



General Assembly

Seventy-seventh session

78th plenary meeting
Monday, 12 June 2023, 10 a.m.
New York

Official Records

President: Mr. Kőrösi (Hungary)

The meeting was called to order at 10 a.m.

Agenda item 10

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

Report of the Secretary-General (A/77/877)

Statement by the President

The President: First, let me extend my heartfelt condolences to all whose lives have been affected or upended by the AIDS epidemic and who have lost their loved ones to the disease.

Today we gather for an important purpose—to assess the progress in the implementation of the declarations on HIV and AIDS. AIDS response is critical to our work in this Hall because it is indissociable from the realization of the 17 Sustainable Development Goals (SDGs).

Pandemic prevention, preparedness and response—whether in addressing AIDS or the coronavirus disease—are a cornerstone of the 2030 Agenda for Sustainable Development. That is our promising agenda, in the fulfilment of which we are lagging behind. However, there is reason for optimism. Data show that the global AIDS response has led to remarkable results. A diagnosis that was once a death sentence has, through both science and solidarity, been transformed into a manageable chronic health condition. Due to antiretroviral treatment and the use

of pre-exposure prophylaxis, the last two decades have seen infections decrease by 50 per cent and deaths decline by 70 per cent. That life-saving progress stands tall as a testament to the power of multilateralism and international cooperation.

While the progress is exceptional, it is also uneven. The most significant improvements on all fronts of the pandemic happen in countries that choose to invest in their HIV and AIDS responses. In those places, HIV treatment and educational material are readily and freely available. In others, not only are they difficult to acquire, but they also remain a serious taboo. What is causing those contrasts? The answer lies with familiar culprits: faltering political will, persistent gender inequality, insufficient funding, fragile public health systems and the failure to redress inequalities.

The AIDS epidemic is a public health crisis, but the crux of the issue is, ultimately, inequality. Let us be honest: the breadth of the epidemic has long roots in homophobia, transphobia and discrimination, too. And let us acknowledge that our international community failed to deliver in the early years after the outbreak because of preconceptions of how the virus spread. At that time, AIDS was still “the disease that is hard to talk about”. As our understanding of the disease shifted, so did our response. It moved to embrace universality, equity and inclusiveness—principles crucial to pandemic preparedness and response.

Finally, we work to make the right to equal access to health care a reality for all. But let us also remember that a humane approach is paramount to building trust

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and unity — two key components of the Declaration of Commitment on HIV/AIDS. There are also very concrete measures we can take to better respond to HIV/AIDS, first, by addressing the gaps in HIV prevention, testing and treatment services, particularly for vulnerable groups; secondly, by ensuring adequate and equitable funding; thirdly, by implementing evidence-based programmes; and fourthly, by using the synergies between AIDS response, broader health goals and the whole 2030 Agenda. Why? Because overlapping and interlocking crises need to be addressed holistically, not as siloed-off issues. For too many, AIDS is still a life-or-death issue, but it should not be. I urge Member States and stakeholders to renew their political and financial commitments to ending the pandemic. The SDG Summit in September will offer the best opportunity to make ambitious pledges.

I wish delegations a fruitful meeting today.

In accordance with rule 70 of the rules of procedure of the General Assembly, I now give the floor to Mr. Guy Ryder, Under-Secretary-General for Policy, to make a statement on behalf of the Secretary-General.

Mr. Ryder: I am delighted to be here this morning delivering these remarks on behalf of the Secretary-General.

Let me start by thanking Ms. Winnie Byanyima for her leadership of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the 11 United Nations system sponsors and staff of the Joint United Nations Programme who are working with Governments and civil society to bring an end to AIDS. Thanks to their efforts, we are on the right track to meet our goal of ending AIDS as a public health threat by 2030.

The report before the Assembly today (A/77/877) shows some great strides in the global AIDS response. Almost 29 million people across the world are receiving life-saving treatment. The global roll-out of HIV treatment averted an estimated 16.5 million AIDS-related deaths between 2001 and 2020, and in 2021 the estimated 1.5 million new HIV infections were almost one-third fewer than in 2010. That is a remarkable achievement in just 10 years. Each of those victories is a testament to the power of strong political commitment, global solidarity, evidence-driven strategies and mutually supportive partnerships between affected communities and public authorities.

But we must not take our foot off the pedal. AIDS continues to be a global crisis, causing a death every minute. Midway towards the endpoint of the Sustainable Development Goals (SDGs), global and local inequalities are still blocking progress. Ending AIDS as a public health threat is integrally linked to broader efforts on poverty, hunger, governance and access to health care for all. Those have all been badly affected by multiple crises, including climate change and the coronavirus disease pandemic. Ending AIDS is also linked to progress on human rights and social inclusion, from gender equality to tackling discrimination and stigma. Laws and policies that criminalize people living with HIV or those most at risk of contracting HIV do a grave injustice to the cause. Recent steps by several countries to remove those harmful laws are a source of hope.

Ending AIDS requires resources. Financing for the HIV response has suffered a double hit, with declines in both international and domestic investments. Adverse global economic conditions have led Governments to change their financing priorities. Some have reduced funding for programmes and services that help end AIDS. Reversing that shortfall is critical. This is not only a matter of meeting the AIDS targets set out in the 2021 Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030; it is also essential to supporting broader health system functions, including pandemic preparedness and response. For that, we need investments in new medicines and technologies that help lower the cost of vital products. We also need investment in the education of women, girls and boys to ensure access to health services for all. That is a crucial element in the fight against AIDS.

We can end AIDS if we are bold. It will take programmes based on solid evidence, driven by data. It will take support for community-led responses. It will take laws and policies that protect the human rights of every person. It will take sustainable and equitable funding. It will take urgent action to overcome inequalities. And it will require us to ensure that UNAIDS is fully funded and supported. Those actions will not only help to end AIDS, which is an essential goal in itself, but will also make an important contribution to public health across the board. The global AIDS response has built some of the most comprehensive data systems in global health and development. The systems that were set up to collect and analyse that data

are a model for designing interventions that meet the specific needs of vulnerable communities.

Looking forward, we will host three major meetings dedicated to health during this year's high-level week of the General Assembly. One is on tuberculosis, one is on pandemic preparedness and one is on universal health coverage. All three meetings will draw on the lessons we have learned from the response to AIDS. One of those lessons is the need for integrated approaches to all global health priorities. Another is the need to deploy new tools to empower communities so that they can make a difference. And perhaps the biggest lesson of all is that political will, supported by the needed resources, has the greatest power to deliver on health and development.

Our progress on AIDS is a blueprint for progress on all the SDGs. There is a path to end AIDS by 2030. That path is not a mystery; it is a choice. It is a path we have already agreed. Let us walk it together.

Mr. Osman (Somalia): On behalf of the Group of African States, I want to thank you, Mr. President, for convening this important meeting to follow up on the progress of ensuring an equitable response to end the AIDS pandemic and accelerate progress for global health and the Sustainable Development Goals (SDGs), with respect to the General Assembly commitment laid out in the 2021 Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030.

The African Group is pleased by the decline of AIDS-related deaths since they peaked in 2004 and by the decline of new HIV infections since 1996 in regions with high burdens of HIV, across a range of income levels, from high- to middle- and low-income countries. Equally important, we are pleased that the integration of tuberculosis (TB) and HIV care services has expanded and that care and treatment services for HIV, syphilis, viral hepatitis and other sexually transmitted infections are also more functionally integrated with antenatal and postnatal care services. That has widened access to antiretroviral therapy and improvements in the integrated delivery of HIV-TB care services, which have led to a steep drop in TB-related deaths among people living with HIV. Those gains, and the health and community systems that continue to be strengthened, are yielding wider health, economic and developmental dividends that are accelerating progress towards other Sustainable Development Goals.

The African Group is disappointed that the remarkable gains are not reaching everyone, everywhere. AIDS remains the fourth leading cause of death in Africa. Equally worrisome is that the Middle East and North Africa, Eastern Europe and Central Asia are experiencing steep increases in annual HIV infections, while earlier declines in Latin America and the Caribbean have stalled. In Eastern Europe, Asia and the Pacific, new HIV infections have fallen steeply in many countries, but are rising alarmingly in others because of the lower treatment coverage, including in the Middle East and North Africa, since only about half of the people living with HIV received antiretroviral therapy in 2021. We also realize that Asia and the Pacific and Latin America and the Caribbean were also below the global average for HIV treatment coverage and viral suppression.

The African Group appeals for concrete interventions to increase HIV prevention, diagnostics and treatment to reverse those increases. We believe that the 95-95-95 targets should be achieved and that everyone should benefit equally across the globe from the expanded provision of HIV diagnostics, prevention, testing and treatment. Globally in 2021, almost 6 million people were unaware that they were living with HIV and were therefore not receiving treatment. This means that conventional testing methods are missing those people. We are of the view that continuing use of a wider range of testing approaches and tools, including HIV self-testing, upgrading national health testing, including at the local level, can narrow this increasing HIV infection gap substantially.

The General Assembly, in June 2021, adopted the Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030. Member States and the international community committed to achieving global targets that would put the world on course to reach the landmark goal of ending AIDS by 2030. The African Group realizes that gains against HIV have stalled and that the overall pace of progress against the AIDS pandemic is slowing. That is due to faltering political will, funding constraints, fragile public health systems and a failure to confront the injustices and inequalities that fuel the pandemic, among others. It is of great concern that social, economic and gender inequality and the HIV-related health-care needs of people in prisons, which continue to be neglected, have heightened the risk of HIV infection. Those inequalities impact women, especially young women,

in the highest-burden countries. The African Group is also concerned that HIV-related stigma, discrimination and violence remain alarmingly common and reaffirms the right of everyone, including people living with HIV, to be free from stigma and discrimination and to lead a prosperous and sustainable life.

Children living with HIV are poorly served. A large number of men are still missing out on life-saving HIV testing. Treatment and programmes for preventing the vertical transmission of HIV are losing momentum, since their coverage has stagnated in recent years. That is worrisome, especially in West and Central Africa, where programmes reached only 60 per cent of pregnant or breastfeeding women living with HIV in 2021. The Group urgently calls for action to remove those barriers so the world can achieve the global HIV elimination targets and regain the momentum to end AIDS as an epidemic by 2030.

We need stronger political will and commitment, and we appeal to the international community and our development partners to urgently accelerate and enhance the global AIDS response, address the gaps in HIV diagnostics, prevention, testing and treatment, and ensure adequate and equitable funding to support national efforts to eliminate AIDS by 2030. International support should aim for the continued strengthening of national health systems across the board and the sharing of best practices in implementing evidence-based and data-driven programmes in supporting nationally led responses, including at the local level, and especially in HIV-burdened regions. Those will assist in building on HIV models and resources for broader health and development outcomes in order to achieve equitable access to medicines and other health technologies. We believe that enhanced global partnerships and solidarity are crucial in harnessing synergies between AIDS response, broader health and the SDGs before 2030.

