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Official Records

*President:* Mr. Francis . . . . . (Trinidad and Tobago)

*In the absence of the President, Mr. Valtýsson (Iceland), Vice-President, took the Chair.*

*The meeting was called to order at 10.10 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/78/883)

**The Acting President:** I will now read out a statement on behalf of the President of the General Assembly.

“The global response to the HIV/AIDS epidemic stands as a multilateral success story, having made remarkable gains. Since peaking in 2004, it is encouraging to note that the number of HIV/AIDS-related deaths has significantly declined. Moreover, easier accessibility to HIV/AIDS treatment, increased equity in health systems and improved access to education and healthcare, including improved prevention, testing and treatment services, have averted almost 20.8 million HIV/AIDS related deaths over the past three decades.

“Despite those gains, more work is needed to completely end the HIV/AIDS epidemic by 2030, as encompassed in target 3.3 of the Sustainable Development Goals. Millions of people still lack access to HIV/AIDS prevention and

treatment, while gender inequalities, stigma and discrimination persist as major barriers to those services. In addition, there is untapped potential for HIV/AIDS prevention programmes and the funding gap for national resources, especially in developing countries, is widening and concerning. Therefore, we must scale up national and regional interventions and responses and forge strong multi-stakeholder partnerships to end the HIV/AIDS epidemic by 2030.

“To achieve our goals, we must keep HIV/AIDS high on the multilateral agenda. Importantly, we must close the financing gaps, address technology transfers, improve access to medicines, diagnostics and other health products in developing countries, and significantly scale up research and development and capacity-building, including for local pharmaceutical production.

“Given that the HIV/AIDS challenge extends beyond the public health sector, a comprehensive response with a human rights perspective and a development lens is crucial. We need to build on the commitments made in the Political Declaration of the High-level Meeting on Universal Health Coverage (resolution 78/4) in order to improve the capacity of national health systems to deliver quality, affordable and accessible healthcare for all, including HIV/AIDS interventions.

“Similarly, we must make full use of the upcoming events — including the high-level meeting on antimicrobial resistance to be held in

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September 2024 and especially the next high-level meeting on HIV/AIDS to be held in 2026 — in order to streamline and accelerate our efforts, ensuring we are on track to end the HIV/AIDS epidemic by 2030.

“As I conclude, let us be mindful that the path ahead is indeed challenging, but with our collective will to fully implement the commitments made in the Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030 (resolution 75/284), we can accelerate our efforts to overcome the obstacles and end the epidemic once and for all, leaving no one behind. Together, we can and indeed must build a future in which HIV/AIDS is no longer a threat to global health and every individual can live with hope and dignity.”

In accordance with rule 70 of the rules of procedure of the General Assembly, I now give the floor to the Deputy Secretary-General of the United Nations, Ms. Amina Mohammed, to make a statement on behalf of the Secretary-General.

**The Deputy Secretary-General:** I am delighted to deliver these remarks on behalf of the Secretary-General.

I would like to thank Ms. Winnie Byanyima, Executive Director of the Joint United Nations Programme on HIV/AIDS, and to welcome Assistant Secretary-General Achrekar and all those involved in the Joint Programme for their tireless work. I also applaud the commitment of many Member States to driving progress on this vital issue.

On HIV and AIDS, we have an inspirational story to tell. Globally, more than three quarters of those living with HIV are receiving life-saving treatment — almost 30 million people. Access to antiretroviral therapy has expanded massively across sub-Saharan Africa and Asia and the Pacific, which together are home to more than 80 per cent of people living with HIV. Those rank among the greatest public health achievements of recent times. If that progress is maintained, we are on course to reach a key global milestone next year — 34 million people receiving HIV treatment. That puts us on track to achieve our global goal of ending AIDS as a public health threat by 2030, a commitment enshrined in the Sustainable Development Goals (SDGs). That is cause for celebration, hope and inspiration at a time when progress towards many of the other SDGs is wildly

off track. The progress made in the AIDS response is a demonstration of what we can achieve when decision-makers collaborate, follow the science, invest adequately, tackle inequalities, protect human rights and let communities lead the way.

But progress must not be cause for complacency. It must inspire more action to safeguard the gains we have made to build on the achievements and finish the job. Today AIDS still claims a life every minute, each one a human being of unique potential and infinite dignity — perhaps someone’s love, someone’s parent, someone’s child — and the progress we have made is under threat. Resources are declining, the fiscal crisis is squeezing social investments and punitive laws, vigilante violence and hate speech against minorities are exacerbating stigmas and alienating people from life-saving services. As a result, today we stand at a crossroads. We must choose the path of solidarity, the one that leads to ending AIDS as a public health threat by 2030 — a destination that is now in sight. The path is not a mystery; it is a choice. It is a path that has already been agreed. Some countries are making significant progress, but in order to take that path, low- and middle-income countries need effective solutions to debt distress. They need reforms of the international financial architecture to massively increase affordable finance and they need to increase domestic revenue collection, allowing for an expansion of national health and HIV investments. I urge all countries to drive progress on those vital issues, including at the Summit of the Future to be held later this year. And I urge every Government to protect the human rights of all — an important step towards protecting their health.

Now is the time for solidarity and courage. The end of AIDS is in sight. Let us build on the immense progress that we have made and finish the job together.

**The Acting President:** I thank the Deputy Secretary-General for her statement on behalf of the Secretary-General.

**Mr. Larsen (Australia):** I acknowledge the Deputy Secretary-General, Ms. Amina Mohammed, and her remarks this morning on behalf of the Secretary-General.

I have the honour of to speak today on behalf of Canada, New Zealand and my own country, Australia (CANZ).

CANZ welcomes the promising developments in the global fight against HIV and AIDS highlighted in the Secretary-General's report (A/78/883), including the facts that 76 per cent of people globally living with HIV are receiving life-saving treatment, five countries — Botswana, Eswatini, Rwanda, the United Republic of Tanzania and Zimbabwe — achieved the 95-95-95 targets in 2022, and there has been increased expansion of and access to antiviral therapy. That progress demonstrates that collective efforts, global solidarity and a whole-of-society approach are key.

While that success is important to celebrate, as the report shows, progress must not be a cause of complacency, especially given that some 9.2 million people living with HIV did not have access to antiretroviral treatment in 2022, 4,000 adolescent girls and young women aged 15–24 became infected with HIV globally every week in 2022 and increasing numbers of new HIV infections in 2022 were evident in some countries. CANZ strongly believes that a human rights-based approach for all people is a necessity to achieve further progress in the fight against HIV and AIDS. Countries that have seen the biggest progress in response to HIV and AIDS have met their obligations under international human rights law to remove societal and structural barriers that put people in harm's way and prevent them from accessing health and other services. Health and other services must be open to all, particularly key populations, including transgender people, who must remain free from stigma and discrimination, arrest, imprisonment and violence, and must be enabled to access safe and quality services and support.

Similarly, we acknowledge the critical importance of multisectoral responses, including to support access to education — including comprehensive sexuality education — and sexual and reproductive health and rights, as well as to address violence against girls and women and key populations. It is beholden on all of us to remain vigilant to the increasing number of counter practices, policies and laws that seek to weaken gender equality, sexual and reproductive health rights and the human rights of LGBTQI+ people and other key and priority populations. Those issues are at the heart of an effective HIV and AIDS response. In addition to human rights-based approaches, HIV programmes are most successful when evidence is used to inform public health responses, ensuring that communities inform and lead such responses. Key to our understanding

progress and where we need to focus our efforts to end the HIV epidemic is data. Strengthening the collection of disaggregated data will enable early identification and the targeting of gaps areas necessary to achieve our objectives and guide our efforts to ensure that services and support reach those in need.

Lastly, global responses must always be grounded in partnerships underpinned by collaboration among people living with, or affected by HIV, Governments, community groups, international organizations, researchers and clinicians. In particular, continued international and multilateral support for the HIV response is essential for efforts to achieve the Sustainable Development Goal targets for HIV by 2030. We now know that we have the global knowledge, tools and experience to end the HIV/AIDS epidemic, but what is now needed is to expand efforts and increase accessibility of support to end AIDS by 2030.

**Mr. França Danese** (Brazil): Brazil is honoured to participate in this annual plenary debate and the joint review of the implementation of the Declaration of Commitment on HIV/AIDS and its subsequent political declarations, in particular the 2021 Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030.

My delegation highly commends the Secretary-General for his report (A/78/883). We note with satisfaction that as of 2022 global new HIV infections were the fewest in decades and 76 per cent of people living with HIV were receiving life-saving treatment. We congratulate in particular the regions of sub-Saharan Africa and Asia for contributing to our collective efforts with a massive expansion of access to antiretroviral therapy. Brazil shares the concern that despite the remarkable progress made, HIV infections and AIDS-related deaths are not declining fast enough for us to reach our global goal and targets. Inequalities, stigma and discrimination are still major barriers faced by people living with, at risk of and affected by HIV. 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 and global solidarity, while harnessing the synergies among the AIDS response, efforts on pandemic prevention, preparedness and response and the broader Sustainable Development Goals (SDGs).

In 2023, Brazil established the Interministerial Committee for the Elimination of Tuberculosis and Other Socially Determined Diseases. The Committee developed in 2024 the Healthy Brazil Program, which reaffirms the goal of eliminating HIV/AIDS as a public health issue by 2030, in line with SDG target 3.3. Brazil has consistently advanced in the prevention and care of HIV/AIDS, thanks above all to our Unified Health System, which guarantees universal and free-of charge access to prevention, treatment and diagnosis. Through our national health system, about 800,000 people receive assistance in the form of free antiretroviral drugs — a significant increase over the 2022 level. To ensure early detection and outreach to key and priority populations, we have promoted the free distribution of HIV self-tests in public health units, together with HIV rapid tests. To steeply reduce new HIV infections, our health system provides free of charge a wide availability of proven HIV prevention tools, such as condoms and pre-exposure prophylaxis (PrEP). Affordability, however, remains a key issue. As the Secretary-General noted, upper-middle-income countries are often not eligible for price reductions and new products, such as long-acting injectable PrEP. Equitable and affordable access to medicines and other health technologies — a key to some of the biggest breakthroughs against the AIDS pandemic — is still greatly needed for developing countries to 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 long been the backbone of our HIV response. With community support, Brazil has also built a legal framework to protect people living with HIV and counter stigma and discrimination. Any discrimination against people living with HIV and AIDS is a crime in our country. Since 2021, a federal bill guarantees confidentiality concerning the condition of persons living with HIV in settings such as schools and workplaces. Enhanced partnerships and global solidarity are also key. Brazil has donated, upon request, antiretroviral drugs and rapid 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 focus on strengthening the response to AIDS and other pandemics. We would like to recognize with appreciation the fundamental role played by the Joint United Nations Programme on HIV/AIDS (UNAIDS)

in assisting Member States, including my own country, in the fight against HIV/AIDS. UNAIDS has been contributing to our national efforts with initiatives such as the FRESH Project, which encourages self-care and adherence to prevention strategies among transgender women in vulnerable situations.

