



GENEVA CENTRE FOR HUMAN RIGHTS  
ADVANCEMENT AND GLOBAL DIALOGUE

## UNITED NATIONS HUMAN RIGHTS COUNCIL

### Panel Discussion on HIV Response and Leaving No One Behind

#HRC58 • 6 March 2025



#### BACKGROUND AND THEME

In its resolution 56/20, the Human Rights Council decided to convene, at its fifty-eighth session, a panel discussion, accessible to persons with disabilities, to discuss **the realization of human rights in sustaining and increasing the gains made in the HIV response and leaving no one behind** and to provide recommendations to countries on that matter. This panel is accessible to persons with disabilities through the provision of international sign interpretation, real-time captioning, together with the other accessibility measures.

#### OPENING STATEMENTS

##### **Ms. Nada AL-NASHIF, United Nations Deputy High Commissioner for Human Rights**

It is crucial to continue to shine a light on the HIV epidemic; on individuals, groups and marginalised communities that are at greatest risks; on unequal access to treatment; and on the vital importance of sustained funding. HIV is entirely treatable and preventable. We must keep this at the centre of our attention.

Nobody with HIV-AIDS should go without antiretroviral medicines. Nobody should lack access to HIV prevention tools. Nobody should die of AIDS-related causes. People with HIV can live long



and full lives. And we can end AIDS as a public health threat by 2030 if treatment, testing and prevention services are accessible, affordable and available to everyone. Yet, the world is off track when it comes to ending AIDS.

### **Stigma and discrimination at the root cause of resurgence**

Although 3 out of every 4 people living with HIV are on treatment, more than 9 million people are not. Stigma and discrimination continue to prevent concrete progress and pave the way for a resurgence of infections. Together, we have the power and the responsibility to change this. When human rights are protected and promoted, health is also protected. Unfortunately, the opposite is also true. Every policy that discriminates against persons in disadvantaged situations or from marginalised communities limits their access to prevention, testing and treatment.

Every crackdown on civil society makes it harder for people living with HIV to get the support they need. Every week, 4,000 adolescent girls and young women worldwide acquire HIV, 3 quarters of them in sub-Saharan Africa. Gender inequalities, gender-based violence, sexual violence as a weapon of war and trafficking all exacerbate women and men's risk of HIV. So does the denial of the right to education, including on sexual and reproductive health and rights. HIV rates are several times higher among gay men and other men who have sex with men, sex workers, people who inject drugs, transgender people and people in prisons because of stigmatisation, marginalisation and scapegoating. Around 1 in 10 new cases of HIV is caused by drug use.

### **Unacceptable criminalization**

Laws that criminalise HIV and drug use prevent people from accessing prevention and treatment. Criminalisation creates fear and costs lives. A study in sub-Saharan Africa showed that HIV prevalence among men who have sex with men was five times higher in countries that criminalised same-sex relationships. These discriminatory laws are outdated and they should be relegated to our history books. Thanks to brave, tireless campaigning by civil society, more and more countries are doing just that. There is a global shift away from criminalisation of LGBTIQ+ persons, but we must also beware of a backlash against gender non-conforming people in many countries.

### **Placing human rights at the centre of the HIV response**

To be sustainable, the HIV-AIDS response must also be embedded within broader economic and social policies that address inequality, poverty and systemic barriers to healthcare. Globally, the international community needs to ensure universal and equitable access to HIV-related medicines and other tools, and we cannot allow them to be monopolised for private profit. We must strengthen development financing and tackle the dangerous levels of debt that are obstructing low- and middle-income countries from investing in health.

Cutting funding, that is what is at a very low level at this fragile moment, is tantamount to cutting off the future for so many people around the world. We must place human rights at the very centre of the HIV response, which is the only way to end this crisis once and for all. To protect everyone's health, we need to protect everyone's human rights.



**Ms. Christine STEGLING, Deputy Executive Director, Policy, Advocacy and Knowledge Branch, UNAIDS**

Extending her gratitude to the co-group including Colombia, Portugal and Thailand, led by Brazil, for their continued support for the centrality of human rights within the HIV response, Ms. Christine STEGLING emphasizes that their continued support has been critical in enabling UNAIDS to reach people living with and affected by HIV, particularly those most marginalised and most vulnerable.

**The most recent facts and figures on HIV**

In 2023, we had over 30 million people on HIV treatment. Between 2010 and 2023, annual numbers of new infections reduced by almost 40%, and age-related death more than halved. People living with HIV on treatment have a life expectancy similar to the rest of the population, and we're seeing new and longer-acting prevention and treatment options coming down the pipeline.

But this is where the good news ends. Annual new HIV infections are rising in three regions, Latin America, Eastern Europe and Central Asia, and Middle East and North Africa. In 2023, 630,000 people died of an age-related illness. Nine million people are still not on treatment. Among young people in sub-Saharan Africa, 77% of new infections were among adolescent girls and young women, and 42% of children living with HIV are still not on treatment. Key populations, as has already been referenced, are up to 23 times more at risk of acquiring HIV than for the rest of the population.

**Standing at a crossroads**

Today, we have the tools and we have the expertise to end AIDS as a public health threat by 2030, but our current efforts will not get us there. This is not a failure of technology. This is a failure of political commitment and support for human rights. Stigma, discrimination, criminalisation and shrinking civic space are creating barriers to HIV services, leaving key and vulnerable populations behind. We need a sustainable, rights-based and evidence-based approach to HIV that leaves no one behind.

**UNAIDS' sustainable approach**

For UNAIDS, such a sustainable approach refers to an enabling environment with people-centred human rights and gender equality-based systems for health and equality, empowered and capable institutions and community-led organisations, and adequate, equitably distributed resources to reach and sustain the end of AIDS as a public health threat by 2030 and beyond, upholding the right to health for all. For over 25 years, UNAIDS has been working with governments, with communities, with donors and other UN agencies to put human rights at the centre and to create a response that meets current and emerging needs and realities. Today, there is an urgency to both scale up the response and to move to a more sustainable approach.

UNAIDS has been working with countries to develop sustainability roadmaps to create longer-term, sustainable responses that do not lose the human rights gains we have made and that do not leave people behind, that leaves nobody behind. Ultimately, this is about **reaching people**



with information, with prevention services, with testing and treatment services, and empowering them to protect their health, which means:

- removing HIV-related stigma and discrimination, not just with ad hoc interventions but with systemic change and structurally embedded oversight and accountability;
- creating enabling legal and policy environments, including removal of harmful criminal laws and train judiciary and law enforcement agents to ensure implementation;
- reducing gender inequalities and harmful gender-based norms in all areas of life;
- maintaining a strong civil society and civic space. **Community-led service delivery** has been a game-changer for key populations and young people, providing stigma-free services accessible to marginalised populations.
- providing both domestic and international funding for the foreseeable future. In four geographical regions in 2023, international funding accounted for more than 50% of funding for societal enablers.

In a nutshell, a sustainable response to HIV is possible only when the human rights of persons living with or affected by HIV, including key populations and adolescent girls and young women, are respected, protected and fulfilled to ensure accessible, acceptable and high-quality HIV services for everyone.

#### STATEMENTS BY PANELLISTS

##### **Dr. Adeeba KAMARULZAMAN, Vice-Chair of the WHO Science Council and member of the Global Council on Inequality, AIDS and Pandemics**

As she stands before the UNHRC, she does so not only as a clinician and physician who has spent decades working to end AIDS as a public health threat - both in her home country of Malaysia and internationally - but also as a fellow human being, one who has witnessed firsthand the suffering, resilience and courage of so many impacted by this epidemic.

##### **Tacking HIV is all about humanity and justice**

The story of HIV is, at its core, a story about humanity. It is about the millions who have perished from a disease that is now entirely preventable and treatable. It is about the millions more who continue to be at risk, not because we lack the scientific tools to fight this epidemic, but because of choices we make as societies. It is about the barriers we erect, the biases we hold and the policies we enforce that leave so many behind. At the heart of this crisis is a fundamental question.

Do we truly believe in the dignity and worth of every person? Because if we do, then we must place human rights, especially the right to health, at the centre of our response. This must be our North Star guiding us as we navigate the complex social, political and economic factors that shape health crises worldwide. When we apply a human rights lens, we see clearly that this is not just about medicine or policy.

