who have six times higher HIV prevalence than the general population;</p> <p>Switzerland - people who use drugs including those who inject drugs</p>
	<p>22 alt. Africa Group - Note with alarm the slow progress in reducing new infections and the limited scale of combination prevention programmes emphasizing that each country should define the specific populations that are key to its epidemic and response, based on the local epidemiological context, and note with grave concern that women and adolescent girls, in particular in sub-Saharan Africa, are more than twice as likely to become HIV-positive than boys of the same age, and noting also that many national HIV prevention, testing and treatment programmes provide insufficient access to services for women and adolescent girls, migrants and key populations that epidemiological evidence shows are globally at higher risk of HIV than the general population; [2016 Political Declaration]</p>
<p>23. Note with concern that key populations and their sexual partners account for 62% of new HIV infections globally and for 98% in Asia and the Pacific, 60% in the Caribbean, 99% in Eastern Europe and Central Asia, 28% in Eastern and Southern Africa, 77% in Latin America, 97% in Middle East and North Africa, 69% in Western and Central Africa, and 96% in Western and Central Europe and North America; across all of these regions, HIV infections increased among gay men and other men who have sex with men by 25% between 2010 and 2019, and annual infections among sex workers, people who inject drugs and transgender people have barely changed;</p>	<p>Africa Group - across all of these regions, HIV infections increased among [gay men] and other men who have sex with men by 25% between 2010 and 2019, and annual infections among sex workers, people who inject drugs and transgender people have barely changed;</p> <p>Belarus - Western and Central Europe and North America; across all of these regions, HIV infections increased among gay men and other men who have sex with men by 25% between 2010 and 2019, and annual infections among sex workers, people who inject drugs and transgender people have barely changed;</p> <p>EU - Keep as drafted</p> <p>Holy See - Delete the para.</p> <p>Indonesia- across all of these regions, HIV infections increased among gay men and other men who have sex with men by 25% between 2010 and 2019,</p>

	<p>and annual infections among sex workers, people who inject drugs and transgender people have barely changed;</p> <p>Iraq - Delete the para.</p> <p>RF - Note with concern that key populations at higher risk of HIV and their... across all of these regions, HIV infections increased among gay men and other men who have sex with men by 25% between 2010 and 2019, and annual infections among sex workers, people who inject drugs and transgender people have barely changed;</p> <p>Switzerland - people who use drugs including those who inject drugs and transgender people [Keep this reference to key populations, as it makes reference to important evidence]</p>
<p>24. Note that, depending on the epidemiological and social context of a particular country, other populations may be at elevated risk of HIV, including women and adolescent girls and their male partners, young people, children, persons with disabilities, ethnic and racial minorities, indigenous peoples, people living in poverty, migrants, refugees, internally displaced persons, men and women in uniform and people in humanitarian emergencies and conflict and post-conflict situations;</p>	<p>Argentina – indigenous peoples, people of African descent, people living in poverty...</p> <p>Brazil - epidemiological, economic and social context...</p> <p>CARICOM - depending on the national epidemiological and social context of a particular country, different other populations...</p> <p>Holy See - particular country, other different populations may be at elevated risk of HIV, including women and adolescent girls ...</p> <p>Indonesia - indigenous peoples, local communities</p> <p>Mexico- conflict and post-conflict situations and other situations of vulnerability</p> <p>Switzerland - Keep this reference to epidemiological context as risk profiles vary accordingly</p>
<p>25. Express concern that, in sub-Saharan Africa, five out of six new infections among adolescents aged 15–19 years are among girls, that adolescent girls and young women account for 24% of HIV infections despite representing 10% of the population, and that AIDS is the leading cause of death for adolescent girls and women aged between 15 and 49 years;</p>	<p>EU - Move to after Paragraph 18</p> <p>Holy See - among adolescents those aged 15–19 years are among girls, that adolescent girls and young women...</p>
<p>26. Express deep concern about stigma, discrimination, violence, and punitive laws and practices that target people living with, at risk of and</p>	<p>Africa Group - including key populations - including for sexual-orientation and gender identity and non-disclosure, exposure and transmission of HIV -</p>

affected by HIV, including key populations - including for sexual orientation and gender identity and non-disclosure, exposure and transmission of HIV - and laws that restrict the movement or access to services for people living with HIV, key populations, young people, women and girls in all their diversity, and in this regard, deplores acts of violence and discrimination, in all regions of the world against them;

and laws that restrict the movement or access to services for people living with HIV, key populations, young people, **all** women and girls **in all their diversity**, and in this regard, deplores acts of violence and discrimination, in all regions of the world against them.

Argentina - we strongly support the text as drafted by the cofacilitators and the references to SOGI and “women and girls in all their diversity”

Belarus - Express deep concern about stigma, discrimination, violence, and ~~punitive laws and~~ practices that target people living with, at risk of and affected by HIV, including key populations **including for sexual orientation and gender identity and non-disclosure, exposure and transmission of HIV**—and laws that restrict the movement or access to services for **people living with HIV, key populations, young people, women and girls in all their diversity**, and in this regard, deplores acts of violence and discrimination, in all regions of the world against them.

EU - punitive **and discriminatory** laws and practices... key populations, ~~young~~ all people, ~~women and girls~~ in all their diversity Open up the end of the para through “all” instead of the listing. On diversity, see general EU approach as mentioned in the general remarks.

Holy See - ~~including key populations—~~including for sexual orientation and gender identity and non-disclosure, exposure and transmission of HIV—~~and~~ laws that restrict the movement or access to services for ~~people living with HIV, key populations, young people, women and girls in all their diversity,~~ and in this regard **them, and** deplores ... discrimination, in all regions of the world, against them;

Indonesia - including key populations - ~~including for sexual orientation and gender identity and non-disclosure, exposure and transmission of HIV~~

Iran - ~~including for sexual orientation and gender identity and non-disclosure~~

Iraq - people living with, at risk of and affected by HIV, ~~including key populations—~~including for sexual orientation and gender identity and non-disclosure, exposure and transmission of HIV - and laws that restrict the movement or access to services for people living with HIV, ~~key populations,~~ young people, women and girls **in all their diversity**, and in this regard

Norway - punitive **and discriminatory** laws

	<p>RF - violence, and punitive laws and practices that target against people living with, at risk of and affected by HIV, including key populations – including for sexual orientation and gender identity and non-disclosure, exposure and transmission of HIV – and laws that restrict the movement or access to services for people living with HIV, key populations, young people, women and girls in all their diversity,</p> <p>UK - violence, and punitive and discriminatory laws and practices</p>
<p>27. Recognize that sexual and gender-based violence, the unequal socioeconomic status of women, structural barriers to women's economic empowerment and insufficient protection of the sexual reproductive health and rights of women and girls compromises their ability to protect themselves from HIV infection and aggravates the impact of the AIDS pandemic;</p>	<p>Africa Group - sexual and reproductive health and rights of women</p> <p>Belarus - sexual and gender-based violence</p> <p>Brazil - sexual reproductive health and rights</p> <p>CANZ - sexual and reproductive health</p> <p>EU - Recognize that sexual and gender-based violence, including intimate partner violence... sexual and reproductive health and rights of women</p> <p>Holy See - Delete the para.</p> <p>Indonesia - Recognize that sexual and gender-based violence against women and girls... protection of the sexual reproductive health and reproductive rights ... and aggravates the impact of the AIDS pandemic epidemic;</p> <p>Iran - sexual reproductive health and rights of women and girls</p> <p>Iraq - sexual reproductive health and rights of women and girls</p> <p>Norway - gender-based violence, including intimate partner violence, ... insufficient protection of the sexual and reproductive health and rights</p> <p>RF - Recognize that all forms of violence against women and girls sexual and gender-based violence... protection of the sexual and reproductive health and rights... and aggravates the impact of the AIDS epidemic pandemic;</p> <p>Switzerland - Strongly supports the term “sexual and gender-based violence” throughout the text.</p> <p>US - Sexual and reproductive health and rights</p>

	<p>27 bis. Africa Group - Note with grave concern that the holistic needs and human rights of people living with, at risk of and affected by HIV, and of [women and] young people, remain insufficiently addressed because of inadequate integration of health services, including sexual and reproductive health-care services and HIV services, including for people who have experienced sexual or gender-based violence, including postexposure prophylaxis, legal services and social protection [para 47, 2016 Political Declaration]</p>
<p>28. Note with concern that men generally have poorer outcomes than women across the HIV testing and treatment cascade;</p>	<p>Africa Group - support</p>
<p>29. Note with concern that young people's knowledge on HIV and AIDS and access to and use of essential HIV-related services remain unacceptably low, that condom use is on the decline and that adolescents and young people, who represent 15% of the global population, account for 28% of new HIV infections;</p>	<p>Africa Group - young people's knowledge and awareness on HIV and AIDS</p> <p>CANZ - Note with concern that globally HIV continues to disproportionately impact young people, including young people in key populations and that young people's...</p> <p>EU - for 28% of new HIV infections; and that increasing capacity of young people to protect themselves from the risk of HIV infection, principally through the provision of health care and services, including, inter alia, sexual and reproductive health care service, as well as universal access to quality and affordable comprehensive sexual and reproductive health information, education, ensure that young people can exercise their right to have control over, and decide freely and responsibly on, matters related to their sexuality, including their sexual and reproductive health, free of coercion, discrimination and violence, in order to increase their ability to protect themselves from HIV infection;</p> <p>Can integrate CSE as well.</p> <p>Holy See - that young people's knowledge on HIV and AIDS and access to and use of essential HIV-related services remain unacceptably low, that condom use is on the decline and that adolescents and young people,</p> <p>RF - 28% of new HIV infections, while stressing the need to create an environment that does not allow the dissemination of false information about HIV/AIDS, including HIV denialism;</p>

	<p>Switzerland - Keep this reference to adolescents and young people, as they are a key group to target for prevention (throughout the text).</p>
<p>30. Note with alarm that 150,000 children were born with HIV in 2019, in part because of lack of early infant diagnosis coverage and lack of testing options for older children who acquire HIV during breastfeeding, compared to the 2020 target of 20,000, and that 47% of children living with HIV globally—two-third of whom are 5 years old or older—do not have access to life-saving treatment, especially in developing countries, which as a result of similar social and structural barriers as the adult population faces, as well as age-specific barriers, including low rates of diagnosis, inadequate case-finding of children outside of Vertical Transmission Prevention settings, poor linkage of children to treatment and limited number and inadequate availability of efficacious antiretroviral child-friendly formulations, in certain countries and regions, stigma and discrimination, and lack of adequate social protection for children and caregivers;</p>	<p>CARICOM - inadequate case-finding of children outside of mother-to-child transmission Vertical Transmission Prevention settings,</p>
	<p>30 bis. Belarus - Reaffirm the central role of the family in reducing vulnerability to HIV, inter alia in educating and guiding children, and take account of cultural, religious and ethical factors to reduce the vulnerability of children and young people by ensuring access of both girls and boys to primary and secondary education, including HIV and AIDS in curricula for adolescents, ensuring safe and secure environments, especially for young girls, expanding good quality youth friendly information and sexual health education and counselling services, strengthening reproductive and sexual health programmes, and involving families and young people in planning, implementing and evaluating HIV and AIDS prevention and care programmes, to the extent possible [para 43, 65/277];</p>
<p>31. Note the rising number of people ageing with HIV, and that older persons living with HIV may face particular challenges, such as stigma and discrimination in health-care settings, treatment access and maintenance, and greater risk of noncommunicable diseases and other co-morbidities, including mental health conditions;</p>	<p>Africa Group - rising number of people ageing older people living with HIV...</p> <p>Africa Group – support para</p> <p>EU – Propose: “Note the rising proportion of people living with HIV who are over the age of 50, and that older persons living with HIV may face particular challenges, such as stigma and discrimination in health-care</p>

	<p>settings, old people’s homes, treatment access and maintenance, and greater risk of non-communicable diseases and other comorbidities, including mental health conditions’</p> <p>RF - Note the rising number of people ageing with HIV, and that older persons living with HIV and that they may</p>
	<p>31 bis. China - Express concern that the use of unilateral coercive economic measures adversely impacts the HIV/AIDS response of the affected developing countries, inter alia due to reduction of public and private resources for HIV prevention and treatment, negative effects on health systems and economies, hindered access to medical products, affordable technology and partnerships, including with international financial institutions, and that this situation adversely affects the population of the targeted developing countries including women and children;</p> <p>EU – Cannot accept UCM</p>
	<p>31bis RF - Express concern that the use of unilateral coercive economic measures (UCMs) adversely impacts the HIV/AIDS response of the affected developing countries, inter alia due to reduction of public and private resources for HIV prevention and treatment, negative effects on health systems and economies, hindered access to medical products, affordable technology and partnerships, including with international financial institutions, and that this situation adversely affects the population of the targeted developing countries including women and children;</p> <p>[Based on: PP.5, A/RES/74/200; A/75/209; A/73/175; A/74/165; “Economic sanctions and child HIV”, Yiyeon Kim, International Journal of Health Planning and Management · January 2019; “Economic sanctions and HIV/AIDS in women”, Yiyeon Kim, Journal of Public Health Policy, September 2019; paragraph 3, “Unilateral sanctions make it harder to fight COVID-19, must be dropped, says UN expert”, UN Special Rapporteur on the negative impact of the unilateral coercive measures]</p> <p>EU – Cannot accept UCM</p>

<p>32. Underscore the critical role of science, including biomedical and clinical science, social and behavioural science, and political and economic science, and evidence-based approaches in shaping the direction of and accelerating the HIV response;</p>	<p>Africa Group – support para CARICOM - role of science and technology,</p>
<p>33. Underscore that combination HIV prevention is a cornerstone of an effective HIV response and includes the following evidence based interventions dependent on national and regional epidemic characteristics: c, treatment as prevention (TasP), pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), voluntary medical male circumcision (VMMC), harm reduction, including needle-syringe programmes and opioid substitution treatment, age-appropriate, evidence-based comprehensive sexuality education, relevant to cultural contexts, in and out of school, screening and treatment of sexually transmitted infections, quality secondary education, economic empowerment, sexual and reproductive health and rights, prevention of gender-based violence, poverty reduction and food security, and blood safety; and in this regard notes with alarm the limited scale of combination prevention programmes;</p>	<p>Africa Group - age-appropriate, evidence-based comprehensive sexuality education full access to comprehensive information and education to ensure that people with or at higher risk of acquiring HIV/AIDS can exercise their right to have control over, and decide freely and responsibly on, matters related to their sexuality, including their sexual and reproductive health, free of coercion, discrimination and violence relevant to cultural contexts, including in and out of school, screening and treatment of sexually transmitted infections, quality secondary education, economic empowerment, sexual and reproductive health and reproductive rights in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their reviews rights, prevention of gender-based violence...</p> <p>Belarus - prevention of gender-based all forms of violence..</p> <p>Brazil - sexual and reproductive health and rights</p> <p>CANZ - evidence-based comprehensive sexuality education, taking account of cultural context relevant to cultural contexts,</p> <p>China - Note with concern that some the majority of countries and regions have not made significant progress in expanding health-related risk and harm reduction programmes, in accordance with national legislation as well as antiretroviral therapy and other relevant interventions that prevent the transmission of HIV, viral hepatitis and other blood-borne diseases associated with drug use, particularly those who inject drugs, and call urgent attention to the insufficient coverage of such harm reduction programmes and substance use treatment programmes, including needle-syringe programmes and opioid substitution treatment that improve adherence to HIV drug treatment services, as appropriate in the context of national programmes the marginalization of and discrimination against people who</p>

use drugs through the application of restrictive laws, particularly those who inject drugs, which hamper access to HIV-related services, and in that regard, ensure access to and use of the full range of harm reduction interventions, including in prevention, treatment and outreach services, prisons and other closed settings, and promoting in that regard the use of the technical guidance issued by the World Health Organization, the United Nations Office on Drugs and Crime and the Joint United Nations Programme on HIV/AIDS, and note with concern that gender-based and age-based stigma and discrimination often act as additional barriers for women and for young people who use drugs, particularly those who inject drugs, to access ~~and use harm reduction~~ services; [Prefer deleting this para, can accept verbatim op 43 of 2016 political declaration]

EU - male and female **inner and outer** condoms and lubricant... prevention of **sexual** gender-based violence... harm reduction, including needle-syringe programmes and opioid substitution treatment, **providing access to quality affordable, gender responsive**, age-appropriate, evidence-based comprehensive sexuality education Support strong language on prevention; support SRHR

