



New York City, NY, USA
29 March - 2 April (Conf. A) / 5-9 April (Conf. B)



Joint United Nations Programme on HIV/AIDS Background Guide 2020

Written by: Genevieve Verville and Anna Rickert, Directors
Antonella Salmerón, Assistant Director



NATIONAL MODEL UNITED NATIONS



NATIONAL MODEL UNITED NATIONS

THE WORLD'S LARGEST UNIVERSITY-LEVEL SIMULATION • SINCE 1927
13570 Grove Dr., Suite 294 • Maple Grove, MN 55311
www.nmun.org • info@nmun.org • 612.353.5649

Dear Delegates,

Welcome to the 2020 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 Genevieve Verville (Conference A) and Anna Rickert (Conference B). Genevieve is currently a senior at the University of Mississippi. She is pursuing a BS in Chemistry with a triple minor in biological sciences, mathematics, and psychology. Anna received her BA in International Relations from the University of Erfurt and is now pursuing an MA in Peace and Conflict Studies at the University of Tübingen.

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

1. Addressing the HIV/AIDS Epidemic among Young Women
2. Preventing Tuberculosis Infection among People Living with HIV

UNAIDS is the primary organization within the United Nations system 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. In addition, UNAIDS assists Member States in their formation of National Strategic Plans to address the treatment, coordination, and monitoring of HIV/AIDS. In order to accurately simulate 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 2020 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, Omar Torres-Vasquez (Conference A) and Maxwell Lacey (Conference B), at usg.development@nmun.org.

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

Sincerely,

Conference A
Genevieve Verville, *Director*

Conference B
Anna Rickert, *Director*

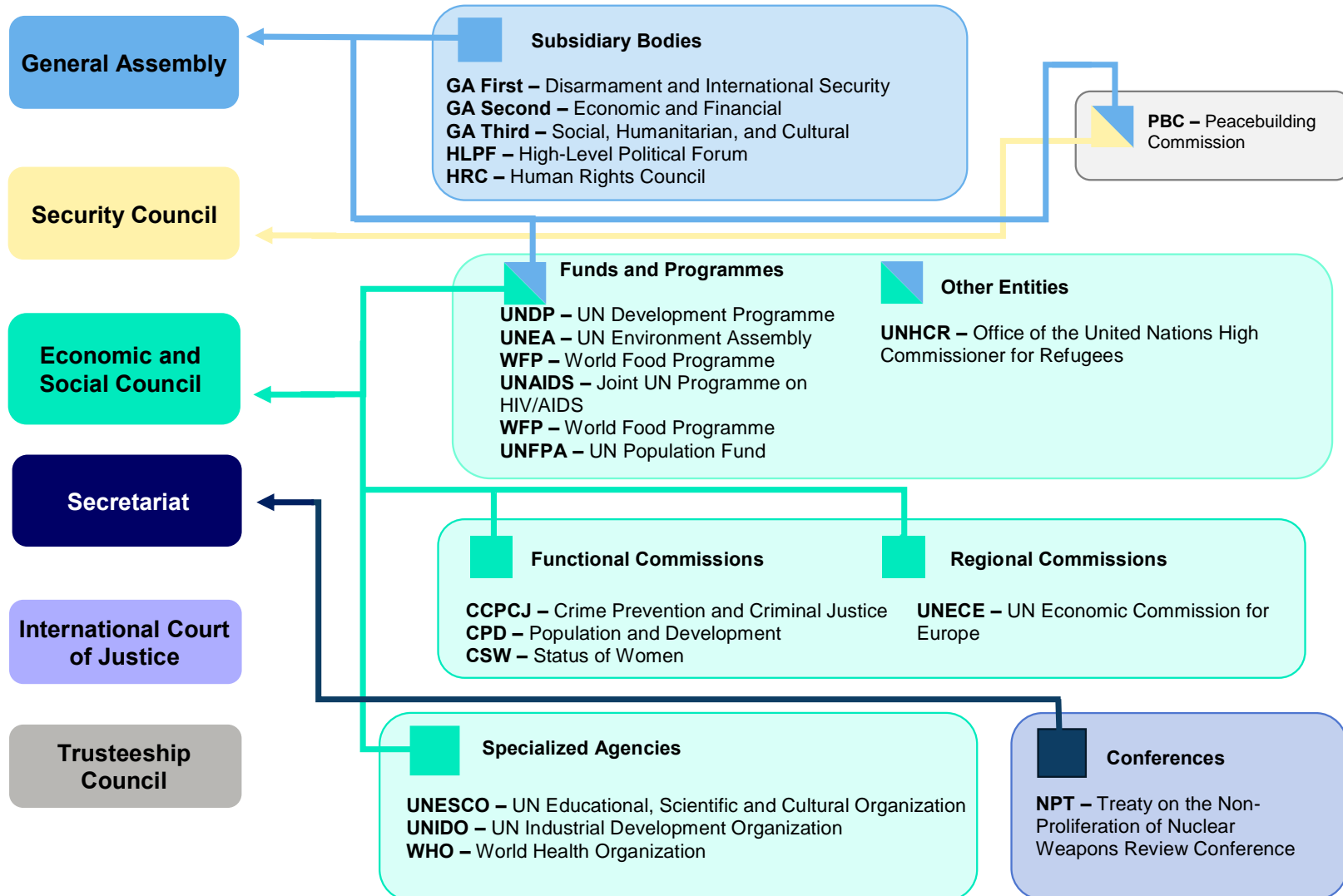


Table of Contents

United Nations System at NMUN•NY	2
Committee Overview	3
Introduction	3
Governance, Structure, and Membership.....	4
Mandate, Functions, and Powers	5
Recent Sessions and Current Priorities.....	6
Conclusion	7
Annotated Bibliography.....	7
Bibliography	8
I. Addressing the HIV/AIDS Epidemic Among Young Women	11
Introduction	11
International and Regional Framework.....	12
Role of the International System	13
Sexuality Education and Violence	14
HIV/AIDS Stigma and Discrimination	15
Conclusion	16
Further Research.....	16
Annotated Bibliography.....	16
Bibliography	18
II. Preventing Tuberculosis Infection among People Living with HIV	22
Introduction	22
International and Regional Framework.....	23
Role of the International System	24
Prevention of Multidrug-Resistant HIV-Associated TB.....	25
Integrating TB and HIV Health Services	26
Conclusion	27
Further Research.....	27
Annotated Bibliography.....	28
Bibliography	29

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.”¹

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.² Initially, there was skepticism that HIV/AIDS could ever become a global pandemic, resulting in a slow coordinated response.³ 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.⁴ 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.⁵ This “new” pneumonia was AIDS, and it was officially named in 1982.⁶

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.⁷ However, in late 1983, amid rising numbers of new transmissions and diagnoses, the World Health Organization (WHO) held a meeting in Denmark to assess the AIDS problem in Europe.⁸ 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.⁹ In 1986, WHO’s Executive Board requested funding to establish an AIDS-specific program.¹⁰ The Control Programme on AIDS was established under the purview of WHO in 1986.¹¹ The program was known as the Special Programme on AIDS until 1987 and then the Global Programme on AIDS (GPA) in 1988.¹²

In its first few years, GPA advocated for equitable treatment of people living with AIDS and worked against repressive policies aimed at AIDS patients.¹³ 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.¹⁴ 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.¹⁵

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.¹⁶ 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 co-sponsor UNAIDS.¹⁷ In 1994, UNAIDS was established by Economic and Social Council (ECOSOC) resolution 1994/24 on the “Joint

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

² UNAIDS, *About UNAIDS*, 2019.

³ UNAIDS, *UNAIDS: The First Ten Years*, 2008, p. 7.

⁴ AVERT, *History of HIV and AIDS Overview*, 2016.

⁵ UNAIDS, *UNAIDS: The First Ten Years*, 2008, p. 7.

⁶ *Ibid.*, 7-8.

⁷ *Ibid.*, pp. 8-10.

⁸ *Ibid.*, p. 13.

⁹ *Ibid.*,

¹⁰ *Ibid.*, p. 14.

¹¹ *Ibid.*

¹² *Ibid.*, p. 15.

¹³ *Ibid.*, pp. 15-16.

¹⁴ *Ibid.*, p. 18.

¹⁵ *Ibid.*, pp. 19-20.

¹⁶ *Ibid.*, p. 20.

¹⁷ 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.”¹⁸ UNAIDS officially began its work on 1 January, 1996.¹⁹

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.²⁰ UNAIDS’ work is directly correlated with the achievement of the Sustainable Development Goals (SDGs), namely SDGs 3 (good health and well-being), 5 (quality education), 10 (reduced inequalities), 16 (peace, justice and strong institutions), and 17 (partnerships for the goals).²¹ To attain 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.²²

Governance, Structure, and Membership

UNAIDS is cosponsored by 11 UN agencies and reports to ECOSOC.²³ 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, and the Office of the UN High Commissioner for Refugees.²⁴

WHO provides the administration of UNAIDS and holds in trust all funds contributed to UNAIDS.²⁵ The Secretariat of UNAIDS includes the office of the Executive Director, as well as any other administrative and technical staff as needed.²⁶ The UN Secretary-General selects the Executive Director with approval from all 11 of the cosponsoring organizations.²⁷ 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).²⁸ The PCB reviews reports submitted to it by the Executive Director and from the CCO.²⁹ The PCB submits a copy of each report to the governing bodies of each of the cosponsoring organizations and to ECOSOC.³⁰

The Executive Director of UNAIDS serves as the secretary of the PCB, which is the governing body of UNAIDS.³¹ The PCB oversees all programmatic activities including policy, strategy, finance, and the overall evaluation of UNAIDS.³² PCB meetings are generally held biannually, with each session being composed of two segments: decision-making and thematic issues.³³ The PCB calls for proposals from its Member States for the thematic segments, which are decided according to four criteria: broad relevance, responsiveness, focus, and scope for action.³⁴ The PCB Bureau coordinates the PCB’s work for the year and is comprised of the PCB chairperson, vice-chairperson, rapporteur, and the PCB non-governmental organization (NGO) delegation.³⁵

¹⁸ Ibid.

¹⁹ UNAIDS, *UNAIDS: The First Ten Years*, 2016, pp. 27-30.

²⁰ UNAIDS, *About UNAIDS*, 2019.

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

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

²³ UNAIDS, *UNAIDS Governance Handbook*, 2009.

²⁴ Ibid.

²⁵ Ibid.

²⁶ Ibid.

²⁷ Ibid.

²⁸ Ibid.

²⁹ Ibid.

³⁰ Ibid.

³¹ Ibid.

³² UNAIDS, *Modus Operandi of the Programme Coordinating Board*, 2011.

³³ Ibid.

³⁴ UNAIDS, *UNAIDS Governance Handbook*, 2009.

³⁵ Ibid.