In conclusion, the African Group recognizes some positive gains and practices, and we reaffirm our commitment to enhancing global efforts to ending AIDS by 2030. The Group is, however, concerned about the low coverage of pre-exposure prophylaxis, human papillomavirus (HPV) vaccination and cervical cancer screening and treatment, especially in low-income countries, the majority of which are in Africa. We urge an increase in pre-exposure prophylaxis, HPV vaccination and cervical cancer screening and treatment care services for all countries without exception. In the same spirit, we strongly appeal for more research

and innovation for HIV vaccines, medicines and cure. We are of the view that it is possible to achieve an HIV-free world by 2030 if we step up our collective commitments and actions towards that goal. The world must therefore accelerate efforts to remove barriers to HIV diagnostics, prevention and treatment and to other relative health threats, so that the full realization of the right of everyone to the highest attainable standard of physical and mental health is achieved.

The President: I now give the floor to the representative of the European Union, in its capacity as observer.

Mr. Gonzato (European Union): I have the honour to speak on behalf of the European Union (EU) and its 27 member States.

The candidate countries Montenegro, Serbia, Albania, Ukraine, the Republic of Moldova and Bosnia and Herzegovina, the potential candidate country Georgia, as well as Armenia, align themselves with this statement.

As in past years, we welcome today's debate on the follow up to the 2021 high-level meeting on HIV/AIDS and its political declaration. Convened every year to discuss the progress achieved and the challenges of responding to HIV/AIDS, it helps pave the way to the ambitious but achievable goal of ending HIV/AIDS as a global epidemic. The first case of AIDS was diagnosed over 40 years ago, and it has been now more than 20 years since the ground-breaking special session on HIV/AIDS and the creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria. And yet, we still have a lot of work to do if we want to end HIV/AIDS as a global epidemic by 2030. Important progress has been made. We should acknowledge it and be proud of that, but the fight against HIV/AIDS is far from over. The coronavirus disease pandemic has reversed hard-won gains against HIV. More than ever, we must remain committed to taking urgent and sustained action through a coordinated global HIV response.

AIDS claims lives every minute of the day and shatters families and communities. HIV stigma and discrimination continue to harm people living with HIV and key populations, as defined in the political declaration. Every case that can be prevented saves lives, spares grievances and spares life-long treatment, besides saving economic resources. Every case that receives treatment gives new hope not only to individuals but also to families and communities. Every

stigma that is challenged improves the well-being and mental health of people living with and affected by HIV.

Last year, the European Union pledged €715 million from the EU budget to the Global Fund for the period of 2023–2025. Together with its member States, as Team Europe, the total amount is more than €4.3 billion. That shows our longstanding commitment to the Fund and to the fight against HIV. Furthermore, the new Global Health Strategy of the EU, as well as the Global Gateway, focus and renew the EU commitment to strengthening health systems across the globe. In a Team Europe approach, the EU, its member States and their financial and development institutions are committed to mobilizing the private sector to support and align with the 2030 Agenda for Sustainable Development and the Sustainable Development Goals. The Global Gateway focuses notably on prioritizing the security of pharmaceutical supply chains and the development of local manufacturing. Over €300 billion in investments are being mobilized to help support health investments, among others.

The Global AIDS Strategy, adopted by the Board of the Joint United Nations Programme on HIV/AIDS (UNAIDS), and the Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030, adopted by the high-level meeting in 2021, remain the critical guidance we need for the coming years, and they have our full backing. The EU and its member States also support the important work and solid expertise of UNAIDS in guiding the global response. Stressing the importance of the final recommendation of this year's report (A/77/877), notably to integrate and harness synergies between the AIDS response and broader health efforts, we applaud UNAIDS for its leadership role in sexual and reproductive health and in gender equality.

We need to be united and ambitious if we want to meet the high expectations and live up to the commitments of the Political Declaration. The work done by UNAIDS to measure the progress that is being made to deliver on the SDG commitment of ending AIDS by 2030 is key. We cannot let down those already living with and affected by HIV, And we must do our utmost to prevent every new single case in the future.

Decades of experience and evidence show that intersecting inequalities are preventing progress towards ending HIV/AIDS. With new diagnostics, prevention tools and treatment we can achieve the

vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths. The EU and its member States continue to pledge our strong commitment to this cause and call upon all members to do the same.

Mr. Jackman (Barbados): I have the honour to deliver this statement on behalf of the 14 countries members of the Caribbean Community (CARICOM).

CARICOM wishes to thank the Secretary-General for his report, contained in document A/77/877, informing us of the progress made and challenges we are encountering in our commitment to ending the AIDS epidemic by 2030.

CARICOM welcomes the remarkable progress of the global AIDS response. We note that the global roll-out of HIV treatment averted an estimated 16.5 million AIDS-related deaths between 2001 and 2020. We also note that the new HIV infections have continued to decrease. This means that we are getting even closer to achieving Sustainable Development Goal (SDG) target 3.3, to end the AIDS epidemic by 2030.

CARICOM Member States have been doing their part to make that a reality. In a comprehensive approach to realizing the vision of an AIDS-free Caribbean, we ensured that we empower those persons living with, at risk of and affected by HIV/AIDS to practice safe and healthy lifestyles. We underscore accessible, equitable, high-quality laboratory and community-based testing services as central in our HIV response. We prioritize high-impact interventions to improve treatment outcomes and we integrate HIV services to also address co-infections and co-morbidities. Therefore, we are pleased that we are on our way to achieving our 90-90-90 targets. According to our latest statistics, 77 per cent of people living with HIV in the Caribbean ARER aware of their status, 81 per cent of the people diagnosed with HIV Are on treatment And 80 per cent of the people in the Caribbean on antiretroviral therapy Are virally suppressed.

The CARICOM region also continues to make efforts to reduce mother-to-child transmission, which has already resulted in seven of our Caribbean countries being validated by the World Health Organization for the elimination of mother-to-child transmission. We celebrate the fact that, in the Caribbean, deaths due to AIDS have decreased by 37 per cent and new HIV infections have been reduced by 29 per cent since 2010. Our region has been able to accomplish that progress because we have implemented indigenous

approaches consistent with our political, social and cultural environment. However, while we celebrate the achievement made over the years both regionally and globally, we are still confronted by the reality that there is much more work to be done in order to end the AIDS epidemic by 2030.

We recall our strong commitments, as adopted in the 2021 Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030, where we agreed to strengthen our health systems and ensure equitable access to medicines, diagnostics and health technologies. We must continue to implement multisectoral and multistakeholder, people-centred and community-based approaches to ensure that our progress does not stall in the long term. This means that in line with our 2021 commitments, we will galvanize global ambition to end the AIDS epidemic through the integration of HIV services into universal health coverage. Building resilient health and social protection systems will provide optimal health outcomes for persons living with, at risk of and affected by HIV/AIDS.

We underscore the importance of science, technology and innovation in advancing the national AIDS responses. We also underscore the need for the transfer of technology in order to scale up capacity-building, as well as research and development, in developing countries. Our regional capacity means that we are still dependent on the full use of the flexibilities of the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights and the opportunity provided by the 2001 Doha Declaration. Through this, we can access safe, effective and high-quality medicines, vaccines, diagnostics and other health technologies. Without a commitment to the global accessibility, availability and affordability of medicines for all, we will be limited in our ability to prevent, diagnose and treat HIV infections, co-infections and co-morbidities. Therefore, we regret that there has been no progress in developing a new HIV vaccine, despite welcoming that commitment in 2021.

As we continue to outline the work we have set ahead, CARICOM remains optimistic that, with timely and effective implementation of the commitments already set, we will be able to collectively end the AIDS epidemic by 2030 and finally live in a world free of AIDS.

Mr. Setia (India): Let me begin by thanking the Secretary-General for his report (A/77/877), which provides an insightful and informative update on the global fight against HIV/AIDS.

India has been working in a planned way to eradicate HIV/AIDS. India's unique HIV prevention model is centred around the concept of social contracting, through which the Targeted Interventions programme is implemented with support from civil society. The programme is aimed at behaviour change, communication, outreach, service delivery, counselling and testing and ensuring linkages to HIV care. India's National AIDS Control Programme has been revised, revived and revamped to focus on hard-to-reach and at-risk populations. Viral load testing facilities have been scaled up and HIV counselling, testing and community-based screening for early diagnosis have been ramped up to achieve the target of eliminating the mother-to-child transmission of HIV. India is providing free antiretroviral treatment to close to 1.4 million people. Indian drugs are also reaching millions of people living with HIV in Africa. We have already made significant progress in that regard. Efforts are now being made to reduce the number of HIV cases to zero. In line with the motto of the Government of India — "Together, for everyone's growth, with everyone's trust" — the National AIDS Control Programme has signed memorandums of understanding with public and private sector industries to mobilize their support for HIV prevention and treatment. India aspires to scale up HIV care to reach 100 per cent of people living with that dreaded disease.

The important dimension of India's efforts is a coordinated and integrated approach for comprehensive care to individuals affected by HIV. The National AIDS Control Programme is executed by the National AIDS Control Organization in collaboration with State AIDS Prevention and Control Societies. The National AIDS Control Organization allocates funds to State AIDS Prevention and Control Societies in the form of grants-in-aid, enabling them to deliver vital services for HIV prevention, testing and treatment. The awareness campaigns are a continuous process and regular activities are conducted in schools and colleges.

The Government of India launched the National AIDS Control Programme to address the HIV/AIDS disease in the country. The Government of India has further set up several care and support centres to provide universal access to comprehensive, equitable, stigma-

free, quality care, support and treatment services to all people living with HIV using an integrated approach. The HIV and AIDS Prevention and Control Act of 2017 provides a legal and enabling framework to safeguard the human rights of infected and affected populations.

We need to foresee and identify our challenges and gaps, customize our programme, share knowledge, emulate best practices and stride towards reaching the Sustainable Development Goal of ending the AIDS epidemic, which is a grave public health threat, by 2030. India remains committed to strengthening international cooperation in the collective fight against HIV/AIDS.

