United Nations A/80/L.79

# General Assembly

Distr.: Limited
19 June 2026

Original: English

**Eightieth session**
Agenda item 10
**Implementation of the Declaration of Commitment on HIV/AIDS and the political declarations on HIV/AIDS**

**Draft resolution submitted by the President of the General Assembly**

## Political Declaration on HIV/AIDS: United to End AIDS by 2030

*The General Assembly*

*Adopts* the political declaration entitled "Political Declaration on HIV/AIDS: United to End AIDS by 2030" annexed to the present resolution.

**Annex**
**Political Declaration on HIV/AIDS: United to End AIDS by 2030**

**Introduction**

1. We, the Heads of State and Government and high representatives, gathering at the United Nations in New York on 22 and 23 June 2026:

(a) Note this critical juncture in the global HIV response, with 25 years of remarkable progress since the historic special session of the General Assembly on HIV/AIDS held in 2001 threatened by slowing momentum, decreasing financing, growing inequalities, conflict and compounding global crises;

(b) Express deep concern that the world did not meet the global 2025 HIV targets and is not on track to end AIDS as a public health threat by 2030, with stigma and discrimination, gender inequality, human rights violations and underinvestment continuing to undermine progress;

(c) Reaffirm our unwavering commitment to end AIDS as a public health threat by the end of 2030 and to sustain progress into the future, ensuring that no one is left behind and that the health, human rights and dignity of all people, including people living with, at risk of or affected by HIV and their families, are respected, protected, promoted and fulfilled.

In this regard we:

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Please recycle

2. Reaffirm the 2001 Declaration of Commitment on HIV/AIDS[1] and the 2006,[2] 2011,[3] 2016[4] and 2021[5] political declarations on HIV/AIDS;

3. Reaffirm target 3.3 of the Sustainable Development Goals: "By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases", within the 2030 Agenda for Sustainable Development;[6]

4. Reaffirm the 2024 Pact for the Future,[7] the outcome document of the Fourth International Conference on Financing for Development, the Sevilla Commitment,[8] which builds on the 2015 Addis Ababa Action Agenda of the Third International Conference on Financing for Development,[9] the Lusaka Agenda on domestically financed and people-centred primary healthcare and sustainable health financing, the 1978 Declaration of Alma-Ata and the 2018 Declaration of Astana on primary healthcare, the 1986 Ottawa Charter for Health Promotion, the 2023 political declaration on the fight against tuberculosis,[10] the 2019[11] and 2023[12] political declarations on universal health coverage, the 2023 political declaration on pandemic prevention, preparedness and response,[13] the 2024 political declaration on antimicrobial resistance[14] and the 2025 political declaration on the prevention and control of noncommunicable diseases and the promotion of mental health and well-being;[15]

5. Recall the Declaration on the Right to Development[16] and the Durban Declaration and Programme of Action,[17] as well as the Programme of Action of the International Conference on Population and Development,[18] the Beijing Declaration and Platform for Action[19] and the outcome documents of their review conferences;

6. Reaffirm the Universal Declaration of Human Rights[20] and the obligations of the States Parties to the International Covenant on Civil and Political Rights,[21] the International Covenant on Economic, Social and Cultural Rights,[22] the Convention on the Rights of the Child,[23] the Convention on the Elimination of All Forms of Discrimination against Women,[24] the Convention on the Rights of Persons with

[1] Resolution S-26/2, annex.
[2] Resolution 60/262, annex.
[3] Resolution 65/277, annex.
[4] Resolution 70/266, annex.
[5] Resolution 75/284, annex.
[6] Resolution 70/1.
[7] Resolution 79/1.
[8] Resolution 79/323, annex.
[9] Resolution 69/313, annex.
[10] Resolution 78/5, annex.
[11] Resolution 74/2.
[12] Resolution 78/4, annex.
[13] Resolution 78/3, annex.
[14] Resolution 79/2, annex.
[15] Resolution 80/117, annex.
[16] Resolution 41/128, annex.
[17] See A/CONF.189/12 and A/CONF.189/12/Corr.1, chap. I.
[18] *Report of the International Conference on Population and Development, Cairo, 5–13 September 1994* (United Nations publication, Sales No. E.95.XIII.18), chap. I, resolution 1, annex.
[19] *Report of the Fourth World Conference on Women, Beijing, 4–15 September 1995* (United Nations publication, Sales No. E.96.IV.13), chap. I, resolution 1, annexes I and II.
[20] Resolution 217 A (III).
[21] See resolution 2200 A (XXI), annex.
[22] Ibid.
[23] United Nations, *Treaty Series*, vol. 1577, No. 27531.
[24] Ibid., vol. 1249, No. 20378.

