



World Health Organization

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HIV/ AIDS

The World Health Organization,

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,

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,

Promoting education and aiming to create a field of open discussion by breaking down stigma barriers posed by HIV/AIDS in order to further minimize the risk of contracting HIV within the younger generations,

Reaffirming the necessity of increasing access to voluntary HIV testing as a first step in combating HIV,

Aware of the importance of an adequate treatment care and support for HIV/AIDS victims,

Guided by the aim of social integration of HIV positive individuals into the community,

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) and 1960 (2010),

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),

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,

1. *Calls upon* all member states to establish National HIV/AIDS Councils. The Councils are responsible for providing adequate and reliable information on HIV/AIDS to all citizens, especially those with an elevated risk of contracting HIV, and provide additional support for existing or suspected HIV positive individuals and those in direct contact with HIV patients. Tasks of the Councils include, but are not limited to:
 - a. Providing customized education packages to train teachers in effectively disseminating knowledge about HIV/AIDS among adolescents in middle or high school, university and the workplace,
 - b. Providing customized counselling packages to healthcare units, schools and local social leaders and organizations to advise HIV patients and related individuals,
 - c. Raising awareness on World AIDS Day (1st December) and at bigger national festivals/events by setting up information stands, distributing pamphlets, through social media, etc.,
 - d. Facilitating joint sports events and social activities for HIV patients and the communities they live in, in order to promote awareness and integration of HIV patients in society,
 - e. Creating customized information campaigns in order to most effectively convey the HIV information,
 - f. Offering anonymous and free HIV screening to individuals possibly infected with HIV;
2. *Calls for* the creation of the *International Knowledge Transfer Committee on HIV (IKTC- HIV)* as a subsidiary body of UNAIDS and consisting of representatives from all National HIV/AIDS Councils, providing a global strategic platform for developing and improving HIV-related information, education and counselling programs. Tasks of the IKTC-HIV include, but are not limited to:
 - a. Providing all National HIV/AIDS Councils with a modular education package, which can be customized according to national social and cultural specifications and is subsequently to be distributed for free as described in (1.a), comprising at least the following topics:
 - i. Modes of infection and prevalence of HIV,
 - ii. Measures to prevent HIV transmission,
 - iii. Consequences of HIV infection,
 - iv. Options for diagnosis,
 - b. Providing all National HIV/AIDS Councils with a modular counseling package, to be adapted at discretion of the respective National Committee and distributed for free as described in (1.b), including information on,
 - c. Offering both a physical and digital infrastructure with unrestricted access to all National HIV/AIDS Councils for sharing observations and feedback on public acceptance of the programs mentioned in (1);
3. *Encourages* the production of second-line treatment drugs in regions with elevated HIV infection rates, focusing on cost reduction and increasing availability through:
 - a. Establishing or strengthening transnational knowledge transfer on drug synthesis methods by means of collaboration between Health Ministries and/or public research facilities of the respective countries,

- b. Building drug production facilities dedicated to manufacturing generic antiretroviral (ARV) drugs with proven functionality and long-term safety, and high regional demand,
 - c. Introducing mobile HIV diagnostic and treatment clinics, to be regularly circulating through rural areas with no permanent access to adequate healthcare,
 - d. Supporting already existing production units of second-line drugs as long as they produce low cost drugs;
4. *Further recommends* governments of countries which hosts major drug approval institutions to create accelerated approval track for HIV aids related drugs;
 5. *Urges* member states to facilitate access to funding for the `Educational Programme Packages` under the following provisions:
 - a. The production materials, creating the HIV/AIDS information content will be funded by UNAIDS. Each member state government will fund the National committee formations,
 - b. The current Educational Programme Packages will be distributed and focused for certain groups to disseminate the information in a cost-effective manner; these groups include; teachers, health-care workers and local leaders that have a social influence within individual communities;
 6. *Calls upon* international cooperation between developing countries and developed countries to transfer knowledge in good drugs production practices;
 7. *Encourages* financial support for already existing production units of HIV/AIDS drugs as long it lowers ARV drugs cost for developed countries;
 8. *Urges* governments to put pressure on pharmaceutical companies in developed countries to make the price of drugs adapted to the economic situation of each country;
 9. *Supports* the accessibility to medication for HIV/AIDS by:
 - a. Encouraging clinical research in developing countries and encouraging the establishment of local laboratories,
 - b. Suggesting the creation of national committees per country which define which developing countries can only access medication through a reduction in the price of medication and screen the quantities of medication needed,
 - c. Increasing quota which pharmacy companies give to developing countries identified by the above mentioned committee at a lower price.