

The UNAIDS Governance Handbook

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The Governance Handbook

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UNAIDS Governance Handbook



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1. About UNAIDS

UNAIDS' Vision: Zero new HIV infections. Zero discrimination. Zero AIDS- related deaths.

Mission: UNAIDS, the Joint United Nations Programme on HIV/AIDS, is an innovative partnership that leads and inspires the world in achieving universal access to HIV prevention, treatment, care and support. UNAIDS fulfills its mission by:

- ▶ **Uniting** the efforts of the United Nations system, civil society, national governments, the private sector, global institutions and people living with and most affected by HIV;
- ▶ **Speaking out** in solidarity with the people most affected by HIV in defense of human dignity, human rights and gender equality;
- ▶ **Mobilizing** political, technical, scientific and financial resources and holding ourselves and others accountable for results;
- ▶ **Empowering** agents of change with strategic information and evidence to influence and ensure that resources are targeted where they deliver the greatest impact and bring about a prevention revolution; and
- ▶ **Supporting** inclusive country leadership for sustainable responses that are integral to and integrated with national health and development efforts.

Establishment of UNAIDS

The Joint United Nations Programme on HIV/AIDS (UNAIDS) was established through the Economic and Social Council (ECOSOC) resolution 1994/24 of 26 July 1994 to “undertake a joint and co-sponsored United Nations programme on HIV/AIDS, on the basis of co-ownership, collaborative planning and execution, and an equitable sharing of responsibility” with six UN-system cosponsoring organizations: UNDP, UNICEF, UNFPA, WHO, UNESCO and the World Bank. This group was joined by UNODC in 1999, ILO in 2001, WFP in 2003, UNHCR in 2004 and UN Women in 2012.

In May 1995, the composition of the Programme Coordinating Board was agreed through ECOSOC (decision 1995/223) and in July 1995, ECOSOC adopted a resolution (1995/2) inviting five nongovernmental organizations to take part in the new Programme Coordinating Board, three of which were to come from middle-and low-income countries and the selection would be carried out by the nongovernmental organizations themselves.

On 1 January 1996, UNAIDS – the Joint United Nations Programme on HIV/AIDS – was formally launched.

2. ECOSOC Resolutions establishing UNAIDS



United Nations

Resolution 1994/24

Economic and Social Council

44th plenary meeting
26 July 1994

1994/24. Joint and co-sponsored United Nations programme on human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)

The Economic and Social Council,

Recalling its resolution 1993/51 on the coordination of United Nations activities related to HIV/AIDS,

Taking note of the decisions of the United Nations Development Programme, the United Nations Children's Fund, the United Nations Population Fund, the World Health Organization the United Nations Educational, Scientific and Cultural Organization and the World Bank to undertake a joint and co-sponsored United Nations programme on HIV/AIDS, on the basis of co-ownership, collaborative planning and execution, and an equitable sharing of responsibility,

Noting that the World Health Organization is to be responsible for the administration in support of the programme, including during the transition period,

Emphasizing that the global HIV/AIDS epidemic affects every country of the world and that its magnitude and impact are greatest in developing countries,

Emphasizing also the urgent need to mobilize fully all United Nations system organizations and other development partners in the global response to HIV/AIDS, in a coordinated manner and according to the comparative advantages of each organization,

1. Endorses the establishment of a joint and co-sponsored United Nations programme on HIV/AIDS, as outlined in the annex to the present resolution, subject to further review by April 1995 of progress made towards its implementation;
2. Calls for the full implementation of the programme by January 1996, and requests that a report confirming its implementation be submitted to the Economic and Social Council at its organizational session for 1996;
3. Notes that further details of the programme are being developed by the Inter-Agency Working Group that has been established by the six co-sponsors;
4. Invites the six co-sponsors to take immediate steps to transform the Inter-Agency Working Group into a formally constituted Committee of Co-sponsoring Organizations, comprising the heads of those organizations or their specifically designated representatives, which would function under a rotational chairmanship, establish a transition team and assume interim responsibility, inter alia, for overseeing the transition process leading to the full implementation of the programme;
5. Also invites the six co-sponsors, through the Committee, to initiate action to fill the position of director of the joint and co-sponsored programme as soon as possible, through an open, wide-ranging search process, including consultation with Governments and other concerned parties, and to submit their nominee to the Secretary-General, who will make the appointment;
6. Urges the six co-sponsors, through the Committee, to initiate, as soon as possible, programme activities at the country level, as well as any other programme elements on which there is already full consensus;
7. Stresses that priority should be given to the programme's activities at the country level, where the response to the urgent needs and problems posed by HIV/AIDS should be focused, and underlines the importance of the programme's country-level operations' functioning within the framework of national plans and priorities and a strengthened resident coordinator system, in accordance with General Assembly resolution 47/199;
8. Also stresses that during the transition process, the ongoing HIV/AIDS activities of each of the six co-sponsors should be maintained and/or enhanced, bearing in mind the need for these activities to fit within national AIDS programmes and the general framework of the joint and co-sponsored programme;

9. Requests the six co-sponsors, through the Committee, to produce the following by January 1995, for the consideration of the Economic and Social Council and other concerned parties: a comprehensive proposal specifying the programme's mission statement and the terms and conditions of co-ownership, and detailing the programme's organizational, programmatic, staffing, administrative and financial elements, including proposed budgetary allocations, and to attach to this proposal an annex containing the proposed legal document that the six co-sponsors will sign to establish the programme formally;
10. Encourages the active involvement of the Task Force on HIV/AIDS Coordination during the programme's detailed development phase, through the direct provision of assistance to the Committee, in accordance with the Committee's requirements;
11. Requests the President of the Economic and Social Council to organize, in cooperation with the Committee of Co-sponsoring Organizations, informal open-ended consultations to be held as soon as possible for the purpose of deciding on the specific composition of the programme coordinating board that will govern the programme, interacting periodically with the Committee during the transition period to facilitate progress towards programme implementation, and reviewing the detailed programme proposal after it is received from the Committee, with a view to making appropriate recommendations on the proposal not later than April 1995.

44th plenary meeting 26 July 1994

Annex

PROGRAMME OUTLINE

1. The co-sponsored United Nations programme on HIV/AIDS represents an internationally coordinated response to the HIV/AIDS pandemic. The programme comprises the following United Nations system organizations: the United Nations Development Programme, the United Nations Children's Fund, the United Nations Population Fund, the World Health Organization, the United Nations Educational, Scientific and Cultural Organization and the World Bank. The programme has been formally endorsed by the Executive Boards of the World Health Organization (resolution EB93.R5) and the United Nations Educational, Scientific and Cultural Organization (resolution 144EX-5.1.5); the other four co-sponsors have also committed themselves to full participation.
2. The fundamental characteristics that define the programme are set out below.

I. OBJECTIVES

3. The objectives of the programme are to:
 - (a) Provide global leadership in response to the epidemic;
 - (b) Achieve and promote global consensus on policy and programmatic approaches;
 - (c) Strengthen the capacity of the United Nations system to monitor trends and ensure that appropriate and effective policies and strategies are implemented at the country level;
 - (d) Strengthen the capacity of national Governments to develop comprehensive national strategies and implement effective HIV/AIDS activities at the country level;
 - (e) 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;
 - (f) Advocate greater political commitment in responding to the epidemic at the global and country levels, including the mobilization and allocation of adequate resources for HIV/AIDS-related activities.
4. In fulfilling these objectives, the programme will collaborate with national Governments, intergovernmental organizations, non-governmental organizations, groups of people living with HIV/AIDS, and United Nations system organizations.

II. CO-SPONSORSHIP

5. The HIV/AIDS epidemic is a global concern. Inter-agency cooperation is vital for ensuring the mobilization of resources and the effective implementation of a coordinated programme of activities throughout the United Nations system.
6. The programme will draw upon the experience and strengths of the six co-sponsors to develop its strategies and policies, which will be incorporated in turn into their programmes and activities. The co-sponsors will share responsibility for the development of the programme, contribute equally to its strategic direction and receive from its policy and technical guidance relating to the implementation of their HIV/AIDS activities. In this way, the programme will also serve to harmonize the HIV/AIDS activities of the co-sponsors.
7. The programme will be managed by a director, who will focus on the programme's overall strategy, technical guidance, research and development, and the global budget. The co-sponsors will contribute to the resource needs of the programme at levels to be determined. The World Health Organization will be responsible for the administration in support of the programme.
8. Other United Nations system organizations concerned with the

HIV/AIDS epidemic may be encouraged to join the programme as co-sponsors in the future.

III. FUNCTIONAL RESPONSIBILITIES

9. The programme will build on the capacities and comparative advantages of the co-sponsors. At the global level, the programme will provide support in policy formulation, strategic planning, technical guidance, research and development, advocacy and external relations. This will include normative activities relating to HIV/AIDS in areas such as social and economic planning, population, culture, education, community development and social mobilization, sexual and reproductive health, and women and adolescents.
10. At the country level, the programme will provide support to the resident coordinator system. Co-sponsors will incorporate the normative work undertaken at the global level on policy, strategy and technical matters into their HIV/AIDS activities, consistent with national plans and priorities. An important function of the programme will be to strengthen national capacities to plan, coordinate, implement and monitor the overall response to HIV/AIDS. The participation in the programme of six organizations of the United Nations system will ensure the provision of technical and financial assistance to national activities in a coordinated multisectoral manner. This will strengthen intersectoral coordination of HIV/AIDS activities and will facilitate further incorporation of these activities in national programme and planning processes.
11. While the programme will not have a uniform regional structure, it will support intercountry or regional activities that may be required in response to the epidemic, utilizing regional mechanisms of the co-sponsors where appropriate.

IV. FLOW OF PROGRAMME FUNDS

12. Funds for programme activities at the global level will be obtained through appropriate common global means. Contributions to the programme will be channelled in accordance with the global budget and work plan.
13. Funding for country-level activities will be obtained primarily through the existing fund-raising mechanisms of the co-sponsors. These funds will be channelled through the disbursement mechanisms and procedures of each organization.

V. FIELD-LEVEL COORDINATION

14. It is recognized that national Governments have the ultimate responsibility for the coordination of HIV/AIDS issues at the country level. To this end, the arrangements of the programme for coordinating

HIV/AIDS activities will complement and support national development planning.

15. The coordination of field-level activities will be undertaken through the United Nations resident coordinator system within the framework of General Assembly resolutions 44/211 and 47/199. This will involve a theme group on HIV/AIDS established by the resident coordinator and comprising representatives of the six co-sponsors and other United Nations system organizations. The chairperson of the theme group will be selected by consensus from among the United Nations system representatives. It is intended that the theme group will help the United Nations system integrate more effectively its efforts with national coordination mechanisms. To support the coordination process, in a number of countries the programme will recruit a country staff member, who will assist the chairperson of the theme group in carrying out his or her functions.

VI. ORGANIZATIONAL STRUCTURE

16. A programme director will be appointed by the Secretary-General upon the recommendation of the co-sponsors. This will follow a search process undertaken by the co-sponsors which will include consultation with Governments and other interested parties. The director will report directly to the programme coordinating board, which will serve as the governance structure for the programme. Annual reports prepared by the director will be submitted to the board and will also be made available to the governing body of each of the co-sponsors.
17. The composition of the programme coordinating board will be determined on the basis of open-ended consultations, as outlined in operative paragraph 11 of the present resolution. In exercising its governance role, the board will have ultimate responsibility for all policy and budgetary matters. It will also review and decide upon the planning and execution of the programme. Its detailed responsibilities and meeting schedule will be specified in a document containing its terms of reference, which is currently being prepared.
18. The programme will also have a committee of co-sponsoring organizations, which will serve as a standing committee of the board. It will comprise one representative from each of the co-sponsors. The committee will meet regularly and will facilitate the input of the co-sponsors into the strategy, policies and operations of the programme.
19. Through consultation with interested non-governmental organizations, a mechanism will be established to ensure their meaningful participation in the programme, so that they can provide information, perspectives and advice to the board, based on their experience and involvement with HIV/AIDS issues.



United Nations

Decision 1995/223

Economic and Social Council

1995/223. Joint and co-sponsored Programme on Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome (HIV/AIDS)

At its 9th plenary meeting, on 5 May 1995, the Economic and Social Council decided that the Programme Coordination Board of the Joint and Co-sponsored Programme on Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) should comprise 22 elected members. The distribution of seats would be as follows:

- (a) Five seats for African States;
- (b) Five seats for Asian States;
- (c) Two seats for Eastern European States;
- (d) Three seats for Latin American and Caribbean States;
- (e) Seven seats for Western European and other States.

The Council further decided to continue informal consultations on the following questions:

- (a) Representation on the Programme Coordination Board of the six co-sponsoring organizations and non-governmental organizations;
- (b) Which body or bodies would conduct elections subsequent to the first election, which would be conducted by the Economic and Social Council.

This decision should be read in conjunction with the report on the consultations coordinated by the Permanent Representative of Australia to the United Nations, His Excellency Mr. Richard Butler AM, 1/ and statements made by other representatives on the same occasion and at the time of the adoption of the present decision.

Note

1/ E/1995/60.



United Nations

Resolution 1995/2

Economic and Social Council

1995/2. Joint and Co-sponsored United Nations Programme on Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome

The Economic and Social Council,

Recalling its resolution 1994/24 of 26 July 1994 concerning the Joint and Co-sponsored United Nations Programme on Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) which was established to provide an internationally coordinated response to the HIV/AIDS pandemic, to provide global leadership in response to the epidemic and to achieve and promote global consensus on policy and programmatic approaches to the fight against HIV/AIDS.

Recalling further that the Programme is charged with promoting 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, and advocating greater political commitment in responding to the epidemic at the global and country levels, including the mobilization and allocation of adequate resources for HIV/AIDS-related activities.

Emphasizing the urgent need to make the Programme operational as soon as possible, but no later than January 1996,

1. Welcomes the report of the Committee of Co-sponsoring Organizations of the Joint and Co-sponsored United Nations Programme on HIV/AIDS, 1/ which will be of assistance in the further consideration of the operations of the new programme, while recognizing the modifications that have been made to the arrangements set out in the report, as outlined by the Chairperson of the Committee, and the need for the Programme to operate in accordance with the provisions of Council resolution 1994/24;
2. Endorses the arrangements outlined in section VI of the report (Governance and management) and decides to add the following to the

functions of the Programme Coordination Board listed in paragraph 101 of the report:

- (a) To establish broad policies and priorities for the Programme, taking into account the provisions of General Assembly resolution 47/199 of 22 December 1992;
 - (b) To make recommendations to the co-sponsoring organizations regarding their activities in support of the Programme, including those of mainstreaming;
3. Requests the Programme Coordination Board to give detailed consideration to the report of the Committee of Co-sponsoring Organizations and to agree on the modalities for implementation of the arrangements set out in that report, taking into account the changes referred to in paragraphs 1 and 2 above;
4. Calls upon the co-sponsoring organizations, as soon as possible, to finalize and sign a legal document in the form of a memorandum of understanding outlining the responsibilities and functions of the co-sponsors, consistent with the provisions of Council resolution 1994/24, and to submit that document to the Council, through the Programme Coordination Board at its first substantive session, for consideration at a resumed session;
5. Requests the Executive Director of the Joint and Co-sponsored United Nations Programme on HIV/AIDS to report on the status of implementation of the new programme, through the Board, to the Council early in 1996;
6. Decides that each of the six co-sponsors will participate in the work of the Programme Coordination Board and have full rights, except the right to vote;
7. Decides further that five non-governmental organizations will be invited to take part in the work of the Programme Coordination Board, in accordance with the report on the informal consultations on arrangements with regard to non-governmental organizations, submitted to the Council by the Permanent Representative of Australia and annexed to the present resolution;
8. Calls upon each of the six co-sponsoring organizations to give their full support to the establishment of, transition to and smooth functioning of the Joint and Co-sponsored Programme;

9. Appeals to all Governments, international institutions, non-governmental organizations and the private sector to support the Programme with adequate contributions to its resources;
10. Decides that the participation, as observers, of Member States and non-member States that are not members of the Board, in the work of the Board, should be consistent with the rules of procedure of the Council.

Annex

ARRANGEMENTS FOR THE PARTICIPATION OF NON-GOVERNMENTAL ORGANIZATIONS IN THE WORK OF THE PROGRAMME COORDINATION BOARD: REPORT ON THE INFORMAL CONSULTATION OF THE ECONOMIC AND SOCIAL COUNCIL

1. The meeting on 9 June 1995 considered the question of the final arrangements for the Programme Coordination Board, particularly the participation of non-governmental organizations, and the report of the Committee of Co-sponsoring Organizations of the Joint and Co-sponsored United Nations Programme on HIV/AIDS. The Board is a governance structure composed of Member States, with the participation of the six co-sponsors and eligible non-governmental organizations.
2. The deliberations of the meeting are summarized in the following terms:
 - (a) Non-governmental organizations would be invited to take part in the work of the Programme Coordination Board. Such invitations would need to be reviewed periodically. Non-governmental organizations invited should be those either in consultative status with the Economic and Social Council or in relationship with one of the six co-sponsoring organizations or on the roster of non-governmental organizations dealing with matters pertaining to HIV/AIDS, in accordance with the rules, procedures and well-established practice of the United Nations system;
 - (b) The process of identification of the non-governmental organizations that sought to participate in the work of the Board would be determined by the non-governmental organizations themselves. The Board would formally approve the nomination of those organizations;
 - (c) There would be five such non-governmental participants, three from developing countries and two from developed countries and countries with economies in transition;

- (d) In making the selection, non-governmental organizations would be encouraged to seek competent and relevant representatives, for example participation by groups concerned with economic and social development and groups representing people affected by HIV/AIDS;
 - (e) The need for rotation among non-governmental organizations was recognized; the appointment of an individual organization should not exceed three years;
 - (f) Non-governmental organizations would be advised of the terms and conditions of their participation. It would be made clear to them that such participation would include:
 A seat at the table with 6 representatives of the Committee of Co-sponsoring Organizations and the 22 Member States;
 Non-governmental organizations would be able to speak;
 Non-governmental organizations would have no negotiating role;
 Non-governmental organizations would not participate in any part of the formal decision-making process, including the right to vote, which is reserved for representatives of Governments;
 - (g) These arrangements for the participation of non-governmental organizations are not to be regarded as setting a precedent;
 - (h) Funding would be made available for the representatives of developing countries and for each of the three non-governmental organizations from developing countries to cover the costs of one representative each to attend Board meetings. Such funds would cover the cost of daily subsistence allowance and travel only and would be based on existing eligibility criteria.
3. It was also recommended that the Economic and Social Council should review the Programme at its organizational session for 1996.

Notes

1/ See E/1995/71.



3. UNAIDS Programme Coordinating Board

Established in 1994 by a resolution of the UN Economic and Social Council and launched in January 1996, UNAIDS is guided by a Programme Coordinating Board (PCB) with representatives of 22 governments from all geographic regions, the UNAIDS Cosponsors, and five representatives of nongovernmental organizations, including associations of people living with HIV.

The Programme Coordinating Board has the following broad functions:

- ▶ To establish broad policies and priorities for the Joint Programme, taking into account the provisions of General Assembly resolution 47/199;
- ▶ To review and decide upon the planning and execution of the Joint Programme. For this purpose, it is kept informed of all aspects of the development of the Joint Programme and considers reports and recommendations submitted to it by the Executive Director, and the Committee of Cosponsoring Organizations (CCO);
- ▶ To review and approve the plan of action and budget for each financial period, prepared by the Executive Director and reviewed by the CCO;
- ▶ To review proposals of the Executive Director and approve arrangements for the financing of the Joint Programme;
- ▶ To review longer term plans of action and their financial implications;
- ▶ To review audited financial statements submitted by the Joint Programme;
- ▶ To make recommendations to the Cosponsoring Organizations regarding their activities in support of the Joint Programme, including those of mainstreaming;
- ▶ To review periodic reports that evaluate the progress of the Joint Programme towards the achievement of its goals.



**MODUS OPERANDI
OF THE PROGRAMME COORDINATING BOARD
OF THE JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS
(UNAIDS)**

(Revised December 2011)

Establishment

1. The worldwide epidemic of AIDS - a syndrome caused by HIV - is one of the major tragedies of our time. HIV continues to spread, invisibly, at a rate of many thousands of new infections every day, and its impact will continue to wreak unprecedented havoc among individuals, families and all sectors of societies well into the twenty-first century. The magnitude and duration of the epidemic, and the complex challenge of leading and sustaining the response to it, call for a special global programme.
2. Resolution 1994/24 adopted by ECOSOC in July 1994 endorsed the establishment of the joint and cosponsored United Nations programme on HIV/AIDS as outlined in the annex to the resolution. That annex described the fundamental characteristics that would comprise such a programme. In Section VI of the annex on Organizational Structure, it is indicated that the Executive Director of the programme, appointed by the UN Secretary-General upon the recommendation of the Cosponsors, will report directly to the Programme Coordinating Board which will serve as the governance structure for the programme. The cosponsors have formed a Committee of Cosponsoring Organizations (CCO) and the terms of reference of the CCO and the UNAIDS Secretariat are found in Annex 1 of this document.
3. Resolution 1994/24 also indicated that the Board's detailed responsibilities and meeting schedule will be specified in a document containing its terms of reference. These details are set out below and take into consideration the subsequent discussions of ECOSOC at its organizational sessions and the resolution adopted at its 1995 substantive session (ECOSOC resolution 1995/2 refers).

Purpose

4. The Programme Coordinating Board (PCB) acts as the governing body on all programmatic issues concerning policy, strategy, finance, monitoring and evaluation of UNAIDS.

Functions

5. In order to carry out its functions the PCB shall be kept informed of all aspects of the development of UNAIDS and take into account, in matters of strategy and technical policy, the reports and recommendations of the CCO and the Executive Director, and appropriate reports and recommendations from UNAIDS scientific and technical advisory committees established by the Executive Director. The functions of the PCB are:
- (i) To establish broad policies and priorities for the Joint Programme, taking into account the provisions of General Assembly resolution 47/199;
 - (ii) To review and decide upon the planning and execution of the Joint Programme. For this purpose, it shall be kept informed of all aspects of the development of the Joint Programme and consider reports and recommendations submitted to it by the CCO and the Executive Director;
 - (iii) To review and approve the plan of action and budget for each financial period, prepared by the Executive Director and reviewed by the CCO;
 - (iv) To review proposals of the Executive Director and approve arrangements for the financing of the Joint Programme;
 - (v) To review longer term plans of action and their financial implications;
 - (vi) To review audited financial reports submitted by the Joint Programme;
 - (vii) To make recommendations to the Cosponsoring Organizations regarding their activities in support of the Joint Programme, including those of mainstreaming; and
 - (viii) To review periodic reports that will evaluate the progress of the Joint Programme towards the achievement of its goals.
6. Annual reports submitted to the PCB on the work of the Joint Programme, together with any comments as the PCB may wish to make, shall be made available to the governing bodies of each of the Cosponsoring Organizations and ECOSOC.

Composition

7. The membership of the PCB comprises 22 Member States, elected from among the Member States of the Cosponsoring Organizations, with the following regional distribution:
- | | |
|-----------------------------------------------------|---------|
| Western European and Others Group | 7 seats |
| Africa | 5 seats |
| Asia and Pacific | 5 seats |
| Latin America and the Caribbean | 3 seats |
| Eastern European/Commonwealth of Independent States | 2 seats |

8. The term of membership of these 22 members shall be three years. The initial terms of members shall vary in order to achieve a staggering of membership. After the initial elections, approximately one third of the membership shall be replaced annually.
9. Each of the Cosponsors shall have full rights of participation in the PCB but without the right to vote (see the terms of reference of the CCO in Annex 1 of this Modus Operandi).
10. Five nongovernmental organizations (NGOs), three from developing countries and two from the developed countries or countries with economies in transition, shall be invited to participate in meetings of the PCB but without the right to take part in the formal decision-making process and without the right to vote (ECOSOC resolution 1995/2 refers).
11. The selection of the five nongovernmental organizations would be determined by the NGOs themselves from among those either in consultative status with ECOSOC or in relationship with one of the cosponsoring organizations or on the roster of NGOs dealing with matters pertaining to HIV/AIDS. The PCB shall formally approve the NGOs nominated. The terms of office of the selected NGOs shall not exceed three years.

Observers

12. Upon written application, which expresses a manifest interest, observer status for PCB meetings may be granted by the Executive Director, in consultation with the chairperson of the PCB, to any Member State of any of the Cosponsoring Organizations, and any intergovernmental or nongovernmental organization. Observers will make their own arrangements to cover expenses incurred in attending meetings of the PCB.
13. Observers may participate, when invited to do so by the chair, in the deliberations of the PCB on matters of particular concern to them. Observers may have access to PCB background documents. They may submit memoranda to the Executive Director who shall determine the nature and scope of their circulation. Observers must work through the Board members/ participants to propose decision points or introduce new agenda items.

Meetings

14. PCB meetings shall be held twice a year in principle. However, the second session in the odd years shall be held only when there is a substantive need and if sufficient resources are available. In this regard, the PCB may decide in an even year to cancel the second meeting during the following, odd, year. The sessions will be public unless the PCB decides otherwise. Each session will consist of a decision making segment and a thematic segment.

15. The Executive Director of UNAIDS serves as the Secretary of the PCB.
16. In consultation with the PCB Bureau the Executive Director shall prepare an agenda for each meeting.
17. Announcements of regular meetings, accompanied by the provisional agenda, shall be sent to members, participants and observers, at least sixty days before the first day of the meeting; background documents will be prepared in English and French and sent as soon as possible thereafter.
18. PCB decisions will include clear language on who is responsible for their implementation, and also a time frame, costing, source of funds and identified reporting mechanisms and should take into account the linkages to, and impact of, the decision for existing workplans and priorities.
19. Simultaneous interpretation will be provided for all PCB meetings in English and French. Simultaneous interpretation into other UN official languages may be provided on written request submitted by a member to the Secretary no later than six weeks prior to a full meeting of the PCB.
20. Two thirds of the voting members of the PCB, i.e., fifteen, constitute a quorum.
21. Funds will be made available to cover the costs for per diem and travel incurred in connection with the attendance at PCB meetings for one representative from each developing country, from each country with an economy in transition and for one representative from each of the five nongovernmental organizations.

Officers

22. The PCB shall elect from among its members and States elected as members as of 1 January of the following calendar year a chair, a vice-chair and a rapporteur. For States elected as a member as of 1 January of the following calendar year a written statement of interest shall be required. The terms of office of the three elected officials will be one calendar year starting on 1 January. It is expected that the vice-chair will be elected to take the office of chair for the subsequent calendar year unless the vice-chair has indicated that he/she does not seek election as chair, or if the vice-chair was unable to complete his/her term of office. Officers will be elected taking into account a fair geographical distribution.
23. Should the chair be unable to complete its term of office, the vice-chair will take over the office of chair and the PCB shall elect a new vice-chair at its next meeting.
24. The chair or, in its absence, the vice-chair, shall preside over meetings of the PCB. The chair shall function as a neutral moderator of the Board with the following roles and responsibilities to:

- ➔ lead and facilitate Board discussions to promote effective decision making and focused and constructive debate;
 - ➔ facilitate the effective contribution and active engagement of all Board members, participants, and, where appropriate, observers i.e. by promoting the plenary as the principal forum for full but focused discussion and adoption of decisions;
 - ➔ ensure that decision-making and other procedures of the Board follow the agreed rules and principles, including the principle of decision-making by consensus;
 - ➔ form, when appropriate, a drafting group with balanced representation – that will not normally be held in parallel with plenary – and lead its work to ensure its effectiveness;
 - ➔ encourage participation by Executive Heads of Cosponsoring agencies in meetings of the Board;
 - ➔ initiate meetings with PCB NGOs and Cosponsors prior to each Board meeting;
 - ➔ work closely with the Executive Director and the Secretariat to ensure timely and effective actions related to the Board and its functions, as necessary; and
 - ➔ carry out any other duties as delegated by the Board in a particular decision point.
25. The vice-chair shall support the chair and carry out other tasks assigned by the PCB Bureau during and between Board meetings, as necessary.
 26. The rapporteur shall carry out tasks assigned by the PCB Bureau during and between Board meetings and shall participate as a full member of the PCB Bureau.
 27. All officers shall ensure their appropriate representation in all Board-related matters including the PCB Bureau.

Procedures

28. The PCB may establish subcommittees and ad hoc working groups to assist it in carrying out its functions.
29. The PCB shall endeavour to adopt its decisions and recommendations by consensus. Should decisions by voting or other procedural advice be necessary, the PCB shall use the Rules of Procedures in Annex 2 of this Modus Operandi.
30. Recommendations, decisions and conclusions shall be submitted for adoption by the members prior to the close of PCB meetings and

distributed to all participants preferably within one week of the close of the meeting.

31. A report of the PCB meeting shall incorporate the recommendations, decisions and conclusions referred to in paragraph 30 above and be distributed to members and other participants within sixty days of the close of the meeting.
32. The PCB may amend or supplement its *modus operandi*.

Annex 1

Terms of Reference of the Committee of Cosponsoring Organizations and the UNAIDS Secretariat

I. Committee of Cosponsoring Organizations Functions

1. A Committee of Cosponsoring Organizations (CCO) serves as the forum for the Cosponsoring Organizations to meet on a regular basis to consider matters concerning UNAIDS, provides input from the cosponsoring organizations into the policies and strategies of UNAIDS, and serves as a standing committee of the PCB. Specifically, the CCO has the following functions:
 - (i) To review work plans and the proposed programme budget for each coming financial period, prepared by the Executive Director and reviewed by such advisory committees as may be established by the Executive Director, in time for presentation each year to the PCB;
 - (ii) To review technical and financial proposals to the PCB for the financing of the Joint Programme for the coming financial period;
 - (iii) To review technical and audited financial reports submitted by the Executive Director (including reports by advisory committees established by the Executive Director), and to transmit these with comments as appropriate to the PCB;
 - (iv) To make recommendations to the PCB in particular on relevant policy issues emerging from each Cosponsors' Governing Board, and to identify key PCB decisions which should be brought to the attention of cosponsor governing bodies;
 - (v) To review the activities of each Cosponsoring Organization for appropriate support of, as well as consistency and coordination with, the activities and strategies of the Joint Programme;
 - (vi) To report to the PCB, including through the annual oral presentation by the CCO Chair or her/his high level representative on the efforts of the Cosponsoring Organizations to bring the Joint Programme's policy as well as strategic and technical guidance into the policies and strategies of their respective organizations and to reflect them in activities specific to their mandates; and
 - (vii) To decide on behalf of the PCB on issues referred to it for this purpose by the PCB.