In conclusion, the international community has made headway in significantly reducing infections and deaths associated with HIV/AIDS. Yet there is much to be done to end AIDS by 2030 and eliminate all forms of HIV-related stigma and discrimination. Brazil reiterates its full commitment to the implementation of the 2021 Political Declaration on HIV and AIDS. All can count on Brazil to continue contributing to those efforts and strengthening its cooperation with countries interested in this crucial area.

**Mr. Romero Puentes** (Cuba) (*spoke in Spanish*): We reaffirm our commitment to the fight against HIV/AIDS — a battle we have been fighting for more than two decades. Despite the progress made, unequal access to healthcare persists and it is imperative that we work in unison to eradicate that disease once and for all. The coronavirus disease pandemic has shaken our health systems and economies, but we cannot allow that to distract us from carrying out our mission to combat HIV/AIDS. We must move forward in implementing the Declaration of Commitment on HIV and AIDS and the policies adopted by the General Assembly. Cuba reaffirms its commitment to the work of the United Nations in the fight against HIV/AIDS, under the leadership of the Executive Director of the Joint United Nations Programme on HIV/AIDS, Winnie Byanyima, whom we thank for her visit to our country this year, and we reiterate our willingness to continue strengthening the constructive joint cooperation in the fight against HIV/AIDS, as well as to jointly promote South-South cooperation for the benefit of other countries in the region and the rest of the world, mainly the African continent, with technology-transfer projects.

We have adopted a people-centred public health approach, with the participation of key populations. Our achievements in eliminating discriminatory stigmas and protecting sexual diversity attest to our commitment. Despite the challenges, Cuba has made significant progress in the fight against HIV/AIDS. We were the first country to eliminate mother-to-child transmission and we are striving to achieve the 95-95-95 targets. However, the criminal economic blockade imposed by the United States and the reinforcement



thereof arising from Cuba's inclusion on the United States' unilaterally determined list of State sponsors of terrorism have hindered our efforts, causing millions of dollars in losses in the health sector. Despite those difficulties, nothing will stop us in our efforts to build a more just and inclusive society for people living with HIV/AIDS. We will continue to work tirelessly to improve the quality of life of people living with HIV/AIDS and reduce the incidence of new infections. The solution to HIV/AIDS and many other diseases will be achieved only through international cooperation and solidarity. Cuba will continue to defend multilateralism as the only way to address the challenges we face as a global community. Today I call on all nations present to join in this crucial fight. Together, we can make a difference and end HIV/AIDS once and for all.

**Mr. Lagdameo** (Philippines): The Philippines thanks the Secretary-General for his report (A/78/883), and we note its findings that successful responses to HIV have thrived through the engagement of multiple stakeholders and follow the principles of multilateralism, human rights, and community and country leadership. The Philippines, through the Philippine National AIDS Council, is committed to fulfilling the goals under the Declaration of Commitment on HIV/AIDS and relevant political declarations.

Our country is facing one of the fastest-growing HIV epidemics in the Western Pacific region and the Government is firmly resolved to address that. In his 2023 state-of-the-nation address, President Ferdinand Marcos Jr. urged the whole of Philippine society to exert efforts to suppress the alarming rise of HIV/AIDS. To stem the tide, the strategic plan is to ensure early diagnosis and treatment, as well as ample testing sites and medications. Sustainable and equitable funding is needed to stem the rising numbers. We note the Secretary-General's call for Member States to increase domestic and international donor allocations for the HIV response in middle-income countries and to ensure that the global financial system, as outlined in his report *Our Common Agenda* (A/75/982), improves global solidarity towards the achievement of the Sustainable Development Goals. We also note the need for equitable access to medicines, new HIV treatment and prevention products and health technologies.

The Philippines HIV and AIDS Policy Act modernizes our approach to HIV prevention, testing, treatment and care, while also addressing the critical issues of stigma and discrimination against people

living with HIV. The law integrates HIV services into our national health insurance programme, consistent with the Universal Health Care Act. Aligned with the Global AIDS Strategy 2021–2026, our AIDS Medium-Term Plan 2023–2028 utilizes a life-cycle approach to HIV and AIDS prevention and control, including gender- and age-specific interventions. It also expands the prevention and treatment coverage of key young populations to include young people at risk from age 10 to 24. It adopts a people-centred principle through differentiated service delivery across prevention, testing and diagnosis, treatment and the viral suppression stream of the HIV care cascade. Moreover, the plan involves civil society- and community-led organizations and works across all sectors of society to achieve the 95-95-95 HIV fast-track targets by 2030.

Last year, the Philippines held the first HIV summit, seeking to foster collaboration in tackling the disease and confronting related discrimination pursuant to its medium-term plan and its five strategy pillars—to prevent, treat, protect, strengthen and sustain. The Philippines has a vision of zero new infection, zero discrimination and zero AIDS-related death. To realize that, all stakeholders and partners, including community and civil society organizations, must act holistically—not just looking at health but also addressing its determinants to end the HIV epidemic. We are also dedicated to protecting the human rights of people living with HIV and eliminating stigma and discrimination in healthcare, employment and broader societal contexts.

**Mrs. Tahzib-Lie** (Kingdom of the Netherlands): I have the great honour to speak on behalf of Belgium, Luxembourg and the Kingdom of the Netherlands.

We welcome today's debate on the path to ending AIDS. Some of us might be wondering why 40 years into the HIV/AIDS pandemic, it is still not over yet. AIDS claimed a life every minute in 2022. About 9.2 million people still miss out on treatment. Are we collectively failing in the global AIDS response? The report of the Secretary-General (A/78/883) clearly shows the successes and the challenges in our efforts to end AIDS. Globally, new HIV infections declined by 35 per cent between 2010 and 2022 and more people than ever receive life-saving HIV-treatment. However, there are vast geographical differences in success. In the past 10 years, sub-Saharan Africa has been successful in halving the number of new HIV infections, but outside Africa there has been hardly any

improvement in infection control. There are also huge differences among societal and population groups. Women and girls have unequal access to prevention, care and treatment. Key populations — encompassing sex workers, gay men and men who have sex with men, transgender people, people who inject drugs and people in prisons and other enclosed settings — are disproportionately affected. Fifty-five per cent of new infections occur among key populations, especially transgender people. Progress is uneven. And that will not bring us to the end of AIDS — no one is safe until everyone is safe; a virus does not simply stop at the border. We applaud the Secretary-General's report for using scientific evidence and making it explicit where we simply need to do better, especially with regard to women, sex workers and community-led responses.

I wish to make three points.

First, women and girls are still disproportionately affected, particularly in sub-Saharan Africa. Globally, 4,000 young women and girls become infected with HIV/AIDS every week. Too often, women and girls are denied economic autonomy and deprived of control over their physical and mental health, including their sexual and reproductive health and rights. The Secretary-General's report emphasizes the need for comprehensive sexuality education. It also highlights the need to close the gender inequalities gap for HIV in adolescent girls and young women.

Secondly, some women are more at risk than others. Global epidemiological evidence demonstrates that sex workers are seven times more likely to live with HIV compared to adults who are not sex workers. For an effective global AIDS response, it is urgent to reach sex workers with condoms, HIV-testing and treatment. They should be free from criminalization, violence and other human rights violations, and structural and social barriers to health services should be removed. The right to health and equitable access to HIV prevention, care and treatment is imperative for all.

Thirdly, to reach the most vulnerable, such as key populations and women and girls in all their diversity, the strategies set out in the Political Declaration on HIV/AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030 should be upheld. Community-led services are key on the path to ending AIDS. However, community-led responses are under-recognized and under-resourced and in some places are even being attacked.

The collective gains made in the fight against HIV/AIDS represent a success story of multilateralism. In the Joint United Nations Programme on HIV/AIDS (UNAIDS), 11 United Nations organizations work together — each from their own mandate — to end AIDS. UNAIDS, as a secretariat, coordinates that work. To remain successful, there is an urgent need for a fully funded 2022–2026 Unified Budget, Results and Accountability Framework for UNAIDS.

In conclusion, we welcome the recommendations of the Secretary-General's report. It is clear that the path to ending AIDS is a path of acting in line with the Universal Declaration of Human Rights. Rights for all is health for all.

**Mr. Oehri** (Liechtenstein): The fight against HIV/AIDS exhibits the impact that the international community can have if we all join forces, follow science and commit to global solidarity. According to the Secretary-General's report (A/78/883), HIV treatment has averted more than 20 million AIDS-related deaths worldwide over the past three decades. The estimated 1.3 million new HIV infections in 2022 were the fewest recorded in decades. Those gains are a testament to the positive impact of strong political commitment and they will yield further health, economic and development benefits that accelerate progress towards the Sustainable Development Goals (SDGs). More than halfway to 2030, we must 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, achieving gender equality and promoting effective, accountable and inclusive institutions.

Despite the achievements made 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 of our goals. While there has been a substantive 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 the Middle East and North Africa, as well as in Eastern Europe and Central Asia.

The Declaration of Commitment on HIV/AIDS and 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 long-standing or recently introduced, remain an obstacle in our AIDS response. 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, especially the right to health. A suitable response to HIV/AIDS must necessarily address and fully recognize all the 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/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 done 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. Successful responses to HIV, one of the most significant health challenges of our time, thrive due to the engagement of multiple stakeholders, following the principles of multilateralism, respect for human rights and community leadership. We are hopeful that the upcoming Summit of the Future will provide an opportunity to consolidate those principles and reinvigorate international cooperation to eradicate HIV/AIDS once and for all.

