

**[Name] declaration on HIV/AIDS**

**“Zero New Infections – Zero Discrimination – Zero AIDS Related Deaths”**

1. *We*, Heads of State and Government and representatives of States and Governments assembled at the United Nations from 8 to 10 June 2011 to comprehensively review progress achieved in realizing the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS, and to chart the future of the global HIV response through determined leadership and by adopting decisive measures to intensify national, regional and international efforts to reverse the HIV epidemic;
2. *Acknowledge* the significance of this meeting which marks three decades of the HIV epidemic; ten years since the adoption of the Declaration of Commitment on HIV/AIDS and its time-bound measurable goals and targets; and five years since the adoption of the Political Declaration on HIV/AIDS and its goal of universal access to comprehensive HIV prevention programmes, treatment, care and support by 2010;
3. *Welcome* the exceptional efforts by many countries to implement the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS, which has helped generate significant progress in combating HIV; and acknowledge the extraordinary leadership and commitment shown by people living with HIV in every aspect of the global HIV response; and by political leaders, affected communities, scientists and health professionals, donors, the philanthropic community, the business sector, community leaders and civil society;
4. *Welcome* that concerted national and international efforts have resulted in a substantial reduction in the rate of new HIV infections in a growing number of countries, with at least 33 countries reducing new HIV infections by more than 25 per cent in the past 10 years and that 22 of these countries are in sub-Saharan Africa; that scale up of services to prevent mother-to-child transmission of HIV has significantly reduced new infections among newborns; and that there have been unprecedented gains in expanding access to HIV treatment to over 6 million people, which has reduced AIDS-related deaths by more than 20 per cent in the past five years;
5. *Welcome* the outcome of the 2010 United Nations Summit on the Millennium Development Goals entitled “Keeping the promise: united to achieve the Millennium Development Goals”; and recognize the importance of rapidly scaling up efforts to integrate HIV with efforts to achieve the Millennium Development Goals and other development related initiatives;
6. *Commend* the Secretariat and the Co-sponsors of the Joint United Nations Programme on HIV/AIDS for their leadership role on HIV policy and coordination, and for the support they provide to countries through the Joint Programme;

7. *Commend* the Global Fund to Fight AIDS, Tuberculosis and Malaria for the vital role it is playing in providing funding to national HIV programmes; note with concern that pledges made at the 2010 Global Fund replenishment meeting fell well short of what was needed to maintain progress on HIV prevention and treatment access; and recognize that to reach the goal of universal access to prevention, treatment, care and support it is imperative that the Global Fund be fully funded;
8. *Note* with deep concern that despite substantial progress over three decades since AIDS was first reported, the HIV epidemic remains an unprecedented human catastrophe inflicting immense suffering on countries and communities throughout the world; that more than 30 million people have died from AIDS, with another 33 million people living with HIV; that more than 16 million children have been orphaned because of AIDS; that over 7000 new HIV infections occur every day, mostly among people in low and middle-income countries; and that less than half of people living with HIV are believed to be aware of their infection;
9. *Recognize* that HIV affects every part of the world and that Africa, in particular sub-Saharan Africa, remains the worst-affected region; that HIV continues to constitute a global emergency challenging human rights and dignity, threatening development, social cohesion, political stability, food security and life expectancy; and note that the impact of HIV is imposing a devastating social and economic burden on many countries and will therefore require an exceptional global response for the foreseeable future;
10. *Remain* deeply concerned by the overall expansion and feminization of the epidemic and the fact that women and girls now represent 50 per cent of people living with HIV worldwide and nearly 60 per cent of people living with HIV in Africa; that the ability of young women to protect themselves from HIV continues to be compromised by gender inequalities such as unequal legal, economic and social status, including poverty as well as other cultural and physiological factors, all forms of violence against women and girls and adolescents, and by early marriage, child and forced marriage, premature and early sexual relations, commercial sexual exploitation and female genital mutilation;
11. *Welcome* the establishment of UN WOMEN as an important new stakeholder in global efforts to reduce the vulnerability of women and girls to HIV/AIDS and stress that gender equality and the political, social and economic empowerment of women and girls are fundamental elements in reducing their vulnerability to HIV and to reversing the epidemic;
12. *Note with appreciation* the sustained efforts of parliaments and the Inter-Parliamentary Union to ensure that legal environments are increasingly supportive of effective national responses to HIV/AIDS;

