

# ENDING INEQUALITIES AND GETTING ON TRACK TO END AIDS BY 2030

A summary of the commitments and targets within  
the United Nations General Assembly's  
2021 Political Declaration on HIV and AIDS





# A CALL TO ACTION

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## **Opening paragraph of the Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030, agreed by the United Nations General Assembly on 9 June 2021.**

In order to get the world on track to end AIDS as a public health threat by 2030 and accelerate progress towards achieving the Sustainable Development Goals, in particular Goal 3 on good health and well-being, we, Heads of State and Government and representatives of States and Governments assembled at the United Nations from 8 to 10 June 2021:

- (a)** Regret that over 75 million people have become infected with HIV and over 32 million people have died from AIDS-related illnesses since the start of the global AIDS epidemic;
- (b)** Express deep concern and regret that the international community did not meet the 2020 targets set out in the 2016 political declaration on HIV and AIDS,<sup>1</sup> despite the fact that we have the knowledge and tools to prevent every new HIV infection and each AIDS-related death;
- (c)** Commit to urgent and transformative action to end the social, economic, racial and gender inequalities, restrictive and discriminatory laws, policies and practices, stigma and multiple and intersecting forms of discrimination, including based on HIV status, and human rights violations that perpetuate the global AIDS epidemic;
- (d)** Strongly commit to provide greater leadership and to work together through international cooperation, reinvigorated multilateralism and meaningful community engagement to urgently accelerate our national, regional and global collective actions towards comprehensive prevention, treatment, care and support, increase investments in research, development, science and innovations to build a healthier world for all, and leverage the decade of action and delivery for sustainable development and ensure that no one is left behind, with an endeavour to reach the furthest behind first;
- (e)** Commit to build back better in a more equitable and inclusive manner from the coronavirus disease (COVID-19) pandemic and its impact on the global AIDS epidemic and build resilience against future pandemics and other global health and development challenges, and continue to leverage the investments and experience of the HIV response to further enhance public health and strengthen health systems;
- (f)** Commit to urgent action over the next five years through a coordinated global HIV response based on global solidarity and shared responsibility to fully implement the commitments contained in the present declaration, and urgently work towards an HIV vaccine and a cure, recognizing that achieving the commitments will reduce annual new HIV infections to under 370 000 and annual AIDS-related deaths to under 250 000 by 2025 and generate progress towards the elimination of all forms of HIV-related stigma and discrimination.

# KEY COMMITMENTS AND 2025 TARGETS WITHIN THE POLITICAL DECLARATION

## End inequalities through collective action

End all inequalities faced by people living with, at risk of and affected by HIV, and by communities, and inequalities within and among countries, that are barriers to ending AIDS.

Recognize that key populations are groups of people who are more likely to be exposed to HIV or are living with HIV. Key populations at higher risk of HIV infection include men who have sex with men, transgender people, people who inject drugs, sex workers and their clients, and people in prisons and other closed settings.

Express concern that in sub-Saharan Africa adolescent girls and young women are at elevated risk of HIV infection, and that AIDS is a leading cause of death among adolescent girls and women aged 15–49 years.

Cross-cutting commitments and targets within the 2021 Political Declaration on HIV and AIDS

**Maximize equitable and equal access to HIV services and solutions**

- Combination HIV prevention for all
- 95–95–95 for HIV testing and treatment
- End paediatric AIDS and eliminate vertical transmission

**Break down barriers to achieving HIV outcomes**

- Gender equality and empowerment of women and girls
- Community leadership
- Realize human rights and eliminate stigma and discrimination

**Fully resource and sustain efficient and integrated HIV responses**

- Universal health coverage and integration
- Investments and resources

Strategic priorities of the Global AIDS Strategy 2021–2026

Focus area of the commitments and targets within the 2021 Political Declaration on HIV and AIDS





# Combination HIV prevention for all

## Key commitments

- ➔ Increase national leadership, resource allocation and other evidence-based enabling measures for proven HIV combination prevention, including condom promotion and distribution, pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), voluntary male medical circumcision, harm reduction, in accordance with national legislation, sexual and reproductive health-care services, including screening and treatment of sexually transmitted infections, enabling legal and policy environments, full access to comprehensive information and education, in and out of school.
- ➔ Tailor HIV combination prevention approaches to meet the diverse needs of key populations, including among sex workers, men who have sex with men, people who inject drugs, transgender people, people in prisons and other closed settings and all people living with HIV.
- ➔ Use national epidemiological data to identify other priority populations who are at higher risk of exposure to HIV and work with them to design and deliver comprehensive HIV

prevention services; these populations may include women and adolescent girls and their male partners, young people, children, persons with disabilities, ethnic and racial minorities, indigenous peoples, local communities, people living in poverty, migrants, refugees, internally displaced persons, men and women in uniform and people in humanitarian emergencies and conflict and post-conflict situations.

