

On the Fast-Track to accelerate the fight against HIV and to End the AIDS Epidemic by 2030

Rev1 (Contact Group on 2030 - rev old 1): We, Heads of State and Government and representatives of States and Governments assembled at the United Nations from 8 to 10 June 2016, reaffirm our commitment to end the AIDS epidemic by 2030 as our legacy to present and future generations, to ensure that we **accelerate the fight against HIV and end AIDS** to reach this target, and to seize the new opportunities provided by the 2030 Agenda for Sustainable Development to accelerate action and to recast our approach to AIDS given the potential of the Sustainable Development Goals to accelerate joined-up and sustainable efforts; to lead to the end of the AIDS epidemic and we pledge to intensify efforts **towards the goal of comprehensive prevention programmes, treatment, care and support** that will help to increase the life expectancy, quality of life, **the full enjoyment of all human rights** and **the** dignity of all people living with, at risk of and affected by **HIV and AIDS and their families;**

Rev2 (COF - rev old 5): Reaffirm the 2001 Declaration of Commitment on HIV/AIDS and the 2006 and 2011 Political Declarations on HIV and AIDS, and the urgent need to scale up significantly our efforts towards the goal of universal access to comprehensive prevention programmes, treatment, care and support;

Rev3 (Contact Group on 2030 - rev old 6): Reaffirm the 2030 Agenda for Sustainable Development, including the resolve of Member States to end the AIDS epidemic by 2030, and the Addis Ababa Action Agenda of the Third International Conference on Financing for Development;

Rev4 (COF - rev old 7): Reaffirm the Universal Declaration on Human Rights, the International Covenant on Civil and Political Rights, the International Covenant on Economic, Social and Cultural Rights, the Beijing Declaration and Platform for Action and the outcomes of its reviews; the outcome documents of the Twenty-third Special Session of the General Assembly, the Programme of Action of the International Conference on Population and Development, and the key actions for its further implementation and outcomes of its reviews, the Convention on the Rights of the Child, the Convention on the Elimination of all Forms of Discrimination Against Women, the outcome document of the 2016 United Nations General Assembly Special Session on the World Drug Problem, the Declaration on the Elimination of Violence Against Women, and the Convention on the Rights of Persons with Disabilities;

Rev5 (COF - rev old 7): Recall the 2015 ECOSOC resolution on the Joint United Nations Programme on HIV/AIDS (UNAIDS) which reaffirmed the value of the lessons learned from the global AIDS response for the post-2015 development agenda, the Security Council Resolution 1983 on the impact of the HIV epidemic in conflict and post-conflict situations, the 60th Commission on the Status of Women's Resolution on Women, the girl child and HIV and AIDS, and the Human Rights Council Resolutions 17/14 on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health in the context of development and access to medicines, 16/28 and 12/27, on the protection of human rights in the context of human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS), and 12/24, on access to medicine in the context of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health;

Rev6 (COF - new): Reaffirm that the implementation of the recommendations contained in the Declaration is the sovereign right of each country, consistent with national laws and development priorities, with full respect for the various religious and ethical values and cultural backgrounds of its people, and in conformity with universally recognized international human rights;

Rev7 (COF - new, based on 9bis1): Reaffirm that the promotion and protection of, and respect for, the human rights and fundamental freedoms of all, including the right to development, which are universal, indivisible, interdependent and interrelated, should be mainstreamed into all HIV and AIDS policies and programmes, and also reaffirms the need to take measures to ensure that every person is entitled to participate in, contribute to and enjoy economic, social, cultural and political development and that equal attention and urgent consideration should be given to the promotion, protection and full realization of all human rights;

Rev8 (COF - new, based on 10bis3) Underscore the importance of enhanced international cooperation to support the efforts of Member States to achieve health goals, including the target on ending the AIDS epidemic by 2030, implement universal access to health care services and address health challenges;

Rev9 - (COF - new, based on 31bis) Recall the 2030 Agenda's recognition that eradicating poverty in all its forms and dimensions, including extreme poverty, is the greatest global challenge and an indispensable requirement for sustainable development, its commitment to achieving sustainable development in its three dimensions – economic, social and environmental – in a balanced and integrated manner, and to building upon the achievements of the Millennium Development Goals and seeking to address their unfinished business, while further 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, and is grounded, inter alia, in the Universal Declaration of Human Rights, international human rights treaties, the Millennium Declaration and the 2005 World Summit Outcome and that it is informed, inter alia, by other instruments such as the Declaration on the Right to Development;

Rev10 (Contact Group on 2030 - rev old 8, based on old 8alt): Recognize that HIV and AIDS continues to constitute a global emergency, poses one of the most formidable challenges to the development, progress and stability of our respective societies and the world at large and requires an exceptional and comprehensive global response that takes into account the fact that the spread of HIV is often a cause and consequence of poverty and inequality, and that effective HIV and AIDS responses are critical to the achievement of the 2030 Agenda for Sustainable Development, which recognizes **that eradicating poverty in all its forms and dimensions, including extreme poverty, is the greatest global challenge and an indispensable requirement for sustainable development**, that the dignity of the human person is fundamental, **and** that the Sustainable Development Goals and targets must be met for all nations and peoples and for all segments of society, so that no one will be left behind, bearing in mind the **universal**, integrated and indivisible nature of the new agenda;

Rev11 (COF - rev old 2): Call for urgent action over the next five years to ensure that no one is left behind in the AIDS response, that the returns on the unprecedented gains and investments made over the past decades are fully realized, and that efforts are intensified, including through global solidarity, shared responsibility and political leadership, particularly given the rising population of people under the age of 25 in many high-burden countries, to avoid the risk of a rebound of the epidemic in some parts of the world and to tackle the growing rates of antimicrobial resistance which would result in increased human and economic loss, and express grave concern about the cost of inaction, in the face of a looming crisis in access to and availability of treatment and inadequate progress and resources in comprehensive prevention, treatment, care and support;

Rev12 (COF - new, based on 2bis2): Reiterate that health is a precondition for and an outcome and indicator of all three dimensions of sustainable development, and that sustainable development can be achieved only in the absence of a high prevalence of debilitating communicable and non-communicable diseases, including emerging and re-emerging diseases;

Rev13 (COF - new, based on 8bis1): Recognize that poverty and poor health are inextricably linked, that poverty can increase the risk of progression from HIV to AIDS due to a lack of access to comprehensive treatment-related services and adequate nutrition and care services, and to the inability to meet costs related to transport;

Rev14 (CoF - rev old 3): Emphasize the continued importance, particularly given the 2015 World Health Organization Guidelines recommending that antiretroviral therapy be initiated for everyone living with HIV at any CD4 cell count, of a more integrated and systemic approach to addressing people's access to health-care services to quality, people-centered health care services in a more holistic manner, in the context of promoting the right to the enjoyment of the highest attainable standard of physical and mental health and well-being, universal access to sexual and reproductive health and reproductive rights, universal health coverage, social protection for people in vulnerable situations, local, national and international health and social protection systems strengthening, including community systems, integrated responses to address non-communicable diseases and HIV and AIDS, and preparedness to tackle emerging disease outbreaks, such as Ebola, Zika and those yet to be identified, and other health threats;

Rev15 (COF - rev old 4): Emphasize that to guarantee the sustainability of HIV prevention, treatment, care, and support services, information and education, which are mutually reinforcing, they should be integrated with national health systems and services to address coinfections and co-morbidities, in particular tuberculosis, substance use and mental disorders, as well as sexual and reproductive health-care services, such as prevention, screening and treatment for viral hepatitis and cervical cancer, as well as other sexually transmitted infections, including human papillomavirus, and services to respond to sexual and gender-based violence and note the particular vulnerability of women and girls to these coinfections and co-morbidities;

Rev16 (COF - rev old 9): Recognize that addressing the holistic needs and rights of people living with, at risk of and affected by HIV, throughout their life course, will require close collaboration with efforts to end poverty and hunger everywhere, improve food and nutrition security and access to free, non-discriminatory primary and secondary education, promote healthy lives and well-being, provide access to HIV-sensitive social protection for all, including for children, reduce inequalities within and among countries, achieve gender equality and the empowerment of all women and girls, provide for decent work and economic empowerment, and promote healthy cities, stable housing and just and inclusive societies for all;

Rev17 (COF - rev old 10): Recognize that there are multiple and diverse epidemics and that in order to achieve the prevention and 90-90-90 treatment targets by 2020 and to end the AIDS epidemic by 2030 that AIDS responses need to achieve greater efficiency and focus on the locations, populations, service delivery models, innovations and programmes that will deliver the greatest impact, and in this regard, note the need for a coherent UN response across the UN pillars of development, human rights, peace and security, to assist countries to tailor effective responses , including in conflict and post-conflict situations

Rev18 (COF - new, based on 2bis3): Reiterate with profound concern that Africa, in particular sub-Saharan Africa, remains the worst-affected region and that urgent and exceptional action is required at all levels to curb the devastating effects of this epidemic, and recognize the renewed commitment of African Governments and regional institutions to scale up their own HIV and AIDS responses;

Rev19 (COF, new, based on 10bis4): Express deep concern that HIV and AIDS affect every region of the world and that the Caribbean continues to have the highest prevalence outside sub-Saharan Africa, while the number of new HIV infections is increasing in Eastern Europe and Central Asia, the Middle East and North Africa and Asia and the Pacific;

Rev20 (COF - rev old 10bis): Encourage regional efforts to set ambitious targets and design and implement strategies on HIV and AIDS, and take note of the Arab AIDS Strategy (2014-2020), the African Union Roadmap on AIDS, TB and malaria (2012-2015, extended to 2020), the South Asian Association for Regional Cooperation's Regional Strategy on HIV/AIDS (2013-2017), the ASEAN Declaration of Commitment: Getting to zero new HIV infections, zero discrimination, zero AIDS-related deaths, the Caribbean Regional Strategic Framework on HIV and AIDS 2014-2018, the Agreement on cooperation of the CIS countries in addressing HIV infection, the EU Action Plan on HIV/AIDS in the EU and neighboring countries: 2014-2016 and other relevant strategies;