Disabilities[25] and the International Convention on the Elimination of All Forms of Racial Discrimination;[26]

7. Recall all relevant resolutions and decisions of the General Assembly, Security Council resolutions 1308 (2000) of 17 July 2000 and 1983 (2011) of 7 June 2011, Economic and Social Council resolution 2025/20 of 29 July 2025 on the Joint United Nations Programme on HIV/AIDS, Human Rights Council resolution 56/20 of 12 July 2024[27] and Commission on the Status of Women resolutions 68/1 of 22 March 2024[28] and 70/1 of 19 March 2026,[29] as well as taking note of the decisions of the Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS;

8. Reaffirm the sovereign rights of Member States, as enshrined in the Charter of the United Nations, and the need for all countries to implement the commitments and pledges in the present declaration consistent with national laws, national development priorities and international human rights;

9. Recognize with appreciation:

(a) The 30 years of experience and the leading role of the Joint United Nations Programme on HIV/AIDS in coordination, technical cooperation, monitoring and support to national HIV/AIDS responses, due, inter alia, to its multisectoral, multi-stakeholder approach;

(b) The achievements of the Global Fund to Fight AIDS, Tuberculosis and Malaria, Unitaid and their partners in financing the implementation of country-led HIV responses;

(c) The pivotal role of Governments and civil society worldwide over the past 40 years in providing leadership, coordination, service delivery and financial support in the response to HIV/AIDS;

10. Take note of the 2026 report of the Secretary-General entitled "United to end AIDS"[30] and the Global AIDS Strategy for 2026–2031: United towards Ending AIDS;

11. Reaffirm the Greater Involvement of People Living with HIV/AIDS principle and the meaningful involvement, empowerment and leadership of community-led networks of people living with, at risk of or affected by HIV and their families;

12. Reaffirm the right of every human being, without distinction of any kind, to the enjoyment of the highest attainable standard of physical and mental health, and affirm that the availability, accessibility, acceptability, affordability and quality of HIV combination prevention, testing, treatment, care and support, health and social services, including sexual and reproductive healthcare services, information and education, delivered free from stigma and discrimination, are all essential elements to achieve the full realization of this right;

13. Recognize that the global response to the HIV epidemic and its sustainability requires the full realization of all human rights and fundamental freedoms for all, ending inequalities and driving multisectoral action;

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[25] Ibid., vol. 2515, No. 44910.

[26] Ibid., vol. 660, No. 9464.

[27] See *Official Records of the General Assembly, Seventy-ninth Session, Supplement No. 53* (A/79/53), chap. V, sect. A.

[28] See *Official Records of the Economic and Social Council, 2024, Supplement No. 7* (E/2024/27), chap. I, sect. C.

[29] Ibid., *2026, Supplement No. 7* (E/2026/27), chap. I, sect. C.

[30] A/80/724.

14. Emphasize the important role of cultural, family, ethical and religious factors, including the key role played by traditional, religious and faith leaders and families in HIV prevention, treatment, care and support;

15. Recognize that poverty and poor health are inextricably linked and can increase the risk of progression from HIV to AIDS owing to a lack of access to comprehensive treatment-related services and adequate nutrition and care services and to the inability to meet costs related to treatment services, including transportation, and in this regard recognize that systems should be strengthened to promote enabling and supportive environments for people living with, at risk of or affected by HIV;

16. Strongly commit to provide greater leadership and to work together through international cooperation, reinvigorated multilateralism and meaningful community engagement to urgently accelerate our national, regional and global collective actions towards comprehensive prevention, treatment, care and support, increase investments in research, development, science and innovations to build a healthier world for all, and leverage the decade of action and delivery for sustainable development and ensure that no one is left behind, with an endeavour to reach the furthest behind first;

17. Note that 2026 marks 45 years since the first cases of AIDS were reported, 30 years since the establishment of the Joint United Nations Programme on HIV/AIDS, 25 years since the landmark 2001 Declaration of Commitment on HIV/AIDS and the decision to establish the Global Fund to Fight AIDS, Tuberculosis and Malaria and 20 years since the establishment of Unitaid;

**Where are we now?**

*Gaps*

18. Express deep concern that, despite significant progress, the global AIDS epidemic continues to affect every region, remaining a global emergency and a paramount health, development, human rights and social challenge, and note that sustained and coordinated investment in research and innovation towards an HIV cure and an effective and affordable vaccine is essential to end HIV;

19. Express deep concern that, in 2025, 1.2 million people globally newly acquired HIV and 570,000 people died from AIDS-related causes, and, while life-saving medicines exist to prevent AIDS-related deaths and onward transmission of HIV, 8.8 million people living with HIV currently lack access to treatment;

20. Note with profound concern that, while sub-Saharan Africa is the region that has demonstrated the most substantial progress, including a 59 per cent decline in new HIV infections between 2010 and 2025, it remains disproportionately affected by HIV, representing 64 per cent of all people living with HIV globally and 610,000 people who acquired HIV in 2025; express deep concern that HIV infections increased between 2010 and 2025 in three regions, namely the Middle East and North Africa (77 per cent increase), Latin America (13 per cent increase), and Eastern Europe and Central Asia (15 per cent increase), noting that this increase does not apply to all countries in each region; and emphasize that urgent and exceptional action is required at all levels to mitigate the ongoing devastating impact of HIV;

21. Express deep concern that, despite significant progress in expanding access to HIV testing and treatment, late diagnosis and loss to follow-up of people living with HIV remains a critical and persistent barrier to ending AIDS as a public health threat, and recognize the need to scale up primary healthcare, community and facility-based HIV testing, to strengthen linkage to care and to expand differentiated service delivery models, noting that, as of 2025, approximately 12 per cent of people living with HIV were still unaware of their HIV status and that between 25 and 40 per cent

of people living with HIV, including older persons, present with advanced HIV disease at the time of diagnosis or when initiating treatment, placing them at high risk of HIV-related morbidity and mortality;