It is about justice, about the kind of world we want to build, and about whether we have the courage to stand up for those too often left unheard. The history of the HIV epidemic has taught us this over and over again. Take, for example, the experiences of people who inject drugs, who I work with.



## Unveiling the impact of different approaches

In the 1980s and 1990s, countries and cities that embraced harm reduction, meeting people with compassion rather than condemnation, were able to prevent and reverse HIV epidemics. Switzerland, for instance, saw dramatic declines in new infections among people who inject drugs after implementing **evidence-based harm reduction approaches**. By contrast, countries that clung to **punitive approaches**, like Malaysia did my own country in the early years, experienced devastating HIV epidemics among this community.

Only when we shifted course, when we chose to prioritise people's lives over punishment, did we see real progress in Malaysia. This shift required two fundamental changes, both of which remain critical today.

First, we had to recognise that criminalisation fuels the HIV epidemic, and you have heard some of the data. In countries where drug use is not criminalised, knowledge of HIV status is 15% higher and HIV incidence is 5% lower. Decriminalising sex work is associated with a 10% higher knowledge of status and a 4.5% lower HIV incidence rate. LGBTQ+ communities in countries without criminalisation laws have a 7.6% higher knowledge of status and a 3% lower HIV incidence rate. These numbers represent real people, mothers, fathers, sons, daughters, and friends. They remind us that our policies either save lives or sacrifice them.

Second, legal reforms must be backed by robust financing. A change in law without the funding to ensure services are widely available is a hollow victory. Yet today we are failing in this regard. Harm reduction services, for example, remain critically underfunded. Only 2% of people who inject drugs live in countries where access to clean needles and opioid substitution therapy meets UN-recommended levels. This is clearly unacceptable.

## Stigma, an invisible but deeply corrosive force

But perhaps the greatest obstacle we face is stigma, an invisible but deeply corrosive force that isolates, shames, and ultimately kills. Stigma, discrimination, and criminalisation continue to keep populations from accessing life-saving services. At least 156 countries criminalise HIV non-disclosure, exposure, or transmission. 169 more criminalise sex work in some form. 152 criminalise drug use or possession. These laws do not protect anyone. Instead, they drive people underground, making them more vulnerable to infection and less likely to seek treatment.

## Investing in compassion and human lives

We then must ask ourselves, do we want a world where people are punished for just trying to survive? Or do we want a world where everyone, regardless of who they are or where they come from, has the opportunity to live a healthy, dignified life? We know that when human rights are protected, health outcomes improve. Countries with legal protections against discrimination based on sexual orientation, gender identity, and HIV status see higher rates of HIV testing, treatment, and viral suppression. IN places where civil society organisations have the freedom to operate, knowledge of HIV status is nearly 8% higher. These are not abstract statistics. They are proof that when we choose compassion over cruelty, when we invest in people instead of punishing them, we save lives. As was said, we stand at a crossroads.



The world is facing multiple crises, pandemics, conflicts, climate change, economic instability. In this moment of uncertainty, it would be very easy to retreat or to say that our resources are stretched too thin, that we must prioritise other issues. But history has shown us that when we leave people behind, we pay a far greater price.

### **High time for global solidarity and bold action**

The recent USAID stop-work order on HIV-AIDS programmes has sent shockwaves through the global health community, disrupting critical services that millions rely on. The implications of these decisions extend beyond the communities directly affected. If these programmes are defunded and dismantled, the consequences will be felt not just in lower- and middle-income countries, but across the globe as well.

A resurgence of HIV anywhere threatens progress everywhere. The world is at a critical inflexion point, with different perspectives on what and who will shape the future. This moment therefore demands stronger regional cooperation and coordinated global health strategies to ensure lasting impact. Governments must increase their own commitments to funding and expanding HIV and other public health programmes. Civil society organisations, activists, and communities must be given the space and resources to organise and empower to lead. Now is the time for global solidarity and bold action.

### **Ms. Vuyiseka DUBULA, Head of Community Rights and Gender Department at the Global Fund to Fight AIDS, Tuberculosis and Malaria**

She stands before the UNHRC, first of all, as a person living with HIV from South Africa. This conversation is not something distant to her. It is something she lives every day. The moment we are in today really requires us to reckon that the fight against HIV is not over. We have only five years to 2030 as a goal that we all set for ourselves to achieve the SDGs, also to end HIV as a public health threat.

### **Building on progress achieved to avoid regression**

Today, we need to reiterate that this goal is still feasible if we are all going to come together and realise that we need to come together. At the moment when human rights and gender equality is being put into question as a value. But to get there, we need to ensure that we do whatever it takes to respect, protect and promote human rights of people who are mostly vulnerable to HIV and those like her who live with HIV.

But we have come a long way. For the last two decades, we already can point significant progress in terms of the HIV response and what we have achieved. This is thanks to a steadfast commitment of Member States in this room and those not in this room, communities who are not in this room, civil society who are not in this room and technical partners. We have cut new infections by 61%. We have cut AIDS-related deaths by 73% in more than 100 countries where the Global Fund invests. This is something to be proud of.

### **The imperative of dismantling human rights and gender-related barriers**

But we can go even further in the next five years if we really are focused in ending HIV, but at the same time also reaching our goals. We must build on this progress. Otherwise, all our efforts will





be in vain. By sustaining all investments currently, by also increasing efficiencies, strengthening our efforts to tackle human rights and gender-related health barriers, we know that to end HIV, it's fundamental that we invest robustly in the best tools to control and eliminate HIV. But even more importantly, we know that innovative biomedical tools will fail if those of us who need access to services do not access them. Because if we do not dismantle human rights and gender-related barriers to prevent certain populations and deter people away from accessing services, we will not reach our goals.

We must tackle these **deep inequalities**, but also **underlying inequities** in terms of health outcomes for some of the populations. The Global Fund's is really important at the time when we need to really think about removing more and more barriers to human rights and gender inequalities, more than ever today. We are seeing significant increases in some parts for some populations in terms of stigma and discrimination, reversal of some laws.

Some countries really have been doing amazing work in reversing some of the laws that are harmful, but also we are seeing some of the clampdown in the civic spaces. That then means that more than ever, we need to amplify the required scale-up of problematic responses and ongoing action in this area. At the Global Fund, we invest in building systems that are resilient and sustainable to enable people to overcome these barriers at country level.

The Global Fund's **Breaking Down Barriers initiative**, which was launched in 2017, will continue to deploy catalytic investment, long-term implementation support, evidence-based, country-led action to address human rights barriers in more than 24 countries we are supporting on this work. Nine of those 24 countries - some of them are in the room - they are members of the Human Rights Council. The Global Fund will continue to contribute to ensure the use of the human rights evidence-based programming and that the investments done in countries can take us a long way and we can see the impact.

The Global Fund is also doing work to ensure the protection of human rights in settings that are in crisis, in settings that are transitioning, in really challenging environments, who are hit by disasters. We know that **conflict can lead to human rights abuses**, it can lead to sexual and gender-based violence, which further intensifies the risk for vulnerable populations. To ensure that affected people by conflict can continue to receive services remains one of the important thing. The Global Fund supported community-based work and community-led organisations in delivering services, but also integrating human rights and gender equality work and programming as one of the immediate things that needs to be done in terms of the long-term sustainability in countries.

For example, in **Ukraine**, there is the second largest HIV epidemic in Eastern Europe and Central Asia, and is also one of the high-bedding countries in terms of TB. The Global Fund has deployed more than 27 million US dollars in emergency funding on top of the existing allocation. It has supported community-led human rights programmes, collaboration between the Ministry of Health, the local community-led organisations that have contributed and maintained HIV-TB services and access for the most marginalised and vulnerable groups.



This is not just only in Ukraine, examples in **Kyrgyzstan** and in the **DRC**, community-led human rights programming such as peer paralegal support that educates key populations about their rights, play an important role in resolving some of the challenges on the ground, particularly around mediation, that have also demonstrated effectiveness.

She touched upon ways in which we can strengthen domestic funding, especially in this moment when we have seen **disruptions in the flow of resources** to countries to ensure protection of access to services, but also protection of human rights. Strengthening sustainability requires both investments in reducing the burden of disease, the impact for those who are mostly affected, while at the same time supporting countries to think about greater financing and responsibilities for the epidemics.

