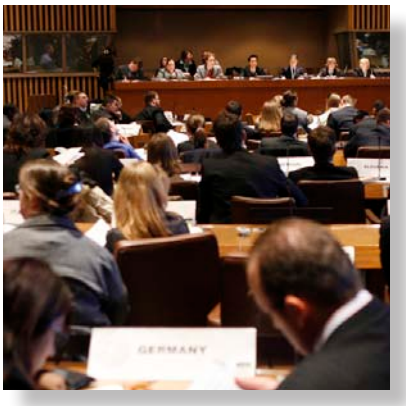
NMUN • NY

UNAIDS PROGRAMME COORDINATING BOARD



NATIONAL MODEL UNITED NATIONS

5-9 April 2009 - Sheraton
7-11 April 2009 - Marriott

www.nmun.org

BACKGROUND GUIDE 2009

NATIONAL COLLEGIATE CONFERENCE association™

WRITTEN BY:
Stephanie Martins
Christian Winkler

Contributions by:
Heidi Schneble

Please consult the FAQ section of www.nmun.org for answers to your questions. If you do not find a satisfactory answer you may also contact the individuals below for personal assistance. They may answer your question(s) or refer you to the best source for an answer.

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NMUN•NY 2009 IMPORTANT DATES

IMPORTANT NOTICE: To make hotel reservations, you must use the forms at www.nmun.org and include a $1,000 deposit. Discount rates are available until the room block is full or one month before the conference – whichever comes first. PLEASE BOOK EARLY!

SHERATON	MARRIOTT	
31 January 2009	31 January 2009	• Confirm Attendance & Delegate Count. (Count may be changed up to 1 March) • Make Transportation Arrangements - DON'T FORGET! (We recommend confirming hotel accommodations prior to booking flights.)
15 February 2009	15 February 2009	• Committee Updates Posted to www.nmun.org.
1 March 2009	1 March 2009	• Hotel Registration with FULL PRE-PAYMENT Due to Hotel - Register Early! Registration is first-come, first-served. • Any Changes to Delegate Numbers Must be Confirmed to karen@nmun.org • Two Copies of Each Position Paper Due via E-mail (See opposite page for instructions). • *All Conference Fees Due to NMUN for confirmed delegates.* ($125 per delegate if paid by 1 March; $150 per delegate if received after 1 March.) Fee is not refundable after this deadline.
NATIONAL MODEL UNITED NATIONS		The 2009 National Model UN Conference • 5 - 9 April – Sheraton New York • 7 - 11 April – New York Marriott Marquis

COMMITTEE E-MAIL ADDRESSES

Two copies of each position paper should be sent via e-mail by 1 MARCH 2009

1. TO COMMITTEE STAFF

A file of the position paper (.doc or .pdf) for each assigned committee should be sent to the committee e-mail address listed below. Mail papers by 1 March to the e-mail address listed for your particular venue. These e-mail addresses will be active after 15 November. Delegates should carbon copy (cc:) themselves as confirmation of receipt. Please put committee and assignment in the subject line (Example: GAPLEN_Greece).

2. TO DIRECTOR-GENERAL

- Each delegation should send one set of all position papers for each assignment to the e-mail designated for their venue: positionpapers.sheraton@nmun.org or positionpapers.marriott@nmun.org. This set (held by each Director-General) will serve as a back-up copy in case individual committee directors cannot open attachments. Note: This e-mail should only be used as a repository for position papers.
- The head delegate or faculty member sending this message should cc: him/herself as confirmation of receipt. (Free programs like Adobe Acrobat or WinZip may need to be used to compress files if they are not plain text.)
- Because of the potential volume of e-mail, only one e-mail from the Head Delegate or Faculty Advisor containing all attached position papers will be accepted. Please put committee, assignment and delegation name in the subject line (Example: Cuba_U_of_ABC). If you have any questions, please contact the Director-General at dirgen@nmun.org.

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GENERAL ASSEMBLY PLENARY	gaplenary.sheraton@nmun.org
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ORGANIZATION FOR SECURITY AND COOPERATION IN EUROPE	osce.marriott@nmun.org
WORLD TRADE ORGANIZATION	wto.marriott@nmun.org

OTHER USEFUL CONTACTS:

Entire Set of Delegation Position Papers	positionpapers.sheraton@nmun.org
(send only to e-mail for your assigned venue)	positionpapers.marriott@nmun.org
NMUN Director of Programs	karen@nmun.org
Secretary-General	secgen@nmun.org
Director(s)-General	dirgen@nmun.org

www.nmun.org for more information

THE 2009 NATIONAL MODEL UNITED NATIONS

SPONSORED BY THE NATIONAL COLLEGIATE CONFERENCE ASSOCIATION

New York City, 5-9 April (Sheraton) & 7-11 April (Marriott) • www.nmun.org

Dear Delegates,

Welcome to the 2009 National Model United Nations (NMUN) Conference. We are very pleased to be serving as your Directors for the Joint United Nations Programme on HIV/AIDS (UNAIDS) Programme Coordinating Board at the Sheraton and Marriott Venues this Spring.

We would like to take this opportunity to introduce ourselves, as we will be your first contacts for questions, concerns, and suggestions, all of which we will be more than happy to receive. Stephanie Martins, a Pre-Law student with concentrations in International Relations, Spanish, Politics, and Biology, will receiving her B.A. this year from Ursinus College and will be the Director for the Marriott Committee. Christian Winkler, who will be graduating with a M.A. in Political Sciences, International Law and History from Munich University this summer, will be the Director for the Sheraton Committee.

This year's topics will be:

1. Assessing the Impact of the HIV/AIDS Pandemic on Development
2. Caring for Children Impacted by HIV/AIDS
3. Improving Access to Treatments for People Living with HIV/AIDS

The UNAIDS Programme Coordinating Board is the international platform for the evaluation and monitoring of the pandemic, for the formulation of policy strategies, and for the mobilization of resources to effectively respond to this global health crisis. Board members are dedicated to finding solutions for already-occurring or anticipated problems related to the disease. These tasks require a profound understanding of the role of the Programme as well as proficient knowledge about the HIV/AIDS pandemic in all of its aspects.

