



General Assembly

Distr.: Limited
4 July 2024

Original: English

Human Rights Council

Fifty-sixth session

18 June–12 July 2024

Agenda item 3

Promotion and protection of all human rights, civil, political, economic, social and cultural rights, including the right to development

Albania, Australia,* Austria,* Belgium, Brazil, Bulgaria, Chile, Colombia,* Costa Rica, Croatia,* Cyprus,* Denmark,* Ecuador,* France, Georgia, Greece,* Iceland,* Ireland,* Italy,* Luxembourg, Mexico,* Montenegro, Netherlands (Kingdom of the), North Macedonia,* Paraguay, Peru,* Portugal,* Slovakia,* Slovenia,* South Africa, Spain,* Sweden,* Thailand* and Ukraine*: draft resolution

56/... Human rights in the context of HIV and AIDS

The Human Rights Council,

Guided by the purposes and principles of the Charter of the United Nations,

Reaffirming the Universal Declaration of Human Rights and all relevant international human rights treaties,

Reaffirming also that all human beings are born free and equal in dignity and rights, and recognizing that these rights derive from the inherent dignity of the human person,

Reaffirming further that all human rights are universal, indivisible, interrelated, interdependent and mutually reinforcing,

Recalling Human Rights Council resolutions 12/27 of 2 October 2009, 30/8 of 1 October 2015, 32/15 of 1 July 2016, 35/23 of 23 June 2017, 36/13 of 28 September 2017, 38/8 of 5 July 2018, 47/14 of 13 July 2021 and 50/13 of 7 July 2022 and all relevant previous resolutions on mental health and human rights and on access to medicines, vaccines and other health products in the context of the right to the enjoyment of the highest attainable standard of physical and mental health, as well as all other relevant resolutions of the Council and the Commission on Human Rights,

Reaffirming the Political Declarations on HIV and AIDS adopted by the General Assembly on 2 June 2006, 10 June 2011, 8 June 2016 and 9 June 2021 and the Declaration of Commitment on HIV/AIDS adopted by the Assembly on 27 June 2001,

Recalling the International Guidelines on HIV/AIDS and Human Rights, annexed to Commission on Human Rights resolution 1997/33 of 11 April 1997, which provide guidance on ensuring respect for and the protection and fulfilment of all human rights in the context of HIV,

Recalling also resolution 60/2 on women, the girl child and HIV and AIDS, adopted by the Commission on the Status of Women on 24 March 2016, reaffirmed by the

* State not a member of the Human Rights Council.



Commission in its resolution 64/2, adopted on 9 March 2020, and updated by the Commission in its resolution 68/1, adopted on 22 March 2024,

Welcoming the 2019 consultation on human rights in the response to HIV, held in accordance with Human Rights Council resolution 38/8, and the report thereon,¹

Recognizing the leading role of the Joint United Nations Programme on HIV/AIDS and all of its co-sponsor organizations, such as the World Health Organization, in the global effort to end AIDS by 2030,

Reaffirming General Assembly resolution 70/1 of 25 September 2015, entitled “Transforming our world: the 2030 Agenda for Sustainable Development”, reaffirming also all the Sustainable Development Goals, including Goal 3 and its target 3.3, which envisages ending, by 2030, the epidemic of AIDS, among others, and recognizing that the implementation of the 2030 Agenda for Sustainable Development must be consistent with States’ obligations under international human rights law, including ensuring respect for and the protection and fulfilment of all human rights and fundamental freedoms for all,

Recognizing that the 2030 Agenda is guided by the purposes and principles of the Charter of the United Nations, including full respect for international law, is grounded in the Universal Declaration of Human Rights, international human rights treaties, the United Nations Millennium Declaration, the 2005 World Summit Outcome, the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and is informed by other instruments, such as the Declaration on the Right to Development,

