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Update for the Joint United Nations Programme on HIV/AIDS

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Committee Overview

Recent Developments

In the second half of 2016, the Fast-Track response to end the acquired immunodeficiency syndrome (AIDS) epidemic by 2030 remained the prominent theme in the work of the Joint United Nations Programme on HIV/AIDS (UNAIDS).¹ In September 2016, UNAIDS launched the Start Free, Stay Free, AIDS Free framework, which builds on the success of the *Global Plan towards the elimination of new human immunodeficiency virus (HIV) infections among children by 2015 and keeping their mothers alive* and aims to close critical gaps in the human immunodeficiency virus HIV/AIDS response, particularly concerning children and young women.² In order to fight the still high number of new infections in this specific group, the framework sets goals such as providing antiretroviral therapy (ART) to 1.6 million children (aged 0–14) by 2018 and providing voluntary medical circumcision for young men, especially in the age range of 10 to 29.³

In November 2016, UNAIDS released the report *Get on the fast-track – The life-cycle approach to HIV*, which illustrates the success of the Fast-Track response to AIDS and notes that 18.2 million people worldwide have access to HIV treatment.⁴ The life-cycle approach addresses that fact that HIV/AIDS can affect individuals at any stage of their life and that necessary and adequate treatment options must be provided in order to treat the disease, especially for high-risk groups.⁵ The report also highlights that many people living with HIV are dying of tuberculosis, cervical cancer, hepatitis C, and other related illnesses, and that the life-cycle approach needs to include proper treatment for these diseases as well.⁶ Moreover, the report describes the recent developments that took place in finding ways to develop a vaccine for HIV.⁷

In the same month, UNAIDS released the 2016 *AIDS by the numbers* report, an annual report that translates the trends and developments into concrete numbers.⁸ The 2016 edition shows that significant progress has been made since 2000 in the response to HIV/AIDS.⁹ Today, a total of 36.7 million people are living with HIV; further, 2.1 million people became newly infected, and 1.1 million individuals lost their lives to the epidemic this year.¹⁰ However, the number of new HIV infections is steadily declining, the number of HIV infections among children is decreasing, and a significantly greater number of people now have access to antiretroviral therapy (ART).¹¹

On 1 December 2016, UNAIDS honored outgoing Secretary-General Ban Ki-moon for his contribution to the HIV response on World AIDS Day.¹² The Secretary-General used the chance to iterate that the global community is motivated to fight AIDS “because we know that every child deserves care, every person deserves treatment and all vulnerable groups deserve protection from stigma and abuse.”¹³ For Human Rights Day on 10 December, UNAIDS joined the Secretary-General’s statement and echoed that the end of AIDS as a public health threat is not possible without achieving human rights for people suffering from stigmatization and discrimination and helping the groups left furthest behind.¹⁴

¹ UNAIDS, *UNAIDS Board underlines the need for a fully funded response to HIV to allow more countries to get on the fast-track to ending AIDS by 2030*, 2016.

² UNAIDS, *Start Free, Stay Free, AIDS Free: a super-fast-track framework for ending aids among Children, adolescents and young women by 2020*, 2016, p. 3.

³ Ibid.

⁴ UNAIDS, *Get on the fast-track: The life-cycle approach to HIV*, 2016, p. 3.

⁵ Ibid.

⁶ Ibid.

⁷ Ibid., p. 101.

⁸ UNAIDS, *AIDS by the numbers: AIDS is not over, but it can be*, 2016.

⁹ Ibid., p. 3.

¹⁰ Ibid., p. 7.

¹¹ Ibid., p. 3.

¹² UNAIDS, *UNAIDS hosts world aids day event and honours the UN secretary-general for his remarkable contributions to the aids response*, 2016.

¹³ Ibid.

¹⁴ UNAIDS, *On human rights day, UNAIDS stands up for the protection and promotion of human rights for everyone*, 2016.

Also in December, the UNAIDS Programme Coordinating Board (PCB) met for its 39th meeting to discuss various themes in the global HIV/AIDS response.¹⁵ The body discussed access to medicine and elaborated on a report providing recommendations to break down barriers such as patent protection in order to allow access to HIV-related health technologies.¹⁶ Recommendations, for example, include collaboration with global health initiatives, such as UNITAID and the Global Fund, and international financing organizations to raise and mobilize funds to address diseases like tuberculosis and HIV/AIDS, to find ways to ensure the availability, affordability, and accessibility of HIV-related products.¹⁷ At the meeting, the Executive Director of UNAIDS, Michel Sidibé, also stressed the need to respond to the underlying issues that increase the possibility of a HIV infection for specific risk groups such as young women.¹⁸ However, he acknowledged that many challenges remain in order to reach the targets set in the *2016 Political Declaration on Ending AIDS* and the *Start Free, Stay Free, AIDS Free* framework.¹⁹