## 2025 targets

- ➔ Reduce new HIV infections to under 370 000 by 2025.
- ➔ Ensure that 95% of people at risk of HIV infection, within all epidemiologically relevant groups, age groups and geographic settings, have access to and use appropriate, prioritized, person-centred and effective combination prevention options.
- ➔ Reduce the number of new HIV infections among adolescent girls and young women to below 50 000 by 2025.
- ➔ Ensure availability of PrEP for (10 million) people at substantial risk of HIV and PEP for people recently exposed to HIV by 2025.
- ➔ 95% of people within humanitarian settings at risk of HIV use appropriate, prioritized, people-centred and effective combination prevention options.

# UNPACKING COMBINATION PREVENTION

## Reduce new HIV infections to under 370 000 by 2025

Including new HIV infections among adolescent girls and young women to below 50 000

**95% of people at risk of HIV infection, within all epidemiologically relevant groups, age groups and geographic settings, have access to and use appropriate, prioritized, person-centred and effective combination prevention options.**

Including 95% of people within humanitarian settings at risk of HIV

### 95–95–95 testing and treatment targets

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

95% of women and girls of reproductive age have their HIV and sexual and reproductive health-care service needs met, including antenatal and maternal care, information and counselling

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 90% of their male partners who are living with HIV are continuously receiving antiretroviral therapy

### 10–10–10 societal enablers targets

## Prevention-related targets in other sections of the Political Declaration

Combination prevention programmes are rights-based, evidence-informed and community-owned programmes that use a mix of biomedical, behavioural, and structural interventions prioritized to meet the current HIV prevention needs of particular individuals and communities so as to have the greatest sustained impact on reducing new infections.

- targets within the Political Declaration
- targets within the Global AIDS Strategy

PrEP available to (10 million) people at substantial risk of HIV

PEP available to all people recently exposed to HIV

90% of adolescent boys and men in 15 priority countries have undergone voluntary medical male circumcision

Consistent condom/lubricant use at last sex by people not taking PrEP and who have a nonregular partner whose HIV viral load status is not known to be undetectable (includes people who are known to be HIV-negative)

- ▶ 95% for gay men and other men who have sex with men, people who inject drugs, transgender people and people in serodiscordant partnerships
- ▶ 90% condoms/lubricant use among sex workers and prisoners and others in closed settings (with a client or nonregular partner)
- ▶ 95% among those considered to be at very high risk of infection (high-risk reported behaviour and/or living in an area with high incidence of HIV)
- ▶ 70% among those considered to be at moderate risk of infection (low-risk reported behaviour or living in an area with moderately high incidence of HIV)
- ▶ 50% among those considered to be at low risk of infection (low-risk reported behaviour or living in an area with a low incidence of HIV)

90% of adolescents and young people receive comprehensive sexuality education in schools, in line with United Nations international technical guidance

80% of gay men and other men who have sex with men, sex workers and transgender people have access to screening and treatment of sexually transmitted infections

Regular access to appropriate health system or community-led services

- ▶ 100% for prisoners and others in closed settings
- ▶ 90% for gay men and other men who have sex with men, sex workers, people who inject drugs and transgender people

90% sterile needle–syringe use during last injection among people who inject drugs and prisoners and others in closed settings

50% opioid substitution therapy coverage among people who are opioid dependent

## Primary prevention targets in the Political Declaration and the Global AIDS Strategy



# 95–95–95 for HIV testing and treatment

## Key commitments

- ➔ Establish differentiated HIV testing strategies that utilize multiple effective HIV testing technologies and approaches, including point-of-care early infant diagnosis and HIV self-testing, and rapidly initiate people on treatment shortly after diagnosis.
- ➔ Use 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.
- ➔ Achieve equitable and reliable access to safe, affordable, efficacious high-quality medicines, diagnostics, health commodities and technologies.
- ➔ Make HIV viral load testing and monitoring regularly available to all persons receiving HIV treatment at appropriate time intervals, as recommended by the World Health Organization.