Holy See - includes ~~the following~~ **different** evidence-based interventions dependent on national and regional epidemic characteristics [stop the sentence here, delete the rest]

Indonesia – ~~age appropriate, evidence based comprehensive sexuality education, relevant to cultural contexts, in and out of school...~~ sexual and reproductive health and **reproductive** rights,.. prevention of gender-based violence **against women and girls**, poverty reduction

Iran – ~~evidence-based comprehensive sexuality education,~~ **age-appropriate sex information** relevant to cultural contexts

Iraq - opioid substitution treatment, ~~age appropriate, evidence based comprehensive sexuality education, relevant to cultural contexts, in and out of school, screening and treatment of sexually transmitted infections, quality secondary education,~~ economic empowerment, ~~sexual and reproductive health and rights,~~ prevention of gender based violence,

	<p>Norway - sexuality education, relevant to cultural contexts, in and out... prevention of sexual and gender-based violence</p> <p>Philippines - harm reduction, including needle-syringe programmes and opioid substitution treatment, in accordance with national legislation, age-appropriate</p> <p>RF - voluntary medical male circumcision (VMMC), harm reduction, including needle-syringe programmes and opioid substitution treatment, in accordance with national legislation, [Based on para 43, A/RES/70/266] age-appropriate, evidence-based comprehensive sexuality education, relevant to cultural contexts, in and out of school, that provides scientifically accurate information on sexual and reproductive health and HIV prevention, [...]sexual and reproductive health and rights, promotion of healthy lifestyles and responsible sexual behaviour , as well as family-oriented policies and programmes and traditional family values , reducing risk-taking behaviours , including through the refusal of psychoactive substance use, substance dependence treatment with complete drug use cessation using opioid receptor antagonists, prevention of gender-based sexual violence,</p> <p>Singapore - harm reduction,including needle-syringe programmes and opioid substitution treatment, in accordance with national legislation, age-appropriate,</p> <p>Switzerland – Strongly support this reference to combination prevention, including naming all the interventions. Support reference to CSE.</p> <p>UK - sexual and reproductive health and rights, skills, services and supplies, prevention of gender-based violence</p>
<p>34. Note with concern that the majority of countries and regions have not made significant progress in expanding harm reduction programmes, as well as antiretroviral therapy and other relevant interventions that prevent the transmission of HIV, viral hepatitis and other blood-borne diseases associated with drug use, particularly those who inject drugs, and call urgent attention to the insufficient coverage of harm reduction programmes and substance use treatment programmes, including needle-syringe programmes and opioid substitution treatment that improve adherence to HIV drug treatment</p>	<p>Africa Group - Support para</p> <p>CARICOM - prisons and other closed custodial settings,</p> <p>Holy See – Delete the para.</p> <p>Indonesia- the marginalization of and discrimination against people who use drugs</p> <p>RF - Delete entire paragraph</p>

<p>services, the marginalization of and discrimination against people who use drugs through the application of restrictive laws, particularly those who inject drugs, which hamper access to HIV-related services, and in that regard, ensure access to and use of the full range of harm reduction interventions, including in prevention, treatment and outreach services, prisons and other closed settings, and promoting in that regard the use of the technical guidance issued by the World Health Organization, the United Nations Office on Drugs and Crime and the Joint United Nations Programme on HIV/AIDS, and note with concern that gender-based and age-based stigma and discrimination often act as additional barriers for women and for young people who use drugs, particularly those who inject drugs, to access and use harm reduction services;</p>	<p>Singapore - particularly those who inject drugs, and call urgent attention to the insufficient coverage of harm reduction such programmes and substance use treatment programmes, including needle syringe programmes and opioid substitution treatment that improve adherence to HIV drug treatment services, as appropriate in the context of national programmes, [...]which hamper access to HIV-related services, and in that regard, consider ensuring access to such interventions and use of the full range of harm reduction interventions, including in prevention, [...], particularly those who inject drugs, to access and use harm reduction services;</p> <p>Switzerland – Support: ‘promoting in that regard the use of the technical guidance issued by the World Health Organization, the United Nations Office on Drugs and Crime and the Joint United Nations Programme on HIV/AIDS’</p>
<p>35. Commend progress achieved in research development and proven efficacy of innovative HIV interventions, including advances in treatment as prevention (TasP), pre-exposure prophylaxis (PrEP), long-acting antiretrovirals for prevention and treatment, antiretroviral based microbicides and other female-initiated options to reduce the risk of HIV infections, such as vaginal rings; and ongoing initiatives to define and address the threat of antimicrobial resistance in relation to HIV and associated diseases, comorbidities and co-infections, especially TB;</p>	<p>EU – Add “and injections”</p> <p>New results in PrEP research found very promising results in Cabotegravir injections.</p> <p>Holy See - innovative HIV interventions, including advances in treatment as prevention (TasP), pre-exposure prophylaxis (PrEP), long-acting antiretrovirals for prevention and treatment, antiretroviral based microbicides and other female-initiated options to reduce the risk of HIV infections, such as vaginal rings; and ongoing initiatives ...;</p> <p>Switzerland - Support reference to AMR in relation to HIV.</p>
<p>36. Welcome the recent scientific evidence showing that virally suppressed individuals have zero transmission risk to their sexual partners, known as Undetectable=Untransmissible (U=U), which renders strong support to treatment as prevention (TasP);</p>	<p>Holy See - Delete the para.</p> <p>Iran - to their sexual partners manners,</p> <p>RF - Delete entire paragraph</p> <p>Thailand - Retain, will consider CANZ alt para</p>
	<p>36. alt CANZ - Welcome the recent scientific evidence related to treatment as prevention, demonstrating that HIV-positive individuals on effective treatment, with undetectable viral loads, carry no risk of</p>

	<p>transmitting HIV, which is known as “Undetectable=Untransmissable” (U=U)</p>
<p>37. Commend the progress achieved in several regions of the world as a result of implementing research which has led to massive and rapid scaling-up of pre-exposure prophylaxis (PrEP) in conjunction with treatment as prevention (TasP), resulting in the rapid reductions in the number of new HIV infections;</p>	<p>Africa Group - rapid scaling-up of pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP) in conjunction</p> <p>Belarus - due to inequalities, multiple and intersecting forms of all forms of discrimination and structural barriers;</p> <p>Holy See – Delete the para.</p> <p>Thailand - Retain. Can go along with AG’s proposal to add a reference to PEP.</p>
<p>38. Note that over 26 million people living with HIV are on antiretroviral treatment—a number that has more than tripled since 2010—but that 12 million people living with HIV still do not have access to treatment and that these 12 million are prevented from accessing treatment due to inequalities, multiple and intersecting forms of discrimination and structural barriers;</p>	<p>Africa Group - do not have access to treatment especially in Africa and that these 12 million are prevented from accessing treatment including due to inequalities, multiple and intersecting forms of discrimination and structural barriers and the expensive cost of the treatment;</p> <p>CARICOM - Welcome Note that over 26 million... since 2010—but that despite the progress 12 million people</p> <p>Holy See – prevented from accessing such treatment due to inequalities, multiple and intersecting forms of discrimination and structural barriers;</p> <p>Indonesia - multiple and intersecting all forms of discrimination and structural barriers;</p> <p>RF - treatment due to inequalities, multiple and intersecting forms of discrimination and structural barriers;</p>
<p>39. Note with grave concern the high number of people without access to medicine and that the sustainability of providing lifelong safe, effective and affordable HIV treatment continues to be threatened by factors such as poverty and migration, lack of access to services appropriate infrastructure and insufficient and unpredictable funding, especially for those left behind, and underscore that access to medicines would save millions of lives;</p>	<p>Africa Group - high number of people without full access to</p> <p>CARICOM - Reaffirm that access to safe, effective and affordable medicines and commodities for all, without discrimination, in the context of epidemics such as HIV and AIDS is fundamental to the full realization of the right of everyone to enjoy the highest attainable standard of physical and mental health, yet note...</p>
	<p>39 alt. Africa Group - Reaffirm that access to safe, effective and affordable medicines and commodities for all, without</p>

	<p>discrimination, in the context of pandemics such as HIV and AIDS is fundamental to the full realization of the right of everyone to enjoy the highest attainable standard of physical and mental health, yet note with grave concern the high number of people without access to medicine and that the sustainability of providing lifelong safe, effective and affordable HIV treatment continues to be threatened by factors such as poverty and migration, lack of access to services appropriate infrastructure and insufficient and unpredictable funding, especially for those left behind, and underscore that access to medicines would save millions of lives; [Based on para 37 PD 2016]</p>
<p>40. Note that tuberculosis remains the leading cause of death among people living with HIV and that less than half of TB cases among people living with HIV are diagnosed and treated appropriately, and notes the necessity to increase financing for research and development of new tools for tuberculosis prevention, diagnosis and care among people living with HIV including in the context of COVID-19;</p>	<p>Africa Group - support Thailand - tuberculosis prevention, diagnosis and care treatment among people living with HIV, including for multidrug-resistant tuberculosis, including in the context of COVID-19;</p>
<p>41. Note that viral hepatitis coinfection with HIV is reported across all key populations, especially among people who inject drugs, and that women living with HIV are about six times more likely to develop cervical cancer than their HIV-negative peers;</p>	<p>Africa Group – support CANZ - ...their HIV-negative peers and anal cancer rates are substantially higher for gay men living with HIV, other men living with HIV, and women living with HIV than their HIV-negative peers; EU - Delink hepatitis infections from cervical cancer. Para could read: Note that viral co-infections are a great concern; viral hepatitis coinfection with HIV is reported across all key populations, especially among people who inject drugs. Regarding co-infection by human papillomavirus, women living with HIV are about six times more likely...” Holy See - reported across all key populations, especially Iran - across all key populations Iraq - Note that viral hepatitis coinfection with HIV is reported across all key populations at higher risk to HIV/AIDS, especially among people who</p>

	<p>inject drugs, and that women living with HIV are about six times more likely to develop cervical cancer than their HIV-negative peers;</p> <p>RF - HIV is reported across all key populations at higher risk of HIV, US - HIV-negative peers, and that people living with HIV are at substantially higher risk for many different types of cancer than their HIV-negative peers</p>
<p>42. Recognize that the HIV response has transformed pandemic responses, strengthened health systems and contributed to socio-economic development in many countries;</p>	<p>RF - has transformed pandemic responses to communicable diseases</p> <p>EU - Add “health and social systems”</p>
<p>43. Recognize the resilience and innovation demonstrated by community-led HIV responses during the COVID-19 pandemic in reaching affected communities with essential services, including COVID-19 testing and vaccination, HIV prevention, testing and treatment and other health and social services;</p>	<p>Africa Group - ...HIV prevention, testing and treatment including regular viral load monitoring for all people living with HIV and other health and social services;</p> <p>EU - Add in the end: “including sexual and reproductive health care services including for family planning information and education”.</p> <p>Holy See - community led based HIV responses ... with essential services, including COVID-19 testing and vaccination,...</p> <p>Indonesia – ...affected communities with safe, effective and affordable essential services,...</p> <p>Iraq - Note that viral hepatitis coinfection with HIV is reported across all key populations at higher risk to HIV/AIDS, especially among people who inject drugs,</p> <p>Norway - other health and social services, including sexual and reproductive health services, such as for family planning information and education;</p> <p>RF - innovation demonstrated by community-led based HIV</p> <p>UK - Covid-19 vaccines, therapeutics and diagnostics...</p> <p>Switzerland - Support reference to community-led responses throughout the text. Strongly support the use of health services.</p>
	<p>Africa Group – support</p>

44. Welcome that HIV-related investments in leadership, expertise, research and development, community-led systems for health, large cadres of community health workers, enhanced health information and laboratory systems, and strengthened procurement and supply chain management systems now play important roles in the response to the COVID-19 pandemic, including the development of COVID-19 vaccines;

CARICOM - ... development, **community-based** ~~led~~ health systems ~~for~~ health,

EU - Add “and other tools in the ACT-A” to make clear that this also includes testing and, treatment and health system strengthening.

If this triggers the need to include “other initiatives” we withdraw our request. We could only accept “other relevant multilateral initiatives” but we shouldn’t deviate the discussion here to COVID-19 vaccines.

Holy See - development, community ~~led~~ **based** systems for health,...

Iran - community-~~led~~-**based**

RF – community-**based**~~led~~ health systems ~~for~~ health

UK - COVID-19 vaccines, **therapeutics and diagnostics;**

US - leadership, expertise, research and development, **rights-based and gender transformative responses**, community-led systems [...] community health workers, enhanced **public health institutions**, health information [...] including the development of COVID-19 vaccines **and tools;**

44. bis China - [Partly based on para 64(g), A/RES/70/266] **Recognize that science, technology and innovation have a high potential for improving the HIV/AIDS response based on country ownership, inter alia through long-term sustainability of access to HIV-related products, including medicines, vaccines, diagnostics and health technologies, through local production;**

44. ter China - [Based on OP.14, A/RES/75/225] **Reiterate the significance of addressing the constraints on technology transfer to developing countries, including the transfer of sound technology from developed countries to developing countries on favourable terms, including on concessional and preferential terms;**

	<p>44. bis RF - Recognize that science, technology and innovation have a high potential for improving the HIV/AIDS response based on country ownership, inter alia through long-term sustainability of access to HIV-related products, including medicines, vaccines, diagnostics and health technologies, through local production; [Partly based on para 64(g), A/RES/70/266]</p> <p>44. ter RF - Reiterate the significance of addressing the constraints on technology transfer to developing countries, including the transfer of sound technology from developed countries to developing countries on favourable terms, including on concessional and preferential terms; [Based on OP.14, A/RES/75/225]</p>
<p>45. Note that while international investment in the COVID-19 response has been unprecedented but nonetheless inadequate, many national responses to COVID-19 have demonstrated the potential and urgency for greater investment in pandemic responses, underscoring the imperative of increasing investments for HIV and other disease responses moving forward;</p>	<p>Africa Group – support</p> <p>Indonesia - underscoring the imperative of increasing investments for public health systems, including HIV and other disease responses moving forward; [based on Paragraph 27 SG’s Report 2021]</p> <p>EU - Add as ”unprecedented but nonetheless” to put this negative start in a broader, more positive context.</p> <p>And add “health systems strengthening”</p>
<p>46. Welcome the steady increase in domestic HIV investment and note the importance of public policies, finance and capacity building to spur even greater domestic resource mobilization, including through public private partnerships and innovative financing mechanisms, and for enhanced revenue administration through modernized, progressive tax systems, improved tax policy and more efficient tax collection;</p>	<p>Africa Group – support</p> <p>China - reaffirm the importance of international public finance as a complement to domestic resources, Reiterate that the fulfilment of all official development assistance (ODA) commitments remains crucial. Also reiterate recall the commitment of developed countries to official overseas development assistance (ODA), including 0.7% of gross national income (GNI) provided as ODA, with 0.15 to 0.2% allocated to least-developed countries; [op59(d) of 2016 Political Declaration]</p>
<p>47. Express concern over the stagnation and decline in international resources for the HIV response, reaffirm the importance of international public finance as a complement to domestic resources, recall the commitment of developed</p>	<p>Africa Group – ...developed countries to overseas official development assistance (ODA)...</p> <p>Africa Group – support</p>

<p>countries to overseas development assistance (ODA), including 0.7% of gross national income (GNI) provided as ODA, with 0.15 to 0.2% allocated to least-developed countries;</p>	<p>Argentina - ... recall the commitment of developed countries to overseas official development assistance (ODA), including 0.7% of gross national income (GNI) provided as ODA to developing countries, with 0.15 to 0.2% allocated to least-developed countries</p> <p>Belarus - ... overseas official development assistance (ODA),...</p> <p>CARICOM - ...developed countries to overseas official development assistance (ODA)...</p> <p>RF: developed countries to overseas official development assistance (ODA),</p>
	<p>47. bis (flexible on placement) Africa Group - Underscore the importance of enhanced international cooperation to support the efforts of Member States to achieve health goals, including the target of ending the AIDS pandemic by 2030, implement universal access to health-care services and address health challenges; [para 8 2016 HLPD]</p>
	<p>47. bis CARICOM – Recognize that there are still gaps in financing for HIV and AIDS and the need to further encourage technology transfer, improve access to medicines in developing countries and scale up capacity-building and research and development [based on para 52 2016 PD]</p>
	<p>47. bis Philippines - Recognize that each country faces specific challenges to achieving sustainable development, and we underscore the special challenges facing the most vulnerable countries and, in particular, African countries, the least developed countries, landlocked developing countries and small island developing States, as well as the specific challenges facing the middle-income countries, and note that countries in situations of conflict also need special attention; [verbatim of para49 of the 2016 Political Declaration on HIV and AIDS]</p>