13. *Express grave concern* that young people of ages 15 to 24 account for 35 per cent of all new infections, with some 3000 young people becoming infected with HIV each day; yet most young people still have little or no access to sexual and reproductive health programmes that provide the information, skills, services, commodities and social support they need to protect themselves from HIV infection with only 34 per cent of young people possessing accurate knowledge of HIV; and that many laws and policies exclude young people from accessing sexual health and HIV-related services such as HIV testing, counselling, provision of condoms and appropriate sexuality and HIV prevention education; while also recognizing the importance of encouraging responsible sexual behaviour, including abstinence and fidelity;
14. *Recall* our commitment that prevention must be the cornerstone of the global HIV response, but note that national HIV policy frameworks and spending priorities do not adequately reflect this commitment; that HIV prevention spending is estimated to be less than one third of the amount needed to mount a vigorous, effective prevention response; that national prevention strategies and programmes are not sufficiently evidence-informed or coordinated; and that only 33 per cent of countries have prevalence targets for young people and only 34 per cent have specific goals in place for condom programming;
15. *Note with concern* that while our understanding of the dynamics of HIV transmission has evolved markedly in recent years, national prevention strategies and programmes are often too generic in nature and do not adequately respond to infection patterns and the disease burden within certain populations; for example, in a number of sub-Saharan African countries where heterosexual sex is the dominant mode of transmission, married or cohabitating individuals, including those in serodiscordant relationships, account for the majority of new infections but they are not sufficiently targeted with testing and prevention interventions;
16. *Note with concern* that many national prevention strategies ignore or inadequately focus on three populations that are at higher risk of HIV infection, specifically men who have sex with men, people who inject drugs and sex workers and their clients and, accordingly, that many people from these populations find it difficult or impossible to access HIV services;
17. *Noting with concern* that despite the near elimination of vertical transmission in high-income countries and the availability of low-cost interventions, 370 000 infants were infected with HIV in 2009, and access to paediatric treatment remains unacceptably low;
18. *Reaffirm* that access to affordable medicines in the context of epidemics such as HIV is fundamental to the full realization of the right of everyone to enjoy the highest attainable standard of physical and mental health;
19. *Express grave concern* that four out of five low- and middle-income countries did not meet their universal access to HIV treatment targets; that despite the major achievement of providing access to antiretroviral treatment to over 6 million people

living with HIV in low- and middle-income countries, there are another 10 million people living with HIV who are eligible to start antiretroviral treatment now; and that the sustainability of providing life-long HIV treatment is threatened by new HIV infections outpacing the number of people starting HIV treatment by a factor of two to one;

20. *Recognize* the pivotal role of research in underpinning progress in HIV prevention, treatment, care and support and welcome the extraordinary advances in scientific knowledge about HIV and its prevention and treatment; but note with concern that most new treatments are not available in low- and middle-income countries and even in developed countries there are often significant delays in accessing new HIV treatments for people not responding to currently available treatments; and affirm the importance of social and operational research in improving our understanding of factors which influence the epidemic and actions which address it;
21. *Mindful of* the critical importance of generic medicines in scaling up HIV treatment access; note with concern that the greater enforcement of medicine patents in middle- and low-income countries significantly limits generic competition for newer generations of HIV treatments; and further note that trade barriers, regulations, policies and practices as well as bilateral and regional trade agreements that impose intellectual property protections stricter than necessary under the Trade-Related Aspects of Intellectual Property Rights (TRIPS) Agreement seriously limit access to affordable HIV treatment and other pharmaceutical products in middle- and low-income countries;
22. *Recognize* that as well as finding solutions to barriers in pricing, tariffs and trade agreements, that improvements can be made through national legislation, regulatory policy, procurement and supply chain management in order to expand access to affordable and quality HIV prevention products, diagnostics, medicines and treatment commodities;
23. *Recognize* that we now have the means to reverse the global epidemic and avert millions of needless HIV infections and deaths, and in this context we welcome the considerable body of new scientific evidence available to support scaling up of prevention, treatment, care and support;
24. *Recognize* that the full realization of human rights and fundamental freedoms for all is an essential element of the global HIV response, but note with concern that stigma and discrimination remain among the most significant barriers to an effective response; that many countries have laws and policies that impede access to HIV prevention and treatment by populations at higher risk and that such laws and policies increase stigmatization and do not advance public health goals;
25. *Recognize* the importance of strengthening health systems, noting the challenges that HIV poses to fragile health systems and that weak, fragmented and inefficient health systems are among the biggest barriers to access to services, which is especially evident in sub-Saharan Africa; and welcome the fact that studies indicate that HIV

funding and programmes can confer broad benefits on health systems through the provision of additional infrastructure, strengthening commodity procurement and supply management, and building national capacity for monitoring and evaluation;

