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Resolution adopted by the Economic and Social Council on 24 July 2019

[on a proposal considered in plenary meeting (E/2019/L.24)]

2019/33. Joint United Nations Programme on HIV/AIDS

The Economic and Social Council,

Recalling its resolution [2017/25](#) of 7 July 2017,

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

Underscoring the importance of the 2016 Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030, adopted at the high-level meeting of the General Assembly on HIV and AIDS on 8 June 2016,² as well as the Joint United Nations Programme on HIV/AIDS 2016–2021 Strategy: On the Fast-Track to End AIDS, adopted by the Programme Coordinating Board of the Joint Programme on 30 October 2015, and welcoming the fact that they are complementary and aligned with the 2030 Agenda for Sustainable Development,³

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

Concerned that, despite progress towards the 90-90-90 targets, in 2017, of the estimated 36.9 million people living with HIV globally, only 75 per cent (27.5 million) knew their status, only 59 per cent (21.7 million) received treatment and less than half (47 per cent) (17.5 million) had achieved viral suppression,

Expressing deep concern that, despite the progress made, there remain many disparities between and within countries and regions, between men and women, for different age groups, and for key populations⁴ that epidemiological evidence shows

¹ [E/2019/74](#).

² General Assembly resolution [70/266](#), annex.

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

⁴ As referred to in the 2016 Political Declaration and as discussed in the “Prevention gap report”, each country should define the specific populations that are key to its epidemic and response based on the epidemiological and social context.



to be globally at higher risk of HIV infection, and that achieving the 2020 targets outlined in the 2016 Political Declaration is at risk, with new HIV infections on the rise in some countries and with some subpopulations owing in part to ineffective policies; that access to viral load testing remains low; and that there is a continuing shortfall in the financing of the HIV response, including for low- and middle-income countries, especially those that are highly affected by the HIV epidemic,

Recognizing that, although stigma associated with HIV is declining, it remains an impediment to an effective HIV response, especially for adolescent girls and young women and for vulnerable and key populations that epidemiological evidence shows to be globally at higher risk of HIV infection,

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

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

Concerned that tuberculosis remains the leading global cause of death among people living with HIV and that 9 per cent of tuberculosis cases worldwide occur among people living with HIV, yet, in 2017, only 41 per cent of the estimated tuberculosis cases in people living with HIV were diagnosed and notified and patients treated for both diseases, and only 60 per cent of known tuberculosis patients were tested for HIV, precluding treatment and resulting in preventable deaths,

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

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

Reaffirming the pivotal role of the Joint Programme in galvanizing and supporting multisectoral HIV responses in the context of broader efforts to reach the Sustainable Development Goals and leave no one behind,

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

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

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

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

Recognizing also the need to ensure a sustainable, fit-for-purpose and up-to-date Joint Programme and noting the upcoming review of the revised operating model in 2020, as decided by the Programme Coordinating Board in its decision 8.9, adopted at its forty-second meeting, and noting also the upcoming report of the Joint Inspection Unit on the review of the management and administration of the Joint Programme, as well as the report of the Programme Coordinating Board Search Committee on the selection of the Executive Director as regards the lessons learned, which could contribute to this process,

1. *Takes note* of the report of the Executive Director of the Joint United Nations Programme on HIV/AIDS;¹

2. *Recognizes* that the AIDS epidemic is not yet over, and stresses the ongoing need to invigorate the AIDS response to increase momentum towards meeting the 2020 targets in countries where results are lagging, while recognizing the need to support sustaining the successes in controlling the pandemic and ensuring the end of the epidemic by 2030, and establishing a foundation for the long-term sustainability of the response;

3. *Urges* the Joint Programme to continue to support the full, effective and timely implementation of the Joint United Nations Programme on HIV/AIDS 2016–2021 Strategy: On the Fast Track to End AIDS and the 2016 Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030,² and encourages Governments, civil society, local communities and the private sector to achieve the goals of the 2016–2021 Strategy and the 2016 Political Declaration, as an important prerequisite and enabler for the achievement of the Sustainable Development Goals, including target 3.3;³

4. *Calls for* urgent action and partnership by Member States, the United Nations system, civil society, local communities, the private sector and other stakeholders to scale up evidence-based HIV prevention, testing, treatment, care and retention, including access to safe, effective, quality and affordable medicines, including generics, viral load testing in pursuit of achieving viral load suppression, and tuberculosis preventative treatment, to ensure that those services reach the people who need them the most, including key populations⁴ that epidemiological evidence shows to be globally at higher risk of HIV infection, adolescent girls and young women, and calls for reinvigorated efforts to protect human rights and promote gender equality and to address social risk factors, including gender-based violence, as well as social and economic determinants of health;

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

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

7. *Also calls for* strengthened coordination and collaboration between tuberculosis and HIV programmes, as well as with other health programmes and sectors, to find the missing cases of tuberculosis and HIV through ensuring universal and equitable access to integrated prevention, diagnosis, treatment and care services, through public, private and community providers, in accordance with national legislation, including through promoting testing and treatment for HIV among people with tuberculosis and screening all people living with HIV regularly for tuberculosis and providing tuberculosis treatment or prevention, as indicated;

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

9. *Recognizes* that the Sustainable Development Goals provide for the elimination of discriminatory laws, policies and practices, which will be important to reduce barriers to an effective HIV response, including for vulnerable and key populations that epidemiological evidence shows to be globally at higher risk of HIV infection;

10. *Reaffirms* that the Joint Programme's co-sponsor and governance model provides the United Nations system with a useful example of strategic coherence, reflecting national contexts and priorities, through its coordination, results-based focus, inclusive governance, and country-level impact, as set out in General Assembly resolution [71/243](#) of 21 December 2016 on the quadrennial comprehensive policy review of operational activities for development of the United Nations system;

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

12. *Requests* the Programme Coordinating Board to discuss governance issues of the Joint Programme, as well as how the Joint Programme could be sustainably core funded, in accordance with all relevant United Nations principles, with a view to evaluating such issues, in order to have an effective, efficient and accountable Joint Programme, and to report to the Economic and Social Council by 2021;

13. *Recognizes* the efforts of the Joint Programme to support and contribute to the follow-up and review process of the 2030 Agenda for Sustainable Development,³ including the high-level political forum on sustainable development, in order to ensure that adequate consideration is given to the HIV/AIDS response and its interlinkages with other Sustainable Development Goals;

14. *Stresses* the critical importance of continued political commitment and leadership to end AIDS by 2030, and recognizes the need to convene a high-level meeting of the General Assembly, the date of which is to be determined no later than at the seventy-fifth session of the Assembly, as decided by the Assembly in accordance with its resolution [70/266](#) of 8 June 2016, to review progress on the commitments made in the 2016 Political Declaration and reinvigorate the response in order to regain momentum and place the world back on track to achieve the end of AIDS by 2030, in close alignment and synergy with the 2030 Agenda for Sustainable Development;

15. *Calls for* urgent action to close the HIV and AIDS resource gap, taking into account the need for annual investments of 26 billion United States dollars in order to reach the 2020 targets, in line with the principles of shared responsibility and global solidarity, encourages countries to scale up domestic and international funding for the response, and emphasizes that action is needed to ensure political, programmatic and financial accountability and sustainability at all levels;

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

17. *Requests* the Secretary-General to transmit to the Council, at its 2021 session, a report prepared by the Executive Director of the Joint Programme in collaboration with its co-sponsors and other relevant organizations and bodies of the United Nations system, on progress made in implementing a coordinated response by the United Nations system to the HIV and AIDS epidemic.

*38th plenary meeting
24 July 2019*