The work of UNAIDS in 2017 has begun on a positive note with the donors at the Global Fund's Fifth Replenishment pledging over US \$12.9 billion for the next three years to help end epidemics such as AIDS.²⁰ The long-term collaboration between Global Fund and UNAIDS aims to ensure that the policies and directions charted by UNAIDS receive the funding required, with UNAIDS supporting countries to receive grants from the Global Fund and transforming them into national responses.²¹ For example, the Nordic countries of Sweden, Norway, and Denmark announced an increase of their funding commitments to UNAIDS.²²

Annotated Bibliography

Joint United Nations Programme on HIV/AIDS. (2016). *AIDS by the numbers: AIDS is not over, but it can be* [Report]. Retrieved 23 December 2016 from: <http://www.unaids.org/en/resources/documents/2016/AIDS-by-the-numbers>

This document illustrates the progress made to meet global targets by 2020 as part of UNAIDS Fast-Track strategy agreed on by the global community, which aim to end the AIDS epidemic. In the report, delegates will find comprehensive information about achievements pertaining to the response to HIV regarding protection, treatment, and related topics. Through its clear structure and the use of many figures, the report prepares the information in an easily accessible manner. Of particular interest are the figures displaying the global HIV trend data in 2015, which must be taken into account when talking about future programming and orientation of the work of UNAIDS.

Joint United Nations Programme on HIV/AIDS. (2016). *Get on the fast-track: The life-cycle approach to HIV* [Report]. Retrieved 22 December 2016 from: http://www.unaids.org/sites/default/files/media_asset/Get-on-the-Fast-Track_en.pdf

This report discusses the AIDS epidemic throughout the human life cycle to show how individuals of different age groups are affected and how the frameworks established by UNAIDS help to guide specific policies focused on the groups concerned. These age groups include children, young people, adults, and individuals of age 50 and above. Moreover, the report spends significant time discussing the most affected groups, such as sex workers, people who inject drugs, prisoners, and migrants, who need access to treatment and how such support can be provided. The report contains various useful tables and figures that delegates might find helpful for research.

Joint United Nations Programme on HIV/AIDS. (2016). *Start Free, Stay Free, AIDS Free: a super-fast-track framework for ending aids among Children, adolescents and young women by 2020*. Retrieved 23 December 2016 from: http://www.unaids.org/en/resources/documents/2016/20160926_startfree_vision

¹⁵ Saez, *UNAIDS Board Considers Recommendations on Access To Medicines*, 2016.

¹⁶ Ibid.

¹⁷ Ibid.

¹⁸ UNAIDS, *UNAIDS Board underlines the need for a fully funded response to HIV to allow more countries to get on the fast-track to ending AIDS by 2030*, 2016.

¹⁹ Ibid.

²⁰ The Global Fund, *Global Fund Donors Pledge Nearly \$13 Billion to Help End Epidemics*, 2016.

²¹ UNAIDS, *UNAIDS and the Global Fund: A life-changing partnership*, 2016.

²² UNAIDS, *UNAIDS announces new donor commitments from the Nordic countries for 2017*, 2016.



This framework by UNAIDS aims to continue the progress made by the Global Plan “towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive.” The document displays the three pillars, “Start free,” “Stay free,” and “AIDS free,” and lists several targets for each category. Through its compact approach, this framework offers delegates the possibility to quickly learn about an ambitious approach to help end the epidemic among children, adolescents, and young women.

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Joint United Nations Programme on HIV/AIDS. (2016). *AIDS by the numbers: AIDS is not over, but it can be* [Report]. Retrieved 23 December 2016 from: <http://www.unaids.org/en/resources/documents/2016/AIDS-by-the-numbers>

Joint United Nations Programme on HIV/AIDS. (2016). *Get on the fast-track: The life-cycle approach to HIV* [Report]. Retrieved 22 December 2016 from: http://www.unaids.org/sites/default/files/media_asset/Get-on-the-Fast-Track_en.pdf

Joint United Nations Programme on HIV/AIDS. (2016, December 10). *On human rights day, UNAIDS stands up for the protection and promotion of human rights for everyone* [Press Release]. Retrieved 23 December 2016 from: http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2016/december/20161210_human-rights-day

Joint United Nations Programme on HIV/AIDS. (2016). *Start Free, Stay Free, AIDS Free: a super-fast-track framework for ending aids among Children, adolescents and young women by 2020*. Retrieved 23 December 2016 from: http://www.unaids.org/en/resources/documents/2016/20160926_startfree_vision