Rev21 (COF 22 - rev old 11): Emphasize that the meaningful involvement of people living with and affected by HIV and populations at higher risk of HIV will facilitate the achievement of more effective AIDS responses, and that people living with, at risk of and affected by HIV, including their families and communities, should enjoy equally all human rights and enjoy equal participation in civil, political, social, economic and cultural life, without prejudice, stigma or discrimination of any kind;

Rev22 (Contact Group on Financing - rev old 38): **[Invites the Secretary-General to promote collaborative mechanisms with relevant international financial institutions, funds and organizations in order to promote a coordinated response, including]** Commend the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the **[strong]** bilateral investments including from **[inter-alia]** PEPFAR, **[and the strong bilateral investments including from PEPFAR], [as well as sub-regional, regional and global financing institutions,]** for the vital role **[it plays/they play]** in mobilizing funding for country and regional AIDS responses**[including for civil society]** and in improving the predictability of financing over the long term, and **[the strong bilateral investments including from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), and emphasize the need] [welcome donors' support, while noting that it falls short of the amounts needed]** to further accelerate progress towards front loading investments to end the AIDS epidemic by 2030;

Rev23 (COF - rev old 39): Commend the work of the International Innovative Health Tools and Drug Purchase Facility, UNITAID, based on innovative financing and focusing on accessibility, quality and price reductions of antiretroviral drugs and welcome the broadening of the Medicines Patent Pool mandate, hosted by UNITAID, to promote voluntary partnerships to address Hepatitis C and tuberculosis, reflecting the importance of integrating the AIDS response into the broader global health agenda;

Rev24 (COF - rev old 40): Take note of the Secretary-General's new Global Strategy for Women's, Children's and Adolescents' Health, which will continue to galvanize global efforts to significantly reduce the number of maternal, adolescent, newborn and under-five child deaths, as a matter of urgent concern;

Rev25 (COF - rev old 41, merged with 41alt): Note with appreciation the efforts of the Inter-Parliamentary Union in supporting national parliaments to unlock political and legislative obstacles to ensure an enabling legal environment supportive of effective national responses to HIV and AIDS;

Rev26 (COF - rev old 44, merged with first half 46): Take note of the UN Secretary-General's Report 'On the Fast-Track to End the AIDS Epidemic' and take note with appreciation of the UNAIDS 2016-2021 Strategy, including its goals and targets, as well as the WHO 2016-2021 HIV Health Sector Strategy;

Rev27 (COF - rev old 42): Take note of the HIV-relevant strategies of the Co-sponsors of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and commend the Secretariat and the Co-sponsors for their leadership on AIDS policy, strategic information and coordination and for the support they provide to countries through the Joint Programme;

Rev28 (COF - rev old 43): Note the recommendations made by the Global Commission on HIV and the Law, co-convened by the United Nations Development Programme and UNAIDS, and the UNAIDS-Lancet Commission 'Defeating AIDS Advancing Global Health' in advancing progress towards ending the AIDS epidemic;

Rev29 (CoF - new, based on 43bis): Recognize the role that community organizations play, including those run by people living with HIV, in sustaining national and local HIV and AIDS responses, reaching all people living with HIV, delivering prevention, treatment, care and support services and strengthening health systems, in particular the primary healthcare approach;

Rev30 (COF - rev old 37): Welcome the leadership and commitment shown in every aspect of the HIV and AIDS response by Governments, relevant United Nations agencies, regional and subregional organizations as well as people living with, at risk of and affected by HIV, political and community leaders, parliamentarians, , communities, families, faith-based organizations, scientists, health professionals, donors, the philanthropic community, the workforce, the private sector, the media and civil society, especially women's and community-based organizations, feminist groups, youth-led organizations, national human rights institutions and human rights defenders and recognize their contribution to the achievement of MDG 6 on AIDS and implementing the commitments set forth in the 2011 Political Declaration on HIV and AIDS, and call upon stakeholders, as appropriate, to support Member States in ensuring that country-driven, credible, costed, evidence-based, inclusive, sustainable, gender-responsive and comprehensive national HIV and AIDS strategic plans are funded and implemented as soon as possible with transparency, accountability and effectiveness in line with national priorities and laws and in conformity with international human rights and fundamental freedoms;

2011-2016: Reflecting on unprecedented achievements and acknowledging those left behind

Rev31 (COF - rev old 12): Recognize that the AIDS response has been transformative, demonstrating outstanding global solidarity and shared responsibility, advancing innovative cross-sectoral and people-centered approaches to global health and fostering unprecedented levels of comprehensive research and development;

Rev32 (Contact Group on 2030 Agenda - rev old 20): Recognize that, while **significant** progress was made on the Millennium Development Goals (MDGs), in particular Goal 6 to halt and begin to reverse the spread of HIV **and AIDS**, urgent efforts are needed to **complete** the unfinished business of the MDGs **and the 2011 Political Declaration** as we begin implementation of the 2030 Agenda for Sustainable Development **to end the AIDS epidemic by 2030**;

Rev33 (COF - rev old 21): Note with deep concern that the HIV epidemic remains a paramount health, development, human rights and social challenge inflicting immense suffering on countries, communities and families throughout the world, that since the beginning of the epidemic there have been an estimated 76 million HIV infections and 34 million people have died from AIDS, that AIDS is the leading cause of death among women and adolescent girls of reproductive age (age 15-44) globally, that around 14 million children have been orphaned due to AIDS, and that 6,000 new HIV infections occur every day, mostly among people in developing countries;

Rev34 (CoF - rev old 13, merged with 22, based on 22alt): Welcome the significant achievement in extending access to antiretroviral treatment to over 15 million people living with HIV by 2015, but express grave concern that despite the recommended expansion of antiretroviral treatment eligibility to all persons living with HIV, more than half of all people living with HIV do not know their status, 22 million people living with HIV remain without antiretroviral treatment, noting particularly low treatment coverage rates in

the Eastern Europe and Central Asia, the Middle East and North Africa and West and Central Africa, and a substantial proportion of people on antiretroviral therapy face social and structural barriers to good health, including poor quality care, economic constraints, stigma and discrimination, cultural practices and beliefs, inefficient service delivery models, poor nutrition and lack of food, medication side effects and misuse, and lack of comprehensive social protection, care and support and as a result do not start treatment in a timely fashion, struggle to adhere to treatment and fail to achieve viral suppression, resulting in a growing risk of emergence of drug-resistant strains, which poses a threat to the expansion of effective HIV treatment and prevention;

Rev35 (COF - rev old 25) Note with deep concern the unacceptably low rates of testing and treatment coverage among children, particularly in developing countries, which are a result of similar social and structural barriers as the adult population, as well as age-specific barriers, inter alia, low rates of early infant diagnosis, inadequate availability of efficacious antiretroviral formulations suitable for children, inadequate case-finding of children and lack of adequate training for health care workers in pediatric HIV-related services;

Rev36 (COF - rev old 25, split) Note with deep concern the unacceptably low rates of testing and treatment coverage among children in developing countries, due to low rates of early infant diagnosis, inadequate case-finding of children outside of Prevention of Mother-to-Child Transmission settings, long delays in returning test results, poor linking of children to treatment, lack of adequate training for health care workers in pediatric HIV testing, treatment and care, challenges with long-term adherence, the limited number and inadequate availability of efficacious antiretroviral child-friendly formulations, in certain countries and regions, stigma and discrimination, and lack of adequate social protection for children and caregivers;

Rev37 (COF - rev old 15, merge with 25bis) Acknowledge the progress made since the launch of the Global Plan towards the elimination of new HIV infections among children and keeping their mothers alive, including that an estimated 85 countries are within reach of elimination of mother-to-child transmission, but note that continued efforts are greatly needed;

Rev38 (COF - new, based on 38bis): Recognize that access to safe, effective and affordable medicines and commodities in the context of epidemics such as HIV and AIDS is fundamental to the full realization of the right of everyone to enjoy the highest attainable standard of physical and mental health, yet note with grave concern that the sustainability of providing life-long HIV treatment continues to be threatened by factors such as poverty, lack of access to treatment and insufficient and unpredictable funding, especially for those left behind;

Rev39 (COF - rev old 14, merged with 23, 24): Welcome the reduction in the number of deaths among people living with HIV in some countries, in particular, the reduction in the number of tuberculosis-related deaths among people living with HIV, which have fallen by 32% since 2004, yet note with grave concern that, among people living with HIV, tuberculosis remains the leading cause of death and viral hepatitis is a significant cause of ill-health and mortality, and that congenital syphilis continues to affect large numbers of pregnant women at risk of HIV and their infant;

Rev40 (COF - rev old 26, merged with 26alt3): Express grave concern that young people between the ages of 15 and 24 years account for more than one third of all new HIV infections among adults, with 2,000 young people becoming infected with HIV each day, that AIDS-related deaths are increasing among adolescents making AIDS the second leading cause of death in adolescents globally, and note that many young people have limited access to good quality education, nutritious food, decent employment and recreational facilities, as well as limited access to sexual and reproductive health programmes that provide the services, commodities, skills, knowledge and capability they need to protect themselves from HIV, that only 36 per

cent of young men and 28 per cent of young women (15-24) possess accurate knowledge of HIV, and that laws and policies in some instances exclude young people from accessing sexual and reproductive health-care and HIV-related services, such as voluntary and confidential HIV testing, counselling and comprehensive sexuality education, while also recognizing the importance of reducing risk-taking behaviour and encouraging responsible sexual behaviour, including correct and consistent use of condoms;