Recalling the commitments of the World Conference on Indigenous Peoples in 2014 to intensifying efforts to reduce rates of HIV and AIDS,² and taking note of Committee on the Elimination of Discrimination against Women general recommendation No. 39 (2022) on the rights of Indigenous women and girls, and resolution WHA76.16, on the health of Indigenous Peoples, adopted by the World Health Assembly at its seventy-sixth session,

Reaffirming that the availability, accessibility, acceptability, affordability and quality of combination HIV prevention and HIV testing, including self-testing in line with national testing algorithms and World Health Organization guidance and access to confirmatory testing, on the basis of consent, confidentiality, counselling, correct results and connection with treatment and other services, as established by the World Health Organization, pre-exposure prophylaxis, post-exposure prophylaxis, diagnosis, treatment, care, support, health and social services, including sexual and reproductive health services, mental health and psychosocial support services, information and education, delivered without stigma, violence or discrimination, are essential elements in achieving the full realization of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health,

Recognizing that universal health coverage anchored in respect for and the protection and fulfilment of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health is essential in the sustainable response to HIV and AIDS,

Reaffirming that the full realization of all human rights and fundamental freedoms for all is an essential element in the global response to the HIV epidemic and its sustainability, including in the areas of prevention, testing, diagnosis, treatment, care and support, and that such a response reduces a person’s vulnerability to HIV,

Deeply concerned at the lingering impact of the coronavirus disease (COVID-19) pandemic on the realization of human rights, particularly economic, social and cultural rights, including the right to the enjoyment of the highest attainable standard of physical and mental health, and, in this context, the impact on the response to HIV/AIDS, which has revealed exacerbated inequalities, especially on access to medicines, treatment and diagnostics for HIV/AIDS, and the loss of life, the effect on mental health and well-being and the negative impact on global humanitarian needs,

¹ A/HRC/41/27.

² General Assembly resolution 69/2, para. 13.

Deeply concerned also that, in 2022, there was an estimated 90 per cent funding gap for HIV prevention programmes for persons from key populations and specifically that a total of \$20.8 billion were available for HIV programmes in low- and middle-income countries in 2022, 2.6 per cent less than in 2021, which is significantly less than the \$29.3 billion estimated to be needed by 2025,³

Recognizing that addressing the holistic needs and rights of persons living with, at risk of or affected by HIV throughout the course of their life will require close collaboration with efforts to eradicate poverty in all its forms and dimensions, including extreme poverty, to end hunger everywhere, to address public health and social concerns that may arise in relation to drug use, to improve food and nutrition security and access to free, non-discriminatory primary and secondary education, to promote healthy lives and well-being, to provide access to HIV-sensitive social protection for all, including for children and persons with disabilities, to reduce inequalities within and among countries, to achieve gender equality and the empowerment of all women and girls, to provide for decent work and economic empowerment and to promote healthy cities, stable housing and just and inclusive societies for all,

Welcoming the report of the Secretary-General on addressing inequalities and getting back on track to end AIDS by 2030⁴ and the Joint United Nations Programme on HIV/AIDS Global AIDS Strategy 2021–2026, entitled *End Inequalities. End AIDS.*,

Mindful of the importance of national, regional and international legal environments ensuring universal access to HIV-related prevention, diagnosis, treatment, care and support, especially for key populations,

Recognizing that combination HIV prevention includes the promotion and distribution of condoms, pre-exposure prophylaxis, post-exposure prophylaxis, voluntary medical male circumcision, harm reduction, in accordance with national legislation, mental health services and psychosocial support, sexual and reproductive health services, including screening for and treatment of sexually transmitted infections, enabling legal and policy environments and full access to comprehensive information and education,

Welcoming the recent reduction in the rate of new HIV infections and AIDS-related deaths achieved in some regions, while noting with continued concern that progress against the HIV epidemic is uneven across regions, countries and populations, that in some parts of the world new HIV infections are increasing and access to HIV-related prevention, diagnosis, treatment, care and support remains limited, and that those most in need of HIV services continue to be left behind,