Mr. Gertze (Namibia): Since the first cases of AIDS were reported over 40 years ago, the world has made significant progress in the fight against HIV and AIDS. Not only did the roll-out of HIV treatment globally averted an estimated 16.5 million AIDS-related deaths between 2001 and 2020, the latest data from the Joint United Nations Programme on HIV/AIDS (UNAIDS) show that new HIV infections and AIDS-related deaths have continued to decrease. Those gains have undoubtedly brought the global AIDS response closer to achieving target 3.3 of the Sustainable Development Goals. However, inequitable access to life-saving treatment, including vaccines, continues to linger and has been exacerbated as an unfortunate legacy of the coronavirus disease (COVID-19) pandemic, which has greatly infringed on the progress made in combatting HIV and AIDS at the risk of reversing several gains. Intellectual property barriers, prohibitive pricing, restrictions on technology sharing and transfer and a lack of access to affordable generic HIV drugs remain a challenge — one that continues to impinge on the right to health for many people living in low- and middle-income countries.

Furthermore, countries' capacities to respond to AIDS have been severely diminished by the devastating socioeconomic impact of the COVID-19 pandemic and further compounded by ongoing conflicts across the world and the climate crisis. Domestic funding for the HIV response in low- and middle-income countries has fallen for two consecutive years. Increasing global food prices have worsened food insecurity for people living with HIV across the world, making them much more likely to experience interruptions in HIV treatment. In our quest to ensure that no one is left behind, we must urgently tackle those challenges to ensure that they do not further threaten the gains made so far.

As we gather here today, we are cognizant of the ongoing discussions, both here and in Geneva, on the pandemic accord, the amendments to the International Health Regulations and the political declarations to be adopted at the upcoming high-level meetings of the General Assembly on tuberculosis, universal health coverage and pandemic prevention, preparedness and response. We see those as comprehensive, complementary and synergistic processes. These intergovernmental processes are a clear signal that countries of the world want to work together for a safer, healthier future where we are better prepared for and able to prevent future pandemics and health emergencies, as well as to respond to them effectively and equitably. They represent a critical step in ensuring greater equity in the global response to public health emergencies and in ensuring that we do not repeat the mistakes of the COVID-19 pandemic response, including in sharing life-saving vaccines, the provision of information and the development of local capacities.

Progress towards ending AIDS as a public health threat is integrally linked to broader efforts to end poverty and hunger and close inequality gaps, while building resilient institutions, functional partnerships and sustainable communities. We have the collective means, innovation and partnerships to have a world where we can reduce and prepare for pandemic risks and global health emergencies, including HIV and AIDS. However, it is our responsibility to effectively put those efforts into motion.

Mr. Oehri (Liechtenstein): The fight against HIV/AIDS is a showcase for the impact the international community can have if we all join forces. We are encouraged by the most recent data from the report of the Secretary-General (A/77/877) on the implementation of 95-95-95 testing, treatment and viral suppression targets. Today 85 per cent of people living with HIV globally know their serostatus, 88 per cent of whom are accessing antiretroviral therapy, again of whom 92 per cent have suppressed viral loads. Those gains are testament to strong political commitment and global solidarity and will yield further health, economic and development benefits that are accelerating progress towards the Sustainable Development Goals (SDGs). Halfway to 2030, we have to remind ourselves that our common efforts to end the HIV/AIDS epidemic not only contribute to good health and well-being, in line with SDG 3, but also advance at least nine more SDGs, including our commitments to ending poverty

and hunger, advancing gender equality and promoting effective, accountable and inclusive institutions.

Despite the achievements in many parts of the world, the international response to HIV/AIDS is also a reminder of how fragile progress can be if we fall back into complacency or lose sight. While there has been a very substantial decline in new infections in sub-Saharan Africa, the region with the highest burden of HIV, we have unfortunately witnessed steep increases in other parts of the world, notably in Eastern Europe and Central Asia.

The Declaration of Commitment on HIV/AIDS and the subsequent political declarations reflect our shared belief that no one should be left behind in our decades-long fight to end the epidemic. For our collective efforts to be successful, it is indeed crucial to remove societal barriers to services for those communities in greatest need. Discriminatory laws targeting LGBTIQ populations, whether in place for a long time or recently introduced, remain an obstacle to our AIDS response. The economic and social marginalization of groups at higher risk of HIV infection — such as people who inject drugs, sex workers, prisoners, transgender people and men who have sex with men — often prevent them from fully enjoying their fundamental freedoms and human rights, above all the right to health. A suitable response to HIV/AIDS must necessarily address and fully recognize all fundamental elements of HIV risks and vulnerabilities, including the disproportionate impact of the epidemic on young women and adolescent girls. Since pre-exposure prophylaxis constitutes a powerful prevention tool that can significantly reduce infections among at-risk populations, its use and availability need to be rapidly expanded beyond high-income settings.

We express our full support for the recommendations of the Secretary-General and commend his staff for the tireless work to translate the 2021 Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030 into reality. The guidance and leadership of the Joint United Nations Programme on HIV/AIDS (UNAIDS) have been pivotal for our collective action, as has the work by the Global Fund to Fight AIDS, Tuberculosis and Malaria and relevant civil society organizations. Since 2007, Liechtenstein has made regular financial contributions to UNAIDS, and we aim to continue our support. By investing in prevention, we have the best chance to create sustainable results in the long term and to eradicate HIV/AIDS once and for all. In that regard, we are hopeful that the

declaration on pandemic prevention and preparedness will help better navigate and address current and future public health challenges, including HIV/AIDS.

Ms. Kinyungu (Kenya): My delegation aligns itself with the statement delivered by the representative of Somalia on behalf of the Group of African States at this very important meeting to discuss progress on ensuring equitable response to end the AIDS pandemic and accelerate progress for global health and the Sustainable Development Goals (SDGs).

In 2021, we made a commitment to ending inequalities and getting back on track to end AIDS by 2030. To keep our commitments on track, consistent, relentless honest reviews on progress are key to effectively fight the scourge. The report of the Secretary-General (A/77/877) highlights that through the global AIDS response, remarkable gains have been made towards achieving target 3.3 under Sustainable Development Goal 3, which is to end AIDS as a public health threat by 2030. My delegation is, however, concerned that those gains are not reaching everyone, everywhere. We must therefore continue to prioritize an equitable response in order to impact the most vulnerable populations, address social and economic inequalities and ensure access to quality health care for all.

Africa has been disproportionately affected by the HIV/AIDS pandemic. Poverty exacerbates vulnerability to HIV infection and hinders access to prevention, treatment and support services. To effectively keep our commitments to the 2021 Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030 on track, we must strengthen multilateralism and make stronger collaborative efforts in increasing awareness, enhancing resources and bulking finances for prevention and treatment of HIV. In the lead-up to the SDG Summit and the high-level meetings on tuberculosis, universal health coverage and pandemic preparedness, prevention and response, this year provides a unique opportunity to renew our health commitments. We must continue to prioritize an equitable response to end the AIDS pandemic and support the most vulnerable populations. Fulfilling the commitments of the Political Declaration will accelerate action towards achieving universal health coverage, preventing future pandemics and addressing social and economic inequalities.

HIV/AIDS remains a leading cause of morbidity and mortality in Kenya. The Government has adopted a people-centred, data-driven and multisectoral approach to the HIV/AIDS pandemic. We have implemented the second phase of the Kenya AIDS Strategic Framework in order to provide strategic directions towards accelerated progress to a Kenya free of HIV infections, stigma and AIDS-related deaths. Great focus has also been placed on HIV education and awareness as important components of HIV prevention. Kenya's gradual progress in the fight against HIV and AIDS is attributed to intricate health-care investments in the response to the epidemic. However, the rate of infections among young people between the ages of 15 and 24 remains a concern and threatens the potential of young people as the key drivers of economic growth. For instance, in 2020, youth accounted for 35 per cent of new infections.

Young women and girls are disproportionately affected by HIV/AIDS, making it crucial to prioritize their specific needs in the response to the epidemic. In Kenya, women aged 15 to 24 are twice as likely to be living with HIV as men in the same age bracket. The intersecting factors of gender inequality, social norms, economic disparities and limited access to comprehensive health-care services contribute to the higher vulnerability of young women and girls to HIV infection.

It is paramount that we prioritize the socioeconomic empowerment of individuals and communities affected by HIV and AIDS. By providing opportunities for education, skills training, income generation and entrepreneurship, we can create sustainable livelihoods and improve the overall well-being of those affected. To expedite progress in the AIDS response, it is also imperative to ensure sustained funding for prevention, treatment, care and support services.

Adequate funding and resources dedicated to research, development and distribution of antiretroviral therapy and other life-saving medications are crucial to reducing new infections, extending the lives of people living with HIV and preventing AIDS-related deaths. Investing in medication is an investment in the well-being of individuals, families and communities, and it is a critical step towards a future free from the burden of HIV/AIDS. Antiretroviral therapy has revolutionized the management of HIV and AIDS, prolonging and improving the lives of those living with the virus. However, significant gaps in access

to treatment still exist across Africa, particularly in remote and underserved areas. Ending AIDS-related poverty requires a cooperative framework that embraces comprehensive prevention, expanded access to treatment and care, socioeconomic empowerment, innovation and increased investment. Let us stand together, united in our determination to eradicate that scourge. Together, we can create a world free from the grip of HIV/AIDS.

In conclusion, we must act now to combat the HIV/AIDS pandemic and invigorate more concerted efforts. We can do so by building on synergies between our global AIDS response and our efforts to achieve universal health coverage, as well as the implementation of other relevant SDGs. Kenya remains committed to concerted efforts to end HIV/AIDS by 2030.

Ms. Soares Leite (Brazil): Brazil is honoured to participate in this plenary debate on HIV and AIDS and highly commends the Secretary-General for his report (A/77/877).

We note with satisfaction that global new infections are almost one-third and related deaths halved compared to 2010. In particular, we wish to commend the region of sub-Saharan Africa for the steepest reduction of new infections in the world. Brazil shares the concern that, despite the remarkable progress made, overall figures are not declining fast enough to reach our global goal and targets. We fully endorse the Secretary-General's recommendations for strengthened collective actions, with a focus on equitable and affordable access to medicines and other health technologies; engagement with the community; sustainable financing; and international cooperation, while harnessing synergies between AIDS response and efforts on tuberculosis, universal health coverage and pandemic prevention, preparedness and response.

The fight against HIV/AIDS is a State policy in Brazil. Brazil has consistently advanced in the prevention and care of HIV/AIDS thanks above all to our Unified Health System (SUS), which guarantees universal and free-of-charge access to treatment and diagnosis. Through SUS, more than 700,000 people are being assisted with free medicines, over half of which are produced locally. We began the free distribution of HIV self-tests in public health units along with HIV rapid tests, with the aim of reaching out to key and priority populations, especially in the context of the coronavirus disease. Our health system provides, free

of charge, a wide offer of effective, proven prevention tools, such as condoms and oral pre-exposure prophylaxis. Affordability, however, remains a central issue. As the Secretary-General rightly points out, upper-middle-income countries, such as Brazil, are often not eligible for price reductions and affordable new products. Equitable and affordable access to medicines and other health technologies, which were key in many of the biggest breakthroughs against the AIDS pandemic, is still highly needed so that all developing countries can provide innovative and effective diagnostics, prevention and treatment to our populations and reach everyone, everywhere.