The Global Fund takes a comprehensive approach to sustainability. It supports scalar and equitable access to new technologies and supporting countries to develop strong sustainable and transition plans to gradually support countries to full leadership and fully owned national responses. The global strategy provides an important framework for action, and it is important more than ever now that we do not take off our foot off the pedal and accelerate so that we can really touch 2030.

#### **Ms. Erika CASTELLANOS, Executive Director of the Global Action for Trans Equality (gate)**

Ms. Erika CASTELLANOS stands before the UNHRC as a trans woman of Indigenous Mayan heritage, a person living with HIV since 1995, and an advocate for the human rights of trans and gender diverse people worldwide. Her journey has been shaped by resilience, struggle, and the unwavering belief that human rights are not privileges, they are entitlements. She was born and raised in a country that until 2016 criminalised LGBTQ people with a sentence of up to 10 years in prison. While this law was declared unconstitutional, the live reality for LGBTQ people in her country, and in many parts of the world, has changed little. The **stigma, discrimination, and institutional barriers** that they face did not disappear with a legal ruling. They persist in the systems that deny LGBTQ people their dignity, in the services that exclude LGBTQ people, and in the societies that still see LGBTQ people as less than human. It was through HIV advocacy and activism that they were able to challenge these legal barriers. In many parts of the world, HIV remains the first and often the only door to open up discussions on human rights.

The HIV response has created spaces where LGBTQ people can demand justice, where we can push against oppression, and where they could fight not just for access to treatment, but of their right to exist, to be free, and to thrive as human beings. Today, LGBTQ people are facing unprecedented backlash. The political landscape is shifting, and not in our favour. We are witnessing anti-gender attacks from governments, from private and public institutions, and even from within this very space, the United Nations. Around the world, trans and gender diverse people are being scapegoated. LGBTQ people are being portrayed as threats to society, to economies, and even to nature itself. LGBTQ people are such a small population, and yet they have become the number one political target in manufactured culture wars.

#### **Standing once again on the precipice of the 1980s AIDS crisis**

None of us in this room want to see a repeat of the 1980s AIDS crisis, yet we stand on the precipice of it once again. She stands before the UNHRC today because of the HIV response, because





science, advocacy, and the tireless efforts of those who came before me fought for a human rights-centred approach to public health. She is at the UNHRC because of the hard work, sweat, blood, and tears of countless people, many of whom did not survive this epidemic. She is at the UNHRC because she was not seen as a vector of a virus, she was seen as a human being. Today, she is undetectable. She is married. She has two children. She is free. She is alive. She is alive because of an HIV response that valued her life. If we want to sustain the gains made in the HIV response and ensure that no one is left behind, then we must protect and fund human rights-based approaches to HIV.

### **Funding as a matter of justice, not of charity**

The rollback of funding and political will for the HIV response is not just a public health failure. It's a human rights crisis. If we do not act now, we risk losing not only decades of progress in fighting HIV, but also one of the last remaining spaces where trans and gender diverse people can fight for our rights.

When we deny one community their voice and their rights, we are silencing a generation that is not only critical to ending AIDS, but also central to efforts to advance gender equality globally. She urges all to defend and sustain HIV funding, not as a matter of charity, but as a matter of justice. Recognise the interconnectedness of the HIV response and human rights, especially for marginalised communities. You must stand with the HIV-affected persons against the rising tide of anti-gender attacks in governments, in institutions, and in this sacred space. HIV is more than a virus. It is a political issue, a human rights issue, and a fight for survival.

### **The courage of standing up for human rights against oppression**

The question before us is not whether we can sustain the HIV response. It is whether we have the courage to defend human rights in the face of rising oppression. She chose to fight. She hopes all will too. Keep in mind the work on HIV started before there was money. And it will continue even when it runs out. Even in financially restricted times, we need to protect human rights, and communities need to be a part of it. We are in this together, and we will end AIDS as a public health threat.

In closing, she highlights four points that should be on everyone's radar this year. First, the upcoming IAS 2025 conference in Rwanda, set in for July, comes at a time when collective efforts are more critical than ever. The U.S. funding freeze has halted lifesaving treatments and prevention programmes. Let us use this platform to advocate for restored funding and share innovative solutions. Secondly, later this year, the Global Fund will celebrate its replenishment event, hosted by South Africa and the U.K. Let us ensure to protect the gains over the years and continue saving lives. Thirdly, UNAID's high-level panel is having discussions on a fit-for-purpose and sustainable response towards 2030 and beyond. We need a fully funded UNAID. And lastly, we need country programmes supported and funded.

We cannot achieve an end to AIDS without support to low- and middle-income countries to strengthen and sustain their responses, to prevent new HIV infections and provide treatment, saving lives of key populations, saving lives of women and girls, and saving lives of our children.



### **Ms. Flores RIAKOANAM, Co-Executive Director of the Global Network of People Living with HIV (GNP+)**

AIDS is no longer a disease. It is a human rights issue. These are words by the late South African President Nelson Mandela. Laws that criminalise people based on their actual or perceived HIV status led to many, many deaths at the onset of the AIDS epidemic. The impact of stigma and discrimination are etched firmly in the experiences of the lives of people living with HIV that we carry to date and for many of us continue to be the experience of our lives.

Evidence also shows that stigma, discrimination, violence, and criminalisation based on actual or perceived sexual orientation and gender identity, drug use and possession, or sex work erodes human rights, advances inequalities, and stands in the way of making progress in the HIV response. The impact is stark. Many have and continue to die.

#### **Deaths from treatable and preventable diseases**

She wants to illustrate how communities have been able to demonstrate that barriers to our human rights affect our access to treatment and prevention and keep us away from the global ambition of ending AIDS deaths and stopping new HIV infections. Communities collect data. The Global Network has found various ways of monitoring violations to our human rights to complement our advocacy efforts. It is why the Network is proud at the end of 2020, start of 2021, when our governments in their leadership secured the **10-10-10 social enabler targets** in the global AIDS strategy. GNP+, the global network of people living with HIV, is the custodian of the people living with HIV stigma index.

Since 2008 and to date, over 100 countries and over 100,000 people have been interviewed, providing critical data for decision-making by leaders globally. It initially started off as whispers in our support groups, then an attempt to document our stories of shame, vulnerability, and pain. But they wanted change, and so we documented this in the only language all decision-makers would know how to use.

#### **Research and data**

The overall programme goes beyond research. It builds communities through mobilisation, capacity development, and has formed a partnership that starts multi-sectionally from each country to the global level. The Network's Global Report published in 2023 that documents data from 25 national PLHIV stigma index has some very key data. Of the over 30,000 people interviewed, 23.6% of all respondents had experienced HIV-related stigma in the last 12 months. For key population, it is at 35%.

13% of people living with HIV had experienced stigma while seeking health-related services, and 25% when seeking non-HIV-related care. The proportion doubles when looking at seeking non-HIV-related care. Those who had stopped care, about 34.3% indicated that restarting treatment was hampered by their fear of stigma and discrimination at healthcare settings. Because HIV is a disease of shame, over 84% said that they experienced internal stigma. This data continues to be useful in developing services that can reach even the hardest-to-reach populations. Unequal social structures limit access to power, resources, autonomy, safety, and rights.



This is why the Network collects this data. The big question that remains for communities is why there is not enough attention to community-led research and data. How can decision-makers choose inaction over life-threatening facts? In the last one month, they have watched with dismay how community-led responses and work has been impacted, and they are back to where they have to defend it. The security of their treatment access remains uncertain now. It is critical that if we are to achieve epidemic control, we must use the momentum that has gotten us out of an emergency of the epidemic to achieving epidemic control. We can only achieve this if we double down efforts to end AIDS deaths and to end new infections.

It is possible. It is in our collective interest to resource and use community research and evidence in the HIV response. We must be open to learn more, innovate deliberately, using various opportunities that we have now, including digital options, to gather evidence while building the capacity of communities to sustain this critical work. The [People Living with HIV Stigma Index](#) is a demonstration of a powerful community-led response that is supported multi-sectorally by everyone in the HIV response. As countries work on their HIV response sustainability plans, it is important that human rights promotion and protection be central to those plans. Some of them include integrating HIV services into broader health services, into primary health care, and into UHC.

#### **A vocal appeal to follow science and humanity**

Now more than ever, we need rights-based approaches. It is called the HIV response, the human immunodeficiency virus response. At the heart of why we are all here is humanity. The HIV response in our countries and globally must follow the science, follow the virus, and make visible every human affected and marginalised by this disease.

