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Coordination, programme and other questions: Joint United Nations Programme on HIV/AIDS

**Draft resolution submitted by the President of the Council, Munir Akram
(Pakistan), on the basis of informal consultations**

Joint United Nations Programme on HIV/AIDS

The Economic and Social Council,

Reaffirming its resolutions 1994/24 of 26 July 1994 and 1995/2 of 3 July 1995, by which the Council established the Joint United Nations Programme on HIV/AIDS, and all subsequent resolutions of the Council on the Joint Programme,

Having considered the report of the Executive Director of the Joint United Nations Programme on HIV/AIDS¹ and the report of the Programme Coordinating Board of the Joint Programme to the Council,²

Recognizing the importance of the 2021 Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030, adopted at the high-level meeting of the General Assembly on HIV and AIDS on 8 June 2021,³ as well as the Global AIDS Strategy 2021–2026, “End Inequalities, End AIDS”, adopted by the Programme Coordinating Board of the Joint Programme on 25 March 2021, and noting that they are complementary and aligned with the 2030 Agenda for Sustainable Development,⁴

Welcoming the progress made in increasing access to HIV treatment and preventing new HIV infections,

Expressing deep concern that, despite the progress made, there remain many disparities and inequalities between and within countries and regions, between men and women, for different age groups, and for key populations⁵ that epidemiological

¹ E/2021/64.

² E/2021/67.

³ General Assembly resolution 75/284, annex.

⁴ General Assembly resolution 70/1.

⁵ As referred to in the Global AIDS Strategy 2021–2026, “End Inequalities, End AIDS”, and discussed in the 2016 “Prevention gap report”, each country should define the specific populations that are key to its epidemic and response based on the epidemiological and social context.



evidence shows to be globally at higher risk of HIV infection, that the 2020 targets outlined in the 2016 political declaration⁶ were missed in many instances, and that, in 2020, 1.5 million people were newly infected with HIV and 690,000 people died from AIDS-related causes, and of the 37.6 million people living with HIV, 10.1 million were not yet receiving treatment, with new HIV infections on the rise in some countries and within some subpopulations and locations owing in part to poor implementation of effective, evidence-based policies,

Expressing deep concern also that there is a continuing shortfall in the financing of the HIV response, especially with respect to low- and middle-income countries, in particular those that are highly affected by the HIV epidemic,

Recognizing the importance of the targets and commitments of the 2021 Political Declaration, including the commitment to reduce annual new HIV infections to under 370,000 and annual AIDS-related deaths to under 250,000 by 2025, and eliminate all forms of HIV-related stigma and discrimination,

Reaffirming the sovereign rights of Member States, as enshrined in the Charter of the United Nations, and the need for all countries to implement the commitments and pledges in the 2021 Political Declaration consistent with national laws, national development priorities and international human rights,

Noting with concern that preventable and treatable diseases and conditions – including tuberculosis and other co-infections, cervical cancer and mental health conditions – are linked with HIV infection, poor HIV treatment outcomes and mortality among people living with HIV,

Concerned that tuberculosis, including its drug-resistant forms, remains the leading global cause of death among people living with HIV and that 8.2 per cent of estimated tuberculosis cases worldwide in 2019 were among people living with HIV, yet, in 2019, only 49 per cent of the estimated tuberculosis cases in people living with HIV were diagnosed and notified and patients treated for both diseases, and only 69 per cent of known tuberculosis patients were tested for HIV, precluding treatment and resulting in preventable deaths,

Noting with grave concern that the coronavirus disease (COVID-19) pandemic has exacerbated existing inequalities and inequities within and among countries, including the lack of equitable and timely access to safe, quality, effective and affordable COVID-19 vaccines, diagnostics, medicines and medical products, created additional setbacks and pushed the AIDS response further off track, especially with regard to access to HIV prevention, testing and treatment services, including medicines, while recognizing the resilience and innovation demonstrated by countries and communities during the COVID-19 pandemic in reaching affected people with safe, affordable and effective HIV services,

Further expressing concern that HIV-related stigma and discrimination and inequalities remain an impediment to an effective HIV response, especially for adolescent girls and young women, people in vulnerable situations, including those experiencing multiple and intersecting forms of discrimination, and key populations that epidemiological evidence shows to be globally at higher risk of HIV infection,

Recognizing the critical role that meaningful involvement of civil society plays in the global response to the AIDS epidemic, and reaffirming that the promotion, protection and fulfilment of all human rights and fundamental freedoms for all is an essential element in the global response to the AIDS epidemic, including in the areas of prevention, treatment, care and support,

⁶ General Assembly resolution [70/266](#), annex.

Recognizing that achieving universal health coverage can be an accelerator to ending the AIDS epidemic by 2030 through supporting greater access to services, the development and strengthening of health systems, improving the capacity to address the multiple needs of people living with or at risk of HIV and promoting integrated approaches to service delivery, as well as through the inclusion of HIV prevention, treatment, care and support services into nationally determined sets of quality essential health-care services, particularly at the level of primary health care,

Recognizing that efforts to achieve universal health coverage should be informed by the lessons learned from the HIV response, including a focus on equity, outcomes and accountability, responsiveness to human rights principles and the needs of the most marginalized, innovation in health financing, inclusive health governance, community-based service delivery, a focus on the social and structural determinants of health, and the importance of addressing stigma and discrimination,

Reaffirming the pivotal role of the Joint United Nations Programme on HIV/AIDS, which unites the efforts of the Secretariat and 11 co-sponsors, in galvanizing and supporting multisectoral HIV responses in the context of broader efforts to reach the Sustainable Development Goals and leave no one behind, in line with General Assembly resolution [75/233](#) of 21 December 2020,

Recalling the objectives of the Joint Programme to achieve and promote global consensus on policy and programmatic approaches and promote broad-based political and social mobilization to prevent and respond to HIV/AIDS within countries, ensuring that national responses involve a wide range of sectors and institutions,

Expressing concern over policies and practices that hinder the efforts to access HIV prevention, treatment, care and support services,

Noting with appreciation the continued reporting by Member States on progress in their HIV responses and the support provided by the Joint Programme to Member States, including by enabling increased access to and use of quality data to measure progress and refine strategies in the HIV response,

Stressing the need for the Joint Programme to continue to provide support to Member States, especially those with a high HIV burden or concentrated epidemics,

Recognizing the value of lessons learned from the multisectoral response to HIV in addressing other complex health and development challenges, including the COVID-19 pandemic, and that progress in the HIV response has led to progress on broader development outcomes,

Noting with appreciation the discussions by the Programme Coordinating Board on governance issues of the Joint Programme, as well as how the Joint Programme could be sustainably core funded,

Taking note with appreciation of the recent discussions by the Programme Coordinating Board on the important role played by the Programme Coordinating Board NGO Delegation in the governance of the Joint Programme,

1. *Takes note* of the report of the Executive Director of the Joint United Nations Programme on HIV/AIDS and the report of the Programme Coordinating Board of the Joint Programme to the Economic and Social Council;

2. *Recognizes* that the AIDS epidemic is not yet over, and stresses the need to act with urgency to meet the 2025 milestones and targets, as a prerequisite for ending the AIDS epidemic by 2030;

3. *Calls upon* the Joint Programme to support the effective, evidence-based, timely and multisectoral implementation of the Global AIDS Strategy 2021–2026, “End

Inequalities, End AIDS” and the 2021 Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030, in line with its mandate, and encourages Governments, civil society, local communities and the private sector to achieve the goals of the 2021–2026 Strategy and the 2021 Political Declaration, taking into consideration national policies and priorities, as an important enabler for the achievement of the Sustainable Development Goals, including target 3.3;

4. *Calls for* urgent action and partnership by Member States, the United Nations system, civil society, local communities, the private sector and other stakeholders to scale up evidence-based HIV prevention, testing, treatment, care and retention services, including access to safe, effective, quality and affordable medicines, including generics, to ensure that those services reach the people who need them the most, including adolescent girls and young women as well as key populations that epidemiological evidence shows to be globally at higher risk of HIV infection, and children living with HIV, who have poorer HIV treatment coverage than adults and comprise a higher relative proportion of AIDS-related deaths;

5. *Urges* Member States 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;

6. *Calls for* reinvigorated efforts to protect human rights and promote gender equality in the context of HIV and to address social risk factors, including gender-based violence and domestic violence, including intimate partner violence, which can be understood differently in different contexts, as well as social and economic determinants of health, with the aim of reducing health inequities within and among countries;

7. *Also calls for* strengthened efforts by Member States, the United Nations system, civil society, local communities, the private sector and other stakeholders to coordinate efforts between HIV and other health programmes and sectors, with a particular focus on integration within health systems, to increase efficiency and contribute to long-term sustainability, and services to address co-infections and comorbidities, including tuberculosis, cervical cancer and mental health conditions, to promote improved health outcomes in the context of moving towards achieving universal health coverage by 2030;

8. *Urges* the Joint Programme to work collaboratively with Member States, civil society and communities, in a transparent, inclusive and consultative manner, ensuring active participation of all relevant stakeholders in its activities;

9. *Calls for* strengthened coordination and collaboration between tuberculosis and HIV programmes to promote universal and equitable access to integrated services related to HIV and tuberculosis by promoting testing and treatment for HIV among people with tuberculosis and screening all people living with HIV regularly for tuberculosis and providing tuberculosis treatment or prevention, and calls for HIV and tuberculosis programmes to actively contribute to national antimicrobial resistance strategies;

10. *Also calls for* stepped-up efforts by Member States, the United Nations system, civil society, communities, the private sector and relevant stakeholders to ensure uninterrupted access to people-centred HIV services and social protection during the COVID-19 pandemic, and to build back better in a more equitable and inclusive manner from the COVID-19 pandemic and its impact on the global AIDS epidemic, including by providing equitable access to vaccines;

11. *Requests* the Joint Programme to continue to support and contribute to the follow-up and review process of the 2030 Agenda for Sustainable Development,

including the high-level political forum on sustainable development, in order to ensure that adequate consideration is given to the HIV/AIDS response and its interlinkages with other Sustainable Development Goals;

12. *Recalls* the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property, adopted by the World Health Assembly,⁷ and urges Member States, the relevant international organizations and other relevant stakeholders to actively support its wide implementation, taking into account the recommendations of the expert review panel that were consistent with the Global Strategy and Plan of Action;

13. *Urges* the Joint Programme to continue to leverage the comparative advantages of diverse United Nations bodies and relevant partners in fast-tracking and strengthening a multisectoral response to AIDS in line with its and their respective mandates;

14. *Reaffirms* that the Joint Programme's co-sponsor and governance model provides the United Nations system with a useful example of strategic coherence, reflecting national contexts and priorities, through its coordination, results-based focus, inclusive governance, and country-level impact, as set out in General Assembly resolution [75/233](#) on the quadrennial comprehensive policy review of operational activities for development of the United Nations system;

15. *Welcomes* the efforts of the Joint Programme to refine its operating model and strengthen its Unified Budget, Results and Accountability Framework to more effectively support countries, and urges the Joint Programme to continue these efforts and its active engagement in United Nations reform efforts at the national, regional and global levels, and, specifically, at the country level to position the AIDS response as an integral part of sustainable development cooperation between the United Nations country teams and the host Governments and country stakeholders to achieve the AIDS-related commitments, in accordance with national contexts and priorities, and the broader Sustainable Development Goals, and to ensure that no one is left behind;

16. *Encourages* the Joint Programme to continue facilitating and supporting the participation of the Programme Coordinating Board NGO Delegation in the work of the Programme Coordinating Board as set out in the Modus Operandi of the Board and Council resolution 1995/2;

17. *Expresses appreciation* for the initiative of the Programme Coordinating Board to continue to update and fulfil the oversight role of the Board within its mandate, including by approving annex 4 to its Modus Operandi that clarifies its oversight and accountability roles and by establishing an independent external oversight advisory committee aligned with the evolution of the HIV epidemic, with the work of the Joint Programme and with best practices of the United Nations system, in order to have an effective, efficient and accountable Joint Programme;

18. *Requests* the Secretary-General to submit a report, after consultation with the Programme Coordinating Board, on the establishment of two four-year term limits and performance expectations for the position of Executive Director of the Joint United Nations Programme on HIV/AIDS, in line with the practices of the United Nations system and as recommended by the Joint Inspection Unit;

19. *Calls for* urgent action to close the HIV and AIDS resource gap, taking into account the need for annual investments of 29 billion United States dollars in order to reach the 2025 targets, in line with the principles of shared responsibility and global solidarity, encourages countries to scale up domestic and international funding

⁷ See World Health Organization, document WHA61/2008/REC/1.

for the response, and emphasizes that action is needed to ensure political, programmatic and financial accountability and sustainability at all levels;

20. *Stresses* the importance of a fully funded Unified Budget, Results and Accountability Framework for the effective functioning of the Joint Programme, and calls for renewed efforts to close the current funding gap, including by calling upon existing donors to maintain and step up their contributions, and inviting new donors to join from both the public and private sectors, while encouraging all donors to prioritize flexible and multi-annual contributions;

21. *Requests* the Secretary-General to transmit to the Council, at its 2023 session, a report prepared by the Executive Director of the Joint Programme in collaboration with its co-sponsors and other relevant organizations and bodies of the United Nations system, on progress made in implementing a coordinated response by the United Nations system to the HIV and AIDS epidemic.