	<p>47. ter CARICOM - Recognize that each country faces specific challenges to achieving sustainable development, and we underscore the special challenges facing the most vulnerable countries and, in particular, African countries, the least developed countries, landlocked developing countries and small island developing States, as well as the specific challenges facing the middle-income countries, [based on para 49 – 2016 PD]</p>
<p>48. Note with alarm that if we do not share responsibility to increase and equitably allocate resources and massively scale up coverage, we will not end the AIDS pandemic by 2030;</p>	<p>Argentina - Note with alarm that if we do not share responsibility to increase and equitably allocate resources, massively scale up coverage, and reduce inequalities among countries regarding access to prevention, care, diagnosis and treatment, we will not end the AIDS pandemic by 2030;</p> <p>CARICOM - ...if we do not intensify global solidarity or share responsibility to increase resources and massively scale up coverage, we will not end the AIDS epidemic by 2030;</p> <p>EU - Propose para as follows:</p> <p>“Note with alarm that if we do not share responsibility to increase resources and massively scale up coverage, we will not prevent new HIV-infections and end AIDS;</p> <p>Express concern that high-income countries need to offset the complacency resulting from regional successes, which paradoxically, may jeopardize the end of AIDS by 2030”</p> <p>Holy See - end the AIDS pandemic epidemic by 2030;</p> <p>Indonesia - ... the AIDS pandemic-epidemic by 2030;</p> <p>Norway - ...we will not reduce the spread of HIV and end the AIDS pandemic by 2030;</p>

PART III: COMMITMENTS	
<i>Ending inequalities and engaging stakeholders to end AIDS</i>	Africa Group - support
49. Commit to reducing annual new HIV infections to under 370,000 and annual AIDS-related deaths to under 250,000 by 2025, and eliminating all forms of HIV-related stigma and discrimination;	<p data-bbox="1128 292 1715 325">EU - Important to keep quantitative objective</p> <p data-bbox="1128 363 2107 655">49. bis China - [Based on para 57, 70/266.] Commit to differentiating AIDS responses, based on country ownership and leadership, local priorities, drivers, vulnerabilities, aggravating factors, the populations that are affected and strategic information and evidence, and to setting ambitious quantitative targets, where appropriate depending on epidemiological and social context, tailored to national circumstances in support of these goals;EU – No support for national sovereignty clause as proposed by 49bis.</p> <p data-bbox="1128 694 2123 946">49. bis RF - Commit to differentiating AIDS responses, based on country ownership and leadership, local priorities, drivers, vulnerabilities, aggravating factors, the populations that are affected and strategic information and evidence, and to setting ambitious quantitative targets, where appropriate, depending on epidemiological and social context, tailored to national circumstances in support of these goals; [Based on para 57, 70/266]</p> <p data-bbox="1128 1018 2040 1051">EU – No support for national sovereignty clause as proposed by 49bis.</p>
50. Pledge to end the acute and intersecting inequalities faced by people living with, at risk of and affected by HIV and their communities, and inequalities within and among countries, that are barriers to ending AIDS;	<p data-bbox="1128 1094 2130 1233">Africa Group - Pledge to end the acute and intersecting-all inequalities faced by people living with, at risk of and affected by HIV and their, communities, and inequalities within and among countries, that are barriers to ending AIDS and the spread of HIV;</p> <p data-bbox="1128 1257 2107 1396">Belarus - older persons, in all their diversity, refugees...women’s organizations, feminist groups, persons with disabilities and their representative organizations, youth-led organizations, national human rights institutions and human rights defenders...</p> <p data-bbox="1128 1420 1518 1453">EU - Propose para as follows:</p>

	<p>“Pledge to end the acute and intersecting inequalities faced by people living with, at risk of and affected by HIV, in particular adolescents, women and girls, and key populations communities and countries that are barriers to preventing new HIV-infections and the spread of HIV and ending AIDS;”</p> <p>Holy See - end the acute and intersecting inequalities faced by...</p> <p>Indonesia - acute and intersecting inequalities</p> <p>Mexico - end the acute and other multiple/intersecting inequalities</p> <p>RF - Pledge to end the acute and intersecting inequalities faced by people living with, at risk of and affected by HIV and their communities, and inequalities</p>
	<p>50 bis. Africa Group - Commit to differentiating AIDS responses based on country ownership and leadership local priorities, drivers, vulnerabilities, aggravating factors, the populations that are affected and strategic information and evidence, and to setting ambitious quantitative targets where appropriate [based on para 57 70/266]</p>
<p>51. Commit to reinforce global, regional, national and sub-national HIV responses through enhanced engagement with a broad range of stakeholders, including regional and subregional organizations, people living with, at risk of and affected by HIV, key populations, Indigenous peoples, women, girls, men and boys including adolescents, young people and older persons, in all their diversity, refugees, migrants, political and community leaders, parliamentarians, judges and courts, communities, families, faith-based organizations, religious leaders, scientists, health professionals, donors, the philanthropic community, workforce, including migrant workers, private sector, media and civil society, and community-led organizations, women’s organizations, feminist groups, persons with disabilities and their representative organizations, youth-led organizations, national human rights institutions and human rights defenders, and relevant United Nations agencies and other key international partners such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM);</p>	<p>Africa Group – all women, girls, men and boys including adolescents, young people and older persons, in all their diversity</p> <p>Argentina - men and boys including adolescents, young people and older persons, (RETAIN: in all their diversity), refugees, migrants, political and community leaders, parliamentarians, judges and courts, armed and security forces, communities, families</p> <p>Argentina - If reference to “families” is retained, we support the addition of “in all their diverse forms”</p> <p>CARICOM - men and boys including adolescents, young people... media and civil society, and community-based led organizations, women’s organizations, feminist groups, persons with disabilities and their representative organizations, youth-led organizations, national human rights institutions, where they exist,</p> <p>China - their representative organizations, youth-led organizations, national human rights institutions where they exist human rights defenders, and</p>

	<p>relevant United Nations agencies and other key international partners such as the Global Fund</p> <p>Holy See - people living with, at risk of and affected by HIV [Stop the para here, delete the rest]</p> <p>Indonesia - Indigenous peoples, local communities... young people and older persons, in all their diversity,... national human rights institutions and human rights defenders,..</p> <p>Iran - older persons, in all their diversity,... community-led-based</p> <p>Iraq - people living with, at risk of and affected by HIV, key populations, Indigenous peoples ... and older persons, in all their diversity, refugees</p> <p>Norway - ...families in all their diverse forms, faith-based organizations...</p> <p>RF - at risk of and affected by HIV, key populations, Indigenous peoples ... and older persons, in all their diversity, refugees, migrants, ... media and civil society and community-based led organizations, women's organizations, feminist groups, persons with disabilities ... human rights institutions and individuals promoting and protecting universally recognized [Based on A/RES/53/144] human rights defenders, and relevant United Nations agencies</p> <p>UK: communities, families in their diverse forms, faith-based organizations</p>
<p><i>Effective implementation of combination HIV prevention</i></p>	
<p>52. Commit to prioritize HIV prevention and to ensure by 2025 that 95% of people at risk of HIV infection, within all subpopulations, age groups and geographic settings, have access to and use appropriate, prioritized, person-centred and effective combination prevention options by:</p>	<p>Africa Group - Commit to prioritize HIV prevention and to ensure by 2025 that 95% of people at risk of HIV infection, within all regions, subpopulations, age groups and geographic settings, have access to and use appropriate, prioritized, person people-centred and effective combination prevention options by:</p> <p>Belarus - Commit to prioritize HIV prevention and to ensure by 2025 that 95% of people at risk of HIV infection, within all subpopulations, age groups and geographic settings, have access to and use appropriate, prioritized, person- people centred and effective combination prevention options by:</p> <p>CARICOM - people person-centred</p>

	<p>Colombia - comprehensive sexuality education, relevant to cultural contexts, in and out of school and prevention of violence by sex and gender</p> <p>EU – Keep as drafted</p> <p>Holy See – options, taking all measures to implement comprehensive, evidence-based prevention approaches, taking into account local circumstances, ethics and cultural values, including through, but not limited to by:</p> <p>Indonesia - personpeople-centred</p> <p>Iran - all subpopulations.... personpeople-centred</p> <p>RF - HIV infection, within all subpopulations, age groups [...] appropriate, prioritized people person-centred and effective</p> <p>Uruguay - person-centred and effective combination prevention</p> <p>In this paragraph Uruguay suggests to slightly modify the language by eliminating the word combination, and it would remain “effective prevention options”. The rationale behind it is that all the possibility of extending all the combination prevention options to 95% of the population (including for example PrEP) has not been defined as a generalized policy in Uruguay, and other countries, but only for certain groups. Another wording could be “prioritized, person-centred, effective and for certain groups combination prevention options by:”</p> <p>The same reasoning would apply in para 59.j</p> <p>UK - sexual and reproductive health services, including information, skills, and supplies, screening</p>
<p>52.a. Increasing national leadership, resource allocation and other evidence-based enabling measures for proven HIV combination prevention, including condom promotion and distribution, pre-exposure prophylaxis, post-exposure prophylaxis, voluntary male medical circumcision, harm reduction, including needle - syringe programmes and opioid substitution treatment, sexual and reproductive health-care services, including screening and treatment of sexually transmitted infections, enabling legal and policy environments and</p>	<p>Africa Group - evidence-based comprehensive sexuality education, relevant to cultural contexts,</p> <p>Brazil - ...evidence-based comprehensive sexuality education,...</p> <p>CANZ - Increasing national leadership, resource allocation, support for community-led responses including and other evidence-based enabling measures for proven HIV combination prevention, including condom promotion and distribution, pre-exposure prophylaxis, post-exposure prophylaxis, voluntary male medical circumcision, harm reduction, including</p>

<p>age-appropriate, evidence-based comprehensive sexuality education, relevant to cultural contexts, in and out of school;</p>	<p>needle syringe programmes and opioid substitution treatment, sexual and reproductive health-care services, information and education, including screening and treatment of sexually transmitted infections, enabling legal and policy environments and age-appropriate, evidence-based comprehensive sexuality education, relevant to taking account of cultural contexts, in and out of school;</p> <p>China - ...policy environments and scientifically accurate and age-appropriate, evidence-based comprehensive sexuality education that is relevant to cultural contexts in and out of schools [A/RES/75/161 op6(i)]</p> <p>EU - Para should read as follows: “Increasing national leadership, resource allocation and other evidence-based enabling measures for proven HIV combination prevention, including condom promotion and distribution, pre- and post exposure prophylaxis, voluntary male medical circumcision, harm reduction, including needle syringe programmes and opioid substitution treatment, sexual and reproductive health care services, including screening and treatment of sexually transmitted infections, enabling legal and policy environments and age-appropriate, evidence-based comprehensive sexuality education, in and out of school;”</p> <p>Holy See – Delete the para.</p> <p>Indonesia - environments and age-appropriate, evidence-based comprehensive sexuality education, relevant to cultural contexts, in and out of school;</p> <p>Iran - evidence-based comprehensive sexuality age-appropriate information and education</p> <p>Iraq- ... enabling legal and policy environments and age-appropriate, evidence-based comprehensive sexuality education, relevant to cultural contexts, in and out of school;</p> <p>Norway - sexual and reproductive health-care services... comprehensive sexuality education, relevant to cultural contexts, in and out of school.</p>
--	--

	<p>Philippines: harm reduction, including needle-syringe programmes and opioid substitution treatment, in accordance with national legislation, sexual and reproductive health-care services</p> <p>RF - harm reduction, including needle-syringe programmes and opioid substitution treatment, in accordance with national legislation [Based on para 43, A/RES/70/266] ...evidence-based comprehensive sexuality education, relevant to cultural contexts, in and out of school, promotion of healthy lifestyles [E.g. see para 28, A/RES/74/2; para 60(f), A/RES/70/266; para 70, A/RES/65/277; para 28, A/RES/60/262] and responsible sexual behaviour, [Based on the Beijing Platform for Action, ICPD Programme of Action, S-26/2, A/RES/60/262, A/RES/65/277, A/RES/70/266, etc] as well as family-oriented policies and programmes [E.g. para 11, A/RES/75/153; para 66, A/72/166] and traditional family values, [E.g. see para 75, A/75/61-E/2020/4; paragraphs 9 and 65, A/73/61-E/2018/4; para 70, A/72/166] reducing risk-taking behaviours, [Based on para 22, A/RES/60/262; para 59(c), A/RES/65/277; para 39, A/RES/70/266, etc] including through the refusal of psychoactive substance use, substance dependence treatment with complete drug use cessation using opioid receptor antagonists;</p> <p>Singapore - other evidence-based enabling measures, in accordance with national legislation, for proven HIV combination</p> <p>Switzerland - Support reference to tailored preventions measures for drug users (‘including needle - syringe programmes and opioid substitution treatment’)</p> <p>UK - sexual and reproductive health-care services, including information, skills, and supplies, screening and treatment</p> <p>US - including condom and lubricant promotion and distribution</p>
<p>52.b. Tailoring HIV combination prevention approaches to meet the diverse needs of key populations, including among sex workers, gay men and other men who have sex with men, people who inject drugs, transgender people, people in prisons and other closed settings, and all people living with HIV;</p>	<p>Africa Group - Tailoring HIV combination prevention approaches to meet the diverse needs of key populations, including among sex workers, gay men and other men who have sex with men, people who inject drugs, transgender people, people in prisons and other closed settings, and all people living with HIV;</p>

Belarus - HIV combination prevention approaches to meet the diverse needs of key populations, ~~including among sex workers, gay men and other men who have sex with men, people who inject drugs, transgender people, people in prisons and other closed settings, and all people living with HIV;~~

Brazil - ...people who **use drugs, particularly those who** inject drugs...

CANZ - Tailoring HIV combination prevention approaches **informed by participatory and co-designed development processes** to meet the diverse needs of key populations **and young people in key populations...**

CARICOM - key populations, ~~including among sex workers, gay men and other men who have sex with men, people who inject drugs, transgender people, people in prisons and other closed settings, and all people living with~~ **and at risk of HIV;** [if list is maintained, then, substitute closed with custodial]

China - Tailoring HIV combination prevention approaches to meet ~~the diverse needs of key populations, including among sex workers, gay men and other men who have sex with men, people who inject drugs, transgender people, people in prisons and other closed settings,~~ all people, **especially those** living with HIV;

EU - Propose para as follows:

“Tailoring prevention approaches to meeting the diverse HIV prevention needs of key populations, including among sex workers and their clients, gay men and other men who have sex with men, people who inject drugs, transgender people, people in prisons and other closed settings, and all people living with HIV;”

Holy See – Delete the para.