### **CONCLUDING REMARKS**

**Dr. Adeeba KAMARULZAMAN** reiterates that thanks to scientific advancements and collective action, we are within reach of ending AIDS as a public health threat, as we have all heard today. But this is not just about ending an epidemic. It is also about the kind of world we want to live in. A world where no one is criminalised for who they are. A world where no one is denied healthcare because of their identity. And a world where every life is valued equally. Let us not look back one day and say we could have done more. Let us instead commit fully and unapologetically to upholding the dignity and humanity of all people. Together we have enough tools and power to end AIDS. So together we can build a future that reflects the very best of who we are.

**Ms. Vuyiseka DUBULA** thinks all of the statements do validate the point that everyone deserves access to services. Everyone deserves human rights protection to improve their health outcomes. The onus is on all of us collectively to give humanity a chance. By allocating in your country budgets and sustaining funding to health and human rights programmes as part of your efforts to realise universal health coverage. Human rights and gender programming are not an add-on. They will potentially be under threat and become an add-on, particularly in the current funding crisis we all are facing. But we must realise that these programmes are essential elements of the core packages of HIV services and they contribute to the effectiveness and sustainability of the HIV response. Lastly, we must commit to investing in human rights and gender programmes to remove barriers in countries and remove harmful laws. Now more than



ever we need to take collective commitment to that solidarity that we are going to do as much as possible to reach the end of AIDS by 2030.

**Ms. Erika Castellanos** is hopeful after hearing the overwhelming support to the commitment of ending AIDS by 2030. It is by consensus and agreed by everyone that we need to address the lack of funding. We need to address the access to healthcare for all, including key populations, if we want to be real about ending AIDS by 2030. On specific ways to motivate funding, she provides three suggestions. One, that we must work on equitable access to treatment and prevention tools, including access to ethically priced commodities and investments in local manufacturing. Secondly, the meaningful engagement of communities, including in service provision, to reach hard-to-reach populations. Thirdly, the decolonisation of AIDS, especially of health AIDS. We need to stop politicising saving lives. She especially thanks the Permanent Representative and the people of Germany for their additional support to end AIDS, to combat discrimination based on gender identity and sexual orientation. It is bold actions like this that we need from everyone to really end AIDS by 2030.

As a person living with HIV, **Ms. Flores RIAKOANAM** echoes Erica in showing how relieved she is listen to all commitments to rights-based HIV services for all of us who need it, be it for treatment, to stay alive, or prevention so that we do not get HIV and to still stay alive. The HIV epidemic has brought all of us from our different sectors to come together and bring our power and our passion to keeping everyone alive, and we must now more than ever remain committed to it. On behalf of people living with HIV, she takes this moment to thank all the governments that have stepped up to address gaps or to address the intended disruptions that have come out of the funding landscape that we remain in, and ask that this is continued alongside communities to try and define what would work for rights-based approaches. Usually in constrained spaces, rights and community interventions are quick to set aside. We can innovatively sit with you and combine forces to figure out how to keep them efficiently within the biomedical and health system strengthening processes in-country.

## INTERACTIVE DIALOGUE

### Views Expressed by State Delegations

**Finland, on behalf of the Nordic Baltic countries**, recalls that we stand at a critical juncture in the efforts towards ending AIDS. The Global AIDS Response has made tremendous progress, but the work is not finished, and we must keep human rights at the heart of our continued approach. Only by addressing stigma, discrimination, and violence can we ensure equal access to HIV services and end AIDS as a public health threat. Yet we face continued pushback. Anti-rights, anti-gender, and anti-democracy policies are intensifying inequalities and jeopardising our shared goal of ending AIDS by 2030. The Nordic Baltic countries reaffirm our commitment to a response that upholds sexual and reproductive health and rights, including comprehensive sexuality education and universal access to HIV combination prevention, treatment and care, gender equality and dignity for all. Ending AIDS by 2030 is impossible unless we decriminalise, destigmatise, and fully include those most affected at risk. They also acknowledge the changing funding landscape for the Global AIDS Response and continue the extensive global needs. To sustain the global response, we must do more with less, strengthen cooperation, thereby recognising UNAIDS's central role in this regard. We simply cannot afford to go back.



With only five years left to meet the 2030 commitment, **Ghana, on behalf of the African Group**, states it is time to increase effort and sustain the gains. The African Group stands committed to ensuring that HIV response remains comprehensive, equitable, and resilient. While acknowledging the progress made in the fight against HIV, the Group recognises the significant challenges that remain, particularly the need to ensure that no one is left behind. Human rights are central to sustaining the gains in HIV response. Universal access to HIV-related prevention, diagnosis, treatment, care, and support for all individuals, especially women and children, must be guaranteed. The African group urges focus on access to safe, effective, and affordable medicines, health technology supporting local manufacturing, and sustainable transition of response. Sustainable political commitment, global solidarity, and international cooperation are key to address the HIV resource gaps and realise the shared vision of having an HIV-free, HIV-AIDS-free generation.

Affirming the right to health is a fundamental human right, **Luxembourg** has been committed over many years alongside those combating HIV, such as UNAIDS, and we fully subscribe to the Political Declaration of 2021 on HIV and AIDS. In order to eradicate HIV, the world needs accessible health systems for all. We must remedy the lack of financing and ensure that there is guaranteed universal health coverage. Participation in public life for persons living with HIV and the key populations is vital. Luxembourg deplores the fact that civil society's work is ever more hampered by disinformation, the security situation, or discriminatory policies. Unimpeded access for persons confronted by stigmatisation, the criminalisation of HIV, and discrimination to an impartial legal system must be guaranteed, in line with the last global report on AIDS, which tells us that bringing an end to AIDS is possible if we follow a rights-based approach. Education allows us to combat structural factors determining increases in vulnerability to HIV, to overcome prejudice, and to abolish discriminatory measures. Awareness-raising is an integral part of this. Dialogue and joint actions can permit participation in public life for persons living with HIV and key target populations to ensure that we leave no one behind.

**Indonesia** reaffirms its commitment to ending AIDS as a public health threat by 2030. It has made positive progress to meet the global 95-95-95 targets, while recognising there is more to be done. Its strategy is anchored in prevention, surveillance, and case management. Indonesia is expanding HIV self-testing, pre-exposure, prophylaxis, availability, and integrative services, while working to ensure that antiretroviral treatment is more accessible through home delivery and multi-month dispensing. It is also developing a national action plan on HIV sexually transmitted infections 2025-2030 to reinforce our efforts. A sustainable response requires more than medical intervention. Health promotion is key. Indonesia is scaling up education campaigns, working with community and religious leaders. Innovation and technology also play a crucial role. Mobile tests and tracking of patient loss to follow up would improve case detection and continuation of treatment. Stigma and discrimination remain challenges, but we are committed to fostering an environment where people can feel safe to seek testing and treatment. Let us work together to build a resilient and effective HIV response that respects human rights.

**Brazil** is honoured to participate in this discussion, particularly now when important advances over the past decades are at risk. It stands ready to fully support the fight against HIV AIDS. Brazil is working closely with the UN Secretariat as chair of the Programme Coordinating Board. The fight against HIV transcends health. It embodies human rights, education, and social justice.





Every individual deserves access to prevention, treatment, and support to lead a healthy and fulfilling life free from discrimination. The human rights dimension is critical in this struggle. Unhindered and free of stigma access to health care is a fundamental right. In Brazil, the country saw how a commitment to health equity can transform lives. Progressive policies guarantee universal access to anti-retroviral therapy, significantly reduce AIDS-related deaths and new infections. This perspective will be further strengthened through the new long-acting pre-exposure prophylaxis. Advocacy for human rights in the fight against HIV/AIDS improves health outcomes and empowers communities. Therefore, it is crucial to address the stigma faced by marginalised groups. By understanding and defending their rights, we can build an inclusive society with access to care for all.