The engagement of civil society in planning, implementing, monitoring and reviewing has been instrumental in guaranteeing the inclusiveness and effectiveness of Brazilian public policies in this area. With community support, Brazil has also built a legal framework to protect the rights of people living with HIV and AIDS and to counter stigma and discrimination. Any discrimination against people living with HIV and AIDS is a crime in our country. A federal law guarantees confidentiality about the condition of the person living with HIV in several situations, such as schools and workplaces. Enhanced global partnerships and solidarity are key. Brazil has donated, upon request, medicines and tests to several countries in Latin America and the Caribbean. Brazil is proud to be a founding member of the Global Council on Inequality, AIDS and Pandemics, with a view to proposing equity-based approaches to strengthen the response to AIDS and other pandemics.

Mr. Rai (Nepal), Vice-President, took the Chair.

We highlight with appreciation the key role the Joint United Nations Programme on HIV/AIDS has been playing in this initiative, as well as in closely assisting Member States in their responses, including our own. The international community has made remarkable gains. Brazil reaffirms its commitment to keep contributing to those efforts, with a view to ending AIDS by 2030.

Mr. Aref (Islamic Republic of Iran): Before I commence my statement, I would like to express my appreciation to the Secretary-General for the attention accorded in his report (A/77/877) to the importance of adequate, sustainable and equitable funding and promoting equitable access to medicines and other health technologies for developing countries.

An effective response to AIDS and HIV requires rigorous global solidarity and shared responsibility, with a focus on development assistance to support health systems and enhance access to diagnosis, treatment, medication and other specialized needs for those living with HIV. As highlighted in the Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030, there are still many gaps in financing for AIDS and HIV at the international level, which hinder the efforts of developing countries in particular to accelerate effective responses to AIDS and HIV. To overcome that pressing challenge and thereby step up the effective AIDS and HIV responses, reinvigorating international cooperation for technology transfer, unhindered access to medicines for developing countries, supporting capacity-building and research, as well as development assistance and scientific cooperation remain vital and should be addressed through genuine collaboration at the international level. Along the same lines, the latest medicine and health-care technology, testing and treatment, including a future HIV vaccine, should rapidly be made available and affordable to countries to tackle AIDS and HIV.

Significant progress has been made in the Islamic Republic of Iran in the area of promoting the health and well-being of people at risk of or living with HIV, as well as in eliminating the transmission of the disease from mother to child, minimizing harm and reducing the transmission of AIDS among drug users. The Islamic Republic of Iran is continuing its efforts in that regard and is strengthening its responses to AIDS and HIV. Nevertheless, unilateral coercive measures continue to impede our efforts to enhance our health systems and effective responses to, inter alia, diseases and syndromes, including AIDS and HIV. Those internationally wrongful acts impede access to medicine, medical equipment, vaccines, treatment products, diagnostic medicine commodities and pharmaceutical products. They also hinder international cooperation in the area of health and undermine the capacity of States in responding to and addressing health challenges. Such unlawful measures, which are flagrant violations of the fundamental principles of international law and the principles set forth within the Charter of the United Nations seriously violate the human rights of millions of people, including those living with HIV and AIDS, particularly the right to life and the right to health. As such, we strongly condemn unilateral coercive measures and highlight that those illegal measures

must be terminated. States must desist and refrain from promulgating and applying such unlawful measures.

In conclusion, we would like to reaffirm the sovereign rights and prerogatives of Member States in adopting and implementing policies and programmes related to health, including in responses to HIV and AIDS, in accordance with domestic laws and national priorities, including their development priorities, as well as the religious, ethical, cultural and social specificities of their people.

Mr. Hermida Castillo (Nicaragua) (*spoke in Spanish*): Nicaragua welcomes this important meeting to review achievements and challenges in follow up to and implementation of the commitments made in the Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030, which ensures the restitution of the fundamental rights of the people affected by the disease.

In strengthening multilateralism and global solidarity, joint efforts to improve public health systems will be intensified, thereby guaranteeing access to treatment for the disease throughout the world. It is a State policy of our Government of Reconciliation and National Unity to provide quality comprehensive and universal care via the delivery of free treatment and the complementary tests necessary for all actors. Our Ministry of Health and the Nicaraguan AIDS Commission hold special meetings at the national level where each month different institutions and responders present and analyse the progress of and challenges to the local and national response. National institutions prioritize the implementation of policy frameworks targeted at groups of young people and adolescents in order to reduce infection rates, raise awareness and promote responsible sexual health among our youth and population. Similarly, Nicaragua, as part of its deep commitment to the Political Declaration and of efforts to strengthen the national legal framework, adopted in 2012 Act No. 820 on the promotion, protection and defence of human rights in the face of HIV and AIDS, as well as the National Strategic Plan for Response to Sexually Transmitted Diseases 2020–2024, the implementation of which includes a training process for various bodies.

In the context of our achievements, we note that in 2006, under the previous neoliberal Government, Nicaragua had seven clinics for comprehensive care. As of May 2023, there are now 117 such clinics throughout

the country, staffed by multidisciplinary teams of doctors, nurses and support staff, guaranteeing access to comprehensive, dignified and free medical care for the approximately 6,800 individuals who receive antiretroviral treatment. At the national level, there are an estimated 9,000 people living with HIV.

To address our population's mental health, the Ministry of Health implements programmes whose work is centred on emotional health in psychosocial care centres, with a view to providing adequate psychological support, especially for those newly diagnosed with HIV/AIDS. Similarly, through the National Commission for a Harmonious Life, our Government has developed a new strategy, the Living with HIV campaign, which is aimed at encouraging shared responsibility on the part of the family and the community, promoting fundamental values for good living, and inviting the population to gather important information to be with people living with HIV in solidarity and with dignity and respect.

To achieve the goal of ending inequalities and to be in a position to put an end to HIV/AIDS by 2030, it is urgent today more than ever to put an end to the illegal unilateral coercive measures imposed on more than one-third of the global population, measures that hinder the access of countries to means that are essential for them to continue to make progress in the restitution of the rights of our populations, especially the most vulnerable.

In conclusion, we wish to emphasize that it is time that we have an HIV/AIDS vaccine. We must learn lessons from the coronavirus disease pandemic, and we therefore believe that it is time to have that vaccine. Nicaragua will continue to strengthen its national policies, restoring the right to health of all Nicaraguans, including of course people living with HIV/AIDS, so that they live with dignity, well-being and, always, peace.

Mr. Mabhongo (South Africa): South Africa aligns itself with the statement delivered by the representative of Somalia on behalf of the Group of African States.

We note with concern that HIV/AIDS claimed a life every minute in 2021 and that it remains the fourth leading cause of death in Africa, with sub-Saharan Africa carrying the highest burden. We also express deep concern that, according to the World Health Organization *Global Tuberculosis Report 2022*, people living with HIV are 14 to 18 times more likely to fall ill from tuberculosis compared to people without HIV and

that tuberculosis remains the leading cause of severe illness and death among people living with HIV.

South Africa has made notable progress with respect to the HIV prevention and treatment programme, with over 5.7 million people currently in treatment. On the 95-95-95 targets, South Africa scores 94-77-92 at this moment. New infections have been declining and continue to do so. Successes have also been recorded in the prevention of mother-to-child transmission. That demonstrates that a lot can be achieved through strong political will and commitment and working in partnerships with other stakeholders.

We have learned with despair of the reversal of progress towards the Sustainable Development Goal (SDG) target of ending AIDS as a public health threat by 2030, as a result of the coronavirus disease (COVID-19) pandemic. In our country, it led to the worst economic downturn, which severely constrained the public health budget as resources had to be diverted to respond to the COVID-19 pandemic. That, in our view, should be a wake-up call to develop a strong binding mechanism for pandemic prevention, preparedness and response while also ensuring universal health coverage, with the aim of addressing inequalities and fostering international cooperation and solidarity.

When we talk about our priorities for HIV prevention and treatment, we also think about young women and adolescent girls. Hence, we believe that policies should integrate sexual and reproductive health and rights and HIV interventions that focus on adolescent girls and young women. A key priority is ensuring that all vulnerable groups, particularly young people, have choices for a prevention method that works for them. Education is one of the best HIV prevention tools and comprehensive sexual education is integrated into the South African curriculum to create an awareness of hygiene and health-related information and to reduce the risk of HIV infection, child marriage and teenage pregnancies.

In June 2022, South Africa launched a three-year National Youth HIV Prevention Campaign 2022–2025. This year, in March, we also launched the fifth-generation National Strategic Plan for HIV, Tuberculosis and Sexually Transmitted Infections for the period 2023–2028.

In conclusion, the South African Government is committed to providing domestic funding, based on the country's investment needs, and to providing funding to

support financing transitions of pilots and evaluations of biomedical interventions, such as pre-exposure prophylaxis interventions. The Government is also committed to engaging in sensitization of health-care workers and implementers to provide services for key populations, among others. We are very pleased to reaffirm our commitment to continuing our partnership with the United States President's Emergency Plan for AIDS Relief, the Global Fund to fight AIDS, Tuberculosis and Malaria, the Joint United Nations Programme on HIV/AIDS and all our other development partners.

Mr. Mao (Cambodia): My delegation would like to commend the remarkable progress made in implementing the Declaration of Commitment on HIV/AIDS, as contained in the report of the Secretary-General (A/77/877). We also express our gratitude for the 2021 Political Declaration on HIV/AIDS: Ending Inequalities and Getting on Track To End AIDS by 2030, which has set a clear vision and direction for us to end AIDS and all inequalities faced by communities and people affected by HIV.

Since finding its first AIDS case in 1993, Cambodia has made substantial progress towards ending the AIDS epidemic. The National AIDS Authority of Cambodia, which is responsible for coordinating the HIV/AIDS response, has been advocating for the inclusion of HIV/AIDS awareness in the community by engaging community members, key populations, and local and community-based organizations in HIV/AIDS response planning, management, monitoring and service delivery.

Although the coronavirus disease pandemic has hindered our response to HIV and other epidemics, Cambodia has made significant progress compared to pre-pandemic baselines and remains committed to improving equitable and sustainable access to quality health care and universal health coverage by promoting integrated, people-centred service delivery, particularly at the primary health care level. Moreover, Cambodia is firmly committed to a multisectoral response to HIV/AIDS, including decentralizing the response to sub-national levels to ensure ownership at the province, district and commune levels so that those community-led organizations can better deliver within national programmes.

