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Coordination, programme and other questions:

Joint United Nations Programme on HIV/AIDS (UNAIDS)

**Armenia,* Ethiopia,* Kazakhstan, Kenya,* Liechtenstein, Luxembourg,
Mexico,* Monaco,* Netherlands, Republic of Moldova, Sweden and Turkey:***
draft resolution

Joint United Nations Programme on HIV/AIDS (UNAIDS)

The Economic and Social Council,

Recalling its resolution 2007/32 of 27 July 2007,

Welcoming the report of the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS)¹ and expressing its appreciation for the concerted efforts of the secretariat of the Joint Programme and its co-sponsoring agencies in fighting HIV/AIDS,

Recalling the goals and targets set forth in the Declaration of Commitment on HIV/AIDS, adopted by the General Assembly at its twenty-sixth special session in 2001,² the 2005 World Summit Outcome³ and the Political Declaration on HIV/AIDS, adopted by the high-level meeting of the Assembly on AIDS on 2 June 2006,⁴ as well as HIV/AIDS-related goals contained in the United Nations Millennium Declaration of 2000,⁵

Recognizing that HIV/AIDS constitutes a global emergency and poses one of the most formidable challenges to the development, progress and stability of individual societies and the world at large, and requires an exceptional and comprehensive global response, while acknowledging the timeliness of the need to maximize synergies between the AIDS response and the broader health and development agendas,

* In accordance with rule 72 of the rules of procedure of the Economic and Social Council.

¹ See E/2009/70.

² General Assembly resolution S-26/2, annex.

³ See General Assembly resolution 60/1.

⁴ General Assembly resolution 60/262, annex.

⁵ See General Assembly resolution 55/2.



Expressing serious concern about the continued global spread of HIV/AIDS, which exacerbates poverty and gender inequalities, and poses a major public-health challenge and threat to economic and social development and to food security in heavily affected regions,

Expressing serious concern also about the lack of progress, twenty-eight years into the HIV/AIDS pandemic, in developing effective prevention technologies, including an HIV vaccine, and recognizing that ensuring sustained financial and political support for research and development over the long term will be a critical factor in finding effective prevention technologies,

Acknowledging the adverse impact of the global economic and financial crisis on funding for the AIDS response, and the need to mitigate its impact on the gap that already exists between available resources and those human, technical and financial resources necessary to combat HIV/AIDS,

Recognizing the contribution of new, voluntary and innovative financing approaches and initiatives, such as UNITAID, as well as the need to support and strengthen existing financial mechanisms, including the Global Fund to Fight AIDS, Tuberculosis and Malaria, and relevant United Nations organizations, through the provision of funds in a sustained manner to address the funding gap so as to ensure an effective and successful response to the HIV/AIDS pandemic,

Reaffirming the importance of global coordination efforts to scale up sustainable, intensified and comprehensive HIV/AIDS responses, in a comprehensive and inclusive partnership, as called for in the Political Declaration, with people living with HIV, vulnerable groups, most affected communities, civil society and the private sector, within the framework of the “Three Ones” principles,

1. *Urges* the Joint United Nations Programme on HIV/AIDS (UNAIDS) and other relevant organizations and bodies of the United Nations system to intensify their support to Governments, with a view to achieving the goals contained in the United Nations Millennium Declaration,⁵ as well as the goals and targets contained in the 2001 Declaration of Commitment on HIV/AIDS,² the 2005 World Summit Outcome³ and the 2006 Political Declaration on HIV/AIDS;⁴

2. *Commends* the support provided by the Joint Programme to the process of achieving universal access to prevention, treatment, care and support by 2010, in particular the assistance to countries in setting their national targets for universal access;

3. *Welcomes* the submission by Member States of a total of one hundred forty-seven country progress reports in 2008, as part of the reporting process elaborated in the Declaration of Commitment on HIV/AIDS, which provided the most comprehensive overview to date of the response at country level, and encourages all Member States to provide full support to the next round of reports due on 31 March 2010;

4. *Acknowledges* the insidious and persistent drivers of the epidemic, in particular stigma, discrimination, gender inequality, socio-economic inequality, and lack of respect for human rights, also acknowledges that in some cases food insecurity and displacements, for example, can lead to increased vulnerability, and encourages intensified analysis and advocacy by the Joint Programme to ensure that underlying obstacles to universal access are understood and appropriately addressed

at all levels and in all settings, including through services to underserved and vulnerable populations;

5. *Emphasizes* the importance of comprehensive, evidence-informed HIV prevention programmes as an essential element of national, regional and international responses, through which actions and policies are tailored to the local profile of the epidemic, and commits to further intensifying efforts in this regard;

6. *Welcomes* the UNAIDS outcome framework, 2009-2011, for moving towards the goal of universal access, including the recognition by the Joint Programme of the need to improve the effectiveness of efforts to prevent the sexual transmission of HIV; the elimination of vertical transmission from mother to child; and the importance of linking HIV and sexual and reproductive health;

7. *Recognizes* the need to link the AIDS response more closely with the overall response to achieving the Millennium Development Goals, particularly those related to health;

8. *Acknowledges* the need to address the underlying obstacles to the achievement of the goal of universal access to prevention, treatment, care and support, including the gap in available human, technical and financial resources, as well as inadequately functioning health systems, in order to ensure an effective and successful response to HIV/AIDS;

