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President: Mr. Zniber (Morocco)

Contents

Agenda item 3: Promotion and protection of all human rights, civil, political, economic, social and cultural rights, including the right to development (*continued*)

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The meeting was called to order at 10.10 a.m.

Agenda item 3: Promotion and protection of all human rights, civil, political, economic, social and cultural rights, including the right to development (*continued*)

([A/HRC/56/L.13](#), as orally revised, [A/HRC/56/L.24](#), as orally revised, [A/HRC/56/L.25/Rev.1](#), as orally revised, [A/HRC/56/L.29](#), [A/HRC/56/L.30](#), [A/HRC/56/L.31](#), [A/HRC/56/L.32](#), [A/HRC/56/L.33](#), [A/HRC/56/L.34](#), [A/HRC/56/L.46](#), [A/HRC/56/L.47](#), [A/HRC/56/L.48](#), [A/HRC/56/L.49](#) and [A/HRC/56/L.51](#))

1. **The President** said that statements of the programme budget implications of the draft resolutions under consideration at the current meeting had been published on the Council's extranet.

Draft resolution [A/HRC/56/L.13](#), as orally revised: Human rights in the context of HIV and AIDS

2. **Mr. Da Silva Nunes** (Brazil), introducing the draft resolution on behalf of the main sponsors, namely Colombia, Portugal, Thailand and his own delegation, said that human rights had been recognized as crucial to the HIV response since 1990, when the United Nations Commission on Human Rights had adopted the first resolution on the topic. The need to respect and protect the human rights of persons affected by HIV/AIDS remained an important priority for the international community, and States must enhance their efforts to that end. As underscored in the draft resolution, key population groups faced disproportionately high risks of HIV infection as well as significant barriers affecting access to HIV prevention, testing and treatment services, in part attributable to the stigma and discrimination that deterred those affected from seeking the necessary assistance. The draft resolution also emphasized the need to ensure equitable access to quality, affordable medicines, recognizing that high prices and limited availability remained significant barriers to achieving universal health coverage and calling for improved market transparency across the value chain.

3. In the draft resolution, the Council requested the United Nations High Commissioner for Human Rights to convene a panel discussion on the realization of human rights in sustaining and increasing the gains made in the HIV response and leaving no one behind, and to prepare a report based on the outcomes as well as an outlook report on the impact, results and state of implementation of societal enablers by States, as recognized in the Political Declaration on HIV and AIDS adopted by the General Assembly in 2021. The main sponsors were committed to contributing to significant reductions in global HIV infection rates and ensuring that, through their collective efforts, States were on track to meet the 2030 target for ending the AIDS epidemic as a public health threat. They were grateful to all delegations for their constructive contributions to the negotiations, to the Joint United Nations Programme on HIV/AIDS (UNAIDS) for its support throughout the process and to the civil society representatives who had enhanced their understanding of the vital role played by community-led organizations. Combating the HIV/AIDS epidemic should be a unifying global effort that fostered international collaboration. Accordingly, the main sponsors hoped that the draft resolution would be adopted by consensus.

4. In order to achieve that consensus, they wished to propose an oral revision to the twenty-ninth preambular paragraph of the draft resolution, consisting of the addition, at the end of the paragraph, after the words "environmental determinants of health", of the following text: "and the necessity to avoid obstacles inconsistent with international law, including the Charter of the United Nations, that prevent the supply, distribution or procurement of any HIV-related medical goods, including medications and medical equipment".

5. **Ms. Micael** (Eritrea), referring to the proposed amendment contained in document [A/HRC/56/L.27](#), said that her delegation and the other sponsors of the proposed amendment regretted that their proposal for the issue of unilateral coercive measures to be addressed in the draft resolution had not been acted upon. The resolutions adopted by the Council should accurately reflect the realities on the ground in affected States, and the delegations of affected States had consistently called for the inclusion of specific language addressing unilateral coercive measures.

6. The claim that there was no consensus for including a reference to unilateral coercive measures was insufficient rationale for their exclusion, especially when the States opposed to the proposal were the very States responsible for imposing such unlawful restrictions upon other States. The negative impact of unilateral coercive measures on health systems in particular was indisputable. Accordingly, a resolution on HIV and AIDS that contained sections on medication and the procurement of medical supplies should not omit to mention imposed measures that created obstacles to procurement for some countries. Indeed, in her report to the fifty-fourth session of the Council, the Special Rapporteur on the negative impact of unilateral coercive measures on the enjoyment of human rights had observed that the serious negative impact of unilateral sanctions and over-compliance with sanctions on all aspects of the right to health, including access to health care, nutrition, clean water and sanitation, was widely recognized and that even reports issued by sanctioning actors acknowledged the negative unintended humanitarian impact of over-compliance and the need to mitigate it.

7. The oral revision proposed by the main sponsors was clear and straightforward. They had made every effort to find language that could be accepted by all without watering down the essence of the proposed amendment contained in document [A/HRC/56/L.27](#) as originally drafted. It was on the understanding that, based on the language used in the oral revision, the Council would in future sessions be able to engage in frank discussions on the impediments caused by unilateral coercive measures, that her delegation and the other sponsors had decided to withdraw the proposed amendment contained in document [A/HRC/56/L.27](#).

8. **The President** announced that, as none of the members of the Council had sponsored the amendment proposed by the Russian Federation in document [A/HRC/56/L.28](#) and none of the members had requested its consideration, the Council would not address that proposed amendment. There were also no additional sponsors for the amendments proposed by the Russian Federation in documents [A/HRC/56/L.29](#), [A/HRC/56/L.30](#), [A/HRC/56/L.31](#), [A/HRC/56/L.32](#), [A/HRC/56/L.33](#) and [A/HRC/56/L.34](#). However, Eritrea had requested that those amendments should be considered.

9. **Mr. Eremin** (Observer for the Russian Federation), introducing the proposed amendments contained in documents [A/HRC/56/L.29](#), [A/HRC/56/L.30](#), [A/HRC/56/L.31](#), [A/HRC/56/L.32](#), [A/HRC/56/L.33](#) and [A/HRC/56/L.34](#), said that the Russian Federation wholeheartedly supported the global goal of preventing HIV infection and was working to continuously reduce the number of new infections and AIDS-related deaths, to improve quality of life for those affected, to provide social support and to promote an environment in which persons living with HIV did not face stigma or discrimination. Combating HIV called for a comprehensive approach that took account of the specificities of individual countries and addressed not just the disease itself but also the causes of its spread. His delegation therefore clearly supported the thematic focus of the draft resolution.

10. It was regrettable, however, that, rather than exploring the problem in detail and proposing solutions, the draft resolution focused more on promoting controversial concepts that did not enjoy universal support. In addition, the main sponsors had narrowed down the segments of the population at risk of HIV infection to just a few specific groups, failing to take the epidemiological and social situation of many countries into account. It was also regrettable that, in the draft resolution, States were urged to revise their national legislation; legislative reform was the exclusive prerogative of sovereign States and neither the Council nor its members had the right to issue instructions on that matter. The draft resolution also called on States to meet commitments assumed under the Political Declaration on HIV and AIDS adopted by the General Assembly, which, firstly, was not binding and, secondly, had been adopted despite not having found consensus support. Proposals related to the interpretation of the mandate of UNAIDS, the promotion of healthy lifestyles, support for family values and the rejection of the imposition of unilateral coercive measures that aggravated the humanitarian situation in developing countries, inter alia, had all been rejected during negotiations on the Political Declaration.

11. The main sponsors of the draft resolution had categorically refused to include a reference to “responsible sexual behaviour” as key to preventing the spread of HIV/AIDS, but they had included references to concepts such as sexual and reproductive rights and comprehensive sexual education that were not universally accepted by States. In addition,

they had insisted on retaining the reference to the harm reduction approach, which was not universally applied and was prohibited in some countries, despite proposals that the term should be replaced by the well-established formulation “effective, scientific evidence-based drug treatment” used by the United Nations Commission on Narcotic Drugs. That was why his delegation had felt compelled to present the proposed amendments, which States were urged to consider separately and to support. His delegation had had a number of additional concerns about the text of the draft resolution but had decided to focus on the most problematic provisions. The Russian Federation reserved the right to interpret the provisions of the draft resolution on the basis of international legal obligations and the national legislation of the Russian Federation.