Noting with grave concern that, in spite of such progress in the response to the HIV epidemic, approximately 39 million people are living with HIV globally, 1.3 million people acquired HIV in 2022, 14 per cent of people living with HIV are unaware of their HIV status and an estimated 9.2 million people living with HIV still do not have access to treatment, owing in part to inequalities, multiple and intersecting forms of discrimination and structural barriers,⁵

Concerned that, despite the availability of the knowledge and tools necessary to prevent every new HIV infection and each AIDS-related death, the international community is lagging behind in meeting the 2025 targets set out in the Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030, adopted by the General Assembly in its resolution 75/284 of 8 June 2021, and that inequalities in multiple forms and dimensions contribute to such slow progress, and noting that these inequalities, while different in different national contexts, can include those based on HIV status, gender, race, ethnicity, disability, age, income level, education, occupation, geographical disparities, migratory status and incarceration, and often overlap to compound each other,

³ Joint United Nations Programme on HIV/AIDS, *The Path that Ends AIDS: 2023 UNAIDS Global AIDS Update* (Geneva, 2023), pp. 14 and 88.

⁴ A/75/836.

⁵ Joint United Nations Programme on HIV/AIDS, “Global HIV and AIDS statistics: fact sheet”.

Recognizing that 53 per cent of people living with HIV are women and girls and that, in sub-Saharan Africa, adolescent girls and young women account for more than 77 per cent of new infections among persons aged 15–24 years,⁶ that young women, adolescents and girls are more vulnerable to HIV infection, that they bear a disproportionate burden of the impact of the HIV and AIDS epidemic, including care and support for those at risk of, living with or affected by HIV and AIDS, and that this burden negatively affects girls by depriving them of their childhood and diminishing their opportunities to receive an education, often resulting in their having to head households and increasing their vulnerability to the worst forms of child labour and to sexual exploitation,

Concerned at the continuing high prevalence of HIV among key populations, who are more likely to be exposed to HIV or to transmit it,

Noting that, depending on the epidemiological and social context of a particular country, other populations may be at elevated risk of HIV, including women, young women and adolescent girls and their male partners, young persons, children, persons with disabilities, ethnic and racial minorities, Indigenous Peoples, local communities, people living in poverty, migrants, refugees, internally displaced persons and people in humanitarian emergencies and conflict and post-conflict situations,

Concerned that stigma, multiple and intersecting forms of discrimination, violence and abuse against all persons living with, presumed to be living with, at risk of or affected by HIV, including girls, adolescent girls and young women, persons with disabilities and key populations, in a variety of settings, including health, education, justice, community, workplace and humanitarian settings, and restrictive, punitive and discriminatory legal and policy frameworks and practices that target those persons can hinder access to HIV services and increase risks of infection with HIV, perpetuating the global AIDS epidemic,

Recognizing the critical role and space of, as well as the importance of capacity-building for, civil society, including communities, affected populations and community-led and community-based organizations, and the active involvement of persons living with, at risk of or affected by HIV and other relevant civil society, media, academic and private sector stakeholders, as a catalyst for rights-based and evidence-informed responses to HIV, and recognizing also the long-standing contribution of those groups to the global response to AIDS,

Recognizing also the need to tackle health inequities and inequalities within and among countries through political commitment, international cooperation and policies, including those that address the social, economic and environmental determinants of health,

Reaffirming the right to use, to the fullest extent, the provisions contained in the World Trade Organization Agreement on Trade-related Aspects of Intellectual Property Rights, which provides flexibilities for the protection of public health and promotes access to medicines for all, in particular for developing countries, and in the Doha Declaration on the Agreement on Trade-Related Aspects of Intellectual Property Rights and Public Health, in which World Trade Organization member States recognized that intellectual property protection was important for the development of new medicines and also recognized the concerns about its effects on prices,

Reaffirming also the importance of the transparency of markets, costs and supply chains for medicines, vaccines and other health products across the whole value chain, and taking into consideration resolution WHA72.8 of 28 May 2019, adopted by the World Health Assembly at its seventy-second session,