Meanwhile, Cambodia has also increased fiscal space and social protection to support the framework

for reducing stigma and discrimination, particularly for young adolescents, women and girls disproportionately affected. Eliminating stigma and discrimination in all aspects of society will substantially reduce the vulnerability of people living with HIV and key affected populations that are currently deterred from accessing services and employment opportunities or are harassed into excluding themselves.

Despite those achievements, Cambodia urges the international community to allocate more resources to fill financial gaps for HIV/AIDS, including technology transfer, improving access to medicines in developing countries, scaling up capacity-building, research and development, and local production of pharmaceutical products. As a member of the Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS for the Asia-Pacific region, Cambodia will do more to demonstrate its successful management of the HIV/AIDS epidemic and make its contribution to the United Nations and the collective effort for a better world.

In conclusion, Cambodia strongly reaffirms its commitment to the implementation of HIV/AIDS-related programmes and declarations, as well as its determination to promote cooperation with all stakeholders in order to eliminate all forms of stigma and discrimination against vulnerable people living with HIV/AIDS and to achieve its ultimate goal of ending AIDS by 2030.

Mr. Chala (Ethiopia): At the outset, I would like to thank the President of the General Assembly for convening this important meeting. My delegation aligns itself with the statement made by the Permanent Representative of Somalia on behalf of the Group of African States.

The world has come far in reducing the number of HIV infections and AIDS-related deaths. In 2021, it was observed that the estimated number of new HIV infections arising globally was smaller than at any point since the late 1980s. An estimated 16.5 million AIDS-related deaths were averted in the past two decades, while almost 120 million HIV infections were averted since 1990 through the increased use of condoms. As the report of the Secretary-General (A/77/877) notes, the world is getting closer to ending AIDS as a public health threat and to achieving the target under Sustainable Development Goal (SDG) 3.

Strong progress has been noted in regions with the highest HIV burden, including sub-Saharan Africa, where a 44 per cent decline in annual new HIV infections since 2010 has been recorded, the steepest reduction in the world. Similarly, Ethiopia has made remarkable progress over the past two decades, reducing the HIV prevalence rate from 3.3 per cent in 2000 to 0.9 per cent in 2017. AIDS-related deaths declined from 83,000 to 50,000 during the same period. This is an indication that Ethiopia is on the right track to deliver on its commitments.

It should, however, be noted that the gains achieved to date are being challenged by an emerging trend of complacency regarding primary HIV prevention. That increasing complacency is observed particularly in young people. That is particularly concerning, as over 30 million of Ethiopia's population is below the age of 25. It is for this reason that the Government of Ethiopia is exerting various efforts to build on the results gained so far. Building on the political commitment and the national ownership of the HIV programme, which has led to remarkable results, Ethiopia has developed a comprehensive policy framework. It includes a series of strategic plans, national policies and technical guidelines and implementation plans aimed at strengthening the overall national response.

Ethiopia is one of the 25 countries that were selected for the Global HIV Prevention Coalition. While Ethiopia has adopted the global goal to attain the 90-90-90 targets, we still have work ahead to meet the targets. Challenges such as lack of skill, focus and the quality of prevention programmes persist. A lack of an evidence-based interventions package and the limited interventions to address structural barriers are also impeding progress. It is therefore critical to continue to build on the protocol commitment and the political frameworks to scale up comprehensive HIV prevention responses. Enhancing national capacity for the promotion of strategic information and resources mobilization is also essential.

Finally, I would like to emphasize the importance of building partnerships among key stakeholders, in line with SDG 17. As we get closer to achieving the SDG targets in HIV and AIDS prevention, it will be vital to continue to build on the current momentum.

Ms. Poenateetai (Thailand): Thailand wishes to thank the President of the General Assembly for

convening this meeting and thanks the Secretary-General for his report (A/77/877).

As the report recognizes, the progress of the global AIDS response has been remarkable. Data shows that new HIV infections and AIDS-related deaths have continued to decrease, bringing us closer to achieving Sustainable Development Goal (SDG) target 3.3. But despite such gains, the AIDS epidemic is not yet over. To put countries back on track to end AIDS by 2030, we must work harder and faster towards achieving the targets set out in the 2021 Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track To End AIDS by 2030. In that regard, Thailand wishes to highlight key actions that we believe can help accelerate that shared endeavour.

First, the full range of HIV-related services, from prevention to treatment, that are accessible and affordable must be integrated into the universal health coverage system. Thailand is also looking to include tools such as self-testing kits in our universal health coverage scheme so that people can more easily access testing and enable earlier detection.

Secondly, we strongly support the Secretary-General's recommendation on community-led responses, because in our experience, community-led and key population-led efforts, supported by the Government, can best reach those in need by filling in the services gaps while addressing HIV-related stigma and discrimination, which are often felt when in traditional health facilities. The Government plays a key role in building the capacities of those organizations to meet quality standards, most recently having rolled out a national community health worker certification on HIV/AIDS care for and by people living with HIV. That includes training on overcoming stigma, including self-stigma, and promoting their understanding of U=U, or "undetectable equals untransmissible".

Thirdly, Thailand recognizes the potential of leveraging digital technology to address discrimination. With partners, we have developed "Hello, POKPONG", an online crisis response system for filing complaints on rights violations related to HIV/AIDS, such as employment discrimination, which will then be investigated, addressed and used as a basis for reviewing relevant policies and laws.

Lastly, Thailand agrees with the Secretary-General's call to harness synergies between the AIDS response and broader health issues, as well as the SDGs,

particularly as we will have the key opportunity this September with the SDG Summit and the high-level meetings on universal health coverage, tuberculosis, and pandemic prevention, preparedness and response taking place, all of which are strongly linked to the HIV/AIDS challenge.

Thailand reiterates its commitment to working with all Member States and stakeholders to get back on track to end AIDS by 2030. As the world is now moving on from the response to the recovery phase of the coronavirus disease, we need the same political will and sense of urgency to end AIDS.

Ms. Squeff (Argentina) (*spoke in Spanish*): At the outset, my delegation would like to express its appreciation for and to highlight the report of the Secretary-General (A/77/877), entitled "Ensuring an equitable response to end the AIDS pandemic and accelerate progress for global health and the Sustainable Development Goals".

Argentina reiterates its commitment to the 2021 Political Declarations on HIV and AIDS: Ending Inequalities and Getting on Track To End AIDS by 2030, and will continue to support the adoption of strategies to combat HIV, implementing approaches that are based on human rights and gender equality and guaranteeing respect for the dignity of persons living with HIV.

This year's review of the implementation of the Political Declaration gives us an opportunity to reflect on how we can make the most of the synergies among the three health summits, slated for September, concerning tuberculosis, universal health coverage and pandemic preparedness, as well as on combating HIV, with a view to moving forward in a comprehensive way to address those health-related issues, all of which fall within the objective of achieving Sustainable Development Goal (SDG) 3.

We note with satisfaction indications in the report of the Secretary-General regarding the global response to AIDS that significant progress has been made towards achieving SDG target 3.3 on bringing an end to AIDS as a public health threat by 2030, and that deaths linked to the disease have decreased by 68 per cent since reaching their highest level in 2004, while new infections have fallen by over 50 per cent since 1996. We do note, however, given the disproportionate impact on women, children and people in certain regions, that the achievements are not reaching everyone

everywhere. Therefore, we agree that urgent action is needed to eliminate such barriers so as to achieve the HIV goals established in the 2021 Political Declaration on HIV and AIDS.

We wish to underscore that in July 2022, the new Law 27.675 was enacted in Argentina on a comprehensive response to HIV, viral hepatitis, tuberculosis and sexually transmitted infections. The law was developed collectively by stakeholders and promoted by civil society organizations. The new law changes the focus and the approach to HIV; it is now more focused on gender and human rights. Law 27.675 requires the end of stigmatization and discrimination against those living with HIV or sexually transmitted infections and seeks to guarantee comprehensive care, free of charge. It also prohibits the conduct of diagnostic tests for HIV, hepatitis and sexually transmitted infections without the consent of the person in question. That applies to examinations pre-employment, to retain employment or to enter educational establishments, among others.

My delegation believes that in order to bring an end to the HIV pandemic by 2030, we must centre people and communities, duly mobilize resources and promote gender equality and the right to bodily autonomy, guaranteeing sexual and reproductive rights and empowering women and girls in all their diversity. We also believe that it is critical to work to reduce the stigma and discrimination that are often suffered by those living with HIV, and even more so for those in situations of vulnerability and who lack access and face multiple intersectional forms of discrimination, stigmatization, violence and exclusion, which often go hand in hand with their sexual orientation and gender identity.

Finally, Argentina renews its efforts to move forward with the provisions of the Political Declaration on HIV and AIDS, as well as the aim of achieving SDG target 3.3, with a view to eradicating the epidemic of HIV by 2030.

Ms. Hinton (Canada) (*spoke in French*): As noted in the report of the Secretary-General (A/77/877), significant progress has been made towards strengthening HIV prevention, testing and treatment over the past decades. But progress remains uneven, both among countries and within them. People in the most vulnerable situations continue to be left behind. That is especially true for adolescent girls and young women,

and for the 60 per cent of children aged 5 to 14 who are HIV positive and not on life-saving antiretrovirals.

Today the world is home to the largest-ever generation of young people — 1.8 billion people are younger than 25. Those young people make up 16 per cent of the world's population but account for 27 per cent of new HIV infections. Globally, AIDS-related illnesses remain the leading cause of death among women of reproductive age. How is that possible when young people have more access to health services than ever before? How is it that millions of young women have access to contraceptive products and services and yet are still infected with HIV? As a result of stigma and lack of resources, HIV services are often narrowly focused and not integrated within essential health services and wider sexual and reproductive health services, including family planning. Thus, young women who can access contraception may not be receiving information on sexually transmitted infections, including HIV. Those young women are making tremendous efforts and taking steps to pull themselves out of poverty by avoiding unwanted pregnancies, but find themselves back where they started when they become HIV positive. That failure to collaborate and integrate services is a failure for all of us.

(*spoke in English*)

Robust evidence shows that integrated sexual and reproductive health services improve HIV testing outcomes, increase consistent condom use and provide a base from which to roll out new prevention technologies for girls and women. Adolescent sexual and reproductive health and rights features prominently within Canada's Feminist International Assistance Policy and our 10-year commitment to global health and rights because it is key to achieving gender equality. But there is more to do, especially so that we can reach those who experience intersecting inequalities.

Ninety per cent of the 1.8 billion young people in the world live in developing countries, where they often make up a large proportion of the population. For example, the median age in the Niger and Uganda is 15 years old. That demonstrates the necessity for youth-centred and integrated programming to be central to every single health intervention. That includes comprehensive sexuality education. According to UNESCO data outlined in the report, 85 per cent of the 155 reporting countries have policies or laws about

the provision of comprehensive sexuality education in schools. And yet, survey data from sub-Saharan Africa for the period 2015–2020 show that only 38 per cent of youth had comprehensive knowledge about HIV. Adolescents must have access to biological information about their bodies, but also about the right to have control over and decide freely and responsibly on matters related to their sexuality. That includes how to protect themselves from unwanted pregnancy, sexually transmitted infections, including HIV, and sexual and gender-based violence. That information saves lives.