12. **Mr. Da Silva Nunes** (Brazil), speaking on behalf of the main sponsors of the draft resolution, said that they had conducted eight rounds of informal consultations and numerous bilateral discussions over two readings of the draft resolution. They had worked diligently to develop a robust yet balanced text that addressed the urgent challenges faced and had broad support within the Council despite perhaps not fully addressing all concerns raised by every delegation. Country contexts certainly differed, and were important to consider, but certain evidence cut across geographical boundaries. Such evidence clearly demonstrated which groups were most affected by HIV, and HIV responses must reflect that. The draft resolution emphasized the importance of targeted interventions and the crucial role of human rights in the global fight against HIV, which remained a source of stigma and multiple, intersecting forms of discrimination. The world had committed to ending AIDS as a public health threat by 2030, and the Human Rights Council had the opportunity to contribute significantly to that goal by adopting a strong human rights-based resolution. The draft resolution supported ongoing work to reduce infections and deaths that were entirely preventable. The proposed amendments did not address issues that were secondary to the HIV response; rather they cut to the core of a response that had been successful across the world. For those reasons, the main sponsors were not in favour of the proposed amendments and called for a vote on them.

13. **The President** said that 19 States had joined the sponsors of the draft resolution, as orally revised. He invited members of the Council to make general statements on the draft resolution and the proposed amendments.

14. **Mr. Pecsteen de Buytswerve** (Belgium), speaking on behalf of the States members of the European Union that were members of the Council, said that, as recognized in the draft resolution, an effective HIV/AIDS response comprising prevention, detection and treatment entailed respecting, protecting and upholding the rights of persons living with, at risk of or affected by HIV. According to UNAIDS, States with progressive laws and policies and robust, inclusive health systems had had the best outcomes against HIV, whereas punitive laws and policies that did not take a rights-based approach and penalized, ignored or stigmatized key populations had been far less effective. The European Union was fully committed to eliminating all forms of stigma and discrimination in health settings, attaining universal health coverage and ensuring enjoyment of the right to health by all. It was also committed to sustaining the gains of the global HIV response towards and beyond 2030. Upholding human rights, including sexual and reproductive rights, and favouring an approach that addressed the root causes of gender inequality had always been key to a successful HIV/AIDS response.

15. In order to achieve the 95-95-95 target for HIV testing, treatment and suppression and eliminate AIDS as a public health threat, there was an urgent need to end stigma and discrimination and acknowledge the particularly vulnerable situation of key populations. The States members of the European Union regretted that amendments to the draft resolution had been proposed despite the constructive efforts of the main sponsors. The proposed amendments, if adopted, would undermine central elements of the draft resolution such as the well-established concept of key populations, the references to discriminatory or punitive legal and policy frameworks and the recognition that HIV-related stigma and discrimination continued to compromise HIV prevention, treatment and care. The States members of the European Union would vote against the proposed amendments and called on other members of the Council to do the same in the hope that the draft resolution could be adopted by consensus.

16. **Mr. Nkosi** (South Africa), reiterating the need to accelerate efforts to end one of humanity's deadliest and most persistent epidemics in order to advance towards the full realization and enjoyment of human rights for all, said that the principles of equality and non-discrimination remained critical to HIV/AIDS responses. While progress had been made, barriers to effective responses persisted, including stigma and discrimination, inequality, gender-based violence, the denial of sexual and reproductive rights and mandatory testing. Additionally, HIV and AIDS had a disproportionate impact on vulnerable groups and key populations such as persons with disabilities, women and girls and members of the LGBTIQ community. If the epidemic was to be ended by 2030, as envisioned in target 3.3 of the Sustainable Development Goals, those issues must be addressed.

17. The Political Declaration on HIV and AIDS remained a beacon of hope in the collective fight against the epidemic and the road map to a healthier future. A multisectoral approach that promoted human rights, fostered awareness and fought stigma, discrimination and other negative social determinants was required, especially in developing countries, where underdeveloped health systems and the limited affordability and accessibility of life-saving medicines and diagnostics were major impediments. His delegation thus appreciated the draft resolution's recognition of the serious challenges associated with the widening and deeply concerning resource gaps for HIV prevention programmes and the urgent need to scale up efforts by increasing investment, funding and technology transfers. It appealed to the international community and donors to maintain their funding of UNAIDS as the principal agency in the fight against HIV and AIDS. His delegation fully supported the draft resolution, as orally revised, and called for the Council to adopt it by consensus.

18. **Ms. Tambunan** (Indonesia) said that ending discrimination and stigma against persons living with HIV was an integral part of her country's commitment to ending the epidemic. Her Government had developed a national strategic plan to increase testing and diagnosis, expand antiretroviral treatment coverage, prevent mother-to-child transmission and improve quality of life for persons living with HIV and, in October 2023, had launched a national action plan to address HIV/AIDS in the workplace. Community-based interventions, involving family members, local religious and community leaders and non-governmental organizations (NGOs), also had an important role.

19. Her delegation welcomed the draft resolution and the emphasis it placed on the need for timely, equitable and unhindered access to medicines, diagnostics, therapeutics and other health products and technologies. Equitable access was essential for the full realization of the right to the highest attainable standard of physical and mental health for all. However, as her delegation had noted on previous occasions, the Indonesian authorities were extremely careful in their use of certain concepts and terminology, including the "right to sexual and reproductive health", "sexual and reproductive health services" and "comprehensive education on sexual and reproductive health", particularly in the context of children. Additionally, her delegation saw merit in allowing States flexibility, within the draft resolution, to define specific populations central to their response based on the local epidemiological context and in line with the Political Declaration on HIV/AIDS. For those reasons, her delegation supported the proposed amendments contained in documents [A/HRC/56/L.30](#), [A/HRC/56/L.31](#), [A/HRC/56/L.32](#), [A/HRC/56/L.33](#) and [A/HRC/56/L.34](#) and called for the members of the Council to vote in favour of their adoption.

20. **Mr. Chen Xu** (China) said that, in recent years, remarkable progress had been made in the global fight against HIV/AIDS thanks to the unremitting efforts of States. Notable results had been achieved in the area of political commitment, HIV/AIDS prevention, medical relief, human rights, gender equality and resource mobilization but there were also persistent problems, such as a lack of access to quality treatment and medical resources, backward testing technologies, stigmatization and discrimination. The draft resolution offered constructive ideas for resolving those problems. At the same time, however, some States still had concerns about certain language used in the text. His delegation urged all parties to continue to engage in constructive dialogue in order to resolve those differences appropriately and thanked the main sponsors for their efforts to address the issues and improve the text. His delegation would join the consensus on the draft resolution.

21. **Ms. Duncan Villalobos** (Costa Rica) said that her delegation supported the draft resolution, as the inclusion of a human rights perspective in the fight against HIV/AIDS was

essential. It welcomed, in particular, the inclusion of references to mental health, Indigenous Peoples, persons with disabilities, the financing gap, market transparency on the cost of medicines and treatment and the stronger language on inequality and gender-based violence. Her Government consistently strived to ensure a comprehensive HIV response and easily accessible mechanisms, believing that the epidemic was best addressed through education and high-quality prevention, diagnostic, treatment and support services, and by eliminating discriminatory practices and stigma towards persons living with HIV. The proposed amendments to the draft resolution were deeply regrettable. They ran counter to the spirit of the text and reflected issues that had been amply addressed by the main sponsors and UNAIDS during the negotiations. Accordingly, her delegation called for the text as presented by the main sponsors to be adopted by consensus and for the proposed amendments to be rejected.

22. **Ms. Arias Moncada** (Honduras) said that the draft resolution should contribute to efforts to fully realize the right to physical and mental health. The emphasis placed on the persistent inequalities in access to health products and technologies, which impeded diagnoses, treatment and vaccination, particularly during health emergencies, and on the need to end all forms of violence, ill-treatment, stigmatization and discrimination against persons living with HIV, was noteworthy. Her delegation recognized the additional challenges faced by States affected by measures incompatible with international law that impeded access to HIV prevention and AIDS treatment services. It welcomed the constructive approach adopted by the main sponsors and their efforts to use language accepted by the Council. In order to understand and address the situation through evidence-based policies, an approach that mainstreamed gender, included the compilation of gender-disaggregated information and took the different factors that affected women's health into account was essential. Her delegation would therefore support the draft resolution as presented and orally revised by the main sponsors.

23. **The President** invited the Council to take action on the proposed amendment contained in document [A/HRC/56/L.29](#).

24. **Mr. Bichler** (Luxembourg), speaking in explanation of vote before the voting, said that the proposed amendment would, by removing the reference to harm reduction, amount to a rejection of the scientific evidence-based interventions recommended by the World Health Organization (WHO), the United Nations Office on Drugs and Crime (UNODC) and UNAIDS as essential elements of an effective response. Harm reduction approaches had been proven to reduce the health, social and economic damage caused by drug consumption, and the term "harm reduction" was part of agreed United Nations vocabulary accepted by the General Assembly and the Human Rights Council. The term had been used in previous HIV/AIDS-related resolutions and should be protected.