Composition

2. The CCO is comprised of the Head of each of the Cosponsoring Organizations or their designated representatives. They are supported by their respective Global Coordinator and Focal Point.

3. Global Coordinators are the officials who lead each Cosponsoring Organization's primary HIV-focused team and Focal Points are the officials in each Cosponsoring Organization responsible for day to day coordination on HIV programming with officials of the UNAIDS Secretariat and other cosponsors. Global Coordinators and Focal Points provide input to the Head of their Organization on relevant strategic, policy and programme matters to be brought to the attention of UNAIDS, and ensure that the policy, strategic and technical guidance of the Joint Programme is reflected in the activities specific to their mandates and respective result frameworks.
4. Proposals by UN-system organizations to join the Joint Programme as Cosponsors shall be reviewed by the CCO and then submitted to the PCB for its consideration and approval.

II. UNAIDS Secretariat

5. The Secretariat comprises the Executive Director and such technical and administrative staff as the Programme may require.
6. The Executive Director shall be appointed by the Secretary-General of the United Nations upon the consensus recommendation of the Cosponsoring Organizations. The Executive Director shall be subject to the authority of the PCB.
7. The Executive Director is, ex-officio, Secretary of the PCB, of the CCO, of all subcommittees of the PCB and of conferences organized by UNAIDS. He/she may delegate the functions.
8. The Executive Director may, by agreement with Member States of the Cosponsoring Organizations, have direct access to their various departments, administrations and organizations, whether governmental or nongovernmental. He/she may also establish direct relations with international organizations whether intergovernmental or nongovernmental.
9. The Executive Director shall, in the exercise of providing leadership and guidance to the programme:
 - (i) Prepare and submit to the PCB, after review by the CCO, the workplan and budget for each biennium;
 - (ii) Mobilize and manage, in accordance with the financial regulations and rules of WHO (the agency providing administration of UNAIDS), programme financial resources on the basis of the budget approved by the PCB;
 - (iii) Select, supervise, promote and terminate all staff of the Secretariat acting within the staff regulations and rules of WHO which shall be adjusted, as necessary, to take into account the special needs of

UNAIDS;

- (iv) Establish such policy and technical advisory committees as he/she deems necessary in order to advise him/her on any aspect of UNAIDS. The Executive Director shall make available to the PCB and the CCO, as appropriate, the reports of such technical advisory committees. The members of such committees, to be selected by the Executive Director, shall serve in a personal capacity and represent a broad range of disciplines and experience;
 - (v) Delegate to the staff of the programme the authority necessary for the effective implementation of UNAIDS' activities.
10. In the performance of their duties the Executive Director and the staff shall not seek or receive instructions from any government or from any authority external to the Programme.

Annex 2

Rules of Procedure of the Programme Coordinating Board (PCB) of UNAIDS

Conduct of Business

Rule 1: The PCB may limit the time allowed to each speaker.

Rule 2: During the discussion of any matter, a member may rise to a point of order, and the point of order shall be immediately decided by the Chairperson. A member may appeal against the ruling of the Chairperson, in which case the appeal shall immediately be put to the vote. A member rising to a point of order may not speak on the substance of the matter under discussion but on the point of order only.

Rule 3: During the course of a debate the Chairperson may announce the list of speakers and, with the consent of the PCB, declare the list closed. The Chairperson may, however, accord the right of reply to any member if in his/her opinion a speech delivered after the list was declared closed makes it desirable.

Rule 4: During the discussion of any matter, the Chairperson, with the consent of the PCB, may adjourn the debate on the item under discussion.

Rule 5: The Chairperson may at any time, with the consent of the PCB, close the debate on the item under discussion whether or not any other member has signified the wish to speak.

Voting

Notwithstanding the principle in paragraph 29 of the PCB Modus Operandi, the following rules shall apply should the PCB decide to proceed to a vote:

Rule 6: For the purpose of these rules, the phrase “members present and voting” means those members with the right to vote casting a valid affirmative or negative vote. Members abstaining from voting shall be considered as not voting.

Rule 7: The decisions of the PCB shall be made by a majority of the members present and voting.

Rule 8: If the votes are equally divided the proposal shall be regarded as not adopted.

Rule 9: The PCB shall normally vote by show of hands, except that any member may request a roll-call which, if the majority so agree, shall then be taken in the alphabetical order of the names of the members. The name of the member to vote first shall be determined by lot.

Rule 10: The vote of each member participating in any roll-call shall be inserted in the records.

Rule 11: After the Chairperson has announced the beginning of voting, no member shall interrupt the voting except on a point of order in connection with the actual conduct of voting.

Rule 12: Elections shall normally be held by secret ballot. If there is only one candidate, the PCB may decide to proceed to elect the candidate without taking a ballot.

Rule 13: The PCB may vote on any matter by secret ballot if it has previously so decided by a majority of the members present and voting, provided that no secret ballot may be taken on budgetary questions.

A decision under this rule by the PCB whether or not to vote by secret ballot may only be taken by a show of hands; if the PCB has decided to vote on a particular question by secret ballot, no other mode of voting may be requested or decided upon.

Rule 14: Any of these rules may be suspended by the PCB by a two-thirds majority.

Rule 15: The PCB may amend or supplement these rules.

Rule 16: The PCB may at its discretion apply such rules of procedure of equivalent meetings of the World Health Organization, the Agency providing administrative support to UNAIDS, as it may deem appropriate to particular circumstances for which provision does not exist in these rules.

Annex 3

Terms of Reference of the Programme Coordinating Board Bureau

Functions

1. The Programme Coordinating Board (PCB) Bureau is intended to maximize the effectiveness and efficiency of the PCB. Specifically, the PCB Bureau has the responsibility for coordinating the PCB's programme of work for the year, including:
 - i. Facilitating the smooth and efficient functioning of PCB sessions;
 - ii. Facilitating transparent decision-making at the PCB;
 - iii. Preparing the PCB agenda, and recommending the allocation of time to, and the order of, discussion items;
 - iv. Providing guidance on PCB documentation, as needed; and
 - v. Carrying out additional functions as directed by the PCB.

Composition

2. The PCB Bureau is comprised of representatives of the officers of the PCB (chairperson, vice-chairperson and rapporteur), the Chair of the Committee of Cosponsoring Organizations and the PCB NGO Delegation. They may be accompanied by advisers.

Inter-sessional decision making

3. When a decision is required by the PCB that cannot wait until the next scheduled PCB meeting the PCB Bureau may use the following inter-sessional process. This process is only applicable for decisions that are required by the PCB Bureau to complete functions that have been specifically mandated to it by the Board:
 - i. PCB Chair will send an email communication using the list established by the Secretariat which will contain background information and a description of the decision. A notice of receipt of the email will be required and a deadline set for the receipt by the Chair of the replies to the proposed decision point.
 - ii. If a quorum (15) is reached, in terms of the answers received to the decision point by the established deadline, the responsible body will act in accordance with the majority view.
 - iii. If a quorum is not reached, then the responsible body has no basis on which to move forward and will revert to the PCB Bureau for decision on further action, if any.

- iv. This process will be reviewed periodically at the Programme Coordinating Board with respect to its effectiveness, particularly if any Member States expresses dissatisfaction with the process.
- 4. The Secretariat will carry out the following steps to ensure that the inter-sessional contact list is kept current:
 - i. The Secretariat shall update the contact list annually for all twenty-two members of the Board and on an ad hoc basis when exceptional changes in the PCB membership occur.
 - ii. In January of each year the Executive Director of UNAIDS will send a letter to the Heads of the member delegations of the Board asking them to nominate a named individual plus an alternate who will both receive all communication related to the decision that needs to be made. Full contact details will be required for both named individuals.
 - iii. On receipt of all names, the Secretariat will send a test mail to all focal points and alternates.
 - 5. Member States shall notify the Secretariat when changes to the contact list are required.

4. Composition of constituencies

The composition of the UNAIDS Programme Coordinating Board is based on the regional groups that are used by the UN General Assembly, ECOSOC and its subsidiary bodies. The list below is provided for reference only. It should be noted that these constituencies have their own internal procedures and their membership is subject to change.

African States:

Algeria	Libya
Angola	Madagascar
Benin	Malawi
Botswana	Mali
Burkina	Mauritania
Faso	Mauritius
Burundi	Morocco
Cameroon	Mozambique
Cape Verde	Namibia
Central African Republic	Niger Nigeria
Chad	Rwanda
Comoros	Sao Tome and Principe
Congo	Senegal
Côte d'Ivoire	Seychelles
Democratic Republic of the Congo	Sierra Leone
Djibouti	Somalia
Egypt	South Africa
Equatorial Guinea	South Sudan
Eritrea	Sudan
Eswatini	Togo
Ethiopia	Tunisia
Gabon	Uganda
Gambia	United Republic of Tanzania
Ghana	Zambia
Guinea	Zimbabwe
Guinea-Bissau	
Kenya	
Lesotho	
Liberia	

Asian States:

Afghanistan	Mongolia
Bahrain	Myanmar
Bangladesh	Nauru
Bhutan	Nepal
Brunei	Oman
Darussalam	Pakistan
Cambodia	Palau
China	Papua New Guinea
Cyprus	Philippines
Democratic People's Republic of Korea	Qatar
Fiji	Republic of Korea
India	Samoa
Indonesia	Saudi Arabia
Iran (Islamic Republic of)	Singapore
Iraq	Solomon Islands
Japan	Sri Lanka
Jordan	Syrian Arab Republic
Kazakhstan	Tajikistan
Kuwait	Thailand
Kyrgyzstan	Timor-Leste
Lao People's Democratic Republic	Tonga
Lebanon	Turkmenistan
Malaysia	n Tuvalu
Maldives	United Arab Emirates
Marshall Islands	Uzbekistan
Micronesia (Federated States of)	Vanuatu
	Vietnam
	Yemen

**Eastern
European
States:**

Albania
Armenia
Azerbaijan
Belarus
Bosnia and
Herzegovina
Bulgaria
Croatia
Czech Republic
Estonia
Georgia
Hungary
Latvia
Lithuania
Montenegro
Poland
Republic of
Moldova
Romania
Russian
Federation
Serbia
Slovakia
Slovenia
The former
Yugoslav
Republic
of Macedonia
Ukraine

**Latin American
and Caribbean States:**

Antigua and
Barbuda
Argentina
Bahamas
Barbados
Belize
Bolivia
Brazil
Chile
Colombia
Costa
Rica
Cuba
Dominica
Dominican
Republic
Ecuador
El Salvador
Grenada
Guatemala
Guyana
Haiti
Honduras
Jamaica
Mexico
Nicaragua
Panama
Paraguay

Peru
Saint Kitts and Nevis
Saint Lucia
Saint Vincent and
the Grenadines
Suriname
Trinidad and Tobago
Uruguay
Venezuela
(Bolivarian
Republic of)

**Western European
and Other States:**

Andorra
Australia
Austria
Belgium
Canada
Denmark
Finland
France
Germany
Greece
Iceland
Ireland
Israel
Italy
Liechtenstein
Luxembourg
Malta
Monaco
Netherlands
New Zealand
Norway
Portugal
San Marino
Spain
Sweden
Switzerland
Turkey
United Kingdom
United States

Notes:

- The United States of America is not a member of any regional group but attends meetings of the Western European and Other States Group (WEOG) as an observer and is considered to be a member of that group for electoral purposes. Turkey participates fully in both the Asian group and WEOG, but for electoral purposes is considered a member of WEOG only. Israel became a full member of the WEOG on a temporary basis on 28 May 2000.
- As at 31 May 2007 Kiribati was not a member of any regional group.
- In addition to Member States, the Holy See is non-Member State that has an observer status in the UN. By GA res. 52/250(1998) the General Assembly conferred upon Palestine, in its capacity as observer, additional rights and privileges of participation. These included the right to participation in the general debate of the General Assembly but did not include the rights to vote or put forward candidates.

5. UNAIDS Programme Coordinating Board Bureau

PCB Bureau Guiding Principles and Terms of Reference

The basic guiding principles, terms of reference and the membership of the Bureau were approved by the 15th meeting of the Programme Coordinating Board (PCB) and subsequently incorporated into the Modus Operandi at the 23rd meeting of the PCB.



Functions

The PCB Bureau is intended to maximize the effectiveness and efficiency of the Board. Specifically, the PCB Bureau has the responsibility for coordinating the PCB's programme of work for the year, including:

- a) Facilitating the smooth and efficient functioning of PCB sessions;
- b) Facilitating transparent decision-making at the PCB;
- c) Preparing the PCB agenda, and recommending the allocation of time to, and the order of, discussion items;
- d) Providing guidance on PCB documentation, as needed; and
- e) Carrying out additional functions as directed by the PCB.

Composition

The PCB Bureau is comprised of representatives of the officers of the PCB (chairperson, vice-chairperson and rapporteur), the Chair of the Committee of Cosponsoring Organizations and the PCB NGOs Delegation. They may be accompanied by advisers.

6. Cosponsors



UNAIDS brings together in the AIDS response the efforts and resources of eleven UN system organizations. The eleven UNAIDS cosponsoring organizations are:

- Office of the United Nations High Commissioner for Refugees (UNHCR)**
- United Nations Children’s Fund (UNICEF)**
- World Food Programme (WFP)**
- United Nations Development Programme (UNDP)**
- United Nations Population Fund (UNFPA)**
- United Nations Office on Drugs and Crime (UNODC)**
- UN Women**
- International Labour Organization (ILO)**
- United Nations Educational, Scientific and Cultural Organization (UNESCO)**
- World Health Organization (WHO)**
- The World Bank**

Principles for Cosponsorship

The following revised guiding principles for the Cosponsoring Organizations were confirmed and agreed by the Committee of Cosponsoring organizations and presented to the Programme Coordinating Board at its 47th meeting in December 2020.

- ▶ The organization brings an identifiable comparative advantage to the Joint UN Programme on HIV/AIDS and has a mandate to carry out activities related to HIV.
- ▶ The organization is a UN-system body.
- ▶ The organization's Executive Head and its senior leadership regularly engage in the development and review of the policies and frameworks of the Joint UN Programme on HIV/AIDS through the Committee of Cosponsoring Organizations (CCO).
- ▶ There is a commitment to participate in the Unified Budget Results and Accountability Framework (UBRAF*) or any other future iteration, including assistance in mobilizing resources for this.
- ▶ The organization has a strategy and framework that contributes to the goals of the Joint UN Programme on HIV and AIDS.
- ▶ The organization's governing body considers how the organization is addressing HIV within its mandate and policies.
- ▶ The organization designates its own resources to fund HIV-related issues, including through dedicated staff.
- ▶ The organization has resources and capacity at regional and country levels available to support the implementation of HIV-related activities.
- ▶ In countries with a Cosponsor presence the organization actively participates in Joint UN Teams on HIV/AIDS at the country level.
- ▶ The organization implements a clear, well-disseminated stand-alone or integrated HIV workplace policy.



* The Unified Budget, Results and Accountability Framework (UBRAF) replaced the UBW by PCB decision at its 28th meeting (June 2011)

Committee of Cosponsoring Organizations (CCO)

The UNAIDS Committee of Cosponsoring Organizations (CCO) comprises representatives from the eleven UNAIDS Cosponsors and the UNAIDS Secretariat. It meets twice a year and the chair rotates annually between all Cosponsors. The CCO serves as the forum for the Cosponsors to meet on a regular basis as a standing committee of the Programme Coordinating Board (PCB), to consider matters of major importance to UNAIDS, and to provide input from the Cosponsoring Organizations into the policies and strategies of UNAIDS.

The functions of the CCO are:

- ▶ To review work plans and the proposed programme budget for each coming financial period, prepared by the Executive Director and reviewed by such advisory committees as may be established by the Executive Director, in time for presentation to the annual PCB discussion of the programme budget;
- ▶ To review technical and financial proposals to the PCB for the financing of the Joint Programme for the coming financial period;
- ▶ To review technical and audited financial reports submitted by the Executive Director (including reports by advisory committees established by the Executive Director), and to transmit these with comments as appropriate to the PCB;
- ▶ To make recommendations for approval on particular aspects of the Joint Programme specifically referred to it by the PCB;
- ▶ To review the activities of each Cosponsoring Organization for appropriate support and consistency and coordination with the activities and strategies of the Joint Programme;
- ▶ To report to the PCB on the efforts of the Cosponsoring Organizations to bring the Joint Programme's policy, strategic and technical guidance into the policy and strategy mainstream of their respective organizations; reflect them in activities specific to their mandates; take decisions, on behalf of the PCB, on issues referred to it for this purpose by the PCB; and
- ▶ To prepare an annual report on its activities for the PCB.

Division of labour

UNAIDS and its eleven Cosponsors work to provide technical support to countries to assist them in the implementation of their national AIDS plans. To ensure countries receive the best technical support in specialized areas, and to avoid duplication, a ‘division of labour’ between the Cosponsor organizations guides the technical support offered. Based on the comparative advantages of each of the UNAIDS Organizations, the division of labour enables UNAIDS to deliver a unified and consolidated UNAIDS-sourced technical support plan throughout the programme.

Memorandum of Understanding (MOU)

In 1995, ECOSOC called on Cosponsoring Organizations to finalize and sign a Memorandum of Understanding (MOU) outlining the responsibilities and functions of the Cosponsors. The original six Cosponsors (UNICEF, UNDP, UNFPA, UNESCO, WHO and the World Bank) were later joined by UNODC (1999), ILO (2001), WFP (2003), UNHCR (2004) and UN Women (2012).

MEMORANDUM OF UNDERSTANDING ON A JOINT AND COSPONSORED UNITED NATIONS PROGRAMME ON HIV/AIDS

WHEREAS, the worldwide epidemic of acquired immunodeficiency syndrome (AIDS) - a syndrome caused by the human immunodeficiency virus (HIV) - is one of the major tragedies of our time which poses a threat of great magnitude to mankind, and requires a multidimensional response at global and country level;

WHEREAS the United Nations Children's Fund ("UNICEF"), the United Nations Development Programme ("UNDP"), the United Nations Population Fund ("UNFPA"), acting within their respective mandates from the General Assembly and the Economic and Social Council ("ECOSOC") of the United Nations; the United Nations Educational, Scientific and Cultural Organization ("UNESCO"); the World Health Organization ("WHO"); and the International Bank for Reconstruction and Development ("the Bank")¹, wish to undertake a joint and cosponsored United Nations programme on HIV/AIDS ("the Joint Programme"), to replace all prior arrangements, bilateral or otherwise, between them concerning HIV infection and AIDS ("HIV/AIDS");

WHEREAS the governing bodies of each of the organizations and ECOSOC, through its resolutions 1994/24 and E/1995/L.24/Rev.1⁽¹⁾, have endorsed the establishment of the Joint Programme;

NOW THEREFORE, UNICEF, UNDP, UNFPA, UNESCO, WHO and the Bank, collectively referred to as the "Cosponsoring Organizations" have agreed on the structure and operation of the Joint Programme as set forth below:

I. ESTABLISHMENT OF THE JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS ("UNAIDS")

- 1.1 There is hereby established a joint and cosponsored United Nations programme on HIV/AIDS, to be known as the Joint United Nations Programme on HIV/AIDS ("UNAIDS"), to further mobilize the global response to the epidemic and provide means of coordinated action.
- 1.2 UNAIDS is part of a much broader United Nations system response to HIV/AIDS which also includes:
 - The Cosponsoring Organizations' mainstreaming/integration activities;
 - The resident coordinator ⁽²⁾ system with its UN Theme Groups on HIV/AIDS, or any alternate arrangements, established at country level;
 - The Cosponsoring Organizations' respective activities at country level in support to national programmes;
 - The Cosponsoring Organizations' respective intercountry/regional activities, within the context of the global workplan of UNAIDS;
 - The HIV/AIDS activities undertaken by other United Nations system

¹ This group refers to the cosponsor known as "the World Bank".

- organizations in such areas as humanitarian aid, assistance to refugees, peace-keeping and human rights; and
- Activities undertaken by other United Nations system organizations in cooperation with bilateral aid agencies.

II. OBJECTIVES

The objectives of UNAIDS are to:

- (a) Provide global leadership in response to the epidemic;
- (b) Achieve and promote global consensus on policy and programmatic approaches;
- (c) Strengthen the capacity of the United Nations system to monitor trends and ensure that appropriate as well as effective policies and strategies are implemented at country level;
- (d) Strengthen the capacity of national Governments to develop comprehensive national strategies, and implement effective HIV/AIDS activities at country level;
- (e) 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, including nongovernmental organizations; and
- (f) Advocate greater political commitment in responding to the epidemic at global and country level, including the mobilization and allocation of adequate resources for HIV/AIDS-related activities.

III. COSPONSORSHIP

- 3.1 The Cosponsoring Organizations are committed to working together and contributing to UNAIDS. UNAIDS will draw upon the experience and strengths of the Cosponsoring Organizations to develop its HIV/AIDS-related policies, strategies and technical guidelines, which will be incorporated by each of them into their policy and strategy mainstream, subject to their governance processes, and reflected in the activities specific to their own mandates.
- 3.2 The activities of the Cosponsoring Organizations relating primarily to HIV/AIDS at global level shall be within the context of the global workplan of UNAIDS, developed in collaboration with the Cosponsoring Organizations. HIV/AIDS activities of the Cosponsoring Organizations at country level shall function within the framework of national plans and priorities and the resident coordinator system, where it exists.

IV. STRUCTURE AND ORGANIZATION OF UNAIDS

- 4.1 At global level, UNAIDS consists of the Programme Coordinating Board (PCB), the Committee of Cosponsoring Organizations (CCO) and the Secretariat.
- 4.2 At country level, UNAIDS will operate through a “UN Theme Group on HIV/AIDS” and will have Secretariat staff in selected countries.

V. PROGRAMME COORDINATING BOARD

The Programme Coordinating Board (PCB) shall act as the governing body on all programmatic issues concerning policy, strategy, finance, monitoring and evaluation of UNAIDS. Its composition and functions shall be determined by ECOSOC as well as the appropriate governing bodies of the Cosponsoring Organizations.

VI. COMMITTEE OF COSPONSORING ORGANIZATIONS

- 6.1 The Committee of Cosponsoring Organizations (CCO) shall serve as the forum for the Cosponsoring Organizations to meet on a regular basis to consider matters concerning UNAIDS and shall provide the input of the Cosponsoring Organizations into the policies and strategies of UNAIDS.
- 6.2 The CCO shall be comprised of the executive head, or his/her designated representative, of each of the Cosponsoring Organizations. Members of the CCO may be accompanied by a limited number of advisers.
- 6.3 The CCO shall have the following functions:
 - (i) To review workplans and the proposed programme budget for each coming financial period, prepared by the Executive Director and reviewed by any appropriate committee established for the purpose, in time for presentation to the PCB;
 - (ii) To review proposals to the PCB for the financing of UNAIDS for the coming financial period;
 - (iii) To review technical reports, as well as financial statements of UNAIDS and audited financial reports, submitted by the Executive Director, and to transmit these with comments as appropriate to the PCB;
 - (iv) To make recommendations to the PCB on matters relating to UNAIDS;
 - (v) To review the activities of each Cosponsoring Organization for consistency and coordination with, as well as appropriate support to, the activities and strategies of UNAIDS;
 - (vi) To report to the PCB on the efforts of the Cosponsoring Organizations to bring UNAIDS's policy as well as strategic and technical guidance into the policies and strategies of their respective organizations and to reflect them in activities specific to their mandates; and
 - (vii) To decide, on behalf of the PCB, on issues referred to it for this purpose by the PCB.
- 6.4 The CCO may establish such advisory committees as it deems necessary for the accomplishment of its work.

VII. UNAIDS SECRETARIAT

- 7.1 An Executive Director shall head the UNAIDS Secretariat. The Executive Director shall be appointed by the Secretary-General of the United Nations, upon the consensus recommendation of the Cosponsoring Organizations. The appointment shall be implemented by the agency providing administration of UNAIDS. The Executive Director shall be responsible for the overall management of UNAIDS. The Executive Director may establish such policy and technical advisory committees as may be required.
- 7.2 The Executive Director shall prepare a biennial workplan and budget for UNAIDS, which shall be submitted to the PCB for approval, following review by the CCO.
- 7.3 The Executive Director shall report to the PCB, after consultation with the CCO, on all major programme, budget and operational issues of UNAIDS.
- 7.4 The Executive Director shall be Secretary of the PCB and of the CCO.

VIII. GLOBAL LEVEL

At global level, UNAIDS will provide support in policy formulation, strategic planning, technical guidance, research and development, advocacy and external relations. Working closely with the appropriate organizations, UNAIDS will also support normative activities relating to HIV/AIDS in areas such as social and economic planning, population, culture, education, health, community development and social mobilization, sexual and reproductive health, and women and adolescents.

IX. COUNTRY LEVEL

- 9.1 It is recognized that national Governments have the ultimate responsibility for the coordination of HIV/AIDS issues at country level. To this end, the arrangements of UNAIDS for coordinating HIV/AIDS activities will complement and support Government efforts for national development planning. The Cosponsoring Organizations shall incorporate the normative work undertaken by UNAIDS at global level on policy, strategy and technical matters into their HIV/AIDS activities and related activities undertaken at country level, consistent with national plans and priorities of the countries concerned. An important function of UNAIDS will be to strengthen national capacities to plan, coordinate, implement and monitor the overall response to HIV/AIDS. The participation in UNAIDS of six organizations of the United Nations system will ensure the provision of technical and financial assistance to national activities in a coordinated multisectoral manner. This will strengthen intersectoral coordination of HIV/AIDS activities and will facilitate further incorporation of these activities in national programme and planning processes.
- 9.2 Within the framework of General Assembly resolutions 44/211 and 47/199, the resident coordinator shall establish a UN Theme Group on HIV/AIDS in countries for carrying out HIV/AIDS and related activities, and designate a chairperson from among the members of the Theme Group, bearing in mind the desirability of making a selection reflecting the consensus views of the

Cosponsoring Organizations present in the country concerned. In countries where the resident coordinator system does not exist or where only one of the Cosponsoring Organizations is present, alternate arrangements shall be made, in agreement with the national authorities, to facilitate the support to the national response to HIV/AIDS.

- 9.3 UNAIDS will facilitate coordination among the Cosponsoring Organizations at country level and may decide to station staff of the Secretariat in selected countries to support the chairperson of the UN Theme Group on HIV/AIDS.

X. FLOW OF UNAIDS FUNDS

- 10.1 Funds for UNAIDS activities at global level will be obtained through appropriate common global means, including a Global Appeal.
- 10.2 Funding for country-level HIV/AIDS-related activities will be obtained primarily through existing fund-raising mechanisms of the Cosponsoring Organizations.

XI. ADMINISTRATION OF UNAIDS

- 11.1 WHO shall provide administration of UNAIDS. It shall establish a separate trust fund (entitled “UNAIDS Trust Fund”), under its Financial Regulations and Rules, for the receipt and disbursement of financial contributions to UNAIDS.
- 11.2 Financial contributions to the UNAIDS Trust Fund may consist of voluntary cash contributions received from Cosponsoring Organizations, from Governments of Member States of any of the Cosponsoring Organizations, from intergovernmental and nongovernmental organizations, as well as from commercial enterprises and individuals. In addition, WHO may also receive, in trust for UNAIDS, contributions in kind, e.g., staff, equipment, facilities or services. The resources of UNAIDS shall consist of the aforesaid cash and in-kind contributions.
- 11.3 All expenditures under UNAIDS shall be authorized by the Executive Director against funds received or committed, in accordance with the WHO’s Financial Regulations and Rules.
- 11.4 The Executive Director shall be responsible for the selection, supervision, promotion and termination of all Secretariat staff, acting within the staff regulations and rules of WHO which will be adjusted, as necessary, to take into account special needs of UNAIDS. The appointment, promotion and termination of the Secretariat staff shall be implemented by WHO.
- 11.5 All Secretariat staff shall be recruited for service with UNAIDS only. WHO shall be responsible for administrative matters of their employment.
- 11.6 Subject to the possible need to make special arrangements to take into account the particular operational needs of UNAIDS, the operation of UNAIDS shall be carried out in accordance with the administrative and financial regulations, rules and procedures of WHO. WHO shall, in agreement with the Executive Director, elaborate such further details of the administration of UNAIDS as are necessary for its proper functioning.

- 11.7 WHO shall be entitled to apply a charge covering its costs in providing administration of UNAIDS.

XII. FINAL PROVISIONS

- 12.1 This Memorandum of Understanding shall enter into force upon signature of the executive heads of all six Cosponsoring Organizations listed in the Preamble to this Memorandum of Understanding.
- 12.2 After the first anniversary of the entry into force of this Memorandum of Understanding and with the unanimous agreement of the existing Cosponsoring Organizations, other United Nations system organizations may become Cosponsoring Organizations by signature of the Memorandum of Understanding.
- 12.3 At the time of the second anniversary of the entry into force of this Memorandum of Understanding, the Cosponsoring Organizations agree to review the Memorandum of Understanding in order to determine whether it should be amended to further improve the operation of UNAIDS. Amendments to the Memorandum of Understanding shall be made by agreement among the Cosponsoring Organizations.
- 12.4 The Cosponsoring Organizations assume no liability for the acts or omissions of the Executive Director or his/her staff.

