

USA

**United States Government National Statement
2016 United Nations High-Level Meeting on Ending AIDS
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Delivered by Ambassador Deborah Birx**

This week, as we mark the thirty-fifth anniversary of the first reports of what later would come to be known as AIDS, we reflect on both the tremendous progress in the global HIV/AIDS response and the opportunity we have to end AIDS by 2030. We also recognize what we all here know that the work is far from done.

The United States government's commitment to ending the AIDS epidemic cannot be overstated. From the Ryan White HIV/AIDS Program to the President's Emergency Plan for AIDS Relief (PEPFAR), we have saved millions of lives at home and around the world. We have invested in research and evidence-based practices that have given us revolutionary tools, including treatment as prevention, pre-exposure prophylaxis, and voluntary medical male circumcision. We have continued efforts to support the promise of a vaccine and a cure.

Together, we have made great gains, but we must sustain our efforts until our work is done. Domestically and internationally we have seen the number of deaths due to AIDS decline significantly. Yet, it is clear that we have not made nearly as much progress in ensuring respect for all persons, protection of human rights, zero discrimination, and enabling legal and policy environments to deliver quality treatment and prevention services for all. Critical populations are at risk of being further 'left behind' in the global HIV/AIDS response—especially key populations defined by UNAIDS as gay men and other men who have sex with men, transgender persons, sex workers, people who inject drugs, and prisoners.

Key populations must not be left behind, and we must address the specific barriers that impede their access. These include the lack of: acceptance of human rights of all persons, without distinction; systematic and rigorous measurement and monitoring of stigma and discrimination and clear actions to mitigate them; access to quality services for key populations; availability of disaggregated data by key populations; and focus on improving the capacity of key population-led community based organizations not only to advocate for changes in policy but also to directly implement services.

The U.S. government stands with and for key populations, and we are deeply committed to protecting and promoting their health and human rights. Today, we were proud to announce that, through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), we are creating a \$100 million Key Populations Investment Fund. This Investment Fund will support innovative, tailored, community-led approaches to address critical issues and gaps that exist for key populations in the HIV/AIDS response.

This Investment Fund will work to identify, measure, and change the complex dynamics driving stigma and discrimination. It will support multi-year and comprehensive approaches to ensuring key population-led community based organizations are directly funded to develop and improve their capacity for sustainable HIV responses at the local level, driven by data and accountability.

Key populations require and deserve the support of all partners, and PEPFAR strongly encourages additional donors from the public and private sectors to join this unique effort and contribute to the Investment Fund.

The United States implemented our nation's first comprehensive National HIV/AIDS Strategy, and updated it through 2020, setting ambitious goals to reach the UNAIDS 90-90-90 targets. This provides a roadmap for reducing new HIV infections, improving the health of people living with HIV, and reducing HIV-related disparities. The Affordable Care Act has resulted in millions of individuals—including people living with HIV—gaining affordable, high-quality health coverage. We have aligned funding with the epidemic and targeted resources to key populations. We have made important progress in the U.S.—87% of people living with HIV know their status, and new HIV diagnoses have declined by almost 20% over the last decade. But some populations are benefiting more than others. We continue to see large disparities, especially among gay and bisexual men, African Americans, Latinos, transgender women and persons living in the southern United States.

As has been true since the beginning of the epidemic, meaningful engagement of and partnerships with communities and civil society are vital to the success and ongoing sustainability of HIV prevention and treatment services for all populations, especially for key populations. We must ensure HIV services reach the most vulnerable groups and that discrimination is measured and eliminated. This means that everyone—governments, communities and civil society, people living with HIV, faith-based institutions, the private sector, foundations—must be fully engaged and play their part. As a global community, we must not allow anything to reduce our resolve or slow down our efforts to ending AIDS.

Thirty-five years ago, much of the early mobilization in the AIDS response began right here in New York City, with the formation of the world's first AIDS organization Gay Men's Health Crisis, ACT UP, and other courageous early activist and key population-led HIV service delivery efforts. Today, we owe it to the millions of people who have lost their lives to AIDS since then—and the millions more who we all have the responsibility to reach now—to seize this extraordinary opportunity to usher in the first AIDS-free generation in more than three decades.

Thank you.