25. The proposed amendment would also dilute HIV prevention efforts by introducing a reference to "responsible sexual behaviour", even though, in the WHO guidelines on HIV prevention, diagnosis, treatment and care for key populations, there was no mention of any evidence to suggest that advocating behavioural change had any effect on the incidence of HIV, viral hepatitis or sexually transmitted infections. Moreover, the preferred term used to describe evidence-based interventions that fostered enlightened decision-making was "comprehensive sexual education" – precisely the term that the Russian delegation was seeking to have removed in another of the amendments it was proposing. The term "responsible sexual behaviour" was associated with moralizing approaches that could increase stigmatization and discrimination against persons living with HIV/AIDS, and removing references to evidence-based interventions was against the spirit of the draft resolution. His delegation would therefore vote against the proposed amendment and called on other member States to do the same.

26. *At the request of the representative of Brazil, a recorded vote was taken.*

In favour:

Bangladesh, Cameroon, Eritrea, India, Kuwait, Qatar, Somalia, Sudan, United Arab Emirates.

Against:

Albania, Argentina, Belgium, Brazil, Bulgaria, Burundi, Chile, Costa Rica, Finland, France, Georgia, Germany, Honduras, Japan, Lithuania, Luxembourg, Malawi, Montenegro, Netherlands (Kingdom of the), Paraguay, Romania, South Africa, United States of America.

Abstaining:

Algeria, Benin, China, Côte d'Ivoire, Dominican Republic, Gambia, Ghana, Indonesia, Kazakhstan, Kyrgyzstan, Malaysia, Maldives, Morocco.

27. *The proposed amendment contained in document [A/HRC/56/L.29](#) was rejected by 23 votes to 9, with 13 abstentions.*

28. **The President** invited the Council to take action on the proposed amendment contained in document [A/HRC/56/L.30](#).

29. **Ms. Schroderus-Fox** (Finland), speaking in explanation of vote before the voting, said that her delegation supported the draft resolution as presented by the main sponsors. The proposed amendment would seriously narrow the scope of key elements of the HIV/AIDS response and would undermine the purpose of the draft resolution. It would remove the reference to the education programmes on sexual and reproductive health and rights that were essential to a sustainable HIV/AIDS response; according to WHO, persons living with HIV required policies, programmes and services that supported and advanced their specific sexual and reproductive health rights and needs. Furthermore, the proposed amendment would narrow the scope of the health services advocated in the draft resolution, introducing a focus on sexual and reproductive health care and excluding key elements such as the provision of information on sexual and reproductive health. The failure to make information available severely undermined the general population's ability to make fact-based decisions on their health and well-being. Moreover, the provision of sexual and reproductive health services, hand-in-hand with HIV services, was essential to ensuring holistic prevention, treatment and care encompassing, inter alia, contraception, cervical cancer screening and antenatal care for persons living with HIV. Lastly, the proposed amendment would remove the reference to "age-of-access laws" as an obstacle to access to sexual and reproductive health services, even though international human rights law established that adolescents had a right to have access to health services in line with their evolving maturity and evidence demonstrated that requirements for parental consent created significant barriers to HIV testing and treatment. Age-of-access laws also had an adverse impact on adolescents' right to privacy, health, information and education and undermined their ability to make informed decisions about their sexual and reproductive health. For those reasons, her delegation would vote against the proposed amendment and called on all other delegations to do the same.

30. *At the request of the representative of Brazil, a recorded vote was taken.*

In favour:

Algeria, Bangladesh, Cameroon, Eritrea, Gambia, Indonesia, Kuwait, Qatar, Somalia, Sudan, United Arab Emirates.

Against:

Albania, Argentina, Belgium, Benin, Brazil, Bulgaria, Burundi, Chile, Costa Rica, Finland, France, Georgia, Germany, Honduras, India, Japan, Lithuania, Luxembourg, Malawi, Montenegro, Netherlands (Kingdom of the), Paraguay, Romania, South Africa, United States of America.

Abstaining:

China, Côte d'Ivoire, Dominican Republic, Ghana, Kazakhstan, Kyrgyzstan, Malaysia, Maldives, Morocco.

31. *The proposed amendment contained in document [A/HRC/56/L.30](#) was rejected by 25 votes to 11, with 9 abstentions.*

32. **The President** invited the Council to take action on the proposed amendment contained in document [A/HRC/56/L.31](#).

33. **Ms. Powis de Tenbossche** (Belgium), speaking in explanation of vote before the voting, said that the term "gender", used in connection with disaggregated data, appeared in

a number of resolutions that the Council had adopted by consensus. Furthermore, Member States were required to submit data disaggregated by gender as part of their efforts to achieve the Sustainable Development Goals. For instance, indicator 3.3.1 of Goal 3 concerned the number of new HIV infections per 1,000 uninfected population, by sex, age and key populations, including transgender persons. In the view of her delegation, gender-disaggregated data were essential in addressing human rights in the context of HIV and AIDS. Such data would allow States to attain greater understanding of the HIV/AIDS epidemic and the way that it should be tackled. They were essential in tackling existing inequalities and improving capacity for planning and providing services to those who most needed them. According to a report issued by UNAIDS, transgender women were 20 times more likely to contract HIV than the rest of the adult population owing to the discrimination and stigmatization that they faced. Transgender persons also had less access to HIV/AIDS-related services than the rest of the adult population and were not reflected in official statistics. Her delegation would therefore vote against the proposed amendment and urged all members of the Council to do the same.

34. *At the request of the representative of Brazil, a recorded vote was taken.*

In favour:

Algeria, Eritrea, Indonesia, Kuwait, Malaysia, Qatar, Somalia, Sudan, United Arab Emirates.

Against:

Albania, Argentina, Belgium, Brazil, Bulgaria, Chile, Costa Rica, Finland, France, Georgia, Germany, Honduras, India, Japan, Lithuania, Luxembourg, Malawi, Montenegro, Netherlands (Kingdom of the), Paraguay, Romania, South Africa, United States of America.

Abstaining:

Bangladesh, Benin, Burundi, Cameroon, China, Côte d'Ivoire, Dominican Republic, Gambia, Ghana, Kazakhstan, Kyrgyzstan, Maldives, Morocco.

35. *The proposed amendment contained in document [A/HRC/56/L.31](#) was rejected by 23 votes to 9, with 13 abstentions.*

36. **The President** invited the Council to take action on the proposed amendment contained in document [A/HRC/56/L.32](#).

37. **Mr. Bonnafont** (France), speaking in explanation of vote before the voting, said that the delegation of France rejected the proposed amendment as sexuality education was essential for protecting young persons. Failing to provide such education would leave young people in a state of ignorance that would expose them to risks. Education was not advocacy but preparation for life. Comprehensive sexuality education was intended to provide young persons with accurate and appropriate information on sexuality and sexual and reproductive health. It protected them against HIV/AIDS, sexually transmitted diseases, unwanted pregnancies and gender-based violence, among other problems. A number of United Nations agencies, including the United Nations Children's Fund (UNICEF) and the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), supported the provision of comprehensive sexuality education. It was also referred to in the international technical guidance on sexuality education published by the United Nations. Research had shown that comprehensive sexuality education programmes that covered HIV/AIDS were five times more effective in preventing sexually transmitted diseases than programmes that did not cover it. His delegation would vote against the proposed amendment and urged all members of the Council to do the same.

38. *At the request of the representative of Brazil, a recorded vote was taken.*

In favour:

Algeria, Bangladesh, Eritrea, Gambia, Indonesia, Kuwait, Malaysia, Qatar, Somalia, Sudan, United Arab Emirates.

Against:

Albania, Argentina, Belgium, Brazil, Bulgaria, Burundi, Chile, Costa Rica, Finland, France, Georgia, Germany, Honduras, Japan, Lithuania,

Luxembourg, Malawi, Montenegro, Netherlands (Kingdom of the), Paraguay, Romania, South Africa, United States of America.

Abstaining:

Benin, Cameroon, China, Côte d'Ivoire, Dominican Republic, Ghana, India, Kazakhstan, Kyrgyzstan, Maldives, Morocco.

39. *The proposed amendment contained in document [A/HRC/56/L.32](#) was rejected by 23 votes to 11, with 11 abstentions.*

40. **The President** invited the Council to take action on the proposed amendment contained in document [A/HRC/56/L.33](#).

41. **Ms. Taylor** (United States of America), speaking in explanation of vote before the voting, said that the proposed amendment constituted an attempt to alter the concept of key populations in the context of HIV and AIDS. It was clear that, for some countries, that context included cultural and moral values. However, some social norms, in the guise of cultural and moral values, could serve to undermine effective responses to AIDS. Clauses invoking the sovereignty of States enabled them to weaken their commitment to ending HIV/AIDS by 2030. In its guidance on the prevention, diagnosis and treatment of HIV and care for key populations, WHO defined five key populations that were at increased risk of HIV: men who had sex with men, sex workers, people in prisons and other closed settings, people who injected drugs, and transgender and gender-diverse people. WHO specifically noted that those key populations should be considered as such “irrespective of the epidemic type or of the local context”. Efforts to change that definition were driven not by sound epidemiological evidence but by prejudices that placed people at greater risk. For those reasons, the United States would vote against the proposed amendment and encouraged all other members of the Council to do the same.