7. NGO/civil society participation in Programme Coordinating Board

The position of NGOs on the UNAIDS Programme Coordinating Board is very important for the effective inclusion of community voices in the key global policy forum for HIV and AIDS. PCB NGOs represent the perspectives of civil society, including people living with HIV within UNAIDS policies and programming.



- ➔ Five nongovernmental organizations (NGOs), three from developing countries and two from the developed countries or countries with economies in transition, shall be invited to participate in meetings of the PCB but without the right to take part in the formal decision-making process and without the right to vote (ECOSOC resolution 1995/2 refers).
- ➔ The selection of the five nongovernmental organizations would be determined by the NGOs themselves from among those either in consultative status with ECOSOC or in relationship with one of the cosponsoring organizations or on the roster of NGOs dealing with matters pertaining to HIV/AIDS. The PCB shall formally approve the NGOs nominated. The terms of office of the selected NGOs shall not exceed three years.

The Modus Operandi of the UNAIDS Programme Coordinating Board stipulates that:

PCB NGOs hold one seat on the Programme Coordinating Board for each of the following five regions:

- ▶ Africa
- ▶ Asia/Pacific
- ▶ Europe
- ▶ Latin America/Caribbean
- ▶ North America

For each seat, there is an alternate who is nominated by PCB NGOs and formally approved by the Programme Coordinating Board.

Communication and Consultation Facility

Following a recommendation from the Programme Coordinating Board at its 20th meeting in June 2007, the Communication and Consultation Facility (CF) was established in April 2008 to support the work of the PCB NGOs. The objective of the Communication and Consultation Facility is, under the leadership of PCB NGOs, to ensure that the voices of the broad and diverse civil society communities are heard and reflected in the development of international policies that will meet their needs.



8. UNAIDS Secretariat

With its headquarters in Geneva, the UNAIDS Secretariat works on the ground in more than 80 countries.

UNAIDS has five focus areas for a more effective global response to AIDS:

- ▶ Mobilizing leadership and advocacy for effective action on the epidemic
- ▶ Providing strategic information and policies to guide efforts in the AIDS response worldwide
- ▶ Tracking, monitoring and evaluation of the epidemic - the world's leading resource for AIDS-related epidemiological data and analysis
- ▶ Engaging civil society and developing partnerships
- ▶ Mobilizing financial, human and technical resources to support an effective response



9. Goals, United Nations Declarations and Resolutions on AIDS

Through a series of goals, resolutions and declarations adopted by Member Nations of the United Nations, the world has a set of commitments, actions and goals to stop and reverse the spread of HIV and scale up towards universal access to HIV prevention, treatment, care and support services.

Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030 (2016)

Following the adoption of the Sustainable Development Goals and the ambitious AIDS fast-track agenda, the UN General Assembly High Level Meeting on AIDS took place from 6–8 June 2016 in New York. The 2016 Political Declaration includes a set of specific, time-bound targets that must be reached by 2020 to end the AIDS epidemic by 2030 within the framework of the SDGs.

Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS (2011)

Thirty years into the AIDS epidemic, and 10 years since the landmark UN General Assembly Special Session on HIV/AIDS, leaders came together at the 2011 UN General Assembly High Level Meeting on AIDS from 8–10 June 2011 in New York. They reviewed progress and adopted a new Political Declaration that includes new commitments and bold new targets which will create momentum in the AIDS response.

UN Security Council Resolution 1983 (2011)

Adopted by the Security Council on 7 June 2011, the resolution calls for increased efforts by UN Member States to address HIV in peacekeeping missions. It also calls for HIV prevention efforts among uniformed services to be aligned with efforts to end sexual violence in conflict and post-conflict settings.

Political Declaration on HIV/AIDS (2006)

In 2006 a Political Declaration on HIV/AIDS was adopted unanimously by UN Member States at the close of the United Nations General Assembly 2006 High Level Meeting on AIDS. It provides a strong mandate to help move the AIDS response forward, with scaling up towards universal access to HIV prevention, treatment, care and support. It also reaffirms the 2001 Declaration of Commitment and the Millennium Development Goals, in particular the goal to halt and begin to reverse the spread of AIDS by 2015.

Declaration of Commitment on HIV/AIDS (2001)

In 2001 Heads of State and Government Representatives of 189 nations gathered at the first-ever Special Session of the United Nations General Assembly on HIV/AIDS. They unanimously adopted the Declaration of Commitment on HIV/AIDS, acknowledging that the AIDS epidemic constitutes a “global emergency and one of the most formidable challenges to human life and dignity.” The Declaration of Commitment covers ten priorities, from prevention to treatment to funding.

UN Security Council Resolution 1308 (2000)

In January 2000 the UN Security Council made history when for the first time it debated a health issue—AIDS. By subsequently adopting Resolution 1308, it highlighted the possible growing impact of AIDS on social instability and emergency situations and potential damaging impact of HIV on the health of international peacekeeping personnel.

United Nations

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[without reference to a Main Committee ([A/70/L.52](#))]

70/266. Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030

The General Assembly

Adopts the political declaration on HIV and AIDS annexed to the present resolution.

*97th plenary meeting
8 June 2016*

Annex

Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030

1. We, Heads of State and Government and representatives of States and Governments assembled at the United Nations from 8 to 10 June 2016, reaffirm our commitment to end the AIDS epidemic by 2030 as our legacy to present and future generations, to accelerate and scale up the fight against HIV and end AIDS to reach this target, and to seize the new opportunities provided by the 2030 Agenda for Sustainable Development¹ to accelerate action and to recast our approach to AIDS given the potential of the Sustainable Development Goals to accelerate joined-up and sustainable efforts to lead to the end of the AIDS epidemic, and we pledge to intensify efforts towards the goal of comprehensive prevention, treatment, care and support programmes that will help to significantly reduce new infections, increase life expectancy and quality of life, and promote, protect and fulfil all human rights and the dignity of all people living with, at risk of and affected by HIV and AIDS and their families;
2. Reaffirm the 2001 Declaration of Commitment on HIV/AIDS² and the 2006 and 2011 political declarations on HIV and AIDS,³ and the urgent need to scale up significantly our efforts towards the goal of universal access to comprehensive prevention programmes, treatment, care and support;
3. Reaffirm the 2030 Agenda for Sustainable Development, including the resolve of Member States to end the AIDS epidemic by 2030, and the Addis Ababa Action Agenda of the Third International Conference on Financing for Development;⁴
4. Reaffirm 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 present Declaration consistent with national laws, national development priorities and international human rights;

¹ Resolution 70/1.

² Resolution S-26/2, annex.

³ Resolution 60/262, annex, and resolution 65/277, annex.

⁴ Resolution 69/313, annex.

5. Reaffirm the Universal Declaration of Human Rights,⁵ the International Covenant on Civil and Political Rights,⁶ the International Covenant on Economic, Social and Cultural Rights,⁶ the Beijing Declaration and Platform for Action⁷ and the outcomes of its reviews, the outcome documents of the twenty-third special session of the General Assembly,⁸ the Programme of Action of the International Conference on Population and Development,⁹ the key actions for its further implementation¹⁰ and the outcomes of its reviews, and note the outcome documents of the regional review conferences, stressing that the outcome documents of the regional review conferences provide region-specific guidance on population and development beyond 2014 for each region that adopted the particular outcome document, the Convention on the Rights of the Child,¹¹ the Convention on the Elimination of All Forms of Discrimination against Women,¹² the outcome document of the thirtieth special session of the General Assembly on the world drug problem,¹³ the Declaration on the Elimination of Violence against Women¹⁴ and the Convention on the Rights of Persons with Disabilities;¹⁵
6. Recall Economic and Social Council resolution 2015/2 of 8 April 2015 on the Joint United Nations Programme on HIV/AIDS, in which the Council reaffirmed the value of the lessons learned from the global AIDS response for the post-2015 development agenda, Security Council resolution 1983 (2011) of 7 June 2011 on the impact of the HIV epidemic in conflict and post-conflict situations,

⁵ Resolution 217 A (III).

⁶ See resolution 2200 A (XXI), annex.

⁷ *Report of the Fourth World Conference on Women, Beijing, 4–15 September 1995* (United Nations publication, Sales No. E.96.IV.13), chap. I, resolution 1, annexes I and II.

⁸ Resolution S-23/2, annex, and resolution S-23/3, annex.

⁹ *Report of the International Conference on Population and Development, Cairo, 5–13 September 1994* (United Nations publication, Sales No. E.95.XIII.18), chap. I, resolution 1, annex.

¹⁰ Resolution S-21/2, annex.

¹¹ United Nations, *Treaty Series*, vol. 1577, No. 27531.

¹² *Ibid.*, vol. 1249, No. 20378.

¹³ Resolution S-30/1, annex.

¹⁴ Resolution 48/104.

¹⁵ United Nations, *Treaty Series*, vol. 2515, No. 44910.

Commission on the Status of Women resolution 60/2 of 24 March 2016 on women, the girl child and HIV and AIDS¹⁶ and Human Rights Council resolutions 17/14 of 17 June 2011¹⁷ on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health in the context of development and access to medicines, 12/27 of 2 October 2009¹⁸ and 16/28 of 25 March 2011¹⁹ on the protection of human rights in the context of human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS), and 12/24 of 2 October 2009¹⁸ on access to medicine in the context of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health;

7. Reaffirm that the promotion and protection of, and respect for, the human rights and fundamental freedoms of all, including the right to development, which are universal, indivisible, interdependent and interrelated, should be mainstreamed into all HIV and AIDS policies and programmes, and also reaffirm the need to take measures to ensure that every person is entitled to participate in, contribute to and enjoy economic, social, cultural and political development and that equal attention and urgent consideration should be given to the promotion, protection and fulfilment of all human rights;
8. Underscore the importance of enhanced international cooperation to support the efforts of Member States to achieve health goals, including the target of ending the AIDS epidemic by 2030, implement universal access to health-care services and address health challenges;
9. Recognize that the 2030 Agenda for Sustainable Development is guided by the purposes and principles of the Charter of the United Nations, including full respect for international law. It is grounded in the Universal Declaration of Human Rights, international human rights treaties, the United Nations Millennium Declaration²⁰ and the

¹⁶ See *Official Records of the Economic and Social Council, 2016, Supplement No. 7 (E/2016/27)*, chap. I, sect. D.

¹⁷ See *Official Records of the General Assembly, Sixty-sixth Session, Supplement No. 53 (A/66/53)*, chap. III, sect. A.

¹⁸ *Ibid.*, *Sixty-fifth Session, Supplement No. 53* and corrigendum (A/65/53 and Corr.1), chap. I, sect. A.

¹⁹ *Ibid.*, *Sixty-sixth Session, Supplement No. 53 (A/66/53)*, chap. II, sect. A.

²⁰ Resolution 55/2.

2005 World Summit Outcome.²¹ It is informed by other instruments such as the Declaration on the Right to Development;²²

10. Recognize that HIV and AIDS continue to constitute a global emergency, pose one of the most formidable challenges to the development, progress and stability of our respective societies and the world at large and require an exceptional and comprehensive global response that takes into account the fact that the spread of HIV is often a cause and a consequence of poverty and inequality, and that effective HIV and AIDS responses are critical to the achievement of the 2030 Agenda for Sustainable Development in its three dimensions – economic, social and environmental – in which it is recognized that eradicating poverty in all its forms and dimensions, including extreme poverty, is the greatest global challenge and an indispensable requirement for sustainable development, that the dignity of the human person is fundamental and that the Sustainable Development Goals and targets should be met for all nations and peoples and for all segments of society, so that no one will be left behind, thereby generating multiplier effects and a virtuous cycle of progress across the 2030 Agenda, bearing in mind the universal, integrated and indivisible nature of the Agenda;
11. Call for urgent action over the next five years to ensure that no one is left behind in the AIDS response, that the returns on the unprecedented gains and investments made over the past decades are fully realized and that efforts are intensified, including through global solidarity, shared responsibility and political leadership, particularly given the rising population of people under the age of 25 in many high-burden countries, to avoid the risk of a rebound of the epidemic in some parts of the world and to tackle the growing rates of antimicrobial resistance which would result in increased human and economic loss, and express grave concern about the cost of inaction in the face of a looming crisis in access to and availability of treatment and inadequate progress and resources in comprehensive prevention, treatment, care and support;
12. Reiterate that health is a precondition for and an outcome and indicator of all three dimensions of sustainable development, and that sustainable development can be achieved only in the absence of a

²¹ Resolution 60/1.

²² Resolution 41/128, annex.

high prevalence of debilitating communicable and non-communicable diseases, including emerging and re-emerging diseases;

13. Recognize that poverty and poor health are inextricably linked and that poverty can increase the risk of progression from HIV to AIDS owing to a lack of access to comprehensive treatment-related services and adequate nutrition and care services and to the inability to meet costs related to treatment services, including transportation;
14. Emphasize the continued importance, particularly given the 2015 World Health Organization guidelines recommending that antiretroviral therapy be initiated for everyone living with HIV at any CD4 cell count, of a more integrated and systemic approach to addressing people's access to quality, people-centred health-care services in a more holistic manner, in the context of promoting the right to the enjoyment of the highest attainable standard of physical and mental health and well-being, universal access to sexual and reproductive health and reproductive rights in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences, universal health coverage, social protection for people in vulnerable situations, strengthening of local, national and international health and social protection systems, including community systems, integrated responses to address non-communicable diseases and HIV and AIDS, and preparedness to tackle emerging disease outbreaks, such as the Ebola and Zika virus disease outbreaks and those yet to be identified, and other health threats;
15. Emphasize that, to guarantee the sustainability of HIV prevention, treatment, care and support services, information and education, which are mutually reinforcing, these should be integrated with national health systems and services to address co-infections and co-morbidities, in particular tuberculosis, substance use and mental disorders, as well as sexual and reproductive health-care services, including prevention, screening and treatment for viral hepatitis and cervical cancer, as well as other sexually transmitted infections, including human papillomavirus, and services to respond to sexual and gender-based violence while noting the particular vulnerability of women and girls to these co-infections and co-morbidities;
16. Recognize that addressing the holistic needs and rights of people living with, at risk of and affected by HIV throughout their life course will require close collaboration with efforts to end poverty

and hunger everywhere, improve food and nutrition security and access to free, non-discriminatory primary and secondary education, promote healthy lives and well-being, provide access to HIV-sensitive social protection for all, including for children, reduce inequalities within and among countries, achieve gender equality and the empowerment of all women and girls, provide for decent work and economic empowerment and promote healthy cities, stable housing and just and inclusive societies for all;

17. Recognize that there are multiple and diverse epidemics and that, in order to achieve the prevention targets and the Joint United Nations Programme on HIV/AIDS “90-90-90” treatment targets²³ by 2020 and to end the AIDS epidemic by 2030, AIDS responses need to achieve greater efficiency and focus on evidence, the geographic locations and populations at higher risk of infection and on service delivery models, innovations and programmes that will deliver the greatest impact, and in this regard note the need for a coherent United Nations response to assist countries to tailor effective responses, taking into account national context, including in humanitarian emergencies in conflict and post-conflict situations;
18. Reiterate with profound concern that Africa, in particular sub-Saharan Africa, remains the worst-affected region and that urgent and exceptional action is required at all levels to curb the devastating effects of this epidemic, particularly on women and adolescent girls, and recognize the renewed commitment of African Governments and regional institutions to scale up their own HIV and AIDS responses;
19. Express deep concern that HIV and AIDS affect every region of the world and that the Caribbean continues to have the highest prevalence outside sub-Saharan Africa, while the number of new HIV infections is increasing in Eastern Europe and Central Asia, and note that 90 per cent of people newly infected with HIV live in just 35 countries;
20. Welcome and encourage regional efforts to set ambitious targets and design and implement strategies on HIV and AIDS, and take note of the Arab AIDS Strategy (2014–2020), the African Union Road Map on Shared Responsibility and Global Solidarity for AIDS,

²³ 90 per cent of people (children, adolescents and adults) living with HIV know their status, 90 per cent of people living with HIV who know their status are receiving treatment and 90 per cent of people on treatment have suppressed viral loads.

Tuberculosis and Malaria Response in Africa (2012–2015), which was extended until 2020, the South Asian Association for Regional Cooperation Regional Strategy on HIV/AIDS (2013–2017), the Association of Southeast Asian Nations Declaration of Commitment: Getting to zero new HIV infections, zero discrimination, zero AIDS-related deaths, the Caribbean Regional Strategic Framework on HIV and AIDS 2014–2018, the agreement on cooperation of the Commonwealth of Independent States in addressing HIV infection, the Action Plan on HIV/AIDS in the European Union and neighbouring countries: 2014–2016, the Pacific Sexual Health and Well-Being Shared Agenda 2015–2019 and other relevant strategies;

21. Emphasize that the meaningful involvement of people living with, at risk of and affected by HIV and populations at higher risk of HIV facilitates the achievement of more effective AIDS responses and that people living with, at risk of and affected by HIV should enjoy equally all human rights and enjoy equal participation in civil, political, social, economic and cultural life, without prejudice, stigma or discrimination of any kind;
22. Commend subregional, regional and global financing institutions, including the Global Fund to Fight AIDS, Tuberculosis and Malaria, for the vital role that they play in mobilizing funding for country and regional AIDS responses, including for civil society, and in improving the predictability of financing over the long term, including bilateral investments, including from the United States President's Emergency Plan for AIDS Relief, and welcome the support of donors, while noting that it falls short of the amounts needed to further accelerate progress towards front-loading investments to end the AIDS epidemic by 2030;
23. Commend the work of the international innovative health tools and drug purchase facility, UNITAID, based on innovative sources of financing and focusing on accessibility, quality and price reductions of antiretroviral drugs, and welcome the broadening of the scope of work of the Medicines Patent Pool, hosted by UNITAID, to promote voluntary partnerships to address hepatitis C and tuberculosis, reflecting the importance of integrating the AIDS response into the broader global health agenda;
24. Take note of the Secretary-General's new Global Strategy for Women's, Children's and Adolescents' Health (2016–2030), which continues to galvanize global efforts to significantly reduce the

number of maternal, adolescent, newborn and under-5 child deaths, as a matter of urgent concern;

25. Note with appreciation the efforts of the Inter-Parliamentary Union in supporting national parliaments to unlock political and legislative obstacles to ensure an enabling legal environment supportive of effective national responses to HIV and AIDS;
26. Take note of the report of the Secretary-General entitled “On the fast track to ending the AIDS epidemic”²⁴ and of the Joint United Nations Programme on HIV/AIDS 2016–2021 Strategy, including its goals and targets, as well as the World Health Organization Global Health Sector Strategy on HIV, 2016–2021;
27. Take note with appreciation of the HIV-relevant strategies of the Co-sponsors of the Joint United Nations Programme on HIV/AIDS and commend the secretariat and the Co-sponsors for their contribution on AIDS policy, strategic information and coordination and for the support they provide to countries through the Joint Programme;
28. Note the recommendations made by the Global Commission on HIV and the Law, co-convened by the United Nations Development Programme and the Joint United Nations Programme on HIV/AIDS, and the Joint Programme-Lancet Commission “Defeating AIDS – Advancing Global Health” in advancing progress towards ending the AIDS epidemic;
29. Recognize the role that community organizations play, including those led and run by people living with HIV, in supporting and sustaining national and local HIV and AIDS responses, reaching all people living with HIV, delivering prevention, treatment, care and support services and strengthening health systems, in particular the primary health-care approach;
30. Welcome the leadership and commitment shown in every aspect of the HIV and AIDS response by Governments, relevant United Nations agencies and regional and subregional organizations, as well as people living with, at risk of and affected by HIV, political and community leaders, parliamentarians, communities, families, faith-based organizations, scientists, health professionals, donors, the

²⁴ [A/70/811](#) and Corr.1.

philanthropic community, the workforce, the private sector, the media and civil society, including women's and community-based organizations, feminist groups, youth-led organizations, national human rights institutions and human rights defenders, and recognize their contribution to the achievement of Millennium Development Goal 6 on AIDS and implementing the commitments set forth in the 2011 Political Declaration on HIV and AIDS,²⁵ and call upon stakeholders, as appropriate, to support Member States in ensuring that country-driven, credible, costed, evidence-based, inclusive, sustainable, gender-responsive and comprehensive national HIV and AIDS strategic plans are funded and implemented as soon as possible with transparency, accountability and effectiveness;

2011–2016: Reflecting on unprecedented achievements and acknowledging those left behind

31. Recognize that the AIDS response has been transformative, demonstrating outstanding global solidarity and shared responsibility, advancing innovative cross-sectoral and people-centred approaches to global health and fostering unprecedented levels of comprehensive research and development;
32. Welcome the achievement of the HIV and AIDS targets of Millennium Development Goal 6 and recognize that, while significant progress was made on all the Millennium Development Goals, urgent efforts are needed to complete the unfinished business of the Goals and the 2011 Political Declaration on HIV and AIDS as we implement the 2030 Agenda for Sustainable Development to end the AIDS epidemic by 2030;
33. Note with deep concern that the HIV epidemic remains a paramount health, development, human rights and social challenge inflicting immense suffering on countries, communities and families throughout the world, that since the beginning of the epidemic there have been an estimated 76 million HIV infections and that 34 million

people have died from AIDS, that AIDS is the leading cause of death among women and adolescent girls of reproductive age (ages 15–49) globally, that about 14 million children have been orphaned owing to AIDS, and that 6,000 new HIV infections occur every day, mostly among people in developing countries, and note with alarm that,

²⁵ Resolution 65/277, annex.

among the 36.9 million people living with HIV, more than 19 million people do not know their status;

34. Welcome the significant achievement in extending access to antiretroviral treatment to more than 15 million people living with HIV by 2015, but express grave concern that despite the recommended expansion of antiretroviral treatment eligibility to all persons living with HIV, more than half of all people living with HIV do not know their status, 22 million people living with HIV remain without antiretroviral treatment, and a substantial proportion of people on antiretroviral therapy face social and structural barriers to good health, including poor-quality care, economic constraints, stigma and discrimination, harmful practices and beliefs, inefficient service delivery models, poor nutrition and lack of food, medication side effects and misuse, and lack of comprehensive social protection, care and support, and as a result do not start treatment in a timely fashion, struggle to adhere to treatment and fail to achieve viral suppression, resulting in a growing risk of emergence of drug-resistant strains, which poses a threat to the expansion of effective HIV treatment and prevention;
35. Note with deep concern the unacceptably low rates of testing and treatment coverage among children in developing countries, which are a result of social and structural barriers similar to those that the adult population faces, as well as age-specific barriers, including low rates of early infant diagnosis, inadequate case-finding of children outside of prevention of mother-to-child transmission settings, long delays in returning test results, poor linking of children to treatment, lack of adequate training for health-care workers in paediatric HIV testing, treatment and care, challenges with long-term adherence, the limited number and inadequate availability of efficacious antiretroviral child-friendly formulations in certain countries and regions, stigma and discrimination, and lack of adequate social protection for children and caregivers;
36. Acknowledge the progress made since the launch of the Global Plan towards the Elimination of New HIV Infections among Children by

2015 and Keeping Their Mothers Alive: 2011–2015, including that an estimated 85 countries are within reach of elimination of mother-to-child transmission, but note that continued efforts are greatly needed;

37. Reaffirm that access to safe, effective and affordable medicines and commodities for all, without discrimination, in the context of epidemics such as HIV and AIDS is fundamental to the full realization of the right of everyone to enjoy the highest attainable standard of physical and mental health, yet note with grave concern the high number of people without access to medicine and that the sustainability of providing lifelong safe, effective and affordable HIV treatment continues to be threatened by factors such as poverty and migration, lack of access to services and insufficient and unpredictable funding, especially for those left behind, and underscore that access to medicines would save millions of lives;
38. Welcome the reduction in the number of deaths among people living with HIV in some countries, in particular the reduction in the number of tuberculosis-related deaths among people living with HIV, which have fallen by 32 per cent since 2004, yet note with grave concern that, among people living with HIV, tuberculosis remains the leading cause of death and viral hepatitis is a significant cause of ill-health and mortality and that congenital syphilis continues to affect large numbers of pregnant women at risk of HIV and their infants;
39. Express grave concern that young people between the ages of 15 and 24 years account for more than one third of all new HIV infections among adults, with 2,000 young people becoming infected with HIV each day, and that AIDS-related deaths are increasing among adolescents, making AIDS the second leading cause of death in adolescents globally, and note that many young people have limited access to good-quality education, nutritious food, decent employment and recreational facilities, as well as limited access to sexual and reproductive health-care services and programmes that provide the commodities, skills, knowledge and capability they need to protect themselves from HIV, that only 36 per cent of young men and 28 per cent of young women (15–24) possess accurate knowledge of HIV, and that laws and policies in some instances exclude young people from accessing sexual and reproductive health-care and HIV-related services, such as voluntary and confidential HIV testing, counselling, information and education, while also recognizing the importance of reducing risk-taking behaviour and encouraging

responsible sexual behaviour, including correct and consistent use of condoms;

40. Recognize the need to promote, protect and fulfil the rights of children in child-headed households, in particular those headed by girls, which may result from the death of parents and legal guardians and other economic, social and political realities, and express deep concern that the impact of the AIDS epidemic, including illness and mortality, the erosion of the extended family, the exacerbation of poverty, unemployment and underemployment and migration, as well as urbanization, has contributed to the increase in the number of child-headed households;
41. Remain deeply concerned that, globally, women and girls are still the most affected by the epidemic and that they bear a disproportionate share of the caregiving burden, note that progress towards gender equality and the empowerment of all women and girls has been unacceptably slow and that the ability of women and girls to protect themselves from HIV continues to be compromised by physiological factors, gender inequalities, including unequal power relations in society between women and men and boys and girls, and unequal legal, economic and social status, insufficient access to health-care services, including sexual and reproductive health, and all forms of discrimination and violence in the public and private spheres, including trafficking in persons, sexual violence, exploitation and harmful practices;
42. Note with alarm the slow progress in reducing new infections and the limited scale of combination prevention programmes, emphasizing that each country should define the specific populations that are key to its epidemic and response, based on the local epidemiological context, and note with grave concern that women and adolescent girls, in particular in sub-Saharan Africa, are more than twice as likely to become HIV-positive than boys of the same age, and noting also that many national HIV prevention, testing and treatment programmes provide insufficient access to services for women and adolescent girls, migrants and key populations that epidemiological evidence shows are globally at higher risk of HIV, specifically people who inject drugs, who are 24 times more likely to acquire HIV than adults in the general population, sex workers, who are 10 times more likely to acquire HIV, men who have sex with men, who are 24 times more likely to acquire HIV, transgender people, who are

49 times more likely to be living with HIV, and prisoners, who are 5 times more likely to be living with HIV than adults in the general population;

43. Note that some countries and regions have made significant progress in expanding health-related risk and harm reduction programmes, in accordance with national legislation, as well as antiretroviral therapy and other relevant interventions that prevent the transmission of HIV, viral hepatitis and other blood-borne diseases associated with drug use, yet note the lack of global progress made in reducing transmission of HIV among people who use drugs, particularly those who inject drugs, and call attention to the insufficient coverage of such programmes and substance use treatment programmes that improve adherence to HIV drug treatment services, as appropriate in the context of national programmes, the marginalization of and discrimination against people who use drugs through the application of restrictive laws, particularly those who inject drugs, which hamper access to HIV-related services, and in that regard consider ensuring access to such interventions, including in treatment and outreach services, prisons and other custodial settings, and promoting in that regard the use, as appropriate, of the technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users, issued by the World Health Organization, the United Nations Office on Drugs and Crime and the Joint United Nations Programme on HIV/AIDS, and note with concern that gender-based and age-based stigma and discrimination often act as additional barriers for women and for young people who use drugs, particularly those who inject drugs, to access services;
44. Express grave concern that, despite a general decline in discriminatory attitudes and policies towards people living with, presumed to be living with, at risk of and affected by HIV, including those co-infected by tuberculosis, particularly in countries with a high tuberculosis/HIV burden, discrimination continues to be reported, and that restrictive legal and policy frameworks, including those related to HIV transmission, continue to discourage and prevent people from accessing prevention, treatment, care and support services;
45. Note with grave concern that, despite the recognition of the need to promote, protect and fulfil the human rights and fundamental freedoms of persons with disabilities, including as set forth in the Convention on the Rights of Persons with Disabilities, and despite

the increased vulnerability to HIV infection faced by women and girls living with disabilities resulting from, inter alia, legal and economic inequalities, sexual and gender-based violence, discrimination and violations of their human rights, the formulation of the global AIDS response remains inadequately targeted and accessible to persons with disabilities;

46. Remain concerned that discriminatory laws and policies that restrict movement of people living with HIV may result in substantial harm and denial of HIV services, while acknowledging the steps taken by some countries in repealing entry, stay and residence restrictions based on HIV status and that many corporate leaders promoted the business case for non-discrimination;
47. Note with grave concern that the holistic needs and human rights of people living with, at risk of and affected by HIV, and of young people, remain insufficiently addressed because of inadequate integration of health services, including sexual and reproductive health-care and HIV services, including for people who have experienced sexual or gender-based violence, including post-exposure prophylaxis, legal services and social protection;
48. Welcome the important progress achieved in research for new biomedical tools for prevention, notably regarding treatment as prevention, pre-exposure prophylaxis and antiretroviral-based microbicides and voluntary medical male circumcision, but also recognize that research and development must be accelerated, including for long-acting formulations of pre-exposure prophylaxis, preventive and therapeutic HIV vaccines and curative interventions;
49. Recognize that each country faces specific challenges to achieving sustainable development, and we underscore the special challenges facing the most vulnerable countries and, in particular, African countries, the least developed countries, landlocked developing countries and small island developing States, as well as the specific challenges facing the middle-income countries, and note that countries in situations of conflict also need special attention;
50. Acknowledge the significant mobilization of resources globally that reached an estimated 19.2 billion United States dollars for HIV programmes in low- and middle-income countries in 2014,²⁶ and

²⁶ See A/70/811, sect. III, table 1.

acknowledge the important role played by complementary innovative sources of financing;