Seriously concerned about the high prices of some health products and the inequitable access within and among States, as well as the financial hardships associated with high prices, that the supply of health products and technologies is dependent on manufacturing facilities concentrated in few countries and that the lack of adequate infrastructure and logistics expertise to store, distribute and deliver diagnostics, medicines, vaccines and other health products and technologies, among other factors, particularly in developing countries,

⁶ Ibid.

hampers efforts to achieve diagnosis, treatment and vaccination targets for several diseases at the right time, safely and efficiently, especially in the context of health emergencies,

1. *Affirms* that respect for and the protection and fulfilment of human rights in the context of HIV, including universal access to HIV-related prevention, diagnosis, treatment, care and support, are an essential element in achieving the full realization of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health and in ending AIDS;

2. *Encourages* States to take all the steps necessary to meet the commitments made in the Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030, adopted by the General Assembly in its resolution 75/284;

3. *Urges* States to end all inequalities and human rights violations and abuses faced by persons living with, at risk of or affected by HIV and by communities, and to end the inequalities within and among countries that are barriers to sustaining the gains made in the HIV response and ending AIDS as a public health threat by 2030;

4. *Calls upon* all States and relevant United Nations funds, programmes and specialized agencies and international and regional intergovernmental and non-governmental organizations to continue to take all steps necessary to ensure respect for and the protection and fulfilment of all human rights and to prevent and eliminate stigma, discrimination, violence and abuse in the context of HIV as an essential part of efforts to achieve the goal of universal access to combination HIV prevention, diagnosis, treatment, care and support;

5. *Urges* States to accelerate the integration of HIV services into primary health care towards universal health coverage and resilient health and social protection systems and to ensure full and unimpeded access for all persons living with, presumed to be living with, at risk of or affected by HIV, including key populations, to HIV prevention, diagnosis, treatment, care and support in a public health environment free from discrimination, harassment or persecution against those seeking HIV-related services, while respecting and protecting the right to privacy, confidentiality and free and informed consent as critical to sustaining the gains made in the HIV response;

6. *Also urges* States to adopt or strengthen programmes or other measures to achieve the societal enabler targets outlined in the Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030, including enabling laws, policies, public education campaigns and ongoing pre- and post-qualification anti-stigma training for health-care workers, law enforcement officers, public service workers and non-State actors, such as community leaders and religious and faith-based leaders, that dispel the stigma and discrimination that still surrounds HIV, as critical to reducing inequalities in the HIV response and sustaining the gains made towards ending AIDS as a public health threat beyond 2030;

7. *Further urges* States to bring their laws, policies and practices, including their strategies for implementing the HIV- and other health-related Sustainable Development Goals, fully into compliance with their obligations under international human rights law and to review or repeal those restrictive, punitive or discriminatory legal and policy frameworks that adversely affect the successful, effective and equitable delivery of, and access to, HIV prevention, diagnosis, treatment, care and support programmes and services for all persons living with, presumed to be living with, at risk of or affected by HIV, including key populations;

8. *Urges* States to tackle discriminatory attitudes and policies towards persons living with, presumed to be living with, at risk of or affected by HIV, including those co-infected by tuberculosis, including by leveraging the potential of “Undetectable = Untransmissible (U = U)”,⁷ and to ensure their access to prevention, diagnosis, treatment, care and support services;

9. *Calls upon* States to end impunity for human rights violations and abuses against persons living with, at risk of or affected by HIV by meaningfully engaging and

⁷ General Assembly resolution 75/284, annex, para. 39.

ensuring access to justice for them, providing legal literacy programmes, increasing their access to legal support and representation and expanding sensitization training for judges, law enforcement officers, health-care workers, social workers and other duty bearers;

10. *Also calls upon* States to incorporate strategies to implement and maintain the societal enabler targets adopted by the General Assembly in the Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030, namely by removing punitive legal and policy frameworks, ending stigma and discrimination and addressing gender inequalities and gender-based violence and harmful practices, which are critical to the effectiveness of the HIV and AIDS response and contribute to removing barriers in accessing health services and to enabling individuals and communities to better protect their health and well-being;