## 2025 targets

- ➔ Reduce annual AIDS-related deaths to under 250 000 by 2025.
- ➔ Ensure that 34 million people are on HIV treatment by 2025.
- ➔ Achieve the 95–95–95 testing, treatment and viral suppression targets within all demographics and groups and geographic settings, including children and adolescents living with HIV.
  - ▶ 95% of people living with HIV know their HIV status.
  - ▶ 95% of people who know their HIV-positive status are accessing treatment.
  - ▶ 95% of people on treatment have suppressed viral loads.
- ➔ Ensure that 90% of people living with HIV receive preventive treatment for tuberculosis by 2025.
- ➔ Reduce tuberculosis-related deaths among people living with HIV by 80% by 2025 (compared to a 2010 baseline).

**“By ending inequalities, transformative outcomes can be achieved for people living with HIV, communities and countries.”**

United Nations Secretary-General António Guterres  
2021 report to the United Nations General Assembly



# End paediatric AIDS and eliminate vertical transmission

## Key commitments

- ➔ Ensure that all children diagnosed with HIV are provided treatment that is optimized to their needs.
- ➔ Eliminate vertical transmission of HIV infections and end paediatric AIDS by 2025.
- ➔ Identify and address gaps in the continuum of services for preventing HIV infection among women of reproductive age, especially pregnant and breastfeeding women, and thus:
  - ▶ Contribute to the reduction of maternal mortality diagnosing and treating pregnant and breastfeeding women living with HIV.
  - ▶ Prevent mother-to-child transmission of HIV to children.
  - ▶ Take steps towards achieving World Health Organization certification of elimination of mother-to-child HIV transmission.

## 2025 targets

- ➔ Ensure 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 HIV treatment targets.
- ➔ Ensure that 95% of pregnant women have access to testing for HIV, syphilis, hepatitis B and other sexually transmitted infections by 2025.
- ➔ Ensure that 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 by 2025.
- ➔ Ensure 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 by 2025.
- ➔ Ensure 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.
- ➔ Ensure that 95% of HIV-exposed children are tested by two months of age and after the cessation of breastfeeding.