Joint United Nations Programme on HIV/AIDS. (2016, September 17). *UNAIDS and the Global Fund: A life-changing partnership* [Report], Retrieved 17 January 2016 from: http://www.unaids.org/en/resources/documents/2016/20160917_GF_UNAIDS_partnership_brochure

Joint United Nations Programme on HIV/AIDS. (2016, December 23). *UNAIDS announces new donor commitments from the Nordic countries for 2017* [Press Release]. Retrieved 23 December 2016 from: http://www.unaids.org/sites/default/files/20161223_PR_Nordic_Funding_en.pdf

Joint United Nations Programme on HIV/AIDS. (2016, December 12). *UNAIDS Board underlines the need for a fully funded response to HIV to allow more countries to get on the fast-track to ending AIDS by 2030* [Press Release]. Retrieved 22 December 2016 from: http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2016/december/20161208_PCB39

Joint United Nations Programme on HIV/AIDS. (2016, November 30). *UNAIDS hosts world aids day event and honours the UN secretary-general for his remarkable contributions to the aids response* [Press Release]. Retrieved 23 December 2016 from: http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2016/november/20161130_PR_moving-forward-together

Saez, C. (2016, December 7). *UNAIDS Board Considers Recommendations on Access to Medicines. Intellectual Property Watch*. Retrieved 23 December 2016 from: <http://www.ip-watch.org/2016/12/07/unaids-board-considers-recommendations-access-medicines/>

I. Ensuring HIV/AIDS Prevention and Treatment During Humanitarian Crises

Recent Developments

While progress has been made to address the epidemic of human immunodeficiency virus and acquired immunodeficiency syndrome (HIV/AIDS), during times of crisis, populations can experience an increased vulnerability to HIV infection and the detrimental effects of AIDS, requiring specialized prevention and response.²³ For example, in South Sudan, which has experienced protracted conflict, the International Organization for Migration (IOM) is working with at-risk populations through peer counseling, awareness raising, and development of a national behavioral change communication strategy.²⁴

Healthcare needs during crisis were part of two resolutions adopted by the United Nations (UN) General Assembly in December 2016: resolution 71/127 on “Strengthening of the coordination of emergency humanitarian assistance of the United Nations” and resolution 71/128 on “International cooperation on humanitarian assistance in the field of natural disasters, from relief to development.”²⁵ The adopted resolutions stressed the need “to develop, update, and strengthen early warning systems, disaster preparedness, and risk reduction measures,” which will help implement medical assistance in humanitarian crises.²⁶

In October 2016, the Joint UN Programme on HIV/AIDS (UNAIDS) and the Government of Togo organized a high-level panel on HIV, security, and humanitarian emergencies in Africa, which brought together members of the African Union Commission, government representatives and NGOs.²⁷ With 67 million people being forcibly displaced by humanitarian crisis, of which about 1.7 million people are living with HIV, the conference stressed the need to accelerate efforts in the HIV response in conflict and emergency settings.²⁸ Special attention was drawn to the fact that knowledge about HIV should be further incorporated in peacekeeping missions.²⁹

UN organizations, such as UNICEF, are breaking new ground in providing medical assistance by creating air corridors, which are air routes that will be used by unmanned aircraft systems, or drones, to deliver help, that could be useful in responding to HIV/AIDS during humanitarian crises.³⁰ The first corridor is planned to begin operation in Malawi in April 2017 and will allow drones “to transport small, low-weight supplies such as emergency medical supplies, vaccines, and samples for laboratory diagnosis.”³¹ In a test run in 2016, drones transported dried blood samples for early infant diagnosis of HIV to assess the usefulness of such systems.³² Cynthia McCaffrey, the director of UNICEF’s Office of Innovation, emphasized that by establishing such testing corridor, “there is now a place where we can explore the potential of unmanned aircraft systems in the development and humanitarian space.”³³

Another important event was the 7th Asian Ministerial Conference on Disaster Risk Reduction (AMCDRR) in New Delhi in November 2016, which highlighted the role of health in disaster risk reduction and served as a follow-up for the *Bangkok Principles for the implementation of the health aspects of the Sendai Framework for Disaster Risk Reduction 2015-2030* (Bangkok Principles) (2016).³⁴ The AMCDRR is an regional mechanism for disaster risk reduction, which builds upon the joint leadership of hosting governments and the United Nations Office for Disaster Risk Reduction (UNISDR).³⁵ It aims to fulfill the commitments made in the *Sendai Declaration* (2015), a declaration on Disaster Risk Reduction that focuses on impact and complexity of disasters and the challenges that

²³ UNICEF, *Central and Eastern Europe and the Commonwealth of Independent States*, 2016.