Indonesia - Tailoring HIV combination prevention approaches to meet the diverse needs of key populations, ~~including among sex workers, gay men and other men who have sex with men, people who inject drugs, transgender people, people in prisons and other closed settings, and all people living with~~ HIV;

	<p>Iran - key populations, including among sex workers, gay men and other men who have sex with men, particularly who are most at risk of HIV/AIDS,</p> <p>Iraq – Delete para.</p> <p>Norway - ...people who use drugs, including those who inject drugs,...</p> <p>RF: diverse needs of key populations at higher risk of HIV [Based on terminology used in A/RES/70/266] including among sex workers, gay men and other men who have sex with men, people who inject drugs, transgender people, people in prisons and other closed settings</p> <p>Switzerland - people who use drugs, including those who inject drugs</p>
	<p>52. b. bis CANZ - Ensuring the availability and uptake of PrEP in 95% of people at high risk of HIV infection who do not use condoms or other effective measures to prevent the sexual transmission of HIV by 2025.</p>
<p>52.c. Using national epidemiological data to identify other priority populations who are at higher risk of exposure to HIV and work with them to design and deliver comprehensive HIV prevention services; these populations may include women and adolescent girls and their male partners, young people, children, persons with disabilities, ethnic and racial minorities, indigenous peoples, people living in poverty, migrants, refugees, internally displaced people, men and women in uniform and people in humanitarian emergencies and conflict and post-conflict situations;</p>	<p>Africa Group – indigenous peoples, people living in rural and remote areas, people living in poverty</p> <p>Argentina - indigenous peoples, people of African descent, living in poverty</p> <p>Belarus - Using national epidemiological data to identify other priority populations who are at higher risk of exposure to HIV and work with them to design and deliver comprehensive HIV prevention services; these populations may include women and adolescent girls and their male partners, young people, children, persons with disabilities, ethnic and racial minorities, indigenous peoples, people living in poverty, migrants, refugees, internally displaced people, men and women in uniform and people in humanitarian emergencies and conflict and post-conflict situations;</p> <p>CARICOM - and deliver comprehensive combination HIV prevention services; these populations may include women and adolescent girls and their male partners, young people, children, persons with disabilities, ethnic and racial minorities, indigenous peoples, people living in poverty, migrants, refugees, internally displaced people, men and women in uniform and people in humanitarian emergencies and conflict and post-conflict situations;</p>

	<p>EU - Avoid detailed listing. National competence, and based on epi-data, to identify groups</p> <p>Holy See - identify other priority populations who are at higher risk of exposure to HIV and work with them to design and deliver comprehensive community-based HIV prevention services; [Stop the para here, delete the rest]</p> <p>Indonesia - indigenous peoples, local communities</p> <p>Iraq- Using national epidemiological data to identify other priority populations... populations may include women and adolescent girls and their male partners,</p> <p>RF - women, and adolescent girls, and their male partners</p>
<p>52.d. Delivering integrated services that prevent HIV, comorbidities and co-infections, sexually transmitted infections and unintended pregnancy among adolescent girls and women in diverse situations and conditions, including urgent scale up of these services for adolescent girls and young women in sub-Saharan Africa, integrated with efforts to ensure girls’ rights to complete quality secondary education and empowering them economically, eliminate harmful practices such as ending child, early and forced marriage, female genital mutilation and other harmful practices, protecting and promoting and fulfilling their sexual and reproductive health and rights, affirming women and girls’ enjoyment of their human rights, including bodily autonomy, and putting in place interventions that transform unequal gender norms;</p>	<p>Africa Group – Delivering integrated care-services that prevent HIV, comorbidities and co-infections, sexually transmitted infections and unintended pregnancy among all adolescent girls and [support: women in diverse situations and conditions], including urgent scale up of these services for adolescent girls and young women in sub-Saharan Africa, integrated with efforts to ensure girls’ rights to complete quality secondary education and empowering them economically, eliminate harmful practices such as ending child, early and forced marriage, female genital mutilation and other harmful practices, protecting and promoting and fulfilling their sexual and reproductive health and reproductive rights, affirming women and girls’ enjoyment of their human rights, including bodily autonomy, and putting in place gender equality strategies that address the impacts of harmful gender norms interventions that transform unequal gender norms;</p> <p>Argentina - adolescent girls and women (RETAIN: in all their diversity), including urgent scale up of these services... female genital mutilation, forced sterilizations, and other harmful practices</p> <p>Brazil – sexual and reproductive health and rights</p> <p>CANZ - rights to access complete quality secondary education</p> <p>China - including bodily autonomy</p> <p>Holy See - comorbidities and co-infections, and sexually transmitted infections and unintended pregnancy among adolescent girls and women in</p>

	<p>diverse situations and conditions, including urgent scale up of these services for adolescent girls ... child, early and forced marriage, and female genital mutilation and other harmful practices, [Stop here, Delete the rest]</p> <p>EU- Support for the para according to the EU position as outlined in the general comments.</p> <p>Indonesia- sexual and reproductive health and reproductive rights</p> <p>Iran - girls and women in diverse situations and conditions,... sexual and reproductive health and rights;</p> <p>Iraq- sexually transmitted infections and unintended pregnancy among adolescent girls and women... protecting and promoting and fulfilling their sexual and reproductive health and rights, ... enjoyment of their human rights, including bodily autonomy</p> <p>Mexico - eliminate harmful gender and social norms and harmful practices... affirming all women and girls' enjoyment</p> <p>RF - adolescent girls and women in diverse situations and conditions[...] to ensure girls' rights to complete quality secondary education for girls and empowering them economically, eliminate harmful practices such as ending child, early and forced marriage [...] protecting and promoting and fulfilling their sexual and reproductive health and rights, affirming women and girls' enjoyment of their human rights, including bodily autonomy; and putting in place measures that address interventions that transform unequal gender negative social norms and gender stereotypes [Based on E/CN.6/2021/L.3 (e.g. para (ccc) and others); E/CN.6/2019/L.3 (both as approved by the CSW)]</p> <p>Switzerland - Support integrated services for HIV, STI and maternal health services (if possible including family planning)</p>
<p>52.e. Strengthening the role of the education sector as an entry point for HIV knowledge, prevention, testing and treatment, and ending stigma and discrimination, in addition to its role in addressing the social, economic and structural factors that perpetuate inequalities and increase HIV risk;</p>	<p>Africa Group - for HIV awareness knowledge,</p> <p>Holy See - education sector as an entry point for in HIV knowledge,</p>

	<p>52.e. bis Holy See - Reducing risk-taking behaviour and encouraging responsible sexual behaviour;</p>
<p>52.f. Providing access to quality, gender-responsive, age-appropriate, evidence-based comprehensive sexuality education, relevant to cultural contexts, both in and out of school, including through the use of digital platforms that respond to the realities faced by adolescents and young people, to enable them to build self-esteem and risk reduction skills and to empower their decision-making, communication and development of respectful relationships, in order to enable them to protect themselves from HIV infection;</p>	<p>Africa Group – delete para</p> <p>Argentina - age-appropriate, evidence-based, human rights-based comprehensive sexuality education</p> <p>Brazil - evidence-based comprehensive comprehensive sexuality education</p> <p>China - Providing access to quality, gender-responsive, scientifically accurate and age-appropriate, evidence-based, comprehensive sexuality education that is relevant to cultural contexts both in and out of school... [A/RES/75/161 op6(i)]</p> <p>Holy See – delete para.</p> <p>Indonesia – delete para</p> <p>Iran - evidence-based comprehensive sexuality age-appropriate information and education</p> <p>Iraq – delete para</p> <p>Norway - ...comprehensive sexuality education, relevant to cultural contexts, both in and out of school...</p> <p>RF - Delete para</p>
	<p>52. f. alt Africa Group - Commit to accelerating efforts to scale up scientifically accurate, age-appropriate comprehensive education, relevant to cultural contexts, that provides adolescent girls and boys and young women and men, in and out of school, consistent with their evolving capacities, with information on sexual and reproductive health and HIV prevention, gender equality and women’s empowerment, human rights, physical, psychological and pubertal development and power in relationships between women and men, to enable them to build self-esteem and informed decision-making, communication and risk reduction skills and develop respectful relationships, in full partnership with young persons, parents, legal guardians, caregivers, educators and</p>

	<p>health-care providers, in order to enable them to protect themselves from HIV infection; [para 62 c 2016 Po Decl]</p>
	<p>52.f. alt RF - Committing to accelerating efforts to scale up scientifically accurate, age-appropriate comprehensive education, relevant to cultural contexts, that provides adolescent girls and boys and young women and men, in and out of school, consistent with their evolving capacities, with information on sexual and reproductive health and HIV prevention, gender equality and women’s empowerment, human rights, physical, psychological and pubertal development and power in relationships between women and men, to enable them to build self-esteem and informed decision-making, communication and risk reduction skills and develop respectful relationships, in full partnership with young persons, parents, legal guardians, caregivers, educators and health-care providers, in order to enable them to protect themselves from HIV infection; [Based on para 62(c), A/RES/70/266]</p>
<p>52.g. Removing structural barriers, including parental and spousal consent requirements for sexual and reproductive health-care services, and HIV prevention, testing and treatment services;;</p>	<p>Africa Group – Consider removing structural barriers, including parental and spousal consent requirements for sexual and reproductive health-care services, when necessary and HIV prevention, testing and treatment services;</p> <p>Belarus - .. including parental and spousal consent...</p> <p>CANZ - ...sexual and reproductive health-care services, information and education, and HIV prevention, testing and treatment services;...</p> <p>China – Including parental and spousal consent requirements</p>

	<p>EU - Add “care”</p> <p>We look passively on proposals by other delegations to add a para on raising public awareness on HIV/AIDS.</p> <p>Holy See – Delete the para.</p> <p>Iraq – Removing structural barriers, including parental and spousal consent requirements for sexual and reproductive health-care services,</p> <p>RF - including parental and spousal consent requirements [Removing parental consent requirement for certain sexual and reproductive health-care services for minors (including for children) would be against national legislation and relevant provisions of international law]</p> <p>Singapore - Removing structural barriers, including for parental and spousal consent requirements for sexual and reproductive health services,</p> <p>UK - sexual and reproductive health-care services, including information, skills, and supplies, screening and HIV prevention</p>
	<p>52.g. bis Africa Group - Conducting public awareness campaigns and targeted HIV education to raise public awareness about HIV; [Based on para 59 (a) of the 2011 Political Declaration]</p>
	<p>52.h. RF - Conducting public awareness campaigns and targeted HIV education to raise public awareness about HIV; [Based on para 59(a), A/RES/65/277]</p>
<p><i>HIV testing, treatment and viral suppression</i></p>	
<p>53. Commit to achieve the 95–95–95 testing, treatment and viral suppression targets within all subpopulations, age groups and geographic settings, including children and adolescents living with HIV, leveraging the potential of U=U, ensuring that by 2025, at least 32 million people living with HIV access treatment, by:</p>	<p>Africa Group - Commit to achieve the 95–95–95 testing, treatment and viral suppression targets within all subpopulations, age groups and geographic settings, including women and children and in particular girls adolescents living with HIV, [leveraging the potential of U=U], ensuring that by 2025, at least 34 million people living with HIV access to medicines treatment, and diagnostics, by:</p> <p>Holy See - including children and adolescents young people living with HIV, leveraging the potential of U=U, ensuring</p>

	<p>RF - within all subpopulations, age groups and geographic settings, including children and adolescents living with HIV, leveraging the potential of U=U, ensuring</p> <p>US - age groups and geographic settings, including Key Populations, children and adolescents</p>
<p>53.a. Establishing differentiated HIV testing strategies that utilize multiple effective HIV testing technologies and approaches, including point of care early infant diagnosis, HIV self-testing, and rapidly initiate people on treatment shortly after diagnosis;</p>	<p>Belarus - with a human rights-based approach respect to human rights and a development perspective;</p>
<p>53.b. Using differentiated service delivery models for testing and treatment, including digital, community-led and community-based services that overcome challenges such as those created by the COVID-19 pandemic by delivering treatment and related support services to the people in greatest need where they are;</p>	<p>Africa Group - ...family oriented community-led and community-based services</p> <p>CARICOM – ...community-led and community based..</p> <p>Holy See - including digital, community-led and community-based services</p> <p>RF - including family-oriented community-led and community-based services</p>
<p>53.c. Achieving equitable and reliable access to safe, affordable, efficacious high-quality medicines, diagnostics, health commodities and technologies by accelerating their development and market entry, reducing costs, strengthening local development, manufacturing and distribution capacity, including through aligning trade rules and global trade that facilitates public health objectives, as well as encouraging the development of regional markets;</p>	<p>Singapore - manufacturing and distribution capacity, including through aligning by taking into consideration international human rights law in determining trade rules and public health objectives under a human rights framework, as well as encouraging the development of regional markets;</p>
	<p>53. c. bis. CANZ - Ensure that the needs of older persons living with HIV are met through the provision of available, acceptable, accessible, affordable, and quality health care, and related services, free from stigma and discrimination, that support independence and social connection, health and well-being, including mental health and well-being, and the maintenance of HIV-related treatment and care and the prevention and treatment of other co-morbidities and co-infections.</p>

<p>53.d. Expanding access to the latest technologies for TB prevention, screening, diagnosis, treatment and vaccination, ensuring that 90% of people living with HIV receive preventive treatment for TB by 2025, and reducing tuberculosis-related deaths among people living with HIV by 80% by 2025 (compared to a 2010 baseline);</p>	<p>Africa Group - 80% by 2025 (compared to a 2015 2010 baseline) and ensuring that 90% of people living with HIV who are affected by TB are receiving treatment for both conditions by 2022; [2018 Political Declaration on TB]</p> <p>Norway - TB by 2025, that 90% of people living with HIV who have TB are put on TB/HIV care, and reducing</p>
	<p>CARICOM – 53. e. Closing the gaps that exist in and among different countries and regions across the HIV testing and treatment cascade.</p>
<p><i>Vertical transmission and paediatric AIDS</i></p>	<p>Africa Group – support</p> <p>CARICOM - Vertical Mother-to-child transmission</p> <p>Holy See - Vertical Mother-to-child transmission</p>
<p>54. Commit to eliminate vertical transmission of HIV infections and end pediatric AIDS by 2025 by:</p>	<p>Africa Group - ...with a full respect of human rights-based approach...</p> <p>CARICOM - to eliminate vertical mother-to-child transmission</p> <p>Colombia - to eliminate vertical mother-to-child transmission</p> <p>Holy See - to eliminate vertical mother-to-child transmission</p>
<p>54.a. Identifying and addressing gaps in the continuum of services for preventing HIV infection among women of reproductive age, especially pregnant and breastfeeding women, diagnosing and treating pregnant and breastfeeding women living with HIV, and preventing vertical transmission of HIV to children, with a human rights-based approach and a development perspective;</p>	<p>CARICOM – and preventing mother to child vertical-transmission of HIV to children, with a human rights and development approach -based approach and a development perspective; [Are amenable to including human rights and development framework – in line with para 64. F from the 2016 PD]</p> <p>China - with a human rights-based approach</p> <p>Holy See - to children, with a human rights-based approach and a development perspective;</p> <p>Iran - with a human rights-development-based approach</p> <p>RF - of HIV to children, with full respect for human rights a human rights-based approach [This part is not meaningfully linked with the substance of the subparagraph and should be deleted, as a first-choice position. Should it</p>

	remain, we insist on using agreed terminology on the matter] and a development perspective and a UCMs-free approach;
<p>54.b. Ensuring by 2025 that 95% of pregnant women have access to testing for antenatal HIV, syphilis and hepatitis B, 95% of pregnant and breastfeeding women in high HIV burden settings have access to re-testing during late pregnancy and in the post-partum period, and that all pregnant and breastfeeding women living with HIV are receiving life-long antiretroviral therapy, with 95% achieving and sustaining viral suppression before delivery and during breastfeeding;</p>	<p>Africa Group - Ensuring by 2025 that 95% of pregnant women have access to antenatal testing for HIV, Sexual Transmitted Infections including syphilis and hepatitis B, 95% of pregnant and breastfeeding women in high HIV burden settings have access to re-testing during late pregnancy and in the post-partum period, and that all pregnant and breastfeeding women living with HIV are receiving life-long antiretroviral therapy, with 95% achieving and sustaining viral suppression before delivery and during breastfeeding, eliminating preventable maternal mortality;</p> <p>EU - Add: “adolescents”</p> <p>Rationale: The UNSG report on the special theme of the 54th session of the CPD stated that approximately 12 million girls aged 15–19 give birth each year in low- and middle-income countries, and many marry and become pregnant before they are physically mature.</p> <p>Source: Population, food security, nutrition and sustainable development, Report of the 5 Secretary-General E/CN.9/2021/2, paragraph 20.</p>
<p>54.c. Ensuring by 2025 that all HIV-negative pregnant and breastfeeding women in high HIV burden settings or who have male partners at high risk of HIV in all settings have access to combination prevention, including PREP, and that 90% of their male partners who are living with HIV are continuously receiving antiretroviral therapy;</p>	<p>Africa Group – including PREP, PEP</p> <p>Holy See - combination prevention, including PREP, and that</p>
<p>54.d. Testing 95% of HIV-exposed children by two months of age and after the cessation of breastfeeding, and ensuring that all children diagnosed with HIV are provided treatment regimens and formulas optimized to their needs, and ensuring that 75% of all children living with HIV have suppressed viral loads by 2023 and 86% by 2025, in line with the 95–95–95 targets;</p>	
	<p>54.d. bis RF - Ensuring access to artificial feeding for newborns and infants born to HIV-positive mothers in low- and middle-income countries;</p>