22. Express acute concern about the high rates of HIV coinfection with tuberculosis, viral hepatitis and sexually transmitted infections, including the human papillomavirus and syphilis, as they contribute to HIV transmission and increased morbidity and mortality among people living with HIV, and note that tuberculosis remains the leading cause of death among people living with HIV and that less than half of tuberculosis cases among people living with HIV are diagnosed and treated appropriately, and notes the necessity to increase financing for research and development of new tools for tuberculosis prevention, such as new vaccines, diagnosis and treatment, including for multi-drug resistant tuberculosis, for people living with HIV, highlighting the need for integrated prevention, diagnosis and treatment services;

23. Note with concern a lack of significant progress in expanding harm reduction programmes, in accordance with national legislation, and call for urgent attention to the insufficient coverage of substance use treatment programmes, the marginalization of and discrimination against people who use drugs, particularly those who inject drugs, through the application of restrictive laws, which hamper access to HIV-related services, including outreach services and services in prisons and other closed settings, and note with concern that often women and young people who use drugs face additional barriers to access and use of these services;

24. Express deep concern over reductions in global financing for HIV and the impact of recent disruptions on HIV services, recognize that the 18.7 billion United States dollars in funding available for HIV in 2024 was 3.2 billion dollars below the 21.9 billion dollars required annually by 2030 and that there is a risk that this funding gap will widen further due to recent, sharp reductions in HIV-related development assistance, and also recognize the need to improve coordination, transparency and alignment of domestic and international funding in order to avoid duplication and fragmentation and maximize the impact, sustainability and effectiveness of investments;

25. Note with concern that shifts in financing place HIV prevention programmes at particular risk, including community-led services, as external funding contributed almost 80 per cent of HIV prevention in sub-Saharan Africa, 66 per cent in the Caribbean and 60 per cent in the Middle East and North Africa in 2024, while high debt servicing obligations and limited domestic fiscal capacity continue to constrain sustainable investments in health and HIV responses in certain countries;

26. Note that each country should define the specific populations that are central to their epidemic and response, based on the local epidemiological context, and note with concern that global epidemiological evidence demonstrates that key populations remain at highest risk for HIV, including people living with HIV, men who have sex with men who face an 18 times higher risk of HIV acquisition, people who inject drugs who face a 34 times higher risk, female sex workers who face a 17 times higher risk, transgender women who face a 17 times higher risk and people in prisons and other closed settings who have a 6 times higher HIV prevalence than the general population, and that these populations and their sexual partners account for 49 per cent of new adult HIV acquisitions globally and 68 per cent in Asia and the Pacific, 44 per cent in the Caribbean, 59 per cent in Eastern Europe and Central Asia, 26 per cent in Eastern and Southern Africa, 80 per cent in Latin America, 85 per cent in the Middle East and North Africa, 27 per cent in Western and Central Africa and 77 per cent in Western and Central Europe and North America;

27. Note with concern that shrinking civic space in many countries, coupled with funding reductions, has led many community organizations to scale back or discontinue their HIV-related life-saving work;

28. Note with concern that young people, and in particular adolescent girls and young women aged 15 to 24 years in sub-Saharan Africa, account for a disproportionate share of new HIV acquisitions, due to inequalities that heighten their vulnerability to HIV and restrict their ability to protect their own health and that young people's awareness of HIV and AIDS, knowledge about the disease and access to and use of essential HIV-related services remain low;

29. Note with deep concern the persistently high rates of maternal mortality and morbidity among women and adolescent girls living with HIV, taking note of the data that women living with HIV are eight times more likely to die from preventable causes of maternal mortality and unequal access to integrated, gender-responsive healthcare services than women not living with HIV;

30. Note with deep concern that almost 100,000 children acquired HIV in 2025 and over half a million children living with HIV – two thirds of whom are between the ages of 5 and 14 – do not have access to life-saving HIV treatment;

31. Note with concern that, while expanded access to antiretroviral therapy has enabled the majority of people living with HIV to live longer, healthier lives, approximately one quarter of all people living with HIV are aged 50 and older and face distinct challenges, including an increased risk of noncommunicable diseases, such as cancers, as well as mental health conditions, social isolation and poverty, and emphasize the need for long-term care that includes the integrated management of comorbidities, healthy ageing and the alleviation of psychosocial stress;

32. Express deep concern that stigma, discrimination, violence, gender and racial inequalities and discriminatory laws and policies that target people living with, at risk of or affected by HIV restrict their movement or access to services and limit the ability of people to stay HIV-free and live safe and healthy lives in dignity;

33. Recognize that sexual and gender-based violence, including intimate partner violence, the unequal socioeconomic status of women and girls, structural barriers to women's economic empowerment and insufficient protection of the sexual and reproductive health and reproductive rights, in accordance with the Programme of Action of the International Conference on Population and Development, the Beijing Declaration and Platform for Action, and the outcome documents of their review conferences, of women and girls compromise their ability to protect themselves from HIV acquisition and aggravate the impact of AIDS;