Rev41 (Contact Group on Para 58 – rev old 58 (c) bis) Commit to ensure that the rights of children in child-headed households, in particular those headed by girls, which may result from the death of parents and legal guardians and other economic, social and political realities, and that the impact of the HIV and AIDS epidemic, including illness and mortality, the erosion of the extended family, the exacerbation of poverty, unemployment and underemployment and migration, as well as urbanization, have contributed to the increase in the number of child-headed households, (Source: PP9, A/RES/70/138 on the girl child)

Rev42 (COF - rev old 29): Note with alarm the slow progress in reducing new infections and limited scale of combination prevention programmes, emphasizing that each country should define the specific populations that are key to its epidemic and response based on the epidemiological context, and note with grave concern that women and adolescent girls, in particular in sub-Saharan Africa are more than twice as likely to become HIV positive than boys of the same age, and noting also that many national HIV-prevention strategies provide insufficient access to services for women and adolescent girls, migrants, and other key populations that epidemiological evidence shows are globally at higher risk of HIV, specifically people who inject drugs, who are 24 times more likely to acquire HIV than adults in the general population, sex workers, who are 10 times more likely to acquire HIV, men who have sex with men, who are 24 times more likely to acquire HIV, transgender people, who are 49 times more likely to be living with HIV, and prisoners, who are five times more likely to be living with HIV than adults in the general population;

Rev43 (COF - rev old 16, merged with 30): Note that some countries and regions have made significant progress in expanding health-related risk and harm reduction programmes, as well as antiretroviral therapy and other relevant interventions that prevent the transmission of HIV, viral hepatitis and other blood-borne diseases associated with drug use, yet note the lack of global progress made in reducing transmission of HIV among people who use drugs, particularly those who inject drugs and call attention to the insufficient coverage of harm reduction and substance use treatment programmes that improve adherence to HIV drug treatment services, as appropriate in the context of national programmes, the marginalization and criminalization of people who use drugs, particularly those who inject drugs which hamper access to HIV-related services, and in that regard, consider ensuring access to such interventions including in treatment and outreach services, prisons and other custodial settings, and promoting in that regard the use, as appropriate, of the WHO, UNODC and UNAIDS Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users, and note with concern that gender-based and age-based stigma and discrimination often act as additional barriers for women and for young people who use drugs, particularly those who inject drugs to access services;

Rev44 (Contact Group on Law - rev old 31): Express grave concern that, despite a general decline in discriminatory attitudes [and policies] towards people living with, presumed to be living with, or affected by HIV [including those co-infected by TB, particularly in high TB/HIV burdened countries] continue to be reported, **and that criminalization of HIV transmission, and punitive legal and policy frameworks continue to discourage and prevent people from accessing** [prevention, treatment, care and support] services;

Rev45 (COF - rev old 33): Note with grave concern that, despite the recognition of the need to fulfil the human rights and fundamental freedoms of persons with disabilities particularly as set forth in the

Convention on the Rights of Persons with Disabilities, the formulation of the global AIDS response remains inadequately targeted or made accessible to persons with disabilities;

Rev46 (Contact Group on Gender and Violence - rev old 33bis): **[Deeply concerned by the increased vulnerability to HIV infection faced by women and girls living with disabilities resulting from, inter alia, legal and economic inequalities, sexual and gender-based violence, discrimination and violations of their human rights;]**

Rev47 (Contact Group on Law - rev old 32, merged with 32alt, 17): Remain concerned that discriminatory laws and policies **continue to/that** restrict movement of people living with HIV **and/may** result in substantial harm and denial of HIV services, while **welcoming/acknowledging** the steps taken by some countries in repealing entry, stay and residence restrictions based on HIV status, and that corporate leaders promoted the business case for non-discrimination;

Rev48 (Contact Group on Gender and Violence - rev old 35): Note with grave concern that the holistic needs **[and human rights]** of people living [, **at risk of]** and affected by HIV, in **[populations that epidemiological evidence shows are at higher risk of infection]** and young people, remain insufficiently addressed because of inadequate integration of health services, **[including sexual and reproductive health-care] [and]** HIV services, including for people who have experienced sexual or gender-based violence, including post-exposure prophylaxis, legal services and social protection;

Rev49 (COF - New): Welcome the important progress achieved in research for new biomedical tools for prevention, notably regarding Treatment as Prevention, pre-exposure prophylaxis (PrEP) and ARV-based microbicides, but also recognize that research and development must be accelerated, including for long-acting formulations of PrEP, preventive and therapeutic HIV vaccines, and curative interventions;

Rev50 (Contact Group on Financing- rev old 19): Acknowledge the significant mobilization of resources globally that reached an estimated US\$ 19.2 billion for HIV programmes in low- and middle-income* countries in 2015, and acknowledge the important role played by complementary innovative sources of financing; *request to add a footnote with the source of the language: World Bank, AAAA, Agenda 2030.

Rev51 (Contact Group on Financing- rev old 19 second half): Welcome the near tripling of domestic HIV investment between 2006 and 2014, with domestic sources accounting for 57% of all investments in 2014, and note the role that the African Union Roadmap on Shared Responsibility and Global Solidarity for AIDS, TB and Malaria Response in Africa has played in this regard;

Rev52 (Contact Group on Tech Transfer - rev old 37bis): Recognizes that there are still gaps in financing and **[official development assistance;]** for HIV/AIDS, as well as gaps in **[technology and innovation, including technology transfer on mutually agreed terms,]** capacity building, research and development and access to medicines in developing countries;]

Rev53 (Contact Group on Financing- rev old 34): Note that several developed countries' HIV assistance remains below their share of the global economy, and that **with** several developing countries **all can** further increase their share of financing as their economies grow, **according to the commitments of the Addis Ababa Action Agenda** and, **while** allocative and programmatic efficiency is suboptimal, including due to poor targeting of investments **in** young people, women and on **[key/key affected]** populations **[who are at]** highest risk and burden of HIV;

Rev54 (CoF - rev old 36): Note that 90% of people newly infected with HIV live in just 35 countries, and that epidemic patterns, progress and challenges vary considerably, and reiterate with profound concern that

66% of all new infections occur in sub-Saharan Africa, and that the HIV prevalence in Eastern and Southern Africa among young women and adolescent girls (15-24) is 3.3%, compared to 1.9% among young men, and that the number of new HIV infections among adolescent girls and youth is increasing in the Caribbean, and further note the increasing number of new HIV infections in the Middle East and North Africa, concentrated among sex workers, men who have sex with men and people who inject drugs, and that in Eastern Europe and Central Asia new infections continue to increase, largely among people who inject drugs, while cities in North America and western Europe face resurgent epidemics, where men who have sex with men, transgender people, sex workers and their clients, and people who inject drugs are at particularly high risk, and also note that the epidemic is concentrated among men who have sex with men and people who inject drugs in Asia and the Pacific as well as among men who have sex with men in Latin America and among sex workers in the Caribbean;

Rev55 (Contact Group on 2030 - rev old 45): **Reaffirm that the Sustainable Development Goals are universal, integrated and indivisible and balance the three dimensions of sustainable development, the economic, social and environmental, and recognize that the attainment of the SDGs will address the economic, social and environmental drivers of the AIDS epidemic thereby generating multiplier effects and a virtuous cycle of progress across the 2030 Agenda for Sustainable Development;**

Rev56 (COF - rev old 46): Recognize that if we do not Fast-Track the response across the prevention and treatment continuum in the next five years, by increasing and front-loading investments and massively scaling up coverage of HIV services, so as to reduce the rate of new HIV infections and AIDS-related deaths, the epidemic may rebound in several developing countries and we may not reach the ambitious, time-bound targets and commitments hereby set, including the UNAIDS 90-90-90 treatment target, by 2020 and the target of ending the AIDS epidemic by 2030;

2016 – 2021: Global leadership: uniting to Fast-Track the AIDS response

Rev57 (COF - new, based on old 55pre) Commit to seize this turning point in the HIV epidemic and, through decisive, inclusive and accountable leadership, to revitalize and intensify the comprehensive global HIV and AIDS response by recommitting to the commitments made in the 2001 Declaration of Commitment on HIV/AIDS and the 2006 and 2011 Political Declarations on HIV/AIDS and by fully implementing the commitments, goals and targets contained in the present Declaration;

Rev58 (COF - rev old 55): Commit to targets for 2020 to work towards reducing the global numbers of people newly infected with HIV to fewer than 500,000 per annum and people dying from AIDS-related causes to fewer than 500,000 per annum, as well as to eliminate HIV-related stigma and discrimination;

Rev59 (COF - rev old 56): Commit to differentiate AIDS responses, based on country ownership and leadership, local priorities, drivers, vulnerabilities, aggravating factors, the populations that are affected and strategic information and evidence, and to set ambitious quantitative targets, where appropriate depending on epidemiological and social/national context, tailored to national circumstances in support of these goals;

Rev60 (Contact Group on 2030 - rev old 57): Recognize that achieving the Fast-Track targets **can** support global efforts **to eradicate all forms of poverty and inequality as well as to achieve the Sustainable Development Goals, which are universal, integrated and indivisible, and in this regard we must [front-load and diversify resources to Fast-Track the AIDS response and]** make progress on the following five strategic HIV-related **areas, recognizing also that** investing in efforts to meet a wide range of SDG targets will support efforts to end **the AIDS epidemic;**

Rev61 (COF - old title for chapter 4): Front-loading and diversifying resources are critical to Fast-Track the AIDS response (*Whole chapter discussed in Group on Financing, new order by CoF*)

Rev61 (a) (Contact Group on Finance - rev old 47): [**Underscore the urgency**] to **committing**, increasing and front-loading investments to build on and accelerate the gains towards ending the AIDS epidemic and positively contribute to a wide range of development outcomes;