51. Welcome the near tripling of domestic HIV investment between 2006 and 2014, with domestic sources accounting for 57 per cent of all investments in 2014, and note the role that the African Union Road Map on Shared Responsibility and Global Solidarity for AIDS, Tuberculosis and Malaria Response in Africa has played in this regard;
52. Recognize that there are still gaps in financing for HIV and AIDS and the need to further encourage technology transfer on mutually agreed terms, improve access to medicines in developing countries and scale up capacity-building and research and development;
53. Note that many countries have the ability to invest much more than they currently do: among developed countries, only four invest a share of the total international resources available for AIDS that exceeds their country's proportion of world gross domestic product; and that both developed and developing countries should work towards significantly increasing funding, including domestic funding, for the HIV and AIDS response;
54. Recognize that if we do not fast-track the response across the prevention and treatment continuum in the next five years, by increasing and front-loading investments and massively scaling up coverage of HIV services, so as to reduce the rate of new HIV infections and AIDS-related deaths, the epidemic may rebound in some countries and we may not reach the ambitious, time-bound targets and commitments hereby set, including the Joint United Nations Programme on HIV/AIDS 90-90-90 treatment targets,²³ by 2020 and the target of ending the AIDS epidemic by 2030;

2016–2021: global leadership on uniting to fast-track the HIV and AIDS response

55. Commit to seizing this turning point in the HIV epidemic and, through decisive, inclusive and accountable leadership, to revitalizing and intensifying the comprehensive global HIV and AIDS response by recommitting to the commitments made in the 2001 Declaration of Commitment on HIV/AIDS and the 2006 and 2011 political declarations on HIV/AIDS and by fully implementing the commitments, goals and targets contained in the present Declaration;

56. Commit to targets for 2020 to work towards reducing the global numbers of people newly infected with HIV to fewer than 500,000 per annum and people dying from AIDS-related causes to fewer than 500,000 per annum, as well as to eliminate HIV-related stigma and discrimination;
57. Commit to differentiating AIDS responses, based on country ownership and leadership, local priorities, drivers, vulnerabilities, aggravating factors, the populations that are affected and strategic information and evidence, and to setting ambitious quantitative targets, where appropriate depending on epidemiological and social context, tailored to national circumstances in support of these goals;
58. Recognize that achieving the fast-track targets can support global efforts to eradicate all forms of poverty and inequality as well as to achieve the Sustainable Development Goals, which are universal, integrated and indivisible, and in this regard we should front-load and diversify resources to fast-track the AIDS response and make progress on five strategic HIV-related areas, recognizing also that investing in efforts to meet a wide range of Sustainable Development Goal targets will support efforts to end the AIDS epidemic;
59. (a) Commit to increasing and front-loading investments to achieve the fast-track targets by 2020 as an essential milestone towards the target of ending the AIDS epidemic by 2030 and positively contributing to a wide range of development outcomes;
59. (b) Commit to increasing and fully funding the AIDS response from all sources, including from innovative financing, and reaching overall financial investments in developing countries of at least 26 billion dollars per year by 2020, as estimated by the Joint United Nations Programme on HIV/AIDS, with a continued increase from the current levels of domestic public and private sources, according to each country's capacity, supplemented by public and private international assistance and strengthened global solidarity, and urge all stakeholders to contribute to a successful fifth and subsequent replenishments of the Global Fund to Fight AIDS, Tuberculosis and Malaria;
59. (c) Call upon all relevant stakeholders to close the global HIV and AIDS resource gap between the resources available today and the resources needed to reach the fast-track targets by 2020;
59. (d) Reaffirm our strong commitment to the full and timely implementation of the concrete policies and actions of the Addis

Ababa Action Agenda in order to close the global HIV and AIDS resource gap and to fully fund the HIV and AIDS response with the target of ending the AIDS epidemic by 2030. The Addis Ababa Action Agenda relates to domestic public resources, domestic and international private business and finance, international development cooperation, international trade as an engine for development, debt and debt sustainability, addressing systemic issues and science, technology, innovation and capacity-building, and data, monitoring and follow-up;

59. (e) Acknowledge that, for all countries, public policies and the mobilization of domestic resources, underscored by the principle of national ownership, are central to our common pursuit of sustainable development, including achieving the Sustainable Development Goals, and remain committed to further strengthening the mobilization and effective use of domestic resources;
59. (f) Further acknowledge that private business activity, investment and innovation are major drivers of productivity, inclusive economic growth and job creation and that private investment capital flows, particularly foreign direct investment, along with a stable international financial system, are vital complements to national development efforts;
59. (g) Recognize that international public finance plays an important role in complementing the efforts of countries to mobilize public resources domestically, especially in the poorest and most vulnerable countries with limited domestic resources. Scaled up and more effective international support, including both concessional and non-concessional financing, is required;
59. (h) Reiterate that the fulfilment of all official development assistance (ODA) commitments remains crucial. ODA providers reaffirm their respective ODA commitments, including the commitment by many developed countries to achieve the target of 0.7 per cent of gross national income for official development assistance (ODA/GNI) and 0.15 to 0.20 per cent of ODA/GNI to least developed countries. We are encouraged by those few countries that have met or surpassed their commitment to 0.7 per cent of ODA/GNI and the target of 0.15 to 0.20 per cent of ODA/GNI to least developed countries. We urge all others to step up efforts to increase their ODA and to make additional concrete efforts towards their ODA targets. We welcome the decision by the European Union which reaffirms its collective commitment to achieve the 0.7 per cent of ODA/GNI target within the time frame of the 2030 Agenda for Sustainable Development and

undertakes to meet collectively the target of 0.15 to 0.20 per cent of ODA/GNI to least developed countries in the short term and to reach 0.20 per cent of ODA/GNI to least developed countries within the time frame of the 2030 Agenda. We encourage ODA providers to consider setting a target to provide at least 0.20 per cent of ODA/GNI to least developed countries;

59. (i) Recognize that South-South cooperation is an important element of international cooperation for development as a complement, not a substitute, to North-South cooperation. We recognize its increased importance, different history and particularities and stress that South-South cooperation should be seen as an expression of solidarity among peoples and countries of the South, based on their shared experiences and objectives. It should continue to be guided by the principles of respect for national sovereignty, national ownership and independence, equality, non-conditionality, non-interference in domestic affairs and mutual benefit;
59. (j) Welcome the increased contributions of South-South cooperation to poverty eradication and sustainable development. We encourage developing countries to voluntarily step up their efforts to strengthen South-South cooperation and to further improve its development effectiveness in accordance with the provisions of the Nairobi outcome document of the High-level United Nations Conference on South-South Cooperation.²⁷ We also commit to strengthening triangular cooperation as a means of bringing relevant experience and expertise to bear in development cooperation;
59. (k) Acknowledge that debt sustainability challenges facing many least developed countries and small island developing States require urgent solutions, and the importance of ensuring debt sustainability to the smooth transition of countries that have graduated from least developed country status. We also recognize the need to assist developing countries in attaining long-term debt sustainability through coordinated policies aimed at fostering debt financing, debt relief, debt restructuring and sound debt management, as appropriate, and will continue to support the remaining countries eligible under the Heavily Indebted Poor Countries Initiative (HIPC) that are working to complete the HIPC process;
59. (l) Concerned by the impact that illicit financial flows (IFFs) are having on draining resources away from the countries affected by

²⁷ Resolution 64/222, annex.

HIV and AIDS. IFFs have an adverse impact on domestic resource mobilization and on the sustainability of public finances. The activities that underlie IFFs, such as corruption, embezzlement, fraud, tax evasion, safe havens that create incentives for transfer abroad of stolen assets, money-laundering and illegal exploitation of natural resources, are also detrimental to development. We emphasize the importance of working together, including through increased international cooperation to stem corruption and identify, freeze and recover stolen assets and return them to their countries of origin, in a manner consistent with the United Nations Convention against Corruption;²⁸

59. (m) Recognize that multi-stakeholder partnerships, such as the Global Alliance for Vaccines and Immunization (Gavi) and the Global Fund to Fight AIDS, Tuberculosis and Malaria, have achieved results in the field of health. We encourage a better alignment of such initiatives and encourage them to improve their contribution to strengthening health systems;
59. (n) Welcome the progress made since the Monterrey Consensus²⁹ to develop and mobilize support for innovative sources and mechanisms of additional financing, in particular by the Leading Group on Innovative Financing for Development. We invite more countries to voluntarily join in implementing innovative mechanisms, instruments and modalities which do not unduly burden developing countries. We encourage consideration of how existing mechanisms, such as the Gavi International Finance Facility for Immunization, might be replicated to address broader development needs. We also encourage exploring additional innovative mechanisms based on models combining public and private resources such as vaccine bonds, to support strategies, financing plans and multilateral efforts as a means to accelerate the AIDS response;
59. (o) Note with grave concern that the sustainability of providing lifelong HIV treatment continues to be threatened by factors such as poverty, lack of access to treatment and insufficient and unpredictable funding, especially for those left behind, that despite remarkable progress, if we accept the status quo unchanged, the epidemic will rebound in several developing countries, more people will acquire HIV and die from AIDS-related illness in 2030 than in 2015 and

²⁸ United Nations, *Treaty Series*, vol. 2349, No. 42146.

²⁹ *Report of the International Conference on Financing for Development, Monterrey, Mexico, 18–22 March 2002* (United Nations publication, Sales No. E.02.II.A.7), chap. I, resolution 1, annex.

treatment costs will rise; therefore, the international community should ensure that resource needs of 13 billion dollars are mobilized for the Global Fund's fifth replenishment;

59. (p) Commit to mobilizing resource needs of 13 billion dollars for the Global Fund's fifth replenishment. By leveraging advances in science and applying innovative solutions, the partnership is on track to reach 22 million lives saved since its establishment by the end of 2016. A fully funded replenishment will save an additional 8 million lives by 2020 and deliver economic gains of up to 290 billion dollars over the coming years;

Ensuring access to testing and treatment in the fight against HIV and AIDS

60. (a) Commit to the 90-90-90 treatment targets²³ and to ensuring that 30 million people living with HIV access treatment by 2020, with special emphasis on providing 1.6 million children (0–14 years of age) with antiretroviral therapy by 2018, and that children, adolescents and adults living with HIV know their status and are immediately offered and sustained on affordable and accessible quality treatment to ensure viral load suppression, and underscore in this regard the urgency of closing the testing gap;
60. (b) Commit to using multiple strategies and modalities, including, when possible, voluntary, confidential, fully informed and safe community-based testing, according to national context, to reaching the millions of people who do not know their status, including those living with HIV, and to providing pre-test information, counselling, post-test referrals and follow-up to facilitate linkages to care, support and treatment services, including viral load monitoring, and to addressing socioeconomic barriers to testing and treatment, including legal, regulatory barriers to community testing, and commit to expanding and promoting voluntary and confidential HIV testing and counselling, including provider-initiated HIV testing and counselling, and to intensifying national testing promotion campaigns for HIV and other sexually transmitted infections;
60. (c) Commit to taking all appropriate steps to eliminate new HIV infections among children and ensure that their mothers' health and well-being are sustained through immediate and lifelong treatment, including for pregnant and breastfeeding women living with HIV, through early infant diagnosis, dual elimination with congenital syphilis, and treatment of their male partners, adopting innovative

systems that track and provide comprehensive services to mother-infant pairs through the continuum of care, expanding case-finding of children in all health-care entry points, improving linkage to treatment, increasing and improving adherence support, developing models of care for children differentiated by age groups, eliminating preventable maternal mortality and engaging male partners in prevention and treatment services, and taking steps towards achieving World Health Organization certification of elimination of mother-to-child HIV transmission;

60. (d) Commit to building people-centred systems for health by strengthening health and social systems, including for populations that epidemiological evidence shows are at higher risk of infection, by expanding community-led service delivery to cover at least 30 per cent of all service delivery by 2030, through investment in human resources for health, as well as in the necessary equipment, tools and medicines, by promoting that such policies are based on a non-discriminatory approach that respects, promotes and protects human rights, and by building the capacity of civil society organizations to deliver HIV prevention and treatment services;
60. (e) Work towards achieving universal health coverage that comprises equitable and universal access to quality health-care services, including sexual and reproductive health, and social protection, and includes financial risk protection and access to safe, effective, quality and affordable essential medicines and vaccines for all, including the development of new service delivery models to improve efficiency, lower costs and ensure the delivery of more integrated services for HIV, tuberculosis, viral hepatitis, sexually transmitted infections, non-communicable diseases, including cervical cancer, drug dependence, food and nutrition support, maternal, child and adolescent health, men's health, mental health and sexual and reproductive health, and to address gender-based and sexual violence, in order to equip fragile communities to cope with these issues as well as future disease outbreaks;
60. (f) Commit to taking immediate action at the national and global levels, as appropriate, to integrate food and nutritional support into programmes directed to people affected by HIV in order to ensure access to sufficient, safe and nutritious food to enable people to meet their nutritional needs, for an active and healthy life as part of a comprehensive response to HIV and AIDS;
60. (g) Commit to working towards the target of reducing tuberculosis-related deaths among people living with HIV by 75 per cent by 2020,

as outlined in the World Health Organization End TB Strategy, as well as commit to funding and implementing to achieve targets set in the Stop TB Partnership – Global Plan to End TB 2016–2020, to achieve the 90-90-90 targets to reach 90 per cent of all people who need tuberculosis treatment, including 90 per cent of populations at high risk, and achieve at least 90 per cent treatment success, including through expanding efforts to combat tuberculosis, including drug-resistant tuberculosis, by improving prevention, screening, diagnosis and affordable treatment and access to antiretroviral therapy, and to 100 per cent coverage of intensified tuberculosis case-finding among all persons living with HIV, with particular attention to underserved and especially at-risk populations, including children, utilizing new tools, including rapid molecular tests through joint programming, patient-centred integration and co-location of HIV and tuberculosis services, ensuring that national protocols for HIV/tuberculosis co-infection are updated within two years to reflect the latest World Health Organization recommendations;

60. (h) Commit to reducing the high rates of HIV and hepatitis B and C co-infection and ensuring that, by 2020, efforts are made to reduce by 30 per cent new cases of chronic viral hepatitis B and C infections and to have 5 million people receiving hepatitis B treatment and to have treated 3 million people with chronic hepatitis C infection, also taking into account the linkages to and lessons learned from the AIDS response, such as the promotion and protection of human rights, the reduction of stigma and discrimination, community engagement, stronger integration of HIV and hepatitis B and C service delivery, and efforts towards guaranteeing access to affordable medicines and effective prevention interventions, particularly for vulnerable populations and populations that epidemiological evidence shows are at higher risk of infection;
60. (i) Commit to measures to ensure access to safe, affordable and efficacious medicines, including generic medicines, diagnostics and related health technologies, utilizing all available tools to reduce the price of life-saving drugs and diagnostics, and note the establishment of the High-level Panel on Access to Medicines convened by the Secretary General;
60. (j) Recognize the critical importance of affordable medicines, including generics, in scaling up access to affordable HIV treatment, and further recognize that protection and enforcement measures for intellectual property rights should be compliant with the World Trade

Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) and should be interpreted and implemented in a manner supportive of the right of Member States to protect public health and, in particular, to promote access to medicines for all, and welcome the adoption by the TRIPS Council on 6 November 2015 of the decision on the extension of the transition period under article 66, paragraph 1, of the TRIPS Agreement for least-developed country members for certain obligations with respect to pharmaceutical products;

60. (k) Note with concern that regulations, policies and practices, including those that limit legitimate trade in generic medicines, may seriously limit access to affordable HIV treatment and other pharmaceutical products in low- and middle-income countries, and recognize that improvements can be made, inter alia through national legislation, regulatory policy and supply chain management, noting that reductions in barriers to affordable products could be explored in order to expand access to safe, effective, affordable and good quality HIV prevention products, diagnostics, medicine, vaccines and treatment commodities for HIV, including for opportunistic infections and co-infections;
60. (l) Commit to urgently removing, 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, as well as treatment for opportunistic infections, co-morbidities and co-infections, and to reducing costs associated with lifelong chronic care, including by amending national laws and regulations, as deemed appropriate by respective Governments, so as to optimize:
 - (i) The use, to the full, of existing flexibilities under the Agreement on Trade-Related Aspects of Intellectual Property Rights specifically geared to promoting access to and trade in medicines, and, while recognizing the importance of the intellectual property rights regime in contributing to a more effective AIDS response, ensure that intellectual property rights provisions in trade agreements do not undermine these existing flexibilities, as confirmed in the Doha Declaration on the TRIPS Agreement and Public Health, and call for early acceptance of the amendment to article 31 of the TRIPS Agreement adopted by the General Council of the World Trade Organization in its decision of 6 December 2005;

(ii) Addressing barriers, regulations, policies and practices that prevent access to affordable HIV treatment by promoting generic competition in order to help to reduce costs associated with lifelong chronic care and by encouraging all States to apply measures and procedures for enforcing intellectual property rights in such a manner as to avoid creating barriers to the legitimate trade in medicines, and to provide for safeguards against the abuse of such measures and procedures;

(iii) Encouraging the voluntary use, where appropriate, of new mechanisms such as partnerships, grants, prizes, tiered pricing, open-source sharing of patents and patent pools benefiting all developing countries, including through entities such as the Medicines Patent Pool, to help to reduce treatment costs and encourage development of new HIV treatment formulations, including HIV medicines and point-of-care diagnostics, in particular for children;

60. (m) Commit to establishing effective systems to monitor, prevent and respond to the emergence of drug-resistant strains of HIV in populations and antimicrobial resistance among people living with HIV;
60. (n) Commit to pursuing the continuity of HIV prevention, treatment, care and support and to providing a package of care for people living with HIV, tuberculosis and/or malaria in humanitarian emergencies and conflict settings, as displaced people and people affected by humanitarian emergencies face multiple challenges, including heightened HIV vulnerability, risk of treatment interruption and limited access to quality health care and nutritious food;

Pursuing transformative AIDS responses to contribute to gender equality and the empowerment of all women and girls

61. (a) Recognize that the unequal socioeconomic status of women compromises their ability to prevent HIV or mitigate the impact of AIDS, acknowledge the mutually reinforcing links between the achievement of gender equality and the empowerment of all women and girls and the eradication of poverty, and reaffirm that the promotion and protection of, and respect for, the human rights and fundamental freedoms of

women should be mainstreamed into all policies and programmes aimed at the eradication of poverty;

61. (b) Stress, in that regard, that the lack of protection and promotion of the human rights of all women and their sexual and reproductive health and reproductive rights in accordance with the Programme of Action of the International Conference on Population and Development, the Beijing Platform for Action and the outcome documents of their review conferences, and insufficient access to the highest attainable standard of physical and mental health, aggravates the impact of the epidemic, especially among women and girls, increasing their vulnerability and endangering the survival of present and future generations;
61. (c) Pledge to eliminate gender inequalities and gender-based abuse and violence, increase the capacity of women and adolescent girls to protect themselves from the risk of HIV infection, principally through the provision of health care and services, including, inter alia, sexual and reproductive health, as well as full access to comprehensive information and education, ensure that women can exercise their right to have control over, and decide freely and responsibly on, matters related to their sexuality, including their sexual and reproductive health, free of coercion, discrimination and violence, in order to increase their ability to protect themselves from HIV infection, and take all necessary measures to create an enabling environment for the empowerment of women and to strengthen their economic independence, and, in this context, reiterate the importance of the role of men and boys in achieving gender equality;
61. (d) Commit to achieving gender equality and the empowerment of all women and girls, to respecting, promoting and protecting their human rights, education and health, including their sexual and reproductive health, by investing in gender-responsive approaches and ensuring gender mainstreaming at all levels, supporting women's leadership in the AIDS response and engaging men and boys, recognizing that gender equality and positive gender norms promote effective responses to HIV;
61. (e) Commit to addressing social norms, including by addressing the pertinent drivers that place a disproportionate

burden of unpaid care and domestic work related to taking care of people living with HIV on women and girls;

61. (f) Commit to reducing the number of adolescent girls and young women aged 15 to 24 years newly infected with HIV globally each year to below 100,000 by 2020;
61. (g) Commit to taking urgent action, in particular in sub-Saharan Africa, to prevent and address the devastating effects of this epidemic on women and adolescent girls;
61. (h) Commit to ending all forms of violence and discrimination against women and girls, such as gender-based, sexual, domestic and intimate partner violence, by, inter alia, eliminating sexual exploitation of women, girls and boys, trafficking in persons, femicide, abuse, rape in every and in all circumstances and other forms of sexual violence, discriminatory laws and harmful social norms that perpetuate the unequal status of women and girls, as well as harmful practices such as child, early and forced marriage, forced pregnancy, forced sterilization, in particular of women living with HIV, forced and coerced abortion and female genital mutilation, including in conflict, post-conflict and other humanitarian emergencies, as these can have serious and long-lasting impacts on the health and well-being of women and girls throughout the life cycle and increase their vulnerability to HIV;
61. (i) Commit to adopting, reviewing and accelerating effective implementation of laws that criminalize violence against women and girls, as well as comprehensive, multidisciplinary and gender-responsive preventive, protective and prosecutorial measures and services to eliminate and prevent all forms of violence against all women and girls, in public and private spaces, as well as harmful practices;
61. (j) Address all health consequences, including the physical, mental and sexual and reproductive health consequences, of violence against women and girls by providing accessible health-care services that are responsive to trauma and include affordable, safe, effective and good-quality medicines, first-line support, treatment of injuries and psychosocial and mental health support, emergency contraception, safe abortion where such services are permitted by national law, post-exposure

prophylaxis for HIV infection, diagnosis and treatment for sexually transmitted infections, training for medical professionals to effectively identify and treat women subjected to violence, as well as forensic examinations by appropriately trained professionals;

61. (k) Commit to developing and to strengthening, in all countries, national policies, norms and measures directly aimed at awareness, prevention and punishment of all forms of violence and discrimination against women and girls, as well as to developing policies aimed at the prevention of sexual violence and comprehensive care for children and adolescents sexually abused;
61. (l) Commit to ensuring universal access to quality, affordable and comprehensive sexual and reproductive health-care and HIV services, information and commodities, including women-initiated prevention commodities, including female condoms, pre- and post-exposure prophylaxis, emergency contraceptives and other forms of modern contraceptives by choice, regardless of age or marital status, and ensuring that services comply with human rights standards and that all forms of violence, discrimination and coercive practices in health-care settings are eliminated and prohibited;
61. (m) Commit to reducing the risk of HIV infection among adolescent girls and young women by providing them with quality information and education, mentoring, social protection and social services, which evidence shows reduce their risk of HIV infection, by ensuring girls' access and transition to secondary and tertiary education and addressing barriers to retention, and by providing women with psychosocial support and vocational training to facilitate their transition from education to decent work;
61. (n) Commit to supporting and encouraging United Nations entities, international financial institutions and other relevant stakeholders to support the development and strengthening of capacities of national health systems and civil society networks in order to provide sustainable assistance to women living with, at risk of and affected by HIV in conflict and post-conflict situations;
61. (o) Commit to ensuring that gender equality strategies also address the impact of harmful gender norms, including

delayed health-seeking behaviours, lower coverage of HIV testing and treatment and higher HIV-related mortality among men, to ensure better health outcomes for men and to reduce HIV transmission to partners;

Ensuring access to high-quality HIV services, commodities and prevention while expanding coverage, diversifying approaches and intensifying efforts to fight HIV and end the AIDS epidemic

62. (a) Recognize that the AIDS response can be fast-tracked only by protecting and promoting access to appropriate, high-quality, evidence-based HIV information, education and services without stigma and discrimination and with full respect for the rights to privacy, confidentiality and informed consent, and reaffirm that comprehensive HIV prevention programmes, treatment, care and support must be the cornerstone of national, regional and international responses to the HIV epidemic;
62. (b) Commit to redoubling non-discriminatory HIV prevention efforts by taking all measures to implement comprehensive, evidence-based prevention approaches to reduce new HIV infections, including by conducting public awareness campaigns and targeted HIV education to raise public awareness;
62. (c) Commit to accelerating efforts to scale up scientifically accurate, age-appropriate comprehensive education, relevant to cultural contexts, that provides adolescent girls and boys and young women and men, in and out of school, consistent with their evolving capacities, with information on sexual and reproductive health and HIV prevention, gender equality and women's empowerment, human rights, physical, psychological and pubertal development and power in relationships between women and men, to enable them to build self-esteem and informed decision-making, communication and risk reduction skills and develop respectful relationships, in full partnership with young persons, parents, legal guardians, caregivers, educators and health-care providers, in order to enable them to protect themselves from HIV infection;
62. (d) Commit to saturating areas with high HIV incidence with a combination of tailored prevention interventions, including

outreach through traditional and social media and peer-led mechanisms, male and female condom programming, voluntary medical male circumcision and effective measures aimed at minimizing the adverse public health and social consequences of drug abuse, including appropriate medication-assisted therapy programmes, injecting equipment programmes, pre-exposure prophylaxis for people at high risk of acquiring HIV, antiretroviral therapy and other relevant interventions that prevent the transmission of HIV, with particular focus on young people, particularly young women and girls, and encouraging the financial and technical support of international partners as appropriate;

62. (e) Promote the development of and access to tailored comprehensive HIV prevention services for all women and adolescent girls, migrants and key populations;
62. (f) Encourage Member States with high HIV incidence to take all appropriate steps to ensure that 90 per cent of those at risk of HIV infection are reached by comprehensive prevention services, that 3 million persons at high risk access pre-exposure prophylaxis and that an additional 25 million young men are voluntarily medically circumcised by 2020 in high HIV-incidence areas, and ensure the availability of 20 billion condoms in low- and middle-income countries;
62. (g) Commit to ensuring that financial resources for prevention are adequate and constitute no less than a quarter of AIDS spending globally on average, and are targeted to evidence-based prevention measures that reflect the specific nature of each country's epidemic by focusing on geographic locations, social networks and populations that are at higher risk of HIV infection, according to the extent to which they account for new infections in each setting, in order to ensure that resources for HIV prevention are spent as cost-effectively as possible and to ensure that particular attention is paid to those populations at highest risk, depending on local circumstances;
62. (h) Commit to ensuring that the needs and human rights of persons with disabilities are taken into account in the formulation of all responses to HIV and that HIV prevention, treatment, care and support programmes as well as sexual and reproductive health-care services and information are made accessible to persons with disabilities;

62. (i) Encourage Member States to strengthen national social and child protection systems to ensure that, by 2020, 75 per cent of people living with, at risk of and affected by HIV who are in need benefit from HIV-sensitive social protection, including cash transfers and equal access to housing, and support programmes for children, in particular for orphans and street children, girls and adolescents living with, at risk of and affected by HIV, as well as their families and caregivers, including through the provision of equal opportunities to support the development of children to their full potential, especially through equal access to early child development services, trauma and psychosocial support and education, as they transition through adolescence, and the creation of safe and non-discriminatory learning environments, supportive legal systems and protections, including civil registration systems;
62. (j) Commit to eliminating barriers, including stigma and discrimination in health-care settings, to ensure universal access to comprehensive HIV diagnostics, prevention, treatment, care and support for people living with, at risk of and affected by HIV, persons deprived of their liberty, indigenous people, children, adolescents, young people, women, and other vulnerable populations;

Promoting laws, policies and practices to enable access to services and end HIV-related stigma and discrimination

63. (a) Reaffirm that the full enjoyment of all human rights and fundamental freedoms for all supports the global response to the AIDS epidemic, including in the areas of prevention, treatment, care and support, and recognize that addressing stigma and discrimination against all people living with, presumed to be living with, at risk of and affected by HIV is a critical element in combating the global HIV epidemic;
63. (b) Commit to strengthening measures at the international, regional, national, and local and community levels to prevent crimes and violence against, and victimization of, people living with, at risk of and affected by HIV and foster social development and inclusiveness, integrating such measures into overall law enforcement efforts and comprehensive HIV policies and programmes as key to reaching the global AIDS fast-track targets and the Sustainable Development Goals, and

reviewing and reforming, as needed, legislation that may create barriers or reinforce stigma and discrimination, such as age of consent laws, laws related to HIV non-disclosure, exposure and transmission, policy provisions and guidelines that restrict access to services among adolescents, travel restrictions and mandatory testing, including of pregnant women, who should still be encouraged to take the HIV test, to remove adverse effects on the successful, effective and equitable delivery of HIV prevention, treatment care and support programmes to people living with HIV;

63. (c) Commit to intensifying national efforts to create enabling legal, social and policy frameworks in each national context in order to eliminate stigma, discrimination and violence related to HIV, including by linking service providers in health-care, workplace, educational and other settings, and promoting access to HIV prevention, treatment, care and support and non-discriminatory access to education, health-care, employment and social services, providing legal protections for people living with, at risk of and affected by HIV, including in relation to inheritance rights and respect for privacy and confidentiality, and promoting and protecting all human rights and fundamental freedoms;
63. (d) Underscore the need to mitigate the impact of the epidemic on workers and their families and dependants, workplaces and economies, including by taking into account all relevant conventions of the International Labour Organization, as well as the guidance provided by the relevant International Labour Organization recommendations, including the Recommendation on HIV and AIDS and the World of Work, 2010 (No. 200), and call upon employers, trade and labour unions, employees and volunteers to take measures to eliminate stigma and discrimination, protect, promote and respect human rights and facilitate access to HIV prevention, treatment, care and support;
63. (e) Commit to national AIDS strategies that empower people living with, at risk of and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights, including strategies and programmes aimed at sensitizing law enforcement officials and members of the legislature and judiciary, training health-care workers in non-discrimination, confidentiality and

informed consent, and supporting national human rights learning campaigns, as well as monitoring the impact of the legal environment on HIV prevention, treatment, care and support;