42. *At the request of the representative of Brazil, a recorded vote was taken.*

In favour:

Algeria, Bangladesh, Benin, Eritrea, India, Indonesia, Kuwait, Malaysia, Qatar, Somalia, Sudan, United Arab Emirates.

Against:

Albania, Argentina, Belgium, Brazil, Bulgaria, Burundi, Cameroon, Chile, Costa Rica, Finland, France, Gambia, Georgia, Germany, Honduras, Japan, Lithuania, Luxembourg, Malawi, Montenegro, Netherlands (Kingdom of the), Paraguay, Romania, South Africa, United States of America.

Abstaining:

China, Côte d'Ivoire, Dominican Republic, Ghana, Kazakhstan, Kyrgyzstan, Maldives, Morocco.

43. *The proposed amendment contained in document [A/HRC/56/L.33](#) was rejected by 25 votes to 12, with 8 abstentions.*

44. **The President** invited the Council to take action on the proposed amendment contained in document [A/HRC/56/L.34](#).

45. **Ms. Fuentes Julio** (Chile), speaking in explanation of vote before the voting, said that discrimination and stigma related to HIV/AIDS were barriers that hindered access to preventive measures and treatment and perpetuated the HIV/AIDS epidemic. Data published recently by UNAIDS and WHO showed that the prevalence of HIV/AIDS was significantly higher among sex workers who injected drugs and transgender sex workers than among other population groups. Furthermore, punitive legal measures criminalizing sex work, drug use and same-sex relationships were not only unjust and contrary to human rights guarantees but also counterproductive and detrimental to the efficacy of the global response to HIV/AIDS. Amending the draft resolution to remove references to multiple and intersecting forms of discrimination and restrictive, punitive or discriminatory legal and policy frameworks would severely weaken its impact. Evidence and the international consensus reflected in documents and resolutions previously adopted by the Council, as well as reports and recommendations by various United Nations agencies, strongly supported the need to address intersectional forms of discrimination and to reform punitive laws and policies. Maintaining the references

in question was essential to ensuring an effective and equitable response to HIV/AIDS. For that reason, the delegation of Chile would vote against the proposed amendment and urged all members of the Council to do the same.

46. *At the request of the representative of Brazil, a recorded vote was taken.*

In favour:

Algeria, Bangladesh, Eritrea, Indonesia, Malaysia, Sudan.

Against:

Albania, Argentina, Belgium, Brazil, Bulgaria, Burundi, Chile, Costa Rica, Finland, France, Georgia, Germany, Honduras, India, Japan, Lithuania, Luxembourg, Malawi, Montenegro, Netherlands (Kingdom of the), Paraguay, Romania, South Africa, United States of America.

Abstaining:

Benin, Cameroon, China, Côte d'Ivoire, Dominican Republic, Gambia, Ghana, Kazakhstan, Kuwait, Kyrgyzstan, Maldives, Morocco, Qatar, Somalia, United Arab Emirates.

47. *The proposed amendment contained in document [A/HRC/56/L.34](#) was rejected by 24 votes to 6, with 15 abstentions.*

48. **The President** invited the Council to take action on draft resolution [A/HRC/56/L.13](#), as orally revised.

Statements made in explanation of position before the decision

49. **Ms. Taylor** (United States of America) said that the Government of the United States fully supported international efforts to mitigate and eventually end the HIV/AIDS epidemic, as demonstrated by the longstanding United States President's Emergency Plan for AIDS Relief. Since the inception of the Plan in 2003, the Government had spent over \$100 billion on the global response to HIV/AIDS, saving over 25 million lives and preventing over 5.5 million babies from contracting HIV from their mothers. In 2023 alone, the Plan had funded life-saving antiretroviral treatment for over 20 million people and provided HIV testing for about 71 million people.

50. Her delegation was disappointed that the draft resolution failed to explicitly mention sexual orientation or gender identity and expression, despite their welcome inclusion in the initial draft. Rather than following the science, some members of the international community had long been mired in fights over harmful social agendas that had left millions around the world to die. For more than 40 years, it had been known that HIV/AIDS disproportionately affected LGBTIQ+ persons, specifically men who had sex with men and transgender women. There was no excuse for continuing the stigmatization that they faced. It was painfully clear that gender inequality was a significant barrier to ending the HIV/AIDS epidemic. Stigma and discrimination flourished where recognition of diversity was not permitted to inform national, regional and local responses to the challenges facing the key populations most vulnerable to HIV/AIDS. Without recognizing those populations, the international community would fail to achieve its shared and achievable goal of ending HIV/AIDS as a public health threat by 2030.

51. Language relating to trade that had been negotiated or adopted by the General Assembly or the Economic and Social Council had no relevance for the trade policy of the United States, its trade obligations or the agenda of the World Trade Organization. While the United Nations and the World Trade Organization shared common interests, they had different roles, rules and memberships. Such language included calls to adopt approaches that might undermine incentives for innovation, such as technology transfer. The draft resolution failed to adequately capture all the carefully balanced language in the World Trade Organization Agreement on the Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) or the Doha Declaration on the TRIPS Agreement and Public Health. Instead, it presented an unbalanced and incomplete picture of that language. The full version of her delegation's statement would be available on the website of the Permanent Mission of the United States after the session and would be included in the *Digest of United States Practice in International Law*.

52. **Ms. Stasch** (Germany) said that the draft resolution, once adopted, would make a valuable contribution to efforts to fully realize the right to health and end HIV/AIDS. Her delegation welcomed the inclusion of new language relating to vulnerable populations and States' responsibilities to create safe environments in which such populations could have access to services and assistance. It was regrettable that greater consideration had not been given to the concerns raised by her delegation about paragraphs 21 and 24. Nevertheless, the delegation of Germany strongly supported the overall objectives of the draft resolution and would join the consensus on it.

53. **Mr. Abubakar** (Somalia), speaking on behalf of the Group of Arab States, said that the Group was fully aware of the importance of cooperation in the fight against HIV/AIDS, given the threat it posed to people's enjoyment of the highest attainable standard of physical and mental health. The Group had participated constructively in the consultations undertaken by the main sponsors and had presented several proposals for amendments with a view to ensuring that the language of the draft resolution was balanced. The Group had shared its concerns about certain terms and concepts that were contrary to the cultural and religious norms of its member States and regretted that those concerns had not been taken into account. Given that those concerns had been ignored, the Group would dissociate itself from the consensus on the draft resolution.

54. *Draft resolution A/HRC/56/L.13, as orally revised, was adopted.*

Draft resolution A/HRC/56/L.24, as orally revised: Accelerating progress towards preventing adolescent girls' pregnancy

55. **Ms. Ávila Ortega** (Observer for Panama), introducing the draft resolution, as orally revised, on behalf of the main sponsors, namely Mauritius and her own delegation, said that adolescent pregnancy was a global phenomenon. Every year, 1.5 out of every 1,000 women who give birth were girls between the ages of 10 and 14 and that more than 21 million girls and women between the ages of 15 and 19 became pregnant, with approximately 50 per cent of those pregnancies being unintended. Reliable data on the number of girls becoming pregnant at younger ages were unavailable.

56. The aim of the draft resolution was to sensitize the Council to the causes and effects of adolescent pregnancy and to the need for States to strengthen their national strategies and policies with a view to ensuring that no girls were left behind and that their best interests were a primary consideration. Also highlighted in the draft resolution was the importance of international cooperation and technical assistance, in particular for developing countries, and of other measures to support the full realization of economic, social and cultural rights and the achievement of sustainable development, such as development partnerships and debt relief.

57. **Ms. Dwarka-Canabady** (Observer for Mauritius), continuing the introduction of the draft resolution, said that, in the text, the Office of the United Nations High Commissioner for Human Rights (OHCHR) was requested to prepare a comprehensive report on how to accelerate progress towards preventing adolescent girls' pregnancy and to present the report to the Council at its sixty-second session. Three rounds of informal consultations and several bilateral meetings had been held in a bid to reach consensus on the text. All due consideration had been given to the views expressed by a wide range of stakeholders. The main sponsors looked forward to the adoption of the draft resolution by consensus, not least as it concerned a topic that, despite its importance, had never been considered as a standalone issue.

58. **The President** said that 13 States had joined the sponsors of the draft resolution.