The PCB is composed of 22 Member States, which are elected from the Member States of the 11 cosponsoring organizations for three-year terms.³⁶ Regional distribution of membership is as follows: there are seven seats from Western European and Others Group, 5 seats from Africa, five seats from Asia Pacific, three seats from Latin America and the Caribbean, and two seats from Eastern European and the Commonwealth of Independent States.³⁷ Election of new Member States is staggered and approximately one-third of the PCB is up for election each year.³⁸ Representatives from the cosponsoring organizations have the right to participate in the meetings of the PCB, but they may not vote on its matters.³⁹ In addition, 5 NGOs, three from developing states and two from developed states and/or economies in transition, are elected for a maximum of three years in proceedings, but cannot vote.⁴⁰ Member States may also be granted observer status; however, states with observer status may only participate when granted permission by the Executive Director.⁴¹

The CCO operates as the forum for the cosponsoring organizations and is the standing committee of the PCB; the CCO makes determinations and recommendations to the PCB on matters of policy and strategy that pertain to UNAIDS.⁴² The CCO reviews UNAIDS' financial reports, programme budget proposals, work plans, specific activities of each cosponsoring organization, and technical reports.⁴³ 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.⁴⁴

The work of UNAIDS is largely normative and is broken up between the global and country levels.⁴⁵ 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.⁴⁶ At the country level, UNAIDS provides support to strengthen national planning, coordination, implementation, and monitoring capacities.⁴⁷ Moreover, Theme Groups work to support their host countries strategic plans, and in certain instances, Theme Groups help to formulate strategic plans.⁴⁸ These groups are composed of a UNAIDS staff member, donors, NGOs, associations of people living with HIV/AIDS, and other UN agencies.⁴⁹

Mandate, Functions, and Powers

UNAIDS' mandate, as defined in ECOSOC resolution 1994/24, 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.⁵⁰ 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 commitment and social mobilization on addressing this issue.⁵¹ This is achieved through uniting the efforts of the UN system, civil society organizations (CSOs), national governments, the private sector, individuals, and global institutions.⁵² Speaking out in defense of human dignity, rights, and gender

³⁶ UNAIDS, *UNAIDS Governance Handbook*, 2009.

³⁷ UNAIDS, *Modus Operandi of the Programme Coordinating Board*, 2011.

³⁸ *Ibid.*

³⁹ *Ibid.*

⁴⁰ *Ibid.*

⁴¹ *Ibid.*

⁴² *Ibid.*

⁴³ *Ibid.*

⁴⁴ *Ibid.*

⁴⁵ UNAIDS, *UNAIDS Governance Handbook*, 2009.

⁴⁶ *Ibid.*

⁴⁷ *Ibid.*

⁴⁸ *Ibid.*

⁴⁹ *Ibid.*

⁵⁰ New Zealand, *United Nations Handbook 2016-2017*, 2016, p. 272.

⁵¹ UN ECOSOC, *Joint and Co-Sponsored United Nations Programme on Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) (E/RES/1994/24)*, 1994.

⁵² *Ibid.*

equality, and mobilizing political, economic, and technical resources helps in furthering sustainable responses to national health and development.⁵³ UNAIDS' long-term vision is to have zero HIV infections, zero AIDS-related deaths, and zero HIV/AIDS-related discrimination.⁵⁴

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.⁵⁵ The Political Declaration outlines a set of targets to be achieved by 2020 in order to meet the 2030 goal of ending the AIDS epidemic.⁵⁶ Some of these targets are: to reduce new infections of HIV and HIV-related deaths; and in particular tuberculosis-related deaths among people living with HIV; to ensure access to sexual and reproductive health-care and HIV-related services for young women; and to generate yearly investment in developing countries of \$26 billion.⁵⁷ Funding for UNAIDS flows from existing fundraising mechanisms of the cosponsoring organizations, from the governments of Member States of the cosponsoring organizations, from other intergovernmental organizations (IGOs) and NGOs, and from commercial entities or private individuals.⁵⁸ The Political Declaration urges UNAIDS to continue supporting Member States in addressing the factors that contribute to the AIDS epidemic through the promotion of gender equality, the reduction of inequality, and other progressive goals.⁵⁹

The *2030 Agenda for Sustainable Development* (2030 Agenda) calls a wide array of international actors to collaborate and work together to achieve the 17 SDGs and 169 targets.⁶⁰ UNAIDS' work will be critical to achieving Target 3.3, which commits the global community to end the AIDS epidemic by 2030.⁶¹ While this particular target is key to UNAIDS' work, efforts to end the HIV/AIDS epidemic are linked to the progress towards nearly all of the SDGs, and the reverse is true.⁶² Each of the SDGs has implications for ending the AIDS epidemic and reducing vulnerability to HIV.⁶³ 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.⁶⁴ 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.⁶⁵ Furthermore, the UNAIDS 2016-2021 Strategy, which serves as an extension and update of the UNAIDS 2011-2015 Strategy, places emphasis on the interconnectivity of the SDGs and HIV/AIDS.⁶⁶ The Strategy has three strategic directions: HIV prevention; "treatment, care, and support"; and "human rights and gender equality for HIV response."⁶⁷ These strategic directions inform the Strategy's ten targets, which specifically incorporate SDGs 3, 5, 10, 16, and 17, and provide core actions that UNAIDS, its Member States, and cosponsoring organizations

⁵³ UNAIDS, *Language*, 2019.

⁵⁴ Ibid.

⁵⁵ UNAIDS, *Bold Commitments Made at the United Nations General Assembly High-Level Meeting on Ending AIDS*, 2016.

⁵⁶ Ibid.

⁵⁷ 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, pp. 10-14.

⁵⁸ UNAIDS, *UNAIDS Governance Handbook*, 2009.

⁵⁹ 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.

⁶⁰ UN General Assembly, *Transforming our World: the 2030 Agenda for Sustainable Development (A/RES/70/1)*, 2016.

⁶¹ Ibid.

⁶² UNAIDS, *AIDS and the Sustainable Development Agenda: Interdependent and Inextricably Linked*, 2016.

⁶³ UNAIDS, *2016-2021 Strategy: On the Fast-Track to end AIDS*, 2016, p. 27.

⁶⁴ Ibid., p. 29.

⁶⁵ Ibid.

⁶⁶ Ibid.

⁶⁷ Ibid.

can do in order to meet these targets.⁶⁸ UNAIDS strives to achieve these targets by strengthening its leadership on global, regional, and country levels.⁶⁹ Moreover, UNAIDS' co-sponsors 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, which includes governance, human rights, and funding.⁷⁰

In December 2016, PCB's 39th meeting focused on addressing gaps in existing pediatric HIV prevention, treatment, care, and support services, in addition to discussing the impact of discrimination on women's and children's health and well-being.⁷¹ The PCB called upon UNAIDS to increase ongoing research efforts on the impact of discrimination on minors and young people living with HIV and to provide support to countries implementing programs to reduce discrimination for those living with HIV.⁷² In December 2019, the 45th meeting of the PCB will focus on addressing the impact of AIDS on youth.⁷³ More specifically, this meeting will focus on increasing comprehensive sexual education and access to reproductive health services, while also addressing gender-based norms and violence.⁷⁴

Conclusion

UNAIDS is a steadfast advocate for those living with HIV/AIDS and in supporting the achievement of all SDGs, given their interrelation.⁷⁵ 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.⁷⁶

Annotated Bibliography

Joint United Nations Programme on HIV/AIDS. (2009). *UNAIDS Governance Handbook*. Retrieved 19 August 2019 from:

http://www.unaids.org/sites/default/files/media_asset/JC1682_GovernanceHandbook_March2011_en.pdf

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 resolutions and the UN declaration on AIDS, in addition to detailing the roles and functions of the PCB 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 2019 from:

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

⁶⁸ Ibid.

⁶⁹ Ibid.

⁷⁰ Ibid.

⁷¹ UNAIDS, *39th Meeting of the UNAIDS Programme Coordinating Board, 6-8 December 2016: Decisions*, 2016.

⁷² Ibid.

⁷³ UNAIDS, *43rd Meeting of the UNAIDS Programme Coordinating Board, 11-13 December 2018: Next PCB Meetings*, 2018.

⁷⁴ Ibid.

⁷⁵ 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.

⁷⁶ UNAIDS, *AIDS and the Sustainable Development Agenda: Interdependent and Inextricably Linked*, 2016.

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 2019 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.

Bibliography

AVERT. (2016). *History of HIV and AIDS Overview*. Retrieved 19 August 2019 from: http://www.avert.org/professionals/history-hiv-aids/overview#footnote1_nqiwcty

AVERT. (2018). *Origin of HIV/AIDS*. Retrieved 19 August 2019 from: <http://www.avert.org/professionals/history-hiv-aids/origin>

Joint United Nations Programme on HIV/AIDS. (1996). *UNAIDS: An Overview*. Retrieved 19 August 2019 from: http://data.unaids.org/publications/irc-pub03/una96-2_en.pdf

Joint United Nations Programme on HIV/AIDS. (2008). *UNAIDS: The First Ten Years*. Retrieved 19 August 2019 from: http://data.unaids.org/pub/Report/2008/JC1579_First_10_years_en.pdf

Joint United Nations Programme on HIV/AIDS. (2009). *UNAIDS Governance Handbook*. Retrieved 19 August 2019 from: http://www.unaids.org/sites/default/files/media_asset/JC1682_GovernanceHandbook_March2011_en.pdf

Joint United Nations Programme on HIV/AIDS. (2011). *Modus Operandi of the Programme Coordinating Board*. Retrieved 19 August 2019 from: http://www.unaids.org/sites/default/files/media_asset/PCB_modus_operandi_en.pdf

Joint United Nations Programme on HIV/AIDS. (2014). *An Ambitious Treatment Target to Help End the AIDS Epidemic*. Retrieved 19 August 2019 from: https://www.unaids.org/sites/default/files/media_asset/90-90-90_en.pdf

Joint United Nations Programme on HIV/AIDS. (2015). *2016-2021 Strategy: On the Fast-Track to end AIDS*. Retrieved 19 August 2019 from: http://www.unaids.org/sites/default/files/media_asset/20151027_UNAIDS_PCB37_15_18_EN_rev1.pdf

Joint United Nations Programme on HIV/AIDS. (2016). *38th Meeting of the UNAIDS Programme Coordinating Board, 28-30 June 2016: Decisions*. Retrieved 19 August 2019 from: http://www.unaids.org/sites/default/files/media_asset/20160630_UNAIDS_PCB38_DECISIONS_FINAL_EN.pdf

Joint United Nations Programme on HIV/AIDS. (2016). *AIDS and the Sustainable Development Agenda: Interdependent, Inextricably Linked*. Retrieved 19 August 2019 from: http://www.unaids.org/en/resources/presscentre/featurestories/2016/june/20160608_panel1

Joint United Nations Programme on HIV/AIDS. (2016). *On the Fast-Track to Ending the AIDS Epidemic*. Retrieved 19 August 2019 from: http://sgreport.unaids.org/pdf/20160423_SGreport_HLM_en.pdf

Joint United Nations Programme on HIV/AIDS. (2016). *39th Meeting of the UNAIDS Programme Coordinating Board, 6-8 December 2016: Decisions*. Retrieved 24 August 2019 from: https://www.unaids.org/sites/default/files/media_asset/20161208_UNAIDS_PCB39_Decisions_EN.pdf

Joint United Nations Programme on HIV/AIDS. (2016, June 8). *2016 United Nations Political Declaration on Ending AIDS Sets World on Fast-Track to End the Epidemic by 2030*. Retrieved 19 August 2019 from: http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2016/june/20160608_PS_HLM_PoliticalDeclaration

Joint United Nations Programme on HIV/AIDS. (2016, June 10). *Bold Commitments to Action Made at the United Nations High-Level Meeting on Ending AIDS*. Retrieved 19 August 2019 from: http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2016/june/20160610_PR_HLM_closer

Joint United Nations Programme on HIV/AIDS. (2016, July 1). *UNAIDS Board Underlines the Need for Accelerated Action and Increased Investment to End the AIDS Epidemic by 2030*. Retrieved 19 August 2019 from: http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2016/july/20160701_P_CB38