Rev61 (b) (Contact Group on Finance - rev old 48): [**Underscore the urgency of/Commit(ing) to**], increasing and fully funding the AIDS response from all sources, and reach overall financial investments in developing countries, including low- and middle-income countries of at least USD 26 billion/year by 2020, as estimated by UNAIDS, that are diverse in source, including from innovative financing, with continued increase from the current levels of domestic public and private sources, according to each country's capacity, supplemented by international assistance and strengthened global solidarity, and urge all stakeholders to contribute to a successful 5th and subsequent replenishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria;

Rev61 (c) (Contact Group on Finance - rev old 49bis1): [Re-affirm our strong commitment to the full and timely implementation of the concrete policies and actions of the Addis Ababa Action Agenda in order to close the global HIV and AIDS resource gap and to fully fund the HIV/AIDS response with a view to ending the AIDS epidemic by 2030. It relates to domestic public resources, domestic and international private business and finance, international development cooperation, international trade as an engine for development, debt and debt sustainability, addressing systemic issues and science, technology, innovation and capacity-building, and data, monitoring and follow-up;] (*Source: para 62, Agenda 2030*)

Domestic resources

Rev61 (d) (Contact Group on Finance - new) [Acknowledge that for the 2030 Agenda for Sustainable Development Goals and the Addis Ababa Action Agenda, the centrality of domestic resource mobilisation is underscored by the principle of national ownership and the important contribution of private investment, including FDI for the achievement of Sustainable Development. while the countries affected by HIV/AIDS have made considerable efforts to mobilise domestic resources and attract private investment, further progress is needed]; (*source para 19.1 for LDC*)

Rev61 (e) (Contact Group on Finance - rev old 49): Reiterate that the fulfilment of all ODA remains crucial, that many countries still fall short of their ODA commitments, and in this regard, strongly urge those countries that have pledged to achieve the target of 0.7 per cent of their gross national income for official development assistance (ODA/GNI) to developing countries and 0.15 per cent to 0.2 per cent of ODA/GNI to Least Developed Countries, to fulfill their commitments in this regard, and call upon all relevant stakeholders to close the global HIV and AIDS resource gap between the resources available today and the resources needed to reach the Fast track targets by 2020;

Rev61 (f) (Contact Group on Finance - rev old 47bis): Stress the importance of international cooperation, including the role of North-South, South-South and triangular cooperation, in the global response to HIV and AIDS, bearing in mind that South-South cooperation is not a substitute for, but rather a complement to, North-South cooperation, and recognize the shared [**but differentiated**] responsibilities and respective [**roles and**] capacities of Governments and donor countries, as well as civil society, including the private sector, while noting that national ownership and leadership [**continues to be important/are absolutely indispensable**] in this regard; (*Source: para 15, 2011 PD, related para 56 of AAAA*)

Debt

Rev61 (g) (Contact Group on Finance - rev old 49bis4): [Acknowledge that debt sustainability challenges facing many least developed countries and small island developing States require urgent solutions, and the importance of ensuring debt sustainability to the smooth transition of countries that have graduated from least developed country status and recognize the need to assist developing countries in attaining long term debt **sustainability through coordinated policies aimed at fostering debt financing, debt relief, debt restructuring and sound debt management, as appropriate, and recommit to support the remaining HPC-eligible countries that are working to complete the HIPC process.** In particular the countries most affected by HIV and AIDS, and urge the use of debt service savings, inter alia, to finance poverty eradication programmes, particularly for prevention, treatment, care and support for HIV and AIDS and other infections;] (*Source: para 93, 2011 PD*).

Rev61 (h) (Contact Group on Finance - rev old 50, merged with 50alt): We welcome the progress made since the Monterrey Consensus to develop and mobilize support for innovative sources and mechanisms of additional financing, in particular by the Leading Group on Innovative Financing for Development. We invite more countries to voluntarily join in implementing innovative mechanisms, instruments and modalities, which do not unduly burden developing countries. We encourage consideration of how existing mechanisms, such as the International Finance Facility for Immunisation, might be replicated to address broader development needs. We also encourage exploring additional innovative mechanisms based on models combining public and private resources such as **[vaccine bonds]**, to support strategies, financing plans and multilateral efforts **as a means to accelerate** the AIDS response;

Medicines/TRIPS

Rev61 (i) (Contact group on Finance - rev old 49ter): [Commit to breaking the upward trajectory of costs through the efficient utilization of resources, addressing barriers to the legal trade in generics and other low-cost medicines, improving the efficiency of prevention, treatment, care and support by targeting interventions to deliver more efficient, innovative and sustainable programmes for the HIV and AIDS response, in accordance with national development plans and priorities, and ensuring that synergies are exploited between the HIV and AIDS response and the efforts to achieve the internationally agreed development goals, including the SDGs]; (*Source: based on para 87, 2011 PD*)

Rev61 (j) (Contact Group on Finance - rev old 54): Recognize the need to maximize efficiency **access and affordability of testing tools and medicines** including through enhanced programme management and health service delivery, as well as **innovations such as task shifting, reduced intensity and frequency of clinical visits for stable patients on ART, and separating clinical visits from ART refills for stable patients, with less frequent refill visits.**

Rev61 (k) (Contact Group on Finance - rev old 53): Encourage countries to implement sustainable responses that are evidence-based [, **targeted at populations that epidemiological evidence shows are at higher risk of infection**] and implemented effectively with **mutual** transparency and accountability and develop transition plans **taking into account national priorities**, that outline predictable domestic and international commitment and negotiate compacts in support of nationally costed plans that maximize synergies; **in order to assure the sustainability of financial resources, to the AIDS response.**

Rev61 (l) (Contact Group on Finance - rev old 52bis): [Recognize that, by 2020, upper- and lower-middle-income countries will be home to 70% of the people living with HIV and commit to ensuring international and domestic funding are together sufficient to reach the goals set in this political declaration. **Middle-**

income countries as well as other countries in special situations still face significant challenges in achieving sustainable development and that, in order to ensure that achievements made to date are sustained, efforts to address ongoing challenges should be strengthened through the exchange of experiences, improved coordination and better and focused support of the United Nations development system, the international financial institutions, regional organizations and other stakeholders, request those stakeholders to ensure that the diverse and specific development needs of middle-income countries are appropriately considered and addressed, in a tailored fashion, in their relevant strategies and policies, with a view to promoting a coherent and comprehensive approach towards individual countries, and acknowledges that official development assistance and other forms of concessional financing are still important for a number of these countries and have a role to play in achieving targeted results, taking into account the specific needs of these countries]; *(based on 52bis from Argentina; second half - Source: para 14, A/res/70/215)*

Rev61 (m) (Contact Group on Finance - rev old 51): Welcome the re-commitment made by countries of the African Union in 2015^[1] to increase domestic funding in line with the Abuja Declaration and Framework for Action to allocate at least 15% of their annual budgets to strengthen the health sector: and their reiteration of the importance of continued accountability and judicious use of domestic and international resources;

Rev61 (n) (Contact Group on Finance – rev old 20bis1): [Note with grave concern that sustainability of providing life-long HIV treatment continues to be threatened by factors such as poverty, lack of access to treatment and insufficient and unpredictable funding, especially for those left behind, that despite remarkable progress, if we accept the status quo unchanged, the epidemic will rebound in several developing countries, more people will acquire HIV and die from AIDS –related illness in 2030 than in 2015, treatment costs will rise, that the international community must ensure that resource needs of USD 13 billion are mobilized for the Global Funds’ fifth replenishment]; *(Source: para 33, SG Report) (not yet discussed in group, neither placement)*

Rev61 (o) (Contact Group on Finance – rev old 21quart): [Note urgently that the international community must ensure that resource needs of US\$13 billion are mobilized for the Global Fund’s Fifth Replenishment. By leveraging advances in science and applying innovative solutions, the partnership is on track to reach 22 million lives saved since its establishment by the end of 2016. A fully funded Replenishment will save an additional 8 million lives by 2020, and deliver economic gains of up to US\$290 billion over the coming years]; *(Source: para 61, UNSG’s report “On the Fast-Track to End the AIDS epidemic) (not yet discussed in group, neither placement)*

Rev62 (Contact group on 2030 Agenda - rev old 58): Ensuring access to testing and treatment in the fight against HIV and AIDS;

Rev62 (a) (Group on para 58 - rev old 58(a)): Commit to 90–90–90 treatment targets¹, and **to ensuring** that [29/30] million people living with HIV including [1.2/2] million children access treatment **by 2020** and that **children, adolescents and adults** living with HIV know their status and are immediately offered and sustained on **affordable and accessible** quality treatment [**free of coercion**] to ensure viral load suppression and underscore in this regard the urgency of closing the testing gap;

¹ 90% of people (children, adolescents and adults) living with HIV know their status, 90% of people living with HIV who know their status are receiving treatment and 90% of people on treatment have suppressed viral loads

Rev62 (b) (Group on para 58 - rev old 58(b)): Commit to using multiple strategies and modalities, including **[when possible] [voluntary, confidential, fully-informed and safe community-based,]** home- [,] or self-testing **[including home- or self-testing,] [, according to national context,]** to reach the millions of people **who do not know their status, including those living with HIV** and to providing pretest information, **counselling, post-test referrals and follow-up to facilitate linkages [to care, support and treatment services, including viral load monitoring; and to addressing socio economic barriers to testing and treatment, including [legal, regulatory] barriers to community testing];**

Rev62 (c) (Group on para 58 - rev old 58(c)): Commit to **[taking all appropriate steps to]** eliminate new HIV infections among children and ensure that their mothers' health and well-being are sustained through **[immediate and life-long treatment, including:]** early infant diagnosis, dual elimination with syphilis, adopting innovative systems that track and provide comprehensive services to mother-infant pairs through the continuum of care, improving linkage to treatment, increasing and improving adherence support, immediate and life-long treatment for pregnant women living with HIV, **[eliminating maternal mortality]** and engaging male partners in prevention and treatment services;