**Mr. Gaspard** (Haiti) (*spoke in French*): The delegation of Haiti is pleased to be able to participate today in today's debate and thanks the Secretary-General for his report (A/78/883), which will make a substantial contribution to our discussions.

My delegation recognizes that despite the progress made in the fight against AIDS, that scourge remains an urgent global crisis. It is with that in mind that in 2021, Governments made a commitment to eradicate

the epidemic by adopting the Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030, which is aimed at ending inequalities and taking action to defeat AIDS by 2030. According to data provided by the Joint United Nations Programme on HIV/AIDS (UNAIDS), the number of new HIV infections has declined by almost 60 per cent from its peak in 1995, AIDS-related deaths have fallen by 70 per cent since the peak in 2004 and approximately 30 million people have access to HIV treatment. My delegation welcomes those efforts and encourages further progress to ensure access to those who are still in need.

Since the adoption of the 2001 Declaration of Commitment on HIV/AIDS, Haiti has made tremendous progress in the fight to stabilize the epidemic. Between 2017 and 2022, the incidence of HIV/AIDS fell by 25 per cent from 0.78 to 0.58 per thousand people in the general population. Between 2018 and 2023, the number of AIDS-related deaths fell by 50 per cent and the number of new infections by 25 per cent. As of the end of 2023, 90 per cent of people living with HIV know their status. More than 80 per cent of people have access to treatment and approximately 66 per cent have viral load suppression.

Nevertheless, Haiti faces many challenges related to the rapid adaptation in the short and medium terms of the provision of services, technical governance and planning, in a situation of growing insecurity. However, the country has been able to strengthen its health information system, thanks to funding from the United States President's Emergency Plan for AIDS Relief, the Global Fund for AIDS, Tuberculosis and Malaria, UNAIDS and the Pan American Health Organization/World Health Organization, and it aims to continue to increase its efforts to provide a better response to the situation faced by infected and affected Haitian people. In that regard, eradicating HIV/AIDS by 2030 will require, *inter alia*, adequate and reliable funding, ensuring the availability of evidence-based data, reducing inequalities and discrimination, recognizing and supporting the integration of community efforts, and above all ensuring national peace and security.

In conclusion, Haiti is convinced that the fight against HIV/AIDS is also a fight against stigmatization, discrimination and social injustice. However, that fight cannot be waged in isolation; it requires the efforts and participation of everyone. Our efforts to eradicate HIV/

AIDS worldwide are a litmus test of our commitment to ensuring an equitable world.

**Mr. Chaivaivid** (Thailand): I would like to start by expressing my special thanks to the President of the General Assembly for convening this meeting and to the Secretary-General for his report (A/78/883). This is a good opportunity for us to take stock of our expended efforts and plan our future investment to fully realize the goal to end HIV/AIDS. Thailand supports the Secretary-General's report. Tremendous progress has indeed been made in our fight against HIV/AIDS, but there is certainly a long way to go — and to go that distance, we must keep in mind the importance of sustainability.

Thailand believes that it is important to highlight the following points aimed at achieving sustainability in the HIV/AIDS response.

First, it is very crucial to integrate HIV/AIDS prevention, testing and treatment services into primary healthcare and universal health coverage. Doing so increases access to such services for all those at risk or affected. In that direction, Thailand has adopted a national operational plan to end HIV/AIDS for 2023–2026, which specifically engages all levels of government to commit resources and implement policies to provide services to their communities. We also continue to expand our health benefits package under the universal health coverage with a view to increasing access to cost-effective self-tests in order to encourage early detection, while also addressing the issues related to stigmatization — all free of charge.

Secondly, HIV/AIDS responses that are community-led and key population-driven can be instrumental in filling services gaps and addressing HIV/AIDS-related discrimination. That is why Thailand employs a national community health worker certification programme on HIV/AIDS care, for and by people living with HIV/AIDS. In the same fashion, civil society organizations may receive training on HIV/AIDS care and apply for community-based organization accreditation from our national health security office.

Thirdly, stigma and discrimination continue to be societal barriers to the HIV/AIDS response and must be addressed in order to achieve inclusive and sustainable health for all. Thailand developed a national action plan to eliminate all forms of HIV/AIDS-related stigma and discrimination for 2022–2026, focusing on promoting understanding of HIV/AIDS and human rights and

gender diversity, while protecting rights of people living with HIV/AIDS.

Fourthly and lastly, data and digital technology can drive sustainable HIV/AIDS responses by providing both wider and more targeted access to information and services. The recent launch by my country of the One ID Card smart hospital system allows Thais to receive essential health services, including HIV/AIDS-related services, at any hospital of their choosing.

In order to fulfil the vision that we set out in the 2030 Agenda for Sustainable Development and deliver on the Sustainable Development Goals (SDGs), especially SDG target 3.3 to end the epidemic of AIDS by 2030, it is very important that we step up our efforts. Thailand stands ready to work with all Member States and stakeholders to that end.

**Mr. Chimbindi** (Zimbabwe): I extend my gratitude to the Secretary-General for his insightful report (A/78/883), which offers a hopeful outlook, highlighting that our collective efforts in combating HIV/AIDS are yielding results.

For its part, Zimbabwe reaffirms its unwavering commitment to eradicating HIV/AIDS and fulfilling the pledges made in 2021 to end the epidemic by 2030. My country has made remarkable progress in addressing the HIV/AIDS epidemic, guided by the commitments outlined in the 2021 Political Declaration on HIV/AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030. We are encouraged that the Secretary-General's report indicates a reduction in new HIV/AIDS infections in sub-Saharan Africa. That progress underscores the effectiveness of our collective efforts in combating the pandemic. Achieving such results, despite the impact of the coronavirus disease (COVID-19) pandemic, is particularly encouraging. Nevertheless, as pointed out in the report, progress must not be cause for complacency, as there is much still to be done towards the attainment of our goal of ending HIV/AIDS as a public health threat by 2030.

The increase in new infections in some regions is a pointer to the reality that no one is safe until everyone is safe. It is alarming that in Africa, 80 per cent of newly infected individuals are girls. Our strategies must therefore reflect that reality, directing resources to the areas of greatest need. A one-size-fits-all approach will not work. Interventions must be tailored to the situational realities on the ground, which vary from place to place, region to region and country to



country. Effective and efficient responses require flexible financing models, including adequate, predictable and unearmarked funds, enabling timely responses that meet specific needs of each situation. In the case of Zimbabwe, my nation has successfully implemented programmes to prevent mother-to-child transmission of HIV/AIDS, which has dramatically reduced transmission rates, nearing the goal of virtual elimination. Community health workers and local organizations have played a crucial role in reaching underserved populations, improving HIV/AIDS testing rates and ensuring better follow-up and care for people living with HIV/AIDS.

As the General Assembly may be aware, the Government of Zimbabwe has also demonstrated its commitment to ending AIDS by instituting the novel and innovative AIDS levy, a 3 per cent tax on corporate profits and personal incomes that is ensuring sustained HIV-prevention financing and helping to bridge donor resource gaps. Educating young people about HIV/AIDS has proved effective, with schools and universities incorporating the subject into their curricula. That has led to increased awareness of prevention among young people, who are particularly vulnerable to new infections. Despite that progress, stigma and discrimination remain significant barriers, discouraging individuals from seeking testing and treatment and thereby undermining public health efforts. There are also general health delivery challenges, as well as the negative impact of the COVID-19 pandemic, which has affected healthcare services. That brings to the fore the need to sustain the progress that we have already made thanks to continuing financial support. More importantly, we call for renewed global vigour in finding a cure for HIV/AIDS. Just as we came together in the wake of the COVID-19 pandemic and produced a number of vaccines in record time, we can do the same for HIV/AIDS. Clearly, where there is a will, a way will be found.

In conclusion, Zimbabwe's fight against HIV/AIDS, guided by the commitments of the 2021 Political Declaration, has yielded substantial success, although challenges remain. Continued commitment and innovative approaches are essential as we move towards the goal of eliminating AIDS by 2030.

**Miss Abad Garcia** (Panama) (*spoke in Spanish*): The Government of Panama recognizes the magnitude of the HIV/AIDS epidemic, which significantly affects many people all over the world and is still one of the

most pressing challenges in the area of public health today. Today I want to share with the Assembly the efforts that our Government has undertaken to combat HIV/AIDS, as well as the obstacles we have encountered in the course of our commitment to the cause.

In June 2021, Panama endorsed the 2021 Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030, and since then we have adopted new mechanisms aimed at preventing the disease. They include our strategic multisectoral plan on HIV for 2020–2024, which has four fundamental aspects — strengthening and ensuring the sustainability of the response in the framework of human rights; promotion and prevention; follow-up for sexually transmitted infections and HIV care; and management, monitoring and evaluation. Besides that, in 2023 executive decree no. 42 established an intersectoral commission to implement the country's coordinating mechanism, focusing on the prevention and control of HIV/AIDS, tuberculosis and malaria. Through its commitment, Panama has achieved remarkable progress, which is reflected in our national *Global AIDS Monitoring* report, with indicators delivered at 100 per cent from 2019 to 2023. The incidence of AIDS decreased from 24.3 per 100,000 inhabitants in 2010 to 10.2 in 2023, and the mortality rate dropped from 13.6 to 8.6 per 100,000 inhabitants.

With the support of national institutions and other partners, such as the Joint United Nations Programme on HIV/AIDS (UNAIDS), we have been able to provide sufficient assistance to our affected populations, making significant progress towards the UNAIDS 95-95-95 targets for 2030, with 86 per cent of people with HIV knowing their serostatus, 79 per cent receiving antiretroviral therapy and 71 per cent virally suppressed. It is important to emphasize that 90 per cent of the HIV response in Panama is being financed with national resources, close to the regional average of 97 per cent. We continue to work to address challenges such as the lack of State resources and of infrastructure and trained personnel at healthcare centres. Delays in the delivery of test results continue to be a major challenge, limiting the availability and quality of screening and treatment services. We reaffirm our commitment to working with the international community to achieve the UNAIDS targets. We intend to end the HIV/AIDS epidemic as a public health threat in the follow-up to the 2030 Agenda for Sustainable Development. It is vital to address this health condition comprehensively

to ensure an equitable approach to prevention, detection and treatment that leaves no one behind.

