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## Joint United Nations Programme on HIV/AIDS Background Guide 2021

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Dear Delegates,

Welcome to the 2021 National Model United Nations New York Conference (NMUN•NY)! We are pleased to introduce you to our committee, the Joint United Nations Programme on HIV/AIDS (UNAIDS). This year's staff is: Directors Esther Alexandra Bickel (Conference A) and Eric Lowe (Conference B). Esther received her BSc in Environmental and Sustainability Studies and recently finished her MSc in Sustainability Science at Leuphana University Lüneburg, Germany. She currently works part-time in a telecommunication company. Eric has earned both a BA in History and an MA in Social Science and Globalization from California State University, San Bernardino.

The topics under discussion for the Joint United Nations Programme on HIV/AIDS are:

- I. Addressing the HIV/AIDS Epidemic among Young Women
- II. Preventing Tuberculosis Infection among People Living with HIV

UNAIDS is the primary organization within the United Nations tasked with coordinating the efforts of the international community's response to HIV/AIDS. The work of UNAIDS is primarily normative and is achieved through supporting its co-sponsors on policy formation, strategic planning, research and development, and advocacy. As the only cosponsored Joint Programme in the United Nations, UNAIDS has been critical in shaping the response to HIV/AIDS and safeguarding the human rights of people living with HIV/AIDS. In order to accurately stimulate the committee, it is crucial that delegates understand how UNAIDS functions in order to fulfill its mandate.

This Background Guide serves as an introduction to the topics for this committee. However, it is not intended to replace individual research. We encourage you to explore your Member State's policies in depth and use the Annotated Bibliography and Bibliography to further your knowledge on these topics. In preparation for the Conference, each delegation will submit a Position Paper by 11:59 p.m. (Eastern) on 1 March 2021 in accordance with the guidelines in the [Position Paper Guide](#) and the [NMUN•NY Position Papers](#) website.

Two resources, available to download from the [NMUN website](#), that serve as essential instruments in preparing for the Conference and as a reference during committee sessions are the:

1. [NMUN Delegate Preparation Guide](#) - explains each step in the delegate process, from pre-Conference research to the committee debate and resolution drafting processes. Please take note of the information on plagiarism, and the prohibition on pre-written working papers and resolutions. Delegates should not start discussion on the topics with other members of their committee until the first committee session.
2. [NMUN Rules of Procedure](#) - include the long and short form of the rules, as well as an explanatory narrative and example script of the flow of procedure.

In addition, please review the mandatory [NMUN Conduct Expectations](#) on the NMUN website. They include the Conference dress code and other expectations of all attendees. We want to emphasize that any instances of sexual harassment or discrimination based on race, gender, sexual orientation, national origin, religion, age, or disability will not be tolerated. If you have any questions concerning your preparation for the committee or the Conference itself, please contact the Under-Secretaries-General for the Development Department, Lauren Kiser (Conference A) and Max Lacey (Conference B), at [usg.dev@nmun.org](mailto:usg.dev@nmun.org).

We wish you all the best in your preparations and look forward to seeing you at the Conference!

Sincerely,

**Conference A**

Esther Bickel, *Director*

**Conference B**

Eric Lowe, *Director*

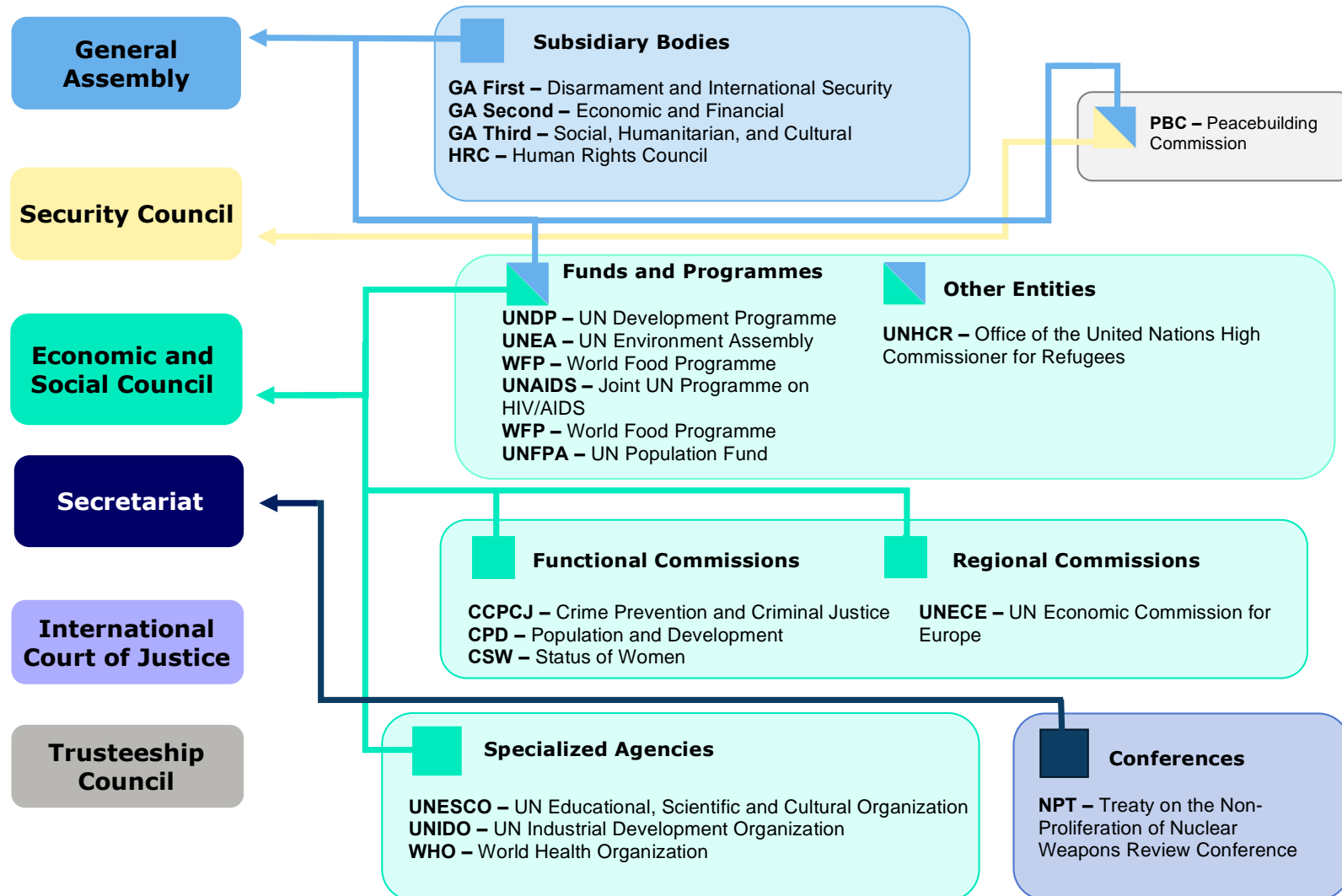


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## United Nations System at NMUN•NY

This diagram illustrates the UN system simulated at NMUN•NY and demonstrates the reportage and relationships between entities. Examine the diagram alongside the Committee Overview to gain a clear picture of the committee's position, purpose, and powers within the UN system.





## Committee Overview

*“Ending the AIDS epidemic will involve progress across the entire spectrum of rights: civil, cultural, economic, political, social, sexual and reproductive.”<sup>1</sup>*

### Introduction

The Joint United Nations Programme on HIV/AIDS (UNAIDS), launched in 1996, coordinates the efforts of the United Nations (UN) in response to the human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) epidemic that still poses a problem for many Member States today.<sup>2</sup> Initially, there was skepticism that HIV/AIDS could ever become a global pandemic, resulting in a slow coordinated response.<sup>3</sup> It was not until the 1980s that the international community began to realize that the spread of the disease represented a serious threat to global health.<sup>4</sup> In September 1981, the Centers for Disease Control and Prevention (CDC) in the United States published a report detailing what was believed to be a new type of pneumonia.<sup>5</sup> This “new” pneumonia was AIDS, and it was officially named in 1982.<sup>6</sup>

Denial of the magnitude and seriousness of the problem, stigmatization, and discrimination against persons with AIDS were significant barriers to undertaking a unified global response to AIDS.<sup>7</sup> However, amid rising numbers of new transmissions and diagnoses in late 1983, the World Health Organization (WHO) held a meeting in Denmark to assess the AIDS situation in Europe.<sup>8</sup> At the end of 1983, another meeting was held to assess AIDS globally, which resulted in the decision that WHO was responsible for monitoring the situation.<sup>9</sup> In 1986, WHO’s Executive Board requested funding to establish an AIDS-specific program.<sup>10</sup> The Control Programme on AIDS was established under the purview of WHO in 1986.<sup>11</sup> The program was known as the Special Programme on AIDS until 1987, and then the Global Programme on AIDS (GPA) in 1988.<sup>12</sup>

In its first few years, GPA advocated for equitable treatment of people living with AIDS and worked against repressive policies aimed at AIDS patients.<sup>13</sup> However, leadership changes within GPA in the late 1980s altered the dynamic of the programme and GPA shifted to focus almost exclusively on medical approaches.<sup>14</sup> While an external review in 1989 highlighted the successes of GPA, such as increasing public awareness, it noted that that the UN system failed to coordinate their AIDS policies and programs and that some UN agencies duplicated existing programs.<sup>15</sup>

In 1992, GPA submitted its own report, which recognized the need for a unified and collaborative global response to successfully end the HIV/AIDS epidemic.<sup>16</sup> The UN Development Programme (UNDP), the UN Children’s Fund (UNICEF), the UN Population Fund (UNFPA), WHO, the UN Educational, Scientific and Cultural Organization (UNESCO), and the World Bank agreed to cosponsor UNAIDS.<sup>17</sup> In 1994, UNAIDS was established by Economic and Social Council (ECOSOC) resolution 1994/24 on the “Joint

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<sup>1</sup> UNAIDS, *2016-2021 Strategy: On the Fast-Track to end AIDS*, 2015, p. 3.

<sup>2</sup> UNAIDS, *About UNAIDS*, 2019.

<sup>3</sup> UNAIDS, *UNAIDS: The First Ten Years*, 2008, p. 7.

<sup>4</sup> AVERT, *History of HIV and AIDS Overview*, 2016.

<sup>5</sup> UNAIDS, *UNAIDS: The First Ten Years*, 2008, p. 7.

<sup>6</sup> *Ibid.*, pp. 7-8.

<sup>7</sup> *Ibid.*, pp. 8-10.

<sup>8</sup> *Ibid.*, p. 13.