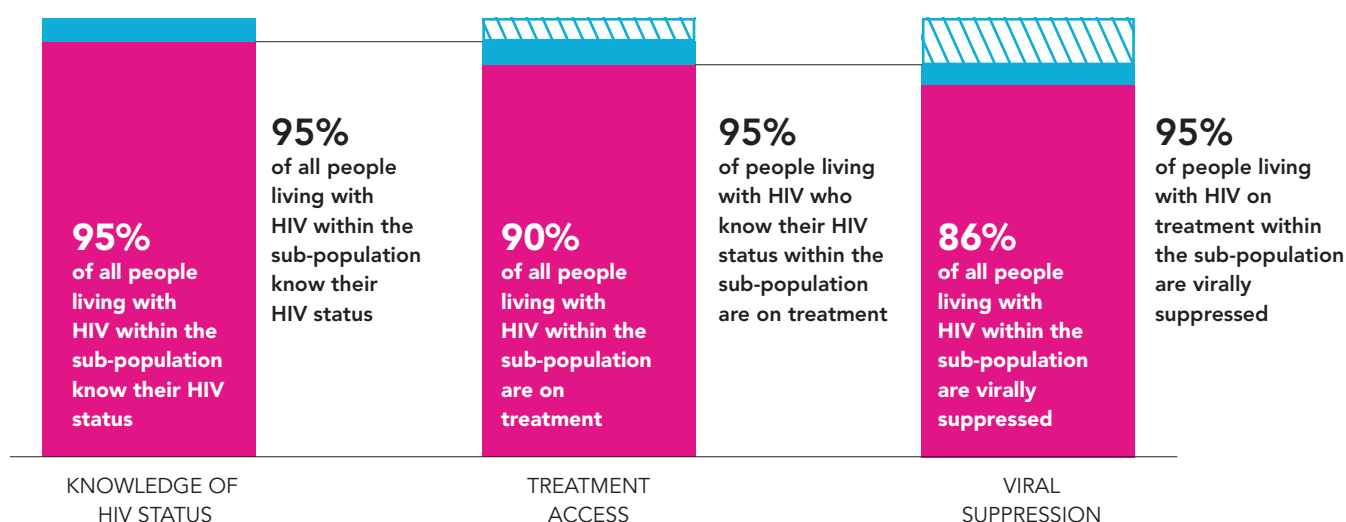
# ELIMINATING VERTICAL TRANSMISSION

Going beyond 95–95–95

## 2025 target

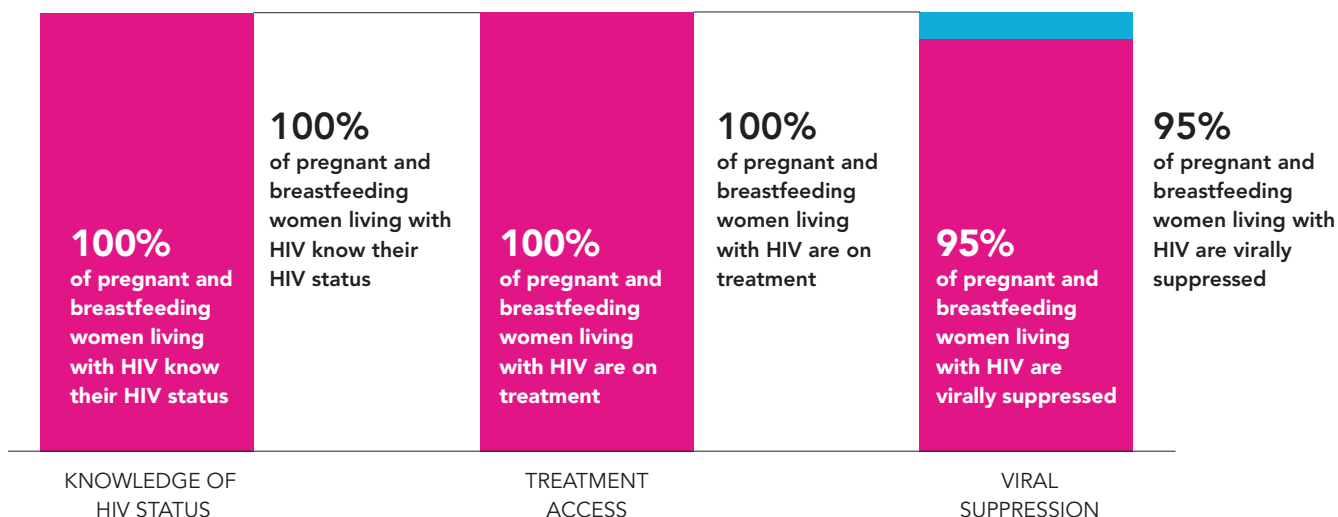
Achieve the 95–95–95 testing, treatment and viral suppression targets within all demographics and groups and geographic settings, including children and adolescents living with HIV.

- ➔ 95% of people living with HIV know their HIV status.
- ➔ 95% of people who know their HIV-positive status are accessing treatment.
- ➔ 95% of people on treatment have suppressed viral loads.



## 2025 target

Ensure 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 by 2025.





# Gender equality and empowerment of women and girls

## Key commitments

- ➔ Eliminate all forms of sexual and gender-based violence, including intimate partner violence, by:
  - ▶ Adopting and enforcing laws and strategies.
  - ▶ Changing harmful gender stereotypes and negative social norms, perceptions and practices.
  - ▶ Providing tailored services that address multiple and intersecting forms of discrimination and violence faced by women living with, at risk of and affected by HIV.
- ➔ Fulfil the right to education of all girls and young women, and economically empower women by providing them with job skills, employment opportunities, financial literacy and access to financial services.
- ➔ Deliver integrated services that prevent HIV, comorbidities and coinfections, sexually transmitted infections and unintended pregnancy among adolescent girls and women, integrated with efforts to ensure girls' rights to access quality secondary education, eliminating all harmful practices such as child, early and forced marriage and female genital mutilation, protecting, promoting and fulfilling all human rights for women and girls, including their sexual and reproductive health and reproductive rights, ensuring that all women can exercise their right to have control over, and decide freely and responsibly on, matters related to their sexuality, including their sexual and reproductive health.