**Mr. Cronin** (Ireland): Ireland welcomes today's important meeting and would like to recognize the significant achievements and encouraging trends we have seen, which include the reporting for 2022 of the lowest number of new HIV infections in recent decades. However, we know that there is still much work to do to end AIDS as a public health threat by 2030, as part of Sustainable Development Goal 3. As Ireland's Taoiseach, our Prime Minister, said in December at the launch in Dublin of a public monument to all those affected by HIV and AIDS, the struggle is not over.

Given the ongoing global impact of intersecting inequalities, many are still being left behind and access to treatment remains a problem for vulnerable people globally. Gender inequalities, stigma and discrimination are still major barriers, and worryingly, the funding gap is widening. As the report of the Secretary-General (A/78/883) states, more needs to be done to address gender inequalities for adolescent girls and young women and to target support for other populations with higher-risk profiles. In sub-Saharan Africa, for example, adolescent girls and young women are more than three times as likely to acquire HIV than their male peers. The report highlights the critical importance of community-led HIV programmes for combating the disease and ensuring access to healthcare services for key populations and those who are most vulnerable, which is a particular priority for Ireland.

Ireland was a founding supporter of the Global Fund to Fight AIDS, Tuberculosis and Malaria and has contributed €316.8 million to the Fund since 2002. Our current pledge is for €65.75 million for the 2023–2025 period, a more than 30 per cent increase from the previous period. We have also been funding the Joint United Nations Programme on HIV/AIDS since 2001, and in 2023 we signed a multi-annual commitment through which Ireland pledged up to €10 million for the period from 2023 to 2026. As the report says, community-led organizations have long been the backbone of the HIV response, and further resources to expand those responses further is greatly needed. Ireland therefore values its partnership with civil society, such as Frontline AIDS, to advocate for the people living with HIV/AIDS who are the most marginalized, as well as to advocate against the growing anti-rights movements. Ireland's new initiative on sexual and reproductive health and rights includes

HIV/AIDS as an important component. Our investment in the development of an intra-uterine device to protect against HIV infection further demonstrates our commitment to prevention measures.

As we see ever more pressure on available resources, it is critical that we continue to support the major successes in fighting HIV, encourage the necessary political commitment globally and nationally and maintain funding by countries themselves and by those assisting them, including in reaching those who are furthest behind. Let us together keep up the momentum to bring us closer to a world free of HIV and AIDS.

**Mr. Abesadze** (Georgia): Georgia welcomes today's debate and would like to thank the Secretary-General for his report (A/78/883), which assesses the progress that has been made and reviews the remaining challenges in the global fight against HIV/AIDS. Despite the considerable progress achieved in recent years, continued international effort remains essential if we are to meet the global target of ending AIDS by 2030. Georgia is actively involved in implementing the global health strategies and action plans for ending AIDS and tuberculosis and eliminating viral hepatitis. My country's agenda for sustainable development and ongoing health system reforms aimed at ensuring universal health coverage offer opportunities to achieve the Joint United Nations Programme on HIV/AIDS targets to end the human HIV epidemic by 2030 in Georgia.

Like other countries of the Eastern Europe and Central Asia region, Georgia has not yet reversed the HIV epidemic, but we have made substantial progress and have contributed to the generally solid achievements on the path towards its elimination. We would first like to point to our success in saving the lives of people living with HIV by increasing access to quality antiretroviral treatment. Since the adoption of the Sustainable Development Goals, Georgia has been able to reduce the number of people living with HIV who are not aware of their infected status from 45 per cent in 2015 to 15 per cent in 2023. We have done that by providing primary healthcare and community-based integrated screening for HIV and viral hepatitis, as well as by expanding access to HIV testing, including self-testing for key populations.

In addition, through our integration of disease programmes we have enhanced the delivery of services

by utilizing existing resources, such as laboratory systems, human capital, procurement and supply-chain management. The progress we have made has been reinforced by strong political commitment, increased State funding for sustainable health systems and reduced reliance on external financial assistance. All HIV testing and clinical services are fully supported through State funding. However, despite increasing domestic allocations in this area, access to donor funding, including financing from the Global Fund to Fight AIDS, Tuberculosis and Malaria, remains crucial for innovative interventions, the distribution of HIV self-testing through online platforms and improvements to access to comprehensive service packages for key populations, including young people.

Our integration of HIV vertical transmission indicators into the births registry has shown that we can actively prepare for and ensure the possibility of the triple elimination of mother-to-child transmission of HIV infection, hepatitis B and syphilis in Georgia. Despite those advancements, exploring fast and effective solutions, such as improving access to affordable new health technologies for HIV prevention, is crucial. It is also important to ensure the availability of affordable point-of-care laboratory technologies in order to support the immediate initiation of treatment, along with exploring artificial-intelligence-based solutions for the diagnosis and management of HIV. This year Georgia is going through the World Health Organization HIV programme review, which will provide recommendations for the effective transformation and acceleration of our response to HIV.

In conclusion, I want to reiterate our firm support for joint endeavours aimed at realizing our shared goal of ending AIDS and leaving no one behind.

**Ms. Mendoza Elguea** (Mexico) (*spoke in Spanish*): We are meeting today to mark the third anniversary of the adoption of the 2021 Political Declaration on HIV/AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030. The results of the commitments agreed in that Political Declaration and, of course, in the 2030 Agenda for Sustainable Development, particularly Sustainable Development Goal 3, prove that effective multilateralism and international cooperation can deliver tangible results for the most vulnerable populations.

The fight against HIV is unquestionably a success story for multilateralism and for the principle of

people-centred global action. The statistics in the report of the Secretary-General (A/78/883) are clear evidence of that. In 2022, 1.3 million people were infected with HIV, compared to 3.2 million in 1995. Since 2010, infections have decreased globally by 38 per cent, and 76 per cent of infected people are receiving treatment. We still have a lot to do, as there are still barriers such as gender inequality, stigma and discrimination to accessing health services. The Summit of the Future will provide an additional opportunity to strengthen our collective work in the fight against HIV.

Mexico is committed to the fight against HIV and therefore has an inter-institutional strategy aligned with its international commitments. That strategy is focused on people and their needs, as well as on the principle of prevention, and has had tangible results. For example, at the end of 2021 there were an estimated 1.5 million new HIV infections, compared to 3.2 million in 1996, which represents a reduction of 54 per cent during that period. In addition, in 2023, the percentage of people living with HIV who know their serological status was 70 per cent. In that regard, Mexico has made progress towards fulfilling our global commitment to combating the virus.

In addition, we have applied a model of HIV prevention and care focused on people and communities, with a primary healthcare approach in which differences and diversity in terms of identity, sociodemographics and culture, or based on sex, gender identity, stage of life, ethnicity, disability status, regional, territorial and cultural contexts, among other characteristics, have been taken into account. Much remains to be done, however. The response to HIV must continue to place people at the centre of our public policies, address inequalities, promote and protect human rights, and build trust between public authorities and the communities affected.

**Mr. Van Schalkwyk** (South Africa): South Africa remains committed to achieving the 2025 targets and ending AIDS by 2030. We applaud and are also encouraged by the countries, especially African countries, that have made strong progress in reaching the 95-95-95 treatment targets. The study conducted last year by the Human Sciences Research Council of South Africa indicates that our country has made remarkable strides in the fight against HIV and AIDS, with a positive decline in overall HIV prevalence among adults. One impressive finding of the study is that 90 per cent of adults in South Africa are aware of their

HIV status. About 91 per cent of those diagnosed with HIV are on antiretroviral treatment, and 94 per cent of individuals on treatment have achieved viral-load suppression. The results underscore the collective efforts of the Government and its agencies, healthcare professionals, business, civil society and the broader community in the fight against HIV and AIDS. They demonstrate that a lot can be achieved through political commitment and working together in partnership.

During the commemoration of World AIDS Day in 2023, the Deputy President of South Africa, Mr. Paul Mashatile, in his capacity as the Chairperson of the South African National AIDS Council, launched the South African chapter of the Global Alliance to End AIDS in Children. That initiative focuses on ensuring the best interests of the child and that parents can protect their children from the vertical transmission of HIV/AIDS and other vertically transmissible diseases. That means that all HIV-positive children must be enrolled in age-appropriate antiretroviral treatment.

While there was progress in reducing HIV/AIDS and a record decline in the prevalence of cases from 2010 to 2022, we continue to echo the sentiment that we must not become complacent. There are still many AIDS-related deaths and a persistently higher risk of infection among young women and adolescent girls, not forgetting the key populations. We need to continue our efforts and mobilize political leadership towards ensuring an equitable response in order to end HIV/AIDS as a public health threat by 2030. The concern is that in most cases, infected people face stigma and discrimination. We need to recommit to a strong multilateral system that is at the centre of advocating a spirit of solidarity, international cooperation and partnership. We require a multisectoral approach that promotes human rights issues, encourages awareness and combats stigma, discrimination and other negative social determinants such as harmful gender norms, gender-based violence, unequal access to secondary education and inequitable economic opportunities.

Research recently conducted by the University of KwaZulu-Natal and other institutions, including Oxford University, indicates that HIV/AIDS remission is more likely in baby boys than baby girls. While that is groundbreaking research, we need to work hard to close the gender inequality related to HIV/AIDS in adolescent girls and young women. In that regard, we would like to commend the strong collaboration between the Joint United Nations Programme on HIV/AIDS (UNAIDS)

and UN-Women in advancing positive social norms through engagement with men and boys and in working to end sexual and gender-based violence.

The effects of the coronavirus disease pandemic continue to derail progress towards addressing global health challenges and other health emergencies, not to mention the impact on the implementation of socioeconomic development. We need to acknowledge that most people from developing countries, including Africa, are living in poverty or extreme poverty, and that has a high impact on general health and well-being. The impact is felt in terms of diminished access to nutritious food due to higher food prices and the limited options afforded by the scarcity of resources, which affects access to medical care and treatment.