In **Lesotho's** view, the commitment to leave no one behind and to end HIV emerges critical now more than ever. Eliminating HIV requires resolving more than the direct challenges of treatment. It requires resolving the broader social and structural triggers of extreme poverty, gender inequality, stigmatisation and lack of education. Over the past decade, Lesotho has made remarkable progress towards eliminating HIV and AIDS. The National AIDS Commission coordinates our response with the goal of removing systemic barriers to HIV treatment and ensuring equitable access to HIV services. The government has held awareness campaigns across the country and elected programmes geared towards eliminating HIV and promoting access to health care. Lesotho is cognisant of the fact that the history of AIDS is full of lessons for humanity. It highlights the ugly impact of stigma and discrimination and yet in the same vein, highlights the power of solidarity. In solidarity with our local and international partners, Lesotho is committed to ensuring that no one is left behind in accessing vital health care and to building on the immense progress made to achieve SDG Target 3.3 of ending AIDS.

**Guyana** sees achieving the end of AIDS by 2030 and achieving UNAIDS 95-95-95 targets and SDG goals as a human rights imperative. Guyana continues to make progress towards the 95-95-95 targets. At the end of 2024, we achieve scores of 957592. From a human rights perspective and to give ourselves a chance of ending AIDS by 2030, Guyana urges action to ensure equitable access to new and powerful technological tools for prevention, diagnostics and treatment and care, such as long-acting medicines for everyone who could benefit from them to build towards a new era in the AIDS response. While we still are a long way off from a cure and there is still no preventive medicine for HIV, the long-acting ARVs are the closest thing to a vaccine that the world has today. Guyana believes that the waiting time for people in the South should not be as long as the waiting time for the first-generation medicines in the 1990s and early 2000s.

**Viet Nam** pursues its objective to bring an end to do aid to HIV by 2030. After many years of preventing AIDS, we have achieved impressive progress in our country. Viet Nam is one of the first countries in the world in terms of quality of treatment with the vast majority of persons living with HIV receiving appropriate treatment, and it has very low transmission rates. This is thanks to its human-based policies, its policies endeavouring to leave no one behind in our response to HIV. Viet Nam is working with all political parties with strong commitment, harnessing the potential of all stakeholders to make sure that we can overcome obstacles. This is how it has achieved this progress. The policies and measures implemented have allowed Viet Nam to focus on those most in need, that is the most vulnerable, in particular women and girls. Despite all achieved, Viet Nam





is fully aware that we need to pursue tirelessly all of our efforts to achieve a country free from AIDS by 2030.

**Germany** recognises that the fight against HIV-AIDS is intrinsically linked to human rights. It is an essential part of the right of everyone to the enjoyment of the highest sustainable standards of health. Germany is strongly concerned about persisting patterns of violence and discrimination based on gender, gender identity and sexual orientation, as mentioned by some of the panellists. The current pushback against gender equality, sexual and reproductive health and rights, as well as against diverse sexual orientations and gender identities, puts the global HIV response at risk. In this context, Germany will allocate additional funding to UNAIDS this year with a focus on combating discrimination and violence against LGBTQI plus persons.

**Ethiopia** recognises that HIV is both a public health issue and a human rights imperative. We are committed to ensuring human rights, universal access to healthcare and the elimination of stigma and discrimination, which are vital for a sustainable HIV response. In line with the 2030 Agenda for Sustainable Development, Ethiopia has made significant progress in HIV prevention, treatment and care, particularly under Goal 3 on health and wellbeing. Ethiopia has taken concrete steps to ensure equitable access to HIV-related services for all, especially children, women, girls, adolescents and persons living with disabilities. Ethiopia has integrated HIV services into primary healthcare, expanded access to antiviral therapy and work to ensure legal and social protections for people affected by HIV. It is committed to reducing stigma and discrimination and addressing inequalities at a substantial level to deliver accessible and quality services for all and strengthen health system resilience. It remains committed to increasing domestic financing for HIV and strengthening partnership with key stakeholders. In conclusion, Ethiopia stands ready to continue its efforts in addressing the HIV epidemic and ensuring the protection and fulfilment of human rights for all persons affected by HIV.

**Algeria** acknowledges HIV is indeed a significant health issue affecting thousands of lives worldwide and remains a challenge for the international community. In Algeria, the Government and civil society work tirelessly to raise awareness and provide medical support to those affected. The Algerian authorities have implemented several programmes to combat HIV, focussing on education, prevention and treatment. Free antiretroviral therapy is available to patients, ensuring they receive the necessary medication for free to manage their condition. The Government has established numerous healthcare centres across the country to provide testing, treatment and counselling services. These centres offer free and confidential HIV testing and work with trained healthcare workers who provide non-judgemental care to the patients. NGOs play a key role in the fight against HIV in Algeria. They work at the grassroots level, providing education, care and support to communities. Finally, the awareness campaigns in Algeria include modules and key messages to educate the public about HIV and reduce the stigma associated with the disease. In conclusion, we believe that the fight against HIV requires a multifaceted approach based on universal access to treatment, addressing stigma and improving education. Algeria is fully committed toward this path.

Following the official visit of the Special Rapporteur on the Right to Health last month, **Thailand** reaffirms its commitment to realise the right to health and to fight to end HIV. An effective and sustainable HIV response needs a human rights-based approach. Thailand's HIV response. First is access. Thailand's universal health coverage is constantly expanding to meet health needs.



With respect to HIV AIDS, it provides access to HIV prevention, testing, and treatment services, including self-tests, as well as maternal and child health programmes. Second is inclusiveness. Thailand's HIV response emphasises community-led health services, civil societies and local communities work together with the government. Often, HIV AIDS care is delivered by people living with HIV. Furthermore, hormone therapy will soon be part of Thailand's UHC. It will not only address health disparities, but also enhance inclusiveness, reducing stigma and discrimination. Let us take the right path in our collective efforts to fight and end HIV together.

Many Namibians with HIV and AIDS are today living healthy lives thanks to the support of our partners and the political will that has placed **Namibia** among African countries that have committed a significant portion of the national budget to the fight against HIV and AIDS. Namibia is well on course to achieve and even surpass the UNAIDS target of 95-95-95. Recent data shows that Namibia has achieved an impressive 95% of people with HIV who know their status, 97% of those diagnosed are on treatment, and 94% of those on treatment have suppressed viral load. Moreover, HIV-positive mothers are giving birth to HIV-negative babies. In fact, in 2024, the WHO commended Namibia for becoming the first country in Africa to eliminate mother-to-child transmission of HIV. In Namibia, HIV testing among pregnant women is universally available across the country. To conclude, it stresses the importance of sustainable funding for HIV and AIDS programmes as the epidemic requires long-term investment to achieve lasting impact.

**Chile** stresses the right to health is a fundamental human right and there should be no discrimination in it. When it comes to HIV-AIDS, it's vital that everyone, regardless of their conditioned gender, age, religion or social and economic background, have access to prevention, diagnosis, timely treatment and appropriate support. We must put a stop to stigma and discrimination against people with HIV. Otherwise, they will not have access to services. We must strengthen primary healthcare education and social protection. Despite major economic challenges, Chile has made great strides implementing inclusive public policies which allows for universal coverage of diagnosis, treatment and follow-up for persons living with HIV. These policies have helped to reduce inequality and improve the quality of life of those living with HIV. This focusses on health, education and social protection all at the same time. Closing the gaps on access to prevention, diagnosis and treatment is a decision and that's why we must have the necessary political, social and financial will so that we can end HIV-AIDS and ensure equal access to health for everyone without discrimination.

**Senegal** has made great strides in combating AIDS, bringing the prevalence rate down to 0.3%, even if there are still higher rates among certain groups and that women tend to be more effective. When it comes to respect for human rights, we have designed a national strategic plan for a multi-sectoral response to AIDS, tuberculosis and STIs. Senegal has drawn up training modules on HIV and human rights for the police and health workers. Senegal is looking at training for service providers and beneficiaries so that they have better self-esteem and knowledge of gender. It has a gender and human rights focal point in the division to combat AIDS and STIs. It has implemented a strategy to ensure that key populations get health services in health centres. There are consultation workshops between authorities, service providers and key populations. Advocacy with local authorities, the police and health practitioners. It is following up on the viral load and sex workers. Senegal thanks all our technical and financial partners for their support and is



worried about the withdrawal of USAID because this could undermine the preventive care from continuing.