34. Recognize that effective HIV prevention requires a holistic approach that employs a combination of evidence-based interventions adapted to local epidemiological contexts, and stress the need to empower individuals to make informed choices to reduce HIV risk, including through the promotion of healthy lifestyles, reducing risk-taking behaviour and encouraging safer sexual behaviour, correct and consistent use of condoms, prevention of sexual and gender-based violence, poverty reduction and food security, and blood safety, and the strengthening of supportive culturally and contextually relevant interventions;

35. Recognize that conflict, climate-related disasters, natural disasters and other humanitarian crises increase HIV vulnerability, including through displacement, disruption of livelihoods and health services, increased sexual violence, food insecurity and the breakdown of community support systems;

*The gains are fragile and need to be protected*

36. Welcome the substantial progress achieved since the 2001 Declaration of Commitment, including a 43 per cent reduction in HIV infections and a 57 per cent reduction in AIDS-related deaths globally between 2010 and 2025, and a 69 per cent reduction in vertical transmission of HIV,[31] including significant achievement towards the elimination of vertical transmission of HIV in several regions and countries, including the Caribbean, while noting with deep concern that the world is not currently on track to end AIDS as a public health threat by 2030;

37. Welcome that over 32 million people living with HIV are on antiretroviral therapy – a number that has increased more than fourfold since 2010 – but note with concern that 8.8 million people living with HIV still do not have access to treatment;

38. Underscore the critical role of science and technology, including biomedical and clinical science, social and behavioural science and political and economic science, and evidence-based approaches in shaping the direction of and accelerating the HIV response, and the importance of including affected communities in research, governance and oversight mechanisms;

39. Welcome the recent innovations in the development of long-acting antiretroviral medicines for HIV prevention and treatment, as well as scientific advances towards an HIV cure, and towards an effective HIV vaccine, which have the potential to help close gaps in HIV prevention, treatment and care, accelerating progress towards the end of AIDS as a public health threat, but mindful of the importance of enhanced access, affordability for all and timely deployment and that the cure and vaccine research pipeline remains underfunded relative to its scientific maturity;

40. Reiterate that viral suppression is central to the HIV response, as effective viral suppression improves individual health outcomes and prevents sexual HIV transmission and vertical transmission, and note that HIV requires timely diagnosis, strong linkage to care and sustained treatment adherence; recall that people with an undetectable viral load have zero risk of transmitting HIV to their sexual partners, and that vertical transmission can be prevented with appropriate interventions; and emphasize the "U=U" (Undetectable = Untransmittable) message across the HIV response;

41. Recall that families play a critical role in HIV prevention, treatment and care and that social protection and community support systems should be strengthened to promote enabling and supportive environments for people living with, at risk of or affected by HIV, while ensuring that no person is subjected to stigma, discrimination or criminalization;

42. Reiterate that States are strongly urged to refrain from promulgating and applying unilateral economic measures not in accordance with international law and the Charter of the United Nations that impede the full achievement of economic and social development, particularly in developing countries, including national HIV responses;

43. Recognize the importance of international cooperation and multilateral partnerships in supporting national HIV responses, and call for enhanced international cooperation and solidarity to support developing countries, particularly African countries, the least developed countries, landlocked developing countries and small island developing States, in achieving the goal of ending AIDS as a public health threat by 2030;

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[31] Also known as mother-to-child transmission of HIV.

## Commitments

*Leadership, action and engagement of all stakeholders*

44. Reaffirm the commitment to ending the AIDS epidemic as a public health threat by 2030, and recommit to sustain and enhance global HIV leadership and the implementation of all past and current commitments from 2001, 2006, 2011, 2016 and 2021, and ensure a sustainable HIV response beyond 2030;

45. Commit to urgent action over the next five years, through a coordinated, evidence- and people-centred global HIV response that fully respects human rights, meets the needs of individuals, addresses inequalities and is driven by renewed resolve and global solidarity to fully implement the commitments contained in the present declaration, recognizing that achieving the commitments will enable the world to end AIDS as a public health threat, which is defined as reducing annual new HIV infections and annual AIDS-related deaths by 90 per cent from their 2010 levels by 2030, and in this regard recommend that countries formulate evidence-based national indicators;

46. Commit to strengthen country leadership and ownership and ensure integrated, people-centred multisectoral national HIV responses to ensure services and impact beyond 2030, with sustained domestic and international funding, as appropriate from bilateral and multilateral donors, including through the Global Fund to Fight AIDS, Tuberculosis and Malaria and Unitaid, enhanced South-South, North-South and triangular cooperation, increased regional and national leadership, and increased sustainable domestic investments and services, tailored to income level and epidemic trends; through integrated primary healthcare systems, strengthened regional institutions and frameworks and nationally led transition frameworks, including ensuring transition pathways for national HIV responses, safeguarding continuity of services and strengthening domestic resource mobilization for health systems;

47. Commit to reinforce global, regional, national, subnational and community-led HIV responses through enhanced engagement with a broad range of stakeholders, including regional and subregional organizations and initiatives, people living with, at risk of or affected by HIV, key populations, people of African descent, Indigenous Peoples, local communities, women and men, girls and boys, including adolescents, young people and older people, refugees, migrants, internally displaced persons, political and community leaders, parliamentarians and other elected representatives, judges and courts, law enforcement officers, legal experts, families, faith-based organizations, religious leaders, scientists, academics, health professionals, local and national government officials, donors, the philanthropic community, the workforce, including migrant workers, the private sector, media and civil society, and community-led organizations, women’s organizations, persons with disabilities, youth-led organizations, national human rights institutions, human rights defenders, the United Nations system and other key international stakeholders and partners such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, Unitaid and the Medicines Patent Pool;

*Sustaining gains and building durable HIV responses*

48. Commit to increasing funding for people-centred HIV responses from all sources through adequate, predictable and sustainable financing, integrated into strong national health systems, including:

(a) Increasing the share of domestic financing for HIV, including by addressing debt vulnerabilities and illicit financial flows;

(b) Achieving the target of 21.9 billion dollars mobilized annually for HIV investments in low- and middle-income countries by 2030;

(c) Reducing out-of-pocket expenditure for HIV in line with universal health coverage objectives so that cost is not a barrier to accessing HIV prevention, treatment, care and support;

49. Pledge to close financing gaps in HIV prevention and societal enablers by 2030, and encourage increased and sustainable domestic and international financing for HIV prevention programmes, recognizing that prevention constitutes an essential priority to ending the AIDS epidemic;

50. Support the development and implementation of sustainable HIV financing models that accelerate the progressive transition towards domestic financing, in a manner that ensures continuity and avoids disruption of HIV services by:

(a) Utilizing diversified, blended and innovative financing instruments;

(b) Integrating HIV financing within national health and development frameworks and financial instruments, particularly health insurance mechanisms (such as universal health coverage);

(c) Leveraging regional organizations and North-South, South-South and triangular learning and cooperation to ensure mutual accountability and for predictable financing;

(d) Promoting national health sovereignty and cooperation for local and regional production of HIV health technologies;

51. Recognize that reaching universal health coverage is central for an effective HIV response and commit to urgently integrate HIV services and HIV-related health and community systems with primary healthcare, including strengthening integrated care pathways, continuity of treatment and referral systems across different levels of care in broader health systems, programmes for sexual and reproductive health, maternal, child and newborn health, tuberculosis, pandemic preparedness, viral hepatitis, nutrition, noncommunicable diseases, sexually transmitted infections and mental health, and key non-health sectors (including labour, education, justice, gender, social protection and humanitarian), including to reach, by 2030, the targets of:

(a) Ensuring that 95 per cent of people who are receiving HIV prevention or treatment services also receive sexual and reproductive health services (including for sexually transmitted infections);

(b) Ensuring that 95 per cent of pregnant women living with HIV and their children receive maternal and newborn care that integrates or links to comprehensive HIV services, including for the prevention of HIV and hepatitis B and treatment of syphilis;

52. Commit to establishing effective systems to monitor, prevent and respond to the emergence of drug-resistant strains of HIV in populations and antimicrobial resistance;

53. Commit to fully integrate HIV responses within emergency preparedness, pandemic preparedness and humanitarian response frameworks, recognizing that conflicts, climate-related disasters, natural disasters, economic shocks and humanitarian crises disproportionately affect people living with, at risk of or affected by HIV, particularly women and girls who may be exposed to sexual violence;

54. Commit to strengthen investments in integrated country-owned surveillance, information and data collection systems, including community-led monitoring and research by communities, linked to high-quality resource-tracking systems and

engaged with multiple sectors and communities, to collect and disseminate data disaggregated and tailored to local contexts and needs, while upholding the right to privacy, maintaining confidentiality and ensuring free and informed consent, to guide effective prevention, timely diagnosis and rapid initiation of treatment and care of HIV and comorbidities;

55. Commit to strengthen resilient HIV responses through robust national health systems, including by ensuring sustainable investments in human resources for health, diagnostic capacities and integrated service delivery platforms, as essential foundations for sustaining HIV services and broader health outcomes;

*Deliver people-centred HIV services for people who need them*

56. Commit to scale up combination HIV prevention that brings together evidence-based biomedical, behavioural, structural and community-led interventions to reach, by 2030, the target of 90 per cent of people in need of prevention using effective prevention options, including pre-exposure prophylaxis, post-exposure prophylaxis, male and female condoms, and harm reduction,[32] in accordance with national legislation;

57. Commit to rapidly introduce and scale up access to HIV prevention options and, by 2030, ensure that 20 million people are protected annually by antiretroviral-based HIV prevention (pre-exposure prophylaxis) consistently throughout the year;

58. Ensure that all populations are effectively reached with people-centred HIV prevention programmes, with special attention to programmes led by people living with, at risk of or affected by HIV, to address the needs of key populations, including people who inject drugs, sex workers, men who have sex with men, transgender persons and people in prisons and other closed settings;

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

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[32] A comprehensive package for the prevention, treatment and care of HIV among intravenous drug users should include the following nine interventions: (i) needle and syringe programmes; (ii) opioid substitution therapy and other drug dependence treatment; (iii) HIV testing and counselling; (iv) antiretroviral therapy; (v) prevention and treatment of sexually transmitted infections; (vi) condom programmes for intravenous drug users and their sexual partners; (vii) targeted information, education and communication for intravenous drug users and their sexual partners; (viii) vaccination, diagnosis and treatment of viral hepatitis; and (ix) prevention, diagnosis and treatment of tuberculosis.

60. Commit to accelerating efforts to scale up scientifically accurate, age-appropriate comprehensive education, relevant to cultural contexts, that provides adolescent girls and boys and young women and men, in and out of school, consistent with their evolving capacities, with information on sexual and reproductive health and HIV prevention, gender equality and women's empowerment, human rights, physical, psychological and pubertal development and power in relationships between women and men, to enable them to build self-esteem and informed decision-making, communication and risk reduction skills and develop respectful relationships, in full partnership with young persons, parents, legal guardians, caregivers, educators and healthcare providers, in order to enable them to protect themselves from HIV infection;

61. Commit to affordable, available, accessible, acceptable and high-quality HIV testing, treatment and care, comprehensive management of advanced HIV disease, and reach, by 2030, the 95–95–95 targets, disaggregated by all populations, including people living with, at higher risk of, or affected by HIV, whereby:

(a) 95 per cent of people living with HIV know their HIV status;

(b) 95 per cent of people who know their HIV-positive status are on antiretroviral therapy;

(c) 95 per cent of people on antiretroviral therapy have a suppressed viral load;

62. Further commit to expand the scale of voluntary and confidential HIV testing so that every person knows their HIV status;

63. Further commit to ensure that, by 2030, 40 million people living with HIV are on HIV treatment, of which 38 million have a suppressed viral load;

64. Agree to strengthen efforts to recruit, train and retain a skilled and motivated health workforce, including community health workers and volunteers, in order to expand access to quality HIV services, particularly in rural, hard-to-reach and underserved areas, while addressing the continued emigration of qualified, skilled and professional workers from developing countries that weakens health systems in countries of origin;

65. Commit to expanding and facilitating access to the latest technologies for tuberculosis prevention, screening, diagnosis, treatment and vaccination, ensuring that 95 per cent of people living with HIV receive preventive treatment for tuberculosis by 2030, and reducing tuberculosis-related deaths among people living with HIV by 90 per cent by 2030 (compared to a 2015 baseline); and to urgently scaling up comprehensive efforts to close long-standing gaps in prevention, diagnosis, treatment and care of children with or at risk of tuberculosis;

66. Commit to promote services that integrate prevention, treatment and care of co-occurring conditions, including tuberculosis and viral hepatitis, and improve access to quality, affordable primary healthcare, comprehensive care and support services, including those that address physical, spiritual, psychosocial, socioeconomic and legal aspects of living with HIV, and palliative care services;

67. Commit to work with United Nations agencies and programmes, other multilateral organizations, research funders, regulatory authorities, scientific societies, product development partnerships, the private sector, civil society organizations and communities of people living with and affected by HIV to develop and maintain a global HIV cure and HIV vaccine research and development agenda, identifying scientific priorities and financing gaps, with a particular view to ensuring

meaningful participation of research institutions and communities in developing countries;

68. Facilitate the deployment of medical products, new health technologies and programme innovations that are accessible and affordable to optimize the decentralization and effectiveness of HIV prevention, testing, treatment and adherence support, such as holistic HIV testing for acute and chronic infections, HIV self-testing, long-acting and fixed-dose antiretroviral formulations, and virtual outreach interventions;

69. Commit to prioritize and urgently accelerate the elimination of vertical transmission of HIV, syphilis and hepatitis B virus, and end paediatric AIDS, ensuring universal access to antenatal testing, access to pre-exposure prophylaxis, delivery and postnatal care, access to lifelong treatment for women living with HIV, timely treatment of pregnant and breastfeeding women living with HIV, and follow-up testing, treatment and care for exposed infants;

70. Commit to address the vulnerabilities faced by children affected by or living with HIV, providing those children and their families with social protection, support and rehabilitation, including social and psychological rehabilitation and care, paediatric services and medicines, free from stigma and discrimination, intensifying efforts to eliminate vertical transmission and to develop and provide early diagnosis tools, child-friendly medicine combinations and new treatments for children, particularly for infants living in resource-limited settings, and building, where needed, and developing social security systems that protect them;

*Fulfil human rights and end stigma and discrimination*

71. Commit to respect, promote, protect and fulfil all human rights, which are universal, indivisible, interdependent and interrelated, including in the context of the HIV response, and urge that all human rights and fundamental freedoms, including the right to development, be integrated into all HIV and AIDS policies and programmes;

72. Commit to ending impunity for human rights violations against people living with, at risk of or affected by HIV by engaging and securing access to justice for them through the establishment of legal literacy programmes, increasing their access to legal support and representation and expanding sensitization training for judges, law enforcement officers, healthcare workers, social workers and other duty bearers;

73. Commit to end HIV-related stigma, discrimination, and violence, uphold human rights, gender equality and the empowerment of all women and girls in the HIV response, including through legal and policy reform to remove barriers that undermine access, sustainability and integration of HIV services and responses, scaling up evidence-based interventions, including those addressing the impact of stigma and discrimination on mental health and well-being, and renew efforts to reach, by 2030, the 10–10–10 targets, whereby:

(a) Less than 10 per cent of people living with, at risk of or affected by HIV experience stigma and discrimination;

(b) Less than 10 per cent of women, girls, and people living with, at risk of or affected by HIV experience gender inequality and violence;

(c) Less than 10 per cent of countries have restrictive legal and policy frameworks that lead to the denial or limitation of access to services;

74. Commit to ensure that all people can access stigma- and discrimination-free services; and develop and scale up implementation of policies and programmes to end

HIV and tuberculosis-related stigma, discrimination, bullying, online and offline, and violence in health, education and other settings; while ensuring that policies and practices do not preclude access to education and employment based on HIV status;

75. Commit to create an enabling legal environment by reviewing and reforming, as needed, restrictive legal and policy frameworks, including discriminatory laws and practices that create barriers or reinforce stigma and discrimination, such as age of consent laws and laws related to HIV non-disclosure, exposure and transmission, those that impose HIV-related travel restrictions and mandatory testing and laws that unfairly target people living with, at risk of and affected by HIV, and impede access to HIV testing, treatment and prevention services;

76. Commit to eliminating all forms of sexual and gender-based violence, including intimate partner violence, by adopting and enforcing laws, changing harmful gender stereotypes and negative social norms, perceptions and practices, providing tailored services that address multiple and intersecting forms of discrimination and violence faced by women living with, at risk of and affected by HIV, and ensuring access to justice and accountability mechanisms for survivors of violence and discrimination;

77. Consider removing structural barriers and spousal consent requirements for sexual and reproductive healthcare services and HIV prevention, testing and treatment services;

78. Commit to secure, protect, respect and promote a safe, open and enabling civic space, online and offline, to facilitate meaningful leadership and engagement of communities, networks and organizations of people living with, affected by or at risk of HIV, all women and girls and young people;

*Access to medicines, health technologies and innovation*

79. Reaffirm our strong commitment to affordable and timely access to medical and technological innovations in HIV testing, prevention, treatment and care, including new and long-acting products, so that advances in science translate into tangible benefits for all people in need, everywhere, by promoting predictable, transparent and timely regulatory review processes and balanced legal frameworks that are supportive of countries' right to protect public health and, in particular, to promote access to medicines for all;

80. Commit to strengthening local and regional production capacities, particularly in developing countries, including through capacity-building, regulatory strengthening and technology transfer, on mutually agreed terms, with a view to enhancing resilient and geographically diversified production, supply chains, improved quantification and forecasting, and leveraged purchasing power, and encourage the adoption of internationally harmonized health technology assessment frameworks;

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

82. Commit to promoting collaboration for the transfer and sharing of knowledge, technology, licences and data, on mutually agreed terms, especially in agreements where public funding has been invested in research and development of HIV-related products, to facilitate access to and the scaling up of diversified production of health technologies as well as strengthening capacities on regulatory matters and procurement and supply management;

83. Commit to work with all relevant stakeholders, including the private sector and academia, to promote market shaping and access strategies for essential medicines and other health products – including quality-assured diagnostics, and long-acting and self-administered technologies – with the aim of reaching everyone who needs them, particularly underserved populations and low-income households in all settings, especially developing countries, including measures to enhance fair pricing and transparency in pharmaceutical markets;

84. Commit to ensure global accessibility, availability and affordability of quality-assured health technologies for HIV and related coinfections and comorbidities – including medicines, diagnostics, vaccines and other essential products – through tailored technical assistance and technology transfer on mutually agreed terms, and promote the rational use and equitable allocation of quality-assured products to diagnose, prevent and treat HIV, its coinfections and comorbidities, with quality assurance upheld, and invest in regulatory infrastructure, including national and regional regulatory authority capacities;

85. Commit to improve the transparency of markets for HIV-related health technologies, publicizing production costs and prices of HIV-related products, through global, regional and national mechanisms, thus providing consistent and transparent information for fair price negotiations, through cooperation with relevant stakeholders, including industries, the private sector and civil society, and in accordance with national and regional legal frameworks;

86. Encourage the promotion of increased access to affordable, safe, effective and quality medicines, including generics, vaccines, diagnostics and health technologies, reaffirming the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement), as amended, and also reaffirming the 2001 World Trade Organization Doha Declaration on the TRIPS Agreement and Public Health, which recognizes that intellectual property rights should be interpreted and implemented in a manner supportive of the right of Member States to protect public health and, in particular, to promote access to medicines for all, and noting the need for appropriate incentives in the development of new health products;

87. Commit to further incentivize innovation within the health sector, including through technology transfer, ensuring transparent coordination and sustainable financing of research and development of health technologies, including for an HIV vaccine and cure, promoting affordable access to innovation for all, and pursuing alternative mechanisms to remunerate innovation in the health sector;

88. Commit to accelerate and adequately resource dedicated research and development towards an HIV cure and an effective HIV vaccine, including by:

(a) Increasing public and philanthropic financing for HIV cure and vaccine research, complemented by blended financing instruments that crowd in private and institutional capital where appropriate;

(b) Supporting the alignment of national research agendas with regional and global HIV cure and vaccine research priorities, including through African, European and global research consortiums;

(c) Ensuring that the design and conduct of HIV cure and vaccine research is grounded in the meaningful participation of people living with HIV and affected communities, and that resulting innovations are accessible, affordable and equitably available, in particular in developing countries;

(d) Protecting and expanding the basic and translational HIV research base on which cure and vaccine science depends;

(e) Leveraging the important role played by the private sector and academia in innovation, research and development, and engaging strategically with the private sector;

89. Commit to leverage the safe, secure and trustworthy use of artificial intelligence and digital health for HIV prevention, testing, treatment and care, with full respect for fundamental human rights and using clear ethical principles, with appropriate technical guidance, strong governance frameworks and meaningful community engagement, while safeguarding rights, privacy and community trust, and combating the dissemination of scientifically inaccurate information, including HIV and vaccine denialism, and promoting accountability frameworks at the country level;

90. Work to address the digital divide by investing in connectivity infrastructure, affordable devices, primary data systems and digital literacy programmes as prerequisites for digital health equity; and ensure that digital health strategies explicitly address barriers faced by people living with, at risk of or affected by HIV, especially those with limited connectivity or digital literacy;

*Community leadership*

91. In line with the Greater Involvement of People Living with HIV/AIDS principle and recognizing their essential contributions to the progress and sustainability of the HIV response, commit to ensure that communities of people living with, at risk of or affected by HIV, together with the contributions of civil society organizations, are empowered and fully funded to continue to lead the HIV response by shaping policies, delivering services, providing quality assurance and driving accountability for commitments;

92. Commit to engage with people living with, at risk of or affected by HIV, women, young people and adolescents, and Indigenous Peoples in coordination and decision-making mechanisms at all levels of the response, including HIV financing mechanisms;

93. Commit to create an enabling environment by reviewing and reforming, as needed, laws, policies and regulations that limit the ability of civil society organizations, including community-led organizations, to participate in all aspects of HIV responses, particularly advocacy, engagement in decision-making, and service delivery, including testing, treatment and prevention services, and support community participation in HIV planning and decision-making at the national, regional and global levels;

94. Commit to strengthen community leadership and renew efforts to reach the 30–80–60 targets by 2030, so that:

(a) 30 per cent of HIV testing and supportive services related to care and treatment are delivered by organizations led by people living with, at risk of or affected by HIV;

(b) 80 per cent of people-centred HIV prevention programmes for key populations are delivered by organizations led by people living with, at risk of or affected by HIV;

(c) 60 per cent of programmes that support achievement of the societal enablers are delivered by organizations led by people living with, at risk of or affected by HIV;

95. Commit to enact effective social contracting mechanisms that enable predictable, long-term and flexible financing of community-led responses;

96. Reaffirm support for youth leadership in the HIV response by increasing predictable and flexible youth-responsive funding for advocacy and youth-led initiatives and programmes, ensuring meaningful youth engagement in decision-making, and supporting intergenerational and peer collaboration and mentorship models that intentionally build successive generations of leaders;

**Follow-up**

*Renew and affirm multilateral leadership and accountability through the United Nations to sustain collective ambition and action to end AIDS as a public health threat*

97. Commit to annually report progress on a voluntary basis to the Joint United Nations Programme on HIV/AIDS within the current or future institutional set-up, on national HIV epidemics and responses, including progress in the implementation of the commitments contained in the present declaration, using global indicators and robust monitoring systems, disaggregated, inter alia, by age and sex and identifying the gaps in services coverage and HIV response outcomes. These reports should continue to inform, inter alia, the General Assembly, the Economic and Social Council and the high-level political forum on sustainable development, and enable timely course correction in a changing HIV, global health and development context;

98. Request the Secretary-General, with the support of the Joint United Nations Programme on HIV/AIDS within the current or future institutional set-up, to provide to the General Assembly, within its annual reviews, an annual report on progress achieved in realizing the commitments contained in the present declaration, so as to ensure that follow-up and United Nations review processes assess progress in the AIDS response;

99. Commit to support and leverage the 30 years of experience and expertise of the Joint United Nations Programme on HIV/AIDS and reinforce and expand the unique multisectoral, multi-stakeholder, development and rights-based collaborative approach to end AIDS by 2030 and deliver health for all as a global public good, and fully resource the Joint Programme within the future institutional set-up, and support its current efforts to refine and reinforce its unique operating model so that it can continue to lead global efforts against AIDS, in accordance with Economic and Social Council resolutions on the Joint Programme;

100. Decide to convene a high-level meeting on HIV/AIDS in 2031 to review progress on the commitments made in 2026 towards the goal of ending AIDS as a public health threat by 2030 and sustaining it into the future, to consolidate a safe and durable transition of the global HIV response, while also taking stock of interim progress at the 2027 and 2030 General Assembly summits on the global goals, and to consider the timing and scope to reach an agreement on the modalities for the next high-level meeting on HIV/AIDS no later than at the eighty-fifth session of the General Assembly.



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