<sup>9</sup> *Ibid.*, p. 13.

<sup>10</sup> *Ibid.*, p. 14.

<sup>11</sup> *Ibid.*, p. 14.

<sup>12</sup> *Ibid.*, p. 15.

<sup>13</sup> *Ibid.*, pp. 15-16.

<sup>14</sup> *Ibid.*, p. 18.

<sup>15</sup> *Ibid.*, pp. 19-20.

<sup>16</sup> *Ibid.*, p. 20.

<sup>17</sup> UN ECOSOC, *Joint and Co-Sponsored United Nations Programme on Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) (E/RES/1994/24)*, 1994.

and Cosponsored United Nations Programme on HIV/AIDS.”<sup>18</sup> UNAIDS officially began its work on 1 January, 1996.<sup>19</sup>

Since then, UNAIDS has assumed a central role in coordinating the efforts within the UN system and leading the international response to the HIV/AIDS pandemic.<sup>20</sup> UNAIDS’ work is directly correlated with the achievement of the Sustainable Development Goals (SDGs), namely SDGs 3 (good health and well-being), 5 (gender equality), 10 (reduced inequalities), 16 (peace, justice and strong institutions), and 17 (partnerships for the goals).<sup>21</sup> To reach the targets of the *2030 Agenda for Sustainable Development* (2030 Agenda), UNAIDS works closely with Member States, other UN agencies, and the private sector to strengthen and support international efforts towards eliminating HIV/AIDS.<sup>22</sup>

### **Governance, Structure, and Membership**

UNAIDS is cosponsored by 11 UN agencies and reports to ECOSOC.<sup>23</sup> The cosponsoring organizations are UNDP, UNICEF, WHO, UNFPA, UNESCO, the World Bank, the UN Office on Drugs and Crime (UNODC), the International Labour Organization (ILO), the World Food Programme (WFP), and the Office of the UN High Commissioner for Refugees (UNHCR).<sup>24</sup>

Funding for UNAIDS is provided via cosponsor fundraising, independent funding from Member States of the cosponsoring organizations, and contributions from intergovernmental organizations (IGOs), non-governmental organizations (NGOs), and private entities.<sup>25</sup> WHO provides the administration of UNAIDS and holds in trust all funds contributed to UNAIDS.<sup>26</sup> The Secretariat of UNAIDS includes the office of the Executive Director, as well as any other administrative and technical staff as needed.<sup>27</sup> The UN Secretary-General selects the Executive Director with approval from all 11 of the cosponsoring organizations.<sup>28</sup> The Executive Director prepares the agenda and budget on a biannual basis, which is reviewed by the Committee of Cosponsoring Organizations (CCO) and submitted to the Programme Coordinating Board (PCB).<sup>29</sup> The PCB reviews reports submitted to it by the Executive Director and from the CCO.<sup>30</sup> The PCB submits a copy of each report to the governing bodies of each of the cosponsoring organizations and to ECOSOC.<sup>31</sup>

The Executive Director of UNAIDS serves as the secretary of the PCB, which is the governing body of UNAIDS.<sup>32</sup> The PCB oversees all programmatic activities including policy, strategy, finance, and the overall evaluation of UNAIDS.<sup>33</sup> PCB meetings are generally held biannually, with each session being composed of two segments: decision-making and thematic issues.<sup>34</sup> The PCB calls for proposals from its Member States for the thematic segments, which are decided according to four criteria: broad relevance,

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<sup>18</sup> Ibid..

<sup>19</sup> UNAIDS, *UNAIDS: The First Ten Years*, 2008, pp. 27-30.

<sup>20</sup> UNAIDS, *About UNAIDS*, 2019.

<sup>21</sup> UNAIDS, *2016-2021 Strategy: On the Fast-Track to end AIDS*, 2016.

<sup>22</sup> UN General Assembly, *Transforming our World: the 2030 Agenda for Sustainable Development (A/RES/70/1)*, 2016.

<sup>23</sup> UNAIDS, *UNAIDS Governance Handbook*, 2009.

<sup>24</sup> Ibid.

<sup>25</sup> Ibid.

<sup>26</sup> Ibid.

<sup>27</sup> Ibid.

<sup>28</sup> Ibid.

<sup>29</sup> Ibid.

<sup>30</sup> Ibid.

<sup>31</sup> Ibid.

<sup>32</sup> Ibid.

<sup>33</sup> UNAIDS, *Modus Operandi of the Programme Coordinating Board*, 2011.

<sup>34</sup> Ibid.

responsiveness, focus, and scope for action.<sup>35</sup> The PCB Bureau coordinates the PCB's work for the year and is comprised of the PCB chairperson, vice-chairperson, rapporteur, and the PCB NGO delegation.<sup>36</sup>

The PCB is composed of 22 Member States, which are elected from the Member States of the 11 cosponsoring organizations for three-year terms.<sup>37</sup> Regional distribution of membership is as follows: there are 7 seats from Western European and Others Group, 5 seats from Africa, 5 seats from Asia Pacific, 3 seats from Latin America and the Caribbean, and 2 seats from Eastern European and the Commonwealth of Independent States.<sup>38</sup> Election of new Member States is staggered and approximately one third of the PCB is up for election each year.<sup>39</sup> Representatives from the cosponsoring organizations have the right to participate in the meetings of the PCB, but they may not vote on its matters.<sup>40</sup> In addition, 5 NGOs, 3 from developing states and 2 from developed states and/or economies in transition, are elected for a maximum of three years in proceedings, but cannot vote.<sup>41</sup> Member States may also be granted observer status; however, states with observer status may only participate when granted permission by the Executive Director.<sup>42</sup>

The CCO operates as a forum for the cosponsoring organizations, and is a standing committee of the PCB; the CCO makes determinations and recommendations to the PCB on matters of policy and strategy that pertain to UNAIDS.<sup>43</sup> The CCO reviews UNAIDS' financial reports, programme budget proposals, work plans, specific activities of each cosponsoring organization, and technical reports.<sup>44</sup> In addition, the CCO submits a report to the PCB on the status of the cosponsoring organizations' efforts to align their activities, strategies, and policies with those of UNAIDS.<sup>45</sup>

The work of UNAIDS is largely normative and is broken up between the global and country levels.<sup>46</sup> At the global level, UNAIDS provides support to the cosponsoring organizations on the formulation of policy, strategic planning, technical guidance, research and development, and advocacy.<sup>47</sup> At the country level, UNAIDS provides support to strengthen national planning, coordination, implementation, and monitoring capacities.<sup>48</sup> Moreover, Theme Groups work to support their host countries strategic plans, and in certain instances, Theme Groups help to formulate strategic plans.<sup>49</sup> These groups are composed of a UNAIDS staff member, donors, non-governmental organizations (NGOs), associations of people living with HIV/AIDS, and other UN agencies.<sup>50</sup>

### ***Mandate, Functions, and Powers***

UNAIDS' mandate, as defined in ECOSOC resolution 1994/24 (1994), is to coordinate the efforts of the UN system and provide global leadership on the HIV/AIDS epidemic, to care for people living with HIV, prevent new infections, and mitigate the impact of the epidemic.<sup>51</sup> UNAIDS' mission is to promote consensus on policy, strengthen the capacity of the UN system to monitor trends, strengthen national governments' capacity to implement strategic activities, and promote and advocate for greater political

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<sup>35</sup> UNAIDS, *UNAIDS Governance Handbook*, 2009.

<sup>36</sup> *Ibid.*

<sup>37</sup> *Ibid.*

<sup>38</sup> UNAIDS, *Modus Operandi of the Programme Coordinating Board*, 2011.

<sup>39</sup> *Ibid.*

<sup>40</sup> *Ibid.*

<sup>41</sup> *Ibid.*

<sup>42</sup> *Ibid.*

<sup>43</sup> *Ibid.*

<sup>44</sup> *Ibid.*

<sup>45</sup> *Ibid.*

<sup>46</sup> UNAIDS, *UNAIDS Governance Handbook*, 2009.

<sup>47</sup> UN General Assembly, *Political Declaration on HIV/AIDS (A/RES/60/262)*, 2006.

<sup>48</sup> UNAIDS, *UNAIDS Governance Handbook*, 2009.

<sup>49</sup> *Ibid.*

<sup>50</sup> *Ibid.*

<sup>51</sup> New Zealand, *United Nations Handbook 2016-2017*, 2016, p. 272.

commitment and social mobilization on addressing this issue.<sup>52</sup> This is achieved through uniting the efforts of the UN system, civil society organizations (CSOs), national governments, the private sector, individuals, and global institutions.<sup>53</sup> Speaking out in defense of human dignity, rights, and gender equality, and mobilizing political, economic, and technical resources helps in furthering sustainable responses to national health and development.<sup>54</sup> UNAIDS' long-term vision is to have zero HIV infections, zero AIDS-related deaths, and zero HIV/AIDS-related discrimination.<sup>55</sup>

### **Recent Sessions and Current Priorities**

The current work of UNAIDS is guided by the *Political Declaration on HIV and AIDS: On the Fast-Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030*, which was adopted at the 2016 General Assembly High-Level Meeting on Ending AIDS.<sup>56</sup> The *UNAIDS 2016-2021 Strategy: On the Fast-track to end AIDS* (2016), which is the current strategic framework based on the goals of the Political Declaration, outlined an initial set of targets to be achieved by 2020 in order to meet the 2030 goal of ending the AIDS epidemic.<sup>57</sup> These targets included reducing new infections of HIV and tuberculosis-related deaths among people living with HIV, as well as generating yearly investment in developing countries of \$31 billion.<sup>58</sup> UNAIDS strives to achieve these targets by strengthening its leadership on global, regional, and country levels.<sup>59</sup> Moreover, UNAIDS' cosponsors work to support the achievement of targets outlined in the 2016-2021 strategy by implementing population-specific strategies such as HIV education and addressing multi-sectoral aspects of the HIV response, including governance, human rights, and funding.<sup>60</sup>

At the system-wide level, the 2030 Agenda calls upon a wide array of international actors to collaborate with each other to achieve the 17 SDGs and 169 targets.<sup>61</sup> The work of UNAIDS will be critical to achieving Target 3.3, which commits the global community to ending the AIDS epidemic by 2030.<sup>62</sup> While this particular target ties directly to UNAIDS, efforts to end the HIV/AIDS epidemic are linked to the progress towards nearly all of the SDGs, and the reverse is true.<sup>63</sup> Each of the SDGs has implications for ending the AIDS epidemic and reducing vulnerability to HIV.<sup>64</sup> For example, young people, especially young women and girls, are at increased risk for HIV infection due to gender inequalities, discrimination, and violence; therefore, meeting SDG 5 (gender equality) will reduce overall vulnerability to HIV/AIDS.<sup>65</sup> At the same time, ending the HIV/AIDS epidemic will contribute to ending HIV-related inequalities and violence: young women with HIV often experience discrimination and stigmatization, which can prevent them from contributing fully to their communities.<sup>66</sup> Furthermore, both the recent *Evidence Review: Implementation of the UNAIDS 2016-2021 Strategy* and the *Global AIDS Update 2020* place emphasis on the interconnectivity of the SDGs and HIV/AIDS.<sup>67</sup>

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<sup>52</sup> UN ECOSOC, *Joint and Co-Sponsored United Nations Programme on Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) (E/RES/1994/24)*, 1994.