²⁴ IOM supports HIV/Aids prevention in war-torn S. Sudan, Sudan Tribune, 2016.

²⁵ UN DPI, *Responding to Current Humanitarian Crises, General Assembly Adopts Texts Aimed at Alleviating Suffering of Millions, Protecting Civilians, Aid Workers (GA/11870)*, 2016.

²⁶ Ibid.

²⁷ UNAIDS, *HIV, Security and humanitarian emergencies in Africa*, 2016.

²⁸ Ibid.

²⁹ Ibid.

³⁰ UN DPI, *UNICEF partners with the Government of Malawi to test first humanitarian drone in Africa*, 2016.

³¹ Ibid.

³² Ibid.

³³ Ibid.

³⁴ WHO, *Health in Disaster Risk Reduction*, 2016.

³⁵ UNISDR, *Asian Ministerial Conference on Disaster Risk Reduction 2016*, 2016.

come with it.³⁶ The Bangkok Principles were adopted in March 2016 and promote the “systematic integration of health into national disaster risk reduction policies and plans.”³⁷ The important approach about this framework is that it puts health as the central pillar for emergency and disaster risk management.³⁸ Furthermore, it urges communities to build resilient health systems, which allow individuals living with HIV/AIDS get the treatment needed in case of a humanitarian crisis.³⁹

Annotated Bibliography

Humanitarian needs continue to spiral in Southern Africa as peak of lean season looms. (2016, December 6). Reliefweb. Retrieved 3 January 2017 from: <http://reliefweb.int/report/world/humanitarian-needs-continue-spiral-southern-africa-peak-lean-season-looms>

This news article explains the consequences of the El Niño-induced drought for south African countries and how the supply of food and medical assistance has become a challenge for millions of poor people. This is important because about one third of all people living with HIV are located in this region and the consequences of this natural disaster are directly affecting many people living with HIV. Delegates may find this article relevant as it highlights a current humanitarian crisis that requires actions to provide people living with HIV/AIDS with medical assistance.

Joint United Nations Programme on HIV/AIDS. (2016, October 19). *HIV, Security and humanitarian emergencies in Africa* [News Article]. Retrieved 4 January 2017 from:

http://www.unaids.org/en/resources/presscentre/featurestories/2016/october/20161019_emergencies

The news articles reviews the high-level panel organized by UNAIDS and the Government of Togo in October 2016. At the conference, country representatives and experts discussed the fate of the 1.7 million people living with HIV who are affected by humanitarian emergencies. The article lists several key messages concerning issues like how the HIV response can be further strengthened in the context of humanitarian emergencies, which help delegates get a better understanding when preparing the topic.

United Nations, Department of Public Information. (2016, December 15). *UNICEF partners with the Government of Malawi to test first humanitarian drone in Africa* [News Article]. Retrieved 3 January 2017 from:

<http://www.un.org/apps/news/story.asp?NewsID=55813#.WGvcxRvhDIU>

This news article describes the efforts by UNICEF to implement air corridors for drones. The drones will be used to deliver medical aid in times of humanitarian crisis to populations in affected regions. This promising new approach shows how UN organizations are trying to find innovative ways to deliver critical supplies and services by using modern technology. Delegates will find this article interesting as it shows that technologies often associated with commercial issues can be used in a humanitarian context.

United Nations Office for Disaster Risk Reduction. (2016). *Bangkok Principles for the implementation of the health aspects of the Sendai Framework for Disaster Risk Reduction 2015-2030*. Retrieved 4 January 2017 from:

http://www.preventionweb.net/files/47606_bangkokprinciplesfortheimplementati.pdf

The framework was adopted in March 2016 by the International Conference on the Implementation of the Health Aspect of the Sendai Framework for Disaster Risk Reduction 2015-2030. It contains recommendations for countries about implementing processes related to health aspects in emergency and disaster risk management. This comprehensive, detailed list includes seven recommendations in total, which are useful for delegates in order to learn more about how countries can prepare their health systems for humanitarian crisis

United Nations, Office for Disaster Risk Reduction. (2015). *Sendai Framework for Disaster Risk Reduction 2015 – 2030*. Retrieved 18 January 2017 from: http://www.preventionweb.net/files/43291_sendaiframeworkfordrren.pdf

³⁶ UNISDR, *Sendai Framework for Disaster Risk Reduction, 2015 - 2030*, 2016.

³⁷ UNISDR, *Bangkok Principles for the implementation of the health aspects of the Sendai Framework for Disaster Risk Reduction 2015-2030*, 2016.