9. *Reaffirms* the right to use, to the full, the provisions contained in the Agreement on Trade-related Aspects of Intellectual Property Rights,⁶ the Doha Declaration on the Agreement on Trade-related Aspects of Intellectual Property Rights and Public Health,⁷ and the decision of the World Trade Organization General Council of 30 August 2003 on the implementation of paragraph 6 of the Doha Declaration on the TRIPS Agreement and public health,⁸ and, when formal acceptance procedures are completed, the amendment to article 31 of the Agreement, which provide flexibilities for the protection of public health, and, in particular, to promote access to medicines for all, and also calls for a broad and timely acceptance of the amendment to article 31 of the Agreement on Trade-related Aspects of Intellectual Property Rights, as proposed by the World Trade Organization General Council in its decision of 6 December 2005;⁹

10. *Recalls* the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property, adopted by the World Health Assembly,¹⁰ and urges States, the relevant international organizations and other relevant stakeholders to actively support its wide implementation;

11. *Urges* Governments to prioritize and expand access to the prevention and treatment of HIV-related opportunistic infections, to promote access to and the effective use of safe and effective antiretroviral drugs of assured quality, at

⁶ See *Legal Instruments Embodying the results of the Uruguay Round of Multilateral Trade Negotiations, done at Marrakesh on 15 April 1994* (GATT secretariat publication, Sales No. GATT/1994-7).

⁷ World Trade Organization, document WT/MIN(01)/DEC/2.

⁸ World Trade Organization, document WT/L/540 and Corr.1.

⁹ World Trade Organization, document WT/L/641.

¹⁰ See World Health Organization, *Sixty-first World Health Assembly, Geneva, 19-24 May 2008, Resolutions and Decisions, Annexes* (WHA61/2008/REC/1), World Health Assembly resolution 61.21.

affordable prices, and to support both biomedical and socio-economic research on new products to prevent HIV infection, including those controlled by women; diagnostics; medicines and other treatment commodities; and technologies related to HIV;

12. *Urges* Governments, donors and other stakeholders to continue to provide financial and political support for research and development of an effective HIV vaccine;

13. *Encourages* the strengthening of the United Nations response to AIDS at the country level, the UNAIDS technical support division of labour, and the concept of a joint United Nations team and programme on AIDS, with the aim of harmonizing technical support, strengthening programmatic coherence and improving the collective accountability of the United Nations system at the country level;

14. *Encourages* the Joint Programme to fully participate in the process of the reform of the United Nations operational activities, including in the context of progress made in increasing coherence in United Nations delivery of development assistance, in particular in the programme country pilots, within the framework of the role of the Joint Programme as the coordinator of responses to HIV/AIDS;

15. *Urges* Governments, donors and other stakeholders including the Joint Programme to promote coherence in the support provided to and the alignment with national HIV/AIDS response strategies in a transparent, accountable and effective manner within the framework of the “Three Ones” principles;

16. *Acknowledges* the critical importance of people living with HIV to all aspects of national AIDS responses, global advocacy efforts and the work of the United Nations system on AIDS and encourages increased support for the capacity of civil society to carry out programme implementation and advocacy, directed towards the goal of ensuring universal access to prevention, treatment, care and support;

17. *Encourages* improved collaboration between the Joint Programme and the Global Fund to Fight AIDS, Tuberculosis and Malaria, aimed at strengthening the meaningful participation of African States through the pilot initiative to be monitored and potentially extended to other regions, and in the Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria;

18. *Welcomes* the report of the International Task Team on HIV-related Travel Restrictions and further encourages all countries to eliminate HIV-specific restrictions on entry, stay and residence and ensure that people living with HIV are no longer excluded, detained or deported on the basis of HIV status;

19. *Recognizes* the need for the Joint Programme to significantly expand and strengthen its work with national Governments and to work with all groups of civil society to address the gap in access to services for injecting drug users in all settings, including prisons; to develop comprehensive models of appropriate service delivery for injecting drug users; to tackle the issues of stigmatization and discrimination; and to support increased capacity and resources for the provision of a comprehensive package of services for injecting drug users, including harm

reduction programmes in relation to HIV, as elaborated in the *WHO, UNODC, UNAIDS Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users*,¹¹ in accordance with relevant national circumstances;

20. *Welcomes* the promulgation of the *UNAIDS Action Framework: Universal Access for Men Who Have Sex with Men and Transgender People*,¹² and the follow-up action that is already under way, and calls on the Joint Programme and other partners to support further action and strengthen partnerships to address the political, social, legal and economic barriers to universal access, as part of the agreed Unified Budget and Workplan priorities;

21. *Recognizes* the interrelated nature of the health- and gender-related Millennium Development Goals and welcomes the progress made by the Joint Programme in assisting countries in accelerating action on women, girls and gender equality within the context of AIDS, including the appointment of an advisory group, under the leadership of the Executive Director, to develop, implement and monitor an operational plan in relation to a strengthened inter-agency strategy and the drafting of the *UNAIDS Action Framework: Addressing Women, Girls, Gender Equality and HIV*;

22. *Looks forward* to the consideration of a report at the twenty-fifth meeting of the Programme Coordinating Board of the Joint Programme on the anticipated impact that the global financial and economic crisis will have on countries' ability to meet their universal access targets, to include recommendations and mitigation strategies;

23. *Calls on* the Joint Programme to provide a critical, constructive, inclusive and transparent response to the Second Independent Evaluation of UNAIDS, to be presented to the Programme Coordinating Board at its twenty-fifth meeting in December 2009;

24. *Requests* the Secretary-General to transmit to the Economic and Social Council, at its substantive session of 2011, 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/AIDS pandemic.

¹¹ Geneva, World Health Organization, 2009.

¹² Geneva, Joint United Nations Programme on HIV/AIDS (UNAIDS), 2009.