Given the many months before the conference begins, the topics of your committee are likely to be affected by current events. Therefore, we highly recommend that you constantly observe these developments in order to keep yourself up to date. This guide will aid you in developing a basic understanding of the topics. Consider it as a starting point for future research.

Every delegation is required to submit a position paper prior to attending the conference. NMUN will accept position papers via e-mail until March 1st for both the Sheraton as well as the Marriott Venue. Please refer to the message from your Director-General explaining NMUN's position paper requirements and restrictions, as adherence to these guidelines is of utmost importance.

Your experience in the UNAIDS Programme Coordinating Board will be challenging, but also very enriching. We understand that your preparation for the conference will be demanding and as such encourage you to please contact us with any questions or concerns. We are confident that through a collaborative and compassionate effort, every one of you will have a hand in ensuring the success of this committee. We look forward to meeting you in New York and wish you all the best.

Sincerely Yours,

Sheraton Venue
Christian Winkler
Director
unaids.sheraton@nmun.org

Marriott Venue
Stephanie Martins
Director
unaids.marriott@nmun.org

Message from the Directors-General Regarding Position Papers for the 2009 NMUN Conference

At the 2009 NMUN New York Conference, each delegation submits one position paper for each committee it is assigned to. Delegates should be aware that their role in a respective committee has some impact on the way a position paper should be written. While most delegates will serve as representatives of Member States, some may also serve as observers, NGOs or judicial or technical experts. To understand these fine differences, please refer to Delegate Preparation Guide.

Position papers should provide a concise review of each delegation's policy regarding the topic areas under discussion and establish precise policies and recommendations in regard to the topics before the committee. International and regional conventions, treaties, declarations, resolutions, and programs of action of relevance to the policy of your State should be identified and addressed. Discussing recommendations for action to be taken by your committee is another portion of the position paper that should be considered. Position papers also serve as a blueprint for individual delegates to remember their country's position throughout the course of the Conference. NGO position papers should be constructed in the same fashion as traditional position papers. Each topic should be addressed briefly in a succinct policy statement representing the relevant views of your assigned NGO. You should also include recommendations for action to be taken by your committee. It will be judged using the same criteria as all country position papers, and is held to the same standard of timeliness.

Please be forewarned, delegates must turn in material that is entirely original. ***The NMUN Conference will not tolerate the occurrence of plagiarism.*** In this regard, the NMUN Secretariat would like to take this opportunity to remind delegates that although United Nations documentation is considered within the public domain, the Conference does not allow the verbatim re-creation of these documents. This plagiarism policy also extends to the written work of the Secretariat contained within the Committee Background Guides. Violation of this policy will be immediately reported to faculty advisors and may result in dismissal from Conference participation. Delegates should report any incident of plagiarism to the Secretariat as soon as possible.

Delegation's position papers can be awarded as recognition of outstanding pre-Conference preparation. In order to be considered for a Position Paper Award, however, delegations must have met the formal requirements listed below. Please refer to the sample paper on the following page for a visual example of what your work should look like at its completion. The following format specifications are **required** for all papers:

- All papers must be typed and formatted according to the example in the Background Guides
- Length must **not** exceed one double-sided page (two single-sided pages is **not** acceptable)
- Font **must** be Times New Roman sized between 10 pt. and 12 pt.
- Margins must be set at 1 inch for whole paper
- Country/NGO name, School name and committee name clearly labeled on the first page; the use of national symbols is highly discouraged
- Agenda topics clearly labeled in separate sections

To be considered timely for awards, please read and follow these directions:

1**. A file of the position paper** (.doc or .pdf) **for each assigned committee** should be sent to the committee email address listed in the Background Guide. These e-mail addresses will be active after November 15, 2008. Delegates should carbon copy (cc:) themselves as confirmation of receipt.

2. Each delegation should also send **one set of all position papers** to the e-mail designated for their venue: positionpapers.sheraton@nmun.org or positionpapers.marriott@nmun.org. This set will serve as a back-up copy in case individual committee directors cannot open attachments.

These copies will also be made available in Home Government during the week of the NMUN Conference

Each of the above listed tasks needs to be completed no later than **March 1, 2009 for Delegations attending the NMUN conference at either the Sheraton or the Marriott venue**.

PLEASE TITLE EACH E-MAIL/DOCUMENT WITH THE NAME OF THE COMMITTEE, ASSIGNMENT AND DELEGATION NAME (Example: AU_Namibia_University of Caprivi)

A matrix of received papers will be posted online for delegations to check prior to the Conference. If you need to make other arrangements for submission, please contact Sarah Tulley, Director-General, Sheraton venue, or
Lauren Judy, Director-General, Marriott venue at dirgen@nmun.org. There is an option for delegations to submit physical copies via regular mail if needed.

Once the formal requirements outlined above are met, Conference staff uses the following criteria to evaluate Position Papers:

- Overall quality of writing, proper style, grammar, etc.
- Citation of relevant resolutions/documents
- General consistency with bloc/geopolitical constraints
- Consistency with the constraints of the United Nations
- Analysis of issues, rather than reiteration of the Committee Background Guide
- Outline of (official) policy aims within the committee's mandate

Each delegation should submit a copy of their position paper to the permanent mission of the country being represented, along with an explanation of the Conference. Those delegations representing NGOs do not have to send their position paper to their NGO headquarters, although it is encouraged. This will assist them in preparation for the mission briefing in New York.

Finally, please consider that over 2,000 papers will be handled and read by the Secretariat for the Conference. Your patience and cooperation in strictly adhering to the above guidelines will make this process more efficient and is greatly appreciated. Should you have any questions please feel free to contact the Conference staff, though as we do not operate out of a central office or location your consideration for time zone differences is appreciated.