Joint United Nations Programme on HIV/AIDS. (2018). *43rd Meeting of the UNAIDS Programme Coordinating Board, 11-13 December 2018: Next PCB Meetings*. Retrieved 22 September 2019 from: https://www.unaids.org/sites/default/files/media_asset/20181031_UNAIDS_PCB43_Next-PCB-meetings_EN.pdf

Joint United Nations Programme on HIV/AIDS. (2019). *Language*. Retrieved 19 August 2019 from: <http://www.unaids.org/brandbuilder/en/language/>

Joint United Nations Programme on HIV/AIDS. (2019). *About UNAIDS*. Retrieved 19 August 2019 from: <http://www.unaids.org/brandbuilder/en/language/>

New Zealand, Ministry of Foreign Affairs and Trade. (2018). *United Nations Handbook 2018-2019*. Retrieved 19 August 2019 from: <https://www.mfat.govt.nz/assets/Handbooks/UN-Handbook-2018-19-pdf.pdf>

United Nations, Economic and Social Council. (1994). *Joint and Co-Sponsored United Nations Programme on Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) (E/RES/1994/24)*. Retrieved 24 August 2019 from: http://data.unaids.org/pub/externaldocument/1994/19940726_ecosoc_resolutions_establishing_unaids_en.pdf

United Nations, General Assembly, Sixtieth session. (2006). *Political Declaration on HIV/AIDS (A/RES/60/262)*. Retrieved 19 August 2019 from: <http://undocs.org/A/RES/60/262>

United Nations, General Assembly, Sixty-fifth session. (2011). *Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS (A/RES/65/277)*. Retrieved 19 August 2019 from: <http://undocs.org/A/RES/65/277>

United Nations, General Assembly, Seventieth session. (2015). *Transforming our World: the 2030 Agenda for Sustainable Development (A/RES/70/1)*. Retrieved 19 August 2019 from: <http://undocs.org/A/RES/70/1>



United Nations, General Assembly, Seventieth session. (2016). *On the Fast Track to Ending the AIDS Epidemic: Report of the Secretary-General (A/70/811)*. Retrieved 19 August 2019 from: <http://undocs.org/A/70/811>

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 2019 from: <http://undocs.org/A/RES/70/266>

I. Addressing the HIV/AIDS Epidemic Among Young Women

“Violence against women and girls is both a consequence of and cause of HIV.”⁷⁷

Introduction

According to the Global Fund Organization (GFO) *2017–2022 Strategy: Investing to End Epidemics*, 60% of new human immunodeficiency virus (HIV) infections were reported among young women between 15 and 24 years old.⁷⁸ HIV affects the immune system’s capacity of fighting infections or diseases, potentially leading to acquired immune deficiency syndrome (AIDS).⁷⁹ AIDS can be developed if an HIV infection is not detected and treated.⁸⁰ In 2016 it was estimated that 2.4 million adolescent girls and young women are living with HIV, which constitutes 61% of all young people living with HIV.⁸¹

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.⁸² Women who have experienced such violence are 1.5 times more likely to acquire 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.⁸³

Living with HIV/AIDS is particularly challenging for women because of gender inequality.⁸⁴ Gender inequality impacts women’s access to health services, education, employment opportunities, and justice.⁸⁵ 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.⁸⁶ Women’s economic empowerment and social protection can reduce the economic burden of poverty and decrease their HIV vulnerability.⁸⁷ 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.⁸⁸

The lack of sexual education, stigma surrounding sex, sexual violence, and exploitation are considered structural factors that contribute to the HIV/AIDS epidemic.⁸⁹ 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.⁹⁰ 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.⁹¹ 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 organ.⁹² Moreover, early sexual activity increases vulnerability of adolescent girls and young women to the virus because immature cervixes are more susceptible to HIV.⁹³

⁷⁷ UNAIDS, *Women and HIV: A Spotlight on Adolescent Girls and Young Women*, 2019, p. 7.

⁷⁸ GFO, *Technical Brief: Adolescent Girls and Young Women in High-HIV Burden Settings*, 2017, p. 3.

⁷⁹ WHO, *HIV/AIDS*, 2017.

⁸⁰ *Ibid.*

⁸¹ UN Women, *Facts and Figures: HIV and AIDS*, 2018.

⁸² UNAIDS, *Global HIV & AIDS Statistics — 2019 Fact Sheet*, 2019.

⁸³ WHO, *Sexual Violence and HIV*, 2019.

⁸⁴ UN-Women, *HIV and AIDS*, 2018.

⁸⁵ *Ibid.*

⁸⁶ UNAIDS, *The AIDS Response in the 2030 Agenda for Sustainable Development: Joint Work, Shared Gains*, 2019.

⁸⁷ *Ibid.*

⁸⁸ UNAIDS, *HIV Prevention Among Adolescent Girls and Young Women*, 2016, p. 12.

⁸⁹ UN Women, *Facts and Figures: HIV and AIDS*, 2018.

⁹⁰ UNAIDS, *HIV Prevention Among Adolescent Girls and Young Women*, 2016, p. 12.

⁹¹ *Ibid.*, pp. 13-14.

⁹² *Ibid.*, pp. 15-16.

⁹³ *Ibid.*, p. 17.

Comprehensive information on behavioral, biological, and structural factors that put women at a higher risk of contracting HIV allows UNAIDS to guide policy makers through designing, delivering, and measuring stages of their HIV/AIDS response programs.⁹⁴

International and Regional Framework

Article 25 of the *Universal Declaration of Human Rights*, adopted in 1948 by UN General Assembly resolution 217A, recognizes the equal rights of women and men, including access to medical care and assistance for those living with a disease or sickness.⁹⁵ 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.⁹⁶

In 2016, the Secretary-General issued a report on the status of *Women, the Girl Child, and HIV and AIDS* in order to emphasize that the global AIDS response has not delivered equal progress for all women due to gender inequality and lack of women's empowerment.⁹⁷ It states that inequality in legal, economic, and social status between women and men are key factors that continue to impact the HIV/AIDS crisis.⁹⁸

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 on 22 June 2016.⁹⁹ 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.¹⁰⁰ Additionally, Member States vowed to reduce the annual number of new HIV infections among young women from 2.4 million to below 100,000 by 2020 and lower HIV-related discrimination and stigma.¹⁰¹

SDG 3 (good health and well-being) aims at ensuring people a healthy life and well-being at all ages, while target 3.3 vows to end the epidemics of AIDS and other communicable diseases.¹⁰² SDG 3 upholds that universal health coverage contributes to health equity because it broadens access to sexual and reproductive health services for women.¹⁰³ 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.¹⁰⁴

More specifically, SDG 5 Target 5.6 addresses young women's rights regarding sexual and reproductive health in accordance with the commitments of the 1994 International Conference on Population and Development (ICPD) and the 1995 Beijing Platform for Action.¹⁰⁵ The ICPD resulted in the Cairo Programme of Action, which recognizes the challenges that young women face regarding access to information concerning their sexual and reproductive health.¹⁰⁶ Moreover, it calls upon Member States to adopt measures that address HIV and sexual abuse while safeguarding young women's privacy, confidentiality, respect, and informed consent.¹⁰⁷

⁹⁴ Ibid., p. 6.

⁹⁵ UN General Assembly, *Universal Declaration of Human Rights (A/RES/217A (III))*, 1948.

⁹⁶ UNAIDS & OHCHR, *Handbook on HIV and Human Rights for National Human Rights Institutions*, 2007, p. 3.

⁹⁷ UN ECOSOC, *Women, the Girl Child and HIV and AIDS: Report of the Secretary-General (E/CN.6/2016/9)*, 2016, p. 1.

⁹⁸ Ibid., pp. 11-12.

⁹⁹ UN General Assembly, Seventieth Session, *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.

¹⁰⁰ Ibid.

¹⁰¹ Ibid.

¹⁰² UN DESA, *Sustainable Development Goals*, 2019.

¹⁰³ Ibid.

¹⁰⁴ Ibid.

¹⁰⁵ Ibid.

¹⁰⁶ UNFPA, *Programme of Action of the International Conference on Population Development: 20th Anniversary Edition*, 2014, p. 89.

¹⁰⁷ Ibid., p. 89.

The World Health Organization (WHO) Regional Office for Africa works under the *HIV/AIDS Framework for Action in the WHO African Region: 2016 – 2020*.¹⁰⁸ 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.¹⁰⁹ Globally, 62% of all adolescents acquiring HIV infection are girls; however, in sub-Saharan Africa 71% of adolescents who acquire an HIV infection are girls.¹¹⁰ 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.¹¹¹

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 2020.¹¹² 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.¹¹³ UNAIDS' second target vows to have zero new HIV infections among children and to keep their mothers alive and well.¹¹⁴ Women living with HIV can transmit it to their children during pregnancy, labor, delivery, and breastfeeding.¹¹⁵ The United Nations Children's Fund (UNICEF) provides pregnant women living with HIV with antiretroviral drugs in order to reduce the risk of transmission.¹¹⁶ UNICEF also has a HIV Programme Division that works with UNAIDS to carry out the All-In initiative, launched in 2015 to address HIV risk and vulnerability in adolescents.¹¹⁷ Similarly, United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) works with UNAIDS to actively protect women's rights through the creation of new initiatives against violence, HIV stigma, and injustice.¹¹⁸

The United Nations Population Fund (UNFPA) works to address gender inequality and sexual and reproductive rights for young women in need.¹¹⁹ For instance, UNFPA focuses on young women in humanitarian emergencies and crises since they are more vulnerable to sexual violence, exploitation, and HIV infection.¹²⁰ This occurs due to the lack of social protection, poverty, and the unavailability of reproductive health services.¹²¹

The International Labour Organization (ILO) addresses HIV among women in the workplace, providing information, promoting voluntary HIV-testing campaigns, and facilitating access to treatment.¹²² In 2010, ILO Member States adopted the *Recommendation Concerning HIV and AIDS and the World of Work (No. 200)*.¹²³ 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.¹²⁴

WHO works to address the HIV/AIDS epidemic among young women by providing sexual and reproductive health services in areas where access is not readily available through its Department of

¹⁰⁸ WHO, *HIV/AIDS Framework for Action in the WHO African Region: 2016 – 2020*, 2016.

¹⁰⁹ UNAIDS, *HIV Prevention Among Adolescent Girls and Young Women*, 2016, p. 4.

¹¹⁰ UNAIDS, *UNAIDS Strategy 2016-2021: On the Fast-Track to end AIDS*, 2016, p. 30.

¹¹¹ WHO, *HIV/AIDS Framework for Action in the WHO African Region 2016–2020*, 2016, p. 7.

¹¹² UNAIDS, *UNAIDS Strategy 2016-2021: On the Fast-Track to end AIDS*, 2016, p. 7.

¹¹³ *Ibid.*

¹¹⁴ *Ibid.*, p. 10.

¹¹⁵ WHO, *Mother-to-Child Transmission of HIV*, 2019.

¹¹⁶ UNICEF, *Women at the Heart of the HIV Response for Children*, 2018, p. 18.

¹¹⁷ UNICEF, *All-In to End the Adolescent AIDS Epidemic*, 2016, p. 4.

¹¹⁸ UN-Women, *UN Women Gender Equality and HIV/AIDS Web Portal*, 2016.

¹¹⁹ UNFPA, *HIV & AIDS*, 2016.

¹²⁰ UNFPA, *Humanitarian Emergencies*, 2019.

¹²¹ UNFPA, *Protecting Women in Emergency Situations*, 2019.