<sup>53</sup> Ibid.

<sup>54</sup> UNAIDS, *Language*, 2019.

<sup>55</sup> Ibid.

<sup>56</sup> UNAIDS, *2016 United Nations Political Declaration on Ending AIDS Sets World on Fast-Track to End the Epidemic by 2030*, 2016.

<sup>57</sup> UNAIDS, *Bold Commitments Made at the United Nations General Assembly High-Level Meeting on Ending AIDS*, 2016.

<sup>58</sup> UNAIDS, *2016-2021 Strategy: On the Fast-Track to end AIDS*, 2016, pp. 10-11.

<sup>59</sup> Ibid., p. 10.

<sup>60</sup> Ibid., p. 11.

<sup>61</sup> UN General Assembly, *Transforming our World: the 2030 Agenda for Sustainable Development (A/RES/70/1)*, 2016.

<sup>62</sup> Ibid.

<sup>63</sup> UNAIDS, *AIDS and the Sustainable Development Agenda: Interdependent and Inextricably Linked*, 2016.

<sup>64</sup> UNAIDS, *2016-2021 Strategy: On the Fast-Track to end AIDS*, 2016, p. 27.

<sup>65</sup> Ibid., p. 29.

<sup>66</sup> Ibid.

<sup>67</sup> UNAIDS, *Evidence Review: Implementation of the UNAIDS 2016-2021 Strategy*, p. 2; UNAIDS, *Global AIDS Update 2020: Seizing the Moment*.



UNAIDS has not met its 2020 milestone goals, with factors such as inequality, discrimination, and a lack of funding cited as significant barriers to both prevention and treatment.<sup>68</sup> The outbreak of the global COVID-19 pandemic has presented further obstacles to progress, with social distancing making treatment more difficult.<sup>69</sup> Continuity of funding is of particular concern in light of COVID-19, which may severely impact contributions from Member States and the private sector.<sup>70</sup> As UNAIDS looks to update its strategies beyond 2021, the shortcomings of the last 5 years and the new challenges created by the COVID-19 pandemic indicate the need for bold steps in the coming years in order to meet its 2030 goals.<sup>71</sup> It has been highlighted that addressing all forms of anti-HIV discrimination, including punitive legal treatment and negative attitudes towards people living with HIV, must be a primary focus within UNAIDS strategies going forward.<sup>72</sup> In terms of prevention, UNAIDS has highlighted the need to reduce new infections among key populations such as infants and young women, which have seen progress towards targets slow in recent years.<sup>73</sup>

The most recent in-person PCB meeting was held on 10-12 December 2019, during which the board discussed thematic topics including HIV prevention, funding community-led responses, and reducing HIV-associated stigmas and discrimination.<sup>74</sup> Following the outbreak of the COVID-19 pandemic, the board decided to hold its June session virtually, in lieu of a formal meeting.<sup>75</sup> Due to restrictions imposed by the digital format, the thematic discussions on Data Leveraging and Cervical Cancer among Women with HIV were postponed until the 47<sup>th</sup> PCB meeting, to be held in December 2020.<sup>76</sup> Instead, the meeting focused on decision-making for the development of the UNAIDS strategy beyond 2021, including determining whether to hold a special session to adopt the new strategy in 2021.<sup>77</sup>

### **Conclusion**

UNAIDS is a steadfast advocate for those living with HIV/AIDS and in supporting the achievement of all SDGs, given their interrelation.<sup>78</sup> UNAIDS' structure leverages the expertise of 11 other UN bodies and uniquely positions the body to provide a coordinated approach to ending the AIDS epidemic and providing quality care for those living with HIV/AIDS.<sup>79</sup> As we approach the end of the current UNAIDS strategy timeframe, the organization must assess the successes and failures of the last 5 years in order to find the bold steps forward that will be needed to meet the goal of eliminating new HIV infections by 2030.<sup>80</sup>

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*The UNAIDS Governance Handbook details the roles, functions, and mandate of the agency. This resource provides greater depth to the scope of UNAIDS and how it determines and implements programs. More specifically, it includes UNAIDS founding*

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<sup>68</sup> UNAIDS, *Evidence Review: Implementation of the UNAIDS 2016-2021 Strategy*, p. 2.

<sup>69</sup> UNAIDS, *Global AIDS Update 2020: Seizing the Moment*, pp. 114-116.

<sup>70</sup> UNAIDS, *Evidence Review: Implementation of the UNAIDS 2016-2021 Strategy*, p. 92.

<sup>71</sup> *Ibid.*, pp. 2-3.

<sup>72</sup> *Ibid.*, pp. 71-78.

<sup>73</sup> UNAIDS, *Global AIDS Update 2020: Seizing the Moment*.

<sup>74</sup> UNAIDS, *45th Meeting of the UNAIDS Programme Coordinating Board, 10-12 December 2019: Decisions*, 2019.

<sup>75</sup> UNAIDS, *46th Meeting of the UNAIDS Programme Coordinating Board, 23-25 June 2020: Decisions*, 2020.

<sup>76</sup> *Ibid.*

<sup>77</sup> *Ibid.*

<sup>78</sup> UN General Assembly, *Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight Against HIV and Ending the AIDS Epidemic by 2030 (A/RES/70/266)*, 2016, p. 25.

<sup>79</sup> UNAIDS, *AIDS and the Sustainable Development Agenda: Interdependent and Inextricably Linked*, 2016.

<sup>80</sup> UNAIDS, *Global AIDS Update 2020: Seizing the Moment*.

*resolutions and the UN declaration on AIDS, in addition to detailing the roles and functions of the Programme Coordinating Board and Committee of Cosponsoring Organizations. The Governance Handbook clearly explains the role of UNAIDS on both a global and country level, which will ensure that delegates propose appropriate policy proposals within UNAIDS' mandate.*

Joint United Nations Programme on HIV/AIDS. (2015). *2016-2021 Strategy: On the Fast-Track to end AIDS*. Retrieved 19 August 2020 from:

[http://www.unaids.org/sites/default/files/media\\_asset/20151027\\_UNAIDS\\_PCB37\\_15\\_18\\_EN\\_rev1.pdf](http://www.unaids.org/sites/default/files/media_asset/20151027_UNAIDS_PCB37_15_18_EN_rev1.pdf)

*The 2016-2021 Strategy introduces the strategic priorities and functions of a Fast-Track response to AIDS over the course of five years and provides an update to UNAIDS' unfinished agenda. The Strategy has ten targets to be met by 2021 that will contribute to ending the AIDS epidemic by 2030. In addition, the Strategy outlines eight result areas connected to SDGs 3, 5, 10, 16, and 17, highlighting the interdependence between AIDS and the SDGs. Included in this document is an overview of the development of this strategy, core actions for the global response to reinforce global partnership, and UNAIDS plans towards achieving goals outlined by the Strategy. In order to ensure that new policy proposals follow the already established Strategy, delegates must have a strong understanding of what UNAIDS has committed to and the steps it has already taken to achieve these targets.*

United Nations, General Assembly, Seventieth session. (2016). *Political Declaration on HIV and AIDS: On the Fast-Track to Accelerate the Fight against HIV and to End the AIDS Epidemic by 2030 (A/RES/70/266)*. Retrieved 19 August 2020 from: <http://undocs.org/A/RES/70/266>

*The 2016 Political Declaration formally adopts the targets and goals aimed to accelerate the fight towards ending the AIDS epidemic. The 2016 Political Declaration serves as an additional guiding document by clearly outlining previous achievements and highlighting areas for improvement, such as increasing access to HIV services for women. In order to ensure that future policy proposals incorporate and build upon the commitments already made by Member States, delegates will need to have a clear understanding of existing decisions and strategies formulated by UNAIDS.*

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[http://www.unaids.org/sites/default/files/media\\_asset/20151027\\_UNAIDS\\_PCB37\\_15\\_18\\_EN\\_rev1.pdf](http://www.unaids.org/sites/default/files/media_asset/20151027_UNAIDS_PCB37_15_18_EN_rev1.pdf)

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## I. Addressing the HIV/AIDS Epidemic Among Young Women

*“Violence against women and girls is both a consequence of and cause of HIV.”<sup>81</sup>*

### **Introduction**

In 2019, 38 million people were living with human immunodeficiency virus (HIV) globally with HIV infections among young women being 60% higher than among young men.<sup>82</sup> HIV affects the immune system’s capacity of fighting infections or diseases, potentially leading to acquired immune deficiency syndrome (AIDS).<sup>83</sup> AIDS can be developed if an HIV infection is not detected and treated.<sup>84</sup>

The Joint United Nations Programme on HIV/AIDS (UNAIDS) reported that globally 35% of women have undergone physical and/or sexual violence at some point in their lives.<sup>85</sup> Women who have experienced such violence are 1.5 times more likely to contract HIV than women who have not, because forced or violent sex can cause vaginal abrasions and cuts, making it easier for the HIV virus to enter their bloodstream.<sup>86</sup>

Living with HIV/AIDS is particularly challenging for women because of gender inequality.<sup>87</sup> Gender inequality impacts women’s access to health services, education, and employment opportunities.<sup>88</sup> In many cases, young girls are forced out of school and into marriage and intimate sexual relations.<sup>89</sup> Young girls and women are often the main care-givers to their families so their economic opportunities and independence can be limited.<sup>90</sup> The United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) reports an increase in gender-based violence against women since the outbreak of the COVID-19 pandemic, which increases the likelihood of sexual abuse and economic independence of women and girls.<sup>91</sup> The unequal socioeconomic status of women affects their ability to prevent or mitigate the effects of HIV, making them more vulnerable to falling into and remaining in poverty.<sup>92</sup> Women’s economic empowerment and education can reduce the economic burden of poverty and decrease their HIV vulnerability.<sup>93</sup> UNAIDS places emphasis on gender disparities by focusing on behavioral, biological, and structural factors that put adolescent girls and young women at a higher risk of being infected.<sup>94</sup>

The lack of sexual education, stigma surrounding sex, sexual violence, and exploitation are considered structural factors that contribute to the HIV/AIDS epidemic.<sup>95</sup> Behavioral factors that contribute to the epidemic include individual choices made by young women in their interactions with sexual partners, such as whether to use condoms.<sup>96</sup> Similarly, low risk perception of activities like transactional sex and early sexual debut can lead to limited access to information on how to protect themselves from HIV/AIDS.<sup>97</sup> Among the biological factors that increase young women’s susceptibility to HIV is the ability of HIV to pass through the cells of the vaginal lining, compared to the smaller surface area of the male sexual

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<sup>81</sup> UNAIDS, *Women and HIV: A Spotlight on Adolescent Girls and Young Women*, 2019, p. 7.