Sincerely yours,

Sheraton Venue
Sarah Tulley
Director-General

sarah@nmun.org

Marriott Venue
Lauren Judy
Director-General

lauren@nmun.org

Sample Position Paper

The following position paper is designed to be a sample of the standard format that an NMUN position paper should follow. While delegates are encouraged to use the front and back of a single page in order to fully address all topics before the committee, please remember that only a maximum of one double-sided page (or two pages total in an electronic file) will be accepted. Only the first double-sided page of any submissions (or two pages of an electronic file) will be considered for awards.

Delegation from ***Represented by***
Canada **(Name of College)**

Position Paper for General Assembly Plenary

The topics before the General Assembly Plenary are: Breaking the link between Diamonds and Armed Conflict; the Promotion of Alternative Sources of Energy; and the Implementation of the 2001-2010 International Decade to Roll Back Malaria in Developing Countries, Particularly in Africa. Canada is dedicated to collaborative multilateral approaches to ensuring protection and promotion of human security and advancement of sustainable development.

I. Breaking the link between Diamonds and Armed Conflict

Canada endorses the Kimberly Process in promoting accountability, transparency, and effective governmental regulation of trade in rough diamonds. We believe the Kimberly Process Certification Scheme (KPCS) is an essential international regulatory mechanism and encourage all Member States to contribute to market accountability by seeking membership, participation, and compliance with its mandate. Canada urges Member States to follow the recommendations of the 2007 Kimberley Process Communiqué to strengthen government oversight of rough diamond trading and manufacturing by developing domestic legal frameworks similar to the Extractive Industries Transparency Initiative. We call upon participating States to act in accordance with the KPCS's comprehensive and credible systems of peer review to monitor the continued implementation of the Kimberley Process and ensure full transparency and self-examination of domestic diamond industries. We draw attention to our domestic programs for diamond regulation including Implementing the Export and Import of Rough Diamonds Act and urge Member States to consider these programs in developing the type of domestic regulatory frameworks called for in A/RES/55/56. We recommend Member States implement the 2007 Brussels Declaration on Internal Controls of Participants and, in cooperation with established diamond industries, increase controls for record keeping, spot checks of trading companies, physical inspections of imports and exports, and maintenance of verifiable records of rough diamond inventories. Pursuant to Article 41 of the Charter of the United Nations and in conjunction with S/RES/1346, we support renewed targeted sanctions on Côte d'Ivoire, initiated under Paragraph 1 of S/RES/1782, and recommend the Security Council use targeted sanctions and embargos to offset illicit exploitation of diamond trading. Canada recognizes the crucial role of non-governmental organizations (NGOs) in the review of rough diamond control measures developed through the Kimberly Process and encourages States to include NGOs, such as Global Witness and Partnership Africa Canada, in the review processes called for in A/RES/58/290. We urge Member States to act in accordance with A/RES/60/182 to optimize the beneficial development impact of artisanal and alluvial diamond miners by establishing a coordinating mechanism for financial and technical assistance through the Working Group of the Kimberly Process of Artisanal Alluvial Producers. Canada calls upon States and NGOs to provide basic educational material regarding diamond valuation and market prices for artisanal diggers, as recommended by the Diamond Development Initiative. Canada will continue to adhere to the 2007 Brussels Declaration on Internal Controls of Participants and is dedicated to ensuring accountability, transparency, and effective regulation of the rough diamond trade through the utilization of voluntary peer review systems and the promotion of increased measures of internal control within all diamond producing States.

II. The Promotion of Alternative Sources of Energy

Canada is dedicated to integrating alternative energy sources into climate change frameworks by diversifying the energy market while improving competitiveness in a sustainable economy, as exemplified through our Turning Corners Report and Project Green climate strategies. We view the international commitment to the promotion of alternative sources of energy called for in the Kyoto Protocol and the United Nations Framework Convention on Climate Control (UNFCCC) as a catalyst to sustainable development and emission reduction. Canada fulfills its obligations to Article 4 of the UNFCCC by continuing to provide development assistance through the Climate Change Development Fund and calls upon Member States to commit substantial financial and technical investment toward the transfer of sustainable energy technologies and clean energy mechanisms to developing States. We emphasize the need for Member States to follow the recommendations of the 2005 Beijing International Renewable Energy Conference to strengthen domestic policy frameworks to promote clean energy technologies. Canada views dissemination of technology information called for in the 2007 Group of Eight Growth and Responsibility in the World Economy Declaration as a vital step in energy diversification from conventional energy generation. We call upon Member States to integrate clean electricity from renewable sources into their domestic energy sector by employing investment campaigns similar to our $1.48 billion initiative ecoENERGY for Renewable Power. Canada encourages States to develop domestic policies of energy efficiency, utilizing regulatory and financing frameworks to accelerate the deployment of clean low-emitting technologies. We call upon Member States to provide knowledge-based advisory services for expanding access to energy in order to fulfill their commitments to Goal 1 of the Millennium Development Goals (MDGs). Canada emphasizes the need for States to establish domestic regulatory bodies similar to the Use, Development, Deployment, and Transfer of Technology Program to work in cooperation with the private sector to increase the transfer of alternative energy technologies. Highlighting the contributions of the Canadian Initiative for International Technology Transfer and the International Initiative for Technology Development Program, we urge Member States to facilitate the development and implementation of climate change technology transfer projects. Canada urges States to address the concerns of the 2007 Human Development Report by promoting tax incentives, similar to the Capital Cost Allowances and Canadian Renewable and Conservation Expenses, to encourage private sector development of energy conservation and renewable energy projects. As a member of the Renewable Energy and Energy Efficiency Partnership, Canada is committed to accelerating the development of renewable energy projects, information sharing mechanisms, and energy efficient systems through the voluntary carbon offset system. We are dedicated to leading international efforts toward the development and sharing of best practices on clean energy technologies and highlight our release of the Renewable Energy Technologies Screen software for public and private stakeholders developing projects in energy efficiency, cogeneration, and renewable energy. Canada believes the integration of clean energy into State specific strategies called for in A/62/419/Add.9 will strengthen energy diversification, promote the use of cogeneration, and achieve a synergy between promoting alternative energy while allowing for competitiveness in a sustainable economy.