26. *Welcome* the very substantial increase in global spending on HIV from \$US260 million in 1996 to \$US16 billion in 2009; but express concern that funding devoted to HIV is still not commensurate with the magnitude of the epidemic either nationally or internationally, and that the global financial and economic crises continue to have a negative impact on the HIV response at all levels; and stressing the importance of innovative sources of financing to support national strategies, financing plans and multilateral efforts aimed at combating HIV;
27. *Acknowledge* that HIV programmes must become more cost-effective and deliver better value-for-money; and that poorly coordinated and transaction-heavy responses from national stakeholders, the United Nations system and the donor community impede progress;
28. *Welcome* the significant progress made by many countries in responding to HIV, but note with concern that many countries have been unable to fulfil their pledges to meet key targets and timelines set in the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS including, in particular, the achievement of universal access to prevention, treatment care and support; and further note that many countries do not have complete, up-to-date or fully- implemented national HIV strategies and financing plans;
29. *Noting* with concern that evidence-informed responses, which require incidence and population-specific data, including data on populations at higher risk of HIV infection, continue to be undermined by weak data management systems and monitoring and evaluation capacity at the national and regional levels;
30. *Recognize* that the deadlines for achieving key targets and goals set out in the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS have now expired and so there is an urgent need to commit to new actions, goals and targets which build on the impressive advances of the past ten years and which address barriers to progress and new challenges through a revitalized and enduring global HIV response;
31. *Therefore, we solemnly declare* our commitment to end the HIV epidemic with renewed political will and strong, accountable leadership and to work in meaningful partnership with all stakeholders at all levels to implement bold and decisive actions as follows, taking into account the diverse situations and circumstances in different countries and regions throughout the world;

#### **Leadership – Uniting to end the HIV epidemic**

32. *Pledge* to seize this turning point in the HIV epidemic and through decisive, inclusive and accountable leadership to revitalize the global HIV response by fully

implementing the commitments, goals and targets contained in this Declaration and by agreeing to realize a new vision to end the HIV epidemic of zero new infections, zero discrimination, and zero AIDS-related deaths;

33. *Pledge* to redouble efforts to achieve, by 2015, universal access to HIV prevention, treatment, care and support as a critical step towards ending the global HIV epidemic;
34. *Pledge* to intensify leadership and commitment to meet HIV funding needs through greater domestic and international spending;
35. *Commit by XXXX* to update and implement, through inclusive, country-led and transparent processes, multi-sectoral national strategies and plans, including financing plans, for achieving universal access to HIV prevention, treatment, care and support by 2015; include time bound goals to be reached in a targeted, equitable and sustained manner; address unacceptably low prevention and treatment coverage for women, children, injecting drug users, men who have sex with men, sex workers and their clients and other key populations; and align these strategies and plans with broader health and development agendas and efforts to achieve the Millennium Developments Goals;
36. *Commit* to increase national ownership of HIV responses while calling on the United Nations system, donor countries, the Global Fund to Fight HIV/AIDS, TB and Malaria, the business sector and other international and regional organizations, to work with Member States to help ensure that by XXXX no credible, costed, evidence-informed, inclusive and sustainable national HIV strategic plan remains unfunded;
37. *Commit* to encouraging and supporting the active involvement and leadership of young people, including those living with HIV, in the fight against the epidemic at local, national and global levels; and agree to work with these new leaders to develop specific measures to engage young people about HIV, including in communities, families, schools, tertiary institutions and workplaces;
38. *Pledge* to meaningfully engage people living with HIV as well as people from populations at high risk of infection in decision making, planning, implementing and monitoring the response and to partner with local leaders and civil society, including community-based organizations, to develop and scale up community-led HIV services and to address stigma and discrimination;