Canada continues to advocate for comprehensive sexuality education for young people in all their diversity. We are committed to being an ally and advocate in support of adolescent sexual and reproductive health services, but we cannot do it alone. It will take concerted efforts from Governments, international institutions, civil society organizations and the private sector to create the space for young people, especially girls, in all their diversity, to be leaders in all our global health responses. Canada urges every Member State to make brave political decisions that prioritize the lives of the most vulnerable when designing local, national and international health interventions. We further urge the inclusive design of such policies and interventions in a way that empowers the most affected communities to meaningfully contribute to decisions that affect their lives. We need political decisions based on science and evidence because evidence shows that eliminating stigma and discrimination and empowering young people with knowledge does save lives and does create a brighter future for every nation.

Mr. Gala López (Cuba) (*spoke in Spanish*): Twenty-two years since the Declaration of Commitment on HIV/AIDS, inequalities persist in access to health, and in particular with regard to that serious disease. Only international solidarity and joint action among our countries and Governments can ensure success in tackling that and many other diseases. The coronavirus disease (COVID-19) has had a clear impact on our health systems and on the economy of all countries; however, that should not translate into the neglect of efforts to combat HIV/AIDS. It is crucial to move forward in the implementation of the Declaration of Commitment on HIV/AIDS and the political declarations on HIV/AIDS adopted by the General Assembly.

We reaffirm Cuba's commitment to United Nations efforts to combat the disease under the leadership of the Joint United Nations Programme on HIV/AIDS

(UNAIDS). We will continue to guarantee that our people can enjoy the right to health and to contribute to the global and regional responses to bring an end to the HIV/AIDS epidemic. Our country has taken a primary health care-focused and person-centred public-health approach to the HIV response that relies on the participation of key populations, meeting the specific needs of each group. We have made progress in very relevant areas to combat HIV/AIDS by eliminating discriminatory stigma around the disease, combating gender stereotypes and sexist patterns of behaviour, and providing better protection for sexual diversity. We will always be proud of the fact that in 2015, our country was the first to eliminate mother-to-child transmission of HIV and syphilis, which was recognized by the World Health Organization and reconfirmed in 2017 and 2019. Our programme of prevention, diagnosis and treatment for antiretroviral therapy contributed to that success. AIDS-related deaths have been gradually decreasing and the incidence of the disease is tending towards stabilization. We have also achieved high levels of coverage for treatment and efforts are being made to decrease viral load and to increase the therapeutic levels to reach the 90-90-90 targets.

Those results have not been easy to achieve. To accomplish them, Cuba has had to overcome its condition as a small island developing State, as well as the negative impact of the criminal economic, trade and financial blockade imposed by the United States for over six decades and that was intensified in an opportunistic and inhumane way during the pandemic. Between August 2021 and February 2022, the blockade caused losses to Cuba of approximately \$3.8065 billion. Estimates suggest that Cuba's gross domestic product could have grown by 4.5 per cent over that period if the blockade had not existed. The health sector, which was one of the most severely affected sectors, saw losses in the aforementioned period of more than \$113 million.

How much more could we have done in the area of health, and in particular in the fight against HIV/AIDS, if we had not suffered such losses? The blockade not only hinders our efforts; it also impedes those of UNAIDS and hampers the projects financed by the Global Fund for AIDS, Tuberculosis and Malaria, which is managed by the United Nations Development Programme and which provide medicines, diagnostics and laboratory equipment that benefit people of all ages who are living with HIV/AIDS. Despite all of this, nothing will hold us back in building a society that is increasingly just and

inclusive, including for people living with HIV/AIDS. We will continue to make every effort to guarantee a better quality of life to those people and to gradually decrease new infections. The real solution to HIV/AIDS and to many other diseases will depend on shared joint action, international cooperation and solidarity. Cuba will continue to defend multilateralism as the only path to resolve the great challenges that we are facing as an international community, including HIV/AIDS.

Ms. Eyrich (United States of America): We thank the Secretary-General for his report (A/77/877), for the sobering news it holds and for the path forward it proposes. The report confirms that persistent inequities threaten progress for children, young women and girls, and other at-risk populations, such as the LGBTIQ+ persons, people who use drugs and sex workers. Too many countries still have fragile and insufficiently resourced public health systems, making it difficult to offer services beyond HIV/AIDS treatments and undercutting our capacity to respond to emerging threats.

The United States remains committed to ending the HIV epidemic at home and around the world and we rededicate ourselves to fighting the discrimination that too often keeps people with HIV from getting the services they need and living the full lives they deserve.

We know that success is possible. We will be able to overcome this public health threat when we ensure that 95 per cent of people living with HIV know their status, 95 per cent of them are on treatment, and 95 per cent of those on treatment have achieved viral suppression. Even as we celebrate the successes of the United States President's Emergency Plan for AIDS Relief (PEPFAR), our bilateral programme and the global HIV response, we cannot and must not lose sight of the very serious work still required to end the global HIV health epidemic by 2030.

At the December Joint United Nations Programme on HIV/AIDS (UNAIDS) Programme Coordinating Board, generously hosted by the Government of Thailand, we spoke of our concern that the growing complexity of the work of UNAIDS has been matched by a contradictory shrinking budgetary support. PEPFAR is a partnership within our own country and with global partners, including UNAIDS and the Global Fund for AIDS, Tuberculosis and Malaria. Partnerships have brought considerable progress to ending the HIV/

AIDS pandemic, but the last mile of the response is the greatest challenge.

UNAIDS and its United Nations agency sponsors are called upon to support countries to address inequalities, remove barriers to HIV services and advocate for the removal of harmful policies and discriminatory legislation that marginalize individuals and threaten human rights. Those are not easy areas to address. United Nations agency sponsors are called upon to develop technical guidance and provide support for implementation across a range of service delivery areas. If the global response is to succeed in its mandate, it must have adequate resources.

Ms. Anderson (United Kingdom): I thank the Secretary-General for his report (A/77/877) on the progress made towards our shared commitments in the global fight against HIV. While there has been remarkable progress in recent years, that progress has stalled, and we are off track for achieving 2025 targets. Every minute, a person dies as a consequence of the disease — one which is preventable and treatable.

The United Kingdom remains committed to ending AIDS as a public health threat by 2030 and we remain a dedicated supporter of the Joint United Nations Programme on HIV/AIDS (UNAIDS) in its critical role to convene and coordinate the entire international system, generate authoritative data and evidence on the epidemic and support community-based organizations and interventions, all of which are crucial to form an effective global HIV response. We remain strong supporters of our key partners in the HIV response. That includes the Global Fund to Fight AIDS, Tuberculosis and Malaria, Unitaid and UNAIDS. Our £1 billion pledge to the Global Fund will help to save over 1 million lives over the next three years, and on HIV it will help to provide life-saving antiretroviral therapy for 1.8 million people and HIV prevention programmes for 3 million members of key populations.

We welcome the Secretary-General's recommendations supporting an HIV response that is community-led, integrated into primary health-care approaches and broader health systems and fully-funded, with greater investments in prevention. But I would like to draw attention to the very first recommendation and the utmost importance of addressing the social, structural and systemic factors driving HIV-related inequalities. Our shared declarations, the Global AIDS Strategy 2021–2026, and the scientific evidence are clear — if we

are to truly end the AIDS epidemic, we have to tackle the inequalities that underpin it. To do that, we must support rights-based models that are inclusive of key populations, especially LGBTQ+ people.

Increasing barriers to HIV services through stigma, discrimination and criminalization discourage people from seeking vital health services for fear of attack or punishment. That puts the HIV response in jeopardy for all communities, and we simply cannot afford to lose our hard-won gains from the past four decades. The United Kingdom is a firm champion of human rights and dignity of all people, and we urge all countries to ensure that key populations can access the care they need without stigma, discrimination or criminalization.

Ms. Mendoza Elguea (Mexico) (*spoke in Spanish*): Mexico welcomes the convening of this meeting on the implementation of the Declaration of Commitment on HIV/AIDS and the political declarations on HIV/AIDS. We also welcome the report of the Secretary-General (A/77/877), which makes it clear that we need to give highest priority to the fulfilment of commitments by all parties, in all sectors and at all levels, in order to avoid inequalities and the disproportionate impact on women, girls, adolescents and youth, and in high-burden regions. In that vein, Mexico is of the view that it is essential to consider six priority areas in the fulfilment of our commitments, not only on the issue of HIV/AIDS, but also on the entire health agenda. That involves taking on the responsibility of guaranteeing the right to health and a healthy and full life to all people, without distinction.

The first priority area is care through a coordinated, cohesive strategy and primary health care. Our response to the HIV epidemic must demonstrate that we have learned from the fight against other pandemics, as well as from the coordination of people- and community-centred objectives. It is clear that care must take into account social determinants, such as stigma, discrimination and barriers to access to health care, prioritizing those who are being left behind. A cross-cutting strategy will make it possible to optimize material and human resources for a more effective response in the fight against HIV.

Secondly, we need people-centred records. Cohesive information is essential for taking action. Promoting information that measures health outcomes and takes the different characteristics or conditions of

people into account will make it possible to optimize strategies at the local, district, State and national levels.

Thirdly, specific risk communication strategies and the empowerment of communities and key populations are necessary. Both in the fight against HIV and in the response to tuberculosis, we need the recognition of those key populations, among which it is important to consider indigenous peoples, people experiencing homelessness and others.

Fourthly, it is essential to develop programmes within a framework of resilient systems capable of responding to multiple threats. The fight cannot be interrupted by human-caused disasters, natural risks or other health emergencies, among other events. It must include the professionalization of supply chains that prevent shortages and allow for a response to all global public health challenges.

Fifthly, the training and optimization of health workers are also essential. We must take up the lessons learned from the coronavirus disease pandemic on the use of information technology and tele-mentoring, which are accessible and culturally appropriate. Training and verification at all levels of care in infection prevention and control policies, including the proper use of personal protective equipment is extremely important.

The establishment of diagnostic capacities and the provision of feedback to health personnel must be ensured within the framework of mechanisms and the global response to the fight against antimicrobial resistance, with special emphasis on communication to the population and primary health care. In Mexico, several specific actions have been taken to address the issue of HIV/AIDS hand in hand with other challenges on the global health agenda. The coordination of the national and international health systems is highly relevant, particularly in the context of the negotiations taking place at Headquarters on the three health processes.

