

## **WHO HIV/AIDS strategy for 2011–2015**

The Sixty-third World Health Assembly,

Considering that the HIV epidemic still constitutes one of the foremost challenges to health and development, both in countries with generalized epidemics and in regions with concentrated epidemics affecting most at-risk groups, such as men who have sex with men, sex workers and injecting drug users;

Noting that globally HIV is the major cause of mortality among women of reproductive age and was responsible for the death of 280 000 children in 2008, thereby undermining efforts to achieve Millennium Development Goals 4 and 5;

Recognizing that the significant gains made in prevention and treatment of HIV/AIDS need to be sustained and expanded for Millennium Development Goal 6 to be achieved, including the urgent need to strengthen targeted prevention measures and achieve universal access to antiretroviral treatment, within a framework of respect for human rights, gender equality, and the reduction of stigma and discrimination;

Further recognizing the need to strengthen the linkages between prevention and treatment of HIV/AIDS and maternal and child health in order to achieve Millennium Development Goals 4 and 5;

Recalling that WHO's work on HIV/AIDS has been guided by a series of strategies endorsed by several World Health Assemblies, including resolutions WHA53.14, WHA56.30, WHA59.12 and WHA59.19;

Considering that the WHO "3 by 5" strategy, launched in 2003, which focused on expanding access to antiretroviral treatment, was developed in the context of the Global Health Sector Strategy for HIV/AIDS (2003–2007), endorsed by the Fifty-sixth World Health Assembly (WHA56.30);

Recalling that in 2006 the UN adopted the target of Universal Access to HIV prevention, treatment and care by 2010, and WHO developed the Universal Access Plan 2006–2010, welcomed by the Fifty-ninth World Health Assembly, which has guided WHO's work since then; keeping in mind the outcomes of the Second Independent Evaluation of UNAIDS (2009);

Recognizing the need for countries to sustain commitment to addressing the HIV/AIDS epidemic at all levels, including the highest political level, and to be supported in their efforts to expand the scope, improve the effectiveness and ensure the sustainability of their HIV responses so as to enable them to achieve the Millennium Development Goals;

Noting that a sustainable HIV response requires its integration into comprehensive health systems, including those for maternal, neonatal and child health, sexual and reproductive health, tuberculosis prevention and control, harm reduction for drug users,<sup>1</sup> and primary health care, particularly noting that sustaining these efforts is challenging in light of the global financial crisis;

Recognizing that antiretroviral treatment programmes take a major share of total national AIDS spending in most countries, which warrants immediate attention to review and improve the performance of those programmes through early recruitment, ensuring highest adherence to medications, limiting drug resistance, and minimizing risk behaviours and enhancing the level of national spending on HIV prevention and control measures;

Expressing deep concern that the financing of HIV programmes in most developing countries relies on external financial resources contributed by donors and global health initiatives, with space for improvement in their adherence to aid effectiveness commitments; limited national financial resources, hamper the financial sustainability of HIV programmes,

1. URGES Member States:

(1) to reaffirm their commitment 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 and to 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 2005 World Summit;

(1bis) to increase governments' commitment to HIV/AIDS programmes including increased efforts on prevention and to take steps to accelerate donor harmonization and adherence to aid effectiveness commitments;

(2) to incorporate, based on national contexts, the policies, strategies, programmes and interventions and tools recommended by WHO in order to implement effective HIV prevention measures, early diagnosis, treatment and care; and take further steps towards minimizing social stigmatization and discrimination which hamper access to prevention, treatment and care;

(3) to consider, whenever necessary, using existing administrative and legal mechanisms in order to promote access to affordable and cost-effective prevention, treatment and care;

(4) to integrate HIV/AIDS services into comprehensive strategies in health and other relevant sectors, including those for maternal, neonatal and child health, sexual and reproductive health, tuberculosis, harm reduction<sup>1</sup> and primary health care, in order to ensure sustainability and maximize efficiencies and effectiveness;

(5) to monitor closely and evaluate HIV/AIDS programmes by ensuring the completeness, accuracy and reliability of the data and use that information to improve programme efficiency;

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<sup>1</sup> Aligned with the WHO/UNODC/UNAIDS Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users. Geneva, WHO, 2009.

2. REQUESTS the Director-General:

(1) to take the lead in convening broad consultative processes to develop a WHO HIV/AIDS strategy for 2011–2015 which will guide the Secretariat's support to Member States in line with UNAIDS guiding policies, including the Outcome Framework<sup>1</sup> and aligned with broader strategic frameworks, including the Millennium Development Goals and primary health care, and which builds on the five strategic directions of the Universal Access Plan, and takes into consideration the changing international public health architecture, and reflect the Paris Declaration on Aid Effectiveness;

(2) to encourage and promote the translation of research results into efficient public health policies for HIV/AIDS;

(3) to submit to the Sixty-fourth World Health Assembly through the Executive Board a WHO HIV/AIDS strategy for 2011–2015 for its consideration and possible endorsement.

Eighth plenary meeting, 21 May 2010  
A63/VR/8

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<sup>1</sup> UNAIDS. Joint action for results: UNAIDS Outcome Framework 2009–2011. Geneva, UNAIDS, 2010 (document UNAIDS/09.13E).