¹²² UNAIDS, *UNAIDS Cosponsor: International Labour Organization*, 2015, pp. 2-3.

¹²³ *Ibid.*, pp. 2-3.

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

HIV/AIDS.¹²⁵ The United Nations Office on Drugs and Crime (UNODC) works on preventing HIV infections while promoting safe sex and safer drug use among women.¹²⁶ UNODC partners with WHO and UNAIDS to expand access to condoms, lubricants, safe needle, and syringe programs.¹²⁷

Civil society in part contributes to UNAIDS work at the community level by providing support or calling for reform in governmental programs at local scale.¹²⁸ For example, the Global Coalition on Women and AIDS (GCWA) brings together civil society groups working on HIV and women’s rights-related matters.¹²⁹ GCWA works with the UNAIDS Secretariat in monitoring and revising AIDS policies, programs, and resource allocation.¹³⁰ 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.¹³¹

GFO raises and invests money to fight preventable and treatable diseases at the national level.¹³² Its financial mechanism works through the transfer and investment of donors’ money directly into Member States.¹³³ Under this modality, each Member State tailors its AIDS response based on their cultural, epidemiological, and political context.¹³⁴ 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.¹³⁵

Sexuality Education and Violence

Sexual 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.”¹³⁶ Sexual violence against young women can take place in the contexts of intimate partnerships, family, and community structures.¹³⁷ In fact, sexually violent acts such as rape, unwanted sexual advances or sexual harassment, affect up to one-third of adolescent girls who report their first sexual experience as being forced.¹³⁸

Young women also need to be able to recognize sexual abuse and harassment from a young age in order to describe and report abuse, or seek help.¹³⁹ As such, the United Nations Educational, Scientific and Cultural Organization (UNESCO) published the *International Technical Guidance on Sexuality Education (ITGS)* in 2018.¹⁴⁰ This document delivers concepts, topics, and learning objectives that can be locally-adapted in order to develop Comprehensive Sexuality Education (CSE) curricula.¹⁴¹ CSE is a “curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality.”¹⁴²

¹²⁵ WHO, *What we do*, 2019.

¹²⁶ UNODC, *Drug use and HIV*, 2019.

¹²⁷ UNODC, *HIV Prevention, Treatment, Care and Support for People who use Stimulant Drugs*, 2019, p. 27.

¹²⁸ UNAIDS, *Implementation of the HIV Prevention 2020 Road Map*, 2018, p.13.

¹²⁹ GCWA, *About GCWA*, 2019.

¹³⁰ *Ibid.*

¹³¹ ICW, *Background*, 2019.

¹³² GFO, *Global Fund Overview*, 2019.

¹³³ *The Global Fund Expands its Role*, Bulletin of the World Health Organization, 2007.

¹³⁴ GFO, *Global Fund Overview*, 2019.

¹³⁵ *The Global Fund Expands its Role*, Bulletin of the World Health Organization, 2007.

¹³⁶ UNAIDS, *UNAIDS Terminology Guidelines*, 2015, p. 17.

¹³⁷ WHO, *Sexual Violence*, 2019.

¹³⁸ UNAIDS, *International Technical Guidance on Sexuality Education*, 2018, pp. 30-31.

¹³⁹ *Ibid.*, p. 56.

¹⁴⁰ *Ibid.*, p. 15.

¹⁴¹ *Ibid.*, p. 15.

¹⁴² UNAIDS, *Youth and HIV — Mainstreaming a Three-Lens Approach to Youth Participation*, 2018, p. 9.

However, access to education is particularly limited for girls and young women.¹⁴³ In 2017, for every 100 boys out of school, 118 girls were denied the right to education.¹⁴⁴ Gender inequality also plays a role in young women's access to education because of their roles as caregivers or the amount of non-paid domestic work they perform which results in less time for education.¹⁴⁵

Education empowers young women because “the longer a girl stays in school, the lower her risk of acquiring HIV.”¹⁴⁶ A recent study conducted in Botswana showed that one additional year of secondary school reduced the national HIV-incidence among young women from 25% to 13.4%.¹⁴⁷ Governments could use the ITGS when implementing education policies towards HIV prevention and sexuality education.¹⁴⁸ Additionally, integrating educational training of young women on marketable skills that translate into independent sources of income has shown positive results in reducing intimate partner violence.¹⁴⁹ In South Africa, this approach reduced intimate partner violence by 55% and improved the uptake of HIV testing services among young women.¹⁵⁰

Although the *Ministerial Commitment on CSE and Access to Sexual and Reproductive Health Services for Adolescents and Young People in Eastern and Southern Africa* has reported that knowledge about HIV prevention is increasing among young women, there are challenges to the implementation of CSE curricula.¹⁵¹ For instance, there is a lack of harmony among legal and policy environments for the implementation and adoption of regional instruments.¹⁵²

HIV/AIDS Stigma and Discrimination

HIV-related stigma and discrimination refers to prejudice, negative attitudes, and abuse directed at people living with HIV/AIDS.¹⁵³ Discrimination against individuals living with HIV/AIDS constitutes human rights violations because they impact their life at the workplace, access to social security, housing, and education.¹⁵⁴ For instance, 48 countries and territories still apply travel, work, study, or health services restrictions on the basis of HIV status.¹⁵⁵ As such, these punitive or restrictive laws foster fears of arrest, mistreatment, violence, and incarceration deterring people from seeking sexual and reproductive health services.¹⁵⁶ In addition, contexts where a legal requirement of parental or spousal consent is required for young women to access HIV testing services deters them from seeking medical care.¹⁵⁷ Addressing legal and policy barriers is needed in order to effectively prevent HIV according to the *HIV Prevention 2020 Road Map*.¹⁵⁸ UNAIDS has launched a Laws and Policies Analytics website in order to shed light on legal and policy environments that shape HIV/AIDS responses at the country level.¹⁵⁹ This website uses information from National Commitments and Policy Instrument and Global AIDS Monitoring databases, which were created after the adoption of the 2016 *Political Declaration on HIV/AIDS*.¹⁶⁰

¹⁴³ UN DESA, *The Sustainable Development Goals Report 2019*, 2019, p. 33.

¹⁴⁴ Ibid.

¹⁴⁵ Ibid., p. 34.

¹⁴⁶ UNAIDS, *On the Fast-Track to end AIDS by 2030: Focus on Location and Population*, 2015, p. 78.

¹⁴⁷ UNAIDS, *HIV Prevention Among Adolescent Girls and Young Women*, 2016, p. 50.

¹⁴⁸ UNAIDS, *International Technical Guidance on Sexuality Education*, 2018, p. 10.

¹⁴⁹ UNAIDS, *HIV Prevention Among Adolescent Girls and Young Women*, 2016, p. 57.

¹⁵⁰ UNAIDS, *HIV Prevention Among Adolescent Girls and Young Women*, 2016, p. 57.

¹⁵¹ Ibid.

¹⁵² UNESCO, *Why Adolescents and Young People Need Comprehensive Sexuality Education and Sexual and Reproductive Health Services in Eastern and Southern Africa*, 2013, p. 23.

¹⁵³ AVERT, *HIV Stigma and Discrimination*, 2018.

¹⁵⁴ UNAIDS, *The Gap Report*, 2014, pp. 123-124.

¹⁵⁵ UNAIDS, *Criminalization of Same-sex Sexual Relationships Decreasing*, 2019.

¹⁵⁶ UNAIDS, *Zero Discrimination in Health-Care Settings*, 2017, p. 16.

¹⁵⁷ UNAIDS, *AIDS Info*, 2019.

¹⁵⁸ UNAIDS, *Implementation of the HIV Prevention 2020 Road Map*, 2018, p. 14.

¹⁵⁹ UNAIDS, *Criminalization of Same-sex Sexual Relationships Decreasing*, 2019.

¹⁶⁰ UNAIDS, *About the Data*, 2018.

UNAIDS has called on Member States to implement the *Agenda for Zero Discrimination in Health-Care Settings*, co-led by the UNAIDS Secretariat and WHO.¹⁶¹ This agenda provides guidelines to train health-care providers on issues related to human rights, nondiscrimination, free and informed consent, confidentiality, and privacy.¹⁶² 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.¹⁶³ For instance, stigma surrounding HIV/AIDS could lead health-care workers to use coercive HIV/AIDS prevention methods such as unrequested or forced medical procedures, namely sterilizations or abortions.¹⁶⁴ This causes a lack of trust and discourages women to seek medical care.¹⁶⁵ Many women, especially female sex workers, face discrimination and denial of HIV health services out of morality judgments coming from medical staff.¹⁶⁶

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.¹⁶⁷ The increasing challenges to the topic at hand revolve around development trends, legal and policy frameworks, gender and economic equality, education, and humanitarian emergencies or crises where young women are at higher risk of contracting HIV.¹⁶⁸ UNAIDS is working to expand HIV prevention services, medical care, and CSE for young women through partnerships with its co-sponsors, civil society, and Member States in order to eradicate HIV/AIDS stigma and discrimination.¹⁶⁹

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 in conflict plan for prevention, testing, and treatment for young women in challenging cultural and economic settings? 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?

Annotated Bibliography

Joint United Nations Program on HIV/AIDS. (2016). *HIV Prevention Among Adolescent Girls and Young Women*. Retrieved 15 July 2019 from:

https://www.unaids.org/sites/default/files/media_asset/UNAIDS_HIV_prevention_among_adolescent_girls_and_young_women.pdf

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

¹⁶¹ UNAIDS, *Zero Discrimination in Health-Care Settings*, 2017, p. 6.

¹⁶² *Ibid.*, p. 9.

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

¹⁶⁴ UNAIDS, *Miles to go — Closing Gaps, Breaking Barriers, Righting Injustices*, 2018, p. 125.

¹⁶⁵ *Ibid.*

¹⁶⁶ *Ibid.*

¹⁶⁷ UNAIDS, *UNAIDS Strategy 2016 – 2021: On the Fast-Track to end AIDS*, 2016, pp. 10-11.

¹⁶⁸ *Ibid.*, p. 24.

¹⁶⁹ UNAIDS, *HIV Prevention Among Adolescent Girls and Young Women*, 2016, p. 4

find this source useful as it discusses how structural poverty and social stigma concerning sexual activity make young women especially vulnerable.

Joint United Nations Programme on HIV/AIDS. (2016). *UNAIDS Strategy 2016 – 2021: On the Fast-Track to end AIDS*. Retrieved 15 July 2019 from:

https://www.unaids.org/sites/default/files/media_asset/20151027_UNAIDS_PCB37_15_18_EN_rev1.pdf

This resource is crucial to understanding how future actions undertaken by the committee should be conceived according to the specific targets that have emerged from Sustainable Development Goals 3 (targets 3.3 and 3.7) and 5 (targets 5.2 and 5.6). This document sheds light on regional-specific data regarding the number of young women with HIV and how prevention, detection, and treatment should be managed in countries where there is a particularly high number of burdens for people living with HIV. For instance, it lays out ten fast-track targets on which UNAIDS work will focus. Specifically, Target 1 to reach the 90% coverage of testing, 90% treatment, and 90% reduction of viral loads. This is an important source for delegates because it details specific SDG-related targets and links them to the HIV/AIDS crisis.