The **Dominican Republic** reiterates its commitment to promoting and protecting the rights of all in its response to HIV, ensuring equal access to health services, reducing stigma and providing full care for everyone who is affected. It has a National Council for HIV AIDS which has implemented awareness-raising strategies and building on its progress in combating HIV. It has managed to reduce the number of new infections of HIV by 16% in recent years. This reflects the positive impact of preventive initiatives. Anti-retroviral treatment has brought down deaths from AIDS by 41%, which was more than our target. It has invested over US\$11.5 million in medicine and actions to combat HIV and hepatitis. This has benefitted over 76,000 people with HIV. They have received anti-retroviral and we strengthen the coverage and effectiveness of our health services. We must have a multi-sectoral approach which is based on human rights and inclusion. We will continue to strengthen our policies and work with the international community to build on our progress and ensure that no one is left behind.

**Botswana** has adopted a five-year national strategic plan to reduce human rights-related barriers to HIV and TB services. This is an effort to ensure that people living with HIV and vulnerable and key populations access full services and are respected and protected. Furthermore, Botswana's HIV prevention roadmap for 2023-2025 focusses on a resilient health and social protection system that is targeted at protecting human rights, including the sexual and reproductive health of women and girls. The HIV AIDS response in Botswana has always been a high-level political priority, which has yielded significant results. And further, Botswana's constitution enshrines the protection of fundamental rights and freedoms of the individual as sacrosanct. And in that regard, Botswana has adopted a broad-based stigma and discrimination reduction approach, which includes initiatives such as awareness raising to reduce gender inequality, training and support of adolescents and young people, the involvement of faith-based organisations and traditional leaders, as well as training of service providers and peer educators. Botswana collaborates with development partners, including UNAIDS, the WHO, UNICEF, UNFPA.

**Mozambique** reaffirms commitment to fight against HIV AIDS and making progress on that aspect. As we speak, more than 2.5 million people are living with HIV AIDS, 80% of whom are on antiretroviral treatment in the country, making the programme the second largest in the world. The country provides free access to treatment through the public health service without discrimination based on race, nationality, gender or sexual orientation. To ensure the rights of people living with HIV, it passed a law that guarantees non-discrimination, ensures access to schooling, employment, social support and justice. This legislation is complemented by the national strategy for the response of HIV AIDS and also have a second plan for accelerating the response to HIV and AIDS aimed at achieving the 95-95-95 target. In February 2023, Mozambique adhered to the Dar es Salaam declaration committing itself to limiting AIDS in children by 2030, guaranteeing treatment and preventing vertical transmission. Despite all these progresses, we still have some challenges. In closing, Mozambique would like to reaffirm its commitment to leaving no one behind in response to HIV contributing to global efforts to eliminate AIDS in public health treated by 2030.

**El Salvador** remains committed to a human rights based approach in its response to HIV AIDS through our national strategic plan which is multi-sectoral. It has strengthened our measures to



ensure equal access to prevention, diagnosis, treatment and holistic care. It particularly emphasises eradication of stigma and discrimination. Nevertheless, there are outstanding challenges, notably when it comes to sustainable investment and removing structural barriers to accessing health care. With this in mind, it urges the international community to strengthen cooperation, extend funding and consolidate innovative therapy which will allow us to build on progress and close gaps. We reiterate our commitment to inclusive strategies which ensure the respect, protection and fulfilment of human rights of all persons who are affected by HIV. This will ensure an effective global response.

As a member of the core group of the Brazilian-led Resolution 5620, **Portugal** would like to welcome the convening of this panel discussion and thank all panellists for their interventions. Human rights must be at the core of any response to HIV and AIDS. Otherwise, we will not be able to achieve universal health coverage nor the Sustainable Development Goals, in particular our commitment to eliminate AIDS by 2030. Portugal has pioneered a human rights-based response to HIV since the beginning of the epidemic, enabling legal environments, adopting progressive drug policies, extending access to HIV treatment and kept wall, regardless of a person's resident status and making advances to promote and protect the rights of LGBTI persons. In Portugal, a human rights-based approach to the fight against HIV and AIDS is a cornerstone of all our policies and programmes and we are fully committed to promoting this approach also in our external action. In this regard, it sees as common priorities to prevent and to eliminate all forms of stigma, discrimination, violence and abuse in the context of HIV, to grant universal access to HIV-related prevention, diagnosis, treatment, care and support, and to pay particular attention to key population groups.

**Kuwait** believes that the right to health is a fundamental human right and that combating AIDS requires non-discrimination, the preservation of dignity and the protection of the privacy of those affected. This discussion represents an important opportunity to highlight efforts aimed at ensuring a comprehensive global response. Nationally, Kuwait has achieved 5 million milestones in combating AIDS, according to the UN reports, ranking first among Middle Eastern and North African countries in achieving the 90 targets and steadily progressing towards the 95 targets. These achievements stem from expanding free and confidential voluntary testing and providing pre-exposure and post-exposure prolactin treatments. Additionally, it has enabled the employment of people living with HIV in positions that pose no risk to them. Kuwait has also adopted mandatory pre-marital medical screening and continues to implement extensive awareness campaigns in schools and universities to combat stigma and encourage individuals to get tested without fear, enhancing effective prevention measures. At the international level, Kuwait has supported a global fund to fight AIDS for over 20 years, contributing \$27 million to promote equitable access to treatment and advance the shared goal of eradicating AIDS by 2030.

**Zimbabwe** believes that leaving no one behind means prioritising dignity and placing the progress of the most marginalised west of communities first, women and girls being owned too often at the top of the list of these communities. It requires addressing issues that make people vulnerable to HIV and hinder their access to prevention, treatment, care, and support services. Zimbabwe has seen significant decline in HIV prevalence over the years. HIV prevalence among adults aged between 15 and 49 dropped from 26.5% in 1997 to 11.9% in 2021. There has been remarkable progress in terms of access to antiretroviral therapy. In 2022, Zimbabwe achieved the



95-95-95 target, meaning that 95% of people who are living with HIV know their status and at least 95% of people who know their status are on life-saving ART and 95% of people who are on ART are virally suppressed. In collaboration with international partners, NGOs, and community-based organisations, Zimbabwe has implemented various interventions that have led to notable progress in reducing HIV prevalence.

**Zambia** notes that the human rights-based approach is central to ensure that no one is left behind by addressing stigma, discrimination, and social inequalities that hinder access to HIV prevention, treatment, care, and support services. Addressing these challenges requires strengthening legal protections, eliminating discriminatory practises, and fostering inclusive rights-based healthcare systems. Zambia has made significant progress in its HIV response, with notable advancements in achieving the UN AIDS 95 targets. Through strengthened healthcare systems, expanded community-led initiatives, and policies promoting universal access to treatment, Zambia has reduced new infections and improved health outcomes for people living with HIV. The removal of financial barriers to treatment and the integration of HIV services with broader health programmes have further enhanced service delivery and accessibility. Zambia remains committed to advancing human rights as a cornerstone of its HIV response and calls upon the international community to support policies and programmes that eliminate barriers to care, protect vulnerable populations, and promote social justice. Together, through a shared commitment to human rights, we can sustain progress and achieve an AIDS-free generation.

**Togo** aligns itself with global actions to eliminate HIV AIDS as a public health problem by 2030, taking strong measures to reinforce prevention and to improve care for persons affected. The analysis of the impact of the government's interventions in this area has demonstrated that between 2010 and 2023, Togo saw a drop in new infections and a drop in deaths linked to HIV of 65%. And national prevalence of this disease is now 1.6% as of 2023. In order to leave no one behind, Togo has been working with the government and the National Council to Combat HIV AIDS and Infectious Diseases to establish different units to monitor the situation across the country and to ensure there's no discrimination and stigmatisation of patients and contact cases. Togo will pursue this action and would like to know what avenues should be explored to make sure we have sustainable financing and programmes to tackle this challenge.

### **Views Expressed by Inter-Governmental Organizations**

The **European Union** commends the core group of the related resolution for their leadership. Effective HIV AIDS response, combining prevention, detection, and treatment, requires the respect of all rights of persons living with, at risk of, or affected by HIV. The EU is fully committed to eliminating all forms of stigma and discrimination in all settings, to attain universal health coverage, and to ensure the enjoyment of the right to health by all. According to UNAIDS, countries with a human rights-based approach and policies and strong and inclusive health systems have had the best outcomes against HIV, whereas non-rights-based and punitive approaches that stigmatise key populations have a far less effective HIV response. Human rights, including sexual and reproductive health and reproductive rights, as well as an approach that addresses the root causes of gender inequality, have always been key to a successful HIV AIDS response. In order to achieve the UNAIDS 95-95-95 targets, we must acknowledge the particularly heightened risks for key populations and employ a human rights-based approach in our response. The EU therefore calls on all States to respect, protect, and fulfil the full and equal





enjoyment of all human rights by everyone, also by LGBTI persons, and expresses its deep concern about the alarming rates of violence, discrimination, and stigmatisation, fostering HIV resistance. The EU strongly supports the 2021 UN Political Declaration on HIV AIDS. Continued funding to the Global AIDS Response is critical. The EU is committed to sustain the gains of the global HIV response towards and beyond 25 years.