I would like to highlight that Mexico is working hand in hand with different international organizations and the United Nations system for the implementation of various programmes, such as the Joint United Nations Programme on HIV/AIDS and the United Nations Population Fund (UNFPA). In collaboration with UNFPA, we have carried out mobile sexual and reproductive health projects for people in transit along the migration routes of the Mexico-Guatemala border. Mexico is committed to the fight against HIV/

AIDS, as well as to guaranteeing a healthy and stigma-free physical and mental life for all people, with full enjoyment of their human rights. For that reason, we will continue to work hand in hand with various actors to achieve our common goal in this fight.

Mr. Aristov (Russian Federation) (*spoke in Russian*): Today's meeting is devoted to one of the most important foci of the 2030 Agenda for Sustainable Development in the sphere of health care: combating HIV/AIDS. The Russian Federation pays unflagging attention to this issue at the national and international levels and has always supported a global dialogue on the elimination of that serious threat to public health. HIV/AIDS morbidity in our country is steadily dropping. Prevention and treatment measures are helping to extend the life expectancy of those living with HIV and to reduce the risk of infection. As we are ahead of the targets set in the State strategy for combating the spread of HIV up to the year 2030, coverage by antiretroviral therapies is also expanding.

The Russian Federation has one of the highest coverages of testing for HIV infection, which allows us to obtain the most objective data to identify those with HIV at the early stages of disease and to begin treatment in a timely manner. Nevertheless, despite the clear successes of Russian medicine, we are increasingly seeing attempts to misrepresent the statistics concerning HIV in our country. In November 2022, the media covered alleged data from the Joint United Nations Programme on HIV/AIDS (UNAIDS), which included the Russian Federation among a group of five countries in the world in terms of the spread of HIV infection. That does not reflect reality and is an inaccurate propaganda provocation targeted against us. The Russian Federation has its own programme to combat HIV infection and finances it independently from the federal budget, unlike many other countries that, as a rule, use grants provided by international organizations such as UNAIDS.

As regards the report of the Secretary-General (A/77/877), we support achievement of the 95-95-95 targets on testing, treatment and suppression of viral load, the combat against resistant forms of HIV, vaccine development, prevention and the development of epidemiological monitoring and promotion of a healthy way of life. It is important to ensure equality for absolutely everybody when it comes to access to testing, treatment and health care in general.

We are forced once again to note that instead of internationally agreed approaches, the report continues to impose many contentious concepts, in particular comprehensive sexuality education, which risks undermining the preservation of public health, the protection of childhood and the family and the struggle against narcotics use. It is important to take a comprehensive approach that would ensure respect for national priorities, development strategies and cultures. We regret that the authors of the report have once again chosen to turn a blind eye to that real problem, to the detriment of global solidarity in the fight against the infection.

Mr. Schlaepfer (Switzerland) (*spoke in French*): Switzerland thanks the Secretary-General for his progress report (A/77/877) on the implementation of the Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track To End AIDS by 2030.

We are pleased to see the progress achieved. However, those gains are not universal. The inequities that fuel the HIV/AIDS pandemic, particularly those affecting women, especially adolescent girls and young women in high-burden regions, and the stigma, discrimination and violence associated with HIV, are deeply concerning. Those shortcomings are a stark reminder of the significant barriers that still need to be overcome. Switzerland therefore calls for an urgent collective response.

Turning first to the focus on prevention and policies based on conclusive and factual evidence, we wish to underscore the critical role of prevention in tackling the HIV/AIDS epidemic, including through comprehensive sexual education, the promotion of the use of protection and the provision of harm-reduction services to drug users. We support the exploration of new treatments and prevention strategies and their implementation when they are proven to be effective.

Secondly, we should promote human rights and health equality. There is an urgent need to eliminate all forms of discrimination against people living with HIV/AIDS, and we would like to highlight the importance of protecting their rights. That includes the right to privacy, non-discrimination and access to care. Switzerland also advocates for affordable, accessible and quality treatment for all people living with HIV/AIDS, irrespective of their geographic location, income or social status.

Thirdly, we should take a multilateral and multisectoral approach. We underline the importance of enhancing global cooperation and partnerships. Strengthened partnerships can promote information sharing, joint research initiatives and combined funding efforts in the fight against HIV/AIDS. We also highlight the importance of involving civil society, community-based organizations, and private sector entities in the fight against HIV/AIDS. Switzerland also adopts a multisectoral approach in addressing HIV/AIDS. That means integrating efforts to combat HIV/AIDS into broader health and development programmes and strengthening engagement with different partners such as the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Finally, turning to the promotion of sustainable financing, Switzerland encourages sustainable financing solutions for HIV/AIDS initiatives. It recommends innovative financing mechanisms to ensure equal access to treatment and encourage countries to increase their domestic funding for HIV/AIDS programmes, notably through the mobilization of national resources. Switzerland is also proud to participate in and to financially support the new Global Council on Inequality, AIDS and Pandemics, which brings together global experts from various fields to propose evidence-based solutions to the inequalities that drive pandemics.

Mrs. Xu Daizhu (China) (*spoke in Chinese*): The Government of China has always put the safety of people's lives and physical health first, attached great importance to prevention and treatment and actively fulfilled its commitments related to Sustainable Development Goal (SDG) 3. Over the years, China has focused on key areas, key populations and key steps and has improved across the board the relevance of its publicity and education, the effectiveness of its comprehensive interventions, the accessibility of testing and counselling and the sythetization of follow-up services, and has implemented in full nucleic acid testing, the prevention of mother-to-child transmission, treatment and assistance policies and measures to nurture and guide social organizations. We have made progress in prevention and treatment, and the HIV prevalence rate among the entire population has remained low.

We are pleased to see that significant progress has been made in the global AIDS response. The number of HIV infections and deaths has continued to decline

in recent years. The number of new cases worldwide in 2021 was the lowest since 1980. At the same time, it is important to note that the response to AIDS still faces a series of significant and serious scientific, social, economic and political challenges, requiring greater efforts from the international community.

With respect to the implementation of the Healthy China 2030 strategy and the SDGs, China will focus on key and difficult issues and further improve the national HIV/AIDS response strategy, detection, treatment and care of infected people. China will focus on the protection of people's health in all aspects and stages. We will also continue to actively participate in and support the global AIDS response and support the United Nations, especially the Joint United Nations Programme on HIV/AIDS and the World Health Organization, in the important role of promoting and strengthening international cooperation and sharing technologies and experiences, and will make relentless efforts to achieve the vision of ending the global AIDS epidemic.

The Acting President: I now give the floor to the observer of the Sovereign Order of Malta.

Mr. Espiritu (Sovereign Order of Malta): The Sovereign Order of Malta expresses its appreciation for the accomplishments of the Joint United Nations Programme on HIV/AIDS (UNAIDS), the Global Fund to Fight AIDS, Tuberculosis and Malaria, partner Governments and civil society, as underscored in the report of the Secretary-General (A/77/877) regarding the implementation of the Declaration of Commitment on HIV/AIDS and the Political Declarations on HIV and AIDS: Ending Inequalities and Getting on Track To End AIDS by 2030.

To effectively bring an end to the HIV/AIDS pandemic, it is imperative for all stakeholders to sustain their momentum and intensify their efforts. This remains a global pandemic, although unfortunately eclipsed by the coronavirus disease, that has inflicted unimaginable suffering upon individuals, families and communities. Since its emergence, HIV has claimed the lives of millions. Moreover, it has exacerbated social and economic disparities, further marginalizing the most vulnerable segments of society. In the words of Pope Saint John Paul II encyclical *Sollicitudo Rei Socialis*, we must

“face squarely the reality of an innumerable multitude of people — children, adults and the

elderly — [...] real and unique human persons, who are suffering under [an] intolerable burden”.

Recognizing that reaching the target of eliminating HIV/AIDS by 2030 cannot be accomplished without addressing the inequalities that perpetuate the pandemic, the Order of Malta continues to commit itself to aggressively reaching out to the poorest, most isolated and most marginalized, who are at the highest risk and suffer most from the virus.

On five continents, the Order of Malta has continued to combat the HIV pandemic with treatment, prevention and education programmes. We are also mindful of meeting the psychosocial needs of those living with HIV and their families through integrative and holistic approaches. For example, in the iLembe district of South Africa, our Blessed Gérard's Care Centre, in addition to providing free testing and counselling services, provides life-changing antiviral drugs for people living with HIV in the district. The centre ensures that patients living alone in poverty and isolation regularly take medicines via its mobile clinic to ensure adherence and prevent treatment failure. Again in South Africa, mindful that HIV does not just affect those who have been infected, the Order of Malta runs a home in Mandeni for children who have been made orphans by the spread of HIV and AIDS.

In Kenya, the work of our relief agency, Malteser International, has since 2001 focused efforts on the diagnosis, treatment and prevention of tuberculosis and HIV/AIDS among the disadvantaged living in the slums of Nairobi and among various tribal groups. In Mexico City, where the percentage of HIV+ mothers over the age of 15 has increased, the Order continues to run transmission prevention programmes, managing courses for mothers and fathers, providing psychosocial counselling and distributing food supplements, enriched milk and hygiene kits for mothers and babies.

In conclusion, we eagerly anticipate fruitful discussions and constructive outcomes as we collectively strive towards a more inclusive and accessible world for all. We express our gratitude for members' valuable time and look forward to the active participation, engagement of all stakeholders in this process as we work together towards eliminating HIV and AIDS by 2030.

The Acting President: I now give the floor to the observer of the International Federation of Red Cross and Red Crescent Societies.

Mr. Thomas (International Federation of Red Cross and Red Crescent Societies): Let me start today by reiterating what we have heard — the AIDS pandemic is not over. While the interventions are improving and we have seen huge progress, that varies within and between countries. Millions around the world still lack access to essential services at the basis of that inequality. Poverty, conflict, disasters, displacement and discrimination create formidable challenges, leaving vulnerable communities marginalized and at risk. New infection rates are three times the targeted rate. We cannot deliver on the shared commitment to ending AIDS as a public health threat by 2030 or achieving the Sustainable Development Goals (SDGs) without ensuring that everyone everywhere can access HIV prevention, treatment and care.

The International Federation of Red Cross and Red Crescent Societies (IFRC) and our 191 national Red Cross and Red Crescent Societies are committed to supporting people living with or affected by HIV, including key populations, communities in the last mile and people on the move. And in partnership with the Joint United Nations Programme on HIV/AIDS (UNAIDS), via our memorandum of understanding, we are working to scale up access to testing and treatment for tens of millions of people living with HIV.

Reflecting on the decades of experience of national Red Cross and Red Crescent Societies supporting people living with or affected by HIV, allow me to share a few recommendations.