## 2025 targets

- ➔ Reduce to no more than 10% the number of women, girls, people living with, at risk of and affected by HIV who experience gender-based inequalities and sexual and gender-based violence.
- ➔ Ensure that 95% of women and girls of reproductive age have their HIV and sexual and reproductive health-care service needs met, including antenatal and maternal care, information and counselling.



## Community leadership

### Key commitments

- ➔ Commit to the Greater Involvement of People Living with HIV/AIDS (GIPA) principle and ensure that relevant global, regional, national and sub-national networks and other affected communities are included in HIV response decision-making, planning, implementing and monitoring, and are provided with sufficient technical and financial support.
- ➔ Ensure that community-generated data is used to tailor HIV responses to protect the rights and meet the needs of people living with, at risk of, and affected by HIV.

### 2025 targets

- ➔ Ensure that community-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 by 2025.
- ➔ Ensure that community-led organizations deliver 80% of HIV prevention services for populations at high risk of HIV infection, including for women within those populations by 2025.
- ➔ Ensure that community-led organizations deliver 60% of programmes to support the achievement of societal enablers by 2025.

**“I call on Member States to listen to communities when we tell you what we need to combat HIV. My future depends on your decision.”**

Faith Ebere Onuh

Association of Positive Youth Living with HIV and AIDS in Nigeria

Speaking at a multistakeholder hearing held ahead of the 2021 United Nations High Level Meeting on AIDS

# 10–10–10 SOCIETAL ENABLER TARGETS

**Societal enablers: enabling laws, policies and public education campaigns 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.**



- 2025 targets within the Political Declaration
- 2025 targets within the Global AIDS Strategy



# Realize human rights and eliminate stigma and discrimination

## Key commitments

- ➔ Eliminate HIV-related stigma and discrimination and respect, protect and fulfil the human rights of people living with, at risk of and affected by HIV.
- ➔ Adopt and enforce legislation, policies and practices that prevent violence and other rights violations against people living with, at risk of, and affected by HIV and protect their right to the highest attainable standard of physical and mental health, right to education and right to adequate standard of living, including adequate food, housing, employment, and social protection, and that prevent the use laws that discriminate against them.
- ➔ End impunity for human rights violations against people living with, at risk of and affected by HIV by meaningfully engaging and securing access to justice for them through the establishment of legal literacy programmes, increasing their access to legal support and representation and expanding sensitization training for judges, law enforcement, health-care workers, social workers and other duty bearers.

## 2025 targets

- ➔ Ensure that less than 10% of countries have restrictive legal and policy frameworks that unfairly target people living with, at risk of and affected by HIV, such as age of consent laws and laws related to HIV non-disclosure, exposure and transmission, those that impose HIV-related travel restrictions and mandatory testing, and lead to the denial or limitation of access to services by 2025.
- ➔ Invest in societal enablers—including protection of human rights, reduction of stigma and discrimination and law reform, where appropriate—in low- and middle-income countries to US\$ 3.1 billion by 2025
- ➔ Ensure that less than 10% of people living with, at risk of and affected by HIV experience stigma and discrimination by 2025, including by leveraging the potential of U = U (Undetectable = Untransmittable)

**“Stigma, discrimination, violence, criminalization and punitive laws are a presence, or a constant threat, in the lives of key populations and people in situations of vulnerability.”**

From a civil society declaration issued ahead of the 2021 High Level Meeting on AIDS





# Universal health coverage and integration

## Key commitments

- ➔ Accelerate integration of HIV services into universal health coverage and strong and resilient health and social protection systems, building back better in a more equitable and inclusive manner from COVID-19 and humanitarian situations, and strengthening public health and enhancing future pandemic response and preparedness.
- ➔ Ensure progressive integration of financing for HIV responses within domestic financing for health, social protection, emergency responses and pandemic responses.
- ➔ Reduce the high rates of HIV co-infection with tuberculosis, hepatitis C, and sexually transmitted infections, including HPV and hepatitis B, as that contribute to HIV transmission and increased morbidity and mortality among people living with HIV.
- ➔ Ensure global accessibility, availability and affordability of safe, effective and quality-assured medicines, including generics, vaccines, diagnostics and other health technologies to prevent, diagnose and treat HIV infection, its coinfections and comorbidities, by urgently removing, where feasible, all barriers, including those related to regulations, policies and practices that hamper access to health technologies and objectives,

and promote the utilization of all available tools to reduce prices of health technologies and costs associated with lifelong chronic care and to promote fair and equitable allocation of health products among and within countries to advance efforts to safeguard the full realization of the right to the enjoyment of the highest attainable standard of physical and mental health.