11. *Welcomes and encourages* regional efforts to set ambitious targets and design and implement strategies to accelerate the response to end AIDS;

12. *Calls upon* States, in the context of HIV prevention, diagnosis, treatment, care and support, to incorporate human rights education and training for health-care workers, the police, law enforcement officers and prison staff and other relevant professions into pre- and post- qualification training, with a special focus on non-discrimination, free and informed consent and respect for the will and preferences of all, confidentiality and privacy and non-harassment, so as to allow outreach and other service activities and exchange best practices in this regard;

13. *Stresses* that the lack of respect for and of protection and fulfilment of all the human rights of all women and girls and their sexual and reproductive health and reproductive rights in accordance with the Programme of Action of the International Conference on Population and Development, the Beijing Declaration and Platform for Action and the outcome documents of their review conferences, and of their right to the enjoyment of the highest attainable standard of physical and mental health, aggravates the impact of the epidemic among them and increases their vulnerability;

14. *Urges* States to eliminate all forms of sexual and gender-based violence, including intimate partner violence and domestic violence, by adopting and enforcing laws, changing gender stereotypes and negative social norms, perceptions and practices and providing tailored services that address the multiple and intersecting forms of discrimination and violence faced by women and girls living with, at risk of or affected by HIV;

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

16. *Urges* States to address the specific needs of adolescents and young persons, especially girls and young women, and persons with disabilities in the response to HIV as a key element in efforts to achieve an AIDS-free generation, to develop accessible, available and affordable primary health care and services of high quality, including sexual and reproductive health services, as well as education programmes on sexual and reproductive health and rights, including those related to sexually transmitted infections, and to strengthen efforts in this regard, including by removing obstacles, such as age-of-access laws, to access by adolescents and young persons to HIV-related and sexual and reproductive health services and by ensuring the active involvement of adolescents and young persons living with or affected by HIV in the response;

17. *Calls upon* States to accelerate efforts to scale up scientifically accurate, age-appropriate comprehensive education on sexual and reproductive health, relevant to cultural contexts, that provides adolescent girls and boys and young women and men, in and out of school, consistent with their evolving capacities, with information on sexual and reproductive health, sexuality and comprehensive HIV prevention, gender equality and women's and girls'

empowerment, human rights and physical, psychological and pubertal development to enable them to build self-esteem and risk reduction skills and to empower them in their decision-making, communication and development of respectful relationships, in order to enable them to protect themselves from HIV infection;

18. *Recalls* that the multiple or aggravated forms of discrimination, stigma, violence and abuse often faced by persons living with, presumed to be living with or affected by HIV and by members of key populations have negative consequences for their enjoyment of the highest attainable standard of physical and mental health;

19. *Emphasizes* the need to take into account the human rights and public health dimensions of the world drug problem, in accordance with the operational recommendations contained in the outcome document of the thirtieth special session of the General Assembly, entitled “Our joint commitment to effectively addressing and countering the world drug problem”;⁸

20. *Encourages* the exchange, among countries and regions, of information, research, evidence, best practices and experiences, and subregional, regional, interregional and global cooperation and coordination, with a view to implementing measures and meeting commitments relating to the global response to HIV and AIDS, in particular the commitments contained in the Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030, with developed countries and those in a position to do so taking the lead to facilitate the voluntary transfer of financial resources and technology on mutually agreed terms and to promote capacity-building where necessary;

21. *Calls upon* States to take all the measures necessary to prevent, diagnose and treat HIV and its co-infections and comorbidities and to ensure access to safe, effective and affordable medicines, health technologies, diagnosis and treatment for all, without discrimination, in the context of epidemics such as those of HIV and AIDS, which is fundamental to the full realization of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health;