#### **Prevention – transform efforts to end new HIV infections**

39. *Reaffirm* that prevention of HIV must be the cornerstone of national, regional and international responses to the HIV epidemic;
40. *Pledge* to transform and substantially scale up HIV prevention programmes to ensure that all people are empowered with information and resources to protect themselves and others from HIV infection; ensuring that an enabling social, political and legal

environment is in place to support evidence-informed prevention; exploit the potential of new modes of connection and communication; and by harnessing the energy of young people to lead global HIV awareness;

41. *Commit* to implement evidence-informed, targeted and cost-effective national prevention programmes that reflect the specific nature of each epidemic and focus on the geographical locations, social networks and populations that are at higher risk of HIV infection, specifically men who have sex with men, people who inject drugs and sex workers and their clients and also, depending on local circumstances, women and girls, young people, orphans, migrants and people affected by humanitarian emergencies, transgender people, prisoners, indigenous people and people with disabilities;
42. *Commit* to utilizing proven prevention approaches, including access to essential commodities, including male and female condom provision, condoms and sterile injecting equipment, targeted HIV education to raise public awareness about HIV, comprehensive harm reduction and drug dependency programs, male circumcision in certain contexts, earlier access to HIV treatment to reduce transmission as well as other prevention services for people living with HIV and the deployment of new biomedical interventions as soon as they are validated, including microbicides and HIV treatment prophylaxis;
43. *Commit* to putting in place by XXXX measures to fully meet resource needs for prevention, and ensure that financial resources for prevention are strictly targeted to populations according to the extent to which they account for new infections in each setting, in order to ensure that resources for prevention are spent as cost-effectively as possible;
44. *Commit* to significantly expand HIV testing and counselling; to intensify national testing promotion campaigns for HIV and other sexually transmitted infections; and to greatly increase mobile HIV testing availability in appropriate settings;
45. *Commit by XXXX* to reduce sexual transmission of HIV by 50 per cent;
46. *Commit by XXXX* to reduce by [XX] transmission of HIV among injecting drug users;
47. *Commit by XXXX* to eliminate mother-to-child transmission of HIV and in doing so, keep mothers healthy, prevent children from becoming orphans and advance healthcare for women, children and families;

#### **Treatment, Care and Support – Eliminating AIDS-related illness and death**

48. *Pledge* to take immediate action to ensure that by XXXX, [XX] million people living with HIV are provided with access to HIV antiretroviral treatment;
49. *Commit* to reduce unit costs and improve HIV treatment delivery through the

framework of the Joint United Nations Programme on HIV/AIDS Treatment 2.0 Strategy, which calls for use of less toxic and simplified treatment regimens that avert drug resistance; simple, affordable point-of-care diagnostics; cost reductions for all major elements of treatment delivery; mobilization and capacity building of communities to support treatment scale-up and patient retention; and gaining a significant prevention dividend from treatment as a secondary benefit;

50. *Pledge* to develop and implement strategies to improve infant HIV diagnosis and significantly increase treatment access for children living with HIV;
51. *Commit by XXXX* to review models of service delivery to take account of new evidence about the effects of long-term living with HIV through treatment advances, including increased risks of cancer, disorders associated with aging such as diabetes, cardiovascular disease and cognitive impacts; ensure that treatment services also encompass interventions for co-occurring conditions like hepatitis and tuberculosis; and ensure access to holistic comprehensive care and support services including physical, psychosocial, socio-economic, legal and nutritional and palliative care services for people living with and affected by HIV;
52. *Commit* to address obstacles which limit the capacity of middle- and low-income countries to provide affordable HIV treatment and related technologies to people living with HIV, including by amending national laws to optimize full use of the Trade-Related Aspects of Intellectual Property Rights (TRIPS) agreement flexibilities; by addressing trade barriers, regulations, policies and practices, as well as trade agreements that impose intellectual property protections stricter than necessary under the TRIPS agreement; and by encouraging the use of new mechanisms like the Medicines Patent Pool to help reduce treatment costs and encourage development of new HIV treatment formulations, including HIV medicines for children;
53. *Commit* to address factors that limit treatment uptake and contribute to treatment stock-outs, patient drop-out, including inadequate transportation to clinical sites; sub-optimal management of treatment-related side effects; poor adherence to treatment; out-of-pocket expenses for non-drug components of treatment; loss of income associated with clinic attendance; and inadequate human resources for healthcare;
54. *Expand* efforts to combat tuberculosis, which is a leading cause of death among people with HIV, by increasing TB screening and availability of treatment through more integrated delivery of HIV and TB services; and commit by XXXX to reduce TB deaths in people with HIV by 50 per cent;