## 2025 targets

- ➔ Invest in robust, resilient, equitable and publicly funded systems for health and social protection systems 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 care.
  - ▶ Gender-based violence.
  - ▶ Mental health.
  - ▶ Palliative care.
  - ▶ Treatment of alcohol dependence and drug use legal services.
  - ▶ Other services they need for their overall health and well-being.
- ➔ Ensure that by 2025, 45% of people living with, at risk of and affected by HIV and AIDS have access to social protection benefits.
- ➔ Ensure that 90% of people in humanitarian settings have access to integrated HIV services.
- ➔ Ensure 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.



## Investments and resources

### 2025 targets

- ➔ Fully fund the HIV response by increasing annual HIV investments in low- and middle-income countries to US\$ 29 billion by 2025 by:
  - ▶ Mobilizing additional sustainable domestic resources for HIV responses through a wide range of strategies and approaches, including public-private partnerships, debt financing, debt relief, debt restructuring and sound debt management, progressive taxation, tackling corruption and ending illicit financial flows, identifying, freezing and recovering stolen assets and returning them to their countries of origin.
  - ▶ Ensuring progressive integration of financing for HIV responses within domestic financing for health, social protection, emergency responses and pandemic responses.
  - ▶ Fulfilling official development assistance commitments, including the commitment to achieve the target of 0.7% of gross national income and the target of 0.15 to 0.20% of gross national income as official development assistance to least developed countries and increasing the percentage of official development assistance for the HIV response.

**“We all know this epidemic is fuelled by inequity, by discrimination, by human rights-related barriers, by gender-related barriers, and we must address those barriers with money and political leadership.”**

**Peter Sands**

**Executive Director, Global Fund to Fight AIDS, Tuberculosis and Malaria**

**Speaking at a panel discussion on resources and funding for an effective AIDS response, held on the sidelines of the United Nations High Level Meeting on AIDS**



## Data, science and innovation

### Key commitments

- ➔ Expand investments in science and technology, including research and development, and accelerate progress towards an HIV vaccine and a functional cure for HIV
- ➔ Strengthen and enhance the use of data, innovation, research and development, and science and technology to accelerate the end of AIDS.
- ➔ Establish epidemiological, behavioural, programmatic, resource tracking, community, and participatory monitoring and evaluation systems that generate, collect and use the estimates and granular, disaggregated data needed to reach, support and empower all populations, with an urgent focus on people living with HIV and other people that are still being left behind.
- ➔ 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, 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.
- ➔ Expand investments in science and technology, including research and development, and accelerating progress towards an HIV vaccine and a functional cure for HIV, with a view to catalysing innovations that work for people most in need, including people living with, at risk of and affected by HIV, young people, adolescents, women and girls.



## Joint United Nations Programme on HIV/AIDS

### Key commitments

- ➔ Support and leverage the 25 years of experience and expertise of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and reinforce and expand the unique multisectoral, multi-stakeholder, development and rights-based collaborative approach to end AIDS and deliver health for all as global public good
- ➔ Fully resource UNAIDS and support 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.
- ➔ Annual voluntary reporting to UNAIDS on progress in the implementation of the commitments.

# ADDITIONAL COMMITMENTS

## End inequalities through collective action

Reinforce global, regional, national and subnational HIV responses through enhanced engagement with a broad range of stakeholders, including regional and subregional organizations and initiatives, people living with, at risk of and affected by HIV, key populations, indigenous peoples, local communities, women and men, girls and boys, including adolescents, young people and older persons, in diverse situations and conditions, refugees, migrants, internally displaced persons, political and community leaders, parliamentarians, judges and courts, communities, families, faith-based organizations, religious leaders, scientists, health professionals, donors, the philanthropic community, the workforce, including migrant workers, the private sector, media and civil society, and community-led organizations, women's organizations, feminist groups, persons with disabilities and their representative organizations, youth-led organizations, national human rights institutions, human rights defenders, United Nations entities and other key international partners such as the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Commit to effective, evidence-based, operational mutual accountability mechanisms that are transparent and inclusive, with the active involvement of people living with, at risk of and affected by HIV and other relevant civil society, academia and private sector stakeholders.