<p>54.e. Identifying and treating undiagnosed older children and adolescents and providing all children and adolescents living with HIV with a continuum of developmentally appropriate care and social protection proven to improve health and psychosocial outcomes as they grow and progress through youth and into adulthood;</p>	<p>Africa Group – support Holy See - undiagnosed older children and adolescents and providing all children and adolescents living with HIV Norway - ...undiagnosed older children and adolescents... RF - older children, including and-adolescents, and providing all children, including and-adolescents, living with HIV</p>
	<p>54.e. bis or alt CARICOM - Providing comprehensive services to mother-infant pairs, through the continuum of care, expanding case-finding of children in all health-care entry points...developing models of care for children differentiated by groups, eliminating preventable maternal mortality, and taking steps towards achieving World Health Organisation certification of elimination of mother-to-child HIV transmission, [based on 60.c 2016 PD]</p> <p>54.e. bis RF - Developing and/or strengthening strategies, policies and programmes which recognize the importance of the family in reducing vulnerability, inter alia, in educating and guiding children and take account of cultural, religious and ethical factors, to reduce the vulnerability of children and young people by ensuring access of both girls and boys to primary and secondary education, including HIV/AIDS in curricula for adolescents; [Based on para 63, S-26/2, 2001 Declaration of Commitment on HIV/AIDS]</p>
<p>54.f. Encourage adequate training for health-care workers in pediatric HIV prevention, testing, treatment, care and support;</p>	
	<p>54. f. alt Africa Group - Encourage adequate training for health-care workers in paediatric HIV prevention, testing, treatment and care, and pharmaceutical companies to research and produce effective antiretroviral child-friendly formulations</p>
<p><i>Gender equality and empowerment of women and girls</i></p>	<p>EU - “women and girls and adolescents”</p>

<p>55. Commit to put gender equality and the human rights of women and girls in all their diversity at the forefront of efforts to mitigate the risk and impact of HIV by:</p>	<p>Africa Group - Commit to put gender equality and the all human rights of all women and girls in all their diversity, at the forefront of efforts to mitigate the risk and impact of HIV by</p> <p>Belarus – human rights of all women and girls in all their diversity at the forefront of efforts to mitigate the risk and impact of HIV by</p> <p>EU - Add: “adolescents”</p> <p>Holy See - women and girls in all their diversity.</p> <p>Iraq - women and girls in all their diversity</p> <p>RF - women and girls in all their diversity</p>
<p>55.a. Ensuring the establishment, financing and implementation of national gender equality strategies that challenge and address the impact of sexual and gender-based violence, child, early and forced marriage, female genital mutilation and other harmful gender norms and practices, and that increase the voice, autonomy, agency and leadership of women and girls;</p>	<p>Africa Group - ...strategies that tackle the root causes of gender inequality that challenge and address the impact of sexual and gender-based violence, child, early and forced marriage, and female genital mutilation and as well as other harmful gender norms and practices</p> <p>Belarus - ...address the impact of sexual and gender-based all forms of violence...</p> <p>China - , autonomy;</p> <p>EU - Add: “eliminate the root causes of gender inequalities” and “adolescents” For “diversity” see EU line in the general remarks.</p> <p>Holy See - impact of sexual and gender-based violence, ... and other harmful gender norms and practices, ...the voice, autonomy, agency</p> <p>Indonesia - ... sexual and gender-based violence against women and girls...</p> <p>Iraq - harmful gender norms and practices</p> <p>Mexico - national gender equality strategies with an intersecting and intercultural approach... women and girls in all their diversity;</p> <p>RF - impact of all forms of violence against women and girls sexual and gender-based violence [the text should use agreed language from the 2030 Agenda (SDG5), which is broader in nature] as well as child, early and force marriage, female genital mutilation and other harmful gender norms and</p>

	practices, address negative social norms and gender stereotypes , [based on E/CN.6/2021/L.3 (e.g. para (ccc) and others); E/CN.6/2019/L.3 (both as approved by the CSW)] and that increase the voice autonomy , [we cannot speak about the “autonomy” of children – both girls and boys – as they depend on their parents or legal guardians] agency
55.b. Fulfilling the right to education of girls and young women, economically empowering women by providing them with job skills, employment opportunities, financial literacy and access to financial services, scaling up social protection interventions for girls and young women, and engaging men and boys in intensified efforts to transform unequal socio-cultural gender norms and undo harmful masculinities;	<p>Africa Group - education of all girls</p> <p>Belarus - socio-cultural gender norms and undo harmful masculinities;</p> <p>CARICOM - with job skills, training and employment opportunities</p> <p>EU – Fulfilling the right to education of all girls...</p> <p>Holy See - Fulfilling Ensuring the right to education ... intensified efforts to eradicate gender inequality transform unequal socio-cultural gender norms and undo harmful masculinities;</p> <p>Iraq - young women, and engaging men and boys in intensified efforts to transform unequal socio-cultural gender norms and undo harmful masculinities;</p> <p>Norway - social protection interventions for all girls</p> <p>RF - right to education for of girls...in intensified efforts to address negative social norms and gender stereotypes [Based on E/CN.6/2021/L.3 (e.g. para (ccc) and others); E/CN.6/2019/L.3 (both as approved by the CSW)] transform unequal socio-cultural gender norms and undo harmful masculinities</p> <p>Switzerland - gender norms and promoting positive undo harmful masculinities</p>
55.c. Supporting various regional and subregional initiatives including the Education Plus initiative aimed at accelerating actions and investments to prevent HIV, empowering adolescent girls and young women and the achievement of gender equality in sub-Saharan Africa;	<p>Africa Group – delete para</p> <p>Holy See – delete para</p> <p>RF - subregional initiatives including the Education Plus initiative</p>
	55.c. alt Africa Group - Welcoming and supporting various regional and sub-regional initiatives aiming at ensuring that all adolescent girls and young women, especially in sub-Saharan Africa, have free quality

	<p>secondary schooling, live in equal, empowering and violence-free environments, have access to necessary information and tools, including age appropriate HIV related information, to achieve their human rights, gender equality and empowerment, and are economically empowered through successful school-to-work;</p>
<p>55.d. Eliminating all forms of sexual and gender-based violence, including intimate partner violence, by establishing and enforcing laws, changing harmful gender and social norms, perceptions and practices, and providing tailored services that address multiple and intersecting forms of discrimination and violence faced by women living with HIV, indigenous women, women with disabilities, women who use drugs, women in prisons, transgender women, sex workers, migrant women and other key and marginalized women;</p>	<p>Africa Group - Eliminating all forms of sexual and gender-based violence, including intimate partner violence, by establishing adopting and enforcing laws, changing harmful gender and social norms, perceptions and practices, and providing tailored services that address multiple and intersecting forms of discrimination, and violence faced by women living with HIV/AIDS, indigenous women, women with disabilities, women who use drugs, women in prisons, transgender women, sex workers, refugee and migrant women and other key and marginalized women; and other women in vulnerable situations and at higher risk of HIV infections;</p> <p>Argentina - Eliminating all forms of sexual and gender-based violence, including intimate partner violence, by establishing and enforcing laws, developing and adopting public policies to change harmful gender and social norms, perceptions and practices, and providing tailored services that address multiple and intersecting forms of discrimination and violence faced by women living with HIV, indigenous women, women of African descent, women with disabilities, women who use drugs, women in prisons, transgender women, sex workers, migrant women, women living in poverty who suffer from gender-based violence, and other key and marginalized women;</p> <p>Belarus - address multiple and intersecting all forms of discrimination and violence faced by women living with HIV, indigenous women, women with disabilities, women who use drugs, women in prisons, transgender women, sex workers, migrant women and other key and marginalized women living in vulnerable situations;</p> <p>China - women living with HIV, indigenous women, women with disabilities, women who use drugs, women in prisons, transgender women, sex workers, migrant women and other key and marginalized women;</p> <p>Holy See – Delete the para.</p>

	<p>Indonesia - Eliminating all forms of sexual and gender-based violence against women and girls... multiple and intersecting all forms of discrimination... faced by women living with HIV, and other women in vulnerable situations. indigenous women, women with disabilities, women who use drugs, women in prisons, transgender women, sex workers, migrant women and other key and marginalized women;</p> <p>Iran - transgender women, sex workers, migrant women and other key and marginalized women;</p> <p>Iraq - including intimate partner violence, by establishing and enforcing laws, changing harmful gender and social norms,</p> <p>... services that address multiple and intersecting forms of discrimination and violence... -- women who use drugs, women in prisons, transgender women, sex workers, migrant women and other key and marginalized women;</p> <p>Mexico - and marginalized women in situations of vulnerability;</p> <p>Norway - ...by establishing adopting and enforcing...</p> <p>RF - all forms of sexual and gender-based violence against women and girls, including intimate partner violence; including by establishing and enforcing related laws, addressing negative social norms and gender stereotypes, changing eliminating harmful gender and social norms, perceptions and practices, and providing tailored services that address multiple and intersecting all forms of discrimination and violence faced by women living with HIV, indigenous women, women with disabilities, women who use drugs, women in prisons, transgender women, sex workers, migrant women and other key and marginalized women in vulnerable situations;</p>
<p>55.e. Reducing to no more than 10% the number of women, girls, people living with HIV and key populations who experience gender-based inequalities and gender-based violence by 2025;</p>	<p>Africa Group - gender-based inequalities discrimination and gender-based violence by 2025;</p> <p>CARICOM - Reducing, to no more than 10%, the number of women, girls ; people living with HIV and key populations who experience gender-based inequalities...</p> <p>EU: Add “sexual” before GBV</p>

	<p>Holy See – Delete the para Iran - and key populations Iraq - and key populations Norway - sexual and gender-based violence RF - the number of women; and girls, people living with HIV and key populations who experience gender-based inequalities discrimination and gender-based violence by 2025</p>
	<p>55.e. bis Africa Group - Ensure that women of child-bearing age have access to HIV prevention related services and that pregnant women have access to antenatal [add: and maternal] care, information, counselling and other HIV services and to increasing availability and affordability of and access to effective treatment to all women living with HIV, [based on para 59 (I), 2011 Political Declaration]</p>
<p>55.f. Ensuring by 2025 that 95% of women and girls of reproductive age have their HIV and sexual and reproductive health-care service needs met;</p>	<p>CARICOM - girls of reproductive age have access to their HIV and sexual and reproductive health-care service needs met; EU – Add “child” and “care” Rationale for adding “child”; girls who are not of reproductive age yet might still have HIV and SRHR needs e.g. after sexual violence. Holy See - HIV and sexual and reproductive health-care service needs met; Norway - ...reproductive health-care service... RF - women and girls UK - sexual and reproductive health-care service needs UK - reproductive health-care service</p>
<p>55.g. Reducing the number of new HIV infections among adolescent girls and young women to below 50,000 by 2025;</p>	<p>Holy See - HIV infections among adolescent girls and young women</p>

<p>Community leadership</p>	
<p>56. Commit to implement the Greater Involvement of People Living with HIV/AIDS (GIPA) principle and empower communities of people living with, at risk of and affected by HIV, including women, adolescents and young people and key populations to play their critical leadership roles in the HIV response by:</p>	<p>Africa Group - support CARICOM – Comment: replace community-led with community-based in this section and everywhere in the text. EU – Add “older” people</p> <p>Holy See - Commit to implement the Greater Involvement of People Living with HIV/AIDS (GIPA) principle and empower and include communities of people living with, at risk of and affected by HIV, including women, adolescents and young people, and key populations to play their critical leadership roles</p> <p>Iraq - Commit to implement the Greater Involvement of People Living with HIV/AIDS (GIPA) principle and empower communities of people living with, at risk of and affected by HIV, including women, adolescents and young people and key populations to play</p> <p>RF: Commit to implement the Greater Involvement of People Living with HIV/AIDS (GIPA) principle and empower communities of people living with, at risk of and affected by HIV, including women, adolescents and young people and key populations at higher risk of HIV to play their critical leadership roles in the HIV response by:</p>
<p>56.a. Ensuring their global, regional, national and sub-national networks and other community-led organizations are included in HIV response decision-making, planning, implementing and monitoring, and are provided with sufficient technical and financial support;</p>	<p>Africa Group – support Belarus - other community-led based organizations Holy See - and other community-led based organizations Iran - community-led based organizations</p> <p>RF- Ensuring their that relevant global, regional, national and sub-national networks and other community-led-based organizations are included in HIV response decision-making, planning, implementing and monitoring</p>

<p>56.b. Creating and maintaining, in law and in practice, a safe and enabling environment in which civil society can operate free from hindrance and insecurity;</p>	<p>Africa Group – support</p> <p>Belarus - ...safe and enabling environment in which civil society can operate free from hindrance and insecurity;</p> <p>China - Creating and maintaining, in law and in practice, a safe and enabling environment in which civil society can operate free from hindrance and insecurity;</p> <p>EU - Add: “gender responsive, stigma-free and non-discriminatory”</p> <p>Iran - environment in which civil society can operate free from hindrance and insecurity; [Comment: this is beyond the scope]</p> <p>RF - Delete entire para</p>
<p>56.c. Adopting and implementing laws and policies that enable the sustainable financing of people-centred, integrated, community-led HIV service delivery, including through social contracting and other public funding mechanisms;</p>	<p>Africa Group - ...community-led family-oriented HIV service delivery, with the full respect of human rights including through social contracting and other public funding mechanisms;</p> <p>Argentina - Adopting and implementing gender responsive laws and policies</p> <p>Holy See - integrated, community-led based HIV service delivery,</p> <p>RF - integrated, community-based-led, family-oriented HIV service delivery</p>
<p>56.d. Supporting community-led monitoring and research, and ensuring that community-generated data is used to tailor HIV responses to protect the rights and meet the needs of people living with HIV and other key populations;</p>	<p>Africa Group - ...monitoring and research, including scientific community and...</p> <p>Holy See - Supporting community-led based monitoring and research, ...needs of people living with, at risk of and affected by HIV and other key populations;</p> <p>Iran - people living with HIV and other key populations</p> <p>Iraq - people living with HIV and other key populations;</p> <p>RF - Supporting community-based-led monitoring and research, including scientific community [...] and other key populations at higher risk of HIV</p>

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

- 30% of testing and treatment services, with a focus on HIV testing, linkage to treatment, adherence and retention support, and treatment literacy;
- 80% of services for key population HIV prevention programmes, including for women within key populations;
- 60% of programmes to support the achievement of societal enablers;

Africa Group - Increasing the proportion of HIV services delivered by community-, key population- and women-, and adolescent and youth-led organizations, **including family conscious, including by inter alia** ~~including~~ by ensuring that by 2025, peer-led organizations deliver:

- 30% of **prevention** testing and treatment services, **and other health-care services** with a focus on HIV testing, linkage to treatment, adherence and retention support, and treatment literacy;
- 80% of services for ~~key population~~ HIV prevention programmes, **for people at high risk of HIV**, including for women within key populations;
- [Support: 60% of programmes to support the achievement of societal enablers];

Belarus - 80% of services for ~~key population~~ HIV [or add: **including** for key populations] prevention programmes, including for women ~~within key populations~~ [or add: **including** within key populations];

EU- Add elder led-organisations

Holy See - ~~community-based, key population- and women-, and adolescent and youth-led~~ organizations...