III. Implementation of the 2001-2010 International Decade to Roll Back Malaria in Developing Countries, Particularly in Africa

Canada views the full implementation of the treatment and prevention targets of the 2001-2010 International Decade to Roll Back Malaria in Developing Countries, Especially in Africa, as essential to eradicating malaria and assisting African States to achieve Target 8 of Goal 6 of the MDGs by 2015. We recommend Member States cooperate with the World Health Organization to ensure transparency in the collection of statistical information for Indicators 21 and 22 of the MDGs. Canada reaffirms the targets of the Abuja Declaration Plan of Action stressing regional cooperation in the implementation, monitoring, and management of malaria prevention and treatment initiatives in Africa. To fully implement A/RES/61/228, Canada believes developed States must balance trade and intellectual property obligations with the humanitarian objective of the Doha Declaration on the TRIPS Agreement and Public Health. We continue to implement Paragraph 6 of the Doha Declaration on the TRIPS Agreement and Public Health into our compulsory licensing framework through the Jean Chrétien Pledge to Africa Act. We urge Member States to support compulsory licensing for essential generic medicines by including anti-malarial vaccines and initiating domestic provisions to permit export-only compulsory licenses to domestic pharmaceutical

manufacturers, similar to Canada's Access to Medicines Regime. Canada calls upon Member States to establish advanced market commitments on the distribution of pneumococcal vaccines to developing States in cooperation with PATH and the Malaria Vaccine Initiative. We emphasize the need for greater membership in the Roll Back Malaria initiative to strengthen malaria control planning, funding, implementation, and evaluation by promoting increased investment in healthcare systems and greater incorporation of malaria control into all relevant multi-sector activities. Canada continues to implement the Canadian International Development Agency's (CIDA) New Agenda for Action on Health to reduce malaria infection rates among marginalized populations in Africa, increase routine immunizations
rates, and reduce infection rates of other neglected infections. Canada will achieve the goal of doubling aid to Africa by 2008-2009 by providing assistance to the Global Fund to Fight Aids, Tuberculosis, and Malaria. We urge Member States to increase donations to intergovernmental organizations and NGOs that support malaria programming in Africa, exemplified by CIDA's contribution of $26 million to the Canadian Red Cross. We continue our efforts to provide accessible and affordable vector control methods to African States through the Red Cross' Malaria Bed Net Campaign and the African Medical Research Foundation Canada by supplying insecticide-treated mosquito nets and Participatory Malaria Prevention and Treatment tool kits. We support the Initiative to Save a Million Lives Now 2007 Campaign to improve healthcare for impoverished mothers and children and reaffirm the need for standardization of healthcare systems to ensure adequate training of healthcare officials. We call upon Member States to assist in the capacity building of developing States' healthcare frameworks to provide adequate training, equipment, and deployment to new and existing African healthcare personnel. Canada places strong emphasis on ensuring increased accessibility to health services, improved standards of living, and reduction in mortality rates through our $450 million contribution to the African Health Systems Initiative. Pursuant to Article VII of the A/55/2, we will continue to exhibit leadership in the implementation of A/RES/61/228 to mitigate the effects of malaria in developing States, particularly in Africa, and remain dedicated to the strengthening of healthcare systems to improve malaria prevention and treatment.

The History of the Joint United Nations Programme on HIV and AIDS

The founding United Nations Member States were determined "to promote social progress and better standards of life in larger freedom". [1] This commitment, however, has been tried over the previous decades by many challenges including the rapid spread of the HIV/AIDS epidemic. Such challenges have led the United Nations community to take coordinated actions.[2]

In 2007, it was estimated that 33 million people were living with HIV.[3] With a growing number of victims, support for combating the AIDS epidemic continues to grow.[4] For example, during the ten year period from 1996-2006, funding for HIV/AIDs programming increased from $US 300 million to $US 8.9 billion.[5]

The Joint United Nations Programme on HIV and AIDS (UNAIDS) was established in 1994 and launched in 1996.[6] UNAIDS was designed to develop a global plan to combat the global AIDS epidemic by garnering support from both governments and civil society.[7] Following the adoption of the Millennium Development Goals in 2000, the UN community gathered again to solidify their support for combating the HIV/AIDS epidemic through the adoption of the 2001 United Nations Declaration of Commitment, which provides the framework for UNAIDS.[8] The Declaration of Commitment focused on the following areas: leadership; prevention; core support and treatment; HIV/AIDS and human rights; reducing vulnerability; focusing on children orphaned by HIV/AIDS; alleviating the social and economic impact; research and development; and support for resources.[9]

Caring for Children Impacted by HIV/AIDS

The HIV/AIDS epidemic is a global concern affecting all ages of the population especially children.[10] HIV/AIDS is the largest single cause of death for children under the age of five.[11] For these children, the spread of HIV/AIDS is acquired from an infected mother, contaminated blood products, syringes, and the sexual abuse of young girls.[12] Everyday, 1,200 children under the age of 15 are infected with HIV.[13] In 2007, UNAIDS estimated that 2.1 million children were living with HIV with 90% of them living in Africa.[14] About 50% of children who acquire HIV from their mothers die before their second birthday.[15] In 2000, it was projected that by the end of the decade, there would be 25 million orphans due to the AIDS epidemic.[16] During the 2000 UN Millennium Summit, the UN community committed to adopting a set of eight goals, the Millennium Development Goals (MDGs), aimed at reducing poverty and improving the quality of life.[17] MDG 6 was committed to combating HIV/AIDS, malaria and other diseases.[18] Target 7 of