Rev62 (c) alt (Contact group on 58 - old 58(c) alt): **[Commit to, by 2020, eliminating new HIV infections among children, ensuring that 2 million children (or 1,2 million, see above paragraph) access treatment and are virally suppressed, and ensuring that HIV-positive children and their mothers' health and well-being are sustained through immediate and life-long treatment for pregnant and breastfeeding women living with HIV, adopting innovative systems that track and provide comprehensive services to mother-infant pairs through the continuum of care, ensuring early infant diagnostic services are accessible to all children exposed to HIV, expanding case-finding of children in all health care entry points, increasing and improving linkage to treatment and adherence support for mothers and children living with HIV, developing models of care for children differentiated by age groups, achieving dual elimination with syphilis, and otherwise taking steps towards achieving WHO certification of elimination of mother-to-child HIV transmission; engaging male partners in prevention and treatment services and eliminating maternal mortality]**

Rev62 (d) (Contact group on para 58 - rev old 58 (d)): **[Commit to build/Work towards building]** people-centered systems for health by strengthening health **[and social]** systems, **[including by building the capacity of civil society organizations to deliver HIV prevention and treatment services, including to populations that epidemiological evidence shows are at higher risk of infection,]** **[and]** by expanding community-led service delivery to cover at least 30% of all service delivery by 2030, and by investing **[and by investing/through investment]** in human resources for health; **[as well as in the necessary equipment, tools and medicines] [, and promoting that such policies are based on a non-discriminatory, human rights approach];**

Rev62 (e) (Contact group on gender and violence - rev old 58(e)): Work towards achieving universal health coverage **[that comprises universal and equitable access to quality health-care services and social protection, and includes financial risk protection, and access to safe, effective, quality and affordable essential medicines and vaccines for all], [and universal access to sexual and reproductive health and reproductive rights,]** including the development of new service delivery models to improve efficiency, lower costs, and ensure delivery of more integrated services for HIV, TB, viral hepatitis, sexually transmitted infections, non-communicable diseases, including cervical cancer, drug dependence, food and nutrition support, maternal, child and adolescent health, men's health, mental health and sexual and reproductive health, and to address gender-based and sexual violence, in order to equip fragile communities to cope with these issues as well as future disease outbreaks;

Rev62 (e) bis (Contact group on para 58 - rev old 58(e)bis): [**Commit to take immediate action at the national and global levels to integrate food and nutritional support into programmes directed to people affected by HIV in order to ensure access to sufficient, safe and nutritious food to enable people to meet their dietary needs and food preferences, for an active and healthy life as part of a comprehensive response to HIV and AIDS**]; (*Source: para 70, 2011 PD*), *India proposal 58ebis*)

Rev62 (f) (Contact group on para 58 - rev old 58 (f)): Commit to [**work towards**] [**the target of**] [**reduce/reducing**] TB-related deaths among people living with HIV by 75% by 2020, as outlined in the WHO End TB Strategy as well as commit [**to funding and implementing**] to achieve targets set in the Global Plan to Stop TB 2016 - 2020 [**to achieve the 90-90-90 targets to reach 90% of all people who need TB treatment including 90% of populations at high risk, and achieve at least 90% treatment success**], including through expanding efforts to combat tuberculosis, including drug resistant tuberculosis, by improving prevention, screening, diagnosis and affordable treatment and access to antiretroviral therapy, and [**to 100% coverage**] intensified TB case finding among all persons living with HIV [**, with particular attention to underserved and especially [vulnerable/at risk] populations, including children,**] utilizing new tools, including rapid molecular tests through joint programming, patient-centred integration and co-location of HIV and TB services, ensuring that national protocols for HIV/TB coinfection are updated within two years to reflect the latest WHO recommendations;

Rev62 (g) (Contact group on para 58 - rev old 58 (g)): Commit to reduce the high rates of HIV and hepatitis B and C co-infection and ensure that by 2020, efforts are made to reduce by 30% new cases of chronic viral hepatitis B and C infections, and have 5 million people receiving hepatitis B treatment and to have treated 3 million people with chronic hepatitis C infection [**also taking into account the linkages to and lessons learnt from the AIDS response such as the promotion and protection of human rights, reduction of stigma and discrimination, community engagement, stronger integration of HIV and hepatitis B and C service delivery, efforts towards guaranteeing access to affordable medicines and effective prevention interventions (particularly for vulnerable and populations that epidemiological evidence shows are at higher risk of infection)**];

Rev62 (g) bis (Contact group on para 58 - rev old 58 (g) bis): [**Call for the integration, as appropriate, of responses to HIV/AIDS and non-communicable diseases, and in this regard also call for attention to be given to people living with HIV/AIDS who also suffer from chronic NCDs, especially in countries with a high prevalence of HIV/AIDS and of NCDs, in accordance with ‘national priorities’**];

Rev62 (h) (Contact Group on para 58 - rev old 58 (h)): Commit to **measures to ensure** access to safe, affordable, and efficacious medicines, including generic medicines, diagnostics and related health technologies, utilizing all available tools to reduce the price of lifesaving drugs and diagnostics,] as they [**are fundamental to the full enjoyment of the right of everyone to the highest attainable standard of physical and mental health, including sexual and reproductive health**] and in this regard [**Coordinator proposal: take note of the convening by the Secretary General of the High-Level Panel on Access to Medicines**].

Rev62 (i) (Contact Group on TRIPS - rev old 58, based on para 35 from 2011 PD) Recognize the critical importance of affordable medicines, including generics, in scaling up access to affordable HIV treatment, and further recognize that protection and enforcement measures for intellectual property rights should be compliant with the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) and should be interpreted and implemented in a manner supportive of the right of Member States to protect public health and, in particular, to promote access to **safe, effective, quality and affordable** medicines, **vaccines** and **health technologies** for all; and welcomes **the November 2015 decision on the extension of the transition period under Article 66.1 of the TRIPS Agreement for all**

least developed countries for certain obligations with respect to pharmaceutical products, which provides that least developed countries will not have to protect pharmaceutical patents and test data until at least 2033,

Rev62 (j) (Contact Group on TRIPS - rev old 58, based on para 71 from 2011 PD): Commit to **urgently** remove, where feasible, obstacles that limit the capacity of low- and middle-income countries to provide affordable and effective HIV prevention and treatment products, diagnostics, medicines and commodities and other pharmaceutical products, as well as treatment for opportunistic infections, **co-morbidities** and co-infections, and to reduce costs associated with life-long chronic care, including by amending national laws and regulations, as deemed appropriate by respective Governments, so as to optimize:

Rev62 (j) (i) (Contact Group on TRIPS - rev old 58, based on 71 (a), 2011 PD): The use, to the full, of existing flexibilities under the Agreement on Trade-Related Aspects of Intellectual Property Rights specifically geared to promoting access to and trade in medicines, and, while recognizing the importance of the intellectual property rights regime in contributing to a more effective AIDS response, **[and also recognizing concern about its effect on prices]** ensure that intellectual property rights provisions in trade agreements do not undermine these existing flexibilities, as confirmed in the Doha Declaration on the TRIPS Agreement and Public Health, and call for early acceptance of the amendment to article 31 of the TRIPS Agreement adopted by the General Council of the World Trade Organization in its decision of 6 December 2005;

Rev62 (j) (ii) (Contact Group on TRIPS - rev old 58, based on 71 (b), 2011 PD) **[Encourage/ Addressing barriers, regulations, policies and practices that prevent access to affordable HIV treatment by promoting generic competition in order to help to reduce costs associated with life-long chronic care and by encouraging]** all States to apply **[measures]** and procedures for enforcing intellectual property rights in such a manner as to avoid **[creating/the creation of]** barriers to the legitimate trade **[in medicines]**, and to provide for safeguards against the abuse of such measures and procedures;

Rev62 (j) (iii) (Contact Group on TRIPS - rev old 58, based on 71 (c), 2011 PD) **[While recognizing the important role played by the private sector in research and development of innovative medicines, continue to]** encourage the voluntary use, where appropriate, of new mechanisms such as partnerships, **[grants, prizes,]** tiered pricing, open-source sharing of patents, **[the use of voluntary license agreements,]** patent pools benefiting all developing countries **[which can diversify access to technology and foster innovation, as well as accelerate market entry of HIV-related products, and other incentives that de-link the cost of research and development from prices,]** including through entities such as the Medicines Patent Pool, to help to reduce treatment costs and encourage development of new HIV treatment formulations, including HIV medicines and point-of-care diagnostics, in particular for children;

Rev62 (k) (COF - rev old 58 (j)): Commit to establishing effective systems to monitor for, prevent and respond to the emergence of drug resistant strains of HIV in populations and antimicrobial resistance among people living with HIV;

Rev62 (l) (COF - rev old 58 (k)): Commit to pursuing the continuity of HIV prevention, treatment and care and to providing a package of care for people living with HIV, TB and/or malaria in humanitarian emergencies and conflict settings, as displaced people and people affected by humanitarian emergencies face multiple challenges, including heightened exposure to HIV vulnerability, risk of treatment interruption and limited access to quality health care and nutritious food;

Rev63 (Contact Group on 2030 Agenda - rev old 59): Pursuing transformative AIDS responses to contribute to Gender Equality and the Empowerment of Women and Girls

Rev63 (a) (COF - rev old 59 (a)): Recognizing that unequal socioeconomic status of women compromises their ability to prevent HIV or mitigate the impact of AIDS and acknowledging the mutually reinforcing links between the achievement of gender equality and the empowerment of all women and girls and the eradication of poverty, reaffirm that the promotion and protection of, and respect for, the human rights and fundamental freedoms of women, including the right to development, should be mainstreamed into all policies and programmes aimed at the eradication of poverty, and urge all necessary measures are taken to create an enabling environment for the empowerment of women and to strengthen their economic independence, and, in this context, reiterate the importance of the role of men and boys in achieving gender equality;

Rev63 (b) (COF - rev old 59 (a)): Recognize the right of all women to have control over and decide freely and responsibly on matters related to their sexuality, including their sexual and reproductive health, free of coercion, discrimination and violence;