Joint United Nations Programme on HIV/AIDS. (2019). *The AIDS Response in the 2030 Agenda for Sustainable Development: Joint Work, Shared Gains*. Retrieved 15 July 2019 from:

https://www.unaids.org/en/AIDS_SDGs

This compromise calls for action focused on young women that face HIV as the leading cause of death among women of reproductive age (15–44 years old). This resource lays out the work done by UNAIDS and other UN bodies on HIV/AIDS and SDGs crossing points such as poverty, health, education, gender equality, economic growth, reducing inequality, among others. Delegates will find useful direct links to other SDG-specific resources, programmes, and initiatives such as UNESCO's work on CSE, ILO's services on preventing and testing HIV at the workplace, and guidance on gender issues.

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 15 July 2019 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 15 July 2019 from:

https://www.unaids.org/sites/default/files/media_asset/2016-political-declaration-HIV-AIDS_en.pdf

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.

Bibliography

- AVERT. (2018). *HIV Stigma and Discrimination*. Retrieved 18 September 2019 from: <https://www.avert.org/professionals/hiv-social-issues/stigma-discrimination>
- Global Coalition on Women and AIDS. (2019). *About GCWA*. Retrieved 20 September 2019 from: <https://gcwa.unaids.org/about-gcwa>
- Global Fund Organization. (2017). *Technical Brief: Adolescent Girls and Young Women in High-HIV Burden Settings*. Retrieved 15 July 2019 from: https://www.theglobalfund.org/media/4576/core_adolescentgirlsandyoungwomen_technicalbrief_en.pdf
- Global Fund Organization. (2019). *Global Fund Overview*. Retrieved 20 September 2019 from: <https://www.theglobalfund.org/en/overview/>
- International Community of Women Living With HIV. (2019). *Background*. Retrieved 21 September 2019 from: <http://www.icwea.org/about-icw/background/>
- International Labour Organization. (2019). *VCT@WORK: Voluntary, Confidential HIV Counseling and Testing for Workers*. Retrieved 18 October 2019 from: https://www.ilo.org/aids/WCMS_215899/lang-en/index.htm
- Joint United Nations Programme on HIV/AIDS. (2014). *The Gap Report*. Retrieved 20 August 2019 from: https://www.unaids.org/sites/default/files/media_asset/UNAIDS_Gap_report_en.pdf
- Joint United Nations Programme on HIV/AIDS. (2015). *On the Fast-Track to end AIDS by 2030: Focus on Location and Population*. Retrieved 19 August 2019 from: https://www.unaids.org/sites/default/files/media_asset/WAD2015_report_en_part01.pdf
- Joint United Nations Programme on HIV/AIDS. (2015). *UNAIDS Cosponsor: International Labour Organization*. Retrieved 18 October 2019 from: https://www.unaids.org/sites/default/files/media_asset/20150501_ILO_en.pdf
- Joint United Nations Programme on HIV/AIDS. (2015). *UNAIDS Terminology Guidelines*. Retrieved 16 October 2019 from: https://www.unaids.org/sites/default/files/media_asset/2015_terminology_guidelines_en.pdf
- Joint United Nations Programme on HIV/AIDS. (2016). *HIV Prevention Among Adolescent Girls and Young Women*. Retrieved 15 July 2019 from: https://www.unaids.org/sites/default/files/media_asset/UNAIDS_HIV_prevention_among_adolescent_girls_and_young_women.pdf
- Joint United Nations Programme on HIV/AIDS. (2016). *UNAIDS Strategy 2016–2021: On the Fast-Track to end AIDS*. Retrieved 15 July 2019 from: https://www.unaids.org/sites/default/files/media_asset/20151027_UNAIDS_PCB37_15_18_EN_rev1.pdf
- Joint United Nations Programme on HIV/AIDS. (2017). *Zero Discrimination in Health-Care Settings*. Retrieved 16 October 2019 from: https://www.unaids.org/sites/default/files/media_asset/20171129_UNAIDS_PCB41_Zero_discrimination-health-care-settings_17.27_EN.pdf
- Joint United Nations Programme on HIV/AIDS. (2018). *About the Data*. Retrieved 16 October 2019 from: <http://lawsandpolicies.unaids.org/about>

Joint United Nations Programme on HIV/AIDS. (2018). *Implementation of the HIV Prevention 2020 Road Map*. Retrieved 20 August 2019 from: https://www.unaids.org/sites/default/files/media_asset/jc2927_hiv-prevention-2020-road-map-first-progress-report_en.pdf

Joint United Nations Programme on HIV/AIDS. (2018). *International Technical Guidance on Sexuality Education*. Retrieved 20 August 2019 from: https://www.unaids.org/sites/default/files/media_asset/ITGSE_en.pdf

Joint United Nations Programme on HIV/AIDS. (2018). *Miles to Go – Closing Gaps, Breaking Barriers, Righting Injustices*. Retrieved 13 August 2019 from: https://www.unaids.org/sites/default/files/media_asset/miles-to-go_en.pdf

Joint United Nations Programme on HIV/AIDS. (2018). *Youth and HIV – Mainstreaming a Three-Lens Approach to Youth Participation*. Retrieved 20 September 2019 from: https://www.unaids.org/sites/default/files/media_asset/youth-and-hiv_en.pdf

Joint United Nations Programme on HIV/AIDS. (2019). *Criminalization of Same-sex Sexual Relationships Decreasing*. Retrieved 16 October 2019 from: <https://www.unaids.org/en/keywords/punitive-laws>

Joint United Nations Programme on HIV/AIDS. (2019). *AIDS Info*. Retrieved 22 August 2019 from: <https://aidsinfo.unaids.org/>

Joint United Nations Programme on HIV/AIDS. (2019). *Global HIV & AIDS Statistics — 2019 Fact Sheet*. Retrieved 22 August 2019 from: <https://www.unaids.org/en/resources/fact-sheet>

Joint United Nations Programme on HIV/AIDS. (2019). *The AIDS Response in the 2030 Agenda for Sustainable Development: Joint Work, Shared Gains*. Retrieved 15 July 2019 from: https://www.unaids.org/en/AIDS_SDGs

Joint United Nations Programme on HIV/AIDS. (2019). *Women and HIV: A Spotlight on Adolescent Girls and Young Women*. Retrieved 15 July 2019 from: https://www.unaids.org/sites/default/files/media_asset/2019_women-and-hiv_en.pdf

Joint United Nations Programme on HIV/AIDS and Office of the United Nations High Commissioner for Human Rights. (2007). *Handbook on HIV and Human Rights for National Human Rights Institutions*. Retrieved 15 September 2019 from: https://www.ohchr.org/Documents/Publications/HandbookHIV_NHRIsAug2007.pdf

United Nations Educational, Scientific, and Cultural Organization. (2013). *Why Adolescents and Young People Need Comprehensive Sexuality Education and Sexual and Reproductive Health Services in Eastern and Southern Africa*. Retrieved 19 October 2019 from: <https://www.youngpeopletoday.org/wp-content/uploads/2014/08/SummaryReport-English.pdf>

United Nations Children's Fund. (2016). *All-In to End the Adolescent AIDS Epidemic*. Retrieved 18 October 2019 from: https://www.unicef.org/videoaudio/PDFs/ALL_IN_2016_Progress_Report_6-16-17.pdf

United Nations Children's Fund. (2018). *Women at the Heart of the HIV Response for Children*. Retrieved 17 September 2019 from: <https://data.unicef.org/wp-content/uploads/2018/07/Women-at-the-heart-of-the-HIV-response-for-children-report.pdf>

United Nations, Department for Economic and Social Affairs, Division for Sustainable Development Goals. (2019). *Sustainable Development Goals*. Retrieved 15 July 2019 from: <https://sustainabledevelopment.un.org/topics/sustainabledevelopmentgoals>

United Nations Economic and Social Council, Sixtieth session. (2016). *Women, the Girl Child and HIV and AIDS: Report of the Secretary-General*. Retrieved 15 July 2019 from: <https://undocs.org/E/CN.6/2016/9>

United Nations Entity for Gender Equality and the Empowerment of Women. (2016). *UN-Women Gender Equality and HIV/AIDS Web Portal*. Retrieved 15 September 2019 from: <https://genderandaids.unwomen.org/en/about>

United Nations Entity for Gender Equality and the Empowerment of Women. (2018). *Facts and Figures: HIV and AIDS*. Retrieved 15 July 2019 from: <http://www.unwomen.org/en/what-we-do/hiv-and-aids/facts-and-figures>

United Nations Entity for Gender Equality and the Empowerment of Women. (2018). *HIV and AIDS*. Retrieved 14 September 2019 from: <https://www.unwomen.org/en/what-we-do/hiv-and-aids>

United Nations, General Assembly, Third session. (1948). *Universal Declaration of Human Rights (A/RES/217 A (III))*. Retrieved 16 July 2019 from: <http://www.un.org/en/documents/udhr/>

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 15 July 2019 from: https://www.unaids.org/sites/default/files/media_asset/2016-political-declaration-HIV-AIDS_en.pdf

United Nations Office on Drugs and Crime. (2019). *Drug use and HIV*. Retrieved 16 September 2019 from: https://www.unodc.org/unodc/en/hiv-aids/new/drug-use_and_HIV.html

United Nations Office on Drugs and Crime. (2019). *HIV Prevention, Treatment, Care and Support for People who use Stimulant Drugs*. Retrieved 17 October 2019 from: https://www.unodc.org/documents/hiv-aids/publications/People_who_use_drugs/19-04568_HIV_Prevention_Guide_ebook.pdf

United Nations Population Fund. (2016). *HIV & AIDS*. Retrieved 15 September 2019 from: <https://www.unfpa.org/hiv-aids>

United Nations Population Fund. (2019). *Humanitarian Emergencies*. Retrieved 15 September 2019 from: <https://www.unfpa.org/emergencies>

United Nations Population Fund. (2019). *Protecting Women in Emergency Situations*. Retrieved 18 October 2019 from: <https://www.unfpa.org/resources/protecting-women-emergency-situations>

United Nations Department of Economic and Social Affairs. (2019). *The Sustainable Development Goals Report 2019*. Retrieved 21 September 2019 from: <https://unstats.un.org/sdgs/report/2019/The-Sustainable-Development-Goals-Report-2019.pdf>

United Nations Population Fund. (2014). *Programme of Action of the International Conference on Population Development: 20th Anniversary Edition*. Retrieved 14 October 2019 from: https://www.unfpa.org/sites/default/files/pub-pdf/programme_of_action_Web%20ENGLISH.pdf

The Global Fund Expands its Role. (2007). World Health Organization. Retrieved 13 October 2019 from: <https://www.who.int/bulletin/volumes/85/10/07-101007/en/>

World Health Organization. (2016). *HIV/AIDS Framework for Action in the WHO African Region: 2016-2020*. Retrieved 21 September 2019 from: <https://www.afro.who.int/publications/hivaids-framework-action-who-african-region-2016-2020>



World Health Organization. (2017). *HIV/AIDS*. Retrieved 14 September 2019 from: <https://www.who.int/features/qa/71/en/>

World Health Organization. (2019). *Mother-to-Child Transmission of HIV*. Retrieved 17 September 2019 from: <https://www.who.int/hiv/topics/mtct/en/>

World Health Organization. (2019). *Sexual Violence*. Retrieved 16 October 2019 from: https://www.who.int/reproductivehealth/topics/violence/sexual_violence/en/

World Health Organization. (2019). *Sexual Violence and HIV*. Retrieved 14 September 2019 from: <https://www.who.int/svri/issues/hiv/en/>

World Health Organization. (2019). *What we do*. Retrieved 16 September 2019 from: <https://www.who.int/hiv/aboutdept/en/>

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.”*¹⁷⁰

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.¹⁷¹ TB is an infectious disease that most often affects the lungs.¹⁷² 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.¹⁷³ 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.¹⁷⁴ Common symptoms of active TB include cough, fever, chest pains, night sweats, weakness, or weight loss.¹⁷⁵

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.¹⁷⁶ If people living with HIV develop TB, it is referred to as HIV-associated TB.¹⁷⁷ As both accelerate the other’s progress, the combination becomes rapidly fatal if untreated.¹⁷⁸ 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.¹⁷⁹

The Joint United Nations Programme on HIV/AIDS (UNAIDS) is currently working towards reducing deaths from HIV-associated TB by 75% by 2020 and is committed to ending these intertwined epidemics by 2030.¹⁸⁰ So far, 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 2017.¹⁸¹

Additionally, the number of people living with HIV undergoing preventive therapy has increased from 26,000 in 2005 to nearly one million in 2017.¹⁸² Preventive therapy consists of the regular intake of drugs which avert the progression of latent to active TB.¹⁸³ Depending on the medication, it requires a daily or weekly regimen over a period of 3 to 36 months.¹⁸⁴ The increasing occurrence of drug-resistant TB, which is resistant to one or several anti-TB drugs, threatens this progress.¹⁸⁵

¹⁷⁰ UNAIDS Reports Mixed Progress Towards Reaching the 2020 Target of Reducing TB Deaths Among People Living with HIV by 75%, UNAIDS, 2019.