## Combination HIV prevention for all

Deliver integrated services that prevent HIV, comorbidities and coinfections, sexually transmitted infections and unintended pregnancy among adolescent girls and women in diverse situations and conditions, including urgent scale-up of these services for all adolescent girls and young women in sub-Saharan Africa, integrated with efforts to ensure girls' rights to access quality secondary education, eliminating all harmful practices such as child, early and forced marriage and female genital mutilation, protecting, promoting and fulfilling all human rights for women and girls, including their sexual and reproductive health and reproductive rights, in accordance with the Programme of Action of the International Conference on Population and Development, the Beijing Declaration and Platform for Action and the outcome documents of their review conferences, ensuring that all women can exercise their right to have control over, and decide freely and responsibly on, matters related to their sexuality, including their sexual and reproductive health, free of coercion, discrimination and violence, in order to increase

their ability to protect themselves from HIV infection, strengthening their economic independence, and putting in place interventions that challenge gender stereotypes and address negative social norms.

Strengthen the role of the education sector as an entry point for HIV knowledge and awareness, prevention, testing and treatment, and ending stigma and discrimination, in addition to its role in addressing the social, economic and structural factors that perpetuate inequalities and increase HIV risk.

Accelerate 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.

Remove structural barriers and spousal consent requirements for sexual and reproductive health-care services and HIV prevention, testing and treatment services.

Conduct public awareness campaigns and targeted HIV education to raise public awareness about HIV.

## 95–95–95 for HIV testing and treatment

Ensure that the needs of older persons living with HIV are met through the provision of available, acceptable, accessible, equitable, affordable and quality health care, and related services, free from stigma and discrimination, that support independence and social interaction, health and well-being, including mental health and well-being, and the maintenance of HIV-related treatment and care and the prevention and treatment of comorbidities and coinfections.

## End paediatric AIDS and eliminate vertical transmission

Encourage adequate training for health-care workers in paediatric HIV prevention, testing, treatment, care and support.

## Gender equality and empowerment of women and girls

Ensure the establishment, financing and implementation of national gender equality strategies that challenge and address the impact of sexual and gender-based violence, harmful practices such as child, early and forced marriage and female genital mutilation, negative social norms and gender stereotypes, and that increase the voice, autonomy, agency and leadership of women and girls.

Scale up social protection interventions for girls and young women, and engage men and boys in intensified efforts to transform negative social norms and gender stereotypes.

Welcome and support various regional and subregional initiatives aimed at accelerating actions and investments to prevent HIV, empower adolescent girls and young women and achieve gender equality, including in sub-Saharan Africa.

## Community leadership

Create and maintain a safe, open and enabling environment in which civil society can fully contribute to the implementation of the present declaration and the fight against HIV and AIDS.

Adopt and implement laws and policies that enable the sustainable financing of people-centred, integrated, community responses, including peer-led HIV service delivery, including through social contracting and other public funding mechanisms.

Encourage the strengthening of peer-led responses and the scaling-up of efforts to promote the recruitment and retention of competent, skilled and motivated community health workers as well as to expand community-based health education and training in order to provide quality services to hard-to-reach populations.

## Realize human rights and eliminate stigma and discrimination

Ensure political leadership at the highest level to eliminate all forms of HIV-related stigma and discrimination, including by promoting greater policy coherence and coordinated action through whole-of-government, whole-of-society and multisectoral response;

Ensure that all services are designed and delivered without stigma and discrimination, and with full respect for the rights to privacy, confidentiality and informed consent.

## Universal health coverage and integration

Utilize the experience, expertise, infrastructure and multisectoral coordination of the HIV response across diverse sectors such as health, education, law and justice, economics, finance, trade, information technology and social protection, as well as among development, humanitarian and peacebuilding actions to advance achievement of the Sustainable Development Goals.

Ensure that science- and evidence-based differentiated HIV services comprise part of the package of universal health coverage, including for people living with, at risk of and affected by HIV.

Build 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.

Expand 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.

Invest in community-based emergency response infrastructure and providing strengthened community ownership, outreach, information and peer support during health emergencies and pandemics.

Full use of existing flexibilities under the Agreement on Trade Related Aspects of Intellectual Property Rights specifically geared to promoting access to and trade in medicines.