<sup>82</sup> UNAIDS, *Global HIV & AIDS Statistics — 2020 Fact Sheet*, 2020; GFO, *Technical Brief: Adolescent Girls and Young Women in High-HIV Burden Settings*, 2020, p. 3.

<sup>83</sup> WHO, *HIV/AIDS*, 2017.

<sup>84</sup> *Ibid.*

<sup>85</sup> UNAIDS, *Global HIV & AIDS Statistics — 2020 Fact Sheet*, 2020.

<sup>86</sup> UNAIDS, *Fact Sheet. Women, Girls, Gender Equality and HIV*, p. 1.

<sup>87</sup> *Ibid.*

<sup>88</sup> UN-Women, *Facts and Figures: HIV and AIDS*, 2018.

<sup>89</sup> UN-Women, *Violence against Women and Girls: The Shadow Pandemic*, 2020.

<sup>90</sup> UNAIDS, *AIDS and the Sustainable Development Goals*, 2020.

<sup>91</sup> UN-Women, *Violence against Women and Girls: The Shadow Pandemic*, 2020.

<sup>92</sup> UNAIDS, *AIDS and the Sustainable Development Goals*, 2020.

<sup>93</sup> *Ibid.*

<sup>94</sup> UNAIDS, *HIV Prevention Among Adolescent Girls and Young Women*, 2016, p. 12.

<sup>95</sup> UN-Women, *Facts and Figures: HIV and AIDS*, 2018.

<sup>96</sup> UNAIDS, *HIV Prevention Among Adolescent Girls and Young Women*, 2016, p. 12.

<sup>97</sup> *Ibid.*, pp. 13-14.

organ.<sup>98</sup> Comprehensive information on behavioral, biological, and structural factors that put women at a higher risk of contracting HIV allows UNAIDS to guide Member States through designing, delivering, and measuring stages of their HIV/AIDS response programs.<sup>99</sup>

### ***International and Regional Framework***

Article 25 of the *Universal Declaration of Human Rights* (UDHR), adopted in 1948 by General Assembly resolution 217A, recognizes the equal rights of women and men, including when accessing medical care and assistance for those living with a disease or sickness.<sup>100</sup> Equal access to human rights lowers stigma and related discrimination for young women living with or at risk of HIV/AIDS because it grants equal access to information, care systems, support, and medical treatment.<sup>101</sup>

Article 12 of the *International Covenant on Civil and Political Rights*, adopted by General Assembly resolution 2200 (XXI) in 1966, guarantees the right for everyone to have access to prevention, treatment, and control of diseases as well as to all medical services necessary.<sup>102</sup> In 2006, the *Political Declaration on HIV/AIDS* was adopted by General Assembly resolution 60/262 which expresses concern over girls' and women's vulnerability to HIV and recognizes the principle of greater involvement of people living with HIV (GIPA) as part of a comprehensive response to the HIV/AIDS epidemic.<sup>103</sup> Similarly, the *Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS* adopted by General Assembly resolution 65/277 in 2011 recognizes the need to strengthen women's and young girls' ability to protect against HIV infection and to provide them with full access to information and education, free of violence and discrimination.<sup>104</sup>

The *Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight Against HIV and to Ending the AIDS Epidemic by 2030* was adopted by General Assembly resolution 70/266 in 2016.<sup>105</sup> It emphasizes that investing in efforts to meet a wide range of Sustainable Development Goals (SDGs) will strengthen the global response to the HIV/AIDS epidemic.<sup>106</sup> SDG 3 (good health and well-being) aims at ensuring people a healthy life and well-being at all ages, while target 3.3 aims to end the epidemics of AIDS and other communicable diseases.<sup>107</sup> SDG 3 upholds that universal health coverage contributes to health equity because it broadens access to sexual and reproductive health services for women.<sup>108</sup> SDG 5 (gender equality and women's empowerment) focuses on the achievement of gender equality and tackles the importance of eradicating violence against women in all its forms in order to address the HIV/AIDS epidemic.<sup>109</sup>

The World Health Organization (WHO) Regional Office for Africa works under the *HIV/AIDS Framework for Action in the WHO African Region: 2016 – 2020*.<sup>110</sup> This framework comes as a result of joint work between the African Union and WHO in order to address the high number of HIV infections among young women in sub-Saharan Africa.<sup>111</sup> Globally, 62% of all adolescents acquiring HIV infections are girls;

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<sup>98</sup> Ibid., pp. 15-16.

<sup>99</sup> Ibid., p. 6.

<sup>100</sup> UN General Assembly, *Universal Declaration of Human Rights (A/RES/217A (III))*, 1948.

<sup>101</sup> UNAIDS & OHCHR, *Handbook on HIV and Human Rights for National Human Rights Institutions*, 2007, p. 3.

<sup>102</sup> UN General Assembly, *International Covenant on Civil and Political Rights (A/RES/2200 (XXI))*, 1966.

<sup>103</sup> UN General Assembly, *Political Declaration on HIV/AIDS (A/RES/60/262)*, 2006.

<sup>104</sup> UN General Assembly, *Political Declaration on HIV/AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS (A/RES/65/277)*, 2011, p. 8.

<sup>105</sup> UN General Assembly, *Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight Against HIV and to Ending the AIDS Epidemic by 2030 (A/RES/70/266)*, 2016, p. 11.

<sup>106</sup> UN General Assembly, *Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight Against HIV and to Ending the AIDS Epidemic by 2030 (A/RES/70/266)*, 2016, p. 11.

<sup>107</sup> UN DESA, *Sustainable Development Goals*, 2019.

<sup>108</sup> Ibid.

<sup>109</sup> Ibid.

<sup>110</sup> WHO, *HIV/AIDS Framework for Action in the WHO African Region: 2016 – 2020*, 2016.

<sup>111</sup> UNAIDS, *HIV Prevention Among Adolescent Girls and Young Women*, 2016, p. 4.

however, in sub-Saharan African 71% of adolescents who acquire an HIV infection are girls.<sup>112</sup> In this regard, this framework recognizes gender-based and sexual violence as areas where priority intervention must take place in order to prevent HIV among young women.<sup>113</sup>

### **Role of the International System**

UNAIDS works towards its 90-90-90 treatment target, which aims to have 90% of all people living with HIV in clear awareness of their HIV status by 2020.<sup>114</sup> Additionally, it aims to ensure that 90% of people living with HIV will receive sustained antiretroviral therapy, and that 90% of those receiving treatment will have viral suppression.<sup>115</sup> UNAIDS' second target vows to have zero new HIV infections among children and to keep their mothers alive and well.<sup>116</sup> The United Nations Children's Fund (UNICEF) provides counseling, testing, and medication to pregnant women to end mother-to-child-transmission of HIV.<sup>117</sup> UNICEF also works on preventing adolescent HIV infections by providing self-testing and pre-exposure medication to adolescent girls and young women.<sup>118</sup> Similarly, UN-Women works with UNAIDS to actively protect women's rights through the creation of new initiatives against violence, HIV stigma, and injustice.<sup>119</sup>

The Secretary-General reported in April 2020 that continued schooling for young females can significantly reduce the number of HIV infections and can contribute to reducing the risk of being infected.<sup>120</sup> Also, the Secretary-General observed that women and girls are disproportionately affected by the HIV epidemic than men and boys due to gender inequality and the limited, unequal access to sexuality education and health services.<sup>121</sup>

The International Labour Organization (ILO) addresses HIV among women in the workplace, providing information, promoting voluntary HIV-testing campaigns, and facilitating access to treatment.<sup>122</sup> In 2010, ILO Member States adopted the *Recommendation Concerning HIV and AIDS and the World of Work (No. 200)*.<sup>123</sup> This was the first international labor standard on HIV/AIDS and led to the VCT@WORK initiative which was launched in 2013 with UNAIDS support.<sup>124</sup> The ILO also elaborated the brief, *Addressing Stigma and Discrimination in the COVID-19 Response*, in which it focuses on the lessons learnt from the HIV epidemic that can be transferred to addressing to the COVID-19 pandemic.<sup>125</sup> For example the meaningful engagement of people living with HIV in their communities and decisions regarding their own health.<sup>126</sup>

The Global Commission on HIV and the Law works on the impact law has on the discrimination against people living with HIV and ways how law can contribute to protecting people at risk of being infected or living with HIV.<sup>127</sup> The Global Commission offers resources for Regional Dialogues on the connection

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<sup>112</sup> UNAIDS, *UNAIDS Strategy 2016-2021: On the Fast-Track to end AIDS*, 2016, p. 30.

<sup>113</sup> WHO, *HIV/AIDS Framework for Action in the WHO African Region 2016–2020*, 2016, p. 7.

<sup>114</sup> UNAIDS, *UNAIDS Strategy 2016-2021: On the Fast-Track to end AIDS*, 2016, p. 7.

<sup>115</sup> *Ibid.*

<sup>116</sup> *Ibid.*, p. 10.

<sup>117</sup> UNICEF, *Women at the Heart of the HIV Response for Children*, 2018, p. 18; UNICEF, *For Every Child, end AIDS: An Investment Opportunity for the Private Sector*, 2019, p. 4.

<sup>118</sup> UNICEF, *For Every Child, end AIDS: An Investment Opportunity for the Private Sector*, 2019, p. 7.

<sup>119</sup> UN-Women, *UN-Women Gender Equality and HIV/AIDS Web Portal*, 2016.

<sup>120</sup> UN General Assembly, *Addressing Inequality and Preparing the next Phase of the AIDS Response, Report of the Secretary-General (A/74/778)*, 2020, pp. 3, 5.

<sup>121</sup> *Ibid.*

<sup>122</sup> UNAIDS, *UNAIDS Cosponsor: International Labour Organization*, 2015, pp. 2-3.