22. *Recognizes* the need to scale up national, regional and international efforts, including by increasing investments, funding, official development assistance and technology transfer on mutually agreed terms, to reduce the rate of new HIV infections and AIDS-related deaths, and to maintain and expand, beyond 2030, the provision of treatment to persons living with HIV in order to sustain the gains made and avoid the epidemic rebounding in some countries, including critical investment in, and leveraging of, the 10-10-10 targets on societal enablers, including protection of human rights, reduction of stigma and discrimination and law reform, by 2025;

23. *Urges* States to break the cycle of HIV transmission by ensuring that all people receive adequate HIV prevention, diagnosis, treatment, care and support throughout their life cycles, including specialized care for HIV, other chronic conditions, psychosocial disabilities and non-communicable diseases linked to HIV and ageing, as well as mental health and psychosocial support services, response to drug-resistant strains of HIV and resistance to antiretrovirals, as well as antimicrobial resistance, and, in this context, to establish effective systems for monitoring, preventing and responding to the emergence of drug-resistant strains of HIV and antimicrobial resistance;

24. *Also urges* States to address the multiple and intersecting forms of discrimination and the specific health-care needs experienced by migrant and mobile populations and by refugees and crisis-affected populations in the context of HIV, to eliminate stigma, discrimination and violence, to review policies related to restrictions on entry on the basis of HIV status with a view to eliminating such restrictions and the return of people on the basis of their HIV status, and to support their access to HIV prevention, diagnosis, treatment, care and support;

25. *Recognizes* that timely, equitable and unhindered access to safe, affordable, effective and quality medicines, vaccines, diagnostics and therapeutics and other health products and technologies is one of the fundamental elements for the full realization of the

⁸ General Assembly resolution S-30/1, annex.

right of everyone to the enjoyment of the highest attainable standard of physical and mental health and the corresponding objectives of universal health coverage and health for all, without discrimination, with special attention to reaching those furthest behind first, and urges States to ensure access to and the use of the full range of HIV interventions, including by tailoring combination HIV prevention, early detection, including the use of self-tests, in line with national testing algorithms and World Health Organization guidance, and HIV diagnosis, treatment, care and outreach services to meet the diverse needs of key populations and all persons living with HIV, including in prisons and other custodial settings;

26. *Urges* States to accelerate efforts to collect, use and share granular data, including through community-led research, as applicable, that are disaggregated by income, sex, gender, mode of transmission, age, race, ethnicity, migratory status, disability, marital status, geographical location, key population and other characteristics relevant in national contexts in a manner that fully respects confidentiality and the human rights of persons living with, at risk of or affected by HIV and other beneficiaries, and to strengthen national capacity to collect, use and analyse such data, including through technical, financial and capacity-building support for developing countries, including least developed countries, landlocked developing countries and small island developing States, to further strengthen the capacity of national statistical authorities and bureaux;

27. *Encourages* States, United Nations agencies, funds and programmes, international, regional and non-governmental organizations, national human rights institutions, national mechanisms for implementation, reporting and follow-up and other relevant stakeholders to ensure the safe and meaningful participation of persons living with or affected by HIV and of key populations in both decision-making processes relating to and the planning, implementation and monitoring of policies and programmes on HIV;

28. *Urges* States to commit to the greater involvement of persons living with HIV and AIDS and to empower communities of persons living with, at risk of or affected by HIV, including women, adolescents and young persons and community-led organizations, to play their critical leadership roles in the HIV response by ensuring that relevant global, regional, national and subnational networks and other affected communities are included in HIV-response decision-making, planning, implementing and monitoring and are provided with sufficient technical and financial support;

29. *Urges* the international community to continue to assist developing countries in promoting the full realization of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, including through access to medicines, in particular essential medicines, vaccines and other prevention technologies, diagnostics, medical devices, assistive technologies and other health products that are affordable, safe, efficacious and of quality, and through financial and technical support, training of personnel and other capacity-building measures, while recognizing that the primary responsibility for respecting, protecting and fulfilling all human rights rests with States and also recognizing the fundamental importance of the voluntary transfer of environmentally sound technologies and financial resources on favourable terms, including on concessional and preferential terms, as mutually agreed;