³⁸ WHO, *Health in Disaster Risk Reduction*, 2016.

³⁹ Ibid.



The Sendai Framework is the outcome document of Third UN World Conference on Disaster Risk Reduction in Japan in 2015. The document highlights the shift from disaster management to disaster risk management, putting emphasis on prevention of new risks as well as the reduction of existing risk and strengthening resilience. It emphasizes the need for collaboration between government and all other stakeholders to increase disaster risk governance and the resilience of health infrastructure. Delegates may find this source useful in order to understand the setting of an epidemic such as HIV/AIDS in the context of humanitarian crisis.

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II. Addressing the Needs of Ageing Populations Living with HIV/AIDS

Recent Developments

Over the last few months, the international community has continued to demonstrate its commitment to supporting populations affected by HIV/AIDS. On 21 November 2016, the Joint United Nations Programme on HIV/AIDS (UNAIDS) published *Get On the Fast-Track: The Life-Cycle Approach to HIV*.⁴⁰ The report highlighted the challenges ageing people living with HIV (PLHIV) face, such as adverse effects of antiretroviral therapy, increased risk of contracting age-associated non-communicable diseases, and other secondary infections.⁴¹ The report noted that recognizing the changing needs of ageing populations with respect to their HIV treatment is necessary in order to provide effective care.⁴² Two ways of mitigating these and other challenges are adapting health care systems to the needs of the ageing population and including ageing PLHIV in HIV research, advocacy, and programme development.⁴³

In early December 2016, the Programme Coordinating Board (PCB) of (UNAIDS) held the thematic session of the 39th PCB on ageing and HIV.⁴⁴ The PCB thematic session engaged a wide array of actors in the international community to discuss the specific needs of PLHIV over the age of 50.⁴⁵ The PCB urged that the health and social effects of ageing with HIV be integrated in health care services in order to ensure that PLHIV over 50 are healthy and cared for.⁴⁶ In addition to caring for ageing populations with HIV/AIDS, there is the need to decrease transmission in older populations.⁴⁷ An increasing number of individuals “middle-aged and older adults” are contracting HIV; approximately 120,000 people aged 50 or older contracted HIV in 2015.⁴⁸ A deeper understanding of where and why these infections are occurring is important in order to decrease new infections.⁴⁹ The thematic session on HIV and ageing highlighted the need for further research on the effects of ageing for PLHIV, as well as the impacts that HIV has on the ageing process.⁵⁰ In addition, the background note called for increased budgets, greater political will, and more commitment to support new research and programs targeted specifically at older PLHIV.⁵¹

On 1 December 2016 the international community commemorated World AIDS Day.⁵² The Executive Director of UNAIDS, Michel Sidibé, addressed the need for increased investment and research in order to protect PLHIV over 50 from developing co-infections that can affect the disease’s progression and their quality of life.⁵³ In addition, Mr. Sidibé noted the need to utilize a “life-cycle” approach to treatment of HIV, in order to tailor the medical response to individual’s needs as they age, and reiterated the call for integrating the needs of PLHIV in existing health care services.⁵⁴

⁴⁰ UNAIDS, *Get On The Fast-Track – The Life-Cycle Approach to HIV*, 2016.

⁴¹ Ibid.

⁴² Ibid.; UNAIDS, *UNAIDS board underlines the need for a fully funded response to HIV to allow more countries to get on the fast-track to ending AIDS by 2030*, 2016.

⁴³ UNAIDS, *Get On The Fast-Track – The Life-Cycle Approach to HIV*, 2016.

⁴⁴ UNAIDS, *UNAIDS PCB session on ageing and HIV reaffirms that an ageing population of people living with HIV is a measure of success*, 2016.

⁴⁵ Ibid.

⁴⁶ Ibid.

⁴⁷ Ibid.

⁴⁸ Ibid.

⁴⁹ UNAIDS, *HIV and Ageing: Background Note*, 2016.

⁵⁰ Ibid.

⁵¹ Ibid; UNAIDS, *Agenda item 6: Synthesis report of existing research and literature on intellectual property-related and other factors impacting the availability, affordability, and accessibility of treatment and diagnostics for HIV and co-infections in low and middle-income countries*, 2016.

⁵² UNAIDS, *World AIDS Day Message 2016*, 2016.

⁵³ Ibid.

⁵⁴ Ibid.