<sup>123</sup> *Ibid.*

<sup>124</sup> ILO, *VCT@WORK: Voluntary, Confidential HIV Counseling and Testing for Workers*, 2019.

<sup>125</sup> ILO, *Addressing Stigma and Discrimination in the COVID-19 Response: Key Lessons from the Response to HIV and AIDS*, 2020.

<sup>126</sup> *Ibid.*

<sup>127</sup> Global Commission on HIV and the Law, *Risks, Rights and Health*, 2012.

between HIV and the law and runs a variety of programs and projects in the different regions, for example the program Challenging Stigma and Discrimination in the Caribbean.<sup>128</sup>

Civil society in part contributes to UNAIDS' work at the community level by providing support or calling for reform in governmental programs at a local level.<sup>129</sup> For example, the Global Coalition on Women and AIDS (GCWA) brings together civil society groups working on HIV and women's rights-related matters.<sup>130</sup> GCWA works with the UNAIDS Secretariat in monitoring and revising AIDS policies, programs, and resource allocation.<sup>131</sup> Similarly, the International Community of Women Living with HIV (ICW) focuses on the expanding rights for women living with HIV, especially, on the issues of violence and discrimination.<sup>132</sup>

The Global Fund Organization (GFO) raises and invests money to fight preventable and treatable diseases at the national level.<sup>133</sup> Its financial mechanism works through the transfer and investment of donors' money directly into Member States.<sup>134</sup> Under this modality, each Member State tailors its AIDS response based on their cultural, epidemiological, and political context.<sup>135</sup> Member States have the support of partners including WHO, UNAIDS, UNICEF, and the World Bank during the planning and implementation stages of their own programs.<sup>136</sup>

### **Sexuality Education and Violence**

Sexuality education is defined as “an age-appropriate, culturally relevant approach to teaching about sex and relationships by providing scientifically accurate, realistic, and non-judgmental information.”<sup>137</sup> Sexual violence against young women can take place in the contexts of intimate partnerships, family, and community structures.<sup>138</sup> Since the outbreak of COVID-19, an increase in domestic, gender-based violence has been reported as many women and girls live under lockdown conditions and have to stay at home.<sup>139</sup>

Young women need to be able to recognize sexual abuse and harassment from a young age in order to describe and report abuse, or seek help.<sup>140</sup> As such, the United Nations Educational, Scientific and Cultural Organization (UNESCO) published the *International Technical Guidance on Sexuality Education (ITGS)* in 2018.<sup>141</sup> This document delivers concepts, topics, and learning objectives that can be locally-adapted in order to develop Comprehensive Sexuality Education (CSE) curricula.<sup>142</sup> CSE is a “curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality.”<sup>143</sup> CSE promotes awareness of the risk of HIV infection, testing, and treatment among the young which improves youth's knowledge of HIV and develops their skills to make educated sexual health choices.<sup>144</sup>

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<sup>128</sup> Ibid.

<sup>129</sup> UNAIDS, *Implementation of the HIV Prevention 2020 Road Map*, 2018, p. 13.

<sup>130</sup> GCWA, *About GCWA*, 2019.

<sup>131</sup> Ibid.

<sup>132</sup> ICW, *Background*, 2019.

<sup>133</sup> GFO, *Global Fund Overview*, 2019.

<sup>134</sup> WHO, *The Global Fund Expands its Role*, 2007.

<sup>135</sup> GFO, *Global Fund Overview*, 2019.

<sup>136</sup> WHO, *The Global Fund Expands its Role*, 2007.

<sup>137</sup> UNAIDS, *UNAIDS Terminology Guidelines*, 2015, p. 17.

<sup>138</sup> WHO, *Sexual Violence*, 2020.

<sup>139</sup> UN-Women, *COVID-19 and Ending Violence Against Women and Girls*, 2020; UNDGC, *UN Supporting 'Trapped' Domestic Violence Victims During COVID-19 Pandemic*, 2020.

<sup>140</sup> UNAIDS, *International Technical Guidance on Sexuality Education*, 2018, p. 56.

<sup>141</sup> Ibid., p. 15.

<sup>142</sup> Ibid.

<sup>143</sup> UNAIDS, *Youth and HIV — Mainstreaming a Three-Lens Approach to Youth Participation*, 2018, p. 9.

<sup>144</sup> UNESCO, *UNESCO Strategy on Education for Health and Well-Being: Contributing to the Sustainable Development Goals*, 2016.



The COVID-19 pandemic limits the access to sexuality education for girls and young women due to school closures and the challenges in providing remote learning.<sup>145</sup> UNESCO has started the campaign “Comprehensive Sexuality Education: A Foundation for Life and Love” in which young females, women, and families from different Member States engage via videos, photos, and exhibitions online and exchange about sex, relationships, and other related topics.<sup>146</sup> As many people around the world do not have access to digital technology, UNESCO has also started a variety of workshops to promote the use of television and radio for educational programs.<sup>147</sup>

The implementation of CSE has shown that such curriculum-based programs increase the use of condoms and contraception and support young women in acquiring knowledge about the risks of HIV.<sup>148</sup> Nevertheless, there is a lack of harmony among legal and policy environments for the implementation and adoption of regional instruments of CSE curricula.<sup>149</sup> Also, there is a lack of access to information and communication technology, for example due to the high costs, which can limit young women’s ability to acquire information regarding CSE.<sup>150</sup>

### ***HIV/AIDS Stigma and Discrimination***

HIV-related stigma and discrimination refers to prejudice, negative attitudes, and abuse directed at people living with HIV/AIDS.<sup>151</sup> Discrimination against individuals living with HIV/AIDS constitute a human rights violation because it impacts their life at the workplace, access to social security, housing, and education.<sup>152</sup> For instance, people living with HIV (PLHIV) are sometimes denied access to health care services or must endure medical procedures without their consent.<sup>153</sup> Since the outbreak of COVID-19, UNAIDS reports an increase in discrimination and harassment against PLHIV as people fear transmission or have inaccurate information about HIV and its transmission.<sup>154</sup> The HIV-related stigma can also prevent people from accessing testing and seeking medical treatment.<sup>155</sup> UNAIDS has published the guide “Rights in the Time of COVID-19: Lessons from HIV for an Effective, Community-led Response” which calls on Member States to address women’s rights and the rights of people living with a disease such as HIV in community-led responses to COVID-19 and to HIV.<sup>156</sup> The guide specifically encourages Member States to include more vulnerable communities like PLHIV in discussions and decision-making processes regarding medical supplies and health services.<sup>157</sup> For instance, community support and mentoring programs support women to take an HIV-test or to use contraception.<sup>158</sup> The example of the Networking HIV and AIDS Community of South Africa shows that community-led programs build trust, reduce stigma, and support women in using health services on a more regular basis.<sup>159</sup> UNICEF believes that following the principle of GIPA will empower women and girls and that they will build solidarity among each other so that the HIV/AIDS epidemic can be ended.<sup>160</sup>

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<sup>145</sup> UNESCO, *Adverse Consequences of School Closures*, 2019.

<sup>146</sup> UNESCO, *Comprehensive Sexuality Education: A Foundation for Life and Love Campaign*, 2019.

<sup>147</sup> UNESCO, *Setting Educational Radios and Televisions – Virtual Knowledge-Sharing Platforms*, 2019.

<sup>148</sup> UNAIDS, *International Technical Guidance on Sexuality Education*, 2018, p. 28.

<sup>149</sup> UNESCO, *Why Adolescents and Young People Need Comprehensive Sexuality Education and Sexual and Reproductive Health Services in Eastern and Southern Africa*, 2013, p. 23.

<sup>150</sup> UNESCO, *Education Response to COVID-19: Virtual Knowledge-Sharing Workshop on Distance Education Programmes Using Radio and Television*, 2020.

<sup>151</sup> AVERT, *HIV Stigma and Discrimination*, 2019.

<sup>152</sup> UNAIDS, *The Gap Report*, 2014, pp. 123-124.

<sup>153</sup> UNAIDS, *Seizing the Moment: Tackling Entrenched Inequalities to end Pandemics*, 2020, p. 24.

<sup>154</sup> Ibid., p. 20; Avert, *HIV Stigma and Discrimination*, 2019.

<sup>155</sup> Mahajan et al., *Stigma in the HIV/AIDS Epidemic: A Review of the Literature and Recommendations for the Way Forward*, 2008, p. 8.

<sup>156</sup> UNAIDS, *Rights in the Time of COVID-19. Lessons from HIV for an Effective, Community-led Response*, 2020.

<sup>157</sup> Ibid., p. 6.

<sup>158</sup> UNAIDS, *Power to the People*, 2019, p. 9.

<sup>159</sup> Ibid., p. 24.

<sup>160</sup> UN, *Empowering People Living with HIV ‘will end the epidemic’, says AIDS Agency Chief*, 2019.

UNAIDS called on Member States to implement the *Agenda for Zero Discrimination in Health-Care Settings*.<sup>161</sup> This agenda provides guidelines to train health-care providers on issues related to human rights, nondiscrimination, free and informed consent, confidentiality, and privacy.<sup>162</sup> Knowledge and capacity of health care providers plays a role in effective medical care of HIV positive women and reducing the stigma and discrimination among their peers and communities.<sup>163</sup>

### **Conclusion**

The HIV/AIDS epidemic response encompasses a wide range of fields, such as cultural and economic burdens surrounding those living with or at risk of being HIV positive.<sup>164</sup> The increasing challenges to addressing the HIV/AIDS epidemic among young women and girls revolve around development trends, legal and policy frameworks, gender and economic equality, education, and the COVID-19 pandemic where young women are at higher risk of contracting HIV.<sup>165</sup> UNAIDS is working to expand HIV prevention services, medical care, community-led programs and comprehensive sexuality education for young women through partnerships with its co-sponsors, civil society, and Member States in order to eradicate HIV/AIDS stigma and discrimination.<sup>166</sup>

### **Further Research**

When planning for the implementation of the HIV/AIDS fast-track target goals, delegates should consider questions such as: How can women empowerment impact HIV/AIDS eradication by 2030? How to address structural factors that increase young women's risk of HIV infection on a global scale? How can countries involve young women living with HIV in responding to the COVID-19 pandemic? What kind of national-level policy reform can be made in order to address HIV/AIDS stigma and discrimination? How can policies addressing sexual violence against young women while responding to the HIV/AIDS epidemic be enforced?