30. *Urges* States to fulfil their commitment to ensuring global accessibility, availability and affordability of safe, effective and quality-assured medicines, including generics, vaccines, diagnostics and other health technologies to prevent, diagnose and treat HIV infection and its co-infections and comorbidities by urgently removing, where feasible, all barriers, including those related to regulations, policies and practices that hamper access to health technologies and objectives, and promoting the utilization of all available tools to reduce the prices of health technologies and costs associated with lifelong chronic care and to promote fair and equitable allocation of health products among and within countries to advance efforts to safeguard the full realization of the right to the enjoyment of the highest attainable standard of physical and mental health;

31. *Calls upon* the Joint United Nations Programme on HIV/AIDS and its co-sponsor organizations to support countries in addressing the legal, social, economic, political and structural drivers of the AIDS epidemic, including through the promotion of all human rights and of gender equality and the empowerment of all women and girls;

32. *Urges* States to create and maintain a safe and enabling environment, online and offline, in which civil society, including communities of people living with, at risk of or affected by HIV, including women, adolescents and young persons, persons with disabilities and key populations, can operate free from hindrance, insecurity and reprisals, including by putting in place and, where necessary, reviewing and amending relevant laws, policies, institutions and mechanisms, and also urges States to ensure that such measures are gender-, disability- and age-responsive, address HIV-related stigma and take into account the needs of different groups, including key populations, and the online dimension of threats and attacks;

33. *Calls* for urgent action to close the HIV and AIDS resource gap, taking into account the need for additional annual investment of \$8 billion and increased investment in societal enablers in order to reach the 2025 targets on the basis of shared responsibility and global solidarity, encourages countries to scale up domestic and international funding for HIV response, and emphasizes that action is needed to ensure political, programmatic and financial accountability and sustainable and equitable finance at all levels;

34. *Urges* States to take action to sustain the gains made in the HIV response beyond 2030 and to respect, protect and fulfil the human rights of persons living with, at risk of or affected by HIV in order to reduce vulnerability to HIV and increase access to services, including, but not limited to, by eliminating HIV-related stigma and discrimination, removing discriminatory laws, achieving gender equality and protecting civic space;

35. *Requests* the United Nations High Commissioner for Human Rights, in consultation with the secretariat of the United Nations Joint Programme on HIV/AIDS and relevant experts, to convene at the fifty-eighth session of the Human Rights Council a panel discussion, accessible to persons with disabilities and open to the participation of States, local authorities, relevant treaty bodies and special procedures of the Council, academia, civil society and other relevant stakeholders 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;

36. *Also requests* the High Commissioner to prepare and submit to the Human Rights Council, at its sixtieth session, a report under agenda item 3, in formats accessible to persons with disabilities, on a sustainable HIV response with regard to the human rights of persons living with, at risk of or affected by HIV, taking into consideration the outcomes of the panel discussion to be convened at the fifty-eighth session;

37. *Further requests* the High Commissioner to prepare a report, in consultation with Governments, civil society, community-led organizations and other stakeholders, on the impact, results and state of implementation of societal enablers by States, as recognized in the Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030, and to present it to the Human Rights Council at its sixty-fourth session, in formats accessible to persons with disabilities, and to share its findings and recommendations with the United Nations Joint Programme on HIV/AIDS, the World Health Organization, the Global Fund to Fight AIDS, Tuberculosis and Malaria and other relevant stakeholders as a contribution to its work in supporting States in sustaining and increasing the gains made in the HIV response and leaving no one behind;

38. *Requests* the High Commissioner to invite contributions to the reports from States and all other stakeholders, including relevant United Nations bodies, agencies, funds and programmes, the special procedures of the Human Rights Council, in particular the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, the treaty bodies, regional human rights and health organizations and bodies, national human rights institutions and civil society, including persons living with, presumed to be living with, at risk of or affected by HIV.