First and foremost, we have a generational opportunity ahead of us. We must commit to achieving universal health coverage. The core concepts of universal health coverage — universality, non-discrimination, quality, access and protection from financial hardships — are the exact same and are key to unlocking access to HIV services, which will reach the targets we aspire to achieve. It is no coincidence that the report of the Secretary-General (A/77/877) identifies those commitments as the driver of accomplishments to date against AIDS.

Secondly, we must end inequalities to end AIDS. Every individual, regardless of their background or circumstances, must have access to HIV prevention and treatment. Programmes to support people living with or affected by HIV, including in humanitarian and fragile contexts, need to target the most vulnerable.

That includes migrants, refugees and crisis-affected populations. As the Secretary-General's report says,

“HIV-related stigma, discrimination and violence remain alarmingly common. Many underperforming HIV programmes [...] are in places where HIV/AIDS is concentrated among key populations” (A/77/877, p.2).

That is a matter of fact.

Thirdly, we have to put people living with HIV at the centre of the HIV/AIDS response — that is, via community leadership. Community leadership is critical for making HIV prevention, care and treatment a priority, but we also see how it delivers improved public communication, drives evidence-based interventions and makes global investments in HIV/AIDS more effective. Local organizations, including those driven by people living with or affected by HIV/AIDS, are best equipped to identify and respond to the specific challenges and opportunities of their own communities. Such organizations reach the last mile where, as things have stalled, we need to unlock progress.

Lastly, we must commit to driving innovation in HIV prevention, treatment and care, backed by sustainable investment. That is crucial and includes the health-related political declarations currently being negotiated. We have a vehicle to make those kinds of commitments. Innovation represents a transformative tool to eliminate HIV transmission, as we have seen. We can expand the availability of a wide range of prevention options and broaden access to high-quality treatment and care through innovation.

The IFRC and our national Societies extend to some of the hardest to reach communities. We are here to support Member States to deliver the 2021 Political Declarations on HIV and AIDS: Ending Inequalities and Getting on Track To End AIDS by 2030. Again, the AIDS pandemic is not over — but it can be.

Mr. Fifield (Australia): Australia sincerely welcomes the encouraging gains in the fight against HIV and AIDS that are highlighted in the report of the Secretary-General (A/77/877). AIDS-related deaths have declined by 68 per cent since they peaked in 2004 and new infections by more than 50 per cent since 1996. The global roll-out of HIV treatment averted an estimated 16.5 million AIDS-related deaths between 2001 and 2020. That brings the response closer to

achieving the Sustainable Development Goal of ending AIDS as a public health threat by 2030.

However, as the report shows, there is still much to be done. AIDS claimed a life every minute in 2021, and it remains the fourth leading cause of death in Africa. Some earlier gains have stalled, and the overall pace of progress against the AIDS pandemic is slowing. In our neighbourhood, Asia and the Pacific, last year alone there were 6 million people living with HIV, with infection rates rising for the first time in decades. So, more must be done if we are to end AIDS by 2030. Multiple factors — including stigma and discrimination, and social, economic and gender inequalities — continue to put key populations everywhere, and women and adolescent girls especially, at heightened risk of HIV infection.

Australia has a long history of good support and action on HIV and is proud to have played a key role in reinvigorating the global AIDS response. With Namibia, Australia co-facilitated the 2021 Political Declarations on HIV and AIDS: Ending Inequalities and Getting on Track To End AIDS by 2030, with its ambitious targets to guide the response. On a personal note, if I may, that is one of the most important ventures I have been involved with in my time here in New York.

Domestically, we have taken a cooperative and collaborative approach to reducing the transmission of HIV, delivering effective treatment of HIV and AIDS and minimizing social and personal impacts. Supporting human rights, involving key populations and addressing stigma and discrimination are key elements of Australia's response. That approach has worked well. AIDS is considered virtually eliminated in Australia, and the transmission rate of HIV is among the lowest in the world. HIV has been virtually eliminated among people who inject drugs and sex workers and in transmission from mother to child, and community-driven interventions and publicly funded health care have significantly contributed to achieving those results.

Australia is committed to working with global partners to eliminate AIDS, as well as to fighting the inequality faced by those living with HIV. In 2022, we renewed our multi-year partnership with the Joint United Nations Programme on HIV/AIDS and committed \$266 million over three years to the Global Fund to Fight AIDS, Tuberculosis and Malaria. I acknowledge the tremendous work that UNAIDS does. I should also

mention that we provide direct support to Pacific and South-East Asian countries for communicable disease prevention, treatment and control. In March, our Minister for Foreign Affairs Penny Wong, announced Australia's first dedicated fund to support LGBTI civil society organizations and human rights defenders in addressing social stigma and legal discrimination. That is the first step towards a dedicated LGBTI human rights engagement strategy, including bilateral and multilateral diplomacy, development and humanitarian assistance. And, next month, Australia will also host the International AIDS Society Conference.

We are alarmed that it is becoming more difficult to reach consensus on the issues of sexual and reproductive health and rights and ending stigma and discrimination of key populations, as those issues are at the very heart of an effective HIV response. We simply cannot meet the targets without compassion, understanding, respect and partnership with key populations, not just because it is the decent thing to do, but because it is proven to be the most effective approach. We have the tools to address this epidemic and we know what works: partnerships among Governments, affected communities, researchers and clinicians, together with evidence-based programmes targeting key populations. We must galvanize all our efforts — Governments, international organizations, civil society and affected communities — so that together we can end AIDS by 2030.

The Acting President: We have heard the last speaker in the debate on this item.

May I take it that it is the wish of the General Assembly to conclude its consideration of agenda item 10?

It was so decided.

Agenda item 18 (continued)

Sustainable development

Draft resolution (A/77/L.71)

The Acting President: I give the floor to the representative of Saudi Arabia to introduce draft resolution A/77/L.71.

Mr. Alwasil (Saudi Arabia) (*spoke in Arabic*): I am pleased to introduce the draft resolution entitled "International Day of the Arabian Leopard" (A/77/L.71) on behalf of the core group, namely, the Kingdom

of Bahrain, the Hashemite Kingdom of Jordan, the Sultanate of Oman, the State of Qatar, the State of Kuwait, the United Arab Emirates, the Kingdom of Morocco, the Republic of Yemen and my country, the Kingdom of Saudi Arabia.

Nearly 30 countries, representing different continents, have sponsored the draft resolution. In that regard, I would like to express our appreciation to all Member States for supporting the draft resolution, which highlights one of the most endangered leopard species living on the Arabian peninsula. The Arabian leopard represents beauty, serenity, physical strength, courage and freedom. It has occupied a very special status in the region for thousands of years as part of ancient engravings, stories and even daily idiomatic expressions.

The Kingdom of Saudi Arabia has paid considerable attention to conserving biodiversity and to protecting and saving Arabian leopards. We seek to rescue them from extinction and to secure their place in the wild so that they can return to their natural habitat. We work to secure the future of the Arabian leopard against threats. Countries where Arabian leopards are found have made efforts to preserve them by providing natural reserves with a view to saving them from extinction.

The proclamation of 10 February as the International Day of the Arabian Leopard would highlight the threats facing Arabian leopards with a view to rehabilitating ecosystems and spreading awareness on conservation. It would also increase knowledge about the Arabian leopard and promote long-term plans to rescue that species of endangered leopards.

In closing, I would like to express our gratitude and appreciation to all countries that have sponsored the draft resolution. We look forward to celebrating 10 February 2024 as the International Day of the Arabian Leopard at United Nations Headquarters.

The Acting President: We will now proceed to consider draft resolution A/77/L.71.

I give the floor to the representative of the Secretariat.

Mr. Perera (Department for General Assembly and Conference Management): I should like to announce that since the submission of the draft resolution, and in addition to the delegations listed in document A/77/L.71, the following countries have become co-sponsors: Belgium, Burkina Faso, Cameroon,

Colombia, Egypt, Kyrgyzstan, Lebanon, Luxembourg, Maldives, Mauritania, Nigeria, Senegal, Slovenia, the Syrian Arab Republic, Tajikistan, Thailand, Uzbekistan and the Bolivarian Republic of Venezuela.

The Acting President: The Assembly will now take a decision on draft resolution A/77/L.71 entitled “International Day of the Arabian Leopard”.

May I take it that the General Assembly wishes to adopt draft resolution A/77/L.71?

Draft resolution A/77/L.71 was adopted (resolution 77/294).

The Acting President: Before giving the floor to delegations in explanation of position, I would like to remind delegations that explanations are limited to 10 minutes and should be made by delegations from their seats.

I now give the floor to the representative of Mexico.

Ms. Mendoza Elguea (Mexico) (*spoke in Spanish*): I make this statement on behalf of Argentina, Bolivia, Brazil, Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Honduras, Panama, Paraguay, Peru and Mexico.

We commend the delegations that sponsored the resolution (resolution 77/294) entitled “International Day of the Arabian Leopard” on their efforts to prevent the extinction of this endangered species, while promoting the conservation and restoration of ecosystems and strengthening national and international efforts to stop the illegal trade in wildlife. As range countries for the jaguar, which has become the symbolic feline of the Americas, we acknowledge the importance of regional cooperation to prevent and reverse the loss of species and their habitats and underscore their myriad cultural and ecological benefits, while at the same time addressing community and national development needs.

To that end, we would like to share the example of the successful implementation of the Jaguar

2030 Conservation Roadmap for the Americas, presented at the fourteenth Conference of the Parties to the Convention on Biological Diversity, which established a coordinating committee made up of the relevant ministries and experts from various conservation organizations that meets periodically to maintain momentum, raise awareness concerning jaguars and maintain conservation efforts on the ground. We appreciate the initiative before us within the complementary context of the 2030 Agenda for Sustainable Development, the Kunming-Montreal Global Biodiversity Framework and other multilateral environmental agreements, which demonstrates that protecting endangered species can also benefit range countries in delivering tangible results for biodiversity conservation, climate action, health and human well-being, especially for indigenous peoples and local communities.

In that regard, efforts aimed at big cat conservation have shown their potential for promoting ecosystem restoration, developing local resilience and increasing the connectivity of core protected landscapes. However, sustaining and swiftly reaching that goal requires a holistic approach and joint efforts between Governments and partners at all levels in order to promote research, raise awareness and scale up successful integrated conservation initiatives. We therefore welcome this regional initiative and are confident that the adoption of this resolution will contribute to the conservation of a critically endangered species.

In conclusion, we call for addressing the unprecedented decline in biological diversity worldwide in harmony with nature by stepping up international commitment and efforts.

The Acting President: We have heard the only speaker in explanation of position.

The General Assembly has thus concluded this stage of its consideration of agenda item 18.

The meeting rose at 12.35 p.m.