In 2023, global leaders adopted three health-related political declarations: on pandemic prevention, preparedness and response; universal health coverage; and tuberculosis. They were calls to action to politically commit to pandemic prevention, preparedness and response, while also ensuring universal health coverage with the aim of addressing inequalities, fostering international cooperation and solidarity in addressing issues of global health concern and ending tuberculosis. However, the widening gap in funding for the global HIV/AIDS response and the decline of funding both internationally and domestically is deeply concerning. It poses a serious challenge for countries in implementing their commitments to achieving the global targets that will put the world on track to achieving the goal of ending HIV/AIDS by 2030, as part of achieving Sustainable Development Goal 3.3. We need to mobilize resources to respond to the health-related Sustainable Development Goals, in line with the call in the three health-related political declarations.

In that regard, South Africa is committed to providing domestic funding, based on the country's investment needs, for supporting the financing of transitions of pilots and evaluations of biomedical interventions, such as pre-exposure prophylaxis interventions, and for engaging in the sensitization of healthcare workers and implementers to provide services for key populations, among others. We are pleased to reaffirm our commitment to continuing our partnership with the United States President's Emergency Plan for AIDS Relief and the Global Fund to Fight AIDS, Tuberculosis and Malaria, as well as UNAIDS and all our development partners. We are



grateful for their commitment to South Africa's effort to ending to HIV/AIDS.

**Mr. Aristov** (Russian Federation) (*spoke in Russian*): We welcome the commitment to the global fight against HIV/AIDS. We believe firmly that only consolidated efforts by the international community aimed at countering the spread of that infectious disease will make it possible to end the HIV/AIDS epidemic by 2030.

The Russian Federation continues to attach high priority to the issue and has made huge efforts in that regard in recent years. In the context of our implementation of our State strategy for countering the spread of HIV infection by 2030, we have worked systematically to prevent it, including through an interdisciplinary approach to combating AIDS by improving our epidemiological monitoring, providing logistical and staffing support for specialized medical organizations, increasing access to coverage for antiretroviral therapy for HIV-positive people, providing them with social support and raising the awareness of citizens about HIV/AIDS through information and communications campaigns on prevention.

Compared to 2021, the number of HIV tests performed in the Russian Federation has increased by more than 23 per cent, amounting to more than 51 million tests. Thanks to the measures we have taken, we have seen a high rate of detection of HIV infections at early stages, as well as a sustained drop in new cases in Russia as a whole. The early detection of infections and ensuring access to healthcare services for people living with HIV/AIDS can enable the prescription of antiretroviral drugs as soon as possible after diagnosis, thereby increasing the effectiveness of treatment and the quality and life expectancy of patients, reducing mortality rates and preventing the further spread of the disease.

We are actively developing international cooperation in that area as well. In 2023 we continued our work of assisting countries in Eastern Europe and Central Asia in strengthening their systems for the epidemiological monitoring of HIV/AIDS infections, in addition to organizing the work of mobile treatment and diagnostic units, conducting joint research and training specialists. A meeting of the Coordinating Committee for HIV/AIDS, tuberculosis and malaria of the members of the Commonwealth of Independent States will be held in Moscow in July.

As regards the report of the Secretary-General (A/78/883), entitled "The path to ending AIDS—progress report on 2025 targets and solutions for the future", we disagree with a number of statements in the report and do not support them. The report contains contradictory concepts on which there is no consensus, in particular "comprehensive sexuality education", as well as many controversial formulations, such as "vulnerable populations" and "gender-responsive, human rights-based HIV prevention and treatment programmes". We also find unacceptable the report's assertion in paragraph 6 concerning the principle "undetectable equals untransmissible", as well as the reference in paragraph 53 to supporting efforts to remove harmful laws, including those that criminalize same-sex sexual relations, drug use and sex work. The report arbitrarily interprets such laws as harmful. We would like to underscore the importance of taking a broad approach that ensures respect for national priorities, development strategies and ways of life. We regret that the authors of the document have once again chosen to ignore that key principle, which is pivotal to the achievement of global solidarity in the fight against HIV infections.

**Mr. Szczerski** (Poland): Despite the unquestionable progress that has been achieved at the global level in combating HIV/AIDS, the epidemic remains a significant threat to global public health. Poland's experience shows that only through joint action by all interested stakeholders — including Governments, local municipalities and non-governmental organizations — will we be able to meet the global commitments and end the AIDS epidemic by 2030.

Poland's actions for combating HIV/AIDS have a strong legal and organizational basis. Our multi-annual national strategy for preventing HIV and combating AIDS for 2022–2026 was developed in accordance with our national guidelines, as well as international declarations and recommendations. The multisectoral strategy builds on respect for human rights and human dignity in the context of HIV/AIDS. Poland was among the first countries in Central Europe to offer wide and free access to diagnostics, antiretroviral treatment and care for people living with HIV/AIDS, including those at risk of marginalization. Each year, the Ministry of Health and the National Health Fund allocate funds to ensure the implementation of the antiretroviral treatment programme. The budget for 2024 is more than \$130 million.

Poland is a country with low HIV prevalence and a relatively stable epidemiological situation. However, as a result of Russia's military aggression in Ukraine, Europe has been witnessing unprecedented changes in the migration situation. Poland has been standing with Ukrainians since the war first broke out. We host one of the biggest communities of war refugees from Ukraine. Among them are people, including children, who live with HIV and HIV co-infections. They require antiretroviral treatment and care, as well as comprehensive social, psychological, economic and medical assistance. We have already allocated more than \$40 million for that purpose. By the end of June this year, more than 4,000 Ukrainians who fled the war will have benefited from free diagnostics and antiretroviral treatment in Poland on the same terms as Polish citizens. They account for approximately 20 per cent of all HIV patients in our country.

If diagnosed and treated early enough, people can live long and healthy lives with HIV. Poland therefore supports the implementation of HIV testing programmes as part of a holistic and integrated package linked to prevention, treatment and care services. We want to emphasize the importance of securing the cascade of care for people living with HIV. We also need to accelerate the implementation of evidence-based programmes and differentiated, people-centred approaches. Increasing early diagnoses of HIV and HIV co-infection is among the Polish health authorities' priorities. Based on international recommendations and the best practices in the field, Poland has built a national system of voluntary testing for HIV and HIV co-infection. At the moment there are 29 voluntary counselling and testing centres operating in our country where everyone, including migrants, can test for HIV, hepatitis C and syphilis without a doctor's referral, anonymously and free of charge.

Notwithstanding the progress made in the global fight against HIV/AIDS, some challenges still exist. We see an urgent need to scale up services to prevent new HIV infections among key populations and among the general public more broadly. Sustained political leadership, investment in effective HIV prevention programmes and an enabling policy environment will be crucial to ending AIDS as a public health threat by 2030. To accelerate the global efforts, the international community needs to increase efficiency in the early diagnosis of HIV, in preventing HIV and co-infections, in ensuring access to antiretroviral treatment and in

combating stigma, as well as improving the ability to respond quickly to crisis scenarios entailing HIV outbreaks.

Poland supports the Global AIDS Strategy 2021–2026, which constitutes a strong foundation for effectively fighting HIV and AIDS in the years to come. In order to strengthen that support and engage more actively in the global fight against HIV/AIDS, Poland put forward its candidature for the Joint United Nations Programme on HIV/AIDS Programme Coordinating Board. Now that we have been elected to the Board, we would like to thank all countries for their support and promise that we will work hard on behalf of people living with HIV/AIDS.

**Mrs. Mozgovaya (Belarus)** (*spoke in Russian*): We would like to thank the Secretary-General for his report (A/78/883), which reaffirms that the spread of HIV remains a global health and social challenge to every State, without exception. Unfortunately, inequalities persist all over the world in the availability of tests, medicines, new technologies and scientific evidence. The high rate of the spread of HIV infection in some countries is fuelled by a lack of public awareness of how it can be transmitted and by inadequate assessments of personal risk. A lack of information about the disease and measures to avoid it has given rise to numerous unfounded fears, while people living with HIV infection also suffer social stigmatization.

Belarus has been consistently building the capacity of its national HIV prevention, treatment, care and support system to sustainably reduce the burden of the disease. More than 25,000 people who are HIV-positive are currently living in our country, all of whom receive free medical support. Belarus has ensured universal access to antiretroviral therapy for patients with HIV infection, thereby lengthening the lives of people living with HIV and improving the quality of those lives. Belarus has also created a system that ensures universal access to HIV counselling and testing. Testing services are provided by healthcare organizations as well as through non-governmental organizations and communities. Self-testing using rapid tests is also available in the country.

We have made significant progress in curbing the spread of HIV infection. With regard to the 95-95-95 testing, treatment and viral-load suppression targets set by the Joint United Nations Programme on HIV/AIDS (UNAIDS), in 2018 our numbers were 77-58-37, but

by the start of 2024 we had already reached 92-92-83. Thanks to the involvement and coordinated work of all stakeholders in the country, we are maintaining progress in the elimination of mother-to-child transmission of HIV. We are also expanding the geographical coverage of preventive services for key population groups and increasing the scope of preventive measures. In order to overcome the stigma related to HIV infection and people living with HIV-positive status, a unified information strategy on HIV infection has been implemented since 2011, providing for innovative approaches aimed at eliminating discrimination against people living with HIV/AIDS and key populations.

Non-governmental organizations play an important role in preventing and combating HIV infection. Belarus is implementing sustainable financing mechanisms for the work of such organizations using State budget resources. State-subsidized HIV prevention services and projects are being implemented. Representatives of non-governmental organizations are also involved in decision-making processes on issues related to HIV/AIDS. They are part of our national coordinating committee, working groups on the revision of clinical protocols and the development of proposals for funding for HIV programmes.

Our global experience in responding to the spread of HIV has highlighted many examples of successful actions to sustain the gains that have already been made and to achieve ambitious new goals through determination, innovation and partnerships. Belarus continues to advocate for respect for the principle of national sovereignty in the fight against HIV/AIDS, on the basis of national experience and within the framework of national legislation. We believe it is extremely important to pay attention to strategies aimed at preventing risky behaviour and encouraging responsible and healthy relationships, especially among young people. In that context, we emphasize the key importance of the institution of the family in the upbringing of children.