Statements made in explanation of position before the decision

59. **Mr. Bekkers** (Kingdom of the Netherlands) said that pregnancy, as rightly noted in the draft resolution, had major consequences for the health of adolescent girls and their children. Complications from pregnancy and childbirth were the leading cause of death among girls aged 15 to 19 in many low- and middle-income countries. His delegation welcomed the reference in the draft resolution to early marriage, which was one of the main drivers of adolescent pregnancy.

60. In the Kingdom of the Netherlands, the number of adolescents who gave birth had fallen by half over the past 10 years. Contributing to the fall, which, however, had recently decelerated, were preventive measures including offering comprehensive sexuality education in school to all children, ensuring that girls and women could exercise their sexual and reproductive health rights, addressing the root causes of gender inequality, combating gender-based discrimination and providing access to modern contraceptives and safe abortion. The Netherlands would have welcomed a mention of those preventive measures in the draft resolution. According to WHO, consensus had been reached on the steps that that needed to be taken to eliminate adolescent pregnancy. All that was left, then, was to take them. His delegation would therefore join in the consensus on the draft resolution.

61. **Ms. Li Xiaomei** (China) said that adolescent pregnancy had an adverse impact on maternal and newborn health and on economic and social life. If the phenomenon was to be eliminated, its root causes, such as inequality, poverty, sexual violence and the scarcity of resources, would have to be addressed. China welcomed the consultations organized by the sponsors of the draft resolution. Greater efforts should nonetheless be made to ensure that the action to be taken under the draft resolution and under other relevant human rights initiatives did not overlap, and the international community should work together to promote development and thus build a more solid foundation for the protection of the rights of adolescent girls.

62. **Mr. Alcántara** (Dominican Republic), expressing his country's firm support for the draft resolution, said that adolescent pregnancy had a disproportionate impact on developing countries, including his own, where inequality perpetuated intergenerational cycles of poverty. Adolescent pregnancy was a human rights and social justice issue, not simply a health issue. Pregnant adolescents often faced stigma, discrimination and pressure to drop out of school. The importance of taking a comprehensive approach to the problem was highlighted in the draft resolution, which included a welcome mention of international cooperation and technical assistance. The delegation of the Dominican Republic called on the Council to adopt it by consensus.

63. *Draft resolution [A/HRC/56/L.24](#), as orally revised, was adopted.*

Draft resolution [A/HRC/56/L.25/Rev.1](#), as orally revised: Elimination of all forms of discrimination against women and girls

64. **Ms. Méndez Escobar** (Observer for Mexico), introducing the draft resolution, said that achieving substantive equality was, as was affirmed in the text, central to eradicating the feminization of poverty. Women and girls who faced violence and multidimensional forms of poverty also faced multiple, intersecting forms of discrimination. Barriers faced by girls had negative consequences for the rest of their lives. The importance of guaranteeing the rights to education, employment and social security was therefore underscored in the draft resolution. States were urged to take a number of measures to eliminate all forms of discrimination against women and girls, while the private sector was encouraged to contribute to efforts to combat such discrimination and eradicate poverty.

65. **Ms. Fuentes Julio** (Chile), continuing the introduction of the draft resolution, said that, despite the considerable efforts that had been made to ensure that the text reflected the concerns of all delegations, a large number of amendments, on which her delegation would request a vote, had been proposed. In view of States' shared aspirations, she trusted that the draft resolution would, like the Council's previous resolutions on the elimination of all forms of discrimination against women and girls, be adopted by consensus. The sponsors would, in a spirit of compromise, make oral amendments to the seventeenth preambular paragraph and paragraph 3 (a) and (e).

66. **Mr. Alhayen** (Kuwait), introducing the proposed amendment contained in document [A/HRC/56/L.46](#) on behalf of the Group of Arab States, said that the aim of the proposed amendment was to replace the controversial term "comprehensive sexuality education", used in paragraph 3 (g) of the draft resolution, with language adopted by the General Assembly in 2017. There had been widespread opposition to the concept of comprehensive sexuality education ever since it had emerged, not least as the international technical guidance on sexuality education, in which the concept had been described, had not been mandated by

States Members of the United Nations, was informed by a rights-based approach that encouraged high-risk behaviour and encouraged children to question social and cultural norms.

67. In the Group's proposed amendment, States were urged to protect and fulfil the right to education for girls and women and to promote long-term awareness-raising initiatives by ensuring access not, as was stated in the draft resolution, to "comprehensive sexuality education" but to scientifically accurate, culturally sensitive education and to appropriate direction and guidance. A rejection of the proposed amendment would be a disavowal of the consensus that united the States Members of the United Nations.

68. **The President** said that the proposed amendment contained in document [A/HRC/56/L.50](#) had been withdrawn. Although no member State had sponsored the proposed amendment contained in [A/HRC/56/L.51](#), submitted by the Russian Federation, the delegation of Eritrea had requested that it should be considered by the Council.

69. **Ms. Khusanova** (Observer for the Russian Federation), introducing the draft amendments contained in documents [A/HRC/56/L.47](#), [A/HRC/56/L.48](#), [A/HRC/56/L.49](#) and [A/HRC/56/L.51](#), said that, although the Russian Federation appreciated the draft resolution's focus on poverty as it pertained to discrimination against women and girls, no consideration had been given in the text to many of the adverse effects of poverty. Although her delegation had made a number of proposals during the consultations on the text to rectify what it viewed as the shortcomings of the draft resolution, most of them had been rejected out of hand.

70. Ensuring access to health-care services, for instance, was critical to the elimination of discrimination against girls and women, but the sponsors of the draft resolution had viewed the issue of access to health care exclusively through the lens of sexual and reproductive health. One of the aims of the amendment contained in document [A/HRC/56/L.47](#) had been to correct that partial approach. Document [A/HRC/56/L.48](#) contained amendments proposed with a view to reflecting the absence of a right to bodily autonomy under international law and deleting references to full autonomy for children, which were incompatible with the Convention on the Rights of Child. Discrimination on the basis of sex, not gender, was prohibited in international human rights instruments, so, if the proposed amendments contained in document [A/HRC/56/L.49](#) were adopted, the word "gender" would be replaced by the word "sex" in the ninth and seventeenth preambular paragraphs of the draft resolution and in paragraph 3 (b). The aim of the proposed amendment contained in document [A/HRC/56/L.51](#) had been to avoid suggesting that children and adults automatically had an equal right to participate in the decision-making processes that shaped society. Those proposed amendments reflected her delegation's most serious concerns with the draft resolution.

71. **Ms. Karimdoost** (Observer for the Islamic Republic of Iran), referring to the proposed amendment contained in document [A/HRC/56/L.52](#) submitted by Belarus, the Bolivarian Republic of Venezuela, Eritrea, the Russian Federation and her own delegation, said that women and girls in countries subjected to unilateral coercive measures suffered enormously as a result of the external pressure on their countries. That pressure exacerbated inequality and put them at a disadvantage to women and girls elsewhere. The aim of the proposed amendment was to correct the draft resolution's failure to include a reference to those measures, which, as the Council itself had noted only two weeks earlier, created additional barriers to the advancement of women and girls, and thus enhance the comprehensiveness of the draft resolution. In view of the last-minute oral revision by the main sponsors of the draft resolution, the sponsors of the proposed amendment contained in document [A/HRC/56/L.52](#) had decided to withdraw it.

72. **Ms. Fuentes Julio** (Chile), speaking on behalf of the sponsors of the draft resolution, said that none of the proposed amendments was acceptable. Her delegation called for a vote on each of them and urged Council members to vote against them.

73. **The President** said that 14 States had joined the sponsors of the draft resolution. He invited members of the Council to make general statements on the draft resolution and the proposed amendments.

74. **Ms. Al-Muftah** (Qatar) said that, during consultations on the draft resolution, the delegations of a number of States, including the Group of Arab States, had proposed alternatives to the controversial references to comprehensive sexuality education. None of the proposed alternatives had been accepted, however, and as a result the Group had been compelled to propose the amendment contained in document [A/HRC/56/L.46](#), which she hoped the Council would vote in favour of.

75. **Mr. Bonnafont** (France), reiterating his country's support for the draft resolution, said that the Council should take a firm stance against the forces that sought to undo the progress that had been made in recent decades. Women and girls had the right, as noted in the draft resolution, to fully participate in the decision-making processes that shaped society. In that connection, he welcomed the reference in the draft resolution to the forthcoming general recommendation of the Committee on the Elimination of Discrimination against Women on the equal and inclusive representation of women in decision-making systems.

