



Economic and Social Council

Distr.: Limited
19 July 2023
English
Original: English and French

2023 session

25 July 2022–26 July 2023

Agenda item 12 (h)

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

Draft resolution submitted by the President of the Council, Lachezara Stoeva (Bulgaria), 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 recalling its resolution [2021/26](#) of 22 July 2021,

Having considered the report of the Executive Director of the Joint United Nations Programme on HIV/AIDS to the Council,¹

Taking note of the importance of the 2021 Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030² as well as the Global AIDS Strategy 2021–2026, “End Inequalities, End AIDS”, and noting that they are complementary and aligned with the 2030 Agenda for Sustainable Development,³

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,

Welcoming the progress made in increasing access to HIV treatment and preventing new HIV infections, and noting significant reductions in HIV incidence and AIDS mortality as many countries have made progress towards the 95-95-95 targets and introduced and scaled up HIV prevention innovations for adolescent girls and young women and key populations,⁴

¹ [E/2023/85](#).

² General Assembly resolution [75/284](#), annex.

³ General Assembly resolution [70/1](#).

⁴ 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.



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 populations that epidemiological evidence shows to be globally at higher risk of HIV infection, and that the 2025 targets outlined in the 2021 Political Declaration may not be met, and that, in 2021, 1.5 million people were newly infected with HIV and 650,000 people died from AIDS-related causes, and of the 38.4 million people living with HIV, 9.7 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,

Concerned about the persistent gaps in the HIV response for children, who had lower treatment coverage compared to adults in 2021, and that children accounted for 4 per cent of people living with HIV, but constituted 15 per cent of AIDS-related deaths,⁵ and welcoming efforts to strengthen the HIV response for children,

Acknowledging the availability of evidence-based HIV interventions, and expressing concern regarding their uneven scale-up, according to national contexts, as well as the slow rates of expenditure of prevention funds resulting in critical gaps in prevention efforts,

Recognizing the importance of the targets and commitments of the Global AIDS Strategy 2021–2026, especially the commitments 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,

Noting with concern that preventable and treatable diseases and conditions – including tuberculosis and other co-infections, cervical cancer and mental health conditions and other communicable and non-communicable diseases – 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 6.7 per cent of estimated incident tuberculosis cases worldwide in 2021 were among people living with HIV, yet, in 2021, only 46 per cent of the estimated tuberculosis cases in people living with HIV were diagnosed, and only 76 per cent of known tuberculosis patients were tested for HIV, precluding treatment and resulting in preventable deaths,⁶

Concerned also that the coronavirus disease (COVID-19) pandemic has exacerbated existing inequalities and inequities within and between countries and slowed progress on the AIDS response, and recognizing the need to put the AIDS response back on track to reach the Sustainable Development Goals,

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

Expressing concern over laws, policies and practices that may hinder access for all people to HIV prevention, treatment, care and support services,

Recognizing the critical role that meaningful involvement of civil society plays in the global response to the AIDS epidemic, and reaffirming that the promotion,

⁵ Joint United Nations Programme on HIV/AIDS epidemiological estimates for 2022.

⁶ World Health Organization, *Global Tuberculosis Report 2022* (Geneva, 2022).

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, testing, diagnosis, treatment, care and support,

Recognizing also 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, testing, diagnosis, treatment, care and support services into nationally determined sets of quality essential health-care services, particularly at the level of primary health care,

Recognizing further that efforts to achieve universal health coverage should be informed by the lessons learned from the multisectoral 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 and community-led service delivery, as appropriate in the national context, a focus on the social, economic and structural determinants of health, and the importance of addressing stigma and discrimination,

Recognizing the value of lessons learned from the multisectoral response to HIV and how countries and communities have leveraged their HIV investments and infrastructure in addressing other complex health and development challenges, and that progress in the HIV response has led to progress on broader development outcomes,

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 and AIDS within countries, ensuring that national responses involve a wide range of sectors and institutions,

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 growing or concentrated epidemics,

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

Recognizing the need for funding, research and development of new quality, safe, affordable and effective HIV medicines as well as equitable, timely and unhindered access to these life-saving medicines,