Rev63 (c) (COF - rev old 59 (e)): Commit to achieve gender equality and the empowerment of all women and girls, to respect, promote and protect their human rights, including their rights to development, education and health, including their sexual and reproductive health and reproductive rights, by investing in gender-responsive approaches and ensuring gender mainstreaming at all levels, supporting women's leadership in the AIDS response, engaging men and boys, recognizing that gender equality and construction of new masculinities promote effective responses to HIV;

Rev63 (d) (COF - new): Commit to address the social norms that place a disproportionate burden of unpaid care and domestic work related to taking care of people living with HIV on women and girls, including by addressing the pertinent drivers

Rev63 (e) (COF - rev old 59 (c)): Commit to reduce the number of adolescent girls and young women, aged 15-24 years old, newly infected with HIV globally each year to below 100,000 by 2020;

Rev63 (f) (COF - rev old 59 (b)): Commit to take urgent action, in particular in sub-Saharan Africa, to prevent and address the devastating effects of this epidemic on women and adolescent girls;

Rev63 (g) (Contact Group on Gender and Violence - rev old 59 (d)): Commit to end all forms of violence **[and discrimination] [in particular]** against women and girls, **[that hinder their equal access to HIV-related prevention, treatment, care and support measures]**: including inter alia, **[gender-based,]** sexual, domestic and intimate partner violence, including by eliminating discriminatory laws and harmful social norms that perpetuate the unequal status of women and girls, as well as through the elimination of sexual exploitation of women, girls and boys, trafficking in persons, femicide, abuse, rape, **[including marital rape]**, and other forms of sexual violence, among others, as well as harmful practices such as child, early and forced marriage, **[forced adolescent pregnancy,]** forced sterilization **[, in particular of women living with HIV,] [, forced and coerced abortion]** and female genital mutilation,] including in conflict, post-conflict and other humanitarian emergencies **[as these can have serious and long-lasting impacts on the health and well-being of girls and women throughout the lifecycle, including increased vulnerability to HIV] [and by ensuring still the most affected by the epidemic and that they bear a disproportionate share of the caregiving burden, and that the ability of women and girls to protect themselves from HIV continues to be compromised by physiological factors, gender inequalities, including unequal legal, economic and social status, insufficient access to health care and services, including for sexual and reproductive health, and all forms of discrimination and violence, including sexual violence and exploitation;]**

Rev63 (g) alt1 (Contact Group on Gender and Violence - rev old 59 (d) alt2): **[Recognizing that violence is a key risk factor for HIV among women, adopt, review and ensure the accelerated and effective implementation of laws that criminalize violence against women and girls, as well as comprehensive, multidisciplinary and gender-sensitive preventive, protective and prosecutorial measures and services to eliminate and prevent all forms of violence against all women and girls, in public and private spaces, as well as harmful practices]** (Source: para 23 (r), CSW60 Agreed Conclusions]

Rev63 (g) alt2 (Contact Group on Gender and Violence - rev old 59 (d) alt3): **[Pledge to eliminate gender inequalities and gender-based abuse and violence, increase the capacity of women and adolescent girls to protect themselves from the risk of HIV infection, principally through the provision of health care and services, including, inter alia, sexual and reproductive health, as well as full access to comprehensive information and education, ensure that women can exercise their right to have control over, and decide freely and responsibly on, matters related to their sexuality, including their sexual and reproductive health, free of coercion, discrimination and violence, in order to increase their ability to protect themselves from HIV infection, and take all necessary measures to create an enabling environment for the empowerment of women and to strengthen their economic independence, and, in this context, reiterate the importance of the role of men and boys in achieving gender equality]** (Source: para 53, 2011 Political Declaration)

Rev63 (h) (COF - new, based on 59(f)bis2): Address all health consequences, including the physical, mental and sexual and reproductive health consequences, of violence against women and girls by providing accessible health-care services that are responsive to trauma and include affordable, safe, effective and good quality medicines, first line support, treatment of injuries and psychosocial and mental health support, emergency contraception, safe abortion where such services are permitted by national law, post-exposure prophylaxis for HIV infection, diagnosis and treatment for sexually transmitted infections, training for medical professionals to effectively identify and treat women subjected to violence, as well as forensic examinations by appropriately trained professionals;

Rev63 (i) (COF - new, based on 59g1): Commit to develop and to strengthen, in all countries, national policies and norms and measures directly aimed at awareness, prevention and punishment of all forms of violence and discrimination against women and girls, as well as to develop policies aimed at the prevention of sexual violence and comprehensive care for children and adolescents sexually abused;

Rev63 (j) (COF - rev old 59f): Commit to ensure universal access to quality, affordable and comprehensive sexual and reproductive health and HIV services, information, and commodities, including women-initiated prevention commodities, including female condoms, pre- and post-exposure prophylaxis, emergency contraceptives and other forms of modern contraceptives by choice, regardless of age or marital status, and ensure that services comply with human rights standards and that all forms of violence and coercive practices in health-care settings are eliminated and prohibited;

Rev63 (k) (COF - new, based on 59(g)2) Commit to reducing the risk of HIV infection among adolescent girls and young women by providing them with quality education, including quality comprehensive sexual education, mentoring, social protection, and social services, which evidence shows reduce their risk of HIV infection, by ensuring girls' access and transition to secondary school and addressing barriers to retention, and by providing women aged 19-24 with psychosocial support and vocational training to facilitate their transition from education to decent work;

Rev63 (L) (COF - new, based on 59(f)bis1): Commit to support and encourage UN entities, international financial institutions and other relevant stakeholders to support the development and strengthening of

capacities of national health systems and civil society networks in order to provide sustainable assistance to women living with, affected by or at risk of HIV in conflict and post-conflict situations;

Rev63 (m) (COF - new, based on 59 (h)): Commit to ensuring that gender equality strategies also address the impact of harmful masculinities, including delayed health seeking behaviors, lower coverage of HIV testing and treatment, and higher HIV-related mortality among men, to ensure better health outcomes for men and to reduce HIV transmission to partners;

Rev64 (Contact Group on 2030 Agenda - rev old 60): Ensuring access to high-quality HIV services and commodities and prevention while expanding coverage, diversifying approaches and intensifying efforts to end HIV and AIDS

Rev64 (a) (Contact Group on Services, Commodities and Prevention - rev old 60 (a)): Recognize that the AIDS response can only be Fast-Tracked by protecting and promoting **[the rights of all people to access [to] appropriate, high-quality, evidence-based HIV information, education and services without [stigma and] discrimination [with full respect for rights to privacy, confidentiality and informed consent] [reducing risk-taking behavior and encouraging responsible sexual behavior, including abstinence, fidelity and correct and consistent use of condoms]** and reaffirm that **[comprehensive] prevention [programmes, treatment, care and support]** of HIV must be the cornerstone of national, regional and international responses to the HIV epidemic;

Rev64 (a) BIS (Contact Group on Services, Commodities and Prevention - new): **[Commit to redouble [non discriminatory] HIV-prevention efforts by taking all measures to implement comprehensive, evidence-based prevention approaches, taking into account local circumstances, ethics and cultural values;]**

Rev64 (a) TER (Contact Group on Services, Commodities and Prevention - new): Commit to conducting public awareness campaigns and targeted HIV education to raise public awareness about HIV;

Rev64 (a) QUART (Contact Group on Services, Commodities and Prevention - new): **[Recognize the importance to reducing risk-taking behaviour and commit to promote responsible sexual behaviour, including abstinence, fidelity and consistent and correct use of condoms;]**

Rev64 (a) QUINT (Contact Group on Services, Commodities and Prevention - new): Commit to expanding and promoting voluntary and confidential HIV testing and counselling and provider-initiated HIV testing and counselling;

Rev64 (a) QUINQUIS (Contact Group on Services, Commodities and Prevention - new): Commit to intensifying national testing promotion campaigns for HIV and other sexually transmitted infections;

Rev64 (b) (COF - rev old 60 (b)): Commit to encouraging and supporting the active involvement and empowerment of children, adolescents and young people, including those living with, at risk of and affected by HIV, and particularly young women and adolescent girls, to become key actors in the AIDS response and to protect themselves from HIV, including by scaling up adolescents' and young people's access to HIV-related combination prevention services and comprehensive sexuality education which serves several mutually reinforcing objectives, including to increase knowledge and understanding, to explain and clarify feelings, values and attitudes, to develop or strengthen skills, and to promote and sustain risk-reducing behaviour, as tailored in each national curriculum, and by promoting the full realization of their right to the highest attainable standard of physical and mental health including sexual and reproductive health regardless of sex, age or marital status;

Rev64 (c) (COF - rev old 60 (d)): Commit to saturate areas with high HIV incidence with a combination of tailored prevention interventions, including outreach via traditional and social media and peer-led mechanisms, male and female condom programming, voluntary medical male circumcision, and encourage countries, in line with national priorities, to implement harm reduction programmes including the availability of needle and syringe programmes and opioid substitution therapy, and effective measures aimed at minimizing the adverse public health and social consequences of drug abuse, pre-exposure prophylaxis for people at high risk of acquiring HIV, antiretroviral therapy, and other relevant interventions that prevent the transmission of HIV with particular focus on young people, particularly young women and girls, and encourage the financial and technical support of international partners as appropriate;

Rev64 (d) (COF - rev old 60 (c)): Promote the development of and access to tailored HIV combination prevention services for all women and adolescent girls, migrants, and other key populations;

Rev64 (e) (Contact Group on Services, Commodities and Prevention - rev old 60 (e)): Encourage Member States with high HIV incidence to taking all appropriate steps to ensure that 90% of those at risk [**of HIV infection**] are reached by combination prevention services, that 3 million persons at high risk access pre-exposure prophylaxis and an additional 25 million young men are voluntarily medically circumcised by 2020 in high HIV incidence areas and ensure the availability of 20 billion condoms in [**low- and middle-income/developing**] countries;