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[1] United Nations, *Charter of the United Nations and Statute of the International Court of Justice,* 1945.
[2] United Nations, Economic and Social Council, (ECOSOC Res 1994/24), 1994.
[3] United Nations, *The Millennium Developments Goals Report,* 2008.
[4] UNAIDS, *2006 UNAIDS Annual Report :Making the Money Work,* 2006.
[5] *Ibid.*
[6] United Nations, Economic and Social Council, (ECOSOC Res 1994/24), 1994.
[7] *Ibid.*
[8] United Nations, *Declaration of Commitment on HIV/AIDS.* 2001.
[9] *Ibid.*
[10] United Nations, Economic and Social Council, (ECOSOC Res 1994/24), 1994.
[11] UNAIDS, *Children and Orphans,* (n.d.)
[12] *Ibid.*
[13] UNICEF, "Children and HIV and AIDS, *n.d.*
[14] United Nations, *The Millennium Developments Goals Report,* 2008.
[15] UNAIDS, *Children and Orphans, n.d.*
[16] *Ibid.*
[17] United Nations, General Assembly, *United Nations Millennium Declaration (*GA Res 55/2), 2000.
[18] *Ibid.*

MDG 6 specifically focused on reversing the spread of HIV/AIDS by 2015 through prevention, education and expansion of resources.[19] Current UN Secretary-General Ban Ki-Moon recently stated, "Halting and reversing the spread of AIDS is not only a Goal in itself; it is a prerequisite for reaching almost all the others. How we fare in fighting AIDS will influence all our efforts to cut poverty and improve nutrition, reduce child mortality and improve maternal health, curb the spread of malaria and tuberculosis. Conversely, progress towards the other Goals is critical to progress on AIDS-from education to the empowerment of women and girls".[20] While AIDS continues to take a terrible toll in sub-Saharan Africa, there have been small victories.[21] For example, the number of people newly infected with HIV declined from 3 million in 2001 to 2.7 million in 2007.[22]

UNAIDS Structure

The UNAIDS organization is lead by Secretariat comprised of an executive director based in Geneva, Switzerland.[23] In addition to the Secretariat, there exists a team of ten UN system organizations with the technical skills and resources to respond to the epidemic.[24] The UNAIDS Secretariat has staff in more than 80 countries and is designed to oversee and implement the projects and works towards the reduction of the spread of HIV/AIDS.[25] Under the leadership of the Secretariat, UNAIDS has developed five focus areas for an effective global response include mobilizing leadership and advocacy, providing strategic information and policies, tracking, monitoring and evaluating global efforts, engaging civil society and working with partnerships, and mobilizing financial, human and technical resources to support the organization.[26] The governing body of UNAIDS is the Programme Control Board (PCB) which consists of representatives from 22 governments, 6 co-sponsors and five nongovernmental organizations.[27] The PCB has several different responsibilities. These include the authority to review and decide upon the planning, budgeting, proposals, and longer term plans of action for the Joint Programme.[28]

Members of the UNAIDS Programme Coordinating Board[29]

Democratic Republic of the Congo	Mauritania
Denmark	Monaco
El Salvador	Myanmar
Ethiopia	New Zealand
Grenada	Russian Federation
Guatemala	Senegal
India	Slovakia
Islamic Republic of Iran	Switzerland
Ireland	Thailand
Japan	United States of America
Luxembourg	Zambia

The UN organizations or co-sponsors for UNAIDS include The Office of the United Nations

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[19] UNAIDS, *Achieving the MDGs: Why the AIDS Response Counts,* 24 September 2008.
[20] *Ibid.*
[21] United Nations, *The Millennium Developments Goals Report,* 2008.
[22] *Ibid.*
[23] UNAIDS, *UNAIDS Secretariat, n.d.*
[24] UNAIDS, *Cosponsors, n.d.*
[25] UNAIDS, *UNAIDS Secretariat, n.d.*
[26] *Ibid.*
[27] UNAIDS, *Governance, n.d.*
[28] *Ibid.*
[29] UNAIDS, Joint United Nations Programme on HIV/AIDS: Composition of the Programme Coordinating Board (PCB), 29 April 2008.

High Commissioner for Refugees (UNHCR), United Nations Children's Fund (UNICEF), World Food Programme (WFP), United Nations Development Programme (UNDP), United Nations Populations Fund (UNFPA), United Nations Office on Drugs and Crime (UNODC), International Labor Organization (ILO), United Nations Educational, Scientific and Cultural Organization (UNESCO), World Health Organization (WHO) and the World Bank.[30] As each of the co-sponsor organizations offer different resources, a division of labor among them allows for the provision of the best technical support and response.[31] For example, UNICEF is a main partner in HIV pediatric care.[32] These organizations form the Committee of Co-sponsoring Organizations (CCO) that is a standing committee of the PCB, which meets twice a year.[33] The CCO is responsible for the following functions: review the work plans and budget as well as the technical and financial programs of UNAIDS, review technical and audited financial reports, make recommendations, review the activities of each co-sponsoring organization and prepare an annual report for the PCB.[34]

Despite the global commitment and funding there exists concern that the spread of the HIV/AIDS epidemic will present obstacles to the achievement of the MDGs.[35] While annual reporting has shown that their has been strong foundations in HIV/AIDS prevention, the UN remains concerned that several countries have failed to reach the commitments from the 2001 Declaration.[36] UNAIDS Executive Director, sums up the status of the fight against the HIV/AIDS epidemic as follows; "The challenge now is to add to this momentum and to sustain it. In this regard, I believe that two interlinked elements are critical. One is to look at what has been achieved and believe in our capacity to succeed. The second is that we must never lose sight of the fact that AIDS is an exceptional issue which will continue to require an exceptional response from us al-now and in the decades to come."[37]