Use of mechanisms to promote the market entry of affordable health products, including generic formulations, and incentivize the development of innovative products, including HIV medicines and point-of-care diagnostics, in particular for children, through entities such as the Medicines Patent Pool. Promotion of competition in the pharmaceutical market through the production of affordable and quality-assured generic formulations of innovative products.

Strengthen market dynamics approaches on procurement and supply chain management, including pooled procurement.

Increase access to innovative health technologies by exploring new and alternative models for financing and coordination of research and development in the health sector, where rewards for innovation are independent from rights to market exclusivity, in cases where market incentives have not delivered satisfactory results, including



through grants and financial awards and other methods to delink research and development costs from the final prices of health products, improved market transparency, sharing of intellectual property rights, know-how, technologies and data.

Develop the capacities of low- and middle-income countries to strengthen health regulation and to locally produce quality-assured health technologies, including through North-South, South-South and triangular technology transfer collaborative platforms, taking into consideration that South-South cooperation is not a substitute for, but rather a complement to, North-South cooperation, and strengthen international solidarity in this regard.

Support Africa's efforts to strengthen its self-reliance in responding to pandemics and in the local research, development, production and distribution of medicines, diagnostics and other health technologies, including through the establishment and effective operationalization of the African Medicines Agency.

Increase transparency of prices of medicines, vaccines, medical devices, diagnostics, assistive products, cell- and gene-based therapies and other health technologies to prevent, diagnose and treat HIV-infection, its coinfections and comorbidities across the value chain, including through improved regulations and building constructive engagement and a stronger partnership with relevant stakeholders, including industries, the private sector and civil society, in accordance with national and regional legal frameworks and contexts, to address global concern about the high prices of some health products.

## Data, science and innovation

Leverage the important role played by the private sector and academia in innovation, research and development, and engaging strategically with the private sector.

Enhance 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.

Strengthen international scientific cooperation to enhance the global HIV/AIDS response, including through the provision of capacity-building and technology transfer to developing countries on mutually agreed terms.

Establish effective systems to monitor, prevent and respond to the emergence of drug-resistance strains of HIV in populations and antimicrobial resistance.

## Investments and resources

Additional agreed measures to fully fund the HIV response:

- ▶ Complement domestic resources through greater North–South, South–South and triangular cooperation, taking into consideration that South–South cooperation is not a substitute for, but rather a complement to, North–South cooperation, and renewed commitments from bilateral and multilateral donors—including through the Global Fund to Fight AIDS, Tuberculosis and Malaria and the United States President's Emergency Plan for AIDS Relief—to fund remaining resource needs, especially for HIV responses in countries with limited fiscal ability, and those whose economies have been severely affected by the COVID-19 pandemic, with due attention to the financing of services for populations being left behind, peer-led HIV responses and societal enablers.
- ▶ Encourage and support the exchange of information, research, evidence, best practices and experiences, among countries and regions, to implement the commitments contained in the present declaration.
- ▶ Fully mobilize the resource needs of the Global Fund to Fight AIDS, Tuberculosis and Malaria through its replenishment conferences, with continued priority focus on the Global Fund's contribution to ending AIDS.
- ▶ Recognize that multi-stakeholder partnerships and initiatives, such as the Global Alliance for Vaccines and Immunization (Gavi), the Global Fund to Fight AIDS, Tuberculosis and Malaria, UNITAID and the Medicines Patent Pool have achieved results in the field of health and encouraging them to better align their work and improve their contribution to the strengthening of health systems.
- ▶ Strengthen development cooperation, including by increasing access to concessional financing for developing countries and addressing the debt sustainability challenges facing many least developed countries, landlocked developing countries and small island developing States, as well as a growing number of middle-income countries.

## Joint United Nations Programme on HIV/AIDS

Support the efforts of the Joint Programme to contribute to the follow-up and review of the 2030 Agenda for Sustainable Development, including the high-level political forum on sustainable development, in order to ensure that the HIV response and its interlinkages with other Sustainable Development Goals are fully reflected.

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

Reaffirm that the Joint Programme co-sponsor and governance model provides the United Nations system with a useful example of strategic coherence, reflecting national contexts and priorities, through its coordination, results-based focus, inclusive governance, and country-level impact, noting the contribution of the Joint Programme to the reinvigorated resident coordinator system.





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