- 80% of services for ~~key population~~ HIV prevention programmes **for people at risk of HIV**, including for women ~~within key populations~~;

Iraq - ~~community-, key population- and women-~~

- 80% of services for ~~key population~~ **at higher risk to** HIV prevention programmes, including for women ~~within key populations~~;

RF - HIV services delivered by ~~community-based, key population- and women-, and adolescent and youth-led~~ **and family-oriented** organizations, including by ensuring that by 2025, ~~peer-led~~ **such** organizations deliver, **as appropriate in the context of national programmes**;

80% of services for ~~key population~~ HIV prevention programmes **for populations at higher risk of HIV**, including for women ~~within key populations~~;

<p>56.f. Encourage the institutionalizing of community and key population-led response systems for health and the scaling-up of efforts to promote the recruitment and retention of competent, skilled and motivated community health workers as well as to expand community-based health education and training in order to provide quality services to hard-to-reach populations.</p>	<p>Africa Group - Encourage the institutionalizing of community and communities and people living with or at higher risk of HIV and AIDS key population-led in supporting and sustaining national and local HIV and AIDS responses response systems for health and the scaling-up of efforts to promote the recruitment and retention of competent, skilled and motivated community health workers as well as to expand community-based health education and training in order to provide quality services to hard-to-reach populations.</p> <p>Holy See - institutionalizing of community-based and key population-led response systems for health</p> <p>Iraq - community and key population-led</p> <p>RF - Promoting community-based health systems Encourage the institutionalizing of community and key population-led response systems for health...</p> <p>Thailand - To retain, but propose to adjust “encourage” to “encouraging” to match with the rest of the sub-paragraphs. Based on paragraph 62 of the Political Declaration on Universal Health Coverage of 2019 but updated to address HIV/AIDS more specifically.</p>
<p><i>Realizing human rights and eliminating stigma and discrimination</i></p>	
<p>57. Commit to eliminating HIV-related stigma and discrimination, and to respecting, protecting and fulfilling the human rights of people living with, at risk of and affected by HIV, through concrete resource investment and development of guidelines and training for health care providers, by:</p>	<p>Africa Group – support</p> <p>CANZ - living with, at risk of and affected by HIV, including key populations, through</p> <p>Belarus - ...protecting and fulfilling promoting the human rights...</p> <p>Holy See - to promoting respecting, protecting and respecting fulfilling the human rights</p> <p>RF - protecting and promoting fulfilling</p>
<p>57.a. Creating an enabling legal environment by removing punitive and discriminatory laws, policies and practices that block effective responses to HIV—such as laws that criminalize any aspect of sex work, drug use and possession for personal use, consensual same-sex sexual relations, HIV</p>	<p>Africa Group - ...block effective responses to HIV such as laws that eriminalize any aspect of sex work, drug use and possession for personal use,</p>

exposure, non-disclosure or transmission, and those that impose HIV-related travel restrictions and mandatory testing—with the aim of ensuring that less than 10% of countries have punitive legal and policy environments that lead to the denial or limitation of access to services by 2025;

~~consensual same-sex sexual relations~~, **including by considering to review or reform the criminal and other relevant legislations** HIV exposure,

Belarus - Creating an enabling legal environment by removing ~~punitive and discriminatory laws, policies and practices that block effective responses to HIV - such as laws that criminalize any aspect of sex work, drug use and possession for personal use, consensual same-sex sexual relations, HIV exposure, non-disclosure or transmission,~~ and those that impose HIV-related travel restrictions and mandatory testing—with the aim of ensuring that less than 10% of countries have ~~punitive~~ legal and policy environments that lead to the denial or limitation of access to services by 2025;

CANZ - Creating an enabling legal environment **by working with affected communities, including key populations, to remove** ~~removing~~ punitive and discriminatory laws...

CARICOM - ... responses to HIV—~~such as laws that criminalize any aspect of sex work, drug use and possession for personal use, consensual same-sex sexual relations, HIV exposure, non-disclosure or transmission,~~ and those that impose HIV-related travel restrictions and mandatory testing—with the aim of ensuring that **more than 90% of countries have enabling environments that provide** ~~less than 10% of countries have punitive legal and policy environments that lead to the denial or limitation of access to services by 2025;~~

Colombia - ~~any aspect of sex work~~

China - Creating an enabling legal environment by removing ~~punitive and discriminatory laws, policies and practices that block effective responses to HIV—such as laws that criminalize any aspect of sex work, drug use and possession for personal use, consensual same-sex sexual relations, HIV exposure, non-disclosure or transmission,~~ and those that impose HIV-related travel restrictions and mandatory testing—with the aim of ensuring that less than 10% of countries have **discriminatory** ~~punitive~~ legal and policy environments that lead to the denial or limitation of access to services by 2025;

EU - Phrase this in a positive way (like in the Global AIDS strategy: “at least 90% of people living with, at risk of and affected by HIV report no discrimination, especially in health, education and workplace setting”);

strike out “~~any aspect of~~” because it might prevent prosecution of exploitation.

Holy See – block effective responses to HIV [Stop here, Delete the rest];

Indonesia - ~~such as laws that criminalize any aspect of sex work, drug use and possession for personal use, consensual same-sex sexual relations, HIV exposure, non-disclosure or transmission, and those that impose HIV-related travel restrictions and mandatory testing—~~with the aim of ensuring

Iran – delete the sub-para

Iraq – responses to HIV—~~such as laws that criminalize any aspect of sex work, drug use and possession for personal use, consensual same-sex sexual relations, HIV exposure, non-disclosure or transmission, and those that impose HIV-related travel restrictions and mandatory testing—~~with the aim

Mexico - ~~any aspect of legal~~ sex work, ~~drug use and possession for personal use, consensual same-sex sexual relations~~ **between consenting adults**,
[Comment: we could think of merging 57a and 57b)]

Norway - ~~any aspect of~~ sex work

Philippines - ~~such as laws that criminalize any aspect of sex work, drug use and possession for personal use, consensual same-sex sexual relations, HIV exposure, non-disclosure or transmission, and those that impose HIV-related travel restrictions and mandatory testing~~

RF - legal environment by removing ~~punitive and~~ discriminatory laws, policies and practices that block effective responses to HIV—~~such as laws that criminalize any aspect of sex work, drug use and possession for personal use, consensual same-sex sexual relations, HIV exposure, non-disclosure or transmission, and those that impose HIV-related travel restrictions and mandatory testing—~~with the aim of ensuring that less than 10% of countries have ~~punitive...~~

Singapore:—~~such as laws that criminalize any aspect of sex work, sexual orientation and gender identity, drug use and possession for personal use, consensual same-sex sexual relations, HIV exposure, non-disclosure or transmission, and those that impose HIV-related travel restrictions and mandatory testing—~~

	<p>US - such as laws that criminalize any aspect of sex work, sexual orientation and gender identity, drug use and possession</p>
<p>57.b. Adopting and enforcing legislation, policies and practices that prevent violence and other rights violations against people living with HIV and key populations and protect their rights to the highest attainable standard of health, education and adequate standard of living, including adequate, food, housing, employment, and social protection, and that prevent the use of criminal and general laws to discriminate against people living with HIV and key populations;</p>	<p>Africa Group - employment, including equal access to work opportunities and social protection</p> <p>EU - Add “including sexual and GBV” and “access to old people’s homes”</p> <p>Holy See - people living with HIV and key populations and ... against people living with HIV and key populations;</p> <p>Iraq - ...and key populations ... against people living with HIV and key populations;</p> <p>Mexico - practices that prevent violence and discrimination</p> <p>Norway - that prevent sexual and gender based violence</p> <p>RF - people living with HIV and key populations at high risk of HIV and protect their rights to the enjoyment of the highest attainable standard of physical and mental health, right to education and right to adequate standard of living, ...and key populations;</p>
<p>57.c. Expanding investment in societal enablers—including in human rights protections, reduction of stigma and discrimination and law reform—in low- and middle-income countries to US\$ 3.1 billion by 2025;</p>	<p>Africa Group - ...including in human rights protections, such as the social and economic rights, reduction of stigma and discrimination and law reform where appropriate—in low- and middle-income countries to US\$ 3.1 billion by 2025;</p> <p>Argentina - ...stigma and discrimination and law reform - in low and middle income developing countries to US\$ 3.1 billion by 2025;</p> <p>Belarus - ... including in protection of human rights protections, reduction of stigma...</p> <p>China - Expanding investment in societal enablers—including in human rights protections, reduction of stigma and discrimination and law reform—in low- and middle-income countries to US\$ 3.1 billion by 2025;</p> <p>RF - Expanding investment in societal enablers—including in promotion of human rights protections, reduction of stigma and discrimination and law reform, where appropriate—in low- and middle-income countries to US\$ 3.1 billion by 2025;</p>

<p>57.d. Ensuring accountability for HIV-related human rights violations by meaningfully engaging and securing access to justice for people living with, at risk of and affected by HIV, including key populations, through the establishment of legal literacy programmes, increasing their access to legal support and representation, and expanding sensitization training for judges, law enforcement, health-care workers, social workers and other duty bearers;</p>	<p>Africa Group – support Holy See – affected by HIV, including key populations; Iraq – affected by HIV, including key populations, RF - including key populations at higher risk of HIV</p>
<p>57.e. Work towards the vision of zero stigma and discrimination towards people living with HIV and key populations, by ensuring that less than 10% experience stigma and discrimination by 2025;</p>	<p>Africa Group - ...at risk of and affected by HIV, including key populations people at higher risk of HIV infection... EU - Phrase this in a positive way: “at least 90% of people living with” Iraq - and key populations RF - people living with HIV and key populations</p>
<p>57.f. Ensuring political leadership at the highest level to eliminate all forms of HIV-related stigma and discrimination including by promoting greater policy coherence and coordinated action through whole-of-government, whole-of-society and multi-sectoral response;</p>	<p>Africa Group – support Thailand - This paragraph is based on paragraph 59 of the Political Declaration on Universal Health Coverage of 2019 but updated to address HIV/AIDS more specifically.</p>
	<p>57.bis. China - [Based on OP.4, A/RES/75/181] Urge all States not to adopt any unilateral measures not in accordance with international law and the Charter that impede the full achievement of economic and social development by the population of the affected countries, in particular children and women, that hinder their well-being and that create obstacles to the full enjoyment of their human rights, including the right of everyone to a standard of living adequate for his or her health and well-being and his or her right to food, medical care and education and the necessary social services, as well as to ensure that food and medicine are not used as tools for political pressure</p>

	<p>57.bis. RF - Urge all States not to adopt any unilateral measures not in accordance with international law and the Charter, that impede the full achievement of economic and social development by the population of the affected countries, in particular children and women, that hinder their well-being and that create obstacles to the full enjoyment of their human rights, including the right of everyone to a standard of living adequate for his or her health and well-being and his or her right to food, medical care and education and the necessary social services, as well as to ensure that food and medicine are not used as tools for political pressure; [Based on OP.4, A/RES/75/181]</p>
<p><i>Investments and resources</i></p>	
<p>58. Commit to enhancing global solidarity and take concrete actions to close the HIV response resource gap and increasing annual HIV investments in low- and middle-income countries to US\$29 billion by 2025 by:</p>	<p>Africa Group - Commit to increasing and fully funding the AIDS response from all sources, including from innovative financing by enhancing global solidarity...</p> <p>CARICOM - HIV response resource gap and increasing annual investments in HIV prevention and treatment investments in low- and middle-income countries to US\$29 billion by 2025 by:</p>
<p>58.a. Mobilizing additional sustainable domestic resources for HIV responses through a wide range of strategies and approaches, including public-private partnerships, debt cancellation and restructuring, progressive taxation, tackling corruption and ending illicit financial flows, and ensuring progressive integration of financing for HIV responses within domestic financing systems for health, social protection, emergency responses and pandemic responses;</p>	<p>Africa Group - domestic financing, systems for health by health systems, social protection,...</p> <p>China - debt cancellation and restructuring</p> <p>Colombia - debt cancellation and restructuring</p> <p>RF - ending illicit financial flows, identifying, freezing and recovering stolen assets and returning them to their countries of origin [Based on para 59 (1), A/RES/70/266]...responses within domestic financing systems for health systems</p>
<p>58.b. Complementing domestic resources through greater South-South, North-South and triangular cooperation, bearing in mind that South-South cooperation is not a substitute for, but rather a complement to, North-South cooperation, and renewed commitments from bilateral and multilateral donors—including through the Global Fund to Fight AIDS, Tuberculosis and Malaria and the US President's Emergency Plan For AIDS Relief—to fund</p>	<p>Africa Group - ...triangular cooperation, bearing in mind that South-South cooperation is not a substitute for, but rather a complement to, North-South cooperation, with and international solidarity, taking into consideration that South-South cooperation is a complement to, rather than a substitute for, North-South cooperation and renewed commitments...</p>

<p>remaining resource needs, especially for HIV responses in countries with limited fiscal ability, and those whose economies have been severely affected by the COVID-19 pandemic, with due attention to the financing of services for key populations, community-led HIV responses and societal enablers;</p>	<p>China - Complementing domestic resources through greater North South, South-South, North-South and triangular cooperation, bearing in mind that South-South cooperation is not a substitute for</p> <p>Holy See - services for key populations, community-led based HIV responses</p> <p>Iran - community-led based HIV responses</p> <p>Iraq – services for key populations;</p> <p>Norway - the Global Fund to Fight AIDS, Tuberculosis and Malaria</p> <p>RF - financing of services for people living with HIV and key populations at higher risk of HIV, community-based led HIV responses</p>
	<p>58.b. bis CARICOM – Encourage and support the exchange among countries and regions of information, research, evidence, best practices 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; [para 66 2016 pol dec]</p>
<p>58.c. Fully mobilizing the resource needs of the Global Fund through its replenishment conferences, with continued priority focus on the Global Fund’s contribution to ending AIDS;</p>	<p>Africa Group – support</p> <p>CARICOM - ... Global Fund’s contribution to ending AIDS, and to consider the delay in transition of developing countries in order to maintain access to the Global Fund...</p> <p>Norway - contribution to ending AIDS and tuberculosis;</p>
	<p>58.c. bis Africa Group - Recognize that multi-stakeholder partnerships , such as the Global Alliance for Vaccines and Immunisation (GAVI) and the Global Fund to Fight AIDS, Tuberculosis and Malaria, have achieved results in the field of health. We encourage a better alignment of such initiatives, and encourage them to improve their contribution to health systems strengthening, [para 59 (m) 2016 PD]</p>

<p>58.d. Fulfilling all official development assistance (ODA) commitments, including the commitment by many developed countries to achieve the target of 0.7% of gross national income as ODA (ODA/GNI) and the target of 0.15 to 0.20% of ODA/GNI to least developed countries;</p>	<p>Africa Group - ...least developed countries and significantly raise the percentage of official development assistance funds that go to standalone HIV/ AIDS response;</p> <p>Argentina - ...target of 0.7% of gross national income provided as ODA (ODA/GNI) to developing countries and the target of 0.15...</p> <p>CANZ - Fulfilling all respective official development assistance (ODA) commitments</p>
<p>58.e. Strengthening development cooperation, increasing access to concessional financing and addressing the debt sustainability challenges facing many least developed countries and Small Island Developing States;</p>	<p>Africa Group – support</p> <p>Argentina - ...debt sustainability challenges facing developing countries, in particular many least developed countries...</p> <p>Belarus - ...least developed countries, low- and middle-income countries and Small Island Developing States;...</p> <p>CARICOM - ... small island developing states and middle income countries</p> <p>EU – add “Re-commit to principles of aid-effectiveness and ensure alignment of ODA for health to country priorities”</p> <p>Philippines - addressing the debt sustainability challenges facing many least developed countries and, Small Island Developing States and Middle-Income Countries;</p>
<p><i>Universal health coverage and integration</i></p>	
<p>59. Commit to accelerating integration of HIV services into universal health coverage and strong and resilient health systems and social protection, building back better in a more equitable and inclusive manner from COVID-19 and humanitarian crises, and strengthening global health security and future pandemic response and preparedness by:</p>	<p>Africa Group - Commit to accelerating integration of HIV services into universal health coverage and strong and resilient health systems and social protection programmes, building back better in a more equitable and inclusive manner from COVID-19 and humanitarian crises, and strengthening global health security and reinforcing future pandemic response and preparedness by:</p> <p>Brazil - global health security and future pandemic response</p> <p>EU - Commit to accelerating integration of HIV and SRH care service</p>

	<p>Holy See - building back better in a more equitable and inclusive manner from COVID-19 and humanitarian crises,</p> <p>UK- Commit to accelerating the integration of HIV services into universal health coverage and strong and resilient health and social protection systems, to achieve UHC and social protection, building back better...</p> <p>RF - universal health coverage with a special emphasis on primary healthcare...humanitarian emergencies erises, and strengthening global public health security and future pandemic response</p> <p>UK - Commit to accelerating the integration of HIV services into strong and resilient health and social protection systems to achieve universal health coverage and strong and resilient health systems and social protection, building back better</p>
<p>59.a. Utilizing the experience, expertise, infrastructure and multisectoral coordination of the HIV response across diverse sectors such as health, education, law and justice, economics, finance, trade, information technology, and social protection, as well as among development, humanitarian and peace-building actions to advance achievement of the Sustainable Development Goals;</p>	
<p>59.b. Investing in robust, resilient, equitable and publicly funded systems for health and social protection that provide 90% of people living with, at risk of and affected by HIV with people-centred and context-specific integrated services for HIV and other communicable diseases, noncommunicable diseases, sexual and reproductive health and gender-based violence, mental health, alcohol and drug use, legal services, and other services they need for their overall health and well-being by 2025;</p>	<p>Africa Group - ...social protection programmes that provide 90% of people living with, at risk of and affected by HIV with people-centred and context-specific integrated services for HIV and other communicable diseases, noncommunicable diseases including cervical cancer, sexual and reproductive health care services and gender-based violence, mental health...</p> <p>Belarus - risk of and affected by HIV with people-centred and context-specific integrated <i>services for</i> HIV and other communicable diseases, noncommunicable diseases treatment, sexual and reproductive health, food and nutrition support, maternal, child and adolescent health, men’s health, and to address all forms of violence gender-based violence, mental health, alcohol and drug dependence use, legal services, and other services they need for their overall health and well-being by 2025;</p> <p>Colombia - alcohol, tobacco and drug use,</p>