Several medical organizations across the international community are providing access to materials to assist the medical community in providing optimal care for PLHIV.⁵⁵ In September 2016, the Seventh International Workshop on HIV and Ageing gathered HIV researchers to discuss and share their findings. Much of the research focused on the comorbidities of older PLHIV.⁵⁶ Understanding of the potential comorbidities will be critical as recent medical advances are allowing more PLHIV to live longer.⁵⁷ It is estimated that by 2030 more than one third of HIV patients will be over 65 years old.⁵⁸ A result of a modeling study presented at the workshop suggested that HIV clinicians should incorporate geriatric care and occupational therapy in order to improve health care outcomes and quality of life of older PLHIV.⁵⁹

The HIV and Ageing Consensus Project, which was developed by the American Medical Association, released free training material on World AIDS Day entitled “Recommended Treatment Strategies for Clinicians Managing Older Patients with HIV.”⁶⁰ Additional research was released in October 2016 that provided comments and suggestions on recommendations and best practices.⁶¹ For example, in addition to taking a comprehensive medical history, it is recommended that HIV clinicians also screen for hypertension, obesity, depression, smoking, and substance abuse, as these are some of the most common comorbidities for older PLHIV.⁶²

Annotated Bibliography

Joint United Nations Programme on HIV/AIDS. (2016). *Agenda item 6: Synthesis report of existing research and literature on intellectual property-related and other factors impacting the availability, affordability, and accessibility of treatment and diagnostics for HIV and co-infections in low and middle-income countries* [Report]. Retrieved 7 January 2017 from:

http://www.unaids.org/sites/default/files/media_asset/20161114_UNAIDS_PCB39_Synthesis_Report-IP-16-21_EN.pdf

This synthesis report addresses co-infections and comorbidities, which are important factors in providing effective treatment for older PLHIV. The status of research can greatly impact the development of new treatments and best practices. Intellectual property-related barriers could negatively impact public health by increasing the cost of treatments and therefore restricting access. This barrier can be especially difficult to overcome in middle- to low-income states. Addressing these barriers can ensure that treatments are affordable and thereby increasing the accessibility of treatment, especially treatment for co-infections and co-morbidities.

Joint United Nations Programme on HIV/AIDS. (2016). *Get On The Fast-Track: The Life-Cycle Approach to HIV/AIDS* [Report]. Retrieved 7 January 2017 from: http://www.unaids.org/sites/default/files/media_asset/Get-on-the-Fast-Track_en.pdf

The Life-Cycle Approach provides delegates with a better understanding the complexities of treating and preventing HIV/AIDS for PLHIV and key populations at every stage in life in order to tailor policies that will best treat PLHIV. Additionally, understanding how age impacts the disease and how the disease impacts ageing is important in order to provide tailored and effective treatment. Delegates should understand these complexities so that their policy proposals take into consideration these critical challenges in providing appropriate and effective treatment for all PLHIV.

⁵⁵ HIV-Age, *HIV and Aging Consensus Project Recognizes World AIDS Day by Releasing Free Online CME/CE Focusing on Optimal Treatment for Older People Living with HIV*, 2016.

⁵⁶ Mascolini, *HIV and Aging: Impact on CD4 Gains, Frailty, Falls, Cognition, and MIs: Report on the 7th International Workshop on HIV and Ageing*, 2016.

⁵⁷ Ibid.

⁵⁸ Ibid.

⁵⁹ Ibid.

⁶⁰ HIV-Age, *HIV and Aging Consensus Project Recognizes World AIDS Day by Releasing Free Online CME/CE Focusing on Optimal Treatment for Older People Living with HIV*, 2016.

⁶¹ Wing, *HIV and Aging*, 2016.

⁶² Ibid.

Joint United Nations Programme on HIV/AIDS. (2016). *HIV and Ageing: Background Note*. Retrieved 7 January 2017 from: http://www.unaids.org/sites/default/files/media_asset/20161125_UNAIDS_PCB39_HIV-Ageing_EN.pdf

The Background Note on HIV and Ageing is important to gaining a better understanding of some the recent actions by UNAIDS and the international community on this topic. The Background Note highlights recent developments, provides a deeper understanding of the issue, and discusses the recent responses of the health and social sectors. This document provides a comprehensive breakdown of the challenges that ageing with HIV presents and highlights some strategies that are helpful in treating older PLHIV. Delegates should acquire knowledge on all of these topics in order to tailor their proposals to properly address the unique challenges of treating older PLHIV.

Mascolini, M. (2016) *HIV and Aging: Impact on CD4 Gains, Frailty, Falls, Cognition, and MIs: Report on the 7th International Workshop on HIV and Ageing*. Retrieved 31 January 2017 from: http://regist2.virology-education.com/2016/7HivAging/Workshop_report.pdf

The report on the 7th International Workshop on HIV and Aging summarizes the research presented at the workshop. Much of the research highlights key comorbidities in PLHIV and provides suggestions on identifying and treating these issues. A deep understanding of the clinical challenges in managing care of older PLHIV will be critical in order for delegates to propose effective programmes and policy.