63. (f) Commit to promoting laws and policies that ensure the enjoyment of all human rights and fundamental freedoms for children, adolescents and young people, particularly those living with, at risk of and affected by HIV, so as to eliminate the stigma and discrimination that they face;
63. (g) Encourage Member States to address the vulnerabilities to HIV and the specific health-care needs experienced by migrant and mobile populations, as well as refugees and crisis-affected populations, and to take steps to reduce stigma, discrimination and violence, as well as to review policies related to restrictions of entry based on HIV status with a view to eliminating such restrictions and the return of people on the basis of their HIV status, and to support their access to HIV prevention, treatment, care and support;

Engaging and supporting people living with, at risk of and affected by HIV as well as other relevant stakeholders in the AIDS response

64. (a) Call for increased and sustained investment in the advocacy and leadership role, involvement and empowerment of people living with, at risk of and affected by HIV, women, children, bearing in mind the roles and responsibilities of parents, young people, especially young women and girls, local leaders, community-based organizations, indigenous communities and civil society more generally, as part of a broader effort to ensure that at least 6 per cent of all global AIDS resources are allocated for social enablers, including advocacy, community and political mobilization, community monitoring, public communication and outreach programmes to increase access to rapid tests and diagnosis, as well as human rights programmes such as law and policy reform and stigma and discrimination reduction;
64. (b) Commit to encouraging and supporting the active involvement and leadership of young people, particularly women, including those living with HIV, in the fight against the epidemic at the local, national, subregional, regional and

global levels, and agree to support these new leaders to help to develop specific measures to engage young people about HIV, including in communities, families, schools, tertiary institutions, recreation centres and workplaces;

64. (c) Support and encourage enhanced strategic engagement with the private sector to support countries with investments as well as, inter alia, service delivery, strengthening supply chains, workplace initiatives and social marketing of health commodities, and in support of behavioural change, to fast-track the response;
64. (d) Strongly urge increased investments in comprehensive research and development to enable access to improved and affordable point-of-care diagnostics, prevention commodities, including preventive and therapeutic vaccines and female-initiated prevention commodities, more tolerable, efficacious and affordable health technologies and products, including simpler and more effective drug formulations for children, adolescents and adults, second- and third-line therapy, new drugs and diagnostics for tuberculosis, viral load monitoring tools, microbicides and a functional cure, while seeking to ensure that sustainable systems for vaccine procurement and equitable distribution are also developed, and, in this context, encourage other forms of incentives for research and development such as the exploration of new incentive systems, including those in which research and development costs are delinked from product prices;
64. (e) Recognize the important role played by the private sector in research and development of innovative medicines, encourage the use, where appropriate, of alternative financing mechanisms for research and development as a driver of innovation for new medicines and new uses for medicines and explore opportunities to delink the cost of research and development from the price of health products;
64. (f) Commit to realizing the full impact of innovation in research, science and technology and to working towards ensuring that trade and other commercial policies support public health goals under a human rights and development framework;
64. (g) Recognize that the changing context, epidemic and response demand expanded quality technical support to

strengthen capacity and institutions aligned with principles of country ownership and leadership, aid effectiveness and value for money and that long-term sustainability of access to HIV-related products, including through local production of pharmaceutical products, requires promoting voluntary technology transfer on mutually agreed terms, including sharing of know-how and expertise to strengthen local manufacturing capacity;

64. (h) Commit to supporting technology transfer arrangements which increase the availability and affordability of medicines and related health technologies and, in this regard, encourage the utilization of the multi-stakeholder forum on science, technology and innovation for the Sustainable Development Goals, created as a component of the Technology Facilitation Mechanism, to identify and examine technology needs and gaps;
64. (i) Support and encourage, through domestic and international funding and the provision of technical assistance, the substantial development of human capital, development of national and international research infrastructures, laboratory capacity and improved surveillance systems, and data collection, processing and dissemination, and training of basic and clinical researchers, social scientists and technicians, with a focus on those countries most affected by HIV and/or experiencing or at risk of a rapid expansion of the epidemic;

Leveraging regional leadership and institutions is essential to more effective AIDS responses

65. Encourage all regions to work with regional and subregional organizations, people living with, at risk of and affected by HIV, relevant United Nations system organizations, the private sector and other relevant stakeholders towards the achievement of the following targets by 2020, as modelled in the fast-track approach to ending the AIDS epidemic by 2030, and, in this regard, call for strengthened global solidarity and shared responsibility to ensure that sufficient funds are made available to support regions in this endeavour:
65. (a) Work towards reducing the number of new infections among young people and adults (aged 15 and older) by 75 per

cent in Asia and the Pacific to 88,000, in Eastern Europe and Central Asia to 44,000, in Eastern and Southern Africa to 210,000, in Latin America and the Caribbean to 40,000, in the Middle East and North Africa to 6,200, in Western and Central Africa to 67,000 and in Western and Central Europe and North America to 53,000;

65. (b). Work towards reducing the number of new infections in children and young adolescents (under the age of 15) by 95 per cent in Asia and the Pacific to 1,900, in Eastern Europe and Central Asia to fewer than 100, in Eastern and Southern Africa to 9,400, in Latin America and the Caribbean to fewer than 500, in the Middle East and North Africa to fewer than 200, in Western and Central Africa to 6,000, and in Western and Central Europe and North America to fewer than 200 among children;
65. (c) Work towards increasing to at least 81 per cent the number of young people and adults (aged 15 and older) on treatment in 2020, in Asia and the Pacific to 4.1 million, in Eastern Europe and Central Asia to 1.4 million, in Eastern and Southern Africa to 14.1 million, in Latin America and the Caribbean to 1.6 million, in the Middle East and North Africa to 210,000, in Western and Central Africa to 4.5 million, and in Western and Central Europe and North America to 2 million, ensuring equal access to treatment for women and men;
65. (d) Work towards ensuring that at least 81 per cent of the number of children and young adolescents (under the age of 15) are on treatment in 2020, in Asia and the Pacific reaching 95,000, in Eastern and Southern Africa reaching 690,000, in the Middle East and North Africa reaching 8,000, in Western and Central Africa reaching 340,000, in Eastern Europe and Central Asia reaching 7,600, in Latin America and the Caribbean reaching 17,000, and in Western and Central Europe and North America reaching 1,300, ensuring equal access to treatment for girls and boys;
66. Encourage and support the exchange among countries and regions of information, research, evidence, best practices and experiences for implementing the measures and commitments related to the global HIV and AIDS response, in particular those contained in the present Declaration, as well as subregional, regional and interregional cooperation and

coordination, and leverage the unique leadership of these political and economic institutions;

67. Continue to encourage the Economic and Social Council to request the regional commissions, within their respective mandates and resources, to support periodic, inclusive reviews of national efforts and progress made in their respective regions to combat HIV and underline in this regard the valuable model provided by the African Peer Review Mechanism of the African Union, and consider, as appropriate, regular regional peer-based reviews of AIDS responses that facilitate the engagement of health and non-health ministries and city and local leaders and ensure the meaningful participation of civil society organizations, especially of people living with HIV and women's and youth groups, among others;
68. Taking into account the many challenges faced on the African continent, urge continued support for the processes for the establishment of the African Centres for Disease Control and Prevention to support African countries in efforts to effectively prevent, detect and respond to emergencies and build the capacity needed to protect communities across the continent;
69. Commit to strengthening regional, subregional, national and local capacity to develop, manufacture and deliver quality-assured affordable medicines, such as generics, diagnostics, reliable incidence measuring tools, biomedical prevention commodities and other commodities, including through enabling legal, policy and regulatory environments, encouraging the development of regional markets, including through enhanced North-South, South-South and triangular cooperation, and emphasizing the need to increase self-reliance of drug supplies in all regions, including through increasing the local production and manufacturing capacities of developing countries, pooled procurement, accurate forecasting and timely pre-qualification, to improve HIV prevention, treatment, care and support programmes, as well as programmes for tuberculosis, sexual and reproductive health, maternal and child health care and malaria;

Enhancing governance, monitoring and accountability will deliver results for and with people

70. Commit to effective, evidence-based, operational mutual accountability mechanisms that are transparent and inclusive, with the active involvement of people living with, at risk of and affected by HIV and other relevant civil society and private sector stakeholders, to support the implementation and monitoring of progress on multisectoral national fast-track plans to fulfil the commitments in the present Declaration;
71. Accelerate efforts to increase significantly the availability of high-quality, timely and reliable data, including on incidence and prevalence, disaggregated by income, sex, mode of transmission, age (including for ages 10 to 14 and over the age of 49), race, ethnicity, migratory status, disability, marital status, geographic location and other characteristics relevant in national contexts, as well as the strengthening of national capacity for the use and analysis of such data and for the evaluation of efforts to improve population size estimates, resource allocation by population and location and service access and to fill critical data gaps and inform effective policy development, with due consideration of the confidentiality principle and professional ethics and to enhance capacity-building support to developing countries, including to least developed countries, landlocked developing countries and small island developing States, for this purpose and provide international cooperation, including through technical and financial support, to further strengthen the capacity of national statistical authorities and bureaux;
72. Request the Joint United Nations Programme on HIV/AIDS to continue to support Member States within its mandate in addressing the social, economic, political and structural drivers of the AIDS epidemic, including through the promotion of gender equality and the empowerment of women and human rights, in achieving multiple development outcomes, including actions to eliminate poverty and inequalities, provide access to social protection and child protection, improve food security, stable housing and access to quality education and economic opportunity, achieve gender equality and the empowerment of all women and girls, and promote healthy cities and just and inclusive societies, and in further contributing to intersectoral efforts essential to reach the global health goals and ensure progress across the 2030 Agenda for Sustainable Development in all settings, including humanitarian, in order to fulfil the overarching goal to leave

no one behind, with the full involvement of Member States and relevant stakeholders;

73. Call upon the international community to utilize the AIDS machinery to tackle broader global health challenges and to ensure that no one is left behind in sustainable development efforts;
74. Ensure that the United Nations is fit to deliver results on the 2030 Agenda for Sustainable Development by reinforcing and expanding the unique multisectoral, multi-stakeholder development and rights-based approach of the Joint United Nations Programme on HIV/AIDS, and in this regard reaffirm, in accordance with Economic and Social Council resolution 2015/2, that the Joint Programme offers the United Nations system a useful example, to be considered, as appropriate, of enhanced strategic coherence, coordination, results-based focus, inclusive governance and country-level impact, based on national contexts and priorities;
75. Encourage and support the exchange among countries and regions of information, research, evidence and experiences for implementing the measures and commitments related to the global HIV and AIDS response, in particular those contained in the present Declaration, facilitate intensified North-South, South-South and triangular cooperation, as well as subregional, regional and interregional cooperation and coordination, and in this regard continue to encourage the Economic and Social Council to request the regional commissions, within their respective mandates and resources, to support periodic, inclusive reviews of national efforts and progress made in their respective regions to combat HIV;

Follow-up: accelerating progress

76. Request the Secretary-General, with support from the Joint United Nations Programme on HIV/AIDS, to provide to the General Assembly, within its annual reviews, an annual report on progress achieved in realizing the commitments made in the present Declaration, and request continued support from the Joint Programme to assist countries in reporting annually on the AIDS response;
77. Request the Secretary-General, with the support of the Joint United Nations Programme on HIV/AIDS, to contribute to the

reviews of progress on the 2030 Agenda for Sustainable Development taking place at the high-level political forum on sustainable development so as to ensure that follow-up and review processes assess progress on the AIDS response;

78. Request the Secretary-General to strengthen cooperation among relevant agencies of the United Nations system, under the leadership of the Joint United Nations Programme on HIV/AIDS, in order to strengthen the fast-track AIDS response, and request the Joint Programme to support Member States, including through strengthening accountability mechanisms and facilitating the participation of all stakeholders, in delivering on the outcomes of the present Declaration, in line with their respective mandates, abilities and resources;
 79. Decide to convene a high-level meeting on HIV and AIDS to review progress on the commitments made in the present Declaration towards ending the AIDS epidemic by 2030, and how the response, in its social, economic and political dimensions, continues to contribute optimally to progress on the 2030 Agenda for Sustainable Development and the global health goal, and decide to reach an agreement on the date for convening the next high-level meeting on HIV and AIDS no later than at the seventy-fifth session of the General Assembly.
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Sustainable Development Goals (2015)

A core principle of the 17 Sustainable Development Goals (SDGs), and of the AIDS response, is that no one should be left behind. The AIDS epidemic cannot be ended without the needs of people living with and affected by HIV, and the determinants of health and vulnerability, being addressed. People living with HIV often live in fragile communities and are frequently discriminated against, marginalized and affected by inequality and instability—their concerns therefore must be at the forefront of sustainable development efforts.

The AIDS response has advanced the right to health, gender equality, human rights, employment and social protection. It has addressed entrenched social norms, social exclusion and legal barriers that undermine health and development outcomes, and its investment approach is increasingly being adopted to accelerate gains across global health and development.

The United Nations system, including UNAIDS, works towards achieving the entire SDG agenda, which include 10 SDGs that are particularly relevant to the response to AIDS.

- ➔ Goal 1: No Poverty— Lifting people out of poverty reduces their vulnerability to HIV
- ➔ Goal 2: Zero Hunger— Hunger increases vulnerability to HIV and stops people living with HIV taking their treatment
- ➔ Goal 3: Good Health and Well-being— HIV treatment saves lives and stops new HIV infections
 - 3.3: By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases
- ➔ Goal 4: Quality Education— Education empowers young people to stay HIV-free and stay on treatment if living with HIV
- ➔ Goal 5: Gender Equality— Where women have equality, their risk of HIV is reduced
- ➔ Goal 8: Decent Work and Economic Growth— A healthy workforce drives economic growth
- ➔ Goal 9: Industry, Innovation and Infrastructure

- ➔ Goal 10: Reduced Inequalities – Equality of choice, equality of access and equality of care – equality for all/where discriminatory laws, policies and practices are removed, barriers to HIV services are broken down
- ➔ Goal 11: Sustainable Cities and Communities- City-led local AIDS responses support positive social transformation by strengthening health and social systems to reach the most marginalized people
- ➔ Goal 16: Peace, Justice and Strong Institutions – Access to justice helps stop the exclusion, stigma, discrimination and violence that fuel the HIV epidemic
- ➔ Goal 17: Partnerships for the Goals– The world is working in partnership to meet the commitment to end AIDS by 2030

United Nations

A/RES/65/277

**The General Assembly****Sixty-fifth session**

Agenda item 10

Resolution adopted by the General Assembly*[without reference to a Main Committee (A/65/L.77)]**The General Assembly*

Adopts the political declaration on HIV and AIDS annexed to the present resolution.

*95th plenary meeting
10 June 2011*

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 review progress achieved in realizing the 2001 Declaration of Commitment on HIV/AIDS¹ and the 2006 Political Declaration on HIV/AIDS,² with a view to guiding and intensifying the global response to HIV and AIDS by promoting continued political commitment and engagement of leaders in a comprehensive response at the community, local, national, regional and international levels to halt and reverse the HIV epidemic and mitigate its impact;
2. Reaffirm 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 present Declaration consistent with national laws, national development priorities and international human rights;
3. Reaffirm the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS and the urgent need to scale up significantly our efforts towards the goal of universal access to comprehensive prevention programmes, treatment, care and support;

1 Resolution S-26/2, annex.

2 Resolution 60/262, annex.

4. Recognize that although HIV and AIDS are affecting every region of the world, each country's epidemic is distinctive in terms of drivers, vulnerabilities, aggravating factors and the populations that are affected, and therefore the responses from both the international community and the countries themselves must be uniquely tailored to each particular situation taking into account the epidemiological and social context of each country concerned;
5. Acknowledge the significance of this high-level meeting, which marks three decades since the first report of AIDS, 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 commitment to urgently scale up responses towards achieving the goal of universal access to comprehensive prevention programmes, treatment, care and support by 2010;
6. Reaffirm our commitment to the achievement of all the Millennium Development Goals, in particular Goal 6, and, recognizing the importance of rapidly scaling up efforts to integrate HIV and AIDS prevention, treatment, care and support with efforts to achieve those Goals, in this regard welcome the outcome of the 2010 High-level Plenary Meeting of the General Assembly on the Millennium Development Goals entitled "Keeping the promise: united to achieve the Millennium Development Goals";³
7. Recognize that HIV and AIDS constitute a global emergency, pose one of the most formidable challenges to the development, progress and stability of our respective societies and the world at large and require an exceptional and comprehensive global response that takes into account that the spread of HIV is often a consequence and cause of poverty;
8. Note with deep concern that despite substantial progress over the three decades since AIDS was first reported, the HIV epidemic remains an unprecedented human catastrophe inflicting immense suffering on countries, communities and families throughout the world, that more than 30 million people have died from AIDS, with another estimated 33 million people living with HIV, that more than 16 million children have been orphaned because of AIDS, that over 7,000 new HIV infections occur every day, mostly among people in

³ See resolution 65/1

low- and middle- income countries, and that less than half of the people living with HIV are believed to be aware of their infection;

9. Reiterate with profound concern that Africa, in particular sub-Saharan Africa, remains the worst affected region and that urgent and exceptional action is required at all levels to curb the devastating effects of this epidemic, and recognize the renewed commitment by African Governments and regional institutions to scale up their own HIV and AIDS responses;
10. Express deep concern that HIV and AIDS affect every region of the world and that the Caribbean continues to have the highest prevalence outside sub-Saharan Africa, while the number of new HIV infections is increasing in Eastern Europe, Central Asia, North Africa, the Middle East and parts of Asia and the Pacific;
11. Welcome the leadership and commitment shown in every aspect of the HIV and AIDS response by Governments, people living with HIV, political and community leaders, parliaments, regional and subregional organizations, communities, families, faith-based organizations, scientists, health professionals, donors, the philanthropic community, workforces, the business sector, civil society and the media;
12. Welcome the exceptional efforts at the national, regional and international levels to implement the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS and the important progress being achieved, including a more than 25 per cent reduction in the rate of new HIV infections in over 30 countries, the significant reduction in mother-to-child transmission of HIV, and the unprecedented expansion of access to HIV antiretroviral treatment to over 6 million people, resulting in the reduction of AIDS-related deaths by more than 20 per cent in the past five years;
13. Recognize that the worldwide commitment to the global HIV epidemic has been unprecedented since the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS, represented by an over eight-fold increase in funding from \$1.8 billion in 2001 to \$16 billion in 2010, the largest amount dedicated to combating a single disease in history;
14. Express deep concern that funding devoted to HIV and AIDS responses is still not commensurate with the magnitude of the epidemic either nationally or internationally, and that the global financial and economic crisis continues to have a negative impact on the HIV and AIDS response at all levels, including the fact that for the first time international assistance has not increased from the levels in 2008 and 2009, and in this regard welcome the increased resources that are being made available as a result of the establishment by many developed countries of timetables to achieve the target of 0.7 per cent of gross national product for official development assistance by 2015, stressing also the importance of complementary innovative sources of financing, in addition to traditional

funding, including official development assistance to support national strategies, financing plans and multilateral efforts aimed at combating HIV and AIDS;

15. Stress the importance of international cooperation, including the role of North-South, South-South and triangular cooperation, in the global response to HIV and AIDS, bearing in mind that South-South cooperation is not a substitute for, but rather a complement to, North-South cooperation, and recognize the shared but differentiated responsibilities and respective capacities of Governments and donor countries, as well as civil society, including the private sector, while noting that national ownership and leadership are absolutely indispensable in this regard;
16. Commend the Secretariat and the co-sponsors of the Joint United Nations Programme on HIV/AIDS for their leadership role on HIV/AIDS policy and coordination and for the support they provide to countries through the Joint Programme;
17. Commend the Global Fund to Fight AIDS, Tuberculosis and Malaria for the vital role it is playing in mobilizing and providing funding for national and regional HIV and AIDS responses and in improving the predictability of financing over the long-term, and welcome the commitment of over \$30 billion in funding from donors to date, including the significant pledges made by donors at the 2010 Global Fund replenishment meeting; note with concern that while these pledges represented an increase in financing, they fall short of the amounts targeted by the Global Fund to further accelerate progress towards universal access, and recognize that to reach that goal it is imperative that the work of the Global Fund be supported and also that it be adequately funded;
18. Commend also the work of the International Drug Purchase Facility, based on innovative financing and focusing on accessibility, quality and price-reduction of antiretroviral drugs;
19. Welcome the United Nations Global Strategy for Women's and Children's Health, undertaken by a broad coalition of partners in support of national plans and strategies, to significantly reduce the number of maternal, newborn and under-five child deaths, as a matter of immediate concern, including by scaling up a priority package of high-impact interventions and integrating efforts in sectors such as health, education, gender equality, water and sanitation, poverty reduction and nutrition;
20. Recognize that agrarian economies are heavily affected by HIV and AIDS, which debilitate their communities and families with negative consequences for poverty eradication, that people die prematurely from AIDS because, inter alia, poor nutrition exacerbates the impact of HIV on the immune system and compromises its ability to respond to opportunistic infections and diseases, and that HIV treatment, including antiretroviral treatment, should be complemented with adequate food and nutrition;

21. Remain deeply concerned that globally women and girls are still the most affected by the epidemic and that they bear a disproportionate share of the care-giving burden, and that the ability of women and girls to protect themselves from HIV continues to be compromised by physiological factors, gender inequalities, including unequal legal, economic and social status, insufficient access to health care and services, including for sexual and reproductive health, and all forms of discrimination and violence, including sexual violence and exploitation against them;
22. Welcome the establishment of UN-Women as a new stakeholder that can play an important role in global efforts to combat HIV by promoting gender equality and the empowerment of women, which are fundamental for reducing the vulnerability of women to HIV, and the appointment of the first Executive Director of UN-Women;
23. Welcome the adoption of the Convention on the Rights of Persons with Disabilities,⁴ and recognize the need to take into account the rights of persons with disabilities as set forth in that Convention, in particular with regard to health, education, accessibility and information, in the formulation of our global response to HIV and AIDS;
24. Note with appreciation the efforts of the Inter-Parliamentary Union in supporting national parliaments to ensure an enabling legal environment supportive of effective national responses to HIV and AIDS;
25. Express grave concern that young people between the ages of 15 and 24 years account for more than one third of all new HIV infections, with some 3,000 young people becoming infected with HIV each day, and note that most young people still have limited access to good quality education, decent employment and recreational facilities, as well as limited access to sexual and reproductive health programmes that provide the information, skills, services and commodities they need to protect themselves that only 34 per cent of young people possess accurate knowledge of HIV, and that laws and policies in some instances exclude young people from accessing sexual health-care and HIV-related services, such as voluntary and confidential HIV-testing, counselling and age-appropriate sex and HIV prevention education, while also recognizing the importance of reducing risk taking behaviour and encouraging responsible sexual behaviour, including abstinence, fidelity and correct and consistent use of condoms;
26. Note with alarm the rise in the incidence of HIV among people who

4 Resolution 61/106, annex I.

inject drugs and that, despite continuing increased efforts by all relevant stakeholders, the drug problem continues to constitute a serious threat to, among other things, public health and safety and the well-being of humanity, in particular children and young people and their families, and recognize that much more needs to be done to effectively combat the world drug problem;

27. Recall our commitment that prevention must be the cornerstone of the global HIV and AIDS response, but note that many national HIV prevention programmes and spending priorities do not adequately reflect this commitment, that spending on HIV prevention is insufficient to mount a vigorous, effective and comprehensive global HIV prevention response, that national prevention programmes are often not sufficiently coordinated and evidence-based, that prevention strategies do not adequately reflect infection patterns or sufficiently focus on populations at higher risk of HIV, 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;
28. Note with concern that national prevention strategies and programmes are often too generic in nature and do not adequately respond to infection patterns and the disease burden; for example, where heterosexual sex is the dominant mode of transmission, married or cohabitating individuals, including those in sero-discordant relationships, account for the majority of new infections but they are not sufficiently targeted with testing and prevention interventions;
29. Note that many national HIV prevention strategies inadequately focus on populations that epidemiological evidence shows are at higher risk, specifically men who have sex with men, people who inject drugs and sex workers, and further note, however, that each country should define the specific populations that are key to its epidemic and response, based on the epidemiological and national context;
30. Note with grave concern that despite the near elimination of mother-to-child transmission of HIV in high-income countries and the availability of low-cost interventions to prevent transmission, approximately 370,000 infants were estimated to have been infected with HIV in 2009;
31. Note with concern that prevention, treatment, care and support programmes have been inadequately targeted or made accessible to persons with disabilities;
32. Recognize that access to safe, effective, affordable, good-quality medicines and commodities 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;
33. Express grave concern that the majority of low- and middle-income

countries did not meet their universal access to HIV treatment targets, despite the major achievement of expansion in providing access to antiretroviral treatment to over 6 million people living with HIV in low- and middle-income countries, that there are at least 10 million people living with HIV who are medically eligible to start antiretroviral treatment now, that discontinued treatment is a threat to treatment efficacy, and that the sustainability of providing life-long HIV treatment is threatened by factors such as poverty, lack of access to treatment and insufficient and unpredictable funding and by the number of new HIV infections outpacing the number of people starting HIV treatment by a factor of two to one;

34. 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 or accessible 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 treatment; and affirm the importance of social and operational research in improving our understanding of factors that influence the epidemic and actions that address it;
35. Recognize the critical importance of affordable medicines, including generics, in scaling up access to affordable HIV treatment, and further recognize that protection and enforcement measures for intellectual property rights should be compliant with the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) and should be interpreted and implemented in a manner supportive of the right of Member States to protect public health and, in particular, to promote access to medicines for all;
36. Note with concern that regulations, policies and practices, including those that limit legitimate trade of generic medicines, may seriously limit access to affordable HIV treatment and other pharmaceutical products in low- and middle-income countries, and recognize that improvements can be made, inter alia through national legislation, regulatory policy and supply chain management, and note that reductions in barriers to affordable products could be explored in order to expand access to affordable and good quality HIV prevention products, diagnostics, medicine and treatment commodities for HIV, including for opportunistic infections and co-infections;
37. Recognize that there are additional means to reverse the global epidemic and avert millions of HIV infections and AIDS-related deaths, and in this context also recognize that new and potential

scientific evidence is available that could contribute to the effectiveness and scaling up of prevention, treatment, care and support programmes;

38. Reaffirm the commitment to fulfil obligations to promote universal respect for and the observance and protection of all human rights and fundamental freedoms for all in accordance with the Charter of the United Nations, the Universal Declaration of Human Rights⁵ and other instruments relating to human rights and international law; and emphasize the importance of cultural, ethical and religious values, the vital role of the family and the community and in particular people living with and affected by HIV, including their families, and the need to take into account the particularities of each country in sustaining national HIV and AIDS responses, reaching all people living with HIV, delivering HIV prevention, treatment, care and support and strengthening health systems, in particular primary health care;
39. Reaffirm that the full realization of all human rights and fundamental freedoms for all is an essential element in the global response to the HIV epidemic, including in the areas of prevention, treatment, care and support, recognize that addressing stigma and discrimination against people living with, presumed to be living with or affected by HIV, including their families, is also a critical element in combating the global HIV epidemic, and recognize also the need, as appropriate, to strengthen national policies and legislation to address such stigma and discrimination;
40. Recognize that close cooperation with people living with HIV and populations at higher risk of HIV infection will facilitate the achievement of a more effective HIV and AIDS response, and emphasize that people living with and affected by HIV, including their families, should enjoy equal participation in social, economic and cultural activities, without prejudice and discrimination, and that they should have equal access to health care and community support as all members of the community;
41. Recognize that access to sexual and reproductive health has been and continues to be essential for HIV and AIDS responses, and that Governments have the responsibility to provide for public health, with special attention to families, women and children;
42. Recognize the importance of strengthening health systems, in particular primary health care and the need to integrate the HIV response into it, and note that weak health systems, which already face many challenges, including a lack of trained and retention of skilled health workers, are among the biggest barriers to access HIV/AIDS-related services;

43. Reaffirm the central role of the family, bearing in mind that in different cultural, social and political systems various forms of the family exist, in reducing vulnerability to HIV, inter alia in educating and guiding children, and take account of cultural, religious and ethical factors in reducing the vulnerability of children and young people by ensuring access of both girls and boys to primary and secondary education, including HIV and AIDS in curricula for adolescents, ensuring safe and secure environments especially for young girls, expanding good-quality youth- friendly information and sexual health education and counselling services, strengthening reproductive and sexual health programmes, and involving families and young people in planning, implementing and evaluating HIV and AIDS prevention and care programmes, to the extent possible;
44. Recognize the role that community organizations play, including those run by people living with HIV, in sustaining national and local HIV and AIDS responses, reaching all people living with HIV, delivering prevention, treatment, care and support services and strengthening health systems, in particular the primary health-care approach;
45. Acknowledge that the current trajectory of costs of HIV programmes is not sustainable and that programmes must become more cost-effective and evidence-based and deliver better value for money, and that poorly coordinated and transaction-heavy responses and lack of proper governance and financial accountability impede progress;
46. Note with concern that evidence-based responses, which must be informed by data disaggregated by incidence and prevalence, including by age, sex and mode of transmission, continue to require stronger measuring tools, data management systems and improved monitoring and evaluation capacity at the national and regional levels;
47. Note the relevant strategies of the Joint United Nations Programme on HIV/AIDS and the World Health Organization on HIV and AIDS;
48. Recognize that the deadlines for achieving key targets and goals set out in the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS have now expired, while noting with deep concern that many countries have been unable to fulfil their pledges to achieve them, and stress the urgent need to recommit to those targets and goals and commit to new, ambitious and achievable targets and goals building on the impressive advances of the past 10 years and addressing barriers to progress and new challenges through a revitalized and enduring HIV and AIDS response;
49. Therefore, we solemnly declare our commitment to end the

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 set out below, taking into account the diverse situations and circumstances in different countries and regions throughout the world;