	<p>EU – sexual and gender-based violence; add “care services”</p> <p>Holy See - integrated services for HIV and other communicable noncommunicable diseases, sexual and reproductive health and gender-based violence, mental health,</p> <p>Iran – by 2025 as appropriate;</p> <p>Iraq- ...sexual and reproductive health and gender-based violence, mental health, alcohol and drug use...</p> <p>RF - publicly funded health systems for health...sexual and reproductive health and gender-based violence, mental health, treatment of alcohol dependence [based on para 5.10, ICPD Programme of Action] and drug use</p>
<p>59.c. Reducing the high rates of HIV, tuberculosis, and hepatitis B and C co-infection, as well as HPV and sexually transmitted infections that contribute to HIV transmission and increase morbidity and mortality among people living with HIV;</p>	<p>Africa Group - support</p>
	<p>59.c. bis Holy See - Addressing factors that limit treatment uptake and contribute to treatment stock-outs and delays in drug production and delivery, inadequate storage of medicines, patient dropout, including inadequate and inaccessible transportation to clinical sites, lack of accessibility of information, resources and sites, especially for persons with disabilities, sub-optimal management of treatment-related side effects, poor adherence to treatment, out-of-pocket expenses for non-drug components of treatment, loss of income associated with clinic attendance and inadequate human resources for health care; [A/Res/65/277 para 73, with beginning adjusted to fit commitment format]</p> <p>59.c. bis CANZ - Ensure evidence based differentiated HIV services comprise part of the package of Universal Health Coverage, including for key and other priority populations</p>

	<p>59.c. ter Holy See - Promoting services that integrate prevention, treatment and care of co-occurring conditions, including tuberculosis and hepatitis and improve access to quality, affordable primary health care, comprehensive care and support services, including those which address physical, spiritual, psychosocial, socio-economic and legal aspects of living with HIV, and palliative care services; [A/Res/65/277 para 69, with beginning adjusted to fit commitment format]</p>
<p>59.d. Ensuring the systematic engagement of HIV responses in pandemic response infrastructure and arrangements, leveraging national HIV strategic plans to guide key elements of pandemic preparedness planning, and ensuring that 95% of people living with, at risk of and affected by HIV are protected against pandemics, including COVID-19;</p>	<p>Africa Group - support</p>
<p>59.e. Building on the resilience and innovation demonstrated by community systems during the COVID-19 pandemic in reaching affected communities with essential HIV and health services;</p>	<p>Africa Group - Building on the resilience and innovation demonstrated by community-based health systems during the COVID-19 pandemic in reaching affected communities with essential HIV and health care-services;</p> <p>Belarus - ...least developed countries, low- and middle-income countries and Small Island Developing States;</p> <p>EU – Community-led responses systems...</p> <p>Holy See - HIV and health services care;</p> <p>RF - community-based health systems</p>
<p>59.f. Facilitating global accessibility, availability and affordability of safe, effective and quality-assured medicines, including generics, vaccines, diagnostics and other health technologies and their fair and equitable allocation among and within countries to advance efforts to ensure the full realization of the right to the enjoyment of the highest attainable standard of physical and mental health through:</p>	<p>Africa Group - Facilitating global Ensuring unrestricted accessibility...</p> <p>Belarus - Facilitating global accessibility, availability and affordability of Commit to urgently removing obstacles that limit the capacity of low- and middle-income countries to provide affordable and effective HIV prevention and treatment products, safe, effective and quality-assured medicines... within countries and to reducing costs associated with lifelong chronic care, including by amending national laws and</p>

	<p>regulations, as deemed appropriate by respective Governments to advance efforts...</p>
<p>59.f.i. Use of flexibilities compliant with the WTO Doha Declaration on the TRIPS Agreement and Public Health in a manner supportive of WTO members' right to protect public health and, in particular, to promote access to medicines for all;</p>	<p>Africa Group – The full use of flexibilities...</p> <p>Africa Group – support</p> <p>Belarus - Full use of flexibilities compliant as confirmed in the WTO Doha Declaration on the TRIPS Agreement and Public Health in a manner supportive of WTO members' right to protect public health and, in particular, to promote access to medicines for all;</p> <p>Brazil – Full use...</p> <p>Switzerland - Taking into account the rights and obligations of the TRIPS Agreement, including those affirmed by Use of flexibilities compliant with [Alternatively use agreed language from para 51 UHC Political Declaration]</p> <p>US - Reaffirming Use of flexibilities compliant with the WTO Doha Declaration on the TRIPS Agreement and Public Health should be interpreted in a manner...to promote access to medicines for all, while recognizing that protection of intellectual property is important to the development of new medicines [Option 2: Replace with Para 51 of the UHC political declaration]</p>
<p>59.f.ii. Public health-oriented voluntary licensing agreements, including through entities such as the Medicines Patent Pool;</p>	<p>Africa Group – support</p> <p>US - agreements, including through existing entities</p>
<p>59.f.iii. Promotion of competition in the pharmaceutical market through the production of affordable and quality-assured generic formulations of patented and innovative products;</p>	<p>Africa Group - support</p> <p>EU - formulations of patented and innovative products</p> <p>iii: Needs to be in line with TRIPS related provisions. The product cannot be patented and generic at the same time; it is fine to promote the production of generic products, but that happens only after the patent expires.</p> <p>US - generic formulations of patented and innovative products;</p>

<p>59.f.iv. Strengthening of market dynamics approaches on procurement and supply chain management, including pooled procurement;</p>	<p>Africa Group – support</p>
<p>59.f.v. Voluntary transfer of international intellectual property provisions for medicines, diagnostics and other health technologies;</p>	<p>Africa Group - Voluntary transfer of international intellectual property provisions for medicines, vaccines diagnostics and other health technologies;</p> <p>Argentina – Rephrase: Effective transfer of technology and voluntary international intellectual property licenses for medicines, diagnostics and other health technologies;</p> <p>Belarus - Voluntary transfer of An indefinite moratorium on international intellectual property provisions for medicines, diagnostics and other health technologies...</p> <p>Colombia - An indefinite moratorium on A voluntary transfer of</p> <p>EU - this is not the place to discuss these general issues as this appears a moratorium for all countries on all IP in relation to medicines. LDCs have a waiver from the pharma-related TRIPS provisions until 2033. Propose deletion of this part.</p> <p>Switzerland - other health technologies on mutually agreed terms</p> <p>US: Voluntary transfer on mutually agreed terms of international intellectual property provisions for medicines, diagnostics and other health technologies related to the treatment of HIV</p> <p>59.f.v. bis Belarus - Safeguarding against the abuse of intellectual property provisions in free trade agreements;</p> <p>59.f.v. bis Brazil - Safeguarding against the abuse of intellectual property provisions in free trade agreements;</p>
<p>59.f.vi. Increasing access to innovative health technologies by exploring new and alternative models for financing and coordination of research and development in the health sector where rewards for innovation are independent from any rights to market exclusivity, including by grants and</p>	<p>Africa Group - ...improved market transparency and open-source, voluntary sharing of intellectual property rights, know-how, technologies and data;</p>

<p>financial prizes and other methods of delinking research and development costs from the final prices of health products, improved market transparency and open-source, voluntary sharing of intellectual property rights, know-how, technologies and data;</p>	<p>EU-... independent from any rights to market capacity and exclusivity, ... development costs and financial risks from the final prices of health products, improved market transparency by promoting the use of existing mechanisms for voluntary pooling and licensing of IP as well as for the transfer and sharing ofand open-source, voluntary sharing of intellectual property rights, know-how, technologies and data;</p> <p>UK - ...and data on voluntary mutually agreed terms</p> <p>Switzerland: in the health sector where market failures exist where rewards for innovation are independent from any rights to market exclusivity, including by grants and financial prizes and other methods of delinking research and development costs from the final prices of health products, improved market transparency and open-source, voluntary sharing of intellectual property rights, know-how technologies and data on voluntary mutually agreed terms</p> <p>UK - and data on voluntary mutually agreed terms;</p> <p>US: ... voluntary sharing on mutually agreed terms of intellectual property rights, know-how, technologies and data [Option B: replace with OP15 of the COVID Omnibus]</p>
<p>59.f.vii. Developing the capacities of low- and middle-income countries to strengthen health regulation and to locally produce quality-assured health technologies, including through South-South, North-South and triangular technology transfer collaborative platforms;</p>	<p>Africa Group – collaborative platforms and international solidarity, taking into consideration that South-South cooperation is a complement to, rather than a substitute for, North-South cooperation;</p> <p>Argentina - Developing the capacities of low-and middle-income developing countries to strengthen health regulation...</p> <p>EU - ...and triangular voluntary technology transfer collaborative platforms</p> <p>Reserve, needs rephrasing and doesn't seem realistic and to be discussed in other fora. Open-source language not acceptable as drafted.</p> <p>Switzerland - collaborative platforms on voluntary and mutually agreed terms</p>
<p>59.f.viii. Supporting Africa's efforts to strengthen its self-reliance in responding to pandemics and in the local research, development, production and distribution of medicines, diagnostics and other health technologies,</p>	<p>Africa Group – support</p> <p>EU - reserve. We would at least need to add "voluntary".</p>

including through the establishment and effective operationalization of the African Medicines Agency;	
59.g. Ensuring that by 2025, 45% of people living with, at risk of and affected by HIV and AIDS have access to social protection benefits;	<p>Africa Group – support</p> <p>RF - social protection benefits in accordance with national legislation</p>
59.h. Expanding the delivery of primary health care, which is a cornerstone of efforts to achieve universal health coverage, through people-centred, community-based services and strengthening referral systems between primary and other levels of care;	<p>Africa Group - support</p>
59.i. Investing in community-led emergency response infrastructure, and providing strengthened community outreach, information, and peer support during health emergencies and pandemics;	<p>Africa Group - Investing in community-led community-based emergency response infrastructure...</p> <p>Belarus - Investing in community-led based emergency response infrastructure...</p> <p>Holy See – community-led based emergency response infrastructure</p> <p>Iran - community-led based</p> <p>RF - Investing in community-based led</p>
	<p>59.i. bis RF - Developing and implementing comprehensive care strategies to strengthen family and community-based care, and health systems to provide and monitor treatment to people living with HIV/AIDS, including infected children, and to improve the capacity and working conditions of health-care personnel, and the effectiveness of supply systems, financing plans and referral mechanisms required to provide access to affordable medicines, including antiretroviral drugs, diagnostics and related technologies; [based on para 56, S-26/2, 2001 Declaration of Commitment on HIV/AIDS]</p>
59.j. Promoting full access to effective, rights-based health emergency responses and ensuring that 95% of people living with, at risk of and affected by HIV are protected against health emergencies, and that 90% of people in humanitarian settings have access to integrated HIV services, and that 95% of people within humanitarian settings at risk of HIV use appropriate, prioritized, people-centred and effective combination prevention options;	<p>Africa Group - Promoting full access to effective, rights-based health emergency responses with the full respect of human rights and ensuring that 95% of people living with, at risk of and affected by HIV are protected against health emergencies, and that 90% of people in humanitarian settings have access to integrated HIV services, and that 95% of people within humanitarian settings at risk of HIV use appropriate, prioritized, people-</p>

<p>including through the implementation of the Minimum Initial Services Package (MISP) at the onset of every emergency;</p>	<p>centred and effective combination prevention options; including through the implementation of the Minimum Initial Services Package (MISP), in accordance with its mandate and national legislations, at the onset of every emergency;</p> <p>Belarus - Promoting full access to effective, rights-based health emergency responses with respect to human rights and ensuring</p> <p>China - Promoting full access to effective, rights-based health emergency responses and ensuring that 95% of people living with, at risk of and affected by HIV are protected against health emergencies</p> <p>Holy See - access to effective, rights-based health emergency responses and ensuring that by 2025 95% of people... including through the implementation of the Minimum Initial Services Package (MISP) at the onset of every emergency;</p> <p>RF - Promoting full access to effective, rights-based health emergency responses with full respect for human rights...90% of people in humanitarian settings emergencies settings have access to integrated HIV services, and that 95% of people within humanitarian settings emergencies settings at risk of HIV use appropriate, prioritized, people-centred and effective combination prevention options; including through the implementation of the Minimum Initial Services Package (MISP) at the onset of every emergency;</p> <p>Uruguay - person-centred and effective combination prevention</p> <p>US - ... Minimum Initial Services Package (MISP) from at the onset of every emergency;</p>
	<p>59.j. bis RF - Committing to refrain at all times from imposing embargoes or similar measures restricting the supply of another State with adequate medicines and medical equipment, including for the HIV/AIDS response, recognizing that restrictions on such goods should never be used as an instrument of political and economic pressure; [based on para 41, E/C.12/2000/4]</p>
	<p>59. bis Belarus - Commit to urgently removing, where feasible, obstacles that limit the capacity of low- and middle-income countries to provide affordable and effective HIV prevention and treatment products,</p>

	<p>diagnostics, medicines and commodities and other pharmaceutical products, as well as treatment for opportunistic infections, co-morbidities and co-infections, and to reducing costs associated with lifelong chronic care, including by amending national laws and regulations, as deemed appropriate by respective Governments, so as to optimize:</p> <p>a) The use, to the full, of existing flexibilities under the Agreement on Trade-Related Aspects of Intellectual Property Rights specifically geared to promoting access to and trade in medicines, and, while recognizing the importance of the intellectual property rights regime in contributing to a more effective AIDS response, ensure that intellectual property rights provisions in trade agreements do not undermine these existing flexibilities, as confirmed in the Doha Declaration on the TRIPS Agreement and Public Health, and call for early acceptance of the amendment to article 31 of the TRIPS Agreement adopted by the General Council of the World Trade Organization in its decision of 6 December 2005;</p> <p>b) Addressing barriers, regulations, policies and practices that prevent access to affordable HIV treatment by promoting generic competition in order to help to reduce costs associated with lifelong chronic care and by encouraging all States to apply measures and procedures for enforcing intellectual property rights in such a manner as to avoid creating barriers to the legitimate trade in medicines, and to provide for safeguards against the abuse of such measures and procedures;</p> <p>c) Encouraging the voluntary use, where appropriate, of new mechanisms such as partnerships, grants, prizes, tiered pricing, open-source sharing of patents and patent pools benefiting all developing countries, including through entities such as the Medicines Patent Pool, to help to reduce treatment costs and encourage development of new HIV treatment formulations, including HIV medicines and point-of-care diagnostics, in particular for children;</p>
	<p>59. bis Brazil - Commit to urgently removing, where feasible, obstacles that limit the capacity of low- and middle-income countries to provide affordable and effective HIV prevention and treatment products,</p>

	<p>diagnostics, medicines and commodities and other pharmaceutical products, as well as treatment for opportunistic infections, co-morbidities and co-infections, and to reducing costs associated with lifelong chronic care, including by amending national laws and regulations, as deemed appropriate by respective Governments, so as to optimize:</p> <p>a) The use, to the full, of existing flexibilities under the Agreement on Trade-Related Aspects of Intellectual Property Rights specifically geared to promoting access to and trade in medicines, and, while recognizing the importance of the intellectual property rights regime in contributing to a more effective AIDS response, ensure that intellectual property rights provisions in trade agreements do not undermine these existing flexibilities, as confirmed in the Doha Declaration on the TRIPS Agreement and Public Health, and call for early acceptance of the amendment to article 31 of the TRIPS Agreement adopted by the General Council of the World Trade Organization in its decision of 6 December 2005;</p> <p>b) Addressing barriers, regulations, policies and practices that prevent access to affordable HIV treatment by promoting generic competition in order to help to reduce costs associated with lifelong chronic care and by encouraging all States to apply measures and procedures for enforcing intellectual property rights in such a manner as to avoid creating barriers to the legitimate trade in medicines, and to provide for safeguards against the abuse of such measures and procedures;</p> <p>c) Encouraging the voluntary use, where appropriate, of new mechanisms such as partnerships, grants, prizes, tiered pricing, open-source sharing of patents and patent pools benefiting all developing countries, including through entities such as the Medicines Patent Pool, to help to reduce treatment costs and encourage development of new HIV treatment formulations, including HIV medicines and point-of-care diagnostics, in particular for children;</p>
	<p>59.bis. Africa Group - Request bringing back the entire following section on TRIPS from the Zero draft:</p>