I would like to take this opportunity to express our gratitude to our international partners, the World Health Organization, the Joint United Nations Programme on HIV/AIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria, for their support. We want to assure them of our readiness to continue our cooperation and our strong commitment to continuing to implement measures to scale up the HIV/AIDS response. We firmly believe that success in achieving

the goals we have set will be possible only if we strive to meet those goals together.

**Mrs. Patel (India):** Allow me to begin by thanking the President of the General Assembly for convening today's debate.

India has made big strides in demonstrating a robust commitment to the global fight against the AIDS epidemic. We recognize and believe in the importance of the call to action of the Joint United Nations Programme on HIV/AIDS, which is to let communities lead. The community-led initiatives and projects in India include targeted intervention projects and linked work-up schemes, which focus on providing services to high-risk groups and bridge populations at risk of HIV and sexually transmitted infections, implemented in partnership with non-governmental organizations and community-based organizations. The biggest breakthrough came with the expansion of antiretroviral therapy. As of December 2022, more than 1.5 million people living with HIV in India were receiving life-saving antiretroviral therapy. Our National AIDS Control Organization has been instrumental in scaling up antiretroviral therapy services, ensuring that the treatments are accessible and affordable.

India's National AIDS Control Programme Phase-V aims to achieve the ambitious 95-95-95 targets by 2025. Globally, the progress on 95-95-95 stood at 86-89-93 in 2022, with the testing and treatment cascade at 86-76-71. India's journey since 2018–2019 shows a steady increase, with the percentage of people living with HIV aware of their status rising from 70 per cent in 2018–2019 to 79 per cent in 2022–2023. The second 95, that is, the percentage of diagnosed people living with HIV on antiretroviral therapy, has consistently hovered between 82 per cent and 86 per cent during the same period. Notably, our progress on the third 95, that is, viral suppression among those on antiretroviral therapy, improved significantly from 72 per cent in 2018–2019 to 93 per cent in 2022–2023, largely due to increased testing and transitioning to routine testing strategies.

India has also made concerted efforts to tackle the stigma and discrimination associated with HIV/AIDS. The HIV and AIDS Prevention and Control Act that India has implemented is a landmark law that emphasizes a rights-based and equity-driven approach, protecting the rights of people living with HIV and target populations. Moreover, it establishes a robust grievance-redressal mechanism, featuring an

ombudsman at the State level and a complaints officer at the establishment level, ensuring that grievances can be swiftly resolved.

While measures are being taken to combat AIDS, India is also sourcing solutions for a sustainable future. Our prevention efforts extend to priority populations, such as people in prisons and other closed settings, those operating through virtual platforms and young key populations in hard-to-reach areas. With support from civil society stakeholders, those interventions have intensified, particularly in prisons, leading to significant milestones in combating the epidemic. Capacity-building initiatives through the Kshamta Kendra have trained non-governmental and capacity-building organizations, enhancing the effectiveness of the targeted intervention programmes. Despite changing dynamics, the programmes have succeeded in maintaining a large proportion of vulnerable key populations largely HIV-negative.

India's comprehensive approach, combining legal protection with awareness and support mechanisms, reflects our dedication to eradicating AIDS and the associated stigma, thereby improving the quality of life for the people affected.

**Mr. Kitada** (Japan): On behalf of Japan, I would like to express our gratitude to the Secretary-General for the comprehensive and insightful report (A/78/883) on the progress that has been made towards ending AIDS. I also extend my sincere appreciation to all involved in the global effort to combat HIV/AIDS.

Japan has been a steadfast member of the Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS (UNAIDS) since its establishment in 1996. We remain deeply committed to the global HIV prevention, diagnosis and treatment agenda. That commitment aligns with our broader focus on universal health coverage and preparing for future pandemics.

The Secretary-General's report highlights significant achievements, including the expansion of antiretroviral therapy and a reduction in new HIV infections. Those accomplishments are a testament to the power of global solidarity, scientific innovation and community-led responses. At the same time, the report also underscores the challenges that remain, particularly in ensuring equitable access to treatment and addressing the persistent stigma and discrimination faced by key populations. Japan firmly believes that to

end AIDS as a public health threat by 2030 we should prioritize three issues.

First, we must address inequalities and ensure that health services reach the most vulnerable populations. Discrimination and socioeconomic disparities continue to obstruct people's access to HIV services. In line with the UNAIDS Global AIDS Strategy 2021–2026, Japan is committed to working with international partners to reduce inequalities and ensure that everyone, regardless of their circumstances, can access the care they need.

Secondly, we must secure sustainable financial resources for the HIV/AIDS response. Strategic collaboration between finance and health authorities is essential. We commend the efforts of the Global Fund to Fight AIDS, Tuberculosis and Malaria in supporting sustainable health-budget management in recipient countries, and we will continue to share our experiences in strengthening health systems to ensure the continuity of those vital services.

Thirdly, we must invest in innovation to enhance the effectiveness of HIV interventions. Through its support to Unitaids, Japan has been at the forefront in developing and providing child-friendly HIV treatments and effective HIV testing and treatments for low- and middle-income countries. We will continue to prioritize innovation to improve health outcomes and value for money.

In addition to those efforts, Japan is dedicated to supporting comprehensive and sustainable health systems. We have attached great importance to the field of global health and infectious disease control for many years, as a pillar of our diplomacy. Our contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria, which have totalled approximately \$4.3 billion since the Fund was established, demonstrate our commitment. We also provide supplemental bilateral aid to ensure the effective implementation of measures against those major infectious diseases in developing countries. We are inspired by the work of such individuals such as Dr. Tetsu Nakamura, whose dedication to providing medical services and improving lives in Afghanistan exemplified the spirit of human security. His legacy reminds us of the profound impact that committed individuals can have on global health and development, including HIV/AIDS control. Japan's dedication to achieving universal health coverage, based on the principle of human security, remains unwavering. We believe that ensuring the health and



welfare of people living with HIV is integral to our global health diplomacy.

As we move towards the 2026 high-level meeting on the comprehensive review of progress achieved, let us renew our political commitment and collective efforts so as to build a sustainable HIV response that extends beyond 2030. Together we can advance the Sustainable Development Goals and be better prepared for future health challenges.

In conclusion, Japan reaffirms its commitment to the global fight against HIV/AIDS and to building a world in which no one is left behind. We want the General Assembly to be a catalyst for action, solidarity and hope for a future free from HIV/AIDS.

**Mr. Sowah** (United Kingdom): I would like to thank the Secretary-General for the progress report on the targets and commitments set out in the Political Declaration on HIV and AIDS and the advances made in our shared commitments in the global fight against HIV (A/78/883). The report presents causes for celebration, such as data showing that more than three quarters of people living with HIV globally are receiving life-saving treatment. However, it also highlights causes for concern. For example, it makes it clear that HIV remains more likely to affect young women and girls, especially in sub-Saharan Africa, and key populations, including LGBT+ people, elsewhere in the world. We fully recognize the challenges the report presents and the broader challenge that Member States face in achieving the goals set out in the Global AIDS Strategy.

The Secretary-General's recommendations capture many of the aspects of the HIV response that require greater attention, including the need for community-led responses, the importance of focusing on people who are left behind and lack access to HIV treatment as a result of widening gender inequalities, stigma and discrimination and the need for greater effort and attention where HIV prevention is concerned. As a significant funder of the HIV response, the United Kingdom remains committed to seeing that ambition achieved, and to ending AIDS-related deaths and preventing new HIV infections. As the report highlights, we recognize the benefit of multilateralism in bringing nations together to confront complex global challenges through a universal approach.

The evidence is clear. Without action on the barriers stopping us from tackling the AIDS epidemic,

we risk sliding backwards and losing our hard-won gains. We urge all countries to take seriously the key recommendation in the report on taking urgent action to reach people left behind on the path to end AIDS through continued efforts to reach the 2025 targets for HIV prevention, testing and treatment services and through societal enablers, and to protect the rights of key populations, especially young women and girls, to ensure they are not left behind.

The United Kingdom remains committed to working with its partners to implement the recommendations set out in the Secretary-General's report and the commitments in the 2021 Political Declaration on HIV/AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030. The United Kingdom is proud to continue to champion the right to health and the dignity of all people, and we look forward to joining others at the forthcoming meeting of the Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS to discuss what more can be done to end AIDS as a global public health threat by 2030.

**Mr. Nan Li** (China) (*spoke in Chinese*): Global epidemics such as AIDS, tuberculosis and the coronavirus disease have shown that no country is immune to infectious diseases. We form a global community with a shared future in which our destinies are intertwined. We must strengthen our solidarity and cooperation and work together to achieve the global vision of ending the AIDS epidemic.

Based on the concept of putting people and life first, the Chinese Government has attached great importance to the prevention and treatment of HIV/AIDS, effectively fulfilled its commitments under Sustainable Development Goal (SDG) 3 and made remarkable achievements. After many years of effort, public awareness of AIDS prevention and treatment has been greatly increased. Blood-borne transmission of the disease has been virtually halted. Drug transmission and mother-to-child transmission have been effectively controlled. The rates of diagnosis and detection of infected persons have increased. The coverage rate of antiretroviral treatment and the rate of viral suppression have both reached more than 90 per cent and the rate of HIV infection among the general population has been maintained at a low level. China will continue to adhere to the principle of prevention and to combining prevention and treatment with comprehensive management. We will focus on the implementation of the Health China strategy and the SDGs, and on key

and difficult issues. We will accelerate our national AIDS prevention and treatment strategy and safeguard people's health in all aspects.

We will continue to actively support and participate in global AIDS prevention and treatment and to support the United Nations, especially the Joint United Nations Programme on HIV/AIDS and the World Health Organization. We will continue to play an important role and stand ready to strengthen technical exchanges and experience-sharing in AIDS prevention and treatment through platforms such as the Belt and Road Initiative and South-South cooperation. We will work with the international community to promote the building of a community of health and well-being for mankind.

**Ms. Kuzee** (Namibia): I thank the President, for convening this important meeting to review progress towards realizing the targets and commitments set out in the Declaration of Commitment on HIV/AIDS and the political declarations on HIV/AIDS. Allow me to first thank the Secretary-General for his report A/78/883.