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*This document gathers information in the form of charts, maps, and tables that allows the reader to review data on demographics and population, and public policy outcomes. Delegates will find the number of HIV infections affecting young women and girls, with insights of geographic areas where the epidemic is most prevalent. It discusses policy implementation concerning HIV/AIDS prevention in both health and educational settings. Furthermore, it provides detailed explanations of the structural, biological, and behavioral factors surrounding women and girls that increase their exposure to HIV. Delegates will find this source useful as it discusses how structural poverty and social stigma concerning sexual activity make young women especially vulnerable.*

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*This publication is of central importance to the topic. The Terminology Guidelines not only provide basic medical background and facts about HIV and AIDS, but they are one of the*

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<sup>161</sup> UNAIDS, *Zero Discrimination in Health-Care Settings*, 2017, p. 6.

<sup>162</sup> *Ibid.*, p. 9.

<sup>163</sup> UNICEF, *All-in to End the Adolescent AIDS Epidemic*, 2016, pp. 31, 51.

<sup>164</sup> UNAIDS, *UNAIDS Strategy 2016 – 2021: On the Fast-Track to end AIDS*, 2016, pp. 10-11.

<sup>165</sup> *Ibid.*, p. 24.

<sup>166</sup> UNAIDS, *HIV Prevention Among Adolescent Girls and Young Women*, 2016, p. 4

*most comprehensive collections of HIV/AIDS-sensitive terminology. Reading the publication and coming back to it frequently will provide guidance for delegates when researching the topic, writing their position papers, and when arguing their position at the conference.*

Joint United Nations Programme on HIV/AIDS. (2016). *UNAIDS Strategy 2016 – 2021: On the Fast-Track to end AIDS*. Retrieved 22 August 2020 from:

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*On the Fast-Track to end AIDS is the current UNAIDS strategy to end the HIV/AIDS epidemic. The strategy explains all 10 goals in detail and emphasizes the links between the SDGs and the Fast-Track goals. Equally, the possibilities of combining measures taken to achieve the SDGs and measures taken to end the HIV/AIDS epidemic are outlined. The strategy is crucial for delegates to understand the current focus of the committee as well as the framework in which it currently operates.*

Joint United Nations Programme on HIV/AIDS. (2020). *Rights in the time of COVID-19. Lessons from HIV for an Effective, Community-led Response*. Retrieved 18 July 2020 from:

[https://www.unaids.org/sites/default/files/media\\_asset/human-rights-and-covid-19\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/human-rights-and-covid-19_en.pdf)

*This document summarizes the main lessons learnt from responding to the HIV epidemic and shows how these lessons can be applied to the COVID-19 pandemic. It highlights that meaningful community engagement and empowerment, not only of people living with HIV, will contribute to effectively responding to the COVID-19 pandemic. The chapter on Human rights in the context of an epidemic—what does this mean in reality? shows how communities and individuals can be prioritized and equality, stigma, and discrimination can be tackled in the context of a pandemic. Especially for delegates, the document provides a comprehensive overview of the key elements for responding to the COVID-19 pandemic and the HIV epidemic.*

Joint United Nations Programme on HIV/AIDS. (2020). *Seizing the Moment: Tackling Entrenched Inequalities to end Epidemics*. Retrieved 16 August 2020 from:

[https://www.unaids.org/sites/default/files/media\\_asset/2020\\_global-aids-report\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/2020_global-aids-report_en.pdf)

*This report is the most recent report by UNAIDS on the impact of COVID-19 on the HIV epidemic and the links between them. After introducing the most recent statistics and developments regarding the HIV epidemic, the chapter on synergies between pandemic responses highlights which aspects of the work carried out to address the HIV epidemic can be transferred to the COVID-19 pandemic. Chapter 4, securing rights, and chapter 5, sustainable, people-centred approach, are central to the report since they show the most recent survey results and concrete cases from different Member States. Concrete recommendations and solutions are also part of those chapters, for example on comprehensive sexuality education. The sixth chapter on region profiles can be a very useful source of information for delegates as it contains up-to-date statistics on all parts of the world, e.g. on how a Member State performs in relation to the 90-90-90 goal.*

United Nations, Economic and Social Council, Sixtieth session. (2016). *Women, the Girl Child and HIV and AIDS: Report of the Secretary-General (E/CN.6/2016/9)*. Retrieved 23 August 2020 from:

<https://undocs.org/E/CN.6/2016/9>

*This report was prepared by the Secretary General to identify good practices in addressing HIV/AIDS among young women and girls. A part of the normative framework, it briefly discusses the Political Declaration on HIV and AIDS: Intensifying our Efforts to Eliminate HIV and AIDS. This document places emphasis on the role of young women and girls in decision-making and the need to track their impact on national HIV responses. Finally, the report lays out key points where further work is required: equality in addressing HIV, legal and policy frameworks to support HIV prevention and mitigation, and educational approaches to reduce stigma surrounding HIV/AIDS. This report provides delegates with an overview of actions taken by Member States, civil society, and other UN bodies such as UN-Women, UNICEF, and WHO within the past 15 years.*

United Nations, General Assembly, Seventieth session. (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 (A/RES/70/266)*. Retrieved 22 September 2020 from: <https://undocs.org/A/RES/70/266>

*This political declaration is key to understanding the importance of the role of Member States political will in order to keep momentum for the HIV/AIDS response. This declaration emphasizes fast-track targets to achieve by 2020 such as: reducing the number of new HIV infections among young women aged 15 to 24 each year to below 100,000 by 2020, and lower HIV-related stigma and discrimination. This is a useful source for delegates to consult because it provides an in-depth overview of the impact of SDG fulfillment and HIV/AIDS response for young women in health, workplace, and educational settings who may face limited access to sexual and reproductive health-care services.*

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## II. Preventing Tuberculosis Infection among People Living with HIV

*“TB should be a disease of the past. It has been treatable and preventable for decades. Years of neglecting the rights of the world’s poor to basic health care, food and shelter have let TB take hold and allowed resistance to build. People living with HIV are especially at risk. [...] we have to act now—it’s time to end TB and AIDS.”<sup>167</sup>*

### **Introduction**

Although Tuberculosis (TB) is preventable and curable, it is one of the top ten causes of death worldwide and remains the leading cause of death among people living with HIV.<sup>168</sup> TB is an infectious disease that most often affects the lungs.<sup>169</sup> About 1.7 billion people worldwide have latent TB, which means they have been infected by TB bacteria but stay asymptomatic and cannot transmit the disease.<sup>170</sup> Only a small proportion (5-15%) of those infected are unable to kill or contain the TB bacteria and will become sick with active TB.<sup>171</sup> Common symptoms of active TB include cough, fever, chest pains, night sweats, weakness, or weight loss.<sup>172</sup>

HIV is the highest risk factor for latent TB progressing to active TB, as HIV significantly weakens the immune system to a degree which makes it 20 to 30 times more susceptible to TB.<sup>173</sup> If people living with HIV develop TB, it is referred to as HIV-associated TB.<sup>174</sup> As both accelerate the other’s progress, the combination becomes rapidly fatal if untreated.<sup>175</sup> Approximately 300,000 people died from HIV-associated TB in 2017 alone, which makes this co-occurrence account for more than one-third of HIV-related deaths.<sup>176</sup>

UNAIDS and its partners have contributed to a decrease in TB-related deaths among people living with HIV from 600,000 in 2005 to 300,000 in 2017.<sup>177</sup> Additionally, the number of people living with HIV undergoing preventive therapy increased from 26,000 in 2005 to nearly one million in 2017.<sup>178</sup> Preventive therapy consists of the regular intake of drugs which avert the progression of latent to active TB.<sup>179</sup> Depending on the medication, it requires a daily or weekly regimen over a period of 3 to 36 months.<sup>180</sup> The increasing occurrence of drug-resistant TB, which is resistant to one or several anti-TB drugs, threatens this progress.<sup>181</sup>

Currently, most countries are not on track to end these diseases by 2030.<sup>182</sup> The 2020 Global AIDS Update stated that due to unequal success rates in meeting its goals of proving more adequate treatments, the target set at 2020 was not met.<sup>183</sup> It also states that the COVID-19 epidemic risks losing

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<sup>167</sup> UNAIDS Reports Mixed Progress Towards Reaching the 2020 Target of Reducing TB Deaths Among People Living with HIV by 75%, UNAIDS, 2019.

<sup>168</sup> WHO, *Tuberculosis: Key Facts*, 2018.

<sup>169</sup> Ibid.

<sup>170</sup> *An Opportunity to end two of the World’s Deadliest Infectious Diseases: TB and HIV*, UNAIDS, 2018.

<sup>171</sup> WHO, *Tuberculosis: Key Facts*, 2018.

<sup>172</sup> Ibid.

<sup>173</sup> Ibid.

<sup>174</sup> UNAIDS, *UNAIDS Terminology Guidelines*, 2015, p. 48.

<sup>175</sup> *An Opportunity to end two of the World’s Deadliest Infectious Diseases: TB and HIV*, UNAIDS, 2018.

<sup>176</sup> UNAIDS, *Tuberculosis and HIV*, 2019; WHO, *HIV-Associated Tuberculosis*, 2018, p. 1.

<sup>177</sup> *TB-related Deaths Among People Living with HIV Falling, but not by Enough*, UNAIDS, 2019.

<sup>178</sup> WHO, *HIV-Associated Tuberculosis*, 2018, p. 1.

<sup>179</sup> *New Study is a Breakthrough for Preventing Tuberculosis in People Living with HIV*, Unitaid, 2019.

<sup>180</sup> Ibid.

<sup>181</sup> *MDR-TB more common in people living with HIV*, UNAIDS, 2008.

<sup>182</sup> *TB-related Deaths among People Living with HIV Falling, but not by Enough*, UNAIDS, 2019.