The **International Development Law Organisation (IDLO)** believes that an effective HIV response is inseparable from the promotion of human rights, the rule of law, and strong legal protections. Legal and policy frameworks that eliminate discrimination and improve access to justice are essential to ending the epidemic. In this regard, IDLO has been actively engaged in strengthening legal environments to support individuals living with, at risk of, or affected by HIV. Its work has highlighted the need to assist countries in developing rights-based legal and policy frameworks to combat HIV-related stigma and discrimination. This includes providing technical assistance to improve access to justice, training legal aid providers, and strengthening community-led dispute resolution mechanisms. Additionally, IDLO collaborates with civil society and governments to promote legal reforms that expand access to HIV prevention and treatment services. IDLO reaffirms its commitment to working with governments, civil society, and international partners to advance policies, legal frameworks, and governance measures that support rights-based HIV responses. In a time of shrinking budgets, it welcomes the panel's thoughts on specific ways to motivate funding and action to support these cost-effective and necessary justice and rule of law components in the fight against HIV.

**UNFPA jointly with PMNCH, UNEP, UNDP, UNFPA, UN Women and WHO** share the vision that placing human rights, including gender equality and sexual and reproductive health and rights, at the centre of the HIV response is essential for achieving zero new HIV infections, zero discrimination and zero related deaths. However, stigma and discrimination, including laws and policies that discriminate against communities affected by HIV, continue to hinder access to essential information and services to prevent and treat HIV. Key populations are disproportionately affected, including people who inject drugs, sex workers, men who have sex with men, people in carceral settings and transgender individuals. AIDS remains a leading cause of death among women of reproductive age. New HIV infections are heavily concentrated among adolescent girls and young women in sub-Saharan Africa. Moreover, children born to young mothers account for a disproportionate share of new paediatric HIV infections. Renewed political and financial commitment is needed to ensure universal and equitable access to HIV-related prevention, diagnosis, treatment, care and support, including sexual and reproductive health services, gender-based violence services and comprehensive sexual education. In the last month, critical HIV programmes and services have been halted in 50 countries. Placing human rights and communities at the centre of a country on HIV response is the only way to end the pandemic once and for all, for everyone, everywhere.

Since the report of the Independent Global Commission on HIV and the Law, **UNDP** has worked with over 90 countries to advance rights-based legal and policy environments that protect the rights of people living with, at risk of or affected by HIV. UNDP's partnership with the Global Fund has enabled 1.7 million people to receive HIV treatment, including in crisis settings like Sudan, where services continue despite ongoing conflict. In Angola, UNDP worked with country stakeholders to undertake reforms to remove criminal provisions related to HIV transmission,





exposure and non-disclosure, helping reduce stigma and expand access to prevention and care. In Cuba, our partnership has facilitated community-led HIV prevention services, reaching over 146,000 people. In the Philippines, UNDP has supported young people through targeted HIV awareness programmes using digital solutions. Protecting civic space and supporting community-led organisations is essential for a robust and sustainable HIV response. Thanks to the work of countries and communities and extraordinary scientific developments, ending AIDS as a public health threat by 2030 is within our reach. Reducing funding for HIV responses at this pivotal time risks a resurgence of HIV and further human rights violations. UNDP remains committed to working with all partners to uphold human rights, end stigma and discrimination on the path to ending AIDS by 2030.

### Views Expressed by Non-Governmental Organizations

The **Planned Parenthood Federation** notes that the world has made remarkable progress in the HIV response, saving millions of lives. And yet, adolescent girls and young women remain disproportionately affected, with every week about 4,000 adolescent girls and young women acquiring HIV. Despite this, we continue to face barriers in accessing life-saving health services, threatening not just our health, but our dignity and autonomy. In many countries, comprehensive sexuality education is restricted, leaving us without the knowledge to protect ourselves. HIV prevention tools like self-testing kits remain inaccessible to us due to age restrictions. Contraceptive access still requires spousal or parental consent, denying us control over our own bodies. Beyond restrictive laws, healthcare systems continue to infantilise us, denying us choices, breaching our confidentiality, and making decisions for us instead of with us. We do acknowledge progress. More adolescent girls and young women are included in decision-making, and youth-led organisations are making groundbreaking change. But this must translate into policy change, funding, and legal reforms that protect our rights. The Federation calls on governments, donors, and stakeholders here to dismantle harmful laws, invest in youth-led responses, and uphold human rights. Let us commit today to a HIV response that is just, inclusive, and sustainable.

**Harm Reduction International** welcomes the Council's renewed attention to the issue of the realisation of human rights in sustaining and increasing the gains made in the HIV response and leaving no one behind. People who use drugs continue to be criminalised worldwide, with many of them being subjected to harassment, imprisonment, and torture. This punitive approach does not only harm people who use drugs, but has also negatively impacted their families and societies and put avoidable pressure on health, welfare, and criminal justice systems. In the face of this dire situation, there is clear evidence that harm reduction works. It is cost-effective and has been endorsed by the entire U.S. system through its common position supporting the implementation of the International Drug Control Policy. The panel touches upon an important topic of the need to close the resource gap to reach the targets of ending AIDS by 2030. In low- and middle-income countries, the situation is dire, where only 0.7% of HIV funding goes towards harm reduction. On top of that, the recent US Government funding push has severely impacted the implementation of harm reduction globally. It calls on Member States, international donors, and the U.N. agency to coordinate responses to ensure the continuation of services for people who use drugs, including imprisonment and other historical settings, and make substantial additional investment to address those needs. It further calls on Member States to increase their domestic



investment for harm reduction and protect the resilient and sustainable community-led harm reduction programmes as part of their national health systems.

According to **Frontline AIDS**, given the rising attack on human rights and reduced funding amongst many crises, States must understand the urgency and the impacts on lives at community and the broader level. The reduction of funding creates room for strengthening of anti-democratic and inhuman approaches to the HIV response worldwide. Investing in community-led initiatives that are often the only resources trusted by vulnerable communities is crucial for preventing the epidemics from escalating. Eastern Europe and Central Asia is a region with the second fastest HIV increase after MENA due to critical low access to essential health services as a result of narrowing space for civil society and communities. Russia, Ukraine, Kazakhstan, and Uzbekistan account for 92% of all new registered HIV cases in this region. While globally countries have shown the benefits of open-minded, community-driven, and innovative programming which in Ukraine has led to controlling the HIV epidemics despite Russian military aggression, autocratic regimes are imposing harsh legal restrictions such as foreign agent and anti-LGBT laws that limit access to health services. It demands a renewed commitment to safeguarding civil liberties, promoting inclusion, community-led initiatives, and emergency response mechanisms to protect the rights of all people living with HIV, migrants, and key population groups, particularly in the regions where autocratic practises threaten health and human rights.

**Associazione Comunità Papa Giovanni XXIII** explains that evidence shows the importance of social enablers in sustaining and increasing the gains made in the HIV response. We want to emphasise the importance of addressing the social determinants of health. The worst AIDS-related outcomes are still tied to social inequalities which impede progress towards ending the HIV epidemic. For an effective and sustainable long-term HIV response, direct and substantive investments in the health sector should be coupled with investments to improve social inequities, focussing on socio-economic determinants. We deeply regret the global decrease in international HIV AIDS assistance, including, but not limited to, the recent US funding freeze. The reduction in funding jeopardises the lives of millions who rely on these resources for care, treatment, prevention, and support services. In a moment in which the fragility of the multilateral institutional legal framework is so tangible, we call attention to the urgent foreign debt crisis. To strengthen resilient health systems and increase investment to contribute to ending AIDS by 2030, we need to act towards debt justice and financial reform. It calls on all Member States to renew their political commitment and to push a path to increased funding for the HIV AIDS response. It also calls for a prompt implementation of the right to development as an essential move for the risk, prevention, and fulfilment of the right to health, and for addressing the social determinants of health.