Rev64 (f) (Contact Group on Financing - rev old 60 (f), based on 60(f)alt): [Commit [**to taking all appropriate steps**] to ensure that financial resources for prevention are [**adequate and constitute a quarter of AIDS spending globally on average, and are**] targeted to evidence-based prevention measures that reflect the specific nature of each country's epidemic by focusing on geographic locations, social networks and [**populations that are at higher risk of HIV infection**] according to the extent to which they account for new infections in each setting, in order to ensure that resources for HIV prevention are spent as cost-effectively as possible and to ensure that particular attention is paid to [**women and girls, young people, orphans and vulnerable children, migrants and people affected by humanitarian emergencies, prisoners, indigenous people and people with disabilities**], depending on local circumstances];

Rev64 (g) (COF - new): Commit to ensure that the needs and human rights of persons with disabilities are taken into account in the formulation of all responses to HIV and that HIV prevention, treatment, care and support programmes as well as sexual and reproductive health-care services and information are made accessible to persons with disabilities;

Rev64 (h) (Contact Group on Services, Commodities and Prevention - new): [Commit/ Encourage member states,] to strengthen [, **as appropriate,**] national social and child protection systems to ensure that by 2020, 75% of people living with, [**at risk of and/all infected and**] affected by HIV, who are in need, benefit from HIV-sensitive social protection, including cash transfers and equal access to housing, and support programmes for children, in particular for orphans [**and street children**], [**the girl child/girls**], and adolescents [**living with,**] affected by, at risk of and [**vulnerable/in context of vulnerabilities**] to HIV, as well as their families and caregivers, including through the provision of equal opportunities to support the development of children to their full potential especially through equal access to early child development services, [**trauma and**] psychosocial support and education, as they transition through adolescence, the creation of safe and non-discriminatory learning environments, supportive legal systems and protections, including civil registration systems;

Rev64 (i) (COF - new, based on 58(k)bis1): Commit to eliminate barriers, including stigma and discrimination in health care settings, to ensure universal access to comprehensive HIV diagnostic, prevention, care, treatment and support for people living, affected by and at risk of HIV, persons deprived of

their liberty, indigenous people, children, adolescents, young people, women, and other vulnerable populations;

Rev65 (Contact group on 2030 Agenda - rev old 61):

(option 1) Reviewing and removing laws, policies and practices that block access to HIV services and ending HIV-related stigma and discrimination

(option 2) Reviewing within national context, policies and practices, including punitive laws, that block access to HIV/AIDS healthcare services and ending HIV-related stigma and discrimination

(option 3) Reviewing laws, policies and practices that enable/promote access to services and end HIV-related stigma and discrimination;

Rev 65 (a) (Contact Group on Laws - rev old 61 (a): Reaffirm that the full realization of all human rights and fundamental freedoms for all supports the global response to the AIDS epidemic, including in the areas of prevention, treatment, care and support, and recognize that addressing stigma and discrimination against people living with, presumed to be living with or affected by HIV, including **[populations that epidemiological evidence shows are at higher risk of infection, and]** youth and their families, is a critical element in combating the global HIV epidemic **[while also recognizing the importance of reducing risk-taking behaviour and encouraging responsible sexual behaviour including abstinence, fidelity and consistent use of condoms];**

Rev 65 (b) (Contact Group on Laws - rev old 61 (b), merged with (b alt1) and (b alt2)): Commit to strengthen measures at the international, regional, national, and local and community levels to prevent crimes and violence against, and victimization of, people living with HIV **[and key populations]** and foster social development and inclusiveness, integrate such measures into overall law enforcement efforts and comprehensive HIV policies and programmes as key to reaching the global AIDS Fast-Track and the Sustainable Development Goals; overcome barriers such as stigma and discrimination, age of consent laws, laws related to HIV non-disclosure, exposure and transmission, policy provisions and guidelines that restrict access to services among adolescents, travel restrictions and mandatory testing, including of pregnant women, who also have the right to decide if they want or do not want to take the test; and review and reform, as needed, legislation that adversely affect the successful, effective and equitable delivery of HIV prevention, treatment care, and support programmes to people living with HIV;

Rev 65 (c) (Contact Group on Laws - rev old 61 (c alt), merged with 61 (c)): Commit to intensify national efforts to create enabling legal, social and policy frameworks in each national context in order to eliminate stigma, discrimination and violence related to HIV, including by **linking** service providers in health-care, workplace, educational and other settings, and promote access to HIV prevention, treatment, care and support and non-discriminatory access to education, health-care, employment and social services, provide legal protections for people living with, affected by or vulnerable to HIV, including inheritance rights and respect for privacy and confidentiality, and promote and protect all human rights and fundamental freedoms, with particular attention to all people living with, affected by and vulnerable to HIV;

Rev 65 (d) (Contact Group on Laws - rev old 61 (d), merged with 61 (d alt)): Commit to mitigate the impact of the epidemic on workers, their families, their dependants, workplaces and economies, including by taking into account all relevant conventions of the International Labour Organization, as well as the guidance provided by the relevant International Labour Organization recommendations, including the Recommendation on HIV and AIDS and the World of Work, 2010 (No. 200), and call upon employers, trade and labour unions, employees and volunteers to eliminate stigma and discrimination, **[protect/respect]** human rights and facilitate access to **[comprehensive]** HIV prevention, treatment, care and support;

Rev 65 (e) (Contact Group on Laws - rev old 61 (e), merge with 61 (e alt)): Commit to national AIDS strategies that promote and protect human rights **[to empower people living with, at risk of and affected by HIV [, including populations that epidemiological evidence shows are at higher risk of infection] to know their rights and to access justice and legal services to prevent and challenge violations of human rights]**, including by sensitizing law enforcement officials, members of the legislature and judiciary, training health-care workers in non-discrimination, confidentiality and informed consent, supporting national human rights learning campaigns, as well as monitoring the impact of the legal environment on HIV prevention, treatment, care and support;

Rev 65 (f) (Contact Group on Laws - rev old 61 (f alt), merged with 61 (f)): Commit to promoting laws and policies that ensure the full realization of all human rights and fundamental freedoms for **children, adolescents and** young people, particularly those living with HIV and those at higher risk of HIV infection, so as to eliminate the stigma and discrimination they face;

Rev 65 (g) (Contact Group on Laws - rev old 61 (g), merged with (g alt)): Commit to address, **according to national legislation**, the vulnerabilities to HIV **and the specific healthcare needs** experienced by migrant and **[mobile populations]**, as well as refugees and crisis affected populations, **to take steps to reduce stigma**, discrimination or violence, **[to eliminate restriction of entry based on HIV status and return of people on the basis of their HIV status]**, and to support their access to HIV prevention, treatment, care and support;

Rev66 (Contact Group on 2030 Agenda - rev old 62): Engaging and supporting people living with, at risk of and affected by HIV as well as other relevant stakeholders in the AIDS response

Rev 66 (a) (Contact Group on Stakeholders - rev old 62(a)): Call for increased investment in the advocacy for and leadership of role of people living with at risk of and affected by HIV, **[including key populations]** women, children, **[bearing in mind roles and responsibilities of parents]** young people especially young women and girls, local leaders, community-based organizations, indigenous communities and civil society more generally as part of a broader effort to ensure up to 6% of all global AIDS resources are allocated for social enablers, including advocacy, community and political mobilization, public communication, outreach programmes to increase access to rapid tests and diagnosis, as well as human rights programmes such as law and policy reform, and stigma and discrimination reduction;

Rev 66 (a) BIS (Contact Group on Stakeholders - new, based on 62 (a) bis): Commit to encouraging and supporting the active involvement and leadership of young people particularly women, including those living with HIV, in the fight against the epidemic at the local, sub-regional, regional, national and global levels, and agree to support to work with these new leaders to help develop specific measures to engage young people about HIV, including in communities, families, schools, tertiary institutions, recreation centres and workplaces;

Rev66 (b) (COF - rev old 62 (b)): Support and encourage enhanced strategic engagement with the private sector to support countries with investments as well as, inter alia, service delivery, strengthening supply chains, workplace initiatives and social marketing of health commodities and in support of behavioral change, to Fast-Track the response;

Rev66 (c) (COF - rev old 62 (c)): Strongly urge increased investments in comprehensive research and development to enable access to improved and affordable point-of-care diagnostics, prevention commodities, including preventive and therapeutic vaccines, and female-initiated prevention commodities, more tolerable, efficacious and affordable health technologies and products, including simpler and more effective drug formulations for children, adolescents and adults, second- and third-line therapy, new drugs and diagnostics

for tuberculosis, viral load monitoring tools, microbicides and a functional cure, while seeking to ensure that sustainable systems for vaccine procurement and equitable distribution are also developed, and in this context, encourage other forms of incentives for research and development such as the exploration of new incentive systems including those in which research and development costs are delinked from product prices;

Rev 66 (d) (Contact Group on Stakeholders - rev old 62 (d)): Recommit to realize the full impact of innovation in research, science, and technology [by/while] ensuring that trade and other commercial policies support public health goals, under a human rights [**and development**] framework;

Rev 66 (d) ALT (Contact Group on Stakeholders - rev old 62 (d)alt): **Commit to realize the full impact of innovation in research, science, and technology in support of public health goals, and encourage supportive trade and other commercial policies;**

Rev 66 (d) BIS (Contact Group on Tech Transfer - rev old 62(d)bis): Recognize that the changing context, epidemic and response demand expanded quality technical support to strengthen capacity and institutions aligned with principles of country ownership, aid effectiveness and value for money and that long-term sustainability of access to HIV-related products, including through local production of pharmaceutical products, requires promoting voluntary technology transfer on mutually agreed terms, including sharing of know-how and expertise to strengthen local manufacturing capacity;