I. Assessing the Impact of the HIV/AIDS Pandemic on Development

"Recognize that the world is hungry for action, not words. Act with courage and vision."[38]

Introduction

Since the discovery of the Human Immunodeficiency Virus (HIV) in the early 1980s, the disease has reached epidemic proportions in certain parts of the world.[39] The number of people living with HIV/AIDS in 2007 is estimated at 33.2 million.[40] The epidemic extent of the disease is unquestionable in Sub-Saharan Africa, where 22 million infected persons live.[41] There are also growing numbers of infected persons in South and South-East
Asia where there are 4 million carriers and Eastern Europe and Central Asia, where 1.6 million infected persons live.[42] In spite of the sheer extent of HIV/AIDS, the disease was widely seen as "just" a severe medical problem before the 1990s, and not as a "systemic condition" which affects and will continue to

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[30] UNAIDS, *Cosponsors, n.d.*
[31] *Ibid.*
[32] UNICEF, "Children and HIV and AIDS, *n.d.*
[33] UNAIDS, *Committee of Cosponsoring Organizations, n.d.*
[34] *Ibid.*
[35] UNAIDS, *Report on the Global Aids Epidemic: Executive Summary*, 2006.
[36] *Ibid.*
[37] *Ibid.*
[38] Mandela, *Make Poverty History Rally*, 2005.
[39] Epidemic means that a disease occurs in more cases than usually expected in a community or region during a given period. It can also mean a sudden severe outbreak of an infection.
[40] Joint United Nations Programme on HIV/AIDS, *AIDS Epidemic Update 2007*, 2007, p.1.
[41] Joint United Nations Programme on HIV/AIDS, *2008 Report on the Global AIDS Epidemic*, 2008, p.39.
[42] Joint United Nations Programme on HIV/AIDS, *AIDS Epidemic Update 2007*, 2007, p.7.

affect policy-making and governance as well as social life on a large scale in the above-mentioned regions.[43] In recent years the international community has come to realize that "politics, not medicine, holds the key to effective response."[44]

The link between HIV/AIDS and development is most apparent when considering that the most heavily affected countries are the poorest and often least developed in the world. The Commission on HIV/AIDS and Governance in Africa (CHG), which is connected to the United Nations Economic Commission for Africa (ECA), has highlighted the economic, social, political and psychological consequences of HIV/AIDS by stating that besides "a harrowing catalogue of lives lost, the implications of this human tragedy reach into the structure of economies, the capacity of institutions, the integrity of communities and the viability of families."[45] Alan Whiteside, one of the CHG members is convinced that "the epidemic will prove to be the biggest single obstacle to reaching national poverty reduction targets and the development goals agreed on at the United Nations Millennium Summit."[46]

Along with its partner organizations inside the UN system such as the World Health Organization (WHO) and the United Nations Development Programme (UNDP), the Joint United Nations Programme on HIV/AIDS (UNAIDS) has done a lot to assess the impacts of HIV/AIDS on development in recent years. The provision of data or qualitative analyses on the regional and community level, as well as linking knowledge of various expert commissions, are tasks UNAIDS has carried out. Along with this, the drafting of governance recommendations and strategic responses to the epidemic have been focal points within UNAIDS for years.

Development – More than Economic Growth

In the era of decolonization, concepts of development emphasized economic growth of a country or society. However, as unemployment rates remained high and poverty increased and dependencies did not disappear, it became obvious that national economic growth did not automatically lead to development.[47] The concept of development thus had to change. The international community recognized the importance the new concept of development through the passing of the *Declaration on the Right for Development (A/RES/41/128)* in 1986.

In 1990, UNDP published the first *Human Development Report* (HDR).[48] The HDR defined the advanced concept of 'Human Development' as "a process of enlarging people's choices. The most critical ones are to lead a long and healthy life, to be educated and to enjoy a decent standard of living. Additional choices include political freedom, guaranteed human rights and self-respect."[49] With the idea of human development, human beings replaced income at the centre of development; income became merely a means for development.[50] According to the HDR, human progress would not only be evaluated on economic data or the satisfaction of basic needs, but also on issues such as freedom, environment, culture, communities or political participation.[51] Thus, "the term *human development* denotes both the *process* of widening people's choices and the *level* of their achieved well-being."[52]

Within the UN system, the human development concept has gained broad acceptance, which is continues to be affirmed in the annual HDRs. An epidemic like HIV/AIDS is particularly capable of destroying or reversing any progress made in human development, since HIV infections deprive people of their "opportunities to participate in social, cultural, political and economic processes taking place in society and to lead a life of dignity, respect and well being."[53] Death, impoverishment, social exclusion, erosion of

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[43] Commission on HIV/AIDS and Governance in Africa, *Africa: The Socio Economic Impact of HIV/AIDS*, p.1.
[44] Poku & Whiteside, *25 Years of Living with HIV/AIDS: Challenges and Prospects*, 2006, p.3.
[45] Commission on HIV/AIDS and Governance in Africa, *Africa: The Socio Economic Impact of HIV/AIDS*, p.1.
[46] Whiteside, *HIV/AIDS and Development: Failures of Vision and Imagination*, 2006, p.334.
[47] Stewart, *Human Development as an Alternative Development Paradigm*, 2006, p.4-6.
[48] United Nations Development Programme, *Human Development Report*, 1990.
[49] *Ibid*, p.10.
[50] Stewart, *Human Development as an Alternative Development Paradigm*, 2006, p.4-6.
[51] *Ibid*, p.16-17.
[52] United Nations Development Programme, *Human Development Report*, 1990, p.10.
[53] United Nations Development Programme, *HIV/AIDS and Human Development Thematic Guidance Note*, 2005, p.1.