Namibia takes cognizance of the fact that, as progress continues in our common pursuit to achieve the Sustainable Development Goals, the commitments to end AIDS as a public threat by 2030 have been scaled up. That inspires hope.

Namibia is home to more than 200,000 people living with HIV and the Namibian Government ascribes great importance to the work of the Joint United Nations Programme on HIV/AIDS (UNAIDS). Our commitment to the 95-95-95 targets is prioritized in our strategic health targets. Namibia has achieved 94-97-95, as of 2023.

Additionally, Namibia prides itself in recently becoming the first country in Africa — and the first high-burden country in the world — to reach a significant milestone on the path towards eliminating vertical mother-to-child transmission of both HIV and hepatitis B virus. Currently, 99 per cent of all children born to HIV-positive mothers are born HIV-free. That achievement is anchored in an approach that prioritizes the decentralization of services to support community-based antiretroviral therapy and improve access to treatment.

Furthermore, partnership remains an important component of our national response, coupled with political commitment that prioritizes access to resources, especially domestic resources. While we

continue to benefit from the generosity of our partners in our quest to eliminate AIDS as a public health threat, domestic funding currently accounts for over 70 per cent of funding, and there is a commitment to scale that up to 80 per cent over the next five years.

Namibia is continuing to address HIV not in isolation, but as part of a broader health and development agenda, encompassing maternal and child health for all.

*Mr. Milambo (Zambia), Vice-President, took the Chair.*

New infections disproportionately impact females, especially young women and adolescent girls. Namibia will therefore continue implementing its national gender policy ensuring that women and girls enjoy equal rights and access to basic services. In that connection, we welcome the adoption of the resolution on HIV/AIDS led by the Southern Africa Development Community during the sixty-eighth session of the Commission on the Status of Women (resolution 60/2), which calls for increased investment in gender equality and the empowerment of women and girls in the HIV-AIDS response.

In conclusion, I wish to reiterate our previous stance that to achieve the set targets towards ending AIDS as a public health threat, we must address the broader questions of poverty, hunger and deepening inequalities. This coupled with the establishment of resilient institutions and functional partnerships, helps build resilient communities that are sustainable and whose health needs are met. Therefore, until we have achieved our set targets, we must remain steadfast in prioritizing those left furthest behind.

**Mr. Heartney** (United States of America): We also thank the Secretary-General for sharing the initial progress report on the path to ending AIDS as a public health threat by 2030 and achieving the 2025 targets (A/78/883).

As a global community, we have made enormous progress in preventing, detecting and treating HIV — greatly reducing annual HIV diagnoses and transmission. AIDS-related deaths have declined by 68 per cent since their peak in 2004, and new infections are down by 42 per cent, 25 million lives have been saved and 5.5 million babies born HIV-free. Despite those advancements, approximately 39 million people continue to live with HIV, including more than 1 million in the United States.

HIV remains a serious health, security and development threat, and persons with HIV continue to face increased rates of discrimination and stigma. We have no cure, we have no vaccine, and we have a new generation for whom the risk remains an enduring threat.

Ending the HIV/AIDS pandemic remains a priority for the United States. To achieve the Sustainable Development Goals (SDGs) by 2030 — SDG 3 on health and its 2030 HIV targets in particular — we must sustain the gains we have made and accelerate progress to reach the 2025 UNAIDS HIV treatment targets. We are concerned because important lessons learned are increasingly ignored. We know the populations most at risk for HIV. However, persistent inequalities and discrimination plague the lives of those most affected by HIV, including children, girls and young women, LGBTQI+ persons, people who use drugs and sex workers. We know the importance and effectiveness of ensuring access to health services to members of key and vulnerable populations, including those facing multiple and intersecting forms of discrimination. We know that stigma and discrimination stand in the way of sound policy and lead to negative outcomes.

We have to listen. We have to act as if our lives depended on getting this right. We must ensure the response is adequately resourced. Our shared goals must be advanced and sustained within country-led, functional and resilient national systems. UNAIDS and its co-sponsoring United Nations agencies are critical partners worldwide that provide necessary expertise to national and regional systems. We hope Member States will consider increasing funding to the HIV/AIDS response, particularly through UNAIDS, as well as its co-sponsors.

We must not make excuses. We know that this epidemic is increasingly concentrated in key populations. Our efforts need to accurately reflect the data. Stigma and discrimination have no place in a data-driven response. We must not tolerate harmful laws and policies.

**Mr. Muhumuza** (Uganda): HIV is a relentless global health challenge that continues to impact millions of lives. Today I am honoured to address the General Assembly on Uganda's ongoing efforts and achievements in this fight.

I would like to thank and acknowledge the insights and recommendations in the latest report on this subject by the Secretary-General (A/78/883). This

comprehensive report highlights the significant strides made globally and underscores the urgent need to accelerate our efforts to meet the 2025 targets.

Uganda reaffirms its commitment to ending inequalities and getting back on track to end AIDS by 2030. In doing so, we have set ambitious targets in the country's third national development plan 2020-2025, in line with the new Global AIDS Strategy of 2021-2026, the Uganda Vision 2040 and other national and international commitments related to the Sustainable Development Goals.

Over the past four decades, the national HIV/AIDS control campaigns, spearheaded by His Excellency President Yoweri Museveni, have resulted in a decline in HIV/AIDS prevalence rates from 18 per cent in 1990 to 5.1 per cent in 2023.

Here are some key milestones recorded in the past decade.

First, Uganda is ranked among the first 14 countries globally to have achieved and surpassed the UNAIDS second and third fast-track 90-90-90 targets, and we are now aiming for the 95 targets.

Secondly, during the past decade, we saw a 35 per cent reduction in new infections from 97,000 in 2010 to 38,000 in 2023 and a 54 per cent reduction in annual AIDS-related deaths from 37,000 in 2010 to 17,000 in 2023. The reduction resulted from the scale-up of interventions, such as optimized antiretroviral regimens and differentiated service models based on clients' needs and preferences.

Thirdly, external stigma and discrimination dropped from 24 per cent in 2013 to 1.3 per cent in 2019.

Fourthly, annual AIDS-related deaths fell from 39,000 in 2010 to 17,000 in 2023. All of those achievements were made possible by support from key stakeholders, including development partners, notably, the President's Emergency Plan for AIDS Relief and the Global Fund to Fight AIDS, Tuberculosis and Malaria; the private sector; civil society; religious and cultural leaders; and people living with HIV/AIDS.

Our approach to prevention remains steadfast. We continue to prioritize primary interventions, expanding HIV testing services and promoting behavioural change, condom promotion, safe male circumcision and antiretroviral-based prevention, such as pre-exposure prophylaxis. HIV care and treatment are gradually

being integrated into our broad healthcare system, addressing non-communicable diseases such as mental health and metabolic disorders, alongside advanced disease and drug resistance.

Despite our progress, Uganda still bears a heavy burden — 1.49 million adults and children living with HIV, including 72,000 children and 910,000 women. We remain undeterred in our commitment to providing prevention services to those most at risk, including adolescent girls and young women, men and key populations. Dedicated clinics and drop-in centres have been established to offer friendly, accessible care to young people and key and priority populations.

Preventing mother-to-child transmission remains a priority. Our policies cover all critical areas — from primary prevention to care and support for mothers, children and partners. We have seen success with high testing rates among mothers attending antenatal clinics, enrolment in antiretroviral regimens for pregnant HIV-positive women and reduced HIV positivity rates in newborns. The country is also witnessing an increase in testing for tertiary syphilis, HIV and hepatitis B among pregnant and breastfeeding women. The challenge continues to be breakthrough infections during later pregnancy and breastfeeding.

Under the HIV care and treatment programme, we continue to enrol more individuals on optimized antiretroviral therapy regimens. More than 1.37 million people living with HIV are now in treatment, with 94 per cent achieving viral suppression. Yet challenges remain, such as individuals not enrolled in treatment and with unsuppressed viral loads. We are rolling out integrated community services, ensuring person-centred care and reaching individuals in need of HIV services.

In conclusion, Uganda calls for global solidarity to enhance financial resources, strengthen health systems and increase investment in community health systems and in research and development for ending AIDS as a public health threat by 2030. We stand committed to the path ahead, ready to overcome the remaining challenges and achieve an AIDS-free generation. Together with our global partners, we will continue to strive for a world where HIV and AIDS are no longer a public health threat.

**Ms. Romualdo** (Cabo Verde): The Declaration of Commitment on HIV/AIDS, adopted by the General Assembly in 2001 (resolution S-26/2), represents a critical milestone in the global fight against HIV/AIDS.

It marked the first time that global leaders collectively recognized it as a global emergency requiring a coordinated international response.

We have come a long way since then and commend the Secretary-General and his team for the efforts deployed on this subject and the detailed progress report presented today (A/78/883) on targets and solutions for the future of the path to ending AIDS. It is indeed an important document that sets clear objectives, underlines achievements and identifies the challenges and needs related to the promotion of human rights and the mobilization of the necessary resources to combat one of the most challenging public health crises of our time. Although the report registers positive global results, it also reveals the urgent need for special attention so direly needed by countries, communities and some very vulnerable groups, namely, women and girls, LGBTQ+ people and sex workers, in order to ensure that, in this battle too, no one is left behind.

In Cabo Verde we have made significant progress in the fight against HIV/AIDS over the years, achieving some results. We have maintained one of the lowest HIV prevalence rates in West Africa, with adult prevalence remaining consistently below 1 per cent, demonstrating effective prevention and control measures. The country has implemented robust prevention programmes, including widespread education and awareness campaigns about HIV transmission and prevention methods that target key populations, such as youth and vulnerable groups, in order to reduce new infections.

The Government has worked to ensure that treatment is widely available and that those diagnosed with HIV have access to antiretroviral therapy and receive timely and effective care. Pregnant women are routinely tested for HIV, and those who test positive also receive treatment to reduce the risk of mother-to-child transmission to their babies. Efforts to reduce stigma and discrimination against people living with HIV/AIDS have also been crucial. Public education campaigns and supportive policies have helped create a more inclusive and supportive environment for those affected by the virus.

We have strengthened our health data collection and surveillance systems, which has enabled the Government to monitor the epidemic effectively and tailor interventions to meet the specific needs of the population. My country, Cabo Verde, has been collaborating with international organizations, such as the Joint United



Nations Programme on HIV/AIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria, in order to enhance its response to HIV/AIDS. Those partnerships have provided technical and financial support, boosting the country's capacity to address the epidemic. We would therefore like to take this opportunity to express our deepest appreciation and gratitude to all our partners and the United Nations agencies for their valuable support in our fight against HIV/AIDS.

Finally, we would also like to underscore Cabo Verde's firm commitment to continuing to engage with all organizations, countries and other stakeholders, at both the national and global levels, to fight that common enemy and achieve the eradication of the disease in the long term.

**Mrs. Birrer** (Switzerland) (*spoke in French*): Switzerland would like to thank the Secretary-General for his report (A/78/883). We are pleased with the progress made towards realizing Sustainable Development Goal target 3.3, which aims to eradicate AIDS as a public health threat by 2030. As we prepare for the high-level meeting on HIV/AIDS to be held in 2026, we would like to advocate today for the following areas to be strengthened in our collective efforts to implement our shared commitments.

First, concerning the elimination of all forms of discrimination, while access to antiretroviral treatment is expanding, there remains an urgent need to eliminate all forms of discrimination against people living with HIV/AIDS. The inequalities that fuel the HIV/AIDS pandemic, particularly those affecting women and especially adolescent girls and young women, as well as the stigma, discrimination and violence associated with HIV, are deeply troubling. Those shortcomings remind us of the significant barriers that we have yet to overcome. Addressing HIV-related discrimination and stigma is therefore crucial, as is the elimination of laws and practices that make people wary of accessing health services or prevents them from doing so. In that context, Switzerland welcomes the recent adoption of the decisions of the Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS on key populations. Those decisions focus on improving access to HIV prevention, testing, treatment and other social protection services, which address the diverse needs and circumstances of key populations, including transgender people.

Secondly, in order to eliminate stigma and discriminatory laws, we advocate for human rights and evidence-based policies. Switzerland will continue to defend people-centred policies that are based on scientific evidence rather than political or ideological considerations. For us, that means supporting research into new treatments and prevention strategies and implementing them when they are proven to be effective.

Thirdly and lastly, concerning the role of communities, community-led organizations play a critical role in advocacy, participation in AIDS response coordination and service delivery. They sound the alarm about human rights violations, propose improvements and hold Governments accountable. We look forward to continuing to work together to achieve the goal of eradicating AIDS as a public health threat by 2030.

**Mr. Ghafouri** (Islamic Republic of Iran): Before I start, I would like to extend my sincere gratitude to the President, and the Secretariat for convening today's meeting.

An effective response to HIV/AIDS 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, which in particular hinder the efforts of developing countries to accelerate the effective response to HIV/AIDS. To overcome those pressing challenges and set up effective HIV/AIDS responses, it remains vital to reintegrate international cooperation for the transfer of technology, ensure unhindered access to medicines for developing countries and support capacity-building, research and scientific cooperation, which should be addressed through genuine collaboration at the international level.

Significant progress has been made in the Islamic Republic of Iran in promoting the health and well-being of people who are at risk of or living with HIV and 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 strengthening its responses to HIV/AIDS. Nevertheless, unilateral coercive measures

and economic and technical barriers continue to impede efforts to enhance health systems and effective responses to HIV/AIDS and undermine the capacity of States to respond to and address health challenges.

In conclusion, my delegation would like to reaffirm the sovereign rights and prerogatives of Member States when it comes to adopting and implementing policies and programmes related to health, including responses to HIV/AIDS, in accordance with domestic laws, national policies and cultural priorities.

**Mr. Méndez Bocanegra** (Colombia) (*spoke in Spanish*): The Government of President Gustavo Petro Urrego has made progress in implementing the combined prevention strategy against HIV/AIDS promoted by the World Health Organization and the Joint United Nations Programme on HIV/AIDS, based on human rights and scientific evidence. The strategy includes biomedical, behavioural and structural interventions focused on reducing new infections in vulnerable populations. Of the estimated 224,000 people living with HIV in Colombia in 2022, 83 per cent of diagnosed individuals were receiving treatment and 91 per cent of them had suppressed the viral load. Those achievements reflect the impact of our combined prevention strategy.

Let me now highlight some key examples of progress made under the Government of change.

First, we integrated HIV/AIDS treatment into the health system, which since 2021 has included immediate post-diagnosis treatment, self-testing and pre-exposure prophylaxis (PrEP), and we coordinated with international agencies to support irregular migrants. Secondly, we rolled out PrEP, which has led to an increase in the number of users from 1,636 in 2022 to 6,670 in 2023. Thirdly, we established a clinical pathway for HIV/AIDS treatment, including by providing guidelines for screening, diagnosis, treatment and standardized follow-up. Fourthly, we set up a comprehensive prevention and care strategy, focused on integrated services that address the social determinants of sexual and reproductive health and on strategies to prevent sexual and gender-based violence.

As part of the challenges that my country continues to face, I would like to mention the following priorities.

First, we must strengthen combined prevention strategies, in particular to improve access to biomedical and educational tools, reduce stigma and eliminate gender violence. Secondly, regarding care for migrants,

we must improve access to diagnosis and treatment for the 20,000 migrants living with HIV. Thirdly, we must ensure sustainable financing, which is necessary to achieve increased and sustained investment in the HIV response, focusing on primary healthcare centres and community responses. Finally, Colombia, as a global power for life, will remain committed to combating HIV/AIDS, so that no one is left behind and we can continue to make progress in prevention in key populations and in the development of public policies that provide more solid support for intersectoral management.

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

The General Assembly has thus concluded its consideration of agenda item 10.

### **Agenda item 13 (*continued*)**

#### **Integrated and coordinated implementation of and follow-up to the outcomes of the major United Nations conferences and summits in the economic, social and related fields**

**The Acting President:** I now give the floor to the representative of Mongolia to introduce draft resolution A/78/L.71.

**Mrs. Vangansuren** (Mongolia): Mongolia has the honour to introduce draft resolution A/78/L.71, entitled “International Year of Cooperatives 2025”, on behalf of Kenya and the other co-sponsors of the draft resolution.

Cooperatives are people-centred enterprises that bring people together in a more democratic and equal way, and the contribution of cooperatives to socioeconomic development is duly recognized. There are currently about 3 million cooperatives and 12 per cent of the people on the planet are members of a cooperative. Cooperatives in their various forms promote the fullest possible participation in the economic and social development of local communities and all people, including women, young people, older persons, persons with disabilities and Indigenous Peoples, whose inclusion strengthens economic and social development and contribute to the eradication of poverty and hunger.

The first International Year of Cooperatives in 2012 was a remarkable success. Therefore, in resolution 78/175, of 19 December 2023, entitled “Cooperatives in social development”, for which there were 101 co-sponsors, the General Assembly called for the proclamation of

another International Year of Cooperatives in 2025 and encouraged all Member States, as well as the United Nations and all other relevant stakeholders, to take advantage of the new International Year as a way of promoting cooperatives and raising awareness of their contribution to the implementation of the Sustainable Development Goals.

Cooperative enterprises and stakeholders, including the Committee for the Promotion and Advancement of Cooperatives and the International Cooperative Alliance, are planning to undertake a wide range of activities in 2025 on the theme “Cooperatives build a better world”. A soft launch of the International Year will be organized in New York on 9 July during the high-level political forum to be held on the occasion of the International Day of Cooperatives. Subsequently, the official launch of the Year will take place in New Delhi during the Global Cooperative Conference of the International Cooperative Alliance, to be held from 25 to 30 November in the presence of global leaders, seeking to inspire cooperators worldwide.

Mongolia has been the main co-sponsor of the General Assembly’s biennial resolution on the role of cooperatives in social development since 1981 and we believe that it has made an important contribution to the global cooperative movement. Among national efforts aimed at developing and supporting cooperatives, we would like to underline one of the most recent initiatives. In April 2024, the Government of Mongolia launched the New Cooperative Programme as part of its mid-term development programme, the New Recovery Policy. The New Cooperative Programme will mostly focus on agriculture, developing risk-resistant, nomadic, semi-nomadic and intensive livestock husbandry, as well as livestock production, through cooperatives. With the successful implementation of that programme, the income, social security and well-being of herders will be stabilized and improved and the overall ability of the livestock sector to adapt to climate change and manage risks will be enhanced.

In conclusion, on behalf of all its co-sponsors, allow me to express our hope that draft resolution A/78/L.71 will receive the unanimous support and wide sponsorship of Member States.

**The Acting President:** We shall now proceed to consider draft resolution A/78/L.71.

I give the floor to the representative of the Secretariat.

**Ms. Sharma** (Department for General Assembly and Conference Management): I should like to announce that, since the submission of the draft resolution A/78/L.71 and in addition to the delegations listed in the document, the following countries have also become co-sponsors of draft resolution A/78/L.71 — Albania, Angola, Armenia, Austria, Bangladesh, Belarus, Bhutan, the Plurinational State of Bolivia, Botswana, Burundi, Cabo Verde, Chile, China, Colombia, the Congo, Costa Rica, Cuba, the Dominican Republic, the Gambia, Germany, Guatemala, Haiti, Honduras, Hungary, Indonesia, Israel, Japan, Kazakhstan, Kyrgyzstan, the Lao People’s Democratic Republic, Lesotho, Luxembourg, Malaysia, Maldives, Morocco, Myanmar, Namibia, Nepal, Nicaragua, Pakistan, Paraguay, the Philippines, Poland, Portugal, Qatar, the Russian Federation, Rwanda, Senegal, Slovenia, South Africa, Sri Lanka, Suriname, Tajikistan, Thailand, Tunisia, Türkiye, Uganda, the United Republic of Tanzania, the United States of America, Uzbekistan, Viet Nam and Zambia.

**The Acting President:** The Assembly will now take a decision on draft resolution A/78/L.71, entitled “International Year of Cooperatives 2025”.

May I take it that the Assembly decides to adopt draft resolution A/78/L.71?

*Draft resolution A/78/L.71 was adopted (resolution 78/289).*

The General Assembly has thus concluded this stage of its consideration of agenda item 13.

*The meeting rose at 12.40 pm*