Leadership: uniting to end the HIV epidemic

50. Commit to seize this turning point in the HIV epidemic and through decisive, inclusive and accountable leadership to revitalize and intensify the comprehensive global HIV and AIDS response by recommitting to the commitments made in the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS and by fully implementing the commitments, goals and targets contained in the present Declaration;
51. Commit 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, with a view to achieving Millennium Development Goal 6, in particular to halt and begin to reverse by 2015 the spread of HIV;
52. Reaffirm our determination to achieve all the Millennium Development Goals, in particular Goal 6, and recognize the importance of rapidly scaling up efforts to integrate HIV prevention, treatment, care and support with efforts to achieve these goals;
53. Pledge to eliminate gender inequalities and gender-based abuse and violence, increase the capacity of women and adolescent girls to protect themselves from the risk of HIV infection, principally through the provision of health care and services, including, inter alia, sexual and reproductive health, as well as full access to comprehensive information and education, ensure that women can exercise their right to have control over, and decide freely and responsibly on, matters related to their sexuality in order to increase their ability to protect themselves from HIV infection, including their sexual and reproductive health, free of coercion, discrimination and violence, and take all necessary measures to create an enabling environment for the empowerment of women and strengthen their economic independence, and, in this context, reiterate the importance of the role of men and boys in achieving gender equality;
54. Commit by 2012 to update and implement, through inclusive, country- led and transparent processes and multisectoral national HIV and AIDS strategies and plans, including financing plans, which include time bound goals to be reached in a targeted, equitable and sustained manner, to accelerate efforts to achieve universal access to HIV prevention, treatment, care and support by 2015, and address unacceptably low prevention and treatment coverage;

55. Commit to increase national ownership of HIV and AIDS responses, while calling on the United Nations system, donor countries, the Global Fund to Fight AIDS, TB and Malaria, the business sector and international and regional organizations, to support Member States in ensuring that nationally driven, credible, costed, evidence-based, inclusive and comprehensive national HIV and AIDS strategic plans are, by 2013, funded and implemented with transparency, accountability and effectiveness in line with national priorities;
56. 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 the local, national and global levels, and agree to work with these new leaders to help develop specific measures to engage young people about HIV, including in communities, families, schools, tertiary institutions, recreation centres and workplaces;
57. Commit to continue engaging people living with and affected by HIV in decision-making, and planning, implementing and evaluating 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: expand coverage, diversify approaches and intensify efforts to end new HIV infections

58. Reaffirm that prevention of HIV must be the cornerstone of national, regional and international responses to the HIV epidemic;
59. Commit to redouble HIV prevention efforts by taking all measures to implement comprehensive, evidence-based prevention approaches, taking into account local circumstances, ethics and cultural values, including through, but not limited to:
 - a. Conducting public awareness campaigns and targeted HIV education to raise public awareness about HIV;
 - b. Harnessing the energy of young people in helping to lead global HIV awareness;
 - c. Reducing risk-taking behaviour and encouraging responsible sexual behaviour including abstinence, fidelity and consistent and correct use of condoms;
 - d. Expanding access to essential commodities, particularly male and female condoms and sterile injecting equipment;
 - e. Ensuring that all people, particularly young people, have the means to exploit the potential of new modes of connection and communication;
 - f. Significantly expanding and promoting voluntary and confidential HIV testing and counselling and provider-initiated HIV testing and

- g. Intensifying national testing promotion campaigns for HIV and other sexually transmitted infections;
 - h. Giving consideration, as appropriate, to implementing and expanding risk and harm reduction programmes, taking into account the *WHO, UNODC, UNAIDS Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users*, in accordance with national legislation;
 - i. Promoting medical male circumcision where HIV prevalence is high and male circumcision rates are low;
 - j. Sensitizing and encouraging the active engagement of men and boys in promoting gender equality;
 - k. Facilitating access to sexual and reproductive health-care services;
 - l. Ensuring that women of child-bearing age have access to HIV prevention-related services and that pregnant women have access to antenatal care, information, counselling and other HIV services, and increasing the availability of and access to effective treatment for women living with HIV and infants;
 - m. Strengthening evidence-based health sector prevention interventions, including in rural and hard to reach places;
 - n. Deploying new biomedical interventions as soon as they are validated, including female-initiated prevention methods such as microbicides, HIV treatment prophylaxis, earlier treatment as prevention, and an HIV vaccine;
60. Commit to ensure that financial resources for prevention are targeted to evidence-based prevention measures that reflect the specific nature of each country's epidemic by focusing on geographic locations, social networks and populations vulnerable to HIV infection, according to the extent to which they account for new infections in each setting, in order to ensure that resources for HIV prevention are spent as cost-effectively as possible, and to ensuring that particular attention is paid to women and girls, young people, orphans and vulnerable children, migrants and people affected by humanitarian emergencies, prisoners, indigenous people and people with disabilities, depending on local circumstances;
61. Commit to ensure that national prevention strategies comprehensively target populations at higher risk and that systems of data collection and analysis about these populations are strengthened; and to take measures to ensure that HIV services, including voluntary and confidential HIV testing and counselling, are accessible to these populations so that they are encouraged to access HIV prevention, treatment, care and support;
62. Commit to working towards reducing sexual transmission of HIV by 50 per cent by 2015;
63. Commit to working towards reducing transmission of HIV among people who inject drugs by 50 per cent by 2015;

64. Commit to working towards the elimination of mother-to-child transmission of HIV by 2015 and substantially reducing AIDS-related maternal deaths;

Treatment, care and support: eliminating AIDS-related illness and death

65. Pledge to intensify efforts that will help to increase the life expectancy and quality of life of all people living with HIV;
66. Commit to accelerate efforts to achieve the goal of universal access to antiretroviral treatment for those eligible based on World Health Organization HIV treatment guidelines that indicate timely initiation of quality assured treatment for its maximum benefit, with the target of working towards having 15 million people living with HIV on antiretroviral treatment by 2015;
67. Commit to support the reduction of unit costs and improve HIV treatment delivery, including through, inter alia, provision of good quality, affordable, effective, less toxic and simplified treatment regimens that avert drug resistance, simple, affordable diagnostics at point-of-care, cost reductions for all major elements of treatment delivery, mobilization and capacity-building of communities to support treatment scale-up and patient retention, programmes that support improved treatment adherence, directing particular efforts towards hard-to-reach populations far from physical health-care facilities and programmes and those in informal settlement settings and other locations where health-care facilities are inadequate, and recognizing the supplementary prevention benefits from treatment alongside other prevention efforts;
68. Commit to develop and implement strategies to improve infant HIV diagnosis, including through access to diagnostics at point-of-care, significantly increase and improve access to treatment for children and adolescents living with HIV, including access to prophylaxis and treatments for opportunistic infections, as well as increased support to children and adolescents through increased financial, social and moral support for their parents, families and legal guardians, and promote a smooth transition from paediatric to young adult treatment and related support and services;
69. Commit to promote services that integrate prevention, treatment and care of co-occurring conditions, including tuberculosis and hepatitis, improve access to quality, affordable primary health care, comprehensive care and support services, including those which address physical, spiritual, psychosocial, socio-economic, and legal aspects of living with HIV, and palliative care services;
70. Commit to take immediate action on the national and global levels to integrate food and nutritional support into programmes directed to people affected by HIV, in order to ensure access to sufficient, safe and

nutritious food to enable people to meet their dietary needs and food preferences, for an active and healthy life as part of a comprehensive response to HIV and AIDS;

71. Commit to remove before 2015, 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, as well as treatment for opportunistic infections and co-infections, and to reduce costs associated with life-long chronic care, including by amending national laws and regulations, as deemed appropriate by respective Governments, so as to optimize:
 - a. The use, to the full, of existing flexibilities under the Trade-Related Aspects of Intellectual Property Rights Agreement specifically geared to promoting access to and trade of medicines, and, while recognizing the importance of the intellectual property rights regime in contributing towards a more effective AIDS response, ensure that intellectual property rights provisions in trade agreements do not undermine these existing flexibilities, as confirmed by the Doha Declaration on the TRIPS Agreement and Public Health, and call for early acceptance of the amendment to article 31 of the TRIPS Agreement adopted by the General Council of the World Trade Organization in its decision of 6 December 2005;
 - b. Addressing barriers, regulations, policies and practices that prevent access to affordable HIV treatment by promoting generic competition in order to help reduce costs associated with life-long chronic care, and by encouraging all States to apply measures and procedures for enforcing intellectual property rights in such a manner as to avoid creating barriers to the legitimate trade of medicines, and to provide for safeguards against the abuse of such measures and procedures;
 - c. Encouraging the voluntary use, where appropriate, of new mechanisms such as partnerships, tiered pricing, open-source sharing of patents and patent pools benefiting all developing countries, including through entities such as the Medicines Patent Pool, to help reduce treatment costs and encourage development of new HIV treatment formulations, including HIV medicines and point-of-care diagnostics, in particular for children;
72. Urge relevant international organizations, upon request and in accordance with their respective mandates, such as, where appropriate, the World Intellectual Property Organization, the United Nations Industrial Development Organization, the United Nations Development Programme, the United Nations Conference on Trade and Development, the World Trade Organization and the World Health Organization, to provide national Governments of developing countries with technical and capacity-building assistance for the efforts of those

Governments to increase access to HIV medicines and treatment, in accordance with the national strategies of each Government, consistent with, and including through the use of, existing flexibilities under the Trade-Related Aspects of Intellectual Property Rights Agreement, as confirmed by the Doha Declaration on the TRIPS Agreement and Public Health;

73. Commit by 2015 to address factors that limit treatment uptake and contribute to treatment stock-outs and delays in drug production and delivery, inadequate storage of medicines, patient drop-out, including inadequate and inaccessible transportation to clinical sites, lack of accessibility of information, resources and sites, especially to persons with disabilities, 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 health care;
74. Call on pharmaceutical companies to take measures to ensure timely production and delivery of affordable, good quality and effective antiretroviral medicines so as to contribute to maintaining an efficient national system of distribution of these medicines;
75. Expand efforts to combat tuberculosis, which is a leading cause of death among people living with HIV, by improving tuberculosis screening, tuberculosis prevention, access to diagnosis and treatment of tuberculosis and drug-resistant tuberculosis and access to antiretroviral therapy, through more integrated delivery of HIV and tuberculosis services in line with the Global Plan to Stop TB, 2011-2015, and commit by 2015 to work towards reducing tuberculosis deaths in people living with HIV by 50 per cent;
76. Commit to reduce the high rates of HIV and hepatitis B and C co-infection by developing as soon as practicable an estimate of the global treatment need, increasing efforts towards the development of a vaccination for hepatitis C and rapidly expanding access to appropriate vaccination for hepatitis B and diagnostics and treatment of HIV and hepatitis co-infections;

Advancing human rights to reduce stigma, discrimination and violence related to HIV

77. Commit to intensify national efforts to create enabling legal, social and policy frameworks in each national context in order to eliminate stigma, discrimination and violence related to HIV and promote access to HIV prevention, treatment, care and support and non-discriminatory access to education, health care, employment and social services, provide legal protections for people affected by HIV, including inheritance rights and respect for privacy and confidentiality, and promote and protect all human rights and fundamental freedoms with particular attention to all people vulnerable to and affected by HIV;

78. Commit to review, as appropriate, laws and policies that adversely affect the successful, effective and equitable delivery of HIV prevention, treatment, care and support programmes to people living with and affected by HIV, and consider their review in accordance with relevant national review frameworks and time frames;
79. Encourage Member States to consider identifying and reviewing any remaining HIV-related restrictions on entry, stay and residence so as to eliminate them;
80. Commit to national HIV and AIDS strategies that promote and protect human rights, including programmes aimed at eliminating stigma and discrimination against people living with and affected by HIV, including their families, including through sensitizing the police and judges, training health-care workers in non-discrimination, confidentiality and informed consent, supporting national human rights learning campaigns, legal literacy and legal services, as well as monitoring the impact of the legal environment on HIV prevention, treatment, care and support;
81. Commit to ensuring that national responses to HIV and AIDS meet the specific needs of women and girls, including those living with and affected by HIV, across their lifespan, through strengthening legal, policy, administrative and other measures for the promotion and protection of women's full enjoyment of all human rights and the reduction of their vulnerability to HIV through the elimination of all forms of discrimination, as well as all types of sexual exploitation of women, girls and boys, including for commercial reasons, and all forms of violence against women and girls, including harmful traditional and customary practices, abuse, rape and other forms of sexual violence, battering and trafficking in women and girls;
82. Commit to strengthen national social and child protection systems and care and support programmes for children, in particular for the girl child, and adolescents affected by and vulnerable to HIV, as well as their families and caregivers, including through the provision of equal opportunities to support the development to full potential of orphans and other children affected by and living with HIV, especially through equal access to education, the creation of safe and non-discriminatory learning environments, supportive legal systems and protections, including civil registration systems, and provision of comprehensive information and support to children and their families and caregivers, especially age- appropriate HIV information to assist children living with HIV as they transition through adolescence, consistent with their evolving capacities;
83. Commit to promoting laws and policies that ensure the full realization of all human rights and fundamental freedoms for young people, particularly those living with HIV and those at higher risk of HIV infection, so as to eliminate the stigma and discrimination they face;
84. Commit to address, according to national legislation, the vulnerabilities

to HIV experienced by migrant and mobile populations and support their access to HIV prevention, treatment, care and support;

85. Commit to mitigate the impact of the epidemic on workers, their families, their dependants, workplaces and economies, including by taking into account all relevant conventions of the International Labour Organization, as well as the guidance provided by the relevant International Labour Organization recommendations, including Recommendation No. 200, and call on employers, trade and labour unions, employees and volunteers to eliminate stigma and discrimination, protect human rights and facilitate access to HIV prevention, treatment, care and support;

Resources for the AIDS response

86. Commit to working towards closing the global HIV and AIDS resource gap by 2015, currently estimated by the Joint United Nations Programme on HIV/AIDS to be \$6 billion annually, through greater strategic investment, continued domestic and international funding to enable countries to access predictable and sustainable financial resources and sources of innovative financing, and by ensuring that funding flows through country finance systems, where appropriate and available, and is aligned with accountable and sustainable national HIV and AIDS and development strategies that maximize synergies and deliver sustainable programmes that are evidence-based and implemented with transparency, accountability and effectiveness;
87. Commit to breaking the upward trajectory of costs through the efficient utilization of resources, addressing barriers to the legal trade of generics and other low-cost medicines, improving the efficiency of prevention by targeting interventions to deliver more efficient, innovative and sustainable programmes for the HIV and AIDS response, in accordance with national development plans and priorities, and ensuring that synergies are exploited between the HIV and AIDS response and efforts to achieve the internationally agreed development goals, including the Millennium Development Goals;
88. Commit by 2015, through a series of incremental steps and through our shared responsibility, to reach a significant level of annual global expenditure on HIV and AIDS, while recognizing that the overall target estimated by the Joint United Nations Programme on HIV/ AIDS is between \$22 billion and \$24 billion in low- and middle- income countries, by increasing national ownership of HIV and AIDS responses through greater allocations from national resources and traditional sources of funding, including official development assistance;
89. Strongly urge those developed countries which have pledged to achieve the target of 0.7 per cent of gross national product for official development assistance by 2015, and urge those developed countries that have not yet done so, to make additional concrete efforts to fulfil

their commitments in this regard;

90. Strongly urge African countries that adopted the Abuja Declaration and Framework for Action for the Fight against HIV/AIDS, Tuberculosis and other Diseases to take concrete measures to meet the target of allocating at least 15 per cent of their annual budget to the improvement of the health sector, in accordance with the Abuja Declaration and Framework for Action;
91. Commit to enhance the quality of aid by strengthening national ownership, alignment, harmonization, predictability, mutual accountability and transparency, and results-orientation;
92. Commit to supporting and strengthening existing financial mechanisms, including the Global Fund and relevant United Nations organizations, through the provision of funds in a sustained and predictable manner, in particular to those countries with low and middle incomes with a high disease burden or a large number of people living with and affected by HIV;
93. Recommit to fully implementing the enhanced Heavily Indebted Poor Countries Initiative and agree to cancel all eligible bilateral official debts of qualified countries within the Initiative, who reach the completion point under the initiative, in particular the countries most affected by HIV and AIDS, and urge the use of debt service savings, inter alia, to finance poverty eradication programmes, particularly for prevention, treatment, care and support for HIV and AIDS and other infections;
94. Commit to scaling up new, voluntary and additional innovative financing mechanisms to help address the shortfall of resources available for the global HIV and AIDS response and to improve the financing of the HIV and AIDS response over the long term, and to accelerating efforts to identify innovative financing mechanisms that will generate additional financial resources for HIV and AIDS to complement national budgetary allocations and official development assistance;
95. 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, recognize the programme for reform of the Global Fund, and encourage Member States, the business community, including foundations, and philanthropists to provide the highest level of support for the Global Fund, taking into account the funding targets to be identified at the 2012 midterm review of the Global Fund replenishment process;

Strengthening health systems and integrating HIV and AIDS into broader health and development

96. Commit to redouble efforts to strengthen health systems, including primary health care, particularly in developing countries, through measures such as allocating national and international resources, appropriate decentralization of HIV and AIDS programmes to improve access for communities, including rural and hard-to-reach populations, integration of HIV and AIDS programmes into primary health care, sexual and reproductive health-care services and specialized infectious disease services, improving planning for institutional, infrastructure and human resource needs, improving supply chain management within health systems, and increasing human resource capacity for the response, including by scaling up the training and retention of human resources for health policy and planning, health-care personnel, consistent with the World Health Organization voluntary Global Code of Practice on the International Recruitment of Health Personnel,¹¹ community health workers and peer educators, and with support from and in partnership with international and regional organizations, the business sector and civil society, as appropriate;
97. Support and encourage, through domestic and international funding and the provision of technical assistance, the substantial development of human capital, development of national and international research infrastructures, laboratory capacity, improved surveillance systems, and data collection, processing and dissemination, and training basic and clinical researchers, social scientists and technicians, with a focus on those countries most affected by HIV and/or experiencing or at risk of a rapid expansion of the epidemic;
98. Commit by 2015 to working with partners to direct resources to and strengthen the advocacy, policy and programmatic links between HIV and tuberculosis responses, primary health-care services, sexual and reproductive health, maternal and child health, hepatitis B and C, drug dependence, non-communicable diseases and overall health systems, leverage health-care services to prevent mother-to-child transmission of HIV, strengthen the interface between HIV services, related sexual and reproductive health care and services and other health services, including maternal and child health, eliminate parallel systems for HIV-related services and information where feasible, and strengthen linkages among national and global efforts concerned with human and national development, including poverty eradication, preventative health care, enhanced nutrition, access to safe and clean drinking water, sanitation, education and the improvement of livelihoods;
99. Commit to supporting all national, regional and global efforts to achieve the Millennium Development Goals, including those undertaken through

North-South, South-South and triangular cooperation, to improve comprehensive and integrated HIV prevention, treatment, care and support programmes, as well as tuberculosis, sexual and reproductive health, malaria and maternal and child health care;

Research and development: the key to preventing, treating and curing HIV

100. Commit to investing in accelerated basic research on the development of sustainable and affordable HIV and tuberculosis diagnostics and treatments for HIV and its associated co-infections, microbicides and other new prevention technologies, including female-controlled prevention methods, rapid diagnostic and monitoring technologies, as well as biomedical operations, social, cultural and behavioural and traditional medicine research and continue to build national research capacity, especially in developing countries, through increased funding and public-private partnerships, and create a conducive environment for research and ensure that it is based on the highest ethical and scientific standards and strengthening national regulatory authorities;
101. Commit to accelerate research and development for a safe, affordable, effective and accessible vaccine and for a cure for HIV, while ensuring that sustainable systems for vaccine procurement and equitable distribution are also developed;

Coordination, monitoring and accountability: maximizing the response

102. Commit to having effective evidence-based operational monitoring and evaluation and mutual accountability mechanisms between all stakeholders to support multisectoral national strategic plans for HIV and AIDS to fulfil the commitments in the present Declaration, with the active involvement of people living with, affected by and vulnerable to HIV, and other relevant civil society and private sector stakeholders;
103. Commit to revise by the end of 2012 the recommended framework of core indicators that reflect the commitments made in the present Declaration and to develop additional measures, where necessary, to strengthen national, regional and global coordination and monitoring mechanisms of HIV and AIDS responses through inclusive and transparent processes with the full involvement of Member States and other relevant stakeholders, with the support of the Joint United Nations Programme on HIV/AIDS;

Follow up: sustaining progress

104. Encourage and support the exchange among countries and regions of information, research, evidence and experiences for implementing the measures and commitments related to the global HIV and AIDS response

and in particular those contained in the present Declaration, facilitate intensified North-South, South-South and triangular cooperation, as well as regional, subregional and interregional cooperation and coordination, and, in this regard, continue to encourage the Economic and Social Council to request the regional commissions, within their respective mandates and resources, to support periodic, inclusive reviews of national efforts and progress made in their respective regions to combat HIV;

105. Request the Secretary-General to provide an annual report to the General Assembly on progress achieved in realizing the commitments made in the present Declaration, and, with support from the Joint United Nations Programme on HIV/AIDS, report progress to the Assembly in accordance with global reporting on the Millennium Development Goals at the 2013 and subsequent Millennium Development Goal reviews.

United Nations

S/RES/1308/2011



Security Council

Distr.: General
17 June 2011

Resolution 1983 (2011)

Adopted by the Security Council at its 6547th meeting, on 7 June 2011

The Security Council,

Deeply concerned that in the 30 years since the beginning of the HIV epidemic, more than 60 million people have been infected, more than 25 million people have died and more than 16 million children have been orphaned by AIDS,

Recalling its meeting of 10 January 2000, on “The situation in Africa: the impact of AIDS on peace and security in Africa” and its subsequent meetings on “HIV/AIDS and international peacekeeping operations”, and reaffirming its commitment to the continuing and full implementation, in a complementary manner of all of its relevant resolutions, including SCR 1308 (2000), 1325 (2000), 1820 (2008), 1888 (2009), 1889 (2009), 1894 (2009), 1960 (2010) and all relevant statements of its President,

Reaffirming the Declaration of Commitment on HIV/AIDS of 2001 (A/RES/S-26/2), and the Political Declaration on HIV/AIDS of 2006 (A/RES/60/262) including its commitment towards the goal of universal access to prevention, treatment, care and support which will require renewed efforts at, local, national, regional and international levels,

Recalling the MDG Summit Outcome Document (A/RES/65/1) and the report of the Special Committee on Peacekeeping Operations (A/65/19),

Taking note of the Secretary General's report on the implementation of the Declaration of Commitment on HIV/AIDS (2001) and the Political Declaration on HIV/AIDS (2006) (A/65/797),

Recognizing that HIV poses one of the most formidable challenges to the development, progress and stability of societies and requires an exceptional and comprehensive global response, and noting with satisfaction the unprecedented global response of Member States, public and private partnerships, non-governmental organizations and the important roles of civil society, communities, and persons living with and affected by HIV in shaping the response,

Emphasizing the important roles of the General Assembly and the Economic and Social Council in addressing HIV and AIDS, and the continuing need for coordinated efforts of all relevant United Nations entities in line with their respective mandates, to assist, in the global efforts against the epidemic,

Commending the efforts by the Joint United Nations Programme on HIV/AIDS (UNAIDS) to coordinate and intensify the global, regional, national and local response to HIV and AIDS in all appropriate forums, and the pivotal role of the Global Fund to Fight AIDS, Tuberculosis, and Malaria in mobilizing and providing international assistance, including resources, to respond to HIV and AIDS,

Recognizing that the spread of HIV can have a uniquely devastating impact on all sectors and levels of society, and that in conflict and post-conflict situations, these impacts may be felt more profoundly,

Further recognizing that conditions of violence and instability in conflict and post-conflict situations can exacerbate the HIV epidemic, inter alia, through large movements of people, widespread uncertainty over conditions, conflict-related sexual violence, and reduced access to medical care,

Recognizing that women and girls are particularly affected by HIV,

Underlining the importance of concerted efforts towards ending conflict-related sexual and gender-based violence, empowering women in an effort to reduce their risk of exposure to HIV, and curbing vertical transmission of HIV from mother to child in conflict and post-conflict situations,

Noting that the protection of civilians by peacekeeping operations, where

mandated, can contribute to an integrated response to HIV and AIDS, inter alia, through the prevention of conflict-related sexual violence,

Underlining, the continuing negative impact of HIV on the health and fitness of UN missions' personnel, and concerned that available statistics indicate that health-related issues, have become a leading cause of fatality in the field since 2000,

Welcoming the efforts to implement HIV prevention, treatment, care and support, including voluntary and confidential testing and counselling, programmes by many Member States for their uniformed personnel and by the UN for its civilian staff in preparation for deployment to UN missions,

Bearing in mind the Council's primary responsibility for the maintenance of international peace and security,

1. *Underlines* that urgent and coordinated international action continues to be required to curb the impact of the HIV epidemic in conflict and post-conflict situations;
2. *Notes* in this context the need for effective and coordinated action at local, national, regional and international levels to combat the epidemic and to mitigate its impact and the need for a coherent UN response to assist Member States to address this issue;
3. *Notes* that the disproportionate burden of HIV and AIDS on women is one of the persistent obstacles and challenges to gender equality and empowerment of women, and urges Member States, United Nations entities, international financial institutions and other relevant stakeholders, to support the development and strengthening of capacities of national health systems and civil society networks in order to provide sustainable assistance to women living with or affected by HIV in conflict and post-conflict situations;
4. *Recognizes* that UN peacekeeping operations can be important contributors to an integrated response to HIV and AIDS, welcomes the incorporation of HIV awareness in mandated activities and outreach projects for vulnerable communities, and encourages further such actions;
5. *Stresses* the importance of strong support by UN Mission civilian and military leadership for HIV and AIDS prevention, treatment, care and support, as a factor for reducing the stigma and

discrimination associated with HIV and AIDS;

6. *Requests* the Secretary-General to consider HIV-related needs of people living with, affected by, and vulnerable to HIV, including women and girls, in his activities pertinent to the prevention and resolution of conflict, the maintenance of international peace and security, the prevention and response to sexual violence related to conflict, and post-conflict peacebuilding;
7. *Encourages* the incorporation, as appropriate, of HIV prevention, treatment, care, and support, including voluntary and confidential counselling and testing programmes in the implementation of mandated tasks of peacekeeping operations, including assistance to national institutions, to security sector reform (SSR) and to disarmament, demobilization and reintegration (DDR) processes; and the need to ensure the continuation of such prevention, treatment, care and support during and after transitions to other configurations of UN presence;
8. *Underlines* the need to intensify HIV prevention activities within UN missions; takes note of the “DPKO/DFS Policy Directive on the Role and Functions of HIV/AIDS Units in United Nations Peacekeeping Operations”, and requests the Secretary-General to ensure the implementation of HIV and AIDS awareness and prevention programmes for UN missions;
9. *Requests* the Secretary-General to continue and strengthen efforts to implement the policy of zero tolerance of sexual exploitation and abuse in UN missions;
10. *Welcomes* and encourages continued cooperation among Member States through their relevant national bodies, for the development and implementation of sustainable HIV and AIDS prevention, treatment, care and support, capacity- building, and programme and policy development for uniformed and civilian personnel to be deployed to UN missions;
11. *Invites* the Secretary-General to provide further information to the Council as appropriate.

United Nations

A/RES/60/262



General Assembly

Distr.: General 15 June 2006

Sixtieth session

Agenda item 45

05-50332

Resolution adopted by the General Assembly

[Without reference to a Main Committee (A/60/L.57)]

60/262. Political Declaration on HIV/AIDS

The General Assembly Adopts

the Political Declaration on HIV/AIDS annexed to the present resolution.

87th plenary meeting

2 June 2006

Annex

Political Declaration on HIV/AIDS

1. We, Heads of State and Government and representatives of States and Governments participating in the comprehensive review of the progress achieved in realizing the targets set out in the Declaration of Commitment on HIV/AIDS,¹ held on 31 May and 1 June 2006, and the High-Level Meeting, held on 2 June 2006;
2. Note with alarm that we are facing an unprecedented human catastrophe; that a quarter of a century into the pandemic, AIDS has inflicted immense suffering on countries and communities throughout the world; and that more than 65 million people have been infected with HIV, more than 25 million people have died of AIDS, 15 million children have been orphaned by AIDS and millions more made vulnerable, and 40 million people are currently living with HIV, more than 95 per cent of whom live in developing countries;

¹Resolution S-26/2, annex

3. Recognize that HIV/AIDS constitutes a global emergency and poses one of the most formidable challenges to the development, progress and stability of our respective societies and the world at large, and requires an exceptional and comprehensive global response;
4. Acknowledge that national and international efforts have resulted in important progress since 2001 in the areas of funding, expanding access to HIV prevention, treatment, care and support and in mitigating the impact of AIDS, and in reducing HIV prevalence in a small but growing number of countries, and also acknowledge that many targets contained in the Declaration of Commitment on HIV/AIDS have not yet been met; HIV prevalence in a small but growing number of countries, and also acknowledge that many targets contained in the Declaration of Commitment on HIV/AIDS have not yet been met;
5. Commend the Secretariat and the Co-sponsors of the Joint United Nations Programme on HIV/AIDS for their leadership role on HIV/AIDS policy and coordination, and for the support they provide to countries through the Joint Programme;
6. Recognize the contribution of, and the role played by, various donors in combating HIV/AIDS, as well as the fact that one third of resources spent on HIV/AIDS responses in 2005 came from the domestic sources of low- and middle-income countries, and therefore emphasize the importance of enhanced international cooperation and partnership in our responses to HIV/AIDS worldwide;
7. Remain deeply concerned, however, by the overall expansion and feminization of the pandemic and the fact that women now represent 50 per cent of people living with HIV worldwide and nearly 60 per cent of people living with HIV in Africa, and in this regard recognize that gender inequalities and all forms of violence against women and girls increase their vulnerability to HIV/AIDS ;
8. Express grave concern that half of all new HIV infections occur among children and young people under the age of 25, and that there is a lack of information, skills and knowledge regarding HIV/AIDS among young people;
9. Remain gravely concerned that 2.3 million children are living with HIV/AIDS today, and recognize that the lack of paediatric drugs in many countries significantly hinders efforts to protect the health of children;
10. Reiterate with profound concern that the pandemic affects every region, that

Africa, in particular sub-Saharan Africa, remains the worst-affected region, and that urgent and exceptional action is required at all levels to curb the devastating effects of this pandemic, and recognize the renewed commitment by African Governments and regional institutions to scale up their own HIV/AIDS responses;

11. Reaffirm that the full realization of all human rights and fundamental freedoms for all is an essential element in the global response to the HIV/AIDS pandemic, including in the areas of prevention, treatment, care and support, and recognize that addressing stigma and discrimination is also a critical element in combating the global HIV/AIDS pandemic;
12. Reaffirm also that access to medication in the context of pandemics, such as HIV/AIDS, is one of the fundamental elements to achieve progressively the full realization of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health;
13. Recognize that in many parts of the world, the spread of HIV/AIDS is a cause and consequence of poverty, and that effectively combating HIV/AIDS is essential to the achievement of internationally agreed development goals and objectives, including the Millennium Development Goals;
14. Recognize also that we now have the means to reverse the global pandemic and to avert millions of needless deaths, and that to be effective, we must deliver an intensified, much more urgent and comprehensive response, in partnership with the United Nations system, intergovernmental organizations, people living with HIV and vulnerable groups, medical, scientific and educational institutions, non-governmental organizations, the business sector, including generic and research-based pharmaceutical companies, trade unions, the media, parliamentarians, foundations, community organizations, faith-based organizations and traditional leaders;
15. Recognize further that to mount a comprehensive response, we must overcome any legal, regulatory, trade and other barriers that block access to prevention, treatment, care and support; commit adequate resources; promote and protect all human rights and fundamental freedoms for all; promote gender equality and empowerment of women; promote and protect the rights of the girl child in order to reduce the vulnerability of the girl child to HIV/AIDS; strengthen health systems and support health workers; support greater involvement of people living with HIV; scale up the use of known effective and comprehensive prevention interventions; do everything necessary to ensure access to life-saving drugs and prevention tools; and develop with equal urgency better tools – drugs,

diagnostics and prevention technologies, including vaccines and microbicides – for the future;

16. Convinced that without renewed political will, strong leadership and sustained commitment and concerted efforts on the part of all stakeholders at all levels, including people living with HIV, civil society and vulnerable groups, and without increased resources, the world will not succeed in bringing about the end of the pandemic;
17. Solemnly declare our commitment to address the HIV/AIDS crisis by taking action as follows, taking into account the diverse situations and circumstances in different regions and countries throughout the world;

Therefore, we:

18. Reaffirm our commitment to implement fully the Declaration of Commitment on HIV/AIDS, entitled “Global Crisis – Global Action”, adopted by the General Assembly at its twenty-sixth special session, in 2001; and to achieve the internationally agreed development goals and objectives, including the Millennium Development Goals, in particular the goal to halt and begin to reverse the spread of HIV/AIDS, malaria and other major diseases, the agreements dealing with HIV/AIDS reached at all major United Nations conferences and summits, including the 2005 World Summit and its statement on treatment, and the goal of achieving universal access to reproductive health by 2015, as set out at the International Conference on Population and Development;
19. Recognize the importance, and encourage the implementation, of the recommendations of the inclusive, country-driven processes and regional consultations facilitated by the Secretariat and the Co-sponsors of the Joint United Nations Programme on HIV/AIDS for scaling up HIV prevention, treatment, care and support, and strongly recommend that this approach be continued;
20. Commit ourselves to pursuing all necessary efforts to scale up nationally driven, sustainable and comprehensive responses to achieve broad multisectoral coverage for prevention, treatment, care and support, with full and active participation of people living with HIV, vulnerable groups, most affected communities, civil society and the private sector, towards the goal of universal access to comprehensive prevention programmes, treatment, care and support by 2010;
21. Emphasize the need to strengthen policy and programme linkages and coordination between HIV/AIDS, sexual and reproductive health, national development plans and strategies, including poverty eradication strategies, and to address, where appropriate, the impact of HIV/AIDS on national

22. Reaffirm that the prevention of HIV infection must be the mainstay of national, regional and international responses to the pandemic, and therefore commit ourselves to intensifying efforts to ensure that a wide range of prevention programmes that take account of local circumstances, ethics and cultural values is available in all countries, particularly the most affected countries, including information, education and communication, in languages most understood by communities and respectful of cultures, aimed at reducing risk-taking behaviours and encouraging responsible sexual behaviour, including abstinence and fidelity; expanded access to essential commodities, including male and female condoms and sterile injecting equipment; harm- reduction efforts related to drug use; expanded access to voluntary and confidential counselling and testing; safe blood supplies; and early and effective treatment of sexually transmitted infections;
23. Reaffirm also that prevention, treatment, care and support for those infected and affected by HIV/AIDS are mutually reinforcing elements of an effective response and must be integrated in a comprehensive approach to combat the pandemic;
24. Commit ourselves to overcoming legal, regulatory or other barriers that block access to effective HIV prevention, treatment, care and support, medicines, commodities and services;
25. Pledge to promote, at the international, regional, national and local levels, access to HIV/AIDS education, information, voluntary counselling and testing and related services, with full protection of confidentiality and informed consent, and to promote a social and legal environment that is supportive of and safe for voluntary disclosure of HIV status;
26. Commit ourselves to addressing the rising rates of HIV infection among young people to ensure an HIV-free future generation through the implementation of comprehensive, evidence-based prevention strategies, responsible sexual behaviour, including the use of condoms, evidence- and skills-based, youth-specific HIV education, mass media interventions and the provision of youth-friendly health services;
27. Commit ourselves also to ensuring that pregnant women have access to ante-natal care, information, counselling and other HIV services and to increasing the availability of and access to effective treatment to women living with HIV and infants in order to reduce mother-to-child transmission of HIV, as well as to ensuring effective interventions for women living with HIV, including voluntary and confidential counselling and testing, with informed consent,

access to treatment, especially life-long antiretroviral therapy and, where appropriate, breast-milk substitutes and the provision of a continuum of care;

28. Resolve to integrate food and nutritional support, with the goal that all people at all times will have access to sufficient, safe and nutritious food to meet their dietary needs and food preferences, for an active and healthy life, as part of a comprehensive response to HIV/AIDS;
29. Commit ourselves to intensifying efforts to enact, strengthen or enforce, as appropriate, legislation, regulations and other measures to eliminate all forms of discrimination against and to ensure the full enjoyment of all human rights and fundamental freedoms by people living with HIV and members of vulnerable groups, in particular to ensure their access to, inter alia, education, inheritance, employment, health care, social and health services, prevention, support and treatment, information and legal protection, while respecting their privacy and confidentiality; and developing strategies to combat stigma and social exclusion connected with the epidemic;
30. Pledge to eliminate gender inequalities, gender-based abuse and violence; increase the capacity of women and adolescent girls to protect themselves from the risk of HIV infection, principally through the provision of health care and services, including, inter alia, sexual and reproductive health, and the provision of full access to comprehensive information and education; ensure that women can exercise their right to have control over, and decide freely and responsibly on, matters related to their sexuality in order to increase their ability to protect themselves from HIV infection, including their sexual and reproductive health, free of coercion, discrimination and violence; and take all necessary measures to create an enabling environment for the empowerment of women and strengthen their economic independence; and in this context, reiterate the importance of the role of men and boys in achieving gender equality;
31. Commit ourselves to strengthening legal, policy, administrative and other measures for the promotion and protection of women's full enjoyment of all human rights and the reduction of their vulnerability to HIV/AIDS through the elimination of all forms of discrimination, as well as all types of sexual exploitation of women, girls and boys, including for commercial reasons, and all forms of violence against women and girls, including harmful traditional and customary practices, abuse, rape and other forms of sexual violence, battering and trafficking in women and girls;
32. Commit ourselves also to addressing as a priority the vulnerabilities faced by children affected by and living with HIV; providing support and rehabilitation to these children and their families, women and the elderly,

particularly in their role as caregivers; promoting child-oriented HIV/AIDS policies and programmes and increased protection for children orphaned and affected by HIV/AIDS; ensuring access to treatment and intensifying efforts to develop new treatments for children; and building, where needed, and supporting the social security systems that protect them;

33. Emphasize the need for accelerated scale-up of collaborative activities on tuberculosis and HIV, in line with the Global Plan to Stop TB 2006–2015, and for investment in new drugs, diagnostics and vaccines that are appropriate for people with TB-HIV co-infection;
34. Commit ourselves to expanding to the greatest extent possible, supported by international cooperation and partnership, our capacity to deliver comprehensive HIV/AIDS programmes in ways that strengthen existing national health and social systems, including by integrating HIV/AIDS intervention into programmes for primary health care, mother and child health, sexual and reproductive health, tuberculosis, hepatitis C, sexually transmitted infections, nutrition, children affected, orphaned or made vulnerable by HIV/AIDS, as well as formal and informal education;
35. Undertake to reinforce, adopt and implement, where needed, national plans and strategies, supported by international cooperation and partnership, to increase the capacity of human resources for health to meet the urgent need for the training and retention of a broad range of health workers, including community-based health workers; improve training and management and working conditions, including treatment for health workers; and effectively govern the recruitment, retention and deployment of new and existing health workers to mount a more effective HIV/AIDS response;
36. Commit ourselves, invite international financial institutions and the Global Fund to Fight AIDS, Tuberculosis and Malaria, according to its policy frame- work, and encourage other donors, to provide additional resources to low- and middle- income countries for the strengthening of HIV/AIDS programmes and health systems and for addressing human resources gaps, including the development of alternative and simplified service delivery models and the expansion of the community-level provision of HIV/AIDS prevention, treatment, care and support, as well as other health and social services;
37. Reiterate the need for Governments, United Nations agencies, regional and international organizations and non-governmental organizations involved with the provision and delivery of assistance to countries and regions affected by conflicts, humanitarian emergencies or natural disasters to incorporate HIV/AIDS prevention, care and treatment elements into their plans and programmes;

38. Pledge to provide the highest level of commitment to ensuring that costed, inclusive, sustainable, credible and evidence-based national HIV/AIDS plans are funded and implemented with transparency, accountability and effectiveness, in line with national priorities;
39. Commit ourselves to reducing the global HIV/AIDS resource gap through greater domestic and international funding to enable countries to have access to predictable and sustainable financial resources and ensuring that international funding is aligned with national HIV/AIDS plans and strategies; and in this regard welcome the increased resources that are being made available through bilateral and multilateral initiatives, as well as those that will become available as a result of the establishment of timetables by many developed countries to achieve the targets of 0.7 per cent of gross national product for official development assistance by 2015 and to reach at least 0.5 per cent of gross national product for official development assistance by 2010 as well as, pursuant to the Brussels Programme of Action for the Least Developed Countries for the Decade 2001–2010,² 0.15 per cent to 0.20 per cent for the least developed countries no later than 2010, and urge those developed countries that have not yet done so to make concrete efforts in this regard in accordance with their commitments;
40. Recognize that the Joint United Nations Programme on HIV/AIDS has estimated that 20 to 23 billion United States dollars per annum is needed by 2010 to support rapidly scaled-up AIDS responses in low- and middle-income countries, and therefore commit ourselves to taking measures to ensure that new and additional resources are made available from donor countries and also from national budgets and other national sources;
41. Commit ourselves to supporting and strengthening existing financial mechanisms, including the Global Fund to Fight AIDS, Tuberculosis and Malaria, as well as relevant United Nations organizations, through the provision of funds in a sustained manner, while continuing to develop innovative sources of financing, as well as pursuing other efforts, aimed at generating additional funds;
42. Commit ourselves also to finding appropriate solutions to overcome barriers in pricing, tariffs and trade agreements, and to making improvements to legislation, regulatory policy, procurement and supply chain management in order to accelerate and intensify access to affordable and quality HIV/AIDS prevention products, diagnostics, medicines and treatment commodities;

2. A/CONF.191/13, chap. II.

43. Reaffirm that the World Trade Organization's Agreement on Trade-Related Aspects of Intellectual Property Rights³ does not and should not prevent members from taking measures now and in the future to protect public health. Accordingly, while reiterating our commitment to the TRIPS Agreement, reaffirm that the Agreement can and should be interpreted and implemented in a manner supportive of the right to protect public health and, in particular, to promote access to medicines for all including the production of generic antiretroviral drugs and other essential drugs for AIDS-related infections. In this connection, we reaffirm the right to use, to the full, the provisions in the TRIPS Agreement, the Doha Declaration on the TRIPS Agreement and Public Health⁴ and the World Trade Organization's General Council Decision of 2003⁵ and amendments to Article 31, which provide flexibilities for this purpose;
44. Resolve to assist developing countries to enable them to employ the flexibilities outlined in the TRIPS Agreement, and to strengthen their capacities for this purpose;
45. Commit ourselves to intensifying investment in and efforts towards the research and development of new, safe and affordable HIV/AIDS -related medicines, products and technologies, such as vaccines, female-controlled methods and microbicides, paediatric antiretroviral formulations, including through such mechanisms as Advance Market Commitments, and to encouraging increased investment in HIV/AIDS -related research and development in traditional medicine;
46. Encourage pharmaceutical companies, donors, multilateral organizations and other partners to develop public-private partnerships in support of research and development and technology transfer, and in the comprehensive response to HIV/AIDS;
47. Encourage bilateral, regional and international efforts to promote bulk procurement, price negotiations and licensing to lower prices for HIV prevention products, diagnostics, medicines and treatment commodities, while recognizing that intellectual property protection is important for the development of new medicines and recognizing the concerns about its effects on prices;

³ 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).

⁴ See World Trade Organization, document WT/MIN(01)/DEC/2. Available from <http://docsonline.wto.org>.

⁵ See World Trade Organization, document WT/L/540 and Corr.1. Available from <http://docsonline.wto.org>

48. Recognize the initiative by a group of countries, such as the International Drug Purchase Facility, based on innovative financing mechanisms that aim to provide further drug access at affordable prices to developing countries on a sustainable and predictable basis;
49. Commit ourselves to setting, in 2006, through inclusive, transparent processes, ambitious national targets, including interim targets for 2008 in accordance with the core indicators recommended by the Joint United Nations Programme on HIV/AIDS, that reflect the commitment of the present Declaration and the urgent need to scale up significantly towards the goal of universal access to comprehensive prevention programmes, treatment, care and support by 2010, and to setting up and maintaining sound and rigorous monitoring and evaluation frameworks within their HIV/AIDS strategies;
50. Call upon the Joint United Nations Programme on HIV/AIDS, including its Co-sponsors, to assist national efforts to coordinate the AIDS response, as elaborated in the “Three Ones” principles and in line with the recommendations of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors; assist national and regional efforts to monitor and report on efforts to achieve the targets set out above; and strengthen global coordination on HIV/AIDS, including through the thematic sessions of the Programme Coordinating Board;
51. Call upon Governments, national parliaments, donors, regional and subregional organizations, organizations of the United Nations system, the Global Fund to Fight AIDS, Tuberculosis and Malaria, civil society, people living with HIV, vulnerable groups, the private sector, communities most affected by HIV/AIDS and other stakeholders to work closely together to achieve the targets set out above, and to ensure accountability and transparency at all levels through participatory reviews of responses to HIV/AIDS;
52. Request the Secretary-General of the United Nations, with the support of the Joint United Nations Programme on HIV/AIDS, to include in his annual report to the General Assembly on the status of implementation of the Declaration of Commitment on HIV/AIDS, in accordance with General Assembly resolution S-26/2 of 27 June 2001, the progress achieved in realizing the commitments set out in the present Declaration;
53. Decide to undertake comprehensive reviews in 2008 and 2011, within the annual reviews of the General Assembly, of the progress achieved in realizing the Declaration of Commitment on HIV/AIDS, entitled “Global Crisis – Global Action”, adopted by the General Assembly at its twenty-sixth special session, and the present Declaration.

United Nations



General Assembly

Twenty-sixth special session

Agenda item 8 A/RES/S-26/2

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S-26/2 Declaration of Commitment on HIV/AIDS

The General Assembly

Adopts the Declaration of Commitment on the human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) annexed to the present resolution

*8th plenary meeting
27 June 2001*

Annex

Declaration of Commitment on HIV/AIDS

“Global Crisis — Global Action”

1. We, Heads of State and Government and Representatives of States and Governments, assembled at the United Nations, from 25 to 27 June 2001, for the twenty-sixth special session of the General Assembly convened in accordance with resolution 55/13, as a matter of urgency, to review and address the problem of HIV/AIDS in all its aspects as well as to secure a global commitment to enhancing coordination and intensification of national, regional and international efforts to combat it in a comprehensive manner;
2. Deeply concerned that the global HIV/AIDS epidemic, through its devastating scale and impact, constitutes a global emergency and one of the most formidable challenges to human life and dignity, as well as to the

effective enjoyment of human rights, which undermines social and economic development throughout the world and affects all levels of society — national, community, family and individual;

3. Noting with profound concern, that by the end of the year 2000, 36.1 million people worldwide were living with HIV/AIDS, 90 per cent in developing countries and 75 per cent in sub-Saharan Africa;
4. Noting with grave concern that all people, rich and poor, without distinction of age, gender or race are affected by the HIV/AIDS epidemic, further noting that people in developing countries are the most affected and that women, young adults and children, in particular girls, are the most vulnerable;
5. Concerned also that the continuing spread of HIV/AIDS will constitute a serious obstacle to the realization of the global development goals we adopted at the Millennium Summit;
6. Recalling and reaffirming our previous commitments on HIV/AIDS made through:
 - The United Nations Millennium Declaration of 8 September 2000¹;
 - The Political Declaration and Further Actions and Initiatives to Implement the Commitments made at the World Summit for Social Development of 1 July 2000²;
 - The Political Declaration and Further Action and Initiatives to Implement the Beijing Declaration and Platform for Action of 10 June 2000³;
 - Key Actions for the Further Implementation of the Programme of Action of the International Conference on Population and Development of 2 July 1999;
 - The regional call for action to fight HIV/AIDS in Asia and the Pacific of 25 April 2001;
 - The Abuja Declaration and Framework for Action for the Fight Against HIV/ AIDS, Tuberculosis and other Related Infectious Diseases in Africa, 27 April 2001;
 - The Declaration of the Ibero-America Summit of Heads of State of November 2000 in Panama;
 - The Caribbean Partnership Against HIV/AIDS, 14 February 2001;
 - The European Union Programme for Action: Accelerated Action on HIV/ AIDS, Malaria and Tuberculosis in the Context of Poverty Reduction of 14 May 2001;
 - The Baltic Sea Declaration on HIV/AIDS Prevention of 4 May 2000;
 - The Central Asian Declaration on HIV/AIDS of 18 May 2001;

7. Convinced of the need to have an urgent, coordinated and sustained response to the HIV/AIDS epidemic, which will build on the experience and lessons learned over the past 20 years;
8. Noting with grave concern that Africa, in particular sub-Saharan Africa, is currently the worst affected region where HIV/AIDS is considered as a state of emergency, which threatens development, social cohesion, political stability, food security and life expectancy and imposes a devastating economic burden and that the dramatic situation on the continent needs urgent and exceptional national, regional and international action;
9. Welcoming the commitments of African Heads of State or Government, at the Abuja Special Summit in April 2001, particularly their pledge to set a target of allocating at least 15 per cent of their annual national budgets for the improvement of the health sector to help address the HIV/AIDS epidemic; and recognizing that action to reach this target, by those countries whose resources are limited, will need to be complemented by increased international assistance;
10. Recognizing also that other regions are seriously affected and confront similar threats, particularly the Caribbean region, with the second highest rate of HIV infection after sub-Saharan Africa, the Asia-Pacific region where 7.5 million people are already living with HIV/AIDS, the Latin America region with 1.5 million people living with HIV/AIDS, and the Central and Eastern European region with very rapidly rising infection rates; and that the potential exists for a rapid escalation of the epidemic and its impact throughout the world if no specific measures are taken;
11. Recognizing that poverty, underdevelopment and illiteracy are among the principal contributing factors to the spread of HIV/AIDS and noting with grave concern that HIV/AIDS is compounding poverty and is now reversing or impeding development in many countries and should therefore be addressed in an integrated manner;
12. Noting that armed conflicts and natural disasters also exacerbate the spread of the epidemic;
13. Noting further that stigma, silence, discrimination, and denial, as well as lack of confidentiality, undermine prevention, care and treatment efforts and increase the impact of the epidemic on individuals, families, communities and nations and must also be addressed;
14. Stressing that gender equality and the empowerment of women are fundamental elements in the reduction of the vulnerability of women and girls to HIV/AIDS;
15. Recognizing that access to medication in the context of pandemics such as HIV/AIDS is one of the fundamental elements to achieve progressively the full realization of the right of everyone to the enjoyment of the

highest attainable standard of physical and mental health;

16. Recognizing that the full realization of human rights and fundamental freedoms for all is an essential element in a global response to the HIV/AIDS pandemic, including in the areas of prevention, care, support and treatment, and that it reduces vulnerability to HIV/AIDS and prevents stigma and related discrimination against people living with or at risk of HIV/AIDS;
17. Acknowledging that prevention of HIV infection must be the mainstay of the national, regional and international response to the epidemic; and that prevention, care, support and treatment for those infected and affected by HIV/AIDS are mutually reinforcing elements of an effective response and must be integrated in a comprehensive approach to combat the epidemic;
18. Recognizing the need to achieve the prevention goals set out in this Declaration in order to stop the spread of the epidemic and acknowledging that all countries must continue to emphasize widespread and effective prevention, including awareness-raising campaigns through education, nutrition, information and health-care services;
19. Recognizing that care, support and treatment can contribute to effective prevention through increased acceptance of voluntary and confidential counselling and testing, and by keeping people living with HIV/AIDS and vulnerable groups in close contact with health-care systems and facilitating their access to information, counselling and preventive supplies;
20. Emphasizing the important role of cultural, family, ethical and religious factors in the prevention of the epidemic, and in treatment, care and support, taking into account the particularities of each country as well as the importance of respecting all human rights and fundamental freedoms;
21. Noting with concern that some negative economic, social, cultural, political, financial and legal factors are hampering awareness, education, prevention, care, treatment and support efforts;
22. Noting the importance of establishing and strengthening human resources and national health and social infrastructures as imperatives for the effective delivery of prevention, treatment, care and support services;
23. Recognizing that effective prevention, care and treatment strategies will require behavioural changes and increased availability of and non-discriminatory access to, inter alia, vaccines, condoms, microbicides, lubricants, sterile injecting equipment, drugs including anti-retroviral therapy, diagnostics and related technologies as well as increased research and development;
24. Recognizing also that the cost availability and affordability of drugs and related technology are significant factors to be reviewed and addressed in

all aspects and that there is a need to reduce the cost of these drugs and technologies in close collaboration with the private sector and pharmaceutical companies;

25. Acknowledging that the lack of affordable pharmaceuticals and of feasible supply structures and health systems continue to hinder an effective response to HIV/AIDS in many countries, especially for the poorest people and recalling efforts to make drugs available at low prices for those in need;
26. Welcoming the efforts of countries to promote innovation and the development of domestic industries consistent with international law in order to increase access to medicines to protect the health of their populations; and noting that the impact of international trade agreements on access to or local manufacturing of, essential drugs and on the development of new drugs needs to be further evaluated;
27. Welcoming the progress made in some countries to contain the epidemic, particularly through: strong political commitment and leadership at the highest levels, including community leadership; effective use of available resources and traditional medicines; successful prevention, care, support and treatment strategies; education and information initiatives; working in partnership with communities, civil society, people living with HIV/AIDS and vulnerable groups; and the active promotion and protection of human rights; and recognizing the importance of sharing and building on our collective and diverse experiences, through regional and international cooperation including North/South, South/South cooperation and triangular cooperation;
28. Acknowledging that resources devoted to combating the epidemic both at the national and international levels are not commensurate with the magnitude of the problem;
29. Recognizing the fundamental importance of strengthening national, regional and subregional capacities to address and effectively combat HIV/ AIDS and that this will require increased and sustained human, financial and technical resources through strengthened national action and cooperation and increased regional, subregional and international cooperation;
30. Recognizing that external debt and debt-servicing problems have substantially constrained the capacity of many developing countries, as well as countries with economies in transition, to finance the fight against HIV/AIDS
31. Affirming the key role played by the family in prevention, care, support and treatment of persons affected and infected by HIV/AIDS, bearing in mind that in different cultural, social and political systems various forms of the family exist;
32. Affirming that beyond the key role played by communities, strong

partnerships among Governments, the United Nations system, intergovernmental organizations, people living with HIV/AIDS and vulnerable groups, medical, scientific and educational institutions, non-governmental organizations, the business sector including generic and research-based pharmaceutical companies, trade unions, media, parliamentarians, foundations, community organizations, faith-based organizations and traditional leaders are important;

33. Acknowledging the particular role and significant contribution of people living with HIV/AIDS, young people and civil society actors in addressing the problem of HIV/AIDS in all its aspects and recognizing that their full involvement and participation in design, planning, implementation and evaluation of programmes is crucial to the development of effective responses to the HIV/AIDS epidemic;
34. Further acknowledging the efforts of international humanitarian organizations combating the epidemic, including among others the volunteers of the International Federation of Red Cross and Red Crescent Societies in the most affected areas all over the world;
35. Commending the leadership role on HIV/AIDS policy and coordination in the United Nations system of the UNAIDS Programme Coordinating Board; noting its endorsement in December 2000 of the Global Strategy Framework for HIV/AIDS, which could assist, as appropriate, Member States and relevant civil society actors in the development of HIV/AIDS strategies, taking into account the particular context of the epidemic in different parts of the world;
36. Solemnly declare our commitment to address the HIV/AIDS crisis by taking action as follows, taking into account the diverse situations and circumstances in different regions and countries throughout the world;

Leadership

Strong leadership at all levels of society is essential for an effective response to the epidemic

Leadership by Governments in combating HIV/AIDS is essential and their efforts should be complemented by the full and active participation of civil society, the business community and the private sector

Leadership involves personal commitment and concrete actions

At the national level

37. By 2003, ensure the development and implementation of multisectoral national strategies and financing plans for combating HIV/AIDS that: address the epidemic in forthright terms; confront stigma, silence and denial; address gender and age-based dimensions of the epidemic; eliminate discrimination and marginalization; involve partnerships with civil society and the business sector and the full participation of people

living with HIV/AIDS, those in vulnerable groups and people mostly at risk, particularly women and young people; are resourced to the extent possible from national budgets without excluding other sources, inter alia international cooperation; fully promote and protect all human rights and fundamental freedoms, including the right to the highest attainable standard of physical and mental health; integrate a gender perspective; and address risk, vulnerability, prevention, care, treatment and support and reduction of the impact of the epidemic; and strengthen health, education and legal system capacity;

38. By 2003, integrate HIV/AIDS prevention, care, treatment and support and impact mitigation priorities into the mainstream of development planning, including in poverty eradication strategies, national budget allocations and sectoral development plans;

At the regional and subregional level

39. Urge and support regional organizations and partners to: be actively involved in addressing the crisis; intensify regional, subregional and interregional cooperation and coordination; and develop regional strategies and responses in support of expanded country level efforts;
40. Support all regional and subregional initiatives on HIV/AIDS including: the International Partnership against AIDS in Africa (IPAA) and the ECA-African Development Forum Consensus and Plan of Action: Leadership to Overcome HIV/ AIDS; the Abuja Declaration and Framework for Action for the Fight Against HIV/AIDS, Tuberculosis and Other Diseases; the CARICOM Pan-Caribbean Partnership Against HIV/AIDS; the ESCAP Regional Call for Action to Fight HIV/ AIDS in Asia and the Pacific; the Baltic Sea Initiative and Action Plan; the Horizontal Technical Cooperation Group on HIV/AIDS in Latin America and the Caribbean; the European Union Programme for Action: Accelerated Action on HIV/AIDS, Malaria and Tuberculosis in the context of poverty reduction;
41. Encourage the development of regional approaches and plans to address HIV/AIDS;
42. Encourage and support local and national organizations to expand and strengthen regional partnerships, coalitions and networks;
43. Encourage the United Nations Economic and Social Council to request the regional commissions within their respective mandates and resources to support national efforts in their respective regions in combating HIV/AIDS;

At the global level

44. Support greater action and coordination by all relevant United Nations system organizations, including their full participation in the development and implementation of a regularly updated United Nations strategic plan for HIV/AIDS, guided by the principles contained in this Declaration;
45. Support greater cooperation between relevant United Nations system

organizations and international organizations combating HIV/AIDS;

46. Foster stronger collaboration and the development of innovative partnerships between the public and private sectors and by 2003, establish and strengthen mechanisms that involve the private sector and civil society partners and people living with HIV/AIDS and vulnerable groups in the fight against HIV/AIDS;

Prevention

Prevention must be the mainstay of our response

47. By 2003, establish time-bound national targets to achieve the internationally agreed global prevention goal to reduce by 2005 HIV prevalence among young men and women aged 15 to 24 in the most affected countries by 25 per cent and by 25 per cent globally by 2010, and to intensify efforts to achieve these targets as well as to challenge gender stereotypes and attitudes, and gender inequalities in relation to HIV/AIDS, encouraging the active involvement of men and boys;
48. By 2003, establish national prevention targets, recognizing and addressing factors leading to the spread of the epidemic and increasing people's vulnerability, to reduce HIV incidence for those identifiable groups, within particular local contexts, which currently have high or increasing rates of HIV infection, or which available public health information indicates are at the highest risk for new infection;
49. By 2005, strengthen the response to HIV/AIDS in the world of work by establishing and implementing prevention and care programmes in public, private and informal work sectors and take measures to provide a supportive workplace environment for people living with HIV/AIDS;
50. By 2005, develop and begin to implement national, regional and international strategies that facilitate access to HIV/AIDS prevention programmes for migrants and mobile workers, including the provision of information on health and social services;
51. By 2003, implement universal precautions in health-care settings to prevent transmission of HIV infection;
52. By 2005, ensure: that a wide range of prevention programmes which take account of local circumstances, ethics and cultural values, is available in all countries, particularly the most affected countries, including information, education and communication, in languages most understood by communities and respectful of cultures, aimed at reducing risk-taking behaviour and encouraging responsible sexual behaviour, including abstinence and fidelity; expanded access to essential commodities, including male and female condoms and sterile injecting equipment; harm reduction efforts related to drug use;

expanded access to voluntary and confidential counselling and testing; safe blood supplies; and early and effective treatment of sexually transmittable infections;