**Advancing human rights and reducing vulnerability – drives an effective global response to HIV**

55. *Pledge* to accelerate efforts to create an enabling legal, social and policy framework to maximize the impact of HIV programmes and to eliminate all forms of HIV-related stigma, social exclusion and discrimination; take account of local

circumstances and culture, and transform harmful social and legal environments including by strengthening, enacting and enforcing, as appropriate, legislation, policies and other measures to ensure the full enjoyment of human rights and fundamental freedoms by people living with HIV and people from vulnerable populations; in particular to ensure their full access to, inter alia, education, inheritance, employment, health care, social services, prevention, treatment, support, information and legal protections; and to ensure that privacy and confidentiality are respected;

56. *Commit by XXXX* to identify and review laws and policies which adversely impact on the successful delivery of HIV prevention, treatment, care and support programmes to those living with HIV and to those at higher risk of HIV infection;
57. *Commit by XXXX* to reduce by [XX] per cent the number of countries which have HIV-related restrictions on entry, stay and residence of people living with HIV, recognizing that such provisions are discriminatory, have no public health benefit and are contrary to human rights principles of freedom of movement, mobility rights and the right to travel;
58. *Commit* to ensuring that national responses to HIV meet the specific needs of women and girls across their lifespan, including those living with HIV, by promoting their health including sexual and reproductive health, human rights, security and dignity; taking specific actions at all levels to empower them by reversing harmful gender norms; ensuring that legal and policy frameworks provide them with equal rights and equal access to justice and security; strengthen and scale up programmes to eliminate gender-based violence as a cause and consequence of HIV and including programmes that engage men and boys; actively confront and eradicate gender inequality-driven gaps in access to HIV-related information, services and commodities;
59. *Commit by XXXX* to the expansion of social protection, care and support programmes for the most vulnerable families and caregivers; the provision of equal education access between orphans and non-orphans to ensure that the most vulnerable children affected by HIV are supported to stay in school including through the creation of safe and non-stigmatizing learning environments;
60. *Call* on the world of work, including employers, trade unions and employees, to eliminate stigma and discrimination, protect human rights, to play a significant role in preventing HIV transmission, and mitigate the impact of the pandemic on the workplace, local communities and national economies as outlined in the ILO recommendation concerning HIV and AIDS and the World of Work (No. 200);

## **Health Systems Strengthening and Integrating HIV responses with health and development**

61. Commit to substantially scaling up efforts to strengthen health systems, particularly in developing countries, through measures such as the allocation of adequate national and international resources to improve health systems; the appropriate decentralization of HIV services; improving planning for institutional, infrastructure and human resource needs; improving supply chain management within health systems; and significantly increasing human resource capacity for the global response including by scaling up the training and retention of health care personnel, particularly remunerated community health workers, and implementing the WHO “Global Code of Practice on the International Recruitment of Health Personnel”;
62. *Support and encourage*, through domestic and international funding and the provision of technical assistance, the development of national and international research infrastructures, laboratory capacity, improved surveillance systems, data collection, processing and dissemination, and the training of basic and clinical researchers, social scientists and technicians, with a focus on those countries most affected by HIV, particularly developing countries and those countries experiencing or at risk of a rapid expansion of the epidemic;
63. *Commit* to working with partners to strengthen the advocacy, policy and programmatic links between HIV and sexual and reproductive health, maternal and child health, hepatitis B and C, and non-communicable diseases; leverage health services to prevent vertical transmission of HIV; use HIV services as an entry point to deliver a range of other services to women, children and families; including by consolidating parallel systems for HIV-related services; and strengthen linkages with national and global efforts concerned with poverty reduction and enhancing nutrition, education and development to support the achievement of the MDGs;
64. *Commit* to supporting the “Global Strategy for Women’s and Children’s Health” and the “Joint United Nations Programme on HIV/AIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV” to help achieve delivery of comprehensive, integrated HIV, TB, sexual and reproductive health and antenatal care which address the broader health needs of women and children, including orphans;

## **Research and development – the key to preventing, treating and curing HIV**

65. *Commit* to continued investment in and accelerated research on the development of HIV treatments, microbicides, prevention technologies as well as biomedical, operations, social, cultural and behavioural research; and continue to build national research capacity, especially in developing countries;
66. *Commit* to accelerate research and development for a safe and effective vaccine and to discover a cure for HIV, while ensuring that systems for vaccine procurement and equitable distribution are also in place;

**Resources – Meeting the HIV challenge requires new, additional and sustained resources**

67. *Commit* to reducing the global HIV resource gap through greater domestic and international funding to enable countries to access predictable and sustainable financial resources; and to ensuring that funding is aligned with national HIV plans and strategies that are evidence-informed and implemented with transparency, accountability and effectiveness;
68. *Commit by XXXX* through a series of incremental steps to reach an overall target of annual global expenditure on HIV, based on current funding estimates, of between \$\$ and \$\$ billion in low- and middle-income countries; and commit to increasing national ownership of HIV responses through increasing allocations from national budgets and other national sources, as well as the provision of new and additional financial resources from donor countries;
69. *Strongly urge* those developed countries who have pledged to achieve the target of 0.7 per cent of gross national product for official development assistance by 2015, to meet that commitment and urge those developed countries that have not yet done so to make concrete efforts in this regard in accordance with their commitments.
70. *Commit* to supporting and strengthening existing financial mechanisms as well as relevant United Nations organizations, through the provision of funds in a sustained and predictable manner, while fully examining other measures aimed at generating additional funds;
71. *Commit* to scaling up new innovative financing mechanisms to help address the shortfall of resources available for the global HIV response and to improve the predictability of financing over the long term; and commit to accelerating efforts to identify innovative financing mechanisms that will generate additional financial resources for HIV to complement national budgetary allocations and official development assistance;
72. *Appreciate* that the Global Fund to Fight AIDS, Tuberculosis and Malaria is a pivotal mechanism for achieving universal access to prevention, treatment, care and support by 2015; and call on Member States, the business community, including pharmaceutical companies, the private sector, foundations, philanthropists and wealthy individuals to ensure that the Global Fund is fully funded commensurate with levels to be identified at the 2012 mid-term review of the Global Fund replenishment process and beyond;

**Coordination, Monitoring and Accountability – Maximising the Response**

73. *Commit* to forging robust mutual accountability mechanisms between all stakeholders to ensure that the commitments made in this Declaration are translated into action; and mounting periodic and inclusive reviews, with the involvement of civil society

and people living with HIV, of progress towards meeting commitments and national targets;

74. *Commit* to have sound operational, monitoring, evaluation accountability mechanisms in place to support multi-sectoral national strategic plans for HIV so that progress is monitored and timely changes can be made to priorities, programmes and funding in response to shifts in the epidemic and the emergence of new challenges;
75. *Commit by XXXX* to develop, with support from the Joint United Nations Programme on HIV/AIDS, a revised framework of core global indicators reflecting the new global commitments made in this Declaration and based on the “Know Your Epidemic, Know Your Response” framework;
76. *Call upon* the Joint United Nations Programme on HIV/AIDS, including its Co-sponsors, to develop additional measures to strengthen the coordination of national HIV responses, as elaborated in the “Three Ones” principles of one agreed HIV action framework to provide the basis for coordinating the work of all partners; one national HIV coordinating authority, with a broad based multi-sector mandate; and one agreed country level monitoring and evaluation system;

**Follow up – Sustaining progress to zero new infections, zero discrimination and zero AIDS-related deaths**

77. *Encourage and support* the exchange among countries of information, research, evidence and experiences related to implementing the measures and commitments contained in this Declaration, and in particular facilitate intensified South-South and triangular cooperation;
78. *Request* the Secretary-General of the United Nations, with the support of the Joint United National Programme on HIV/AIDS, to provide an annual report to the General Assembly on progress achieved in realizing the commitments made in this Declaration; and, with support from Joint United Nations Programme on HIV/AIDS, report progress to the Secretary-General in accordance with global reporting on Millennium Development Goals at the 2013 Millennium Development Goals special event and subsequent Millennium Development Goals reviews.