state services' deliverances, or family disintegration are just examples of the many ways HIV/AIDS is a burden for development. The international community has perceived this threat for human well-being and addressed it in several documents, including the *Millennium Declaration (A/RES/55/2)* and the *Declaration of Commitment on HIV/AIDS "Global Crisis – Global Action" (A/S-26/7).*

HIV/AIDS and the Millennium Development Goals

The *Millennium Declaration*, containing the Millennium Development Goals (MDGs), states the importance of effectively responding to HIV/AIDS in order to guarantee sustainable development. MDG six, target 18, aims to "have halted by 2015 and begun to reverse the spread of HIV/AIDS."[54] However, the fight against HIV/AIDS is more than just one out of eight goals in the declaration. Some experts fear that no success in this area would mean, "some goals are going to be unachievable."[55] Reducing child mortality and improving maternal health, both MDGs in their own respects, are also connected to the HIV/AIDS pandemic. As will be further elaborated below, access to primary education, the empowerment of women, and infrastructure for development depends strongly on the mitigation of the epidemic. Thus, "HIV/AIDS in Africa represents the gravest challenge to the Millennium Development Goals today."[56]

In 2001, heads of State and government representatives gathered in New York for the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS. The outcome document, the *Declaration of Commitment on HIV/AIDS "Global Crisis – Global Action"*, can be seen as a landmark in the fight against the global epidemic.[57] The world community highlighted the vicious circle of poverty and HIV-infection in the document: "[P]overty [and] underdevelopment […] are among the principal contributing factors to the spread of HIV/AIDS and […] HIV/AIDS is compounding poverty and is now reversing or impeding development in many countries and should therefore be addressed in an integrated manner."[58] Again, the need for a multisectoral approach was confirmed. In 2006, the *Political Declaration on HIV/AIDS* (A/RES/60/262) was adopted by the General Assembly, reiterating its strong dedication to the problem.[59]

Moreover, with the *Declaration of Commitment*, "the General Assembly endorsed the establishment of the Global AIDS and Health Fund", which is now known as the Global Fund to Fight AIDS, Tuberculosis and Malaria, and rallied for a funding campaign.[60] Governments, civil society and private actors have followed the appeal in an astonishing manner. Since its founding, the Global Fund has granted over US$ 11 billion to 136 countries to support their fight against diseases.[61] Even though increasingly available resources in recent years show that governments, the private sector and the public have acknowledged the need for action, the "gap between available resources and actual needs is increasing annually."[62] In his 2008 *Report on the Implementation of the Declaration of Commitment and the Political Declaration*, Secretary-General Ban Ki-Moon estimated that required resources to provide HIV-related services to carriers will increase from US$10 billion in 2007 to over US$15 billion in 2010.[63] Financial resources thus have to be applied adequately in the sectors and fields where HIV/AIDS constitutes a threat to development.

Demographic Impact

The demographic impact of the AIDS pandemic may be the easiest one to assess: "In sub-Saharan Africa, AIDS kills far more people than any other single cause of death."[64] Even in countries where resources and statistical analyses are lacking, deaths and prevalence rates can be predicted. In 'hyperendemic' southern Africa, demographic impacts are most severely experienced since "[m]ore than three quarters of all AIDS

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[54] United Nations, *The Millennium Development Goals Report*, 2007, p.18.
[55] Whiteside, *HIV/AIDS and Development: Failures of Vision and Imagination*, 2006, p.342-343.
[56] *Ibid*, p.342.
[57] Joint United Nations Programme on HIV/AIDS, *Declaration of Commitment on HIV/AIDS*, 2001.
[58] *Ibid*.
[59] Joint United Nations Programme on HIV/AIDS,2006 High Level Meeting on AIDS, *Statement on the Political Declaration on HIV/AIDS*, 2006.
[60] Joint United Nations Programme on HIV/AIDS, *Declaration of Commitment on HIV/AIDS*, 2001, p.2.
[61] The Global Fund to Fight AIDS, Tuberculosis and Malaria, *Grants Overview*, 2008.
[62] United Nations General Assembly, *Declaration of Commitment on HIV/AIDS and Political Declaration on HIV/AIDS: Midway to the Millennium Development Goals, Report of the Secretary-General*, 2008, p.8-9.
[63] *Ibid*, p.9.
[64] Hope, *Africa's HIV/AIDS Crisis in a Development Context*, 2001, p.22.

deaths globally in 2007 occurred in sub-Saharan Africa."[65] The stabilisation and slight decline in HIV incidence and prevalence at the turn of the century are by no means reasons for contentment. Several countries in the region show prevalence rates between 10% and 20% among adults, including South Africa, Namibia, Zambia, Mozambique, and Zimbabwe.[66] In Botswana, Swaziland and Lesotho every fourth or fifth adult is infected.[67]

Life expectancy, population growth and the distribution of the population are thus deeply changed by HIV/AIDS. In Africa, 20 million infected persons have died and it is projected that in 2025, population sizes in southern Africa are going to be 20%-30% smaller than what they would be without AIDS.[68] The life expectancy for the whole sub-Saharan region of Africa lies below 50 years, decreasing tremendously from the 62 years of life expectancy in the sub-region back in the early 1990s. Zimbabweans can only expect to live 40 years.[69] In 2000-2005 Swaziland's life expectancy was 33 years, not the 64 it would have been without AIDS.[70]

Infant and child mortality are also extremely high. 270,000 children worldwide died from AIDS in 2007, almost 370,000 became infected, and it is estimated that there are around 2 million children who live with HIV/AIDS.[71] In Kenya and Cameroon, which are not among the worst affected countries, infant mortality has increased since 1990 instead of continuing the decline it had seen in previous decades.[72] Furthermore, "combined effects of premature death and reduced fertility among HIV-positive women have lowered population growth rates and dramatically reshaped the population structure."[73] AIDS is not the only limit to population growth, but worsens already worrying trends. In South Africa, 30%-40% of all adult deaths can be attributed to HIV/AIDS.[74] Moreover, in Africa's whole Southern sub-region populations are expected to be stagnant by 2015.[75]