53. By 2005, ensure that at least 90 per cent, and by 2010 at least 95 per cent of young men and women aged 15 to 24 have access to the information, education, including peer education and youth-specific HIV education, and services necessary to develop the life skills required to reduce their vulnerability to HIV infection; in full partnership with youth, parents, families, educators and health-care providers;
54. By 2005, reduce the proportion of infants infected with HIV by 20 per cent, and by 50 per cent by 2010, by: ensuring that 80 per cent of pregnant women accessing antenatal care have information, counselling and other HIV prevention services available to them, increasing the availability of and by providing access for HIV-infected women and babies to effective treatment to reduce mother-to-child transmission of HIV, as well as through effective interventions for HIV-infected women, including voluntary and confidential counselling and testing, access to treatment, especially anti-retroviral therapy and, where appropriate, breast milk substitutes and the provision of a continuum of care;

Care, support and treatment

Care, support and treatment are fundamental elements of an effective response

55. By 2003, ensure that national strategies, supported by regional and international strategies, are developed in close collaboration with the international community, including Governments and relevant intergovernmental organizations as well as with civil society and the business sector, to strengthen health care systems and address factors affecting the provision of HIV-related drugs, including anti-retroviral drugs, inter alia affordability and pricing, including differential pricing, and technical and health care systems capacity. Also, in an urgent manner make every effort to: provide progressively and in a sustainable manner, the highest attainable standard of treatment for HIV/AIDS, including the prevention and treatment of opportunistic infections, and effective use of quality-controlled anti-retroviral therapy in a careful and monitored manner to improve adherence and effectiveness and reduce the risk of developing resistance; to cooperate constructively in strengthening pharmaceutical policies and practices, including those applicable to generic drugs and intellectual property regimes, in order further to promote innovation and the development of domestic industries consistent with international law;
56. By 2005, develop and make significant progress in implementing comprehensive care strategies to: strengthen family and community-based care including that provided by the informal sector, and health

care systems to provide and monitor treatment to people living with HIV/AIDS, including infected children, and to support individuals, households, families and communities affected by HIV/ AIDS; improve the capacity and working conditions of health care personnel, and the effectiveness of supply systems, financing plans and referral mechanisms required to provide access to affordable medicines, including anti- retroviral drugs, diagnostics and related technologies, as well as quality medical, palliative and psycho-social care;

57. By 2003, ensure that national strategies are developed in order to provide psycho-social care for individuals, families, and communities affected by HIV/AIDS;

HIV/AIDS and human rights

Realization of human rights and fundamental freedoms for all is essential to reduce vulnerability to HIV/AIDS

Respect for the rights of people living with HIV/AIDS drives an effective response

58. By 2003, enact, strengthen or enforce as appropriate legislation, regulations and other measures to eliminate all forms of discrimination against, and to ensure the full enjoyment of all human rights and fundamental freedoms by people living with HIV/AIDS and members of vulnerable groups; in particular to ensure their access to, inter alia education, inheritance, employment, health care, social and health services, prevention, support, treatment, information and legal protection, while respecting their privacy and confidentiality; and develop strategies to combat stigma and social exclusion connected with the epidemic;
59. By 2005, bearing in mind the context and character of the epidemic and that globally women and girls are disproportionately affected by HIV/AIDS, develop and accelerate the implementation of national strategies that: promote the advancement of women and women's full enjoyment of all human rights; promote shared responsibility of men and women to ensure safe sex; empower women to have control over and decide freely and responsibly on matters related to their sexuality to increase their ability to protect themselves from HIV infection;
60. By 2005, implement measures to increase capacities of women and adolescent girls to protect themselves from the risk of HIV infection, principally through the provision of health care and health services, including sexual and reproductive health, and through prevention education that promotes gender equality within a culturally and gender sensitive framework;
61. By 2005, ensure development and accelerated implementation of national strategies for women's empowerment, promotion and

protection of women's full enjoyment of all human rights and reduction of their vulnerability to HIV/AIDS through the elimination of all forms of discrimination, as well as all forms of violence against women and girls, including harmful traditional and customary practices, abuse, rape and other forms of sexual violence, battering and trafficking in women and girls;

Reducing vulnerability

The vulnerable must be given priority in the response

Empowering women is essential for reducing vulnerability

62. By 2003, in order to complement prevention programmes that address activities which place individuals at risk of HIV infection, such as risky and unsafe sexual behaviour and injecting drug use, have in place in all countries strategies, policies and programmes that identify and begin to address those factors that make individuals particularly vulnerable to HIV infection, including underdevelopment, economic insecurity, poverty, lack of empowerment of women, lack of education, social exclusion, illiteracy, discrimination, lack of information and/or commodities for self-protection, all types of sexual exploitation of women, girls and boys, including for commercial reasons; such strategies, policies and programmes should address the gender dimension of the epidemic, specify the action that will be taken to address vulnerability and set targets for achievement;
63. By 2003, develop and/or strengthen strategies, policies and programmes, which recognize the importance of the family in reducing vulnerability, inter alia, in educating and guiding children and take account of cultural, religious and ethical factors, to reduce the vulnerability of children and young people by: ensuring access of both girls and boys to primary and secondary education, including on HIV/AIDS in curricula for adolescents; ensuring safe and secure environments, especially for young girls; expanding good quality youth-friendly information and sexual health education and counselling service; strengthening reproductive and sexual health programmes; and involving families and young people in planning, implementing and evaluating HIV/AIDS prevention and care programmes, to the extent possible;
64. By 2003, develop and/or strengthen national strategies, policies and programmes, supported by regional and international initiatives, as appropriate, through a participatory approach, to promote and protect the health of those identifiable groups which currently have high or increasing rates of HIV infection or which public health information indicates are at greatest risk of and most vulnerable to new infection as indicated by such factors as the local history of the epidemic, poverty, sexual practices, drug using behaviour, livelihood, institutional

location, disrupted social structures and population movements forced or otherwise;

Children orphaned and made vulnerable by HIV/AIDS

Children orphaned and affected by HIV/AIDS need special assistance

65. By 2003, develop and by 2005 implement national policies and strategies to: build and strengthen governmental, family and community capacities to provide a supportive environment for orphans and girls and boys infected and affected by HIV/AIDS including by providing appropriate counselling and psycho-social support; ensuring their enrolment in school and access to shelter, good nutrition, health and social services on an equal basis with other children; to protect orphans and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance;
66. Ensure non-discrimination and full and equal enjoyment of all human rights through the promotion of an active and visible policy of de-stigmatization of children orphaned and made vulnerable by HIV/AIDS;
67. Urge the international community, particularly donor countries, civil society, as well as the private sector to complement effectively national programmes to support programmes for children orphaned or made vulnerable by HIV/AIDS in affected regions, in countries at high risk and to direct special assistance to sub-Saharan Africa;

Alleviating social and economic impact

To address HIV/AIDS is to invest in sustainable development

68. By 2003, evaluate the economic and social impact of the HIV/AIDS epidemic and develop multisectoral strategies to: address the impact at the individual, family, community and national levels; develop and accelerate the implementation of national poverty eradication strategies to address the impact of HIV/AIDS on household income, livelihoods, and access to basic social services, with special focus on individuals, families and communities severely affected by the epidemic; review the social and economic impact of HIV/AIDS at all levels of society especially on women and the elderly, particularly in their role as caregivers and in families affected by HIV/AIDS and address their special needs; adjust and adapt economic and social development policies, including social protection policies, to address the impact of HIV/AIDS on economic growth, provision of essential economic services, labour productivity, government revenues, and deficit-creating pressures on public resources;

69. By 2003, develop a national legal and policy framework that protects in the workplace the rights and dignity of persons living with and affected by HIV/AIDS and those at the greatest risk of HIV/AIDS in consultation with representatives of employers and workers, taking account of established international guidelines on HIV/AIDS in the workplace;

Research and development

With no cure for HIV/AIDS yet found, further research and development is crucial

70. Increase investment and accelerate research on the development of HIV vaccines, while building national research capacity especially in developing countries, and especially for viral strains prevalent in highly affected regions; in addition, support and encourage increased national and international investment in HIV/AIDS-related research and development including biomedical, operations, social, cultural and behavioural research and in traditional medicine to: improve prevention and therapeutic approaches; accelerate access to prevention, care and treatment and care technologies for HIV/AIDS (and its associated opportunistic infections and malignancies and sexually transmitted diseases), including female controlled methods and microbicides, and in particular, appropriate, safe and affordable HIV vaccines and their delivery, and to diagnostics, tests, methods to prevent mother-to-child transmission; and improve our understanding of factors which influence the epidemic and actions which address it, inter alia, through increased funding and public/private partnerships; create a conducive environment for research and ensure that it is based on highest ethical standards;
71. Support and encourage the development of national and international research infrastructure, laboratory capacity, improved surveillance systems, data collection, processing and dissemination, and training of basic and clinical researchers, social scientists, health-care providers and technicians, with a focus on the countries most affected by HIV/AIDS, particularly developing countries and those countries experiencing or at risk of rapid expansion of the epidemic;
72. Develop and evaluate suitable approaches for monitoring treatment efficacy, toxicity, side effects, drug interactions, and drug resistance, develop methodologies to monitor the impact of treatment on HIV transmission and risk behaviours;
73. Strengthen international and regional cooperation in particular North/South, South/South and triangular cooperation, related to transfer of relevant technologies, suitable to the environment in prevention and care of HIV/AIDS, the exchange of experiences and best practices, researchers and research findings and strengthen the role of UNAIDS in this process. In this context, encourage that the end

results of these cooperative research findings and technologies be owned by all parties to the research, reflecting their relevant contribution and dependent upon their providing legal protection to such findings; and affirm that all such research should be free from bias;

74. By 2003, ensure that all research protocols for the investigation of HIV-related treatment including anti-retroviral therapies and vaccines based on international guidelines and best practices are evaluated by independent committees of ethics, in which persons living with HIV/AIDS and caregivers for anti-retroviral therapy participate;

HIV/AIDS in conflict and disaster affected regions

Conflicts and disasters contribute to the spread of HIV/AIDS

75. By 2003, develop and begin to implement national strategies that incorporate HIV/AIDS awareness, prevention, care and treatment elements into programmes or actions that respond to emergency situations, recognizing that populations destabilized by armed conflict, humanitarian emergencies and natural disasters, including refugees, internally displaced persons and in particular, women and children, are at increased risk of exposure to HIV infection; and, where appropriate, factor HIV/AIDS components into international assistance programmes;
76. Call on all United Nations agencies, regional and international organizations, as well as non-governmental organizations involved with the provision and delivery of international assistance to countries and regions affected by conflicts, humanitarian crises or natural disasters, to incorporate as a matter of urgency HIV/AIDS prevention, care and awareness elements into their plans and programmes and provide HIV/ AIDS awareness and training to their personnel;
77. By 2003, have in place national strategies to address the spread of HIV among national uniformed services, where this is required, including armed forces and civil defence force and consider ways of using personnel from these services who are educated and trained in HIV/ AIDS awareness and prevention to assist with HIV/ AIDS awareness and prevention activities including participation in emergency, humanitarian, disaster relief and rehabilitation assistance;
78. By 2003, ensure the inclusion of HIV/AIDS awareness and training, including a gender component, into guidelines designed for use by defence personnel and other personnel involved in international peacekeeping operations while also continuing with ongoing education and prevention efforts, including pre-deployment orientation, for these personnel;

Resources

The HIV/AIDS challenge cannot be met without new, additional and sustained resources

79. Ensure that the resources provided for the global response to address HIV/AIDS are substantial, sustained and geared towards achieving results;
80. By 2005, through a series of incremental steps, reach an overall target of annual expenditure on the epidemic of between US\$ 7 billion and US\$ 10 billion in low and middle-income countries and those countries experiencing or at risk of experiencing rapid expansion for prevention, care, treatment, support and mitigation of the impact of HIV/AIDS, and take measures to ensure that needed resources are made available, particularly from donor countries and also from national budgets, bearing in mind that resources of the most affected countries are seriously limited;
81. Call on the international community, where possible, to provide assistance for HIV/AIDS prevention, care and treatment in developing countries on a grant basis;
82. Increase and prioritize national budgetary allocations for HIV/AIDS programmes as required and ensure that adequate allocations are made by all ministries and other relevant stakeholders;
83. Urge the developed countries that have not done so to strive to meet the targets of 0.7 per cent of their gross national product for overall official development assistance and the targets of earmarking of 0.15 per cent to 0.20 per cent of gross national product as official development assistance for least developed countries as agreed, as soon as possible, taking into account the urgency and gravity of the HIV/ AIDS epidemic;
84. Urge the international community to complement and supplement efforts of developing countries that commit increased national funds to fight the HIV/AIDS epidemic through increased international development assistance, particularly those countries most affected by HIV/AIDS, particularly in Africa, especially in sub-Saharan Africa, the Caribbean, countries at high risk of expansion of the HIV/AIDS epidemic and other affected regions whose resources to deal with the epidemic are seriously limited;
85. Integrate HIV/AIDS actions in development assistance programmes and poverty eradication strategies as appropriate and encourage the most effective and transparent use of all resources allocated;
86. Call on the international community and invite civil society and the private sector to take appropriate measures to help alleviate the social and economic impact of HIV/AIDS in the most affected developing

countries;

87. Without further delay implement the enhanced Heavily Indebted Poor Country (HIPC) Initiative and agree to cancel all bilateral official debts of HIPC countries as soon as possible, especially those most affected by HIV/AIDS, in return for their making demonstrable commitments to poverty eradication and urge the use of debt service savings to finance poverty eradication programmes, particularly for HIV/AIDS prevention, treatment, care and support and other infections;
88. Call for speedy and concerted action to address effectively the debt problems of least developed countries, low-income developing countries, and middle-income developing countries, particularly those affected by HIV/AIDS, in a comprehensive, equitable, development-oriented and durable way through various national and international measures designed to make their debt sustainable in the long term and thereby to improve their capacity to deal with the HIV/AIDS epidemic, including, as appropriate, existing orderly mechanisms for debt reduction, such as debt swaps for projects aimed at the prevention, care and treatment of HIV/AIDS;
89. Encourage increased investment in HIV/AIDS-related research, nationally, regionally and internationally, in particular for the development of sustainable and affordable prevention technologies, such as vaccines and microbicides, and encourage the proactive preparation of financial and logistic plans to facilitate rapid access to vaccines when they become available;
90. Support the establishment, on an urgent basis, of a global HIV/AIDS and health fund to finance an urgent and expanded response to the epidemic based on an integrated approach to prevention, care, support and treatment and to assist Governments inter alia in their efforts to combat HIV/AIDS with due priority to the most affected countries, notably in sub-Saharan Africa and the Caribbean and to those countries at high risk, mobilize contributions to the fund from public and private sources with a special appeal to donor countries, foundations, the business community including pharmaceutical companies, the private sector, philanthropists and wealthy individuals;
91. By 2002, launch a worldwide fund-raising campaign aimed at the general public as well as the private sector, conducted by UNAIDS with the support and collaboration of interested partners at all levels, to contribute to the global HIV/ AIDS and health fund;
92. Direct increased funding to national, regional and subregional commissions and organizations to enable them to assist Governments at the national, subregional and regional level in their efforts to

respond to the crisis;

93. Provide the UNAIDS co-sponsoring agencies and the UNAIDS secretariat with the resources needed to work with countries in support of the goals of this Declaration;

Follow-up

Maintaining the momentum and monitoring progress are essential

At the national level

94. Conduct national periodic reviews involving the participation of civil society, particularly people living with HIV/AIDS, vulnerable groups and caregivers, of progress achieved in realizing these commitments and identify problems and obstacles to achieving progress and ensure wide dissemination of the results of these reviews;
95. Develop appropriate monitoring and evaluation mechanisms to assist with follow-up in measuring and assessing progress, develop appropriate monitoring and evaluation instruments, with adequate epidemiological data;
96. By 2003, establish or strengthen effective monitoring systems, where appropriate, for the promotion and protection of human rights of people living with HIV/AIDS;

At the regional level

97. Include HIV/AIDS and related public health concerns as appropriate on the agenda of regional meetings at the ministerial and Head of State and Government level;
98. Support data collection and processing to facilitate periodic reviews by regional commissions and/or regional organizations of progress in implementing regional strategies and addressing regional priorities and ensure wide dissemination of the results of these reviews;
99. Encourage the exchange between countries of information and experiences in implementing the measures and commitments contained in this Declaration, and in particular facilitate intensified South-South and triangular cooperation;

At the global level

100. Devote sufficient time and at least one full day of the annual General Assembly session to review and debate a report of the Secretary-General on progress achieved in realizing the commitments set out in this Declaration, with a view to identifying problems and constraints and making recommendations on action needed to make further progress;
101. Ensure that HIV/AIDS issues are included on the agenda of all appropriate United Nations conferences and meetings;

102. Support initiatives to convene conferences, seminars, workshops, training programmes and courses to follow up issues raised in this Declaration and in this regard encourage participation in and wide dissemination of the outcomes of: the forthcoming Dakar Conference on Access to Care for HIV Infection; the Sixth International Congress on AIDS in Asia and the Pacific; the XII International Conference on AIDS and Sexually Transmitted Infections in Africa; the XIV International Conference on AIDS, Barcelona; the Xth International Conference on People Living with HIV/AIDS, Port of Spain; the II Forum and III Conference of the Latin American and the Caribbean Horizontal Technical Cooperation on HIV/AIDS and Sexually Transmitted Infections, La Habana; the Vth International Conference on Home and Community Care for Persons Living with HIV/AIDS, Changmai, Thailand;
103. Explore, with a view to improving equity in access to essential drugs, the feasibility of developing and implementing, in collaboration with non-governmental organizations and other concerned partners, systems for voluntary monitoring and reporting of global drug prices;

We recognize and express our appreciation to those who have led the effort to raise awareness of the HIV/AIDS epidemic and to deal with its complex challenges;

We look forward to strong leadership by Governments, and concerted efforts with full and active participation of the United Nations, the entire multilateral system, civil society, the business community and private sector;

And finally, we call on all countries to take the necessary steps to implement this Declaration, in strengthened partnership and cooperation with other multilateral and bilateral partners and with civil society.

Endnotes:

- 1 See resolution 55/2.
- 2 Resolution S-24/2, annex, sects. I and III.
- 3 Resolution S-23/2, annex.
- 4 Resolution S-23/3, annex.
- 5 Resolution S-21/2, annex.

United Nations

S/RES/1308/2000



Security Council

Distr.: General 17 July 2000

Resolution 1308 (2000)

Adopted by the Security Council at its 4172nd meeting on 17 July 2000

The Security Council,

Deeply concerned by the extent of the HIV/AIDS pandemic worldwide, and by the severity of the crisis in Africa in particular,

Recalling its meeting of 10 January 2000, on “The situation in Africa: the impact of AIDS on peace and security in Africa”, taking note of the 5 July 2000 report from UNAIDS (S/2000/657) which summarizes follow-up actions taken to date; and recalling further the letter of its President dated 31 January 2000 addressed to the President of the General Assembly (S/2000/75),

Emphasizing the important roles of the General Assembly and the Economic and Social Council in addressing HIV/AIDS,

Stressing the need for coordinated efforts of all relevant United Nations organizations to address the HIV/AIDS pandemic in line with their respective mandates and to assist, wherever possible, in global efforts against the pandemic,

Commending the efforts by UNAIDS to coordinate and intensify efforts to address HIV/AIDS in all appropriate forums,

Recalling also the 28 February 2000 special meeting of the Economic and Social Council, held in partnership with the President of the Security Council, on the development aspects of the HIV/AIDS pandemic,

Welcoming the decision by the General Assembly to include in the agenda of its fifty-fourth session an additional item of an urgent and important character entitled “Review of the problem of HIV/AIDS in all its aspects”, and encouraging further action to address the problem of HIV/AIDS,

Recognizing that the spread of HIV/AIDS can have a uniquely devastating impact on all sectors and levels of society,

Reaffirming the importance of a coordinated international response to the HIV/ AIDS pandemic, given its possible growing impact on social instability and emergency situations,

Further recognizing that the HIV/AIDS pandemic is also exacerbated by conditions of violence and instability, which increase the risk of exposure to the disease through large movements of people, widespread uncertainty over conditions, and reduced access to medical care,

Stressing that the HIV/AIDS pandemic, if unchecked, may pose a risk to stability and security,

Recognizing the need to incorporate HIV/AIDS prevention awareness skills and advice in aspects of the United Nations Department of Peacekeeping Operations’ training for peacekeeping personnel, and welcoming the 20 March 2000 report of the United Nations Special Committee on Peacekeeping Operations (A/54/839) which affirmed this need and the efforts already made by the United Nations Secretariat in this regard,

Taking note of the call of the Secretary-General in his report to the Millennium Assembly (A/54/2000) for coordinated and intensified international action to reduce the HIV infection rates in persons 15 to 24 years of age by 25 per cent by the year 2010,

Noting with satisfaction the 13th International AIDS Conference, held from 9 to 14 July 2000 in Durban, South Africa, which was the first conference of this type to be held in a developing country and which drew significant attention to the magnitude of the HIV/AIDS pandemic in sub-Saharan Africa, and further noting that this Conference was an important opportunity for leaders and scientists to discuss the epidemiology of HIV/AIDS and estimates of resources needed to address HIV/AIDS, as well as issues related to access to care, mother to child transmission, prevention, and development of vaccines,

Bearing in mind the Council's primary responsibility for the maintenance of international peace and security,

1. *Expresses concern* at the potential damaging impact of HIV/AIDS on the health of international peacekeeping personnel, including support personnel;
2. *Recognizes* the efforts of those Member States which have acknowledged the problem of HIV/AIDS and, where applicable, have developed national programmes, and encourages all interested Member States which have not already done so to consider developing, in cooperation with the international community and UNAIDS, where appropriate, effective long-term strategies for HIV/AIDS education, prevention, voluntary and confidential testing and counselling, and treatment of their personnel, as an important part of their preparation for their participation in peacekeeping operations;
3. *Requests* the Secretary-General to take further steps towards the provision of training for peacekeeping personnel on issues related to preventing the spread of HIV/AIDS and to continue the further development of pre-deployment orientation and ongoing training for all peacekeeping personnel on these issues;
4. *Encourages* interested Member States to increase international cooperation among their relevant national bodies to assist with the creation and execution of policies for HIV AIDS prevention, voluntary and confidential testing and counselling, and treatment for personnel to be deployed in international peacekeeping operations;
5. *Encourages*, in this context, UNAIDS to continue to strengthen its cooperation with interested Member States to further develop its country profiles in order to reflect best practices and countries' policies on HIV/AIDS prevention education, testing, counselling and treatment;
6. *Expresses* keen interest in additional discussion among relevant United Nations bodies, Member States, industry and other relevant organizations to make progress, inter alia, on the question of access to treatment and care, and on prevention.

Millennium Development Goals (2000)

The eight Millennium Development Goals (MDGs) – which range from halving extreme poverty to halting the spread of HIV and providing universal primary education, all by the target date of 2015 – form a blueprint agreed to by all the world's countries and all of the world's leading development institutions.

- ▶ Goal 1: Eradicate extreme poverty and hunger
- ▶ Goal 2: Achieve universal primary education
- ▶ Goal 3: Promote gender equality and empower women
- ▶ Goal 4: Reduce child mortality
- ▶ Goal 5: Improve maternal health
- ▶ **Goal 6: Combat HIV/AIDS, malaria and other diseases**
 - Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS
 - Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it
 - Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases
- ▶ Goal 7: Ensure environmental sustainability
- ▶ Goal 8: Develop a Global Partnership for Development

10. Frequently Asked Questions:

What is the composition of the Programme Coordinating Board (PCB)?

- ▶ The membership of the PCB comprises 22 Member States, elected from among the Member States of the Cosponsoring Organizations, with the following regional distribution (Modus Operandi item 7):
 - ▷ Western European and Others Group 7 seats
 - ▷ Africa 5 seats
 - ▷ Asia and Pacific 5 seats
 - ▷ Latin America and the Caribbean 3 seats
 - ▷ Eastern European/Commonwealth of Independent States 2 seats
- ▶ Each of the Cosponsors has full rights of participation in the PCB but without the right to vote (Modus Operandi item 9).
- ▶ Five nongovernmental organizations (NGOs), three from developing countries and two from the developed countries or countries with economies in transition, are invited to participate in meetings of the PCB but without the right to take part in the formal decision-making process and without the right to vote (ECOSOC resolution 1995/2, Modus Operandi item 10). The selection of the five nongovernmental organizations is determined by the NGOs themselves and subsequently approved by the Board (Modus Operandi item 11).
- ▶ For the historical and current composition of the PCB, please refer to the annex inserted in this handbook.

How does one become a PCB Board member?

- ▶ The 22 Member States are elected by ECOSOC at the organizational sessions. (Please refer to the Rule of Procedure of The Economic and Social Council, United Nations)
(<http://www.un.org/ecosoc/about/pdf/rules.pdf>)

What is the term of a PCB membership?

- ▶ The term of membership is three years and approximately one third of the Board membership is replaced annually. (Modus Operandi item 8.) However, Member States can relinquish their seat before completion of term if they so wish. The election of another Member State to any vacant seat is also subject to the process governed by ECOSOC.

How often does the PCB meet?

- ▶ PCB meetings are held twice a year in principle. However, the second session in the odd years is held only when there is a substantive need and if sufficient resources are available. In this regard, the PCB may decide in an even year to cancel the second meeting during the following, odd, year.

How can one participate in the PCB as an observer?

- ▶ Upon written application, which expresses a manifest interest, observer status for PCB meetings may be granted by the Executive Director, in consultation with the Chair of the PCB, to any Member State of any of the Cosponsoring Organizations, and any intergovernmental or non-governmental organization. Observers will make their own arrangements to cover expenses incurred in attending meetings of the PCB. (Modus Operandi item 12)
- ▶ Observers may participate, when invited to do so by the Chair, in the deliberations of the PCB on matters of particular concern to them. Observers may have access to PCB background documents. They may submit memoranda to the Executive Director who shall determine the nature and scope of their circulation. (Modus Operandi item 13)

How is Board participation funded?

- ▶ Funds are made available to cover the costs for per diem and travel incurred in connection with the attendance at PCB meetings for one representative from each developing country, from each country with an economy in transition and for one representative from each of the five nongovernmental organizations. (Modus Operandi item 21)

What language(s) does the Board operate in?

- ▶ Simultaneous interpretation is provided for all PCB meetings in English and French. Simultaneous interpretation into other UN official languages may be provided on written request submitted by a member to the Secretary no later than six weeks prior to a full meeting of the PCB. (Modus operandi item 19)
- ▶ Background documents are prepared in English and French. (Modus Operandi item 17) except for Conference Room Papers which are only made available in English.
- ▶ Documents for the PCB are prepared in English and French and are made available eight weeks before a meeting when possible, and as soon as possible thereafter.

How does the PCB take its decisions?

- ▶ The PCB endeavours to adopt its decisions and recommendations by consensus. Should decisions by voting or other procedural advice be necessary, the PCB uses the Rules of Procedures in Annex 2 of the Modus Operandi (Modus Operandi item 29).
- ▶ Two thirds of the voting members of the PCB, i.e., fifteen Member States, constitute a quorum. (Modus Operandi item 20)

How are the Chair and Vice-Chair selected?

- ▶ The PCB elects from among its members and States elected as members as of 1 January of the following calendar year a Chair, a Vice-Chair and a Rapporteur. For States elected as a member as of 1 January of the following calendar year a written statement of interest is required. The terms of office of the three elected officials is one calendar year starting on 1 January. It is expected that the Vice-Chair will be elected to take the office of Chair for the subsequent calendar year unless the Vice-Chair has indicated that he/she does not seek election as Chair, or if the Vice-Chair was unable to complete his/her term of office. Officers will be elected taking into account a fair geographical distribution. (Modus Operandi item 22)

What is the function of the PCB Bureau?

- ▶ The PCB Bureau is intended to maximize the effectiveness and efficiency of the PCB. Specifically, the PCB Bureau has the responsibility for coordinating the PCB's programme of work for the year, as explained further in Annex 3 of the Modus Operandi.
- ▶ The PCB Bureau is comprised of representatives of the officers of the PCB (Chair, Vice-Chair and Rapporteur), the Chair of the Committee of Cosponsoring Organizations and the PCB NGO Delegation. They may be accompanied by advisers. (Modus Operandi Annex 3, item 2).
- ▶ For the current composition of the PCB Bureau, please refer to the annex inserted in this handbook.

What is the inter-sessional decision-making process by the PCB?

- ▶ When a decision is required by the PCB that cannot wait until the next scheduled PCB meeting, the PCB Bureau may use the inter-sessional process. This process is only applicable for decisions that are required by the PCB Bureau to complete functions that have been specifically mandated to it by the Board. (Modus Operandi Annex 3, item 3, 4, 5).

How are themes for the thematic segments of the PCB decided?

- ▶ In accordance with decisions by the PCB at its 20th and 21st meetings, every PCB meeting has a thematic segment in addition to the decision making segment and it is the responsibility of the PCB Bureau to send out a call for proposals to all PCB constituencies and to recommend themes for the Board to decide on.
- ▶ The four criteria to guide the selection of themes that were agreed by the Board are: Broad relevance, responsiveness, focus and scope for action.

UNAIDS, the Joint United Nations Programme on HIV/AIDS, is an innovative United Nations partnership that leads and inspires the world in achieving universal access to HIV prevention, treatment, care and support. Learn more at unaids.org.

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