Rev 66 (e) (Contact Group on Tech Transfer - rev old 62(e)): [Commit to support technology transfer agreements which increase the availability and affordability of medicines and related health technologies];

Rev 66 (e) ALT (Contact Group on Tech Transfer - new, based on 62 (e) alt): [Utilise the multi-stakeholder forum on science, technology and innovation for the sustainable development goals, created as a component of the Technology Facilitation Mechanism, to identify and examine technology needs and gaps, including on scientific cooperation, innovation and capacity-building, in order to help facilitate development, transfer and dissemination of relevant technologies which can contribute to increasing the availability and affordability of medicines and related health technologies;]

Rev 66 (e) BIS (Contact Group on Stakeholders - new, based on 62(e)bis): Support and encourage, through domestic and international funding and the provision of technical assistance, the substantial development of human capital, development of national and international research infrastructures, laboratory capacity and improved surveillance systems, and data collection, processing and dissemination, and training of basic and clinical researchers, social scientists and technicians, with a focus on those countries most affected by HIV and/or experiencing or at risk of a rapid expansion of the epidemic;

Leveraging regional leadership and institutions is essential to more effective AIDS responses

Rev67 (COF - rev old 63): Commit to working with regional and subregional organizations, people living with, at risk of and affected by HIV, relevant UN organizations, the private sector and other stakeholders and encourage regions to set the following targets, to be achieved by 2020;

Rev67 (a) (COF - rev old 63 (a)): Reduce the number of new infections among young people and adults (aged 15 and older) in Asia and the Pacific to 88,000, in Eastern Europe and Central Asia to 44,000, in Eastern and Southern Africa to 210,000, in Latin America and the Caribbean to 40,000, in the Middle East and North Africa to 6,200, in Western and Central Africa to 67,000, Western and Central Europe and North America to 53,000;

Rev67 (b) (COF - rev old 63 (b)): Reduce the number of new infections in children and young adolescents (aged 15 and older) in Asia and the Pacific to 1,900, in Eastern Europe and Central Asia to fewer than 100, in Eastern and Southern Africa to 9,400, in Latin America and the Caribbean to fewer than fewer than 500, in the Middle East and North Africa to fewer than 200, in Western and Central Africa to 6,000, Western and Central Europe and North America to fewer than 200 among children;

Rev67 (c) (COF - rev old 63 (c)): Increase the number of young people and adults (aged 15 and older) on treatment in Asia and the Pacific to 4.1 million, in Eastern Europe and Central Asia to 1.4 million, in Eastern and Southern Africa to 14.1 million, in Latin America and the Caribbean to 1.6 million, in the Middle East and North Africa to 210,000, in Western and Central Africa to 4.5 million, Western and Central Europe and North America to 2 million, ensuring equal access to treatment for women and men;

Rev67 (d) (COF - rev old 63 (d)): Increase the number of children and young adolescents (under 15) on treatment in Asia and the Pacific to 95,000, in Eastern and Southern Africa to 690,000, in the Middle East and North Africa to 8,000, in Western and Central Africa to 340,000, ensuring equal access to treatment for girls and boys;

Rev67 (e) (COF - new): - Ensure 7,600 children (under 15) are on treatment in Eastern Europe and Central Asia, 17,000 children are on treatment in Latin America and the Caribbean, and 1,300 children are on treatment in Western and Central Europe and North America, which would represent an increase in treatment coverage of children living with HIV across these regions as current children living with HIV on treatment grow older and new infections decrease;

Rev68 (COF - rev old 64): Encourage and support the exchange among countries and regions of information, research, evidence, best practices and experiences for implementing the measures and commitments related to the global HIV and AIDS response, in particular those contained in the present Declaration, as well as subregional, regional and interregional cooperation and coordination, and leverage the unique leadership of these political and economic institutions;

Rev69 (COF - rev old 65): Continue to encourage the Economic and Social Council to request the regional commissions, within their respective mandates and resources, to support periodic, inclusive reviews of national efforts and progress made in their respective regions to combat HIV and underline in this regard the valuable model provided by African Peer Review Mechanism of the African Union, and consider, as appropriate, regular regional peer-based reviews of AIDS responses that facilitate engagement of health and non-health ministries, city and local leaders and ensure the meaningful participation of civil society, especially of people living with HIV, women's and youth groups, among others

Rev70 (COF - new, based on 65bis): Taking into account the many challenges faced on the African Continent, urge continued support for the processes for the establishment of the Africa Center for Disease Control and Prevention, to support African countries in efforts to effectively prevent and respond to emergencies, and build the needed capacity to protect communities across the continent;

Rev71 (Contact group on South South Cooperation/on Financing - rev old 66): Commit to strengthen regional, subregional, national and local capacity to develop, manufacture and deliver quality-assured affordable medicines, such as generics, diagnostics, reliable incidence measuring [*could come back with another expression* - tools], biomedical prevention commodities, other commodities, including through an enabling legal, policy and regulatory environments, and encourage the development of regional markets,

including through enhanced North–South, South–South and triangular cooperation and emphasize the need to increase the [self-reliance/reliability] of drug supplies in all regions, including through [increasing production capacities of developing countries/local manufacturing,] pooled procurement, accurate forecasting and timely prequalification to improve comprehensive and integrated HIV prevention, treatment, care and support programmes, as well as programmes for tuberculosis, sexual and reproductive health, maternal and child health care and malaria;

Enhancing governance, monitoring and accountability will deliver results for and with people

Rev72 (COF - rev old 67): Commit to effective evidence-based operational mutual accountability mechanisms, that are transparent and inclusive, with the active involvement of people living with, affected by and at risk of HIV, and other relevant civil society and private sector stakeholders, as appropriate within national context, to support the implementation and monitoring of progress on multisectoral national Fast-Track plans to fulfill the commitments in the present Declaration;

Rev73 (COF - rev old 68): Accelerate efforts to increase significantly the availability of high-quality, timely and reliable data, including on incidence and prevalence, disaggregated by income, sex, mode of transmission, age (including for ages 10 to 14 and over the age of 49), race, ethnicity, migratory status, disability, marital status, geographic location and other characteristics relevant in national contexts as well as the strengthening of national capacity for use and analysis of such data and for evaluation of efforts to improve population size estimates, resource allocation by population and location and service access and to fill critical data gaps, and inform effective policy development, with due consideration to the confidentiality principle and professional ethics and to enhance capacity-building support to developing countries, including to least developed countries, landlocked developing countries and small island developing states, for this purpose and provide international cooperation, including through technical and financial support, to further strengthen the capacity of national statistical authorities and bureaux.

Rev74 (COF - rev old 69): Request the Joint Programme of the United Nations on HIV and AIDS to continue to support Member States to address the social, economic and political drivers, including through the promotion of gender equality and human rights, of the AIDS epidemic, to achieve multiple development outcomes, including actions to eliminate poverty and inequalities, provide access to social protection and child protection, improve food security, stable housing and access to quality education and economic opportunity, achieve gender equality and the empowerment of all women and girls, and promote healthy cities and just and inclusive societies, and to further contribute to intersectoral efforts essential to reach the global health goal and ensure progress across the 2030 Agenda in all settings, including humanitarian, in order to fulfill the overarching goal to leave no one behind, with the full involvement of Member States and relevant stakeholders;

Rev75 (COF - rev old 70): Call on the international community to utilize the AIDS machinery to tackle broader global health challenges and to ensure no one is left behind by sustainable development efforts;

Rev76 (COF - rev old 71): Ensure the United Nations is fit to deliver results on the 2030 Agenda by reinforcing and expanding the unique multi-sector, multi-stakeholder development and rights-based approach of the UNAIDS Joint Programme and, in this regard, reaffirm, as per ECOSOC resolution E/RES/2015/2, that it offers the United Nations system a useful example, to be considered, as appropriate, of enhanced strategic coherence, coordination, results-based focus, inclusive governance and country-level impact, based on national contexts and priorities;

Follow-up: accelerating progress

Rev77 (COF - rev old 72): Request the Secretary-General, with support from the Joint United Nations Programme on HIV/AIDS, to provide to the General Assembly, within its annual reviews, an annual report on progress achieved in realizing the commitments made in the present Declaration and request continued support from UNAIDS to assist countries to report annually on the AIDS response;

Rev78 (COF - rev old 73): Request the Secretary-General, with the support of the Joint Programme, to contribute to the reviews of progress on the 2030 Agenda for Sustainable Development taking place at the High Level Political Forum so as to ensure that follow-up and review processes assess progress on the AIDS response;

Rev79 (COF - new, based on 68bis and 73bis1): Request the Secretary-General to strengthen cooperation among relevant UN system agencies, under the leadership of the Joint United Nations Programme on HIV/AIDS, in order to strengthen a Fast-Track AIDS response, and request the Joint Programme, to support Member States, including through the strengthening of accountability mechanisms and facilitating the participation of all stakeholders, to deliver on the outcomes of this declaration, in line with their respective mandates, abilities and resources;

Rev80 (Contact group on South South Cooperation/on Financing - rev old 73bis2): **[Encourage and support the exchange among countries and regions of information, research, evidence and experiences for implementing the measures and commitments related to the global HIV and AIDS response, in particular those contained in the present Declaration, facilitate intensified North-South, South-South and triangular cooperation, as well as subregional, regional and interregional cooperation and coordination, and in this regard continue to encourage the Economic and Social Council to request the regional commissions, within their respective mandates and resources, to support periodic, inclusive reviews of national efforts and progress made in their respective regions to combat HIV;]** *(not yet discussed in group, neither placement)*

Rev81 (COF - rev old 74): Decide to convene a High-Level Meeting on AIDS to review progress on Commitments made in the present Declaration towards ending the epidemic by 2030, and how the response, in its social and economic dimensions, continues to contribute optimally to progress on the 2030 Agenda for Sustainable Development and the global health goal, and decide to reach an agreement on the date for convening the High-Level Meeting on AIDS no later than the 75th session of the General Assembly.