<sup>183</sup> UNAIDS, *2020 Global AIDS Update — Seizing the moment — Tackling entrenched inequalities to end epidemics*, UNAIDS, 2020.

the progress made if action is not taken quickly.<sup>184</sup> Although HIV-associated TB occurs worldwide, it disproportionately affects populations in sub-Saharan Africa and Southeast Asia.<sup>185</sup>

### ***International and Regional Framework***

The 1948 United Nations (UN) *Universal Declaration of Human Rights* codified the right to health, with Article 25 recognizing the right to “a standard of living adequate for the health and well-being of himself and of his family.”<sup>186</sup> The UN further defined, in Article 12 of the 1966 *International Covenant on Economic, Social and Cultural Rights*, that the realization of the right to health also includes the “prevention, treatment and control of epidemic, endemic, occupational and other diseases.”<sup>187</sup>

The General Assembly has adopted several declarations related to the response to HIV and TB, reflecting the growing awareness for these co-epidemics.<sup>188</sup> The General Assembly *Declaration of Commitment on HIV/AIDS* (2001) stressed the need for access to medication and treatment in the context of pandemics.<sup>189</sup> Subsequently, the General Assembly adopted the *Political Declaration on HIV/AIDS* in 2006, highlighting the need for accelerating joint action on TB and HIV, for a more holistic approach, and for investing in new medical treatments adapted to people with TB-HIV co-infection.<sup>190</sup> The 2011 UN General Assembly *Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS* acknowledged TB to be one of the leading causes of death among people living with HIV and thus called for expanding efforts in response to it by delivering more integrated TB and HIV services.<sup>191</sup>

Following the first World Health Organization (WHO) ministerial conference on “Ending Tuberculosis in the Sustainable Development Era” in 2017, and its adoption of the *Moscow Declaration to End TB*, the General Assembly held its first-ever high-level meeting on TB in 2018.<sup>192</sup> The General Assembly subsequently adopted the *Political Declaration of the High-Level Meeting of the General Assembly on the Fight Against Tuberculosis* (2018), which includes a commitment to ensure that the six million people living with HIV receive preventive treatment for TB by 2022.<sup>193</sup> In response to the increasing challenge posed by drug-resistant forms of TB, the General Assembly previously adopted the *Political Declaration of the High-Level Meeting of the General Assembly on Antimicrobial Resistance* (2016), providing guidance on how to collaboratively address and create awareness for antimicrobial resistance in order to sustain past achievements and secure future progress.<sup>194</sup>

In 2015, the UN adopted the *2030 Agenda for Sustainable Development*, with 17 indivisible and interdependent Sustainable Development Goals (SDGs) providing a strategic framework for global

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<sup>184</sup> Ibid.

<sup>185</sup> *An Opportunity to end two of the World’s Deadliest Infectious Diseases: TB and HIV*, UNAIDS, 2018; UNAIDS, *Ending Tuberculosis and AIDS – a Joint Response in the Era of the Sustainable Development Goals*, 2018, p. 10.

<sup>186</sup> UN General Assembly, *Universal Declaration of Human Rights (A/RES/217 A (III))*, 1948.

<sup>187</sup> UN General Assembly, *International Covenant on Economic, Social and Cultural Rights (A/RES/2200 (XXI))*, 1966.

<sup>188</sup> UN General Assembly, *Declaration of Commitment on HIV/AIDS (A/RES/S-26/2)*, 2001; UN General Assembly, *Political Declaration on HIV/AIDS (A/RES/60/262)*, 2006; UN General Assembly, *Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS (A/RES/65/277)*, 2011; UN General Assembly, *Political Declaration on HIV/AIDS: On the Fast-Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030 (A/RES/70/266)*, 2016; UN General Assembly, *Political Declaration of the High-Level Meeting of the General Assembly on the Fight Against Tuberculosis (A/RES/73/3)*, 2018.

<sup>189</sup> UN General Assembly, *Declaration of Commitment on HIV/AIDS (A/RES/S-26/2)*, 2001.

<sup>190</sup> UN General Assembly, *Political Declaration on HIV/AIDS (A/RES/60/262)*, 2006.

<sup>191</sup> UN General Assembly, *Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS (A/RES/65/277)*, 2011.

<sup>192</sup> WHO, *Moscow Declaration to End TB*, 2017.

<sup>193</sup> UN General Assembly, *Political Declaration of the High-Level Meeting of the General Assembly on the Fight Against Tuberculosis (A/RES/73/3)*, 2018.

<sup>194</sup> Ibid.

collective action.<sup>195</sup> The HIV response touches upon ten out of 17 SDGs.<sup>196</sup> Most prominently, SDG 3 (good health and well-being), specifically calls to end the AIDS and TB epidemics by 2030.<sup>197</sup>

### ***Role of the International System***

UNAIDS identifies key populations, mobilizes and administers international and domestic financial resources, allocates technical assistance to Member States, and ensures that TB and HIV programs collaborate to prevent, detect, and treat HIV and TB.<sup>198</sup> On the national level, UNAIDS offers guidance on how to measure, monitor, and reduce HIV-associated TB.<sup>199</sup> Through its country and regional offices, it provides strategic support to its local counterparts and helps them develop resilient national HIV and HIV/TB programs while identifying implementation barriers and developing strategies on how to overcome them using resources from the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund).<sup>200</sup> It also develops national and global indicators which help monitor and evaluate data on HIV-associated TB from national AIDS programs.<sup>201</sup>

UNAIDS also coordinates efforts among relevant UN agencies, civil society organizations, national governments, the private sector, and further stakeholders.<sup>202</sup> UNAIDS unites the efforts of its 11 co-sponsors in the response to HIV and TB; each co-sponsor can support UNAIDS with policy development, data and information, or technical and implementation assistance.<sup>203</sup> Within UNAIDS, WHO leads activities on HIV-associated TB.<sup>204</sup> Fulfilling this function, and in accordance with its *Global Health Sector Strategy on HIV 2016-2021: Towards Ending AIDS*, WHO provides technical support to countries implementing its *Policy on Collaborative TB/HIV Activities* (2012) together with its *Guide to Monitoring and Evaluation for Collaborative TB/HIV Activities*.<sup>205</sup>

UNAIDS collaborates closely with WHO by participating in WHO's High-Level Meeting on Tuberculosis, providing country data on HIV-associated TB, or engaging in research projects, such as the WHO-UNAIDS HIV Vaccine Initiative.<sup>206</sup> WHO furthermore develops policy guidelines on TB/HIV activities for national programs and provides monitoring and evaluation guidelines for TB/HIV activities.<sup>207</sup> In 2015, WHO established a HIV/TB task force consisting of members of both WHO's Strategic and Technical Advisory Group for Tuberculosis and its Strategic and Technical Advisory Committee for HIV/AIDS to scale-up the response to HIV-associated TB.<sup>208</sup> This taskforce advises WHO on issues such as HIV-associated multi-drug-resistant TB (MDR-TB), multi-sectoral approaches, and integrated TB and HIV services.<sup>209</sup> In order to streamline the efforts by UNAIDS and other actors, WHO has published three high-burden country lists for TB, TB/HIV, and MDR-TB.<sup>210</sup>

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<sup>195</sup> UN General Assembly, *Transforming our World: the 2030 Agenda for Sustainable Development (A/RES/70/1)*, 2015.

<sup>196</sup> UNAIDS, *AIDS and the Sustainable Development Goals*, 2019.

<sup>197</sup> UN General Assembly, *Transforming our World: the 2030 Agenda for Sustainable Development (A/RES/70/1)*, 2015.

<sup>198</sup> UNAIDS, *Tuberculosis*, 2019.

<sup>199</sup> UNAIDS, *Ending Tuberculosis and AIDS – a Joint Response in the Era of the Sustainable Development Goals*, 2018, p. 32.

<sup>200</sup> UNAIDS, *UNAIDS Technical Support: Optimizing Global Fund Grants in Asia and the Pacific 2017–2018*, 2018.

<sup>201</sup> WHO, *Global Tuberculosis Report 2018*, 2018, p. v.

<sup>202</sup> UNAIDS, *Tuberculosis*, 2019.

<sup>203</sup> UNAIDS, *UNAIDS Joint Programme Division of Labour: Guidance Note*, 2018, p. 5.

<sup>204</sup> WHO, *HIV/AIDS: Key Facts*, 2019.

<sup>205</sup> WHO, *Global Health Sector Strategy on HIV 2016-2021: Towards Ending AIDS*, 2016.

<sup>206</sup> UNAIDS, *World Health Organization*, 2019; WHO, *WHO-UNAIDS HIV Vaccine Initiative*, 2019.

<sup>207</sup> WHO, *Policy on Collaborative TB/HIV Activities: Guidelines for National Programmes and Other Stakeholders*, 2012; WHO et al., *A Guide to Monitoring and Evaluation for Collaborative TB/HIV Activities*, 2015.

<sup>208</sup> WHO, *HIV/TB Task Force*, 2019.

<sup>209</sup> Ibid.

<sup>210</sup> WHO, *Global Tuberculosis Report 2018*, 2018, p. 24.

Of the six WHO geographical regions, the WHO African Region accounted for 72% of the global cases of HIV-associated TB in 2017.<sup>211</sup> The AU provides regional leadership and coordinates the development, implementation, and monitoring of programs to prevent TB infection among people living with HIV.<sup>212</sup> In order to strengthen its efforts on the issues, the AU developed, in collaboration with UNAIDS, a *Roadmap on AIDS, TB and Malaria* in 2012.<sup>213</sup>

On the civil society level, UNAIDS has a long-standing collaboration with the Stop TB Partnership and works towards their Global Plan to End TB 2016–2020.<sup>214</sup> The 90-90-90: Treatment for All initiative aims to provide 90% of all people living with HIV specific treatments all with the goal of this happening by the end of 2020.<sup>215</sup> This includes 90% of those infected knowing of their infection, 90% of people affected will receive treatment, and 90% of those being treated will receive viral suppression.<sup>216</sup>

### **Prevention of Multidrug-Resistant HIV-Associated TB**

Drug-resistant TB is a form of TB infection that is resistant to a first-line anti-TB medication.<sup>217</sup> This term refers to antimicrobial drugs which are used first to treat a new TB patient.<sup>218</sup> Rifampin and isoniazid are generally the two most effective antibiotics against TB and will normally form the core of the treatment.<sup>219</sup>

MDR-TB is a form of TB not susceptible to at least two first-line anti-TB drugs.<sup>220</sup> As TB bacteria can develop resistance to medication through genetic changes, a first-line drug may become ineffective.<sup>221</sup> As a consequence, at least two drugs are used for a strict daily regimen over the span of several months in TB standard treatment.<sup>222</sup> MDR-TB exists largely due to deficiencies in TB program and case management.<sup>223</sup> If a patient develops forms of MDR-TB or is infected with it, he or she has to use second-line medication.<sup>224</sup> These entail longer, more toxic, and more expensive treatment periods, together with lower treatment success.<sup>225</sup> In some countries, it is consequently becoming increasingly challenging to treat MDR-TB, as it is more difficult to detect and as second-line drugs are cost-intensive and not always available.<sup>226</sup>

Annually, about 425,000 new cases of MDR-TB occur.<sup>227</sup> WHO classifies MDR-TB as a “public health crisis and a health security threat.”<sup>228</sup> According to WHO, MDR-TB is more common among TB patients living with HIV compared to TB patients without HIV.<sup>229</sup> MDR-TB poses additional challenges to the prevention and treatment of TB, such as limited capacities in diagnosing MDR-TB.<sup>230</sup> MDR-TB is a

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<sup>211</sup> *Ibid.*, p. 24.