76. The aim of most of the proposed amendments to the draft resolution was to reformulate or do entirely away with wording or concepts that had found favour in previous Council resolutions. France opposed all attempts to call into question guarantees of sexual and reproductive rights, in particular the rights to bodily autonomy and of access to reproductive health services. Comprehensive sexuality education, for its part, was based on the ideals of equality, tolerance and self-respect. It was in no way culturally insensitive. France would always oppose the idea that human rights were not universal. It would thus vote in favour of the draft resolution as it had been introduced by its sponsors and called on States members of the Council to do likewise.

77. **Ms. Taylor** (United States of America) said that her country supported the promotion and protection of women's and girls' dignity and autonomy, women human rights defenders and gender-responsive approaches, including to the development and use of digital technologies. Upholding respect for the environment, human rights and international labour rights advanced gender equality. Multiple and intersecting forms of discrimination, which were addressed in the draft resolution, had negative effects. The United States continued to support sexual and reproductive health rights and appreciated the draft resolution's references to evidence-based comprehensive sexuality education. Too often a lack of knowledge and resources prevented women and girls from participating fully, equally and meaningfully in society. The United States supported the draft resolution as proposed by the main sponsors and would vote against all the proposed amendments. It encouraged other States members of the Council to do the same.

78. **Mr. Honsei** (Japan), noting that his country attached considerable importance to efforts to combat discrimination against women and girls, said that the draft resolution, previous versions of which Japan had sponsored, contained a welcome reference to the challenge of eradicating poverty. As the text reflected many of the comments made by delegations and other stakeholders during the consultations held by the main sponsors, Japan would vote against the proposed amendments. He called on the Council to adopt the draft resolution by consensus.

79. **Ms. Minbayeva** (Kazakhstan) said that a human rights-based approach and gender-responsive policies must be adopted to address the issue, to which the draft resolution sought to draw the attention of the international community, of the feminization of poverty and its consequences. The main sponsors had negotiated in an open and constructive manner and made every effort to ensure that the draft resolution reflected the views and concerns of all. Accordingly, the delegation of Kazakhstan supported the draft resolution and called on the Council to adopt it by consensus.

80. **Ms. Duncan Villalobos** (Costa Rica) said that it was important to acknowledge, as had been done in the draft resolution, that eradicating women's and girls' poverty, which was still one of the greatest global challenges, was a requirement for the achievement of sustainable development. Poverty and discrimination undermined the protection of human rights and increased the risk of violence faced by women and girls, who had to have access to education, health care, employment and economic resources. They also had to be full participants in decision-making. Another noteworthy idea expressed in the draft resolution was that poverty and inequalities impeded effective responses to climate change. In addition,

States were called on to mainstream gender and other perspectives into policy decisions. In view of the openness that the main sponsors had shown in the consultations on the draft resolution, she encouraged the Council to reject the proposed amendments and adopt the draft resolution by consensus.

81. **Ms. Tambunan** (Indonesia), noting that her country was deeply committed to freedom from discrimination, said that the draft resolution, which contained a number of controversial terms and references to controversial concepts – “evidence-based comprehensive sexuality education” to mention but one – was highly problematic. Rather than seek consensus, the sponsors, which were well aware of the objections of delegations such as hers, seemed to prefer forgoing the broadest possible support for the draft resolution, which had been greeted by some delegations with grand gestures of welcome. In addition, paragraph 7 (g) of the draft resolution, in which States were called on to repeal or review laws criminalizing acts associated with poverty and life-sustaining activities or the exercise of sexual and reproductive health and reproductive rights, was vague. The delegation of Indonesia would thus vote in favour of the proposed amendments and encouraged other States members of the Council to do likewise.

82. **Mr. Pecsteen de Buytswerve** (Belgium), speaking on behalf of the States members of the European Union that were members of the Council, said that he welcomed the focus of the draft resolution, namely the rights of women and girls as they pertained to efforts to eradicate poverty and achieve sustainable development. Progress had, of course, been made over the past forty years, but discrimination against woman and girls had still not been fully eliminated. Such discrimination should never be tolerated. There had been attempts, including in the Council, to push back against efforts to promote gender equality. The proposed amendments to the draft resolution were expressions of that attempted pushback. Evidence-based comprehensive sexuality education and the right to bodily autonomy were important in part because, as had been noted previously, complications during pregnancy and childbirth were among the leading causes of death of girls between the ages of 15 and 19. Any attempt to undermine that right and women’s and girls’ other rights was incompatible with efforts to ensure equality of opportunity for all. The States members of the European Union that were members of the Council would therefore vote against the proposed amendments.

83. **Mr. Antwi** (Ghana), noting that Ghana supported the broad objectives of the draft resolution, said that the Council should be mindful of the prevailing international consensus regarding the right to the highest attainable standard of sexual and reproductive health. In his delegation’s view, the word “gender” referred either to the male sex or to the female sex, while “sex” referred to either of the two main categories, male and female, into which humans and most other living creatures were divided. Although Ghana was a strong advocate of the right to sexuality education, such education must be age appropriate and culturally sensitive, and every country had the sovereign right to implement the recommendations made in resolutions as it saw fit. Ghana was nonetheless ready to join what it expected to be the consensus on the draft resolution.

84. **Ms. González Nicasio** (Dominican Republic) said that there was an intrinsic link between poverty and discrimination against women and girls. Such discrimination limited the access of women and girls to education, employment and health services, thereby leading to their economic marginalization, heightening their vulnerability to violence and exploitation and making it hard for them to escape poverty. Their lack of opportunity also prevented them from contributing fully to the development of their communities. The unpaid domestic labour in which they engaged was another driver of poverty. Strategies to combat poverty thus had to incorporate a gender perspective. Young women and girls had to be empowered, in particular through education, to make informed decisions about their lives and health. Access to sexual and reproductive health services had to be guaranteed. Accordingly, the delegation of the Dominican Republic called on the States members of the Council to adopt the draft resolution by consensus.

85. **Mr. Sterk** (Bulgaria) said that gender equality, women’s empowerment and the fight against discrimination were among his Government’s human rights priorities. The advancement of women’s rights was an absolute necessity for the full realization of human rights and for the effective functioning of democracy. Empowering women and girls, by

ensuring that they enjoyed equal education, health and economic opportunities, yielded substantial returns for the whole of society, including for sustainable development and poverty eradication. The Government was committed to advancing women's participation in decision-making in all spheres of life and was focusing on eliminating gender-based violence, ensuring equal pay for equal work, improving women's work-life balance and increasing their representation in leadership positions. Bulgaria urged all States to prioritize women's rights in their respective agendas. For the aforementioned reasons, the delegation of Bulgaria firmly supported the draft resolution and called on all members of the Council to support it as presented by the main sponsors.

86. **Ms. Arias Moncada** (Honduras) said that the draft resolution accurately described the impact of poverty on women and girls in developing countries and recognized that it hindered their enjoyment of the right to an adequate standard of living and other economic, social and cultural rights. The draft resolution also highlighted the importance of overcoming inequalities both within and among nations. In that regard, it was important that the Council should continue to consider and discuss the negative impact on human rights of unilateral measures that were inconsistent with international law. The draft resolution acknowledged development policies that were necessary for combating poverty and gender inequality, highlighting, for example, the need to sustainably finance investment in gender-responsive public services, social protection and infrastructure. It also recognized the role of development cooperation agencies, international financial institutions and business entities and emphasized the importance of measures to value unpaid care, support and domestic work, which would be crucial in the shift towards equitable economies.

87. Honduras had adopted economic policies specifically designed to ensure the full realization of all human rights. The Government was working to promote and establish a transparent, proportionate, progressive and gender-responsive fiscal framework, with an emphasis on tax justice and business entities' compliance with their tax obligations, in order to reduce inequality, poverty and extreme poverty. In view of her Government's commitment to substantive gender equality, her delegation supported the adoption of the draft resolution, as orally revised.

88. **Ms. Tsheole** (South Africa) said that her delegation appreciated the draft resolution's focus on one of the world's greatest challenges, poverty. Given the feminization and the debilitating nature of poverty, the draft resolution spoke directly to restoring the dignity of women and girls. The international community needed to reinvigorate its efforts to eradicate all forms of poverty and to address the multidimensional nature of inequality, recognizing that less than five years remained in which to achieve the Sustainable Development Goals and less than three years for the implementation of the Third United Nations Decade for the Eradication of Poverty. Global poverty perpetuated a cycle of inequality that undermined efforts to achieve sustainable development. Women were more likely to live in poverty, to earn less income, to have limited access to education and health care and to face higher rates of violence and discrimination. For South Africa, advancing gender equality and empowering women and girls was not an option but a priority. Denying women and girls their autonomy, sexual and reproductive health and rights, and access to evidence-based education and information that allowed them to make more informed decisions concerning their health and well-being undermined that objective.

89. Throughout their lives, women and girls found themselves confronted by multiple and intersecting forms of discrimination. To achieve the Sustainable Development Goals and ensure the realization of human rights for all, it was necessary to break down the structural and systematic barriers that prevented women and girls from effectively participating in decision-making. It was necessary to ensure their equal access to education, health care, economic opportunities and political representation, including in multilateral systems. Most importantly, the international community should strive to address the root causes of gender discrimination and ensure that women and girls were empowered to take control of their own lives and futures. By eliminating all forms of discrimination against women and girls, Governments could unlock the potential of half of the world's population. When women and girls were empowered, communities thrived, economies grew and societies became resilient and inclusive. For the aforementioned reasons, South Africa reaffirmed its support for the draft resolution.

90. **The President** invited the Council to take action on the proposed amendment contained in document [A/HRC/56/L.46](#).

91. **Mr. Bekkers** (Kingdom of the Netherlands) said that, in the interests of transparency, he requested the President, as a matter of procedure when a proposed amendment submitted by an observer State had not been sponsored by a member, to ask the Council whether any members were willing to support the consideration of the amendment.

92. Speaking in explanation of vote before the voting, he said that the proposed amendment sought to replace a reference to evidence-based comprehensive sexuality education in paragraph 3 (g). Doing so would be unwise, as the Council's important work in promoting and protecting human rights relied not on assumptions but on evidence and technical expertise. "Comprehensive sexuality education" was a term that was firmly rooted in technical expertise, having been defined in detail in the international technical guidance produced by several United Nations bodies. According to that guidance, comprehensive sexuality education should be scientifically accurate, age- and developmentally appropriate, based on gender equality and a human rights approach, culturally relevant and context-appropriate, and transformative. It must also help children and young people to develop life skills needed to support healthy choices. Although some of those elements had been included in the proposed replacement paragraph, that paragraph was selective and left out crucial elements, such as human rights and consent. In short, by accepting the amendment, the Council would be disregarding and undermining a carefully crafted definition based on the extensive research of well-respected United Nations bodies. It would also undermine agreed language from previous Council resolutions, some adopted as recently as June 2023.

93. The international technical guidance concluded that comprehensive sexuality education effectively contributed to preventing and reducing gender-based and intimate partner violence and discrimination, building stronger and healthier relationships and increasing gender-equitable norms – all crucial factors for eliminating discrimination against women and girls. For all of the reasons mentioned, the Kingdom of the Netherlands would vote against the proposed amendment and called on all other members of the Council to do the same.

94. **Ms. Fuentes Julio** (Chile), speaking in explanation of vote before the voting, said that her delegation wished to draw attention to the fundamental role of comprehensive sexuality education for children and adolescents in a world where HIV/AIDS, sexually transmitted infections, unwanted pregnancies, gender-based violence and gender inequality presented serious risks to their well-being. Comprehensive sexuality education should provide young people with age-appropriate, medically accurate information about sexuality and reproductive health. Chile considered that the Council was the appropriate forum in which to discuss issues that went beyond a health approach – including, for example, the cognitive, emotional, social and cultural aspects of sexuality. Such serious issues required consideration based on scientific evidence. Evidence-based comprehensive sexuality education should respond to the changing needs and abilities of children and adolescents, taking into account their age, maturity and cognitive and emotional development and promoting positive sexuality and sexual and reproductive health. Therefore, the delegation of Chile would vote against the proposed amendment and called upon all members of the Council to reject it.

95. *At the request of the representative of Chile, a recorded vote was taken.*

In favour:

Algeria, Bangladesh, Cameroon, China, Eritrea, Gambia, India, Indonesia, Kazakhstan, Kuwait, Kyrgyzstan, Malaysia, Maldives, Morocco, Paraguay, Qatar, Somalia, Sudan, United Arab Emirates.

Against:

Albania, Argentina, Belgium, Brazil, Bulgaria, Burundi, Chile, Costa Rica, Dominican Republic, Finland, France, Georgia, Germany, Honduras, Japan, Lithuania, Luxembourg, Malawi, Montenegro, Netherlands (Kingdom of the), Romania, South Africa, United States of America.

Abstaining:

Benin, Côte d'Ivoire, Ghana.

96. *The proposed amendment contained in document [A/HRC/56/L.46](#) was rejected by 23 votes to 19, with 3 abstentions.*

97. **The President** invited the Council to take action on the proposed amendment contained in document [A/HRC/56/L.47](#).

98. **Ms. Schroderus-Fox** (Finland), speaking in explanation of vote before the voting, said that her delegation supported the draft resolution in its current wording. The proposed amendment would seriously harm the purpose of the resolution. It failed to recognize the key role of sexual and reproductive health and rights in the realization of the human rights and overall well-being of all women and girls, would undermine their right to the highest standard of physical and mental health, and would have a tangible negative impact on their lives. Failing to realize women's and girls' sexual and reproductive health and rights meant failing to end discrimination against women and girls. It would result in more undiagnosed and untreated conditions and higher morbidity and mortality. It meant restricting access to sexual and reproductive health information, to safe and affordable methods of birth control, and the right to maternal health care. In each case, vulnerable women and girls, including those living in poverty, would suffer most. The full enjoyment of human rights by all women and girls could not be achieved without sexual and reproductive health and reproductive rights. The draft resolution reflected that reality in a sincere and balanced way. Moreover, it was firmly based on existing and agreed language that had been used for decades. Sexual and reproductive health and reproductive rights had been reaffirmed in the 2030 Agenda for Sustainable Development and in Council and General Assembly resolutions. Accordingly, her delegation would vote against the proposed amendment and called on all other delegations to do the same.

99. *At the request of the representative of Chile, a recorded vote was taken.*

In favour:

Algeria, Bangladesh, China, Eritrea, Indonesia, Kuwait, Malaysia, Qatar, Somalia, Sudan, United Arab Emirates.

Against:

Albania, Argentina, Belgium, Brazil, Bulgaria, Burundi, Chile, Costa Rica, Dominican Republic, Finland, France, Georgia, Germany, Honduras, Japan, Lithuania, Luxembourg, Malawi, Montenegro, Netherlands (Kingdom of the), Romania, South Africa, United States of America.

Abstaining:

Benin, Cameroon, Côte d'Ivoire, Gambia, Ghana, India, Kazakhstan, Kyrgyzstan, Maldives, Morocco, Paraguay.

100. *The proposed amendment contained in document [A/HRC/56/L.47](#) was rejected by 23 votes to 11, with 11 abstentions.*

101. **The President** invited the Council to take action on the proposed amendment contained in document [A/HRC/56/L.48](#).

102. **Ms. Stasch** (Germany), speaking in explanation of vote before the voting, said that her delegation regretted the presentation of the amendment. Women's right to take free and informed decisions about their own bodies should be a given, rather than a subject of discussion. Respect for bodily integrity and the autonomy to make choices about one's own health were among the foundations of human rights. Germany therefore could not accept the proposal to replace the reference to "bodily integrity and autonomy" with the phrase "women's autonomy", which would mean that the autonomy was no longer understood to be physical, while the scope of human rights protection would be limited to adult women, as if girls did not have the right to be free from violence and harmful practices. Nor could her delegation accept the addition of language suggesting that women's and girls' agency could somehow be limited by human rights themselves, when one of the aims of human rights was to empower women and girls. Consequently, the delegation of Germany would vote against the amendment and called on other delegations to do likewise.

103. **Ms. Fuentes Julio** (Chile), speaking in explanation of vote before the voting, said that the term “bodily autonomy” referred to the right to physical integrity as a basic human right. It consisted in having the ability to take decisions about one’s own body and future without violence or coercion. Women’s sexual and reproductive rights were an integral part of their human rights. Bodily autonomy was nonetheless denied to millions of women and girls around the world, with devastating consequences for their health and well-being. In the context of poverty, bodily autonomy was extremely important, as women and girls in situations of poverty faced heightened risks of gender-based violence and domestic abuse and were more likely to be subjected to non-consensual medical procedures, denial of medical treatment, and child, early and forced marriage. That bodily autonomy formed part of the human rights of women and girls had been agreed upon by the Council and reaffirmed in numerous resolutions. Deleting such language from the draft resolution would be to remove one of its key elements, namely that the right to and respect for bodily autonomy were the foundation of a life free from violence and discrimination. When women and girls were able to take fundamental decisions about their own bodies, they gained not only in terms of autonomy, but in terms of their health, education, income and security, with benefits for society as a whole. For all of those reasons, the delegation of Chile would vote against the proposed amendment and called on all members of the Council to do the same.

104. *At the request of the representative of Chile, a recorded vote was taken.*

In favour:

Algeria, Bangladesh, Cameroon, Eritrea, Gambia, Indonesia, Kuwait, Malaysia, Qatar, Somalia, Sudan, United Arab Emirates.

Against:

Albania, Argentina, Belgium, Brazil, Bulgaria, Burundi, Chile, Costa Rica, Finland, France, Georgia, Germany, Honduras, Japan, Lithuania, Luxembourg, Malawi, Montenegro, Netherlands (Kingdom of the), Romania, South Africa, United States of America.

Abstaining:

Benin, China, Côte d’Ivoire, Dominican Republic, Ghana, India, Kazakhstan, Kyrgyzstan, Maldives, Morocco, Paraguay.

105. *The proposed amendment contained in document [A/HRC/56/L.48](#) was rejected by 22 votes to 12, with 11 abstentions.*

106. **The President** invited the Council to take action on the proposed amendment contained in document [A/HRC/56/L.49](#).

107. **Ms. Duncan Villalobos** (Costa Rica), speaking in explanation of vote before the voting, said that her delegation regretted the submission of several hostile amendments by the Russian Federation, despite efforts by the main sponsors of the draft resolution to take its concerns into account. Regarding the proposed amendment contained in document [A/HRC/56/L.49](#), the term “gender” referred to socially constructed identities, attributes and roles regarding how men and women should behave and should be treated. Discrimination and violence against women and girls were rooted in how gender was understood and enacted in a given society. Thus, the terms “gender inequality”, “gender-based violence” and “gender discrimination” all referred to human rights violations based on the status of women and girls in society. It was important for the Council to recognize the basis upon which discrimination against women and girls was perpetrated and why it persisted, so that it could work to transform harmful norms. Moreover, both the Council and the General Assembly had adopted agreed language on the prohibition of gender-based discrimination. For the aforementioned reasons, the delegation of Costa Rica would vote against the amendment and invited the other members of the Council do likewise.

108. **Ms. Liutikaitė** (Lithuania), speaking in explanation of vote before the voting, said that her delegation agreed that discrimination and violence against women and girls were rooted in gender as a social norm. Numerous international treaties and consensual resolutions of the General Assembly and the Council explicitly recognized gender-based discrimination. Replacing “gender” with “sex”, as proposed in the amendment, would weaken established norms and standards and undermine the human rights of women and girls worldwide. As the

Council had an obligation to uphold agreed human rights standards and work towards the continued progress of human rights, the members were duty-bound to reject attempts to deny the existence of gender-based discrimination. The ninth and seventeenth preambular paragraphs and paragraph 3 (b) of the draft resolution were very well drafted. The delegation of Lithuania therefore called on the members of the Council to join it in voting against the proposed amendment.

109. *At the request of the representative of Chile, a recorded vote was taken.*

In favour:

Algeria, Eritrea, Indonesia, Kuwait, Malaysia, Qatar, Somalia, Sudan, United Arab Emirates.

Against:

Albania, Argentina, Belgium, Brazil, Bulgaria, Burundi, Chile, Costa Rica, Dominican Republic, Finland, France, Gambia, Georgia, Germany, Honduras, India, Japan, Lithuania, Luxembourg, Malawi, Montenegro, Netherlands (Kingdom of the), Romania, South Africa, United States of America.

Abstaining:

Bangladesh, Benin, Cameroon, China, Côte d'Ivoire, Ghana, Kazakhstan, Kyrgyzstan, Maldives, Morocco, Paraguay.

110. *The proposed amendment contained in document [A/HRC/56/L.49](#) was rejected by 25 votes to 9, with 11 abstentions.*

111. **The President** invited the Council to take action on the proposed amendment contained in document [A/HRC/56/L.51](#).

112. **Ms. Duncan Villalobos** (Costa Rica), speaking in explanation of vote before the voting, said that the twenty-sixth preambular paragraph highlighted the transformative potential of women's and girls' right to inclusive and quality education – a multiplier right that supported the realization of other human rights, including the right to participate in the conduct of public affairs and in economic, social and cultural life, and to fully, equally and meaningfully participate in the decision-making processes that shaped society. The participation of children – in the case at hand, girls – in decision-making processes was a broad concept that derived from article 12 of the Convention of the Rights of the Child, which enshrined the right of children to express their views freely in all matters affecting them and for those views to be given due weight in accordance with the age and maturity of the child. The language on the full, equal and meaningful participation of children had been agreed previously and used in numerous Council resolutions, while the Programme of Action of the International Conference on Population and Development stated that “the value of girl children to both their family and society must be expanded beyond their definition as potential child-bearers and caretakers and reinforced through the adoption and implementation of educational and social policies that encourage their full participation in the development of the societies in which they live”. Addressing the structural causes of poverty and breaking the cycle of gender inequality required the strengthening of girls' voices, agency and leadership, which could only be achieved by ensuring their full, equal and meaningful participation in society as agents of change. For those reasons, the delegation of Costa Rica would vote against the proposed amendment and requested all members of the Council to do likewise.

113. *At the request of the representative of Chile, a recorded vote was taken.*

In favour:

Algeria, Eritrea, India, Indonesia, Malaysia, Sudan.

Against:

Albania, Argentina, Belgium, Benin, Brazil, Bulgaria, Burundi, Cameroon, Chile, Costa Rica, Finland, France, Gambia, Georgia, Germany, Ghana, Honduras, Japan, Lithuania, Luxembourg, Malawi, Montenegro, Netherlands (Kingdom of the), Romania, South Africa, United States of America.

Abstaining:

Bangladesh, China, Côte d'Ivoire, Dominican Republic, Kazakhstan, Kuwait, Kyrgyzstan, Maldives, Morocco, Paraguay, Qatar, Somalia, United Arab Emirates.

114. *The proposed amendment contained in document [A/HRC/56/L.51](#) was rejected by 26 votes to 6, with 13 abstentions.*

115. **The President** invited the Council to take action on draft resolution [A/HRC/56/L.25/Rev.1](#), as orally revised.

116. **Mr. Alkhubaizi** (Kuwait), speaking in explanation of position before the decision, on behalf of the Group of Arab States, said that the Arab States, while recognizing the importance of promoting the rights of women and girls and protecting them from all forms of discrimination, had expressed reservations regarding the use of certain contentious terms in the draft resolution. Indeed, during the informal discussions, the Arab States had attempted to reconcile different points of view on several of those terms. They had also sent a letter to the main sponsors containing a number of language proposals based on United Nations resolutions, in the hope of reaching agreement on clear language that was acceptable to all parties. Unfortunately, those efforts had been in vain. Consequently, the Arab States wished to dissociate themselves from the references to “gender discrimination”, “the right to bodily autonomy”, “gender-based violence”, “access to sexual and reproductive health services and evidence-based information and education” and “comprehensive sexuality education”, among others.

117. **Ms. Rolon Candia** (Paraguay) speaking in explanation of position before the decision, said that her delegation welcomed the priority that the draft resolution accorded to the differential impact of poverty on women, recognizing that women living in poverty faced a higher likelihood of career disruptions, part-time employment, lower earnings and concentration in the informal sector. However, it seemed that the text addressed highly sensitive matters for many delegations, making it difficult for the Council to adopt a consensual resolution that respected the current legal framework in all States. In particular, the terms “sexual and reproductive rights”, “comprehensive sexuality education”, “bodily autonomy” and “safe abortion” could not be separated from States’ domestic legal frameworks or their specific development needs, challenges and priorities.

118. In Paraguay, in addition to constitutional provisions that prohibited discrimination and established the foundations of real and effective equality between men and women in the exercise of their civil, political, social, economic and cultural rights, the fourth National Equality Plan 2018–2024 envisaged specific strategies for achieving substantive equality and sought to remove barriers to equality and eliminate all forms of discrimination. Paraguay had made significant progress in harmonizing and enhancing its national legislation and strengthening its institutions, including through the enactment of laws to promote and protect the rights of women and the ratification of international instruments. Paraguay reaffirmed its commitment to gender equality and was taking decisive steps to respect, protect and realize the human rights of adolescent women and girls and promote the empowerment and independence of women in the economic, political, social, cultural and family spheres.

119. Lastly, noting that the draft resolution referred to safe abortion when not against national law, she wished to point out that the Constitution of Paraguay protected the right to life from conception, and therefore national legislation did not provide for the termination of pregnancy as a family planning method. Under the country’s laws, comprehensive sexuality education required the balanced participation of the State, society and the family, especially parents, taking due account of children’s evolving capacities. Consequently, Paraguay would abstain if the draft resolution was put to a vote.

120. *Draft resolution [A/HRC/56/L.25/Rev.1](#), as orally revised, was adopted.*

121. **The President** announced that draft resolution [A/HRC/56/L.20/Rev.1](#), entitled “Countering religious hatred constituting incitement to discrimination, hostility or violence”, had been withdrawn by the sponsors and would be considered at a later date.

The meeting rose at 1.05 p.m.