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

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

AG requests strongly reinserting this para from the zero draft

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

AG requests strongly reinserting this para from the zero draft

c) Encouraging the voluntary use, where appropriate, of new mechanisms such as partnerships, grants, prizes, tiered pricing, open-source sharing of patents and patent pools benefiting all developing countries, including through entities such as the Medicines Patent Pool, to help to reduce treatment costs and encourage development of [ADD:

	<p><u>vaccine and a] new HIV treatment formulations, including HIV medicines and point-of-care diagnostics, in particular for children;</u> <u>AG requests strongly reinserting this para from the zero draft</u></p>
	<p>59. bis CARICOM - Commit to urgently removing, where feasible, obstacles that limit the capacity of low- and middle-income countries to provide affordable and effective HIV prevention and treatment products, diagnostics, medicines and commodities and other pharmaceutical products, as well as treatment for opportunistic infections, co-morbidities and co-infections, and to reducing costs associated with lifelong chronic care, including by amending national laws and regulations, as deemed appropriate by respective Governments, so as to optimize:</p> <p>a) The use, to the full, of existing flexibilities under the Agreement on Trade-Related Aspects of Intellectual Property Rights specifically geared to promoting access to and trade in medicines, and, while recognizing the importance of the intellectual property rights regime in contributing to a more effective AIDS response, ensure that intellectual property rights provisions in trade agreements do not undermine these existing flexibilities, as confirmed in the Doha Declaration on the TRIPS Agreement and Public Health, and call for early acceptance of the amendment to article 31 of the TRIPS Agreement adopted by the General Council of the World Trade Organization in its decision of 6 December 2005;</p> <p>b) Addressing barriers, regulations, policies and practices that prevent access to affordable HIV treatment by promoting generic competition in order to help to reduce costs associated with lifelong chronic care and by encouraging all States to apply measures and procedures for enforcing intellectual property rights in such a manner as to avoid creating barriers to the legitimate trade in medicines, and to provide for safeguards against the abuse of such measures and procedures;</p> <p>c) Encouraging the voluntary use, where appropriate, of new mechanisms such as partnerships, grants, prizes, tiered pricing, open-source sharing of patents and patent pools benefiting all developing countries, including through entities such as the Medicines Patent Pool, to help to reduce treatment costs and encourage development of new HIV treatment</p>

	formulations, including HIV medicines and point-of-care diagnostics, in particular for children;
<i>Data, science and innovation</i>	CARICOM - <i>Data, science, technology and innovation</i>
60. Commit to strengthen and enhance the use of data, innovation, research and development, and science to accelerate the end of AIDS by:	<p>Africa Group – support</p> <p>CARICOM - Commit to strengthen and enhance the use of data, innovation, research and development, as well as science, and technology to accelerate the end of AIDS by:</p> <p>Colombia - Commit to strengthen, share and enhance</p> <p>Norway - end of AIDS and new HIV-infections by:</p>
	<p>60.a. pre CARICOM - Accelerate 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 (including for ages 10 to 14 and over the age of 49), race, ethnicity, migratory status, disability, marital status, geographic location and other characteristics relevant in national contexts, as well as the strengthening of national capacity for the use and analysis of such data and for the evaluation of efforts to improve population size estimates, resource allocation by population and location and service access and to fill critical data gaps and inform effective policy development, with due consideration of the confidentiality principle and professional ethics and to enhance capacity-building support to developing countries, including to least developed countries, landlocked developing countries and small island developing States, for this purpose and provide international cooperation, including through technical and financial support, to further strengthen the capacity of national statistical authorities and bureau [para 71 of 2016 PD]</p>
60.a. Establishing epidemiological, behavioural, programmatic, resource tracking, community, and participatory monitoring and evaluation systems that generate, collect and use the estimates and granular, disaggregated data needed to reach, support and empower all populations, with an urgent focus	<p>Africa Group – support</p> <p>China - pre supporting technology transfer arrangements which increase the availability and affordability of medicines and related health technologies;EU - behavioural and discriminatory norms</p>

<p>on people living with HIV, key populations and other populations that are still being left behind;</p>	<p>Holy See - people living with, at risk of and affected by HIV, key populations and other populations that are still being left behind;</p> <p>Iraq - key populations and other populations</p> <p>RF - with an urgent focus on people living with HIV, key populations at higher risk of HIV and other populations those that are still being left behind;</p> <p>Switzerland - disaggregated data, including for gender, needed to reach, [Support reference to the importance to collect epidemiological and behavioral data, especially regarding key populations and gender disaggregated]</p>
<p>60.b. Leveraging the important role played by the private sector in innovation, research and development, and engaging strategically with the private sector;</p>	<p>Africa Group - innovation, and academia research and development,</p>
<p>60.c. Enhancing the potential of digital health technologies and innovations to advance HIV responses, the right to the enjoyment of the highest attainable standard of physical and mental health as well as service access securely and consistent with human rights obligations;</p>	<p>Norway - ...advance HIV prevention and treatment responses...</p>
<p>60.d. Expanding investments in science, including research and development, and accelerate progress towards an HIV vaccine and a functional cure for HIV, with a view to catalyzing innovations that work for people most in need, including people living with HIV, key populations, adolescents, women and girls;</p>	<p>Africa Group - key populations, young people adolescents, women and girls;</p> <p>Holy See – key populations, adolescents, women</p> <p>Iraq - key populations, adolescents</p> <p>RF - including people living with HIV, key populations at higher risk of HIV, adolescents, women and girls children, including adolescents;</p> <hr/> <p>60.d. bis Africa Group - Commit to establishing effective systems to monitor, prevent and respond to the emergence of drug-resistant strains of HIV in populations and antimicrobial resistance among people living with HIV; [PARA 60(m) 2016 HLPD]</p>

	<p>60.d. bis Belarus - Support and encourage, through domestic and international funding and the provision of technical assistance, the substantial development of human capital, development of national and international research infrastructures, laboratory capacity and improved surveillance systems, and data collection, processing and dissemination, and training of basic and clinical researchers, social scientists and technicians, with a focus on those countries most affected by HIV and/or experiencing or at risk of a rapid expansion of the epidemic; [2016/64 (i)]</p> <p>60(d)bis RF: Strengthening international scientific cooperation to enhance the global HIV/AIDS response, including through the provision of capacity-building and technology transfer to developing countries; [Based on para 58(f), A/RES/66/288; para 70, A/RES/70/1]</p>
<p><i>UNAIDS Joint Programme</i></p>	
<p>61. Commit to support and leverage the 25 years of experience, expertise and mandate of the Joint United Nations Programme on HIV/AIDS (UNAIDS) in building multisectoral, multi-stakeholder and rights-based collaborative action to end AIDS and deliver health for all as global public good by:</p>	<p>Africa Group - multi-stakeholder and rights-based collaborative action to end AIDS with full respect of human rights and deliver health for all as global public good by:</p> <p>CARICOM - ... research and development, as well as science, and technology to accelerate the end of AIDS by:</p> <p>China - Commit to support and leverage the 25 years of experience, expertise and mandate of the Joint United Nations Programme on HIV/AIDS (UNAIDS) in building multisectoral and multi-stakeholder and rights-based collaborative action to end AIDS and deliver health for all as global public good by:</p> <p>Iraq - multi-stakeholder and rights-based collaborative</p> <p>RF - HIV/AIDS (UNAIDS), as outlined in resolution 1994/24 adopted by the Economic and Social Council on 26 July 1994, in building multisectoral... rights-based collaborative action...</p>

<p>61.a. Supporting the efforts of UNAIDS to contribute to the follow-up and review process of the 2030 Agenda for Sustainable Development, including the High-Level Political Forum on Sustainable Development, in order to ensure that the HIV response and its interlinkages with other Sustainable Development Goals are fully reflected;</p>	<p>Africa Group - support Holy See - including the High-Level Political Forum on Sustainable Development, Norway - ...fully reflected and in accordance with the 2021-26 UNAIDS Global Strategy;</p>
<p>61.b. Requesting UNAIDS to continue to support Member States and communities in addressing the social, economic, political, financial, human rights and structural drivers of the AIDS pandemic, by strengthening the capacities of national Governments to develop comprehensive national strategies to end AIDS and advocate for greater global political commitment in responding to the pandemic;</p>	<p>Africa Group - ...Member States and communities... Belarus - multi-stakeholder and rights-based collaborative action with respect to human rights to end AIDS and deliver health for all as global public good by: China - Requesting UNAIDS to continue to support Member States and communities within its mandate in addressing the social, economic, political, financial and human rights Holy See – drivers of the AIDS pandemic epidemic, ... responding to the pandemic epidemic; Indonesia- drivers of the AIDS pandemic epidemic Norway - responding to the pandemic, and to continue to work closely with key international partners; RF - Requesting UNAIDS to continue to support Member States within its mandate and communities strengthening the capacities of national Governments to develop comprehensive national strategies and implement effective HIV/AIDS activities at the country level, as well as advocate greater global political commitment in responding to the epidemic [based on para 3, annex, E/RES/1994/24] in addressing the social, economic, political, financial, human rights and structural drivers of the AIDS pandemic, by strengthening the capacities of national Governments to develop comprehensive national strategies to end AIDS and advocate for greater global political commitment in responding to the pandemic; [Our first choice position is outlined in the edited text. As a matter of flexibility, we can support an alternative verbatim para 72, A/RES/70/266. We cannot agree with the version of this paragraph as presented in the zero draft or the Rev.1 text]</p>

	<p>US - greater global political commitment in responding to the pandemic; and to continue to work closely with key international partners;</p>
<p>61.c. Fully resourcing UNAIDS and supporting its efforts to refine and reinforce its unique operating model so that it can continue to lead global efforts against AIDS, support efforts for pandemic preparedness and global health security, and remain a pathfinder for the United Nations reform, underlining the importance of UNAIDS country-level operations in support of national strategies and priorities and the strengthened resident coordinator system;</p>	<p>Brazil - ...global health security,...</p> <p>China - Fully resourcing UNAIDS and supporting its efforts to refine and reinforce its unique operating model so that it can continue to lead global efforts against AIDS, support efforts for pandemic preparedness and global health security, and remain a pathfinder for the United Nations reform, underlining the importance of UNAIDS country-level operations in support of national strategies and priorities and the strengthened resident coordinator system;</p> <p>EU - Strive to Fully resourceing UNAIDS... and global health security through HIV investments and ensuring access for people living with HIV, affected of at risk of HIV</p> <p>RF - Fully resourcing UNAIDS and supporting its efforts to refine and reinforce its unique operating model so that it can continue to lead global efforts against AIDS, support efforts for pandemic preparedness and contribute to tackling broader global health challenges security, and remain a pathfinder for the United Nations reform, underlining the importance of UNAIDS country-level operations' functioning [based on OP.7, E/RES/1994/24] in support of national strategies and priorities and the strengthened resident coordinator system;</p>
<p>61.d. Annually reporting to UNAIDS on progress in the implementation of the commitments contained in the present Declaration, using robust monitoring systems and international accountability mechanisms that identify inequality gaps in service coverage and HIV response outcomes, and to inform the General Assembly, ECOSOC and the High-Level Political Forum on Sustainable Development;</p>	<p>Africa Group – Annually voluntary reporting</p> <p>Belarus - Annually voluntary reporting...</p> <p>Iraq - Annually voluntary reporting to UNAIDS... Declaration, using robust monitoring systems and international accountability mechanisms that identify inequality gaps</p> <p>RF - Annually voluntary reporting to UNAIDS on progress in the implementation of national HIV/AIDS responses the commitments contained in the present Declaration, using robust monitoring systems and international accountability mechanisms that identify inequality gaps in service coverage and HIV response outcomes</p>

<i>Mutual accountability</i>	
62. Commit to establishing and utilizing mutual accountability mechanisms, with the active involvement of people living with, at risk of and affected by HIV and other relevant civil society, academia and private sector stakeholders, to support the implementation and monitoring of progress on the commitments contained in the present Declaration, by:	Iraq - Commit to establishing and utilizing mutual accountability appropriate RF - Commit to establishing and utilizing [based on para 70, A/RES/70/266] mutual accountability mechanisms
62.a. Accelerating efforts to collect, use and share granular data that is disaggregated by income, sex, mode of transmission, age, race, ethnicity, migratory status disability, marital status, geographic location and other characteristics relevant in national contexts in a manner that fully respects confidentiality and the human rights of people living with, at risk of and affected by HIV and other beneficiaries, and strengthen national capacity to collect, use and analyze such data, including through technical and financial support to developing countries;	Holy See – age (including for ages 10 to 14 and over the age of 49), RF - people living with, at risk of and affected by HIV and other beneficiaries
62.b. Encouraging and supporting the exchange of information, research, evidence, best practices and experiences, among countries and regions, to implement the commitments contained in the present Declaration;	Africa Group - ... present Declaration and the measures and commitments related to the global HIV and AIDS response;
PART IV: FOLLOW-UP	
63. Request the Secretary-General, with the support of the Joint United Nations Programme on HIV/AIDS, to provide to the General Assembly, within its annual reviews, an annual report on progress achieved in realizing the commitments contained in the present Declaration, and to contribute to the reviews of progress on the 2030 Agenda for Sustainable Development taking place at the high-level political forum on sustainable development, as well as United Nations High-Level Meeting on Universal Health Coverage in 2023, so as to ensure that follow-up and review processes assess progress in the AIDS response;	Africa Group - as well as United Nations High-Level Meeting on Universal Health Coverage in 2023 and the United Nations High-Level Meeting on Tuberculosis in 2023... Japan – in the present Declaration, in line with and contribute to the reviews ... so as to ensure coherence and maximize efficiency in the that follow-up and review processes regarding assess progress in the AIDS response and other relevant processes; [Comment - The intent is that AIDS should be viewed as a coordinated effort with other related health processes such as UHC.] Norway - ...in 2023, and the proposed United Nations High-Level Meeting on Tuberculosis in 2023 so as to...

<p>64. Request the Secretary-General to strengthen cooperation among relevant agencies of the United Nations system to accelerate progress towards ending AIDS, under the leadership of UNAIDS;</p>	<p>EU - “the prevention of new HIV infections and” “agencies of the United Nations system and other key international partners like the Global Fund to accelerate progress towards”</p> <p>Japan - system, in collaborations with relevant partners including the Global Fund to Fight AIDS, Tuberculosis and Malaria, to accelerate [Comment - In effect, we can't proceed with the fight against AIDS without the GF]</p> <p>Norway - United Nations system and key international partners to accelerate progress towards ending AIDS; and the spread of HIV, under the leadership of UNAIDS;</p>
<p>65. Decide to convene a high-level meeting on HIV and AIDS in 2026 to review progress on the 2025 targets and other commitments made in the present Declaration and decide that an agreement on the modalities for the next high-level meeting on HIV and AIDS should be reached by consensus no later than at the eightieth session of the General Assembly.</p>	<p>China – retain as drafted</p> <p>Japan - Decide to convene a high-level meeting on HIV and AIDS in 2026 to review progress on the 2025 targets and other commitments made in the present Declaration in an appropriate timeline and format in close coordination with relevant General Assembly processes including on UHC, NCD and Tuberculosis to maximize coherence and efficiency and decide that an agreement on the modalities for the next high-level meeting on HIV and AIDS should be reached by consensus no later than at the eightieth session of the General Assembly. [Comment - Whether the next HLM needs to be done should be discussed thoroughly and cannot be decided in advance. It may be possible to monitor the progress by annual reviews. Since we cannot foresee the future due to COVID-19.]</p> <p>Mexico – We cannot accept including adopting the next modalities resolution by consensus. We feel this can give a way to block the next high level meeting.</p> <p>Norway - should be reached by consensus</p>