¹⁷¹ WHO, *Tuberculosis: Key Facts*, 2018.

¹⁷² Ibid.

¹⁷³ *An Opportunity to end two of the World’s Deadliest Infectious Diseases: TB and HIV*, UNAIDS, 2018.

¹⁷⁴ WHO, *Tuberculosis: Key Facts*, 2018.

¹⁷⁵ Ibid.

¹⁷⁶ Ibid.

¹⁷⁷ UNAIDS, *UNAIDS Terminology Guidelines*, 2015, p. 48.

¹⁷⁸ *An Opportunity to end two of the World’s Deadliest Infectious Diseases: TB and HIV*, UNAIDS, 2018.

¹⁷⁹ UNAIDS, *Tuberculosis and HIV*, 2019; WHO, *HIV-Associated Tuberculosis*, 2018, p. 1.

¹⁸⁰ *TB-related Deaths Among People Living With HIV Falling, but not by Enough*, UNAIDS, 2019; UN General Assembly, *Transforming our World: the 2030 Agenda for Sustainable Development (A/RES/70/1)*, 2015, p. 16.

¹⁸¹ *TB-related Deaths Among People Living with HIV Falling, but not by Enough*, UNAIDS, 2019.

¹⁸² WHO, *HIV-Associated Tuberculosis*, 2018, p. 1.

¹⁸³ *New Study is a Breakthrough for Preventing Tuberculosis in People Living with HIV*, Unitaid, 2019.

¹⁸⁴ Ibid.

¹⁸⁵ *MDR-TB more common in people living with HIV*, UNAIDS, 2008.

Currently, most countries are not on track to end these diseases by 2030.¹⁸⁶ Although HIV-associated TB occurs worldwide, it disproportionately affects populations in sub-Saharan Africa and Southeast Asia.¹⁸⁷ This guide will explore why these co-epidemics are so interrelated by outlining the foundational frameworks and illustrating the role of UNAIDS and its partners, before discussing two concrete challenges to preventing HIV-associated TB in detail.

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.”¹⁸⁸ 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.”¹⁸⁹

Building on these rights, the General Assembly has adopted several declarations related to the response to HIV and TB, reflecting the growing awareness for these co-epidemics.¹⁹⁰ The General Assembly *Declaration of Commitment on HIV/AIDS* (2001) stressed the need for access to medication and treatment in the context of pandemics.¹⁹¹ 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 and better coordinated TB and HIV approach, and for investing in new medication, services, and vaccines adapted to people with TB-HIV co-infection.¹⁹² 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, for example, by delivering more integrated TB and HIV services.¹⁹³ In the latest *Political Declaration on HIV/AIDS: On the Fast-Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030*, Member States committed to reducing TB-related deaths among people living with HIV by 75% by 2020.¹⁹⁴

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 2018.¹⁹⁵ 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 2022.¹⁹⁶ In response to the increasing challenge

¹⁸⁶ *TB-related Deaths among People Living with HIV Falling, but not by Enough*, UNAIDS, 2019.

¹⁸⁷ *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.

¹⁸⁸ UN General Assembly, *Universal Declaration of Human Rights (A/RES/217 A (III))*, 1948.

¹⁸⁹ UN General Assembly, *International Covenant on Economic, Social and Cultural Rights (A/RES/2200 (XXI))*, 1966.

¹⁹⁰ 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.

¹⁹¹ UN General Assembly, *Declaration of Commitment on HIV/AIDS (A/RES/S-26/2)*, 2001.

¹⁹² UN General Assembly, *Political Declaration on HIV/AIDS (A/RES/60/262)*, 2006.

¹⁹³ UN General Assembly, *Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS (A/RES/65/277)*, 2011

¹⁹⁴ 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.

¹⁹⁵ WHO, *Moscow Declaration to End TB*, 2017.

¹⁹⁶ UN General Assembly, *Political Declaration of the High-Level Meeting of the General Assembly on the Fight Against Tuberculosis (A/RES/73/3)*, 2018.

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.¹⁹⁷

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 collective action.¹⁹⁸ The HIV response touches upon ten out of 17 SDGs.¹⁹⁹ Most prominently, SDG 3 (good health and well-being), specifically calls to end the AIDS and TB epidemics by 2030.²⁰⁰

Role of the International System

In the multi-sectoral effort to prevent and treat HIV-associated TB, 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.²⁰¹ On the national level, UNAIDS offers guidance on how to measure, monitor, and reduce HIV-associated TB.²⁰² 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.²⁰³ UNAIDS also works with Member States to identify implementation barriers to these programs and develop strategies on how to overcome them.²⁰⁴ It also develops national and global indicators which help monitor and evaluate data on HIV-associated TB from national AIDS programs.²⁰⁵ UNAIDS also allocates financial means by securing resources from grants provided by the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund).²⁰⁶ UNAIDS furthermore works as a forum through which relevant actors can share ideas, as happened at the recent Health Innovation Exchange that took place in May 2019.²⁰⁷

UNAIDS also coordinates efforts among relevant UN agencies, civil society organizations, national governments, the private sector, and further stakeholders.²⁰⁸ Due to its unique structure, UNAIDS unites the efforts of its 11 co-sponsors in the response to HIV and TB.²⁰⁹ Depending on their mandate and areas of expertise, each co-sponsor supports UNAIDS with policy development, data and information, or technical and implementation assistance.²¹⁰ Within UNAIDS, WHO leads activities on HIV-associated TB.²¹¹ 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*.²¹²

¹⁹⁷ Ibid.

¹⁹⁸ UN General Assembly, *Transforming our World: the 2030 Agenda for Sustainable Development* (A/RES/70/1), 2015.

¹⁹⁹ UNAIDS, *AIDS and the Sustainable Development Goals*, 2019.

²⁰⁰ UN General Assembly, *Transforming our World: the 2030 Agenda for Sustainable Development* (A/RES/70/1), 2015.

²⁰¹ UNAIDS, *Tuberculosis*, 2019.

²⁰² UNAIDS, *Ending Tuberculosis and AIDS – a Joint Response in the Era of the Sustainable Development Goals*, 2018, p. 32.

²⁰³ UNAIDS, *UNAIDS Technical Support: Optimizing Global Fund Grants in Asia and the Pacific 2017–2018*, 2018.

²⁰⁴ Ibid.

²⁰⁵ WHO, *Global Tuberculosis Report 2018*, 2018, p. V.

²⁰⁶ UNAIDS, *UNAIDS Technical Support: Optimizing Global Fund Grants in Asia and the Pacific 2017–2018*, 2018, p. 2.

²⁰⁷ *Leveraging Technology and Innovation to End AIDS and Tuberculosis*, UNAIDS, 2019.

²⁰⁸ UNAIDS, *Tuberculosis*, 2019.

²⁰⁹ UNAIDS, *UNAIDS Joint Programme Division of Labour: Guidance Note*, 2018.

²¹⁰ Ibid., p. 5.

²¹¹ WHO, *HIV/AIDS: Key Facts*, 2019.

²¹² WHO, *Global Health Sector Strategy on HIV 2016-2021: Towards Ending AIDS*, 2016.

UNAIDS collaborates closely with WHO, for instance, 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.²¹³ It regularly convenes advocacy events, research meetings, and workshops to scale-up the response to HIV-associated TB, often in collaboration with UNAIDS.²¹⁴ WHO furthermore develops policy guidelines on TB/HIV activities for national programs and provides monitoring and evaluation guidelines for TB/HIV activities.²¹⁵ 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.²¹⁶ This taskforce advises WHO on issues such as HIV-associated MDR-TB, multi-sectoral approaches, and integrated TB and HIV services.²¹⁷ In order to streamline the efforts by UNAIDS and other actors, WHO has published three high-burden country lists for TB, TB/HIV, and multidrug-resistant TB (MDR-TB).²¹⁸

Of the six WHO geographical regions, the WHO African Region accounted for 72% of the global cases of HIV-associated TB in 2017.²¹⁹ Accordingly, several regional organizations under the auspices of the African Union (AU) are active in the response to HIV-associated TB.²²⁰ The AU provides regional leadership and coordinates the development, implementation, and monitoring of programs to prevent TB infection among people living with HIV.²²¹ In order to strengthen its efforts on the issues, the AU developed, in collaboration with UNAIDS, a *Roadmap on AIDS, TB and Malaria* in 2012.²²² The AU's division of AIDS, TB, Malaria and Other Infectious Diseases also serves as the Secretariat of AIDS Watch Africa (AWA).²²³ The AU created AWA in 2001 and provided it with a special mandate for advocacy and resource mobilization, working towards ending HIV and TB in Africa by 2030.²²⁴

Together with the Global Fund, UNAIDS has developed a joint HIV and TB gender assessment tool to better understand the co-epidemics from a gender perspective and adjust the response accordingly.²²⁵ 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, which aims to reach 90% of people in need of TB treatment, including 90% of high risk populations while achieving at least 90% of treatment success.²²⁶

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.²²⁷ This term refers to antimicrobial drugs which are used first to treat a new TB patient.²²⁸ Rifampin and isoniazid are generally the two most effective antibiotics against TB and will normally form the core of the treatment.²²⁹

²¹³ UNAIDS, *World Health Organization*, 2019; WHO, *WHO-UNAIDS HIV Vaccine Initiative*, 2019.

²¹⁴ WHO, *TB and HIV*, 2019.

²¹⁵ 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.

²¹⁶ WHO, *HIV/TB Task Force*, 2019.

²¹⁷ Ibid.

²¹⁸ WHO, *Global Tuberculosis Report 2018*, 2018, p. 24.

²¹⁹ Ibid.

²²⁰ Ibid., p. 75.

²²¹ African Union, *Division of AIDS, TB, Malaria and Other Infectious Diseases (OIDS)*.

²²² 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.

²²³ African Union, *Catalytic Framework to End AIDS, TB and Eliminate Malaria in Africa by 2030*, 2016.

²²⁴ African Union, *About AIDS Watch Africa*, 2016.

²²⁵ UNAIDS, *UNAIDS and the Global Fund: Investing in the Future Through Partnership*, 2016, p. 8.

²²⁶ *Reaching the Missing Millions*, UNAIDS, 2017.

²²⁷ WHO, *Global Tuberculosis Report 2018*, 2018, p. 1.

²²⁸ Ibid.

²²⁹ Ibid.

MDR-TB is a form of TB not susceptible to at least two first-line anti-TB drugs.²³⁰ As TB bacteria can develop resistance to medication through genetic changes, a first-line drug may become ineffective.²³¹ As a consequence, at least two drugs are used for a strict daily regimen over the span of several months in TB standard treatment.²³² MDR-TB exists largely due to deficiencies in TB program and case management.²³³ Ineffective formulations and incorrect or inconsistent use of first-line drugs can cause transmittable MDR-TB.²³⁴ If a patient develops forms of MDR-TB or is infected with it, he or she has to use second-line medication.²³⁵ These entail longer, more toxic, and more expensive treatment periods, together with lower treatment success.²³⁶ 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.²³⁷

Annually, about 425,000 new cases of MDR-TB occur.²³⁸ WHO classifies MDR-TB as a “public health crisis and a health security threat.”²³⁹ According to WHO, MDR-TB is more common among TB patients living with HIV compared to TB patients without HIV.²⁴⁰ MDR-TB poses additional challenges to the prevention and treatment of TB, such as limited capacities in diagnosing MDR-TB.²⁴¹ MDR-TB is a serious obstacle to reaching the 2020 and 2030 targets.²⁴² 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.²⁴³ In order to control MDR-TB, detection gaps of MDR-TB must be closed and medication appropriately used.²⁴⁴ However, particularly countries in sub-Saharan Africa face challenges adhering good TB control program due to competing priorities in national health programs, the high workload of TB treatment, and resulting strain on health professionals.²⁴⁵

Additionally, more investment in research is necessary to find better ways to prevent, diagnose, and treat MDR-TB among people living with HIV.²⁴⁶ 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.²⁴⁷

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.²⁴⁸ If TB and HIV health services are inadequately integrated, resources are not only inefficiently used but HIV-associated TB can remain undetected and untreated.²⁴⁹ According to UNAIDS, approximately 49% of people living with HIV-

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

²³¹ Ibid.

²³² Ibid.

²³³ Wells et al., *HIV Infection and Multidrug-Resistant Tuberculosis: The Perfect Storm*, 2017, p. 86.

²³⁴ WHO, *What is Multidrug-resistant Tuberculosis (MDR-TB) and how do we Control it?*, 2018.

²³⁵ Ibid.

²³⁶ Wells et al., *HIV Infection and Multidrug-Resistant Tuberculosis: The Perfect Storm*, 2017, p. 86.

²³⁷ WHO, *What is Multidrug-resistant Tuberculosis (MDR-TB) and how do we Control it?*, 2018.

²³⁸ Wells et al., *HIV Infection and Multidrug-Resistant Tuberculosis: The Perfect Storm*, 2017, p. 86.

²³⁹ WHO, *Fact Sheet Tuberculosis*, 2018.

²⁴⁰ *MDR-TB More Common in People Living with HIV*, UNAIDS, 2008.

²⁴¹ WHO, *What is Multidrug-resistant Tuberculosis (MDR-TB) and how do we Control it?*, 2018.

²⁴² UNAIDS, *Ending Tuberculosis and AIDS – a Joint Response in the Era of the Sustainable Development Goals*, 2018.

²⁴³ Wells et al., *HIV Infection and Multidrug-Resistant Tuberculosis: The Perfect Storm*, 2017, p. 86.

²⁴⁴ WHO, *Drug-Resistant Tuberculosis*, 2017.

²⁴⁵ Wells et al., *HIV Infection and Multidrug-Resistant Tuberculosis: The Perfect Storm*, 2017, p. 99.

²⁴⁶ WHO, *Drug-Resistant Tuberculosis*, 2017.

²⁴⁷ WHO, *WHO Consolidated Guidelines on Drug-resistant Tuberculosis Treatment*, 2019.

²⁴⁸ UNAIDS, *Ending Tuberculosis and AIDS – a Joint Response in the Era of the Sustainable Development Goals*, 2018, p. 17.

²⁴⁹ Ibid., p. 19.

associated TB are unaware of their co-infection.²⁵⁰ 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 clinic, by the same provider, at the same time.²⁵¹ 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.²⁵² Women in settings with high gender inequality, for example, often have restricted access to TB and HIV services due to domestic responsibilities or the requirement to have permission from a male guardian.²⁵³

In its 2012 *Policy on Collaborative TB/HIV Activities*, WHO provided policy recommendations on how to better integrate TB and HIV health services.²⁵⁴ The guidelines include recommendations on setting up a coordinating body on a national level for collaborative TB and HIV activities, providing HIV testing among people with presumptive and TB and TB testing among people living with HIV.²⁵⁵ Implementing the WHO guidelines 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.²⁵⁶

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 by 75% by 2020 and ending TB and HIV by 2030.²⁵⁷ Challenges remain, especially regarding access to key populations, integration of TB and HIV services, and MDR-TB.²⁵⁸

Action on both HIV and TB remains a multi-sectoral issue, as no single actor can address the multiple implications and drivers of the co-infection.²⁵⁹ UNAIDS and WHO have provided an important impact on the development of policy guidelines, the provision of implementation assistance, the facilitation of ideas exchanges and by keeping the topic high on the United Nations agenda.²⁶⁰ 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.²⁶¹

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? What can UNAIDS do to support Member States in implementing integrated HIV and TB approaches? What role do CSOs play in the prevention of

²⁵⁰ UNAIDS, *Global HIV & AIDS Statistics – 2019 Fact Sheet*, 2019.

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

²⁵² UNAIDS, *Ending Tuberculosis and AIDS – a Joint Response in the Era of the Sustainable Development Goals*, 2018, p. 12.

²⁵³ *Ibid.*, p. 11.

²⁵⁴ WHO, *Policy on Collaborative TB/HIV Activities: Guidelines for National Programmes and Other Stakeholders*, 2012.

²⁵⁵ *Ibid.*

²⁵⁶ UNAIDS, *Integration of HIV/TB Services*, 2012.

²⁵⁷ *TB-related Deaths Among People Living with HIV Falling, but not by Enough*, UNAIDS, 2019.

²⁵⁸ UNAIDS, *Ending Tuberculosis and AIDS – a Joint Response in the Era of the Sustainable Development Goals*, 2018, pp. 18-20.

²⁵⁹ WHO, *Moscow Declaration to End TB*, 2017.

²⁶⁰ WHO, *Policy on Collaborative TB/HIV Activities: Guidelines for National Programmes and Other Stakeholders*, 2012.

²⁶¹ *Leveraging Technology and Innovation to End AIDS and Tuberculosis*, UNAIDS, 2019.

HIV-associated TB? How can Member States and the private sector be encouraged to close the current funding gap, deterring UNAIDS from achieving the 2020 target? How can UNAIDS help Member States to lower barriers to health services for key populations and ensure patient-centered care?

Annotated Bibliography

Joint United Nations Programme on HIV/AIDS. (2015). *UNAIDS Terminology Guidelines*. Retrieved 21 July 2019 from:

https://www.unaids.org/sites/default/files/media_asset/2015_terminology_guidelines_en.pdf

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.

Joint United Nations Programme on HIV/AIDS. (2018). *Ending Tuberculosis and AIDS – a Joint Response in the Era of the Sustainable Development Goals*. Retrieved 21 July 2019 from:

https://www.unaids.org/sites/default/files/media_asset/20180625_UNAIDS_PCB42_BN_Thematic_TBHIV_EN.pdf

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).

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 21 July 2019 from: <https://www.undocs.org/A/RES/70/266>

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.

United Nations, General Assembly, Seventy-third session. (2018). *Political Declaration of the High-Level Meeting of the General Assembly on the Fight against Tuberculosis (A/RES/73/3)*. Retrieved 21 July 2019 from: <https://www.undocs.org/A/RES/73/3>

This declaration was the outcome document of the September 2018 high-level meeting of the General Assembly on ending TB. It identifies, among others, people living with HIV as most at risk of developing TB disease. The declaration outlines necessary measures to provide preventive TB therapy for people living with HIV and underlines the need for coordination and collaboration between TB and HIV programs. Delegates will find the declaration useful in expanding their understanding of the interlinkages between both diseases.

World Health Organization. (2018). *Global Tuberculosis Report 2018*. Retrieved 21 July 2019 from: https://www.who.int/tb/publications/global_report/en/

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.

Bibliography

An Opportunity to End two of the World's Deadliest Infectious Diseases: TB and HIV. (2018, September 26). Joint United Nations Programme on HIV/AIDS. Retrieved 26 August 2019 from: <https://www.unaids.org/en/resources/presscentre/featurestories/2018/september/tb-and-hiv>

Building Faith-Based Partnerships to End AIDS and TB among Children and Adolescents. (2018, September 28). Joint United Nations Programme on HIV/AIDS. Retrieved 26 August 2019 from: <https://www.unaids.org/en/resources/presscentre/featurestories/2018/september/building-faith-based-partnerships-to-end-aids-and-tb-among-children-and-adolescents>

African Union. (n.d.). *About AIDS Watch Africa.* Retrieved 22 September 2019 from: https://au.int/sites/default/files/pages/32894-file-aids_watch_4pp_en_v3.pdf

African Union. (n.d.). *Division of AIDS, TB, Malaria and Other Infectious Diseases (OIDs).* Retrieved 26 August 2019 from: <https://au.int/en/sa/oid>

African Union. (n.d.). *Roadmap on Shared Responsibility and Global Solidarity for AIDS, TB and Malaria Response in Africa.* Retrieved 22 September 2019 from: https://apf.francophonie.org/IMG/pdf/annexe_2.pdf

African Union. (2012). *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.* Retrieved 22 September 2019 from: https://www.unaids.org/sites/default/files/media_asset/JC2447_SharedResponsibilityPost2015_en_0.pdf

African Union. (2016). *Catalytic Framework to End AIDS, TB and Eliminate Malaria in Africa by 2030.* Retrieved 26 August 2019 from: https://au.int/sites/default/files/newsevents/workingdocuments/27513-wd-sa16949_e_catalytic_framework.pdf

Joint United Nations Programme on HIV/AIDS. (2012). *Integration of HIV/TB Services.* Retrieved 26 August 2019 from: https://www.unaids.org/sites/default/files/20120323_infographic_TB.pdf

Joint United Nations Programme on HIV/AIDS. (2015). *On the Fast-Track to End AIDS – 2016-2021 Strategy.* Retrieved 21 July 2019 from: https://www.unaids.org/sites/default/files/media_asset/20151027_UNAIDS_PCB37_15_18_EN_rev1.pdf

Joint United Nations Programme on HIV/AIDS. (2015). *UNAIDS Terminology Guidelines.* Retrieved 21 July 2019 from: https://www.unaids.org/sites/default/files/media_asset/2015_terminology_guidelines_en.pdf

Joint United Nations Programme on HIV/AIDS. (2016). *UNAIDS and the Global Fund: Investing in the Future through Partnership.* Retrieved 26 August 2019 from: https://www.unaids.org/sites/default/files/media_asset/UNAIDS-Global-Fund_en.pdf

Joint United Nations Programme on HIV/AIDS. (2018). *Ending Tuberculosis and AIDS – A Joint Response in the Era of the Sustainable Development Goals – Country Submissions.* Retrieved 21 July 2019 from: https://www.unaids.org/sites/default/files/media_asset/20180625_UNAIDS_PCB42_CRP3_Thematic_TB_HIV-Country-Submissions_EN.pdf

Joint United Nations Programme on HIV/AIDS. (2018). *UNAIDS Joint Programme Division of Labour: Guidance Note 2018*. Retrieved 22 September from: https://www.unaids.org/sites/default/files/media_asset/UNAIDS-Division-of-Labour_en.pdf

Joint United Nations Programme on HIV/AIDS. (2018). *UNAIDS Technical Support: Optimizing Global Fund Grants in Asia and the Pacific 2017–2018*. Retrieved 22 September from: https://www.unaids.org/sites/default/files/media_asset/unaids-technical-support-gf-grants-asia-pacific-2017-8_en.pdf

Joint United Nations Programme on HIV/AIDS. (2019). *AIDS and the Sustainable Development Goals*. Retrieved 26 August 2019 from: https://www.unaids.org/en/AIDS_SDGs

Joint United Nations Programme on HIV/AIDS. (2019). *Communities at the Centre: Defending Rights, Breaking Barriers, Reaching People with Services*. Retrieved 22 September 2019 from: https://www.unaids.org/sites/default/files/media_asset/2019-global-AIDS-update_en.pdf

Joint United Nations Programme on HIV/AIDS. (2019). *Global HIV & AIDS Statistics — 2019 Fact Sheet*. Retrieved 22 September 2019 from: <https://www.unaids.org/en/resources/fact-sheet>

Joint United Nations Programme on HIV/AIDS. (2019). *Tuberculosis*. Retrieved 26 August 2019 from: <https://www.unaids.org/en/topic/tuberculosis>

Joint United Nations Programme on HIV/AIDS. (2019). *Tuberculosis and HIV*. Retrieved 26 August 2019 from: https://www.unaids.org/sites/default/files/media_asset/tb-and-hiv_en.pdf

Joint United Nations Programme on HIV/AIDS. (2019). *Tuberculosis and HIV: Progress Towards the 2020 Target*. Retrieved 21 July 2019 from: https://www.unaids.org/sites/default/files/media_asset/tuberculosis-and-hiv-progress-towards-the-2020-target_en.pdf

Joint United Nations Programme on HIV/AIDS. (2019). *World Health Organization*. Retrieved 26 August 2019 from: <https://www.unaids.org/en/aboutunaids/unaidscosponsors/who>

Leveraging Technology and Innovation to End AIDS and Tuberculosis. (2019, May 24). Joint United Nations Programme on HIV/AIDS. Retrieved 26 August 2019 from: https://www.unaids.org/en/resources/presscentre/featurestories/2019/may/20190524_innovation-to-end-aids-tuberculosis

MDR-TB More Common in People Living with HIV. (2008, February 28). Joint United Nations Programme on HIV/AIDS. Retrieved 26 August 2019 from: <https://www.unaids.org/en/resources/presscentre/featurestories/2008/february/20080228mdrrprtforunaids>

New Study is a Breakthrough for Preventing Tuberculosis in People Living with HIV. (2019, March 6). Unitaids. Retrieved 22 September 2019 from: <https://unitaid.org/news-blog/new-study-is-a-breakthrough-for-preventing-tuberculosis-in-people-living-with-hiv/#en>

Reaching the Missing Millions. (2017, May 17). Joint United Nations Programme on HIV/AIDS. Retrieved 26 August 2019 from: https://www.unaids.org/en/resources/presscentre/featurestories/2017/may/20170517_TB

Stop TB Partnership. (n.d.). *Key Populations Brief: Children*. Retrieved 26 August 2019 from: https://www.tballiance.org/sites/default/files/child-resources/KP_Children_Spreads.pdf

Stop TB Partnership. (2015). *Global Plan to End TB: The Paradigm Shift 2016-2020*. Retrieved 26 August 2019 from:

http://www.stoptb.org/assets/documents/global/plan/GlobalPlanToEndTB_TheParadigmShift_2016-2020_StopTBPPartnership.pdf

TB-related Deaths among People Living with HIV Falling, but not by Enough. (2019, June 3). Joint United Nations Programme on HIV/AIDS. Retrieved 26 August 2019 from: https://www.unaids.org/en/resources/presscentre/featurestories/2019/june/20190603_gow_tb

UNAIDS Reports Mixed Progress Towards Reaching the 2020 Target of Reducing TB Deaths Among People Living with HIV by 75%. (2019, March 22). Joint United Nations Programme on HIV/AIDS. Retrieved 26 August 2019 from: <https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2019/march/world-tuberculosis-day>

United Nations, General Assembly, Third session. (1948). *Universal Declaration of Human Rights (A/RES/217 A (III))*. Retrieved 26 August 2019 from: <http://www.un.org/en/documents/udhr/>

United Nations, General Assembly, Twenty-first session. (1966). *International Covenant on Economic, Social and Cultural Rights (A/RES/2200 (XXI))*. Adopted on the report of the Third Committee (A/6546). Retrieved 26 August 2019 from: [http://undocs.org/A/RES/2200\(XXI\)](http://undocs.org/A/RES/2200(XXI))

United Nations, General Assembly, Twenty-sixth special session. (2001). *Declaration of Commitment on HIV/AIDS (A/RES/S-26/2)*. Retrieved 26 August 2019 from: <http://undocs.org/A/RES/S-26/2>

United Nations, General Assembly, Sixtieth session. (2006). *Political Declaration on HIV/AIDS (A/RES/60/262)*. Retrieved 26 August 2019 from: <http://undocs.org/A/RES/60/262>

United Nations, General Assembly, Sixty-fifth session. (2011). *Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS (A/RES/65/277)*. Retrieved 26 August 2019 from: <https://undocs.org/A/RES/65/277>

United Nations, General Assembly, Seventieth session. (2015). *Transforming our world: the 2030 Agenda for Sustainable Development (A/RES/70/1)*. Retrieved 26 August 2019 from: <http://undocs.org/A/RES/70/1>

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 26 August 2019 from: <https://undocs.org/A/RES/70/266>

United Nations, General Assembly, Seventy-first session. (2016). *Political Declaration of the High-Level Meeting of the General Assembly on Antimicrobial Resistance (A/RES/71/3)*. Retrieved 26 August 2019 from: <https://www.undocs.org/A/RES/71/3>

United Nations, General Assembly, Seventy-third session. (2018). *Political Declaration of the High-Level Meeting of the General Assembly on the Fight Against Tuberculosis (A/RES/73/3)*. Retrieved 26 August 2019 from: <https://undocs.org/A/RES/73/3>

Wells, C. et al. (2007). HIV Infection and Multidrug-Resistant Tuberculosis: The Perfect Storm. *The Journal of Infectious Diseases*, 196: 86-107. Retrieved 26 August 2019 from: https://academic.oup.com/jid/article/196/Supplement_1/S86/807908

World Health Organization. (n.d.). *Management of Tuberculosis and HIV Coinfection – Clinical Protocol for the WHO Europe Region*. Retrieved 21 July 2019 from: http://www.euro.who.int/_data/assets/pdf_file/0004/78124/E90840_Chapter_4.pdf.

World Health Organization & International Labour Organization. (2010). *Joint WHO/ILO Policy Guidelines on Improving Health Worker Access to Prevention, Treatment and Care Services for HIV and TB*. Retrieved 21 July 2019 from:

https://apps.who.int/iris/bitstream/handle/10665/44467/9789241500692_eng.pdf;jsessionid=B73BAE5058402E854FF7F6C249BEB161?sequence=1

World Health Organization. (2012). *Policy on Collaborative TB/HIV Activities: Guidelines for National Programmes and Other Stakeholders*. Retrieved 26 August 2019 from:

https://www.who.int/tb/publications/2012/tb_hiv_policy_9789241503006/en/

World Health Organization. (2014). *The End TB Strategy*. Retrieved 26 August 2019 from:

https://www.who.int/tb/strategy/End_TB_Strategy.pdf?ua=1

World Health Organization. (2014). *Guidance for National Tuberculosis Programmes on the Management of Tuberculosis in Children*. Retrieved 26 August 2019 from:

<http://apps.who.int/medicinedocs/documents/s21535en/s21535en.pdf>

World Health Organization et al. (2015). *A Guide to Monitoring and Evaluation for Collaborative TB/HIV Activities*. Retrieved 21 July 2019 from:

https://apps.who.int/iris/bitstream/handle/10665/150627/9789241508278_eng.pdf?sequence=1

World Health Organization. (2015). *Guidelines on the Management of Latent Tuberculosis Infection*. Retrieved 21 July 2019 from:

https://apps.who.int/iris/bitstream/handle/10665/136471/9789241548908_eng.pdf?sequence=1

World Health Organization. (2016). *Global Health Sector Strategy on HIV 2016-2021: Towards Ending AIDS*. Retrieved 22 September 2019 from: <https://apps.who.int/iris/bitstream/handle/10665/246178/WHO-HIV-2016.05-eng.pdf?sequence=1>

World Health Organization. (2017). *Drug-Resistant Tuberculosis*. Retrieved 26 August 2019 from:

<https://www.who.int/tb/areas-of-work/drug-resistant-tb/en/>

World Health Organization. (2017). *Moscow Declaration to End TB*. Retrieved 21 July 2019 from:

https://www.who.int/tb/features_archive/Moscow_Declaration_to_End_TB_final_ENGLISH.pdf?ua=1

World Health Organization. (2018). *Tuberculosis: Key Facts*. Retrieved 26 August 2019 from:

<https://www.who.int/en/news-room/fact-sheets/detail/tuberculosis>

World Health Organization. (2018). *Global Tuberculosis Report 2018*. Retrieved 21 July 2019 from:

https://www.who.int/tb/publications/global_report/Main_text_21Sept2018_v1.1.pdf?ua=1

World Health Organization. (2018). *HIV-Associated Tuberculosis*. Retrieved 26 August 2019 from:

https://www.who.int/tb/areas-of-work/tb-hiv/tbhiv_factsheet.pdf?ua=1

World Health Organization. (2018). *Latent Tuberculosis Infection – Updated and Consolidated Guidelines for Programmatic Management*. Retrieved 21 July 2019 from:

<https://apps.who.int/iris/bitstream/handle/10665/260233/9789241550239-eng.pdf?sequence=1>

World Health Organization. (2018). *What is Multidrug-Resistant Tuberculosis (MDR-TB) and How Do We Control it?*. Retrieved 26 August 2019 from: <https://www.who.int/features/qa/79/en/>

World Health Organization. (2019). *WHO Consolidated Guidelines on Drug-resistant Tuberculosis Treatment*. Retrieved 22 September 2019 from:

<https://apps.who.int/iris/bitstream/handle/10665/311389/9789241550529-eng.pdf?ua=1>



World Health Organization. (2019). *HIV/TB Task Force*. Retrieved 26 August 2019 from:
<https://www.who.int/tb/areas-of-work/tb-hiv/taskforce/en/>

World Health Organization. (2019). *TB and HIV*. Retrieved 26 August 2019 from:
<https://www.who.int/tb/areas-of-work/tb-hiv/en/>

World Health Organization. (2019). *WHO-UNAIDS HIV Vaccine Initiative*. Retrieved 26 August 2019 from:
https://www.who.int/immunization/research/forums_and_initiatives/HIV_vaccine_initiative/en/

World Health Organization. (2019). *HIV/AIDS: Key Facts*. Retrieved 22 September 2019 from:
<https://www.who.int/news-room/fact-sheets/detail/hiv-aids>