<sup>212</sup> African Union, *Division of AIDS, TB, Malaria and Other Infectious Diseases (OIDs)*.

<sup>213</sup> African Union, *World Leaders Embrace the African Union Roadmap on AIDS, TB and Malaria: Establishing Shared Responsibility and Global Solidarity as a Vision for Global Health in the Post-2015 Development Agenda*, 2012.

<sup>214</sup> *Reaching the Missing Millions*, UNAIDS, 2017.

<sup>215</sup> UNAIDS, *90-90-90 An ambitious treatment target to help end the AIDS epidemic*, 2014.

<sup>216</sup> *Ibid.*

<sup>217</sup> WHO, *Global Tuberculosis Report 2018*, 2018, p. 1.

<sup>218</sup> *Ibid.*

<sup>219</sup> *Ibid.*

<sup>220</sup> WHO, *What is Multidrug-resistant Tuberculosis (MDR-TB) and how do we Control it?*, 2018.

<sup>221</sup> *Ibid.*

<sup>222</sup> *Ibid.*

<sup>223</sup> Wells et al., *HIV Infection and Multidrug-Resistant Tuberculosis: The Perfect Storm*, 2017, p. 86.

<sup>224</sup> WHO, *What is Multidrug-resistant Tuberculosis (MDR-TB) and how do we Control it?*, 2018.

<sup>225</sup> Wells et al., *HIV Infection and Multidrug-Resistant Tuberculosis: The Perfect Storm*, 2017, p. 86.

<sup>226</sup> WHO, *What is Multidrug-resistant Tuberculosis (MDR-TB) and how do we Control it?*, 2018.

<sup>227</sup> Wells et al., *HIV Infection and Multidrug-Resistant Tuberculosis: The Perfect Storm*, 2017, p. 86.

<sup>228</sup> WHO, *Fact Sheet Tuberculosis*, 2018.

<sup>229</sup> *MDR-TB More Common in People Living with HIV*, UNAIDS, 2008.

<sup>230</sup> WHO, *What is Multidrug-resistant Tuberculosis (MDR-TB) and how do we Control it?*, 2018.

serious obstacle to reaching the 2020 and 2030 targets.<sup>231</sup> Drug resistance can be prevented by rapid diagnosis and high-quality treatment of TB with full adherence to treatment regimens by the patient in the first instance.<sup>232</sup>

Additionally, more investment in research is necessary to find better ways to prevent, diagnose, and treat MDR-TB among people living with HIV.<sup>233</sup> In order to facilitate the appropriate use of second-line drugs, WHO regularly consolidates guidelines building upon evidence-based policy recommendations to inform health professionals in Member States.<sup>234</sup>

### ***Integrating TB and HIV Health Services***

Even though TB is the leading cause of death among people living with HIV, HIV health services often do not automatically provide TB screening and TB infection control services.<sup>235</sup> If TB and HIV health services are inadequately integrated HIV-associated TB can remain undetected and untreated.<sup>236</sup> According to UNAIDS, approximately 49% of people living with HIV-associated TB are unaware of their co-infection.<sup>237</sup> In response to this, the “one-stop-shop” model promotes an integrated approach for TB and HIV services by providing treatment for co-infected patients at the same time, clinic, and provider.<sup>238</sup> This is especially important for key populations such as migrants or homeless people, as they already face additional legal challenges, financial restrictions, or discriminatory practices when accessing health care.<sup>239</sup> Women in settings with high gender inequality often have restricted access to TB and HIV services due to domestic responsibilities or the requirement to have permission from a male guardian.<sup>240</sup>

There is also a large correlation between living with HIV and developing mental health issues; the most common issue being depression and anxiety, which elevates suicide rates associated with HIV.<sup>241</sup> While treatment is necessary for those living with HIV, there are many mental health related side effects which could then lead to higher risks of developing TB by further weakening the immune system.<sup>242</sup> Furthermore, since the onset of the COVID-19 pandemic, those living with HIV have had to abide by more precautions as they are part of the most vulnerable groups and thus have a higher potential for infection.<sup>243</sup> During an analysis made by UNAIDS, it has been found that COVID-19 could have an impact on the supply of certain treatments needed by HIV-positive persons.<sup>244</sup>

In its 2012 *Policy on Collaborative TB/HIV Activities*, WHO provided policy recommendations on how to better integrate TB and HIV health services which includes setting up a coordinating body on a national level for collaborative TB/HIV activities and providing HIV testing.<sup>245</sup> Implementing the WHO guidelines

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<sup>231</sup> UNAIDS, *Ending Tuberculosis and AIDS – a Joint Response in the Era of the Sustainable Development Goals*, 2018.

<sup>232</sup> Wells et al., *HIV Infection and Multidrug-Resistant Tuberculosis: The Perfect Storm*, 2017, p. 86.

<sup>233</sup> WHO, *Drug-Resistant Tuberculosis*, 2017.

<sup>234</sup> WHO, *WHO Consolidated Guidelines on Drug-resistant Tuberculosis Treatment*, 2019.

<sup>235</sup> UNAIDS, *Ending Tuberculosis and AIDS – a Joint Response in the Era of the Sustainable Development Goals*, 2018, p. 17.

<sup>236</sup> *Ibid.*, p. 19.

<sup>237</sup> UNAIDS, *Global HIV & AIDS Statistics – 2019 Fact Sheet*, 2019.

<sup>238</sup> WHO, *Policy on Collaborative TB/HIV Activities: Guidelines for National Programmes and Other Stakeholders*, 2012.

<sup>239</sup> UNAIDS, *Ending Tuberculosis and AIDS – a Joint Response in the Era of the Sustainable Development Goals*, 2018, p. 12.

<sup>240</sup> *Ibid.*, p. 11.

<sup>241</sup> UNAIDS, *Mental Health and HIV/AIDS: Follow up to the Thematic Segment from the 43rd PCB meeting*, 2018, p. 5.

<sup>242</sup> *Ibid.*, p. 6.

<sup>243</sup> UNAIDS, *COVID-19 and HIV*, 2020.

<sup>244</sup> UNAIDS, *COVID-19 could affect the availability and cost of antiretroviral medicines, but the risks can be mitigated*, 2020.

<sup>245</sup> WHO, *Policy on Collaborative TB/HIV Activities: Guidelines for National Programmes and Other Stakeholders*, 2012.



will not only result in improved TB treatment outcomes, more patient-centered health care, and reduce the burden within both communities but also eventually reduce the costs of preventing HIV-related TB deaths.<sup>246</sup> Also, with integrating HIV into mental health services, this could help to identify individuals who are at risk of developing or have developed either HIV or TB.<sup>247</sup>

### **Conclusion**

Although significant progress has been made in preventing TB infection among people living with HIV, the fact that TB still caused 300,000 deaths among people living with HIV in 2017 demonstrates that the international community faces significant challenges in reaching its targets of reducing deaths from HIV-associated TB and ending TB and HIV by 2030.<sup>248</sup> Challenges remain, especially regarding access to key populations, integration of TB and HIV services, and MDR-TB.<sup>249</sup> The COVID-19 pandemic has now caused more anxiety and negative effects to mental health among people living with HIV as they are at a higher risk category for being infected with COVID-19 and TB.<sup>250</sup> UNAIDS and WHO have provided an important impact on the development of policy guidelines, the provision of implementation assistance, and by keeping the topic high on the United Nations agenda.<sup>251</sup> For an effective global response and in order to meet the targets, the international community must step up its commitment, demonstrate political will, and invest in innovative solutions.<sup>252</sup>

### **Further Research**

In order to reach a deeper understanding of the topic, delegates should consider the following questions: What are the main barriers to preventing TB infection among people living with HIV and how can UNAIDS guide and assist Member States to overcome them? How can UNAIDS reach millions of people living with HIV-associated TB who are without HIV and TB services? How can UNAIDS help Member States to lower barriers to health services for key populations and ensure patient-centered care? What are ways that UNAIDS can help Member States with integrating more mental health aid for those living with HIV and TB? How can UNAIDS and WHO aid with the protection of those who live with HIV and are more vulnerable to COVID-19 and TB?

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*This document gives an overview of all terms commonly used by UNAIDS. It compiles preferred terminology of all terms relevant to the work of UNAIDS and is updated on a regular basis. Terms are grouped by subject headings and useful background information on selected terms is presented. In order to ensure correct terminology is consistently used in their research, it is crucial that delegates familiarize themselves with this resource.*

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<sup>246</sup> UNAIDS, *Integration of HIV/TB Services*, 2012.

<sup>247</sup> WHO, *HIV/AIDS and mental health*, 2008.

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<sup>249</sup> UNAIDS, *Ending Tuberculosis and AIDS – a Joint Response in the Era of the Sustainable Development Goals*, 2018, pp. 18-20.

<sup>250</sup> UNAIDS, *Impact of COVID-19 on mental health and quality of life of young key populations and young people living with HIV in Asia and the Pacific*, 2020.

<sup>251</sup> WHO, *Policy on Collaborative TB/HIV Activities: Guidelines for National Programmes and Other Stakeholders*, 2012.

<sup>252</sup> *Leveraging Technology and Innovation to End AIDS and Tuberculosis*, UNAIDS, 2019.

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*UNAIDS compiled this document for its 42nd Programme Coordinating Board meeting with a thematic segment on the same topic. It outlines the role of the global community in responding to HIV-associated TB, explores possibilities to address underlying structural factors, and outlines opportunities for collaborative responses. Findings and recommendations are built upon case studies, best practices and reliable WHO data. Delegates will find this source particularly helpful as it provides not only a comprehensive overview of existing programs and inter-agency collaboration but also outlines the concrete obstacles to achieving SDG 3 (good health and well-being).*

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*The General Assembly adopted this important resolution in June 2016. With this declaration, Member States reiterated their commitment to the WHO End TB Strategy objective of reducing TB deaths among people living with HIV by 75% by 2020, as outlined in the World Health Organization's End TB Strategy. It furthermore provides delegates with an overview of current goals, programs, and solutions on the way to achieving SDG 3.3. Additionally, it helps delegates understand the interlinkages between ending both TB and AIDS.*

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*The WHO's annual TB report presents comprehensive data of HIV-associated TB prevalence and assesses the progress of eliminating TB by 2030. In this regard, the report outlines some of the major challenges ahead, such as capturing data on TB preventive treatment among people newly enrolled in HIV care, the threat posed by multidrug-resistant TB, the lack of systematic engagement of all health-care providers, and the need for shorter preventive therapy. Delegates should find this source useful as it compiles the most recent facts and figures on how TB in general and HIV-associated TB in particular affects people worldwide.*

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