Another demographic aspect of HIV/AIDS is the changing age pattern of societies. In heavily affected countries, population pyramids will change to population chimneys, with the consequences yet to be fully seen.[76] This will affect the social and psychological side of human development. Statistical data shows that young adults are especially affected and female infected persons outnumber males. Thus in some countries there are or will be more men than women in every age segment and this may "push men to seek partners in younger and younger age cohorts […] this factor in turn may increase HIV infection rates among younger women", especially since the CHG assumes that older men are already infecting younger women.[77] Botswana is one of the countries which will have to deal with this difficulty. Moreover, in two decades more adults will be living in their 60s and 70s than in their 40s and 50s in Botswana. This will extensively concern social life in the country since welfare, productivity, as well as household structures will be eroded.[78] This is also true for Lesotho where the disease strikes primarily among the 30-50 age group, which "normally constitute the core of countries' economically active and child-raising populations."[79]

HIV/AIDS' impact on demography is not just an African experience. Even though prevalence rates are not as high in other regions, the pandemic has its devastating effects. In the Caribbean, the disease is one of the principal causes of death in adults at the age of 15–44. The Russian Federation, innately facing demographic problems, and its neighbouring countries with their economies in transition, have about 1.5

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[65] Commission on HIV/AIDS and Governance in Africa, *Securing Our Future*, 2008, p.8.
[66] Joint United Nations Programme on HIV/AIDS, *2008 Report on the Global AIDS Epidemic*, 2008, p.39.
[67] *Ibid*.
[68] Commission on HIV/AIDS and Governance in Africa, *Securing Our Future*, 2008, p.6.
[69] Joint United Nations Programme on HIV/AIDS, *2008 Report on the Global AIDS Epidemic*, 2008, p.46.
[70] Commission on HIV/AIDS and Governance in Africa, *Securing Our Future*, 2008, p.10.
[71] Joint United Nations Programme on HIV/AIDS, *2008 Report on the Global AIDS Epidemic*, 2008, p.33, 37.
[72] *Ibid*, p. 9-10.
[73] Joint United Nations Programme on HIV/AIDS, *2008 Report on the Global AIDS Epidemic*, 2008, p.47.
[74] *Ibid*.
[75] Commission on HIV/AIDS and Governance in Africa, *Securing Our Future*, 2008, p.8-9.
[76] Commission on HIV/AIDS and Governance in Africa, *Africa: The Socio Economic Impact of HIV/AIDS*, p.4.
[77] *Ibid*, p.4.
[78] United Nations Development Programme, *HIV/AIDS and Human Development Thematic Guidance Note*, 2005, p.6.
[79] Joint United Nations Programme on HIV/AIDS, *2008 Report on the Global AIDS Epidemic*, 2008, p.47.

million infected persons, of which eighty percent are in the most productive 15-30 age group.[80] In Asia about 3.9 million people have fallen victim to AIDS-related diseases since the discovery of the virus, which is projected to be one of the biggest killers of adults on the continent.[81] There are currently almost 5 million HIV-carriers living in Asia, with Viet Nam, Pakistan and Indonesia showing the most alarming trends in growing infection rates.[82]

Social Impacts

According to the CHG experts "[i]t is at the level of the family and community that the fullest impact of the HIV pandemic is unravelling."[83] When breadwinners of a family or household become infected, families fragment economically and socially. It is estimated that 12 million children have lost one or both parents due to AIDS in sub-Saharan Africa.[84] By 2010 this number is projected to rise to over 18 million.[85] Being orphaned brings tremendous traumas for the children with social, economic and psychological consequences. In a large number of cases orphans who have lost parents to HIV/AIDS have themselves become carriers of the virus.[86] This is mainly due to mother-child-transmission, but for those that are not infected their status as an orphan puts them at risk of contracting the disease through sexual transmission or intravenous drug use.[87] Social exclusion and poverty without access to information and education, as well as emotional wounds, account for AIDS orphans high risk of infection.[88]

When parents become infected or die, children often have to secure the survival of their family. This is why they are frequently pulled out of school to earn money needed for medical treatments or to satisfy the basic needs of their family. Studies carried out in Uganda at the beginning of the century indicated that "the chances of orphans of the AIDS epidemic going to school or completing school are reduced by 50 per cent."[89] However, these figures vary greatly depending on community structures and prevalence rates. More recent data of 15 affected countries show that orphans are 3% less likely to go to school than non orphans.[90] Sometimes whole households are headed by orphaned children. This constitutes an enormous change for the social systems of some communities and societies. Reduced education and lacking skilled labourers are future barriers for development, because "poor education of children today translates into low adult productivity later."[91] The loss of parenting and deprivation of schooling disrupts transmission of human capital from one generation to another and could cause economic hardship in the long run.[92]

The orphan crisis puts families and communities under pressure in various ways. The risk of poverty is exacerbated by the loss of family members and workforce. Moreover, dependency ratios increase since fewer earners have to care for larger households, when orphans live with their extended family. Reduced access to education due to HIV/AIDS deaths of family members has already been mentioned as a burden for development. In addition, traumatized children suffer from psychological consequences like aggression, anxiety or depression. Integrating these children into society may become difficult, thus intensive care needs to be guaranteed. The orphan crisis has the potential to threaten the stability of societies "by preventing appropriate socialization, leading to […] a breakdown of social institutions."[93]

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[80] *Ibid*, p.47&52; Joint United Nations Programme on HIV/AIDS, *Country Report of the Russian Federation on the Implementation of the Declaration of Commitment on HIV/AIDS*, p.4.
[81] Commission on AIDS in Asia, *Redefining AIDS in Asia. Crafting an Effective Response*, 2008, p.81.
[82] Joint United Nations Programme on HIV/AIDