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Official Records

President: Mr. Bozkir (Turkey)

The meeting was called to order at 10.05 a.m.

High-level meeting on HIV/AIDS

Agenda item 10 (continued)

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

Report of the Secretary-General (A/75/836)

Draft resolution (A/75/L.95)

The President: This meeting is held in accordance with resolution 75/260 of 23 February 2021 and decisions 75/558 of 19 March 2021, 75/563 of 16 April 2021 and 75/566 of 24 May 2021.

I warmly welcome all members to today's high-level meeting, which will undertake a comprehensive review of the progress made on the commitments contained in the 2016 political declaration (see resolution 70/266) towards ending the AIDS epidemic by 2030; of how the response, in its social, economic and political dimensions, continues to contribute optimally to progress on the 2030 Agenda for Sustainable Development and the global health goal (Sustainable Development Goal 3), including successes, best practices, lessons learned, obstacles and gaps, challenges and opportunities, including with regard to partnership and cooperation; and of recommendations to guide and monitor the HIV/AIDS response beyond 2021, including new concrete commitments to accelerate action to end the AIDS epidemic by 2030, as well as to promote the renewed commitment and engagement of leaders, countries,

communities and partners to accelerate and implement a comprehensive, universal and integrated response to HIV/AIDS.

The General Assembly has before it draft resolution A/75/L.95. Before proceeding further I would like to remind members, as stated in my letter dated 7 June, that action on the draft political declaration will be taken following the opening statements.

I will now deliver my opening statement from the rostrum.

I am pleased to welcome members to today's high-level meeting on HIV/AIDS. Over the next three days, world leaders, decision-makers at the highest political levels, those on the front line of the AIDS response, a diverse range of civil society representatives, academics and young people will convene to review the progress made since 2016. Together, we will share best practices, lessons learned and opportunities to galvanize multilateral support to end AIDS by 2030.

I commend His Excellency Mr. Mitchell Fifield, Permanent Representative of Australia to the United Nations, and His Excellency Mr. Neville Gertze, Permanent Representative of Namibia to the United Nations, co-facilitators of this process, who have worked tirelessly on facilitating negotiations on the political declaration. I thank all Member States for their constructive engagement throughout the negotiations. Their efforts in this arena will truly contribute to making the world a more equal, just and safer place for all.

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I also thank Ms. Winnie Byanyima, Under-Secretary-General and Executive Director of the Joint United Nations Programme on HIV and AIDS for the invaluable work and support to the co-facilitators and throughout the preparation for this high-level meeting.

We have made great strides since the first case of AIDS was reported four decades ago. AIDS-related deaths have been reduced by 61 per cent since the peak in 2004. Since the 2016 High-level Meeting on Ending AIDS, dozens of countries have met or exceeded the targets set out to fast-track the AIDS response and accelerate progress towards ending the AIDS epidemic.

We should acknowledge that success. However, the global targets set out five years ago have not been met. Due to underinvestment, many countries have fallen short. The tragic reality is that the most vulnerable are hardest hit by HIV; they are at greatest risk of being left behind, as AIDS remains not just a health issue, but a broader development challenge. Let us not forget that AIDS often affects those in the prime of their life, and the coronavirus disease (COVID-19) pandemic, conflict and humanitarian emergencies have impeded progress, as health systems are placed under immense strain and as critical services and supply chains are disrupted. Moreover, climate-based disasters are prevalent in areas with a high HIV burden, posing an additional risk to the most vulnerable in society. Tragically, stigma and discrimination persist, further isolating those already marginalized. Put simply, AIDS is an epidemic of inequalities. If we are to end AIDS by 2030, we must end inequalities.

In this Decade of Action, if we are to deliver the 2030 Agenda for Sustainable Development, all Member States must recommit to ending the AIDS epidemic by 2030. Ending AIDS is both a prerequisite and the result of implementing the Sustainable Development Goals — from ending poverty to ensuring good health and well-being for all to gender equality.

Last year, half of the people newly infected with HIV around the world were women and girls. Six out of every seven new HIV infections among young people aged between 15 and 19 in sub-Saharan Africa were girls. Six out of every seven young women are twice as likely to be living with HIV as young men.

That is unacceptable. Every girl and every woman must be free to exercise her fundamental human rights to make her own decisions, to live a life free from the fear of gender-based violence, to be treated with

dignity and respect. All girls should have equal access to quality education. This is the foundation for a society where women feel safe to take their rightful place in the workplace, public life, politics and decision-making. As an international gender champion, I firmly believe that if we are to end AIDS, we must end gender inequality.

Over the past 18 months, the multilateral system, the private sector, civil society and academia have galvanized action to address the COVID-19 pandemic. Our resolve remains firm. Now is the time for Member States to recommit to our 2030 targets and accelerate our efforts to end AIDS by 2030. To press forward in the spirit of the political declaration that the General Assembly will take under consideration today (A/75/L.95, annex), we must listen to the voices of those affected: the civil society representatives, the health workers and the epidemiologists who have been ringing the alarm.

We must take urgent action to ensure equal access to treatment if we are to prevent the 12 million people who are now living with HIV from dying of AIDS-related causes. We must end stigma and discrimination once and for all. If we are to end AIDS by 2030, we must take action today.

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, Her Excellency Ms. Amina Mohammed.

The Deputy Secretary-General: It really is a pleasure to address the General Assembly today, and I bring the best wishes of the Secretary-General. I congratulate the President of the General Assembly and the co-facilitators, Ambassador Gertze of Namibia and Ambassador Fifield of Australia, for shepherding this process. I would also like to express deep appreciation to the Member States for the robust engagement that has generated an ambitious draft political declaration (A/75/L.95, annex).

It has been 40 years since the first cases of AIDS were reported. As that pandemic unfolded, fear, denial, stigma and neglect engulfed societies across the world. Communities on the front lines called for political leadership and for the world to take action while caring for loved ones who were dying.

The Joint United Nations Programme on HIV and AIDS (UNAIDS) has been a crucial part of that response. It has marshalled unprecedented global

solidarity to fight a pandemic that was shattering entire regions. Nations forged innovative partnerships, reformed outdated laws and policies, ensured the meaningful engagement of those affected and stood up for human rights and shared data. Throughout, UNAIDS has focused on people not being left behind, and it has showcased the value of One United Nations — a joint programme that unites 11 sponsors — with civil society at its heart. UNAIDS remains at the heart of our efforts to support countries to achieve the Sustainable Development Goals.

We have learned many valuable lessons from the HIV response. One is the critical role of civil society working alongside public health and other systems and community-led responses, helping to build resilient and inclusive systems for health. Without the campaigns and other efforts of civil society, 26 million people would not have been on life-saving antiretroviral treatment today. At the turn of the Millennium, less than 1 per cent of people living with HIV in lower-middle-income countries had access to antiretrovirals. Thanks to tireless advocacy and activism, prices of medicines for HIV dropped dramatically, and access to treatment expanded to the global South.

The HIV response has demonstrated what is possible. With political leadership, strong community engagement, rights-based and multisectoral approaches and consistent use of scientific evidence, we can achieve our goal of ending the AIDS epidemic as a public health threat by 2030. We have the knowledge, and we certainly have the tools.

Since the first Declaration of Commitment on HIV/AIDS in 2001 (resolution S-26/2 (2001)), the political declarations have been a powerful instrument to secure progress. Clear and ambitious targets make the difference. They inspire global solidarity, direct actions on the ground and generate accountability.

Yet our journey forward will not be easy. HIV raises issues often considered sensitive or taboo, involving gender, sexuality, identity exclusion and power. Acute and intersecting inequalities are hindering progress. Women and girls are experiencing discrimination and violence. People living with HIV and other key populations are being marginalized and even criminalized. And now the coronavirus disease (COVID-19) has set us back, reminding us of the unbearable cost borne when pandemics spread.

The lessons from our experience with HIV are invaluable for the response for COVID-19, just as they were in responding to the 2014-2015 Ebola outbreak in Western and Central Africa. These lessons are also essential for future pandemic preparedness.

I would like to thank the UNAIDS Executive Director, Winnie Byanyima, for steering the global AIDS response amid colliding pandemics and for her leadership in the movement to make COVID-19 vaccines a public good and a people's vaccine.

Pandemics thrive in, and widen, the fault lines and fractures of society. To end AIDS, we need to end the intersecting injustices that drive new HIV/AIDS infections and prevent people from accessing services. That is why we must fully implement the new UNAIDS five-year Global AIDS Strategy focused on addressing the inequalities that drive HIV infections and deaths. With global and local structures and strong health systems fully aligned to achieve the targets set out in the strategy, I believe that we will dramatically reduce HIV infections and AIDS by 2025.

That requires an explicit focus on tackling inequalities, upholding human rights and achieving gender equality. It also requires increased domestic and international funding. We must front-load investments to lower- and middle-income countries and help them towards sustainable financing of their HIV responses. Such investments must be additional to that that we received today.

In closing, let me return to the role of communities, people living with and affected by HIV, and the entire HIV movement. I salute them for leading the struggle against AIDS and for standing up, fearlessly and tirelessly, for equality, justice, inclusion, dignity and human rights. I urge us all to come together around those principles. They are what the United Nations stands for; they are the backbone of global health; and they are the critical ingredients for the societal transformations required to realize the promise of the 2030 Agenda for Sustainable Development.

The President: I thank the Deputy Secretary-General for her statement.

In accordance with General Assembly resolution 75/260, I now invite Ms. Winnie Byanyima, Executive Director of the Joint United Nations Programme on HIV/AIDS, to make a statement.

Ms. Byanyima (Joint United Nations Programme on HIV/AIDS): I thank General Assembly President Volkan Bozkir, Deputy Secretary-General Amina Mohammed, co-facilitators Ambassador Gertze of Namibia and Ambassador Fifield of Australia, and all Member States; together they have drafted, negotiated and delivered this draft political declaration (A/75/L.95). It will be the basis of our work to end this pandemic, which has ravaged communities for 40 years.

AIDS is not over. It is one of the deadliest pandemics of modern times. Since the start of the pandemic, 77.5 million people have been infected with HIV globally, and we have lost nearly 35 million people to AIDS. An AIDS death every minute is an emergency. HIV rates are not following the trajectory that we together promised. Indeed, amid the fallout from the coronavirus disease (COVID-19) crisis, we could even see a resurgent pandemic.

But a never-ending HIV pandemic is not our fate. In spite of all the setbacks, we can end AIDS as a public health threat, as we promised, by 2030, if the world comes together.

Business as usual, however, would fail us. The programmes that have secured substantial progress will not enable us to finish the journey because the road is blocked. The evidence and analysis is clear. Inequalities in power, status, rights and voice are driving the HIV pandemic. Inequalities kill. As the Global AIDS Strategy sets out, to end AIDS, we have to end the inequalities that perpetuate it.

There is another huge benefit to that approach. The same laws, policies and strong people-centred health services needed to end AIDS will also help the world overcome COVID-19, be ready to tackle future pandemics and support inclusive economic growth and the human rights of all. We will all do better.

Here are three bold shifts we need to make together.

First, we need to end inequalities in access to health technologies by spurring the best science and getting it to everyone. COVID-19 showed that science moves at the speed of political will. We need to speed up AIDS science by investing in innovations in treatment, prevention, care and vaccines as global public goods. And we need to deploy science in ways that shrink instead of grow inequalities.

For example, let us get new, long-acting anti-retroviral medicines that will make it easier to

treat and prevent HIV to women and girls and key populations in the global South first, not years after the rich countries have had access.

Let us ensure that all medicines that can prevent deaths of people living with HIV are manufactured affordably by multiple producers, including producers in the global South. We need funding, but we also need to reform failing rules on intellectual property and support globally distributed production, so that access to life-saving science is no longer dependent on the passport that one holds.

Secondly, we need to end the inequalities in access to essential services by delivering on guaranteed health and education for everyone. For many countries, new HIV infections have become rare, and living long, fulfilling lives with HIV is the norm. But within and among countries, a widening gap separates those who have prevention, treatment and care services and whose human rights are respected, and those who are excluded.

Today we are setting bold, ambitious goals to reach 95 per cent of those in need with HIV treatment and prevention. To get there, we need to reimagine HIV services, making them easy to access and designed around people's lives and meeting their needs.

We need to ensure that all girls complete secondary education and are empowered with the full set of services and rights.

We need to end user fees for essential services, providing such services through public systems that also integrate community-provided services funded through taxation. We need to combat tax avoidance, which impedes domestic resourcing for health and education. We must no longer allow the burden of debt to undermine expansion of HIV and health services.

We need debt restructuring to overcome the COVID-19 shock and the establishment of a fair debt-crisis resolution mechanism. We need to step up, not step back, on aid as 0.7 per cent of gross national income by all developed countries and ensure that as much as possible of the International Monetary Fund's \$650 billion Special Drawing Rights flows to low- and middle-income countries.

Thirdly, we need to end the inequalities in the realization of rights, particularly for people living with HIV and those at risk of or affected by HIV.

I applaud Member States' commitment to reforming laws and protecting rights. The evidence shows that when laws are strengthened to support gender equality and the rights of key populations and confront stigmatization, countries have made greater progress in treatment and prevention programmes, benefiting everyone. They have rolled back HIV.

We need to keep moving forward in our common journey, away from harmful, punitive, outdated and often colonial laws and from all forms of discrimination.

This moment calls for us to work together across sectors, across countries. Populism's false promises are proving no match for biology: as COVID reminds us, we are not just interconnected, we are inseparable. We cannot end AIDS in one country or on one continent; we can only end AIDS everywhere.

I pay tribute to the civil-society groups from across the world whose fight against inequalities has been the spur to action. Communities, women's groups and grass-roots movements across the world have constantly pushed us; at times, that pushing has been uncomfortable, I admit, but my message to them is: keep pushing us all. Keep the fight on. Pressure from the power of people is key to ending inequalities and ending AIDS.

Martin Luther King said that the moral arc of the universe is long but bends towards justice. He did not mean that this process is automatic; no. As he noted, social progress never rolls in on wheels of inevitability; it comes through the tireless efforts of people. The trajectory of new HIV infections and AIDS deaths will not, through business as usual, bend down, but we can pull it down. Let us pull it down.

We cannot be neutral on inequalities. We cannot. To get back on track to ending AIDS, we must be deliberate in confronting them. The only alternative is a vicious circle of injustice, illness and emergency. The most unrealistic thing we could do now would be to imagine we can overcome our crises through minor adjustments or tinkering. We cannot.

Whether we are remembered as promise-breakers or promise-keepers, as failures or victors, as the people who ended AIDS or only as the people who could have ended AIDS, is up to us. It is up to us.

Epidemics magnify not only our worst traits — inequalities, injustices and fear — but also our best traits — ingenuity, resilience and courage.

I am confident that we will win, together.

The President: In accordance with General Assembly resolution 75/260, I now invite Ms. Yana Panfilova, member of GNP+ Global Network of People Living with HIV, to make a statement.

Ms. Panfilova (GNP+ Global Network of People Living with HIV): I thank the President of the General Assembly, Volkan Bozkir, and the Deputy Secretary-General, Amina Mohammed, for having invited me. I wish also to thank Winnie Byanyima for the work she is doing.

My name is Yana, I am from Ukraine, and I am 23. I was born with HIV. I believe that everyone is born free but that bad laws and social stigma put labels on us. I was branded as a person living with HIV. Society decides how it sees me and if I will live or die.

When I was 10, I already had AIDS. I started to take a daily pill that saved my life, and today these little magic pills are saving the lives of 27 million people with HIV around the world. That little pill gives us hope, knowing that we can win the war against this virus, knowing that the treatment makes you equal, and that you do not need to live in fear of giving HIV to your partner, knowing that you can have healthy children born free of HIV and that you can be alive to see them grow up.

But that is not the reality for millions of people living with HIV, who still live in constant fear and isolation. When I learned about my HIV status, I had lots of questions: why does my mother keep my HIV status a secret? Why can I not live a normal life, like everyone else without HIV? Why do I have to take these pills forever?

As I grew up, the answers were mean. My teacher told my class not to talk to people with HIV. My neighbour was angry because for years she did not know I had HIV. I realized that my HIV status was a dark secret for everyone else in my life, but not for me. Doctors would not talk to me about my health because of parental consent laws. They spoke only to my mother, and that is why I found my own answers by asking Dr. Google.

Then I turned 16 and my questions changed. What if I met someone cute? Do I have to tell them that I have HIV? Can I have sex? If I do, will I transmit HIV? Should I use the money in my pocket to buy a condom or a bottle of beer? What will happen if I stop taking

these pills? I realized that millions of adolescents were in the same position. We created Teenergizer, the first peer support group for adolescents with HIV in Eastern Europe and Central Asia. We took to the streets and to meeting rooms to get laws and policies changed. We fought for patient confidentiality between teenagers and their doctors. We fought for sexual and reproductive health and rights and comprehensive sexuality education. We fought to be heard because nothing can happen for us without us. But we did not have the funding and experience to make it happen.

They told us that we are only kids and the decisions about our lives, health and future were made by adults. We are more than our HIV status. We have an amazing set of skills. We need services for our HIV, mental health and social support no matter who we are and who we love.

This year, I was angry when we lost Diana. She was only 19 and was born with HIV. She had pills that were impossible to take, no mental health support and no confidentiality. What if Diana had been born in New York? She would have had the best HIV treatment through a monthly injection in a clinic that would have treated her like a young adult and not just a diagnosis. She could have travelled, studied or worked anywhere because her HIV status would not have been a barrier to living a happy life. Those things are a reality for some people living with HIV, but not for Diana. Like millions of people with HIV, she was killed by inequality.

There are millions of people with HIV. Many have pills but live in a world where their families and societies do not accept them for who they are. I am here today to give a voice to the 38 million people living with HIV. For some of us, there are pills that are keeping us alive. Nevertheless, we are dying from the pandemics of stigma, discrimination and the lack of flexibility in trade-related aspects of intellectual property rights.

I say to President Biden that he can change our future, just like he did with coronavirus disease (COVID-19), by making the health, technology, innovation, treatment and vaccines here in the United States available to everyone, everywhere. The AIDS response continues to leave millions behind — LGBTQI people, sex workers, drug users, migrants, prisoners, teenagers, young people, women and children, who also deserve an ordinary life with the same rights and dignity enjoyed by most people in this room. I do not

know what a normal life looks like, but it should not end like Diana's.

The world has changed so quickly during the COVID-19 pandemic. Millions of people lost their jobs, families have been destroyed and young people are feeling stressed, depressed and anxious, and are using more drugs and having riskier sex. Violence, inequalities and radicalism are on the rise. Why can we not use this moment to build a better and more just world?

In order to put an end to AIDS by 2030, we need urgent attention to resources for the people who are the most affected, like those in eastern Europe and central Asia. Can we end AIDS by 2030? I think so, but only if we make some radical changes. That brings me to my final question. This meeting will yield bold, new commitments. But honestly, if we are to make real change, four things must become a reality — first, comprehensive sexuality education in all schools of all countries; secondly, psychological and peer support for every adolescent living with HIV and young key populations; thirdly, community-led HIV services as a rule, not an exception; and, finally, obtaining an HIV vaccine with a functional cure.

This is not a pipe dream or a fantasy world, free of stigma and discrimination. I am ready to work every day with everyone to make this a reality. There are more than 1 billion young people like me who are also ready to take the lead. But we cannot do this alone. We demand that the international community step up and finally do its work.

The President: In accordance with resolution 75/260 and decision 75/558 of 19 March 2021, I now introduce the pre-recorded statement of Ms. Charlize Theron, eminent person actively engaged in the response to HIV/AIDS, United Nations messenger of peace and founder of the Charlize Theron Africa Outreach Project.

A pre-recorded video statement was shown in the General Assembly Hall (see A/75/958).

The President: We have heard the last speaker for the opening segment of the high-level meeting. I also wish to thank the Deputy Secretary-General for taking the time to be with us this morning. The Deputy Secretary-General will now be leaving for another engagement.

The Assembly will now turn to A/75/L.95, entitled “Political declaration on HIV and AIDS: Ending inequalities and getting on track to end AIDS by 2030.”

I now give the floor to the representative of the Russian Federation on a point of order.

Mr. Chumakov (Russian Federation) (*spoke in Russian*): Indeed, we would like to make a point of order. Unfortunately, we are forced to submit a number of oral amendments. For 20 years now, there has been a tradition in the General Assembly of adopting political declarations on HIV/AIDS by consensus. This subject is multidimensional and, in many aspects, is very complex. The discussions on it therefore are often not easy. Nevertheless, each time, member countries have strived to listen to one another’s positions and find mutually acceptable solutions.

However, this year something went wrong from the very beginning. The Russian Federation made this a priority. We were one of just a few that very clearly and precisely outlined our priorities and concerns at meetings with the coordinators — even before the publication of the initial draft of the political declaration (A/75/L.95, annex). We also submitted them in writing. The draft that emerged after this almost entirely ignored our proposals.

From the point of view of neutrality, the balance between the delegations’ positions, or adherence to previously adopted obligations and universally accepted terminology, this text did not stand up to criticism. Unfortunately, these conditions also prevailed in the negotiating process. The approach to the proposals of the various delegations can scarcely be called impartial. Previously agreed wording was used when acceptable to a group of countries. References to scientific data worked when they corresponded to the previously established goals in the text. During the first two of the three negotiating rounds, the text barely changed at all.

We must acknowledge the efforts of the coordinators at the final stage, when an important and real compromise and change of course was made. However, a whole number of very important questions were left out. We understand that the option of postponing the adoption of the document to 10 June and reaching a compromise and alleviating the concerns based on principle was clearly not considered at all.

As a result, in the document we have before us today, there are elements that we declared, from the

very first day and throughout the entire negotiating process, to be problematic. We therefore cannot agree with the text and are forced to propose a number of amendments. There will be three such amendments.

The first amendment concerns the subject of changes to national legislation. We should not delude ourselves as to their content. Under cover of the just slogan of combating discrimination, a number of paragraphs contain an attempt to directly interfere in national legislation by repealing so-called restrictive and discriminatory laws. As we see from the Global AIDS Strategy 2021-2026, the Joint United Nations Programme on HIV/AIDS considers these to include laws that “in any way persecute prostitution and drug use”.

According to the data of the joint programme itself, as of 2019, prostitution was restricted in 129 countries and drug use and the illegal possession of narcotics in 111 countries. There is a proposal, then, to repeal laws in 92 countries that stipulate prosecution for the transmission of HIV and concealing HIV status. And yet, nothing is said about the fact that this decriminalization should apply to the unintentional and unwitting transmission of the disease.

Without any discussion, a passage was also introduced into the draft on the repealing of so-called “age of consent laws”. Again, this was done without clarifying that it refers not to the age of a minor consenting to sexual relations, but rather to access to HIV services. Our repeated calls for attention to be given to these aspects and to consider their impacts on public health, social policy, the fight against crime and the protection of children were not heeded. This could have been expressed in much more diplomatic terms.

Taking into account the late stage of the process, we are forced to propose the full deletion of a number of paragraphs from the text — paragraphs 1 (c), 28, 37, 65 (a) and 65 (b).

The second amendment concerns harm reduction. We would like to draw the Assembly’s attention to a broad reference in the project to harm-reduction programmes, including replacement opioid therapy, which, in essence, means replacing a heroin addiction with a methadone addiction. This is based on the paradigm that opioid drug addiction is untreatable and that it is fundamentally impossible to achieve a full end to the consumption of narcotic substances.

Disagreements on this subject are well known and we will not go into them.

We further note that in the text of the draft the references to harm-reduction programmes are much broader, and clear references to treating drug addiction in ways that put a complete stop to consumption of psychotropic substances are wholly missing. All of our attempts to include such passages or even simply a call to promote a healthy way of life ran up against a categorical refusal from the coordinators. The same goes for our proposal on family values. How exactly that corresponds to the goals of public health and international obligations of States in the fight against drugs remains a mystery for us.

We are therefore forced to propose the following amendment — the deletion of footnote 15 to paragraph 36 and of paragraph 60 (a). I repeat: delete footnote 15 to paragraph 36 and delete paragraph 60 (a).

And the final amendment concerns the mandate of UNAIDS. We draw attention to the introductory passage of paragraph 70 and paragraph 70 (c). Aside from the fact that they refer to the controversial term “rights-based ...approach”, they aim to enshrine a shift in focus in the work of UNAIDS from the medical and social aspects to human rights protection, which does not correspond to the Joint Programme’s mandate. It is telling that the coordinators refused to include Economic and Social Council resolution 1994/24, in accordance with which the Joint Programme was established. The result of this shift in focus is something that all delegations can clearly see by looking at the example of the initial draft of the draft political declaration we are considering today. It refers not to universally recognized international human rights, but rather certain sexual rights that are not enshrined in relevant international legal instruments.

These paragraphs also refer to expanding the unique model of UNAIDS. The functioning of this model involving decision-making led this year to the adoption of an imbalanced UNAIDS strategy that did not take into account the serious concerns of member States of the governing body of the Joint Programme. Therefore, it seems that before expanding the model it needs to be worked on further. The third amendment therefore proposes to delete the term “rights-based” from the introductory passage of paragraph 70 and delete paragraph 70 (c). I repeat: delete the term “rights-based” from paragraph 70 and delete paragraph 70 (c).

Finally, I would like to ask everyone to vote in favour of the amendments.

The President: I now give the floor to the representative of the United States on a point of order.

Ms. Nemroff (United States of America): I am sorry to have to take the floor with this point of order, but I need to seek clarification on what sequence we are in right now. It is not our understanding that the draft political declaration was actually presented to the membership before the amendments were submitted by the representative of the Russian Federation.

The President: It is standard practice that proposals submitted by the President of the General Assembly are not introduced. I shared the proposal with a letter sent last night to all the Member States.

I would now like to give the floor to the representative of the Secretariat.

Ms. Ochalik (Department for General Assembly and Conference Management): The present statement is made in the context of rule 153 of the rules of procedure of the General Assembly, which states, in paragraph 73 of draft resolution A/75/L.95, that the General Assembly would

“[d]ecide to convene a high-level meeting on HIV and AIDS in 2026 to review progress on the 2025 targets and other commitments made in the present declaration and to reach an agreement on the modalities for the next high-level meeting on HIV and AIDS no later than at the eightieth session of the General Assembly”.

The adoption of the draft resolution would not entail any budgetary implications with regard to the programme budget. Upon a further decision by the General Assembly on the modalities for the high-level meeting on HIV/AIDS in 2026, the Secretary-General would reassess the budgetary implications and advise the General Assembly in accordance with rule 153 of the rules of procedures of the General Assembly. Furthermore, in accordance with established practice, the date of the high-level meeting would be determined in consultation with the Department for General Assembly and Conference Management.

The statement I just read out will be made available in the *United Nations Journal* through the e-statements link for this meeting, and it was also circulated yesterday through the e-deleGATE portal.

The President: Before we proceed to take a decision on draft resolution A/75/L.95 and the three draft oral amendments, delegations wishing to make a statement in explanation of vote before the voting on the draft resolution and/or the draft oral amendments are invited to do so now in one intervention.

Before giving the floor for explanations of vote before the voting, may I remind delegations that explanations of vote are limited to 10 minutes and should be made by delegations from their seats.

Mr. Fifield (Australia): At the outset, I would like to thank colleagues for the very constructive way in which they have engaged with me and Ambassador Gertze through this process. I am grateful for the opportunity to speak to the draft amendments proposed by our colleague from the Russian Federation.

First, if I can speak to the proposal of deleting paragraphs 1 (c), 28, 37, 60 (b) 65 (a) and 65 (b), I would offer some comments to frame the opposition that I have to these draft oral amendments.

Reforming laws and policies to ensure that they are grounded in evidence and human rights is essential for an effective HIV response, and these draft oral amendments go to these issues. There is a large body of international evidence demonstrating that decriminalization and an introduction of protective and enabling laws and policies results in significant health benefits to key populations by reducing stigma and supporting improved access to health and HIV services. In contrast, punitive laws and policies increase vulnerability to HIV and act as major barriers to health services for the people who need them most.

It is not unusual or exceptional for a ministerial declaration to articulate aspirational commitments on policy and legislative reform for States Members of the United Nations. While they are not binding in any way, these aspirational targets are key components in meeting the final goals of such declarations.

We did so together here in the 2016 political declaration (resolution 70/266, annex), when we acknowledged that, to meet the Sustainable Development Goals, legislation that may create barriers to reinforce stigma and discrimination needed to be reformed (para. 63 (b)). We did so in the 2030 Agenda for Sustainable Development, when we committed to the adoption of sound policies and enforceable legislation for the promotion of gender equality and

again on ensuring equal opportunity of outcome by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, politics and action in this regard.

These paragraphs should also be read and understood in the context of the national sovereignty clause and caveats in these and other paragraphs. I will say that again: these paragraphs should also be read and understood in the context of the national sovereignty clause and caveats in these and other paragraphs.

Moving to the draft oral proposal of the Russian Federation to delete footnote 15 to paragraph 36 and to delete paragraph 60 (a), I will also outline the context for my contention that these paragraphs should be retained, and that the amendment proposed should be opposed. This area goes to harm reduction, and it is an agreed term from the 2016 political declaration. Extensive evidence demonstrates that comprehensive harm reduction services, including needle-syringe programmes, drug-dependence treatments, overdose prevention and naloxone, and testing and treatment for HIV, tuberculosis, and hepatitis B and C, reduce blood-borne infections, problem drug use, overdose deaths and other harms.

The footnote to paragraph 36 lists the nine interventions that comprise a comprehensive package for the prevention, treatment and care of HIV among intravenous-drug users. These interventions are set out in the technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users issued by the World Health Organization, the United Nations Office on Drugs and Crime, and the Joint United Nations Programme on HIV/AIDS (UNAIDS). These guidelines were referenced in the zero draft of the preamble of the outcome document of the United Nations General Assembly Special Session on Drugs.

Countries that have successfully scaled up harm reduction have experienced steep declines in HIV infections among people living with HIV. In Australia, we have used harm reduction, including all the components in the footnote, which are from the official evidence-based United Nations recommendations to virtually stop all HIV infections among people who inject drugs. With over 60 per cent of all new infections globally among drug users and other key populations, it is critically important to maintain this text, or we will not end AIDS, including for those who are most at risk.

The draft 2021 political declaration (A/75/L.95, annex) does not mandate countries to implement comprehensive harm reduction as part of their HIV response. It simply reflects the composition of best-practice comprehensive harm-reduction services in an evidence-based context.

Finally, I will make some remarks in relation to the proposals to delete the words “rights-based” in paragraph 70 and to delete the whole of paragraph 70 (c). Some of these points go to the UNAIDS mandate, and I will again outline the context for why I think these paragraphs should be retained and why the draft oral amendment proposed should not be supported.

Rights-based approaches and effective public health are mutually reinforcing. The mandate of UNAIDS has continued to develop since its establishment in Economic and Social Council resolution 1994/24. For the last 15 years, every decision made by the UNAIDS Programme Coordinating Board has been made with the chapeau, that all aspects of UNAIDS work are based on human rights and gender equality.

Australia and many other Member States present in this Hall today, including the Russian Federation, have been members of the Programme Coordinating Board and have supported the adoption of UNAIDS Board decisions by consensus with the understanding that all UNAIDS work is based on human rights. We therefore stand by the inclusion of the term “rights-based” in paragraph 70. The term “rights-based” in relation to UNAIDS is agreed language from the 2016 political declaration, as seen in paragraph 74 of the annex to resolution 70/266.

Now, I do want to be clear with colleagues that we have had an exhaustive process as mandated by the President of the General Assembly to bring colleagues close together. We did convene regional consultations. We conducted three full readings of the text. We circulated four versions. We put a version under silence. On Saturday, we had a meeting at 9 a.m. with those colleagues and delegations that broke silence. We circulated some proposed revisions to those colleagues who broke silence, and we had a full meeting of all Member States yesterday to advise colleagues on the point to which we had gotten. And, as you know, Mr. President, we then forwarded the text to you. I should also mention that just on the A/75/L95/Rev.2 version alone there were 73 specific changes made at the request of the Russian Federation, so I would not

want there to be any impression that this has been other than a full, thorough and appropriate process.

I would like therefore to indicate again that the draft political declaration was subject to open, transparent and inclusive negotiations among all States Members of the United Nations. The Member States were very flexible. There was a good spirit of compromise by almost all Member States, and the draft political declaration as presented has the support of the overwhelming majority of the United Nations membership. Through you, Mr. President, I would urge colleagues that the draft text as presented to this Assembly be embraced and supported.

Mr. Gertze (Namibia): I take the floor also as to make a statement on the draft oral amendments to A/75/L.95 proposed to this meeting.

From the start of this process, Namibia and Australia set out to adopt an ambitious text that can get us back on track to achieving the bold target we, as States Members of the United Nations, set for ourselves to end AIDS by 2030. We conducted negotiations and discussions in a transparent process rooted in good faith. Satisfying the priorities of 193 Member States in one document always requires compromise and flexibility.

It is therefore regrettable that it is suggested by our colleague from the Russian Federation that unless the draft text addresses each and every single one of its priorities it does not see the process as transparent. Such an approach is contrary to consensus and detrimental to the very global solidarity that is required to not only end AIDS but to also build back better — and more sustainably — from the coronavirus disease pandemic.

The draft text as it stands represents a delicate compromise in which all delegations have made enormous concessions. There are gains and losses on all sides. Bringing amendments at this late hour undermines the delicate balance we sought to strike and shows a level of disregard for those delegations that have made concessions and indicated that they will join consensus. It represents an enormous departure from the work and message that the General Assembly is trying to send today.

Coming from Africa, a continent that has seen the worst of this devastating disease and which continues to be the worst affected, Namibia is very well aware of the implications of not having a consensual outcome

document. We all know who the real losers will be at the end of the day.

I therefore urge all delegations to vote against these draft oral amendments and to stand strongly behind draft document A/75/L.95 as we have submitted it.

Ms. Nemroff (United States of America): First, I would like to speak to the amendments presented by the Russian Federation, and then I would like to speak to the draft declaration contained in A/75/L.95 as a whole. Please forgive me if the length of my statement is a little bit longer than usual.

Russia's new amendments target the majority, if not all, of the most sensitive and complex issues that the global HIV response must address full on if we are to meet our 2030 goals and targets.

As the representative of Australia pointed out earlier, the new draft oral amendments proposed by Russia are indeed severe and would delete references to key populations, persons who use drugs, harm reduction and persons of various genders, leaving scant or no reference to those important issues and populations. In addition, the draft oral amendments question the core of the mandate of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and its credibility as a United Nations organizing body for the global AIDS response. We request a recorded vote on those hostile draft oral amendments and we urge all delegations to vote against them.

I will now turn to the draft political declaration on HIV and AIDS (draft resolution A/75/L.95), as submitted by the President of the General Assembly, which — I may add — reflects the heroic efforts of the co-facilitators, Australia and Namibia, and the tireless efforts of all negotiators from all delegations. We wish to thank them all sincerely.

Forty years ago this week, when the world recorded the first five cases of HIV/AIDS, the international community failed to respond to the emerging HIV/AIDS pandemic. Forty years later, we continue to stymie efforts to actually end AIDS and in fact our inaction contributes to more stigma and discrimination against the people most in need of our public health interventions. The cost has been the estimated 32.7 million people who have lost their lives to AIDS-related illnesses globally, including 700,000 people in the United States.

Rather than follow the science, we are mired in fighting over social policies that, frankly speaking, enabled the virus to deeply root itself among all people. Forty years ago, fear and discriminatory policies left our citizens dying, often alone. We deprived them of the very dignity and respect enshrined in the guiding documents of the Organization. But for the bold leadership of activists, epidemiologists, nurses, lay people and far too few politicians, more would have been needlessly taken from us.

In order to end HIV/AIDS by 2030, we need bold leadership. We need the support of the very people and groups that too frequently have been excluded from this annual meeting and so many like it. Precious time is wasted by efforts trying to make the circle of people fighting the virus smaller, rather than welcoming everyone's contributions. We spend our time fending off efforts to erode the process of innovation that made breakthroughs, which were once thought impossible, possible. We find ourselves captive not to those making huge contributions to actually end AIDS but to those who continue to deny the science of how it spreads.

As we mark this important occasion and attempt to honour those abandoned 40 years ago, the United States is saddened by our collective lack of bold leadership. The draft political declaration before us, put simply, does not measure up. We started this process with a strong, ambitious draft declaration. It was evidence- and science-based in its assessment of the challenges faced in the global fight against HIV/AIDS. Two months ago, draft resolution A/75/L.95 was strident and clear in its solutions. The text that we are adopting today lacks the ambition needed to meet the stated goals of this high-level meeting — ending inequalities and ending AIDS.

For two months, our delegations met for round after round of negotiations to craft a balanced draft declaration, reflecting everything from the policies needed to end the pandemic to the undisputed reality of national sovereignty. Yet people everywhere are deprived of the real-world solutions contained in the draft declaration. The original text was by no means perfect but it was far better than the text before us now. The draft declaration before us today is unquestionably weaker — and has been weakened by a minority of delegations.

Rather than negotiate in good faith with an aim to establish balanced compromises and consensus texts, they hold United Nations documents hostage with an

aim to extract uninspired and often regressive policies. Like so many others, this document does not have the best interest of key populations or the global fight against HIV/AIDS in mind. It is clear for some countries that “contexts” include cultural and moral values.

We know that some social norms, under the guise of cultural and moral values, can be misaligned with an effective AIDS response. The movement of the sovereignty clause to a more prominent place in paragraph 10 of the document enables countries to undermine their commitments to end HIV/AIDS by 2030 under the guise of “national contexts”.

Comprehensive sexuality education and the recognition of sexual orientation and gender identity are central to an effective HIV/AIDS response. HIV prevention and treatment programmes that do not recognize the diversity of populations and their unique needs will not successfully stop HIV infection or ensure that all persons living with HIV/AIDS have access to treatment. For those reasons, the United States will disassociate from paragraph 60 (g).

We regret the deletion of the already-weakened compromise language on comprehensive sexuality education based on agreed language. We must continue to build on the 2016 Declaration of Commitment on HIV/AIDS: On the Fast-Track to Accelerate the Fight against HIV and to End the AIDS Epidemic by 2030 (see resolution 70/266) in order to ensure that key populations, especially youth living with HIV/AIDS, get the support they need from their families, nations and the international community.

We must reaffirm the rights of women and all people to have freedom and control over their sexual and reproductive health. We will continue to work collaboratively to achieve the affirmation of comprehensive sexuality education, recognizing how fundamental it is to concrete progress and leaving no one behind.

Stigma and discrimination flourish with an unwillingness to recognize diversity and shape national, regional and local responses to address the contexts and challenges of key populations most vulnerable to HIV/AIDS. While we appreciate the gains we made on additional references to key populations, especially in the context of combating stigma and discriminatory laws, we also lost references to non-binary members of key populations. That does a disservice to those excluded from this year’s draft political declaration.

The responses needed to combat HIV today and for the years to come are not the same as what was needed in 2016. The HIV epidemic has evolved, as have programmes and services. As many populations have benefited from HIV prevention and treatment programmes, there are other populations left behind who remain at high risk. Gender inequality, in all its diversity, is one of the barriers — if not the most significant barrier — to ending the AIDS epidemic. Political statements should show commitments and must focus on the issues most critical to achieving our collective goal.

Language matters. Science matters. Political commitment to ending AIDS matters. The HIV response will use differentiated approaches that are tailored to the needs of specific contexts, populations and locations and prioritize the people most in need. Outdated and ineffective interventions must be dropped and replaced with those that effectively reach key populations — adolescent girls, young women, children and men. Those populations and individuals remain at risk for HIV and have clear unmet needs. We must meet those needs.

We have come a long way since the early days of the HIV pandemic. Much work remains to be accomplished. We look forward to working in partnership with UNAIDS and partners to address the needs of those who remain on the margins of the global response. They have to be at the centre of this response if we are going to reach our collective goals of ending AIDS. Ambition is needed.

I will conclude by saying that if a recorded vote is requested on the draft declaration as submitted by the President of the General Assembly, the United States will support that text. We will vote in favour of draft resolution A/75/L.95 and we will disassociate from paragraph 60 (g) for the reasons I just enumerated. We urge all Member States to reject the draft oral amendments proposed today by the Russian Federation.

Mr. Castelbranco Soares (Portugal): I have the honour to speak on behalf of the European Union and its 27 States members. For sake of time I will not repeat the arguments so eloquently made by the representative of Australia against the draft oral amendments proposed by Russia, but we would like to join our voice to those arguments.

We are greatly disappointed that the consensus was broken once again, despite all the concessions

made by our side and the compromise found with the overwhelming majority of the United Nations membership, and that consensus is not valued by certain countries that see the need to disrupt the process even until the very end. It is regrettable that fighting HIV/AIDS has become even more politicized. We are against all the proposed draft oral amendments, as they were discussed over a period of two months and we had finally reached a delicate overall balance of what the overwhelming majority could agree to. Having a consensual document, to which we substantially contributed, is important to us. I therefore strongly encourage the entire membership to vote against the draft oral amendments, as submitted.

Mr. Arbeiter (Canada): We understood the mandate that you conferred upon the co-facilitators, Sir, to be to try to achieve the broadest possible views across the membership and all regions in support of the goal of an AIDS-free world by 2030, in solidarity with all those who continue to live with HIV/AIDS. It is our firm belief that goal was achieved. We have full confidence in the integrity of the process. We have full confidence in the inclusivity of the negotiations.

That does not mean that we are necessarily fully satisfied with the outcome, but we do believe that it represents the collective views of the membership. For that reason, we will support the outcome that was presented earlier last night and once again today. We sincerely encourage the Russian Federation to consider withdrawing its oral draft amendments. If they are not withdrawn and put to a vote, we encourage all Member States here to stand with the integrity of this process, with those who continue to live with HIV and in support of the goal that we all aspire to achieve in 2030.

Ms. Mendoza Elguea (Mexico) (*spoke in Spanish*): Mexico thanks and congratulates the co-facilitators of the negotiation process of this important draft declaration (A/75/L.95, annex). The Ambassador of Namibia, His Excellency Mr. Neville Gertze, and the Ambassador of Australia, His Excellency Mr. Mitchell Fifield, and their teams, sought at all times to reach a balance among the frequently divergent and opposing positions. The text of draft resolution A/75/L.95, as submitted for adoption by the membership, reflects an acceptable balance. Mexico therefore supports it, despite shortcomings in many areas that are very important for Mexico.

Mexico takes note of the proposed draft oral amendment to delete footnote 15 to paragraph 36, which refers to various means of harm reduction. In that regard, my delegation believes that the original text in the draft declaration appropriately refers to a crucial concept in the fight against HIV/AIDS. The reference to harm reduction has been previously agreed upon in the framework of our discussions on health care and constitutes a framework for action enabling the international community and the United Nations system to be effective.

Mexico will therefore vote against the draft oral amendment and in favour of the draft resolution that you have submitted, Mr. President.

Mrs. Rugwabiza (Rwanda): My statement will be very brief. First of all, I would like to express our deepest appreciation and gratitude to Ambassador Neville Gertze, Permanent Representative of Namibia, and Ambassador Mitchell Fifield, Permanent Representative of Australia, as co-facilitators, for leading us through this process, which has not been an easy one. We commend the work that they have done and their patience throughout the entire process.

My main point is with regard to political will. Our continent, Africa, is the most affected by HIV/AIDS. In our continent, our young people — our future — are the most affected. In your own opening statement, Mr. President, you indeed mentioned that six out of every seven new HIV infections among young people aged between 15 and 19 in sub-Saharan Africa were girls. Therefore, what we need to hear from the Assembly today is the political will to handle that. The draft political declaration (see A/75/L.95) is nothing other than the vehicle for such political will.

We know a little bit about the lack of political will in Africa. The lack of political will that existed for 10 years after the first treatments for HIV/AIDS were made available in developed countries was responsible for their unavailability on the continent, which cost us millions of lives. In sub-Saharan countries, it is very difficult to find a family that has not lost several relatives to HIV/AIDS.

I would therefore like to return to what we are doing here today, which is to come together and express the political will to do what we can to end HIV/AIDS by 2030. We simply do not have the luxury on the continent of doing otherwise. I know that the text of draft resolution A/75/L.95 as submitted is certainly

not ideal. If one were to have asked us in Rwanda, we would have loved to have seen a much stronger-worded, concise and ambitious draft declaration. But we also know that this is the result of a delicate balance and we that we cannot afford to fail in terms of political will.

I am therefore taking the floor to say that Rwanda will support the draft declaration as you have submitted it to us, Mr. President, and we would like to encourage other members to do so.

Ms. Joyini (South Africa): At the outset, I would like to thank the co-facilitators, Ambassador Neville Gertze of Namibia and Ambassador Mitchell Fifield of Australia, and the membership for negotiating the text of draft resolution A/75/L.95. On South Africa is discouraged by the introduction of draft oral amendments to the draft text, which truly represents a delicate balance of the compromises and concessions made by all delegations. We see the last-minute draft oral amendments as detrimental to the work that we are trying to do here and the commitments that we are trying to put forward.

Africa — in particular sub-Saharan Africa, as Ambassador Rugwabiza of Rwanda said — remains the region worst affected by HIV/AIDS. Having a non-consensual outcome document further sets us back and pushes our continent and its people even further behind. We therefore urge delegations to stand firmly behind the consensus document, which we negotiated and agreed to. South Africa strongly supports the draft text.

Mr. Tommo Monthe (Cameroon) (*spoke in French*): First of all, we must thank the two co-facilitators, to whom you, Mr. President, gave the mandate to conduct negotiations in this area. They have done their best to guide us to the right destination, which is where we expected to be today.

With regard to HIV/AIDS, my first point is that, as with the coronavirus disease, we face serious public health issues — I repeat, serious public health issues. As a result, our Assembly must respond and, given the draft text that has been submitted (A/75/L.95), our responsibility is to be united in our views. We must then act collectively.

My second point is that unfortunately we are not yet there. The discussions at this meeting and the draft oral amendments that have just been proposed demonstrate that we do not all hold the same views on

this important issue and will therefore be unable to act with one accord. That is the sad truth of the situation we are in today. If we are not careful, we could leave today's meeting without a political declaration.

Why is that? This is my third point. It is because the draft text before us, as any compromise text, contains serious ambiguities. It is true that compromise texts may contain ambiguous elements. However, when such ambiguities exist, they should be positive. The current text has negative ambiguities, which is the main reason why we are not united in our views and thoughts.

A further reason is that throughout the entire consultation process, some countries have maintained the view that one size fits all. They believe that the same shoe size will fit everyone. That is the problem with some of the wording in the text. However, it is clear that is untrue. The same shoe size cannot fit everyone. Furthermore, we would make fun of a shoemaker who made the same shoe size to fit all feet. It would be impossible and absurd.

With regard to health, good doctors know that there are no diseases. Only people who suffer from disease. That is why when patients see a doctor, tests are conducted to determine the problem so that the right medication can be prescribed. Throughout the negotiations, some doctors have been seeking to prescribe the same medicine for everyone — to force everyone to wear the same shoe size.

When we refer to the law in certain parts of the text, we are talking about the foundation on which societies are built, including plural societies. It is a rainbow. Some delegations would like to see one colour of the rainbow stand out more than the others and make that colour universal. Again, that is impossible and absurd. A rainbow has many colours. No one can choose a colour of the rainbow and force the rainbow to be that one colour. Negotiations have come to a standstill and amendments have been proposed because there is an issue of substance. Some wish the rainbow to be one colour and force everyone else to accept that colour. That is not possible.

Lastly, for some time now there has been a willingness on the part of some delegations to act as if in some areas they have the magic solution for taking action and healing everyone. That is not possible. So long as people act in that spirit, we will be unable to reach consensus. We will come to a standstill and find ourselves in the regrettable situation we are in now. We

might think we have reached safe harbour but in fact we are simply rowing upstream. The Assembly should reconsider that approach and way of proceeding.

In conclusion, given that you, Mr. President, presented the text, we all unanimously accepted it. As we say in Africa, when the chieftain comes to the main square we do not embarrass him. That means that we accept the text presented. However, once the political declaration has been adopted, Cameroon will apply it in line with its laws and regulations, based on our historic and cultural context, which is in constant flux. What is good today may not be good tomorrow. What is bad today may be good tomorrow. It all depends on the changing context. We will apply the declaration in accordance with our laws, regulations and political, sociological, cultural environment and based on the current circumstances. We accept the text that you presented, Mr. President, but we make it clear that once the text has been adopted, it is in that spirit — and that spirit only — that we will apply it.

Mr. Ndong Mba (Equatorial Guinea) (*spoke in Spanish*): First and foremost, I would like to congratulate Namibia and Australia, as co-facilitators, for their commendable work. We believe that their efforts were commensurate with the mandate that you, Mr. President, entrusted to them.

It has taken two months of intense consultations to arrive at the draft declaration (A/75/L.95, annex) before us. The draft declaration is the result of a delicate and balanced exercise that may not be equally welcome to all, because that is always difficult to accomplish, but at least it enables us to have a document that is not static. Over time, it can always be revised at future meetings. That is why my delegation believes that we should adopt draft resolution A/75/L.95, as submitted. In the unfortunate event that it cannot be adopted by consensus, we should at least adopt it at today's meeting.

As we reach the end of the seventy-fifth session of the General Assembly, I would like to take this opportunity to sincerely congratulate you, Mr. President, for the excellent way in which you guided the debates of the current session.

Mrs. Bouchikhi (Morocco): At the outset, allow me to thank Ambassador Neville Gertze, Permanent Representative of Namibia, and Ambassador Mitchell Fifield, Permanent Representative of Australia, for their able co-facilitation of the process, constructive efforts and transparency.

We have been engaged in that process for more than two months. I cannot express enough gratitude for all the input from members and the co-facilitation by Namibia and Australia, in good faith, to reach consensus and deliver a strong, ambitious, action-oriented — and, most importantly, consensus-based — draft political declaration (A/75/L.95, annex).

Morocco has been strongly engaged in the process since its inception. We have made substantive contributions and actively participated in all the informal meetings that were convened. Today, as an African, a woman and a mother, I cannot reiterate enough the importance of today's high-level meeting. We thank you, Mr. President, for allowing us, despite the pandemic and the heavy workload of the Office of the President of the General Assembly, to hold today's meeting.

I cannot stress enough the importance of a consensus-based adoption of the draft political declaration. For my delegation, we see the consensus-based adoption of this declaration as a road map to give back to our capitals and, most importantly, to our specialized agencies and ministries of health, which usually view the political declaration as a road map document that leads them in their endeavours and dynamics to fight AIDS. That is why, for my delegation, all recommendations contained in the 2016 political declaration (see resolution 70/266) have been implemented and we are on the right track.

As the Assembly is aware, Africa is badly affected, in particular sub-Saharan Africa. We reiterate the importance of adopting a strong document, as we have all hoped for since the beginning of the consultation process. We know that the process was delicate. That is why we also understand all the efforts made by negotiators and their respective delegations, with their various points of view, to engage in the process and reach the compromise text we have before us today. It is certainly delicate but, as it stands right now, it is the only way for us all to come together. As we say at the United Nations, it is language with which we could either be equally happy or unhappy. We again offer our full support for the text presented by the co-facilitators, as circulated. We call on all delegations to support the text.

Mr. Izourar (Algeria): My delegation would like to sincerely thank His Excellency Mr. Neville Gertze, Permanent Representative of Namibia, and Mr. Mitchell Fifield, Permanent Representative of Australia,

co-facilitators of the draft Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030 (A/75/L.95, annex).

The negotiation process on the political declaration started two months ago. Throughout the process, all delegations worked tirelessly to ensure that the final draft would be holistic and balanced and would address the gaps in providing access to HIV/AIDS treatment for all those in need. The level of engagement, the hours spent in informal consultations and the outreach efforts made by the co-facilitators to build bridges are testimony to our eagerness to adopt a draft political declaration that will be acceptable to all Member States.

Having said that, we need to recognize that negotiations were not easy. Many controversial issues have been discussed and gaps remained among various positions until the final stage of negotiations. My delegation contributed constructively and positively to the negotiation process and was one of the delegations that requested further consultations in order to finalize the text and bring to it the necessary balance that would make it acceptable to us.

I would like to thank in particular the co-facilitators for their final attempt to bring balance to the text we have before us today. It is not perfect and still contains references that my delegation would have preferred to address. However, we understand that for the sake of compromise, flexibility and consensus, we should all look at the overall balance of the text. In that regard, Algeria is willing to join consensus on this draft political declaration.

Diplomacy requires understanding, dialogue, cooperation and compromise. That is the spirit that leads my delegation today. We hope that, following its adoption, the draft political declaration on HIV/AIDS will be implemented effectively and successfully.

The President: We have heard the last speaker in explanation of vote before the voting.

The representative of the Russian Federation has submitted three draft oral amendments to draft resolution A/75/L.95. In accordance with rule 90 of the rules of procedure, the Assembly shall first take a decision on the three draft oral amendments, one by one.

We turn first to the draft oral amendment to delete paragraphs 1 (c), 28, 37, 65 (a) and 65 (b).

A recorded vote has been requested.

A recorded vote was taken.

In favour:

Bahrain, Belarus, Kuwait, Mauritania, Nicaragua, Oman, Qatar, Russian Federation, Saudi Arabia, Senegal, Syrian Arab Republic, United Arab Emirates, Yemen

Against:

Albania, Andorra, Angola, Argentina, Australia, Austria, Bahamas, Bangladesh, Barbados, Belgium, Benin, Bhutan, Bolivia (Plurinational State of), Bosnia and Herzegovina, Botswana, Brazil, Bulgaria, Burkina Faso, Canada, Chad, Chile, Colombia, Costa Rica, Côte d'Ivoire, Croatia, Cyprus, Czech Republic, Denmark, Djibouti, Dominica, Dominican Republic, Ecuador, El Salvador, Estonia, Eswatini, Fiji, Finland, France, Gabon, Georgia, Germany, Ghana, Greece, Grenada, Guatemala, Guyana, Haiti, Honduras, Hungary, Iceland, India, Indonesia, Ireland, Israel, Italy, Jamaica, Japan, Kenya, Latvia, Lebanon, Lesotho, Liberia, Liechtenstein, Lithuania, Luxembourg, Malawi, Malta, Marshall Islands, Mauritius, Mexico, Micronesia (Federated States of), Monaco, Mongolia, Montenegro, Morocco, Namibia, Nepal, Netherlands, New Zealand, Nigeria, North Macedonia, Norway, Panama, Papua New Guinea, Paraguay, Peru, Philippines, Poland, Portugal, Republic of Korea, Republic of Moldova, Romania, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Sierra Leone, Singapore, Slovakia, Slovenia, South Africa, South Sudan, Spain, Sweden, Switzerland, Thailand, Timor-Leste, Togo, Trinidad and Tobago, Tunisia, Turkey, Ukraine, United Kingdom of Great Britain and Northern Ireland, United States of America, Uruguay

Abstaining:

Algeria, Brunei Darussalam, China, Egypt, Eritrea, Ethiopia, Guinea, Iraq, Lao People's Democratic Republic, Libya, Madagascar, Malaysia, Mali, Mozambique, Niger, Pakistan, Sri Lanka, Sudan, Zambia

The draft oral amendment was rejected by 13 votes to 116, with 19 abstentions.

The President: We will now turn to the draft oral amendment to delete footnote 15 to paragraph 36 and to delete paragraph 60 (a).

A recorded vote has been requested.

A recorded vote was taken.

In favour:

Nicaragua, Russian Federation, Syrian Arab Republic

Against:

Albania, Andorra, Angola, Argentina, Australia, Austria, Bahamas, Barbados, Belgium, Benin, Bhutan, Bolivia (Plurinational State of), Bosnia and Herzegovina, Botswana, Brazil, Bulgaria, Burkina Faso, Cabo Verde, Canada, Chad, Chile, Colombia, Costa Rica, Côte d'Ivoire, Croatia, Cyprus, Czech Republic, Denmark, Djibouti, Dominica, Dominican Republic, Ecuador, El Salvador, Estonia, Eswatini, Fiji, Finland, France, Georgia, Germany, Ghana, Greece, Grenada, Guatemala, Guyana, Haiti, Honduras, Hungary, Iceland, India, Indonesia, Ireland, Israel, Italy, Jamaica, Japan, Latvia, Lebanon, Lesotho, Liberia, Liechtenstein, Lithuania, Luxembourg, Malawi, Malaysia, Malta, Marshall Islands, Mauritania, Mauritius, Mexico, Micronesia (Federated States of), Monaco, Mongolia, Montenegro, Morocco, Namibia, Nepal, Netherlands, New Zealand, Nigeria, North Macedonia, Norway, Panama, Papua New Guinea, Paraguay, Peru, Philippines, Poland, Portugal, Republic of Korea, Republic of Moldova, Romania, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Sierra Leone, Singapore, Slovakia, Slovenia, South Africa, South Sudan, Spain, Suriname, Sweden, Switzerland, Thailand, Timor-Leste, Togo, Trinidad and Tobago, Tunisia, Turkey, Ukraine, United Kingdom of Great Britain and Northern Ireland, United States of America, Uruguay

Abstaining:

Algeria, Bahrain, Bangladesh, Belarus, Brunei Darussalam, China, Egypt, Eritrea, Ethiopia, Guinea, Iraq, Kenya, Kuwait, Lao People's Democratic Republic, Libya, Madagascar, Mali, Mozambique, Niger, Oman, Pakistan, Qatar, Saudi Arabia, Sri Lanka, Sudan, United Arab Emirates, Yemen, Zambia

The draft oral amendment was rejected by 3 votes to 117, with 28 abstentions.

The President: We will now turn to the draft oral amendment to delete the words "rights-based" in paragraph 70 and to delete paragraph 70 (c).

A recorded vote has been requested.

A recorded vote was taken.

In favour:

Belarus, China, Nicaragua, Russian Federation, Syrian Arab Republic

Against:

Albania, Andorra, Angola, Argentina, Australia, Austria, Bahamas, Bangladesh, Barbados, Belgium, Benin, Bhutan, Bolivia (Plurinational State of), Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Bulgaria, Burkina Faso, Cabo Verde, Canada, Chad, Chile, Colombia, Costa Rica, Côte d'Ivoire, Croatia, Cyprus, Czech Republic, Denmark, Djibouti, Dominica, Dominican Republic, Ecuador, El Salvador, Estonia, Eswatini, Fiji, Finland, France, Georgia, Germany, Ghana, Greece, Grenada, Guatemala, Guyana, Haiti, Honduras, Hungary, Iceland, India, Indonesia, Ireland, Israel, Italy, Jamaica, Japan, Latvia, Lebanon, Lesotho, Liberia, Liechtenstein, Lithuania, Luxembourg, Malawi, Malaysia, Malta, Marshall Islands, Mauritania, Mauritius, Mexico, Micronesia (Federated States of), Monaco, Mongolia, Montenegro, Morocco, Namibia, Nepal, Netherlands, New Zealand, Nigeria, North Macedonia, Norway, Panama, Papua New Guinea, Paraguay, Peru, Philippines, Poland, Portugal, Republic of Korea, Republic of Moldova, Romania, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Sierra Leone, Singapore, Slovakia, Slovenia, South Africa, South Sudan, Spain, Suriname, Sweden, Switzerland, Thailand, Timor-Leste, Togo, Trinidad And Tobago, Tunisia, Turkey, Ukraine, United Kingdom of Great Britain and Northern Ireland, United States of America, Uruguay

Abstaining:

Algeria, Bahrain, Egypt, Eritrea, Ethiopia, Guinea, Iraq, Kenya, Kuwait, Lao People's Democratic Republic, Libya, Madagascar, Mali, Mozambique, Niger, Oman, Pakistan, Qatar, Saudi Arabia, Sri

Lanka, Sudan, United Arab Emirates, Yemen, Zambia

The draft oral amendment was rejected by 5 votes to 119, with 24 abstentions.

The President: Since the draft oral amendments proposed by the Russian Federation were not adopted, we shall proceed to take a decision on draft resolution A/75/L.95.

I give the floor to the representative of the Russian Federation, who wishes to speak in explanation of vote before the voting.

Mr. Chumakov (Russian Federation) (*spoke in Russian*): The Russian delegation worked openly on the draft political declaration while participating in all formal and informal meetings from the beginning to the end of the process. We honestly and constructively tried until the last moment to reach a mutually acceptable and balanced text and achieve its adoption by consensus. Our delegation made a vast number of concessions that were far greater than the number of concessions made for us.

Since a large number of our concerns, which we outlined at the very beginning of the process, have still not been alleviated, we are obliged to request that draft resolution A/75/L.95 as a whole be put to the vote.

The President: The Assembly will now take a decision on draft resolution A/75/L.95, entitled “Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030”.

A recorded vote has been requested.

A recorded vote was taken.

In favour:

Afghanistan, Albania, Algeria, Andorra, Angola, Argentina, Armenia, Australia, Austria, Azerbaijan, Bahamas, Bahrain, Bangladesh, Barbados, Belgium, Benin, Bhutan, Bolivia (Plurinational State of), Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Bulgaria, Burkina Faso, Cabo Verde, Cambodia, Cameroon, Canada, Chad, Chile, China, Colombia, Costa Rica, Côte d’Ivoire, Croatia, Cuba, Cyprus, Czech Republic, Democratic Republic of the Congo, Denmark, Djibouti, Dominica, Dominican Republic, Ecuador, Egypt, El Salvador, Equatorial Guinea, Estonia, Eswatini, Ethiopia, Fiji, Finland, France, Gabon, Georgia,

Germany, Ghana, Greece, Grenada, Guatemala, Guinea, Guinea-Bissau, Guyana, Haiti, Honduras, Hungary, Iceland, India, Indonesia, Iraq, Ireland, Israel, Italy, Jamaica, Japan, Kazakhstan, Kenya, Kuwait, Kyrgyzstan, Lao People’s Democratic Republic, Latvia, Lebanon, Lesotho, Liberia, Libya, Liechtenstein, Lithuania, Luxembourg, Madagascar, Malawi, Malaysia, Maldives, Mali, Malta, Marshall Islands, Mauritania, Mauritius, Mexico, Micronesia (Federated States of), Monaco, Mongolia, Montenegro, Morocco, Mozambique, Namibia, Nepal, Netherlands, New Zealand, Niger, Nigeria, North Macedonia, Norway, Oman, Pakistan, Panama, Papua New Guinea, Paraguay, Peru, Philippines, Poland, Portugal, Qatar, Republic of Korea, Republic of Moldova, Romania, Rwanda, Saint Kitts And Nevis, Saint Lucia, Saint Vincent and the Grenadines, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovakia, Slovenia, South Africa, South Sudan, Spain, Sri Lanka, Sudan, Suriname, Sweden, Switzerland, Thailand, Timor-Leste, Togo, Trinidad and Tobago, Tunisia, Turkey, Uganda, Ukraine, United Arab Emirates, United Kingdom of Great Britain and Northern Ireland, United Republic of Tanzania, United States of America, Uruguay, Uzbekistan, Venezuela (Bolivarian Republic of), Viet Nam, Yemen, Zambia, Zimbabwe

Against:

Belarus, Nicaragua, Russian Federation, Syrian Arab Republic

The draft resolution was adopted by 165 votes to 4 (resolution 75/284).

The President: Before giving the floor to those representatives who wish to speak in explanation of vote after the vote, may I remind delegations that explanations of vote are limited to 10 minutes and should be made by representatives from their seats.

Mr. Costa Filho (Brazil): Let me begin by joining others in expressing our deep appreciation to the co-facilitators, the Permanent Representatives of Namibia and Australia, for their intense dedication and efforts in leading us in this process.

Brazil is and always has been committed to the fight against HIV and AIDS and we are very proud of our track record. In that context, we maintain active national and international engagement on developing

and implementing public policies on the prevention and treatment of HIV and AIDS. Brazil decided to support the Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030 (resolution 75/284), which has just been adopted at this high-level meeting, because we believe that the final document, although not ideal, is the only possible compromise to be reached at this moment.

Mr. Arriola Ramírez (Paraguay), Vice-President, took the Chair.

We have agreed on many things, but some aspects of the text, including the use of terminology that lacks international consensus, still require additional efforts in the future for us to reach concrete results by 2030. In addressing that concern, Brazil recognizes that each country has its own priorities and that, based on different epidemiological contexts, differentiated responses are required in accordance with national legislation for addressing the AIDS epidemic, always observing universally recognized international human rights.

Due to the importance our country accords to combating HIV and AIDS, Brazil joined the support for the Political Declaration on HIV and AIDS, just adopted by the high-level meeting of the General Assembly.

Mr. Arbeiter (Canada): I grew up in the 1980s and 1990s and, as a young person and as a young gay person, I remember quite clearly the fear, denial and stigma that the Deputy Secretary-General described to us as she recounted the history of the HIV/AIDS epidemic. When I look back across the past 30 to 40 years, I am absolutely astounded by the advances of science and of our ability to help those with HIV and AIDS to live a full life, as we heard from Ms. Yana Panfilova and others today. I am also astounded by the delta that remains to help all of those affected by AIDS to lead that full life.

Therefore, my message after the vote and after we were able to adopt — almost unanimously — the Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030 (resolution 75/284) is, first and foremost, one of gratitude. I wish to express my gratitude to the co-facilitators and thank them for helping us to help ourselves. I also wish to express my gratitude to Member States and thank them for thinking through how we can collectively learn from one another and how we can come to a place that we can all be proud of.

Very importantly, I wish to thank the Executive Director of the Joint United Nations Programme on HIV/AIDS and everyone that works with her and for her to help us better serve both key populations and other populations on this issue. I would also like to thank the civil society representatives and organizations that not only hold us to account but ensure that we learn from our own mistakes and do better moving forward.

I also wish to thank all those who are willing to continue to find the political will that the Permanent Representative of Rwanda spoke of so eloquently so that we can achieve the goal we have set for ourselves for 2030. The road ahead is indeed a hard one and these are difficult and sensitive issues, but I am absolutely convinced that it is a matter of will — as there is no lack of evidence, science or know-how — that will allow us to get there.

Mr. Woodroffe (United Kingdom): I have the honour to deliver this statement on behalf of the following Member States: Argentina, Australia, Botswana, Canada, Iceland, Liechtenstein, Mexico, Namibia, Norway, New Zealand, the Republic of Korea, South Africa, Switzerland, Thailand, Uruguay and my own delegation, the United Kingdom.

The year 2021 marks four decades since the first report of an AIDS diagnosis and the beginning of the AIDS pandemic. Forty years later, we continue the global fight against that pandemic, which is the reason we are gathered here today at the fifth high-level meeting of the General Assembly on HIV and AIDS.

We welcome the rejection of the draft oral amendments to the resolution just adopted and the adoption by an overwhelming majority of the bold Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030 (resolution 75/284), which demonstrates our overwhelming unity and commitment to ending the AIDS epidemic by 2030 and to achieving the targets articulated in the new Joint United Nations Programme on HIV/AIDS (UNAIDS) Global AIDS Strategy 2021-2026.

We take this opportunity to express our sincere appreciation for the hard work of Australia and Namibia as co-facilitators in bringing us together to deliver a Political Declaration on this sensitive yet important topic.

The adoption of the Declaration today provides high-level political endorsement of core components of the Global AIDS Strategy, including bold new targets for treatment, prevention, human rights and community leadership. If reached, the targets will bring HIV services to 95 per cent of the people who need them most, while reducing HIV infections to fewer than 370,000 and AIDS-related deaths to fewer than 250,000 by 2025.

We welcome the recognition of those living with, at highest risk of and most affected by HIV in the Declaration. In particular, we welcome the recognition of key populations, including men who have sex with men, transgender people, sex workers and people who use drugs.

In 2019, key populations and their sexual partners comprised approximately 62 per cent of all new HIV infections, despite being a small percentage of the global population. Beyond providing an important acknowledgement, the Declaration also recognizes the central role of those populations and commits to strengthening their voices by supporting the community-led delivery of 30 per cent of testing and treatment services, 80 per cent of HIV prevention services for populations at high risk of HIV infection and 60 per cent of programmes to support the achievement of societal enablers.

This year, we also mark more than 25 years since the landmark Fourth World Conference on Women was held in Beijing in 1995 with the convening of the Generation Equality forums in Mexico and France. To that end, we also welcome the inclusion in the Declaration of gender equality and the empowerment of women and girls, in all their diversity. We commend the inclusion of access to sexual and reproductive health services and education, which are vital for the lives, health and well-being of women, adolescents, girls and lesbian, gay, bisexual, transgender, queer and intersex people.

However, we cannot hide our disappointment that the Declaration does not, on certain issues, reflect the need for greater ambition if we are to end the AIDS pandemic by 2030. In that regard, we must continue to strive for political consensus on what the evidence tells us — that the full realization of sexual and reproductive health and rights, including evidence-based, comprehensive sexuality education, is central to a successful HIV response. At this critical

moment in the global response, we strongly reaffirm our commitment to preventing new HIV infections and eliminating AIDS as a public health threat by 2030.

However, to succeed in reaching those targets, we must reach beyond the Declaration. We are at a precipice in the global response. The 10 fast-track targets of the 2016 Political Declaration on HIV and AIDS: On the Fast-Track to Accelerate the Fight against HIV and to End the AIDS Epidemic by 2030 (see resolution 70/266) were not met by last year's 2020 deadline. Without support for those new commitments, the world is no longer on track to meet the commitments of the Sustainable Development Goals to end the AIDS epidemic by 2030. The challenges we face today are further exacerbated by the parallel coronavirus disease (COVID-19) pandemic, which continues to compound pre-existing inequalities within and among the States Members of the United Nations in relation to HIV and AIDS.

We commit to building back better in a more equitable and inclusive manner from COVID-19, including in the HIV response. We also acknowledge the invaluable contribution that HIV-related leadership, expertise, research and development and community-led responses have played in the response to the COVID-19 pandemic, including the development of COVID-19 vaccines.

Therefore, guided by the respect, protection and fulfilment of human rights and a gender-responsive approach, through evidence-based policies and adequate investments, we commit to the full implementation of the Declaration. We believe that the success of the global HIV and AIDS response is contingent on equity and access to treatment, prevention and care within and among countries, as well as full equality for all under the law.

We look forward to working with all Member States, UNAIDS and affected communities to realize the promises made in the bold Declaration adopted today. We call for ensuring that reporting on progress on the global response and our fulfilment of the commitments made at the high-level meeting on HIV/AIDS feeds into the follow-up and review of the 2030 Agenda for Sustainable Development, including in the High-Level Political Forum on Sustainable Development, the Economic and Social Council and subsidiary bodies.

I would like to conclude by recalling what I thought was an extremely pertinent comment made by the

Executive Director of UNAIDS this morning: we can end AIDS as a public health emergency by 2030 if the world comes together. We are delighted that so many of us have come together today.

Mr. Hatem (Bahrain) (*spoke in Arabic*): I am pleased to deliver this statement on behalf of the States members of the Gulf Cooperation Council — the United Arab Emirates, the Kingdom of Saudi Arabia, the Sultanate of Oman, the State of Qatar, the State of Kuwait and my own country the Kingdom of Bahrain — to explain our position on the Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030, annexed to resolution 75/284.

At the outset, we would like to thank the two co-facilitators, the Permanent Representatives of Australia and Namibia, for their tireless efforts in facilitating consultations on the Political Declaration (resolution 75/284) at time of urgent need for the concerted work of multilateralism, guided by the 2030 Agenda for Sustainable Development.

The countries of the Gulf Cooperation Council cooperated to reach a consensual document. Our countries voted in favour of resolution 75/284. In this regard, we stress the sovereign rights of States Members, as set forth in the Charter of the United Nations, to implement the commitments and obligations included in this Declaration, in line with laws and priorities of their national policies and according to their national legislation, while respecting the religious and cultural values of their societies.

We would also like to stress that in the relevant communications and resolutions, it is important to highlight the main guiding role of the family and to take into consideration various age-related options, especially with regard to reproductive and sexual health issues, as well as comprehensive education on aspects related to reproductive health.

In conclusion, we believe that the Political Declaration that we have adopted today needs more work and follow-up for achieving an increased level of determination to address challenges that still exist. We request that this statement be included in the official record of the meeting.

Mr. Guo Jiakun (China) (*spoke in Chinese*): China attaches great importance to this high-level meeting on HIV/AIDS and the Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End

AIDS by 2030 (resolution 75/284, annex) and, as always, participated constructively in the consultations leading to its adoption. China believes that the international community should send a positive message of unity and coherence in the fight against HIV/AIDS through the Political Declaration so as to inject new political momentum in international cooperation for the prevention and treatment of HIV/AIDS.

China commends the co-facilitators, Namibia and Australia, for moderating consultations among States Members and their efforts to bridge differences and promote consensus. It is regrettable that the current text does not enjoy the consensus of Member States. Some countries, including China, continue to have serious concerns about some of the wording of the Political Declaration, such as the words “human rights defenders” in paragraph 58 and the words “rights-based collaborative approach” in paragraph 70. In such circumstances, any contrary State action will harm the authority of the Political Declaration and undermine collaboration among Member States. That is why China was compelled to abstain in the voting.

China has always participated actively in promoting international cooperation for the prevention and treatment of HIV/AIDS and has made major contributions in the area. We will remain committed to a constructive and positive approach and work together with the general membership to achieve a successful outcome of this high-level meeting on HIV/AIDS.

Mr. Chumakov (Russian Federation) (*spoke in Russian*): Our delegation is naturally disappointed by the fact that the text of resolution 75/284, which has just been adopted, although it contains many constructive elements, also contains many destructive elements.

The constructive elements, which we support, include the new international 95-95-95 targets of the Joint United Nations Programme on HIV/AIDS (UNAIDS) to combat HIV/AIDS, the provisions on the eradication of the vertical transmission of HIV/AIDS, the provisions on combating discrimination against people living with HIV/AIDS and the importance of conducting awareness-raising and information campaigns to combat the disease.

For our part, we are fully committed to combating HIV/AIDS. We give it the highest priority at the national level, in line with the 2030 national strategy, as well as at the international level, including through cooperation with UNAIDS in Eastern Europe and

Central Asia, where in recent years we have carried out many projects, costing millions of dollars in funding.

For that reason, we are deeply saddened by the fact that a common threat — the terrible disease of HIV/AIDS — has been used as a pretext to advance a contentious and highly conflictual agenda. The fact that the text of resolution 75/284 as adopted openly calls for the legalization of prostitution and drug use and the fact that the inclusion of references to promoting a healthy life style and family values was rejected speak for themselves.

Instead of approaches agreed at negotiations at the international level, Member States have had conflicting and contradictory concepts foisted on them, such as comprehensive sex education. We are pleased that provision did not end up in the final text. The international targets for the provision of development assistance to countries in need of it become the bargaining chip in all such schemes. A number of delegations actively opposed the inclusion in the text of references to compliance with national legislations and the Charter of the United Nations, as well as the sovereign rights of States.

The same delegations broadly manipulated references to scientific data, but when they came across conclusions that made them feel uncomfortable they preferred to simply ignore them. That was the case, for example, with regard to the “undetectable = untransmittable” concept, the wording on which still does not adhere to scientific publications. We note that the track record of the UNAIDS secretariat in that process also leaves much to be desired.

We are compelled to repeat that we stand ready to actively participate in cooperation with regard to the constructive elements contained in the Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030. We will not, however, consider all those provisions that have been put to vote to be agreed for the future and will not consider ourselves bound by them.

Mr. Kita (Japan): On behalf of the Government of Japan, we welcome the adoption of the Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030 (resolution 75/284, annex). We are grateful to the co-facilitators — Namibia and Australia — for their leadership and dedicated work.

First, while we appreciate the 2021 Political Declaration on HIV and AIDS, we would like to reiterate the importance of placing various health issues, including HIV/AIDS, in the context of universal health coverage and the health system as a whole and strengthening the overall health agenda within the United Nations system. In that regard, we are not convinced of the need to hold a high-level meeting on HIV/AIDS in 2026, given that the coronavirus disease pandemic has not yet subsided.

We believe that we should coordinate comprehensively. No one denies that HIV/AIDS is historically important. However, we believe that it is time to integrate efforts in the health arena, which have been dispersed by disease and field, and address health issues in a comprehensive manner. We should not treat HIV/AIDS as a stand-alone issue but take an integrated approach to various health issues beyond individual disease control, such as tuberculosis, non-communicable diseases and emerging infectious diseases. We should now aim for an all-inclusive approach bringing together the efforts of individual health-related agendas in preparation for the high-level meeting on universal health coverage to be held in 2023.

Lastly, in recognizing the importance of a bottom-up approach to human security, we are very pleased to see the participation of diverse civil society organizations at this high-level meeting. In the fight against HIV/AIDS, civil society organizations have been making significant contributions to the protection and empowerment of all vulnerable groups. We hope that the participation of a wide range of civil society organizations will make this high-level meetings on HIV/AIDS a meaningful one.

Mr. Sahraei (Islamic Republic of Iran): The Islamic Republic of Iran is of the view that the Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030, which was just adopted by the General Assembly in resolution 75/284, encompasses some problematic and concerning notions and terminology. In that regard, as those concepts and language, which are contained in the Political Declaration, contradict my country’s national rules and legislation, cultural heritage and national development priorities, particularly within the social, epidemic, and epidemiological contexts, my delegation disassociates itself from the relevant provisions of the Declaration.

Mrs. Horváth (Hungary): Hungary would like to express its appreciation to the co-facilitators for their tireless work and commitment in the elaboration of the Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030, which was just adopted in resolution 75/284.

Hungary is firmly committed to ending inequalities and eliminating HIV/AIDS globally by 2030. Ending this scourge requires effective action by Governments in the area of prevention and the provision of adequate, affordable and inclusive health services, as well as comprehensive socioeconomic support for those marginalized and the most left behind. We emphasize the centrality of evidence-based interventions at the national and local levels, identifying and focusing on populations that are at the highest risk of infection, those who face inequalities and ensuring their access to the services they need without discrimination or stigmatization.

However, we would like take this opportunity to put on record Hungary's position concerning paragraphs 26, 58 and 60 (d). For Hungary, leaving no one behind is a universal term, and therefore we are concerned that singling out randomly selected groups, such as migrants, in a relatively arbitrarily manner might risk the exclusion of others who are in equally vulnerable situations. Bearing that in mind, Hungary would like to disassociate itself from the aforementioned paragraphs.

We believe that ending HIV/AIDS requires action by all Governments with the support of the international community in ensuring the health and well-being of their own populations — in addition to enabling them to prosper and thrive in their homeland and preventing the need for displacement, which puts those populations in an even more precarious situation. Hungary remains a committed Global partner in the fight against HIV/AIDS and will implement the Political Declaration in this spirit.

Mrs. Bonilla Alarcón (Guatemala) (*spoke in Spanish*): The Constitution of the Republic of Guatemala affirms that the enjoyment of health without discrimination of any kind is a fundamental human right. Accordingly, as a State that values multilateralism, we recognize the importance of the Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030, (resolution 75/284), adopted by the General Assembly today. Guatemala therefore voted in favour

of it. Guatemala reiterates its commitment to join efforts to continue the fight against HIV/AIDS. I would like to thank the co-facilitators — the Ambassadors of Australia and Namibia — for their leadership and work during the negotiation process.

In its subscription to a holistic approach to health care, my Delegation would like to state that, with regard to the references and interpretations concerning reproductive rights, our Constitution affirms that the State guarantees and protects human life from the moment of conception, and the integrity and security of the individual. The enjoyment of health is a fundamental human right without any form of discrimination.

For that reason, Guatemala expresses its reservations with regard to paragraphs 9, 24, 29, 30 and 60 (e), as the term “reproductive rights” can be erroneously interpreted, given that our national legislation only contemplates sexual and reproductive health policies, not sexual and reproductive rights — which could be interpreted as a right to abortion or abortive practices, which runs contrary to the national legislation of my country.

Mr. Al-khalidi (Iraq): Iraq welcomes the adoption by the General Assembly of the Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030 (resolution 75/284), and would like to thank His Excellency Mr. Mitchell Fifield, the Permanent Representative of Australia, and His Excellency Mr. Neville Gertze, Permanent Representative of Namibia, for co-facilitating this process.

Iraq attaches great importance to the fight against HIV/AIDS and recognizes that AIDS remains an urgent health and development challenge, based on which Iraq voted in favour of the Declaration. Iraq believes in the multilateralism of the United Nations, and it has engaged constructively throughout the negotiations in a spirit of compromise, although the document contains some references that are not aligned with our national legislation. Iraq highlights the sovereign right of every country to implement its national policies and laws on its own territory.

However, in that regard, Iraq would like to disassociate itself from the term “key populations”, mentioned in paragraphs 25, 28 58 and 60 (b). In particular, with regard to the list in paragraphs 25 and 60 (b), Iraq firmly asserts that every country has its own definition for populations at higher risk of HIV/

AIDS, and the list is not consistent with its national context and regulations. Iraq views the term “harm reduction”, referenced in footnote 15 to paragraph 36 and paragraphs 60 (a) and 60 (b) in accordance with current national laws and regulations.

With regard to paragraphs 1 (c), 28, 37, 65 (a) and 65 (b), Iraq would like to affirm that its national legislation reflects its cultural context and national priorities. In that regard, the review and reform process of its laws is usually conducted in accordance with national requirements.

My delegation would like to request that this statement be reflected in the record of this meeting.

Ms. Shmat (Belarus) (*spoke in Russian*): The Republic of Belarus firmly maintains its full commitment to preventing new cases of HIV infection and the treatment of those who are HIV-positive within its national programmes to combat HIV and AIDS in accordance with its international obligations. We share the widespread concern over our distance in achieving the goals established in the Political Declaration on HIV and AIDS (resolution 70/266, annex) adopted in 2016. We welcome the organization of another high-level meeting of the General Assembly on HIV and AIDS.

Unfortunately, for the first time since the General Assembly started considering the issue of HIV and AIDS, the Republic of Belarus was not able to support the Political Declaration on combating HIV and AIDS, as submitted. In that connection, the delegation of Belarus would like to make a statement on procedural matters and on substance.

First, we express our sincere concern over the process of agreeing the Political Declaration itself. The initial political document could not be called impartial or unbiased due to its inclusion of an excessive number of concepts that have not been agreed within the General Assembly. Moreover, this document puts the participants in the negotiations on an unequal footing by basing the fight against HIV and AIDS, on the basis of national legislation, on cultural traditions. At the same time, the fact that the number of such concepts — which not only were not agreed but also, in some cases, had a directly negative impact on our efforts to combat HIV and AIDS — was reduced insignificantly in the text of the Declaration, was presented as exceptional flexibility.

Secondly, as the consideration of the Political Declaration showed today, there are a number of issues on which delegations were not able to reach a compromise. Despite repeated objections, our concern and our position of principle on a number of issues were not taken into account. Our view is that paragraph 10 of the Political Declaration reaffirms 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 law.

The Republic of Belarus reserves the right to have a special position on the following matters. When fulfilling obligations contained in the Declaration, including the possible review and modification of national legislation, we will proceed on the basis of the principle of the national sovereignty of the State and our national development priorities.

In determining key population groups, our view is that, taking into account the epidemiological situation on the ground, each country has the right to determine the specific population groups that are key from the point of view of the dynamics of the epidemic and response measures.

We note the particular importance of equal access to health-care services, including HIV consultations and testing, as well as prevention, treatment, care and support related to HIV infection. In addition to combating discrimination and stigmatization, which became the main focus of the Declaration, as well as actions aimed at risk reduction, it is also extremely important to pay attention to strategies aimed at preventing risky behaviour and encouraging responsible and healthy relations, particularly among young people. We also underscore the key importance of the family in the upbringing of children and in combating the spread of HIV.

We express our concern over the insufficient reflection of such strategies in the document.

Concerning comprehensive education and the provision of information on sexual and reproductive health within and outside schools, the delegation of Belarus states that the primary responsibility for the education and upbringing of children lies with the parents, who have priority rights in that area.

The delegation of Belarus therefore requests that the verbatim record of this meeting reflect our position on paragraphs 1, 28, 37 and 65 (a) and (b) concerning obligations to reform national legislation, paragraphs 25 and 60 (b) concerning the determination of key populations and paragraph 60 (g) with regard to the wording on comprehensive sexual and reproductive health education. We once again affirm our resolve to continue to make tireless efforts to achieve the goal of eliminating HIV and AIDS by 2030.

Mrs. Elmarmuri (Libya) (*spoke in Arabic*): At the outset, my country's delegation would like to thank the Permanent Representatives of Australia and Namibia for their tireless efforts as co-facilitators and for their serious efforts to ensure the success of the negotiations and to produce a Political Declaration that puts the world on the right path to put an end by 2030 to AIDS, which threatens public health.

My delegation joined the consensus because we believe in the great importance of the Declaration in putting an end to one of the most difficult challenges that threatens human beings and their dignity, undermines social and economic development worldwide and affects societies at all levels — national, local, family and individual — particularly on our African continent.

However, we would like to reaffirm that our commitment to implementing the Political Declaration is pursuant to our national rules, legislation and development priorities. We would like to express our reservations on the final version of the Political Declaration on HIV and AIDS (resolution 75/284, annex), adopted today, as follows.

Regarding paragraph 25, we do not agree with the term “key populations” because it is not in line with our national legislation. Referring explicitly to gays constitutes a great problem for us. We do not consider the list of people mentioned in this paragraph a strategic list to address AIDS. The affected persons must be dealt with as AIDS cases without the need to categorize them in a list as an attempt to legalize their behaviour, which might lead to the further spread, rather than curbing, of HIV and AIDS cases.

Also, paragraphs that call for repealing laws, foremost of which are paragraphs 28, 65 (a) and (b) and 37, and that call for the screening of HIV and AIDS of sexual partners, as well as sex workers, prostitutes and drug users and for the annulment of the age of consent laws, which we noticed in paragraph 25 and 65 (a), are

precautionary laws for prevention purposes and cannot be described as discriminatory laws. In addition, it is not acceptable to allocate a budget for social enabling to strengthen the rights of gays, in addition to sexual and reproductive health and education for girls without the approval of their parents. Such references and several paragraphs are in breach of our national legislation.

As the Declaration notes in its preamble section that it represents us as States, we would like to repeat that we joined consensus because this Declaration is of great importance and will save lives and prevent further deaths due to mistaken policies. However, we have reservation about anything contrary to that and disassociate ourselves from it. We request that this statement be included in the meeting record.

Ms. Hassan (Egypt) (*spoke in Arabic*): Egypt would like at the outset to thank the Permanent Representatives of Namibia and Australia for their efforts to facilitate the negotiating process that led to the adoption of the Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030 (resolution 75/284, annex).

Egypt voted in favour of adopting the Political Declaration owing to the importance that the African continent attaches to addressing HIV and AIDS. We affirm that all human beings have the right without discrimination to enjoy the very highest levels of health care, which should be made available to everyone. We regret the efforts to conflate the fight against HIV and AIDS with controversial notions in the Political Declaration, which has negatively affected the consensus on the Declaration and could undermine international efforts to fight HIV and AIDS.

In that context, Egypt would like to stress the roles of culture, family, ethics and religion in the fight against HIV and AIDS. We would also emphasize the sovereign right of States to implement the provisions of the Political Declaration in accordance with their national legislation, the priorities of their development policies and their particular cultural characteristics.

Egypt would like to explain its position on the study about “Undetectable = Untransmittable”, as mentioned in the Declaration. We believe that the objective of this study is to encourage those affected by AIDS to regularly seek medical treatment. However, we do not believe that the study constitutes solid scientific evidence that there is a zero possibility of transmitting the disease. We also do not consider that the results

of that study constitute a rule or a guide that can be followed.

Egypt reiterates that the text of the Declaration cannot be considered as prejudicing its national laws and international commitments, in particular those related to decent work which preserves the dignity of the individual, as well as to human and drug trafficking. Consequently, Egypt disassociates itself from paragraphs 25, 29, 36, 37, 58, 60 (b) and 63 (d).

Ms. Idres (Sudan): Allow me at the outset to express the Sudan's deep appreciation and gratitude to Mr. Mitchell Fifield, Permanent Representative of Australia, and Mr. Neville Gertze, Permanent Representative of Namibia, the co-facilitors of the Political Declaration (resolution 75/284, annex), as well as the entire membership for its constructive engagement.

The Sudan voted in favour of the Political Declaration to reaffirm its commitment to ending HIV/AIDS by 2030, in accordance with its national legislation. Therefore, the Sudan dissociates itself from paragraph 60 (b), as drafted.

Mr. Abd Aziz (Malaysia): Malaysia commends the United Nations for organizing the High-level Meeting of the General Assembly on HIV/AIDS and recognizes the importance of global collaboration to achieve the target of ending AIDS as a public health threat by 2030. In line with the 2030 Agenda for Sustainable Development, Malaysia embraces the principles of health for all and ensuring that no one is left behind in providing the best health care regardless of social status, skin colour or one's belief. In that regard, we would like to commend the Permanent Representatives of Australia and Namibia for the manner in which they led the extensive and transparent consultative process on the Political Declaration.

Malaysia reaffirms its commitment to getting on track to end AIDS by 2030, as mentioned in the Political Declaration on HIV and AIDS. However, we express our concern with regard to sensitive, problematic and ambiguous terminology contained in the adopted Political Declaration. In that regard, while we support the adoption of the Political Declaration, we disassociate ourselves from problematic terms, namely, multiple and intersecting forms, sexual and reproductive health and rights and language that may denote comprehensive sexuality education, which are not, in our view, the nationally agreed or consensus language.

Malaysia reiterates its support for the initiatives spelled out in the Political Declaration according to national laws, national development priorities and national strategy.

Malaysia hopes that, with the collaboration and partnership of other key players, especially non-government organizations and civil society, we can together achieve an end to AIDS as a public threat by 2030, Malaysia remains open to sharing its experiences and achievements, as well as learning from and adopting the best practices of other Member States on this matter. We would appreciate this statement being included in the record of the meeting,

Mrs. Furman (Israel): Being aware of the time and the busy agenda ahead of us, I will be very brief. I would like to add Israel's voice in thanking the Permanent Representatives of Australia and Namibia and their teams for their leadership in crafting the Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030 (resolution 75/284, annex), which we just adopted. Like other speakers, we hoped to see a more ambitious declaration and, of course, to adopt it by consensus. If we want to succeed in implementing today's Political Declaration, we must work together. Israel is committed to fighting HIV and AIDS and will work with Member States and all other stakeholders, especially civil society, to advance our common goal.

Mr. Montenegro Borge (Nicaragua) (*spoke in Spanish*): We would like to share the fact that since 2017 Nicaragua has quadrupled the budget for acquiring antiretroviral treatments and developing programmes to address HIV and AIDS. The Government of Reconciliation and National Unity, with its health policy and the general budget planning of the Republic, makes us a country that tackles the issue of HIV and AIDS in such a way that the main focus is the human being. There is no discrimination in Nicaragua. There is the Office of the Human Rights Procurator, the Ministry for Health and Parliament, which endorses the country's general budget, including a line item on combating AIDS. There are also the programmes of the National AIDS Commission, there being full coverage of medicines and comprehensive care to treat brothers and sisters that suffer from the virus.

We reaffirm the principled position of our Government of Reconciliation and National Unity, which, in accordance with our Constitution and laws

and as a signatory to the American Convention on Human Rights, provides that everyone has the right to life as a basic and inalienable right from the moment of conception.

With regard to the voting on the Political Declaration on HIV and AIDS (resolution 75/284, annex), Nicaragua voted in support of sovereignty, the right to life and full respect for the cultural traditions of peoples.

Mr. Hossain (Bangladesh): We would like to commend the co-facilitators, the Permanent Representatives of Australia and Namibia, for their wonderful efforts in achieving the comprehensive resolution 75/284. While we support the Political Declaration on HIV and AIDS in its broader aspects, we want to place on record our reservation on some of the terms — for example, multiple and intersecting discrimination and comprehensive sexuality education, to name a couple.

We agree with the importance of eradicating the AIDS epidemic from the world by 2030. We also agree with the fact that it is for our greater good. We should take all steps to move towards the prevention of HIV and the treatment of people living with AIDS.

We have promulgated many laws and guidelines, such as on harm-reduction practices, and are in the process of reviewing many other discriminatory laws in future. However, at present, we cannot support the idea of enabling an environment where we can promulgate the laws that are mentioned in the Political Declaration.

Mr. Al Khalil (Syrian Arab Republic) (*spoke in Arabic*): At the outset, my delegation respects and commends the efforts made by the co-facilitators. My delegation voted against resolution 75/284, which in its annex contains the Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030, for the following reasons.

(*spoke in English*)

First, the topic of fighting HIV and AIDS was clearly misused to advance a different and very divisive agenda, blatantly imposing it on Member States. Many delegations were silent, but their concerns were not addressed despite the consistent calls for further negotiation in order to reach a true consensus. The draft text was submitted to the General Assembly. That resulted in the reiteration in the text of many problematic formulations, contradicting national legislation, policies

and priorities, as well as international obligations under the relevant United Nations legal instruments.

Secondly, I would like to highlight some details in some of the paragraphs of the Political Declaration with which my country has concerns. Paragraph 25, on key populations, not only features controversial elements. Changes to the crucial message of the paragraph were introduced at the last minute without discussion with Member States and without being based on any specific source that scientifically affects the right and the responsibility of Governments to define key populations for the national HIV response on the basis of the local context.

With regard to paragraph 28, on restrictive and discriminatory laws regarding the non-disclosure, exposure and transmission of HIV, according to data from the Joint United Nations Programme on HIV/AIDS (UNAIDS), at least 92 countries criminalize HIV exposure, non-disclosure and/or transmission. Suggesting such a commitment without specifying the absence of the intentional and informed character of such actions is highly problematic and contradicts national legislation.

In paragraph 58, again the specific formulation “key populations” undermines the understanding of key populations, implying that there may be somebody else apart from the people living with, at risk of or affected by HIV. In dealing with that category in the HIV context, that formulation was constantly retained in the text without any explanation as to the strong opposition by many countries,

Paragraph 60 (b), on tailoring HIV prevention approaches to the diverse needs of sex workers and people who inject drugs, it is an unclear and ambiguous formulation that may be interpreted as encouraging prostitution and drug use. It also features controversial terms.

Regarding paragraph 65 (a), on reforming legal frameworks, the whole paragraph seeks to interfere in national legalization, aimed at the legalization of sex work and drug use, as per the UNAIDS Global AIDS Strategy 2021-2026, and changing the laws on the age of consent for sexual relations, decriminalizing the non-disclosure, exposure and transmission of HIV without specifying whether such activities are intentional and informed or not. That paragraph would be contrary to the national legislation of most countries and their international obligations under legal

instruments such as the United Nations international drug control conventions and the Convention on the Rights of the Child.

Finally, regarding paragraph 70 chapeau and paragraph 70 (c), on a rights-based approach and the UNAIDS operating model, the paragraph features the controversial and consistently vaunted term “rights-based approach”. It aims at expanding the medical

and social mandate of UNAIDS, which is not in line with Economic and Social Council resolution 1994/24, establishing UNAIDS.

The Acting President (*spoke in Spanish*): We have heard the last speaker for this meeting. We shall continue the high-level plenary meeting this afternoon at 3 p.m. in this Hall.

The meeting rose at 1.10 p.m.