**Eurasian Harm Reduction Association** speaks on behalf of civil society organisations working in Eastern Europe and Central Asia, where the space for civic activism is rapidly diminishing under restrictive laws and repressive drug policies. Governments in the region are adopting legislation that undermines fundamental freedoms, including so-called foreign agent laws labelling NGOs as enemies of the state, drug propaganda, and anti-LGBT laws, which introduce censorship in media and education. Moreover, US global cuts continue to restrict vital funding for international NGOs working on reproductive health and HIV prevention. This effectively



criminalises our work and deprives civil society of the resources needed to provide life-saving services on HIV prevention, care, and support, as well as to protect human rights of key populations vulnerable and affected by HIV. It fuels preventable deaths and exacerbates stigma and discrimination. The war in Ukraine has only intensified these challenges. It calls upon the international community to recognise the shrinking space for civil society in Eastern Europe and Central Asia as a direct threat to human rights and public health, ensure sustained funding for community-led responses, condemn repressive laws that criminalise activism and life-saving services, support decriminalisation efforts, and protect the rights of LGBTQI+ individuals, people living with HIV, sex workers, and people who use drugs, engage in meaningful dialogue with local civil society to uphold human rights, social justice, and community-driven solutions.

According to [Global Network of Sex Work Projects](#), across the world, structural barriers continue to undermine an effective HIV response. The criminalisation of sex work, along with laws that penalise HIV exposure, nondisclosure, and transmission, push people away from essential services, making prevention and treatment inaccessible. Mandatory testing policies violate human rights and fuel fear rather than supporting public health. These human rights violations are further exacerbated by a growing crisis in HIV funding for key populations. The recent withdrawal of US funding alongside the rise of regressive laws leaves those most affected without life-saving services. Without urgent action, we risk reversing decades of progress. For a sustainable and just HIV response, states must decriminalise sex work and other key populations, repeal punitive HIV laws, and address stigma and discrimination. The meaningful inclusion of sex workers and other key populations must go beyond tokenism. This means prioritising investment in community empowerment and leadership. Most importantly, governments must ensure sustained and increased investment in the HIV response. Lives depend on it.

[ICW Global Community of Women living with HIV](#) speaks on behalf of millions of women living with HIV whose rights and well-being are increasingly under attack. Before the current crisis, women living with HIV faced disproportionate barriers to achieving the right to and including reproductive health rights from misogyny, stigma, discrimination, transphobia, and gender-based violence. ICW's 2024 Global Coercion Scam revealed that coercive practises, mistreatment, and abuse of women living with HIV in healthcare remains a persistent problem. Anti-rights actors and funding cuts have made things worse. A recent ICW study revealed nearly a third of pregnant persons and recent mothers report the challenges in accessing formula, a loss of antenatal care, and safe delivery options in fear of increased violence. Community health workers, many living with HIV, have lost their jobs, leaving entire communities without care. This is not just a funding failure, this is a political choice. ICW demands urgent action, calling on global and regional financing mechanisms in government to commit resources and to not make the same mistakes. To invest in women and in women-led, centred responses to HIV that is gender transformative. Women living with HIV in all their diversity are more than mothers.

In a joint statement, [ILGA World](#) states that in 2015, UN members staged a political commitment to end the epidemic of AIDS by 2030. In 2021, they agreed to meet the 101010 social enabler targets that are central to HIV response, removing punitive and legal policy frameworks, reducing stigma and discrimination, and addressing gender-based inequalities and violence. These commitments are still largely unmet. Still in 2022, the relative risk of acquiring HIV was 23 times



higher for gay men and older men who have sex with men, 10 times higher for transgender women, 14 times higher for people who inject drugs, and 9 times higher for sex workers. Punitive and discriminatory laws and policies on the grounds of gender, sexual orientation, gender identity and expression, HIV status, and on drug use and sex work continue to be a main obstacle in the response to HIV-AIDS. The recent global pushback on gender democracy and civic space is a threat to the gains made in the HIV response and has a disproportionate impact on key populations. The global HIV response was already facing significant and growing financial challenges in the context of increased austerity measures. With the funding freeze and cuts carried out by the US Government, lives are on the line. People in need of HIV testing and prevention who are living with HIV are independent on daily antiretroviral medicine and are unable to access lifesaving HIV services that they need. It calls on UN Member States to honour their commitments to meet the 10-10-10 social enablers targets, ensure that the response to HIV is community-led, and to take immediate action to close the funding gap before irreversible harm occurs worldwide.

On behalf of the Sexual Rights Initiative, **Action Canada for Population and Development** states we should not need numbers to know that we are pushing millions of people into a health crisis. In the 80s and 90s, millions of people died from AIDS-related illness that were treatable and from HIV transmission that was preventable. Callous and calculating States, along with unregulated pharma companies, made it clear that most affected were disposable, while those who could pay were a source of profit. In the decades that have passed since, States have repeatedly faltered in their commitments to dedicate the maximum available resources to realising the right to health and ensuring a human rights-based, community-led HIV response. Even when states were committed, Global South States' health budgets buckled under illegitimate debt repayments, IMF-imposed austerity measures, and illicit financial flows. The successes had in responding to HIV - and there have been many - have been those that have placed people most affected at the centre of the response. Community-led responses prioritise people over profits of transnational corporations. States must learn from history and prioritise financing for a robust HIV response, ensure sexual and reproductive health and rights, strengthen health systems, and scrap laws and policies rooted in archaic morality. States must act now, or we can all sit by and watch as graveyards start to overflow again.

**International Drug Policy Consortium (IDPC) jointly with Harm Reduction International** state that key affected populations remain disproportionately impacted by the HIV epidemic, and yet the funding dedicated to HIV prevention, treatment, and care among people who use drugs, sex workers, and men who have sex with men has traditionally been insufficient. Today, we are raising the alarm regarding the catastrophic impact of recent US funding cuts on people who use drugs and other key affected populations. The consequences of these cuts are devastating. Funding for essential harm reduction services has been halted overnight. Globally, service providers have been dismissed without notice. Peer workers have suddenly lost access to HIV and HIV medications, medical and social support, and their income. Many will die. Harm reduction is a proven public health intervention endorsed by the entire UN system. Investing in harm reduction is not just a moral obligation. It is an investment in global health, security, and human dignity. They therefore call on governments and donors to take action now. First, by investing in harm reduction within their domestic budgets. Second, by prioritising investment in the Global Fund as



the largest donor in harm reduction in low- and middle-income countries. Finally, by ending the criminalisation of people who use drugs.

**RSKS India** is an organisation dedicated to health, equity, gender equality, and human rights while global efforts have advanced the HIV Response Marginalised Community. Especially, women and girls continue to encounter systematic barriers to prevention, treatment, and care. India's commitment to the HIV AIDS Act of 2017 protects the rights of people living with HIV, ensuring stigma-free healthcare and social inclusion. These efforts are critical in realising the principle of leaving no one behind by integrating HIV evidence with gender empowerment and education. RSKS is strengthening community resilience and breaking cycles of discrimination. To sustain progress and leave no one behind, it urges equal access to healthcare. HIV cessation must be inclusive, stigma-free, and accessible to all. Education and awareness compresses sexuality education in power users to make informed choices. Legal and policy reforms. Governments must repulse lunatic laws and uphold human rights. Equity leads response. Civil society must be centred in shaping policies and delivering services. A just, equitable, and right-based HIV response is essential to securing lasting progress.

**Global Health Vision** explains that due to the crisis, every minute someone dies from HIV and AIDS. Young women, sex workers, people confronted with discrimination linked to their sexual orientation are some of those who are most exposed, most vulnerable. But these groups are often left out. And in war areas, we are seeing that their sexual violence and the use of injected drugs accelerates the propagation of the virus. However, prevention programmes and treatment programmes are often suspended in those situations. We need to act. UNAIDS and international actors must step up their support, in particular in refugee camps. So how can we guarantee that these most vulnerable populations are not left behind in our combat against AIDS?

### FACTS & FIGURES ON ID PARTICIPATION

**24** State Delegations

**4** Inter-Governmental Organizations

**12** Non-Governmental Organizations