Wing, E. (2016). HIV and ageing. *International Journal of Infectious Diseases*, 53: 61-68. Retrieved 7 January 2017 from:

[http://www.ijidonline.com/article/S1201-9712\(16\)31187-0/pdf](http://www.ijidonline.com/article/S1201-9712(16)31187-0/pdf)

This research article examines the effect of HIV on ageing and ageing on the disease and discusses the increases in co-morbidities that can develop as a PLHIV ages. In addition, the article discusses the needs of treating PLHIV and potential strategies to treating and preventing HIV in older PLHIV. The article provides recommendations for care for ageing PLHIV that delegates can incorporate into their policy recommendations in order to provide ageing PLHIV with the most appropriate care.

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III. Mitigating the Impact of HIV/AIDS on Economic Development

Recent Developments

In the most recent session of the Programme Coordinating Board (PCB) of the Joint United Nations Programme on HIV/AIDS (UNAIDS), economic development and economic growth have remained important components of UNAIDS's programming.⁶³ Notably, the Unified Budget, Result and Accountability Framework (UBRAF) discussed at the 39th PCB noted that with the promotion of sustainable economic growth and decent work for all, people can become less vulnerable to HIV and AIDS; in turn, reducing vulnerability to HIV/AIDS may further support economic development.⁶⁴ UNAIDS will continue to foster collaboration among the UN system and other partners to leverage their expertise in order to achieve the Sustainable Development Goals (SDGs), of which several focus on economic growth and development.⁶⁵ In addition, UNAIDS is reviewing and updating its strategies to ensure alignment with the *2030 Agenda for Sustainable Development* (2015).⁶⁶

A study published recently in the *International Journal of Applied Research* assessed the effects of HIV/AIDS on rural household's food security in Ethiopia.⁶⁷ This analysis is important for understanding the impacts of HIV/AIDS on economic development, as the household is the "basic building block of the economy."⁶⁸ The study found that HIV/AIDS decreased income-earning opportunities of affected households and increased vulnerability to food insecurity.⁶⁹ Because HIV can increase unemployment and productivity of labor, reducing vulnerability and preventing new infections can have positive effects on economic growth and development by increasing individuals' ability to lead healthy and productive lives.⁷⁰ Cash transfers were found to have positive effects at the household level in Malawi at reducing HIV vulnerability and mitigating HIV/AIDS economic impact on households.⁷¹

In November 2016, the United Nations Population Fund, the League of Arab States, and the government of Algeria hosted a regional forum on the lessons learned in AIDS response that are pertinent to guiding investment and development responses in the Middle East and North Africa (MENA).⁷² The forum focused on the economic empowerment of young people and women in development responses, including how economic growth, education, health, and social systems can improve life expectancy, lower maternal mortality, and can contribute to positive economic development outcomes.⁷³ Economic empowerment was included in the new *Get on the Fast-Track: The Life-Cycle Approach* report as a "readily available" measure to reduce new HIV infections among adults.⁷⁴ A pilot project, Empowerment + Engagement = Equality, in Malawi, Kenya, and Uganda engaged around 180 women and girls to strengthen the leadership of women and girls in the AIDS response in order to reduce vulnerability to HIV.⁷⁵ These strategies can improve economic prospects and thereby help to reduce HIV's impact on economic development.⁷⁶

The United Nations Development Programme (UNDP) recently published a report examining inequalities facing people living in poverty and proposing strategies to mitigate these inequalities.⁷⁷ For example, the UNDP Cambodia office and the National AIDS Authority (NAA) conducted analyses of social protection programs for HIV affected

⁶³ UNAIDS, *Agenda Item 5: Unified Budget, Result and Accountability Framework*, 2016.

⁶⁴ *Ibid.*, p. 20.

⁶⁵ *Ibid.*

⁶⁶ *Ibid.*

⁶⁷ Nagaraja, *Economic impact of HIV/AIDS on rural farm households' food security in Ethiopia: The case of Raya Kobo Woreda*, 2016.

⁶⁸ *Ibid.*

⁶⁹ *Ibid.*

⁷⁰ Gay, *Interventions to Address the Economic Causes and Consequences of HIV/AIDS*, 2016.

⁷¹ *Ibid.*

⁷² UNAIDS, *Middle East and North Africa: HIV Lessons Can Guide Development Responses for Young People and Women*, 2016.

⁷³ *Ibid.*

⁷⁴ UNAIDS, *Get On The Fast-Track: The Life-Cycle Approach to HIV/AIDS*, 2016.

⁷⁵ *Ibid.*

⁷⁶ UNAIDS, *Reducing the impact of HIV on adolescent girls*, 2016.

⁷⁷ UNDP, *Getting To the Last Mile in Least Developed Countries*, 2016.

households.⁷⁸ Their analyses found that HIV negatively impacted income, education, employment, and assets accumulation.⁷⁹ HIV-sensitive social protection programs can mitigate these impacts on households through cash transfer programs, free health primary health care, and antiretroviral treatment (ART), among others.⁸⁰ As a result, UNDP has continued to help other Member States incorporate these findings into their national strategies.⁸¹

UNDP also recently published an HIV and development strategy note that highlights three action priorities for 2016 through 2021.⁸² The action priorities are: reducing inequalities, promoting inclusive and effective governance for health, and building resilient and sustainable health systems.⁸³ The strategy note builds upon UNDP's current program framework by incorporating HIV into the development agenda.⁸⁴ Lastly, *The Global Fund Strategy 2017 – 2021: Investing to end epidemics* notes the importance of economic development in driving investment in public health initiatives to improve economic development outcomes.⁸⁵ Notably, the strategy aims to support programs that increase women's and girls' economic empowerment by promoting human rights and gender equality.⁸⁶

Annotated Bibliography

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This research study highlights the impact of HIV/AIDS on the economic security of households. It highlights programs that had success in reducing HIV vulnerability, which can support economic development and security. Understanding the positive effects of public health initiatives to decrease HIV vulnerability is crucial to addressing HIV/AIDS in the broader sustainable development agenda, and specifically to improve economic development in Member States impacted by HIV/AIDS.

The Global Fund. (2016). *The Global Fund Strategy 2017 -2021: Investing to end epidemics*. Retrieved 7 January 2017 from: http://www.theglobalfund.org/documents/board/35/BM35_02-TheGlobalFundStrategy2017-2022InvestingToEndEpidemics_Report_en/

The Global Fund's 2017 – 2021 strategy incorporates many of the SDGs into its five-year strategic plan to increase investment in treating HIV and other diseases. The Global Fund will use evidenced-based interventions to ensure effective implementation of treatment and that resources are being allocated in an efficient manner. Delegates should understand how the Global Fund's strategy relates to the work of UNAIDS and other UN organizations in order to propose responses to address HIV's impact on economic development.

Nagaraja, G., et al. (2016). *Economic impact of HIV/AIDS on rural farm households' food security in Ethiopia: The case of Raya Kobo Woreda*. Retrieved 7 January 2017 from: <http://www.allresearchjournal.com/archives/2016/vol2issue6/PartN/2-5-173-123.pdf>

This research study highlights the impact of HIV/AIDS on food security at the household level and draws a link between food insecurity and economic insecurity. Understanding the different ways in which HIV/AIDS can impact households, which in turn impacts broader economic development and growth, is critical to addressing the many different challenges HIV/AIDS places on development. Furthermore, it can help guide delegates in proposing new solutions to address these challenges.

⁷⁸ Ibid.

⁷⁹ Ibid.

⁸⁰ Ibid.

⁸¹ Ibid.

⁸² UNDP, *Connecting the Dots: Strategy Note*, 2016.

⁸³ Ibid.

⁸⁴ Ibid.

⁸⁵ The Global Fund, *The Global Fund Strategy 2017 -2021: Investing to end epidemics*, 2016.

⁸⁶ Ibid.

United Nations Development Programme. (2016). *Connecting the Dots: Strategy Note*. Retrieved 7 January 2017 from: <http://www.undp.org/content/dam/undp/library/HIV-AIDS/UNDP%20HIV%20Health%20and%20Development%20Strategy%202016-2021.pdf?download>

The UNDP Strategy Note outlines how UNDP will incorporate HIV into its development agenda and programmes. It describes the three broader goals of the strategy and the outcomes that UNDP is endeavoring to achieve. Delegates should know the current priorities and strategies of the many organizations that are working on HIV and economic development in order to propose solutions that are in line with current objectives.

United Nations Development Programme. (2016). *Getting To the Last Mile in Least Developed Countries* [Report]. Retrieved 7 January 2017 from: <http://www.undp.org/content/dam/undp/library/SDGs/English/getting-to-the-last-mile-oct-2016.pdf?download>

This report highlights a social protection program for HIV-affected households in Cambodia that found favorable results in reducing HIV's impact on their economic security. Understanding successful interventions that are designed to reduce the negative impacts of HIV at the individual and family levels is important for delegates to propose effective policies. This report clearly explains the successful interventions in Cambodia and proposes recommendations for future actions that guide delegate's understanding of successful policy that could be replicated in other Member States.

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