Noting with concern the persistent shortfalls in the Unified Budget, Results and Accountability Framework funding and the negative impact on the capacity of the Joint Programme to implement its annual workplan as a result of significant reductions in secretariat staff, co-sponsor allocations and country envelopes as well as the closure of UNAIDS secretariat country offices and the amalgamation of regional functions following the closure of a regional support team,

Noting with appreciation the discussions of the Programme Coordinating Board on governance issues and the need for increased and sustainable funding of the Joint Programme, including the work and recommendations of the informal multi-stakeholder task team of the Programme Coordinating Board to mobilize more and new resources to close the continuous and increasing funding gap,

Taking note with appreciation of the recent discussions of 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 to the Economic and Social Council;

2. *Recognizes* that the global 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 further 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 strengthen the HIV response, in accordance with national policies and priorities, to accelerate progress towards the goals of the 2021–2026 Strategy and the 2021 Political Declaration, 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 relevant stakeholders to scale up evidence-based HIV prevention, testing, treatment, care and retention services, including access to safe, effective, quality and free or 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 implement differentiated approaches to reaching people with HIV prevention services, through a comprehensive prevention package for all and tailored packages for the most at-risk populations, along with accelerated actions to address policy and structural barriers faced by adolescent girls and young women and key populations that hinder the scale-up of prevention services, encouraging members of the Global HIV Prevention Coalition to accelerate implementation of the HIV Prevention 2025 Road Map;

6. *Encourages* the Joint Programme to continue work to advance progress to end paediatric AIDS, including work with the countries of the Global Alliance to End AIDS in Children to bolster investments in early testing and optimal treatment for infants, children and adolescents; closing the treatment gap for pregnant and breastfeeding women; preventing new infections among pregnant and breastfeeding adolescent girls and young women; and addressing rights, gender equality and social, economic and structural barriers that hinder access;

7. *Urges* Member States to urgently remove, where feasible, obstacles that limit the capacity of developing countries to provide affordable and effective HIV prevention and treatment products, diagnostics, medicines and commodities and other pharmaceutical products;

8. *Calls for* reinvigorated efforts to protect human rights and promote gender equality in the context of HIV and to address social risk factors, such as insufficient protection of sexual and reproductive health as well as social and economic determinants of health, with the aim of reducing health inequities within and between countries;

9. *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;

10. *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;

11. *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 contribute, where appropriate, to approaches to HIV drug resistance in national antimicrobial resistance strategies or responses;

12. *Encourages* the Joint Programme to sustain its efforts in engaging and collaborating on global health priorities in accordance with its mandate, and emphasizes the importance of drawing lessons from the multisectoral approach to HIV to tackle other global health challenges while ensuring that equity remains a central principle;

13. *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;

14. *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;

15. *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;

16. *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;

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

17. *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;

18. *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;

19. *Expresses appreciation* for the continued strengthening of the Programme Coordinating Board's oversight role within its mandate, and in particular the establishment and work of the Independent External Oversight Advisory Committee of the Joint United Nations Programme on HIV/AIDS, established in 2022 following the recommendations of the 2019 Joint Inspection Unit review of the management and administration of the Joint Programme;

20. *Calls for* urgent action to close the HIV and AIDS resource gap, taking into account the need for additional annual investments of 8 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 for the response, and emphasizes that action is needed to ensure political, programmatic and financial accountability and sustainability at all levels;

21. *Also calls for* a fully funded Unified Budget Results and Accountability Framework and for renewed efforts to close the continuous and increasing funding gap which has severely compromised the ability of the Joint Programme to continue to maintain the level of ambition of the Unified Budget, Results and Accountability Framework;

22. *Calls 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 consider multiannual core Unified Budget, Results and Accountability Framework funding and more flexible non-core funding, and calls upon Member States to seriously consider the recommendations of the informal multi-stakeholder task team of the Programme Coordinating Board on the funding situation of the Joint Programme;

23. *Requests* the Secretary-General to submit to the Economic and Social Council, before its 2025 session, after consultation with the Programme Coordinating Board at its fifty-third meeting in December 2023, a report on the follow-up to Council resolution [2021/26](#) on the Joint United Nations Programme on HIV/AIDS regarding the establishment of term limits and performance expectations for the position of the Executive Director of the Joint United Nations Programme on HIV/AIDS;

24. *Requests* the Secretary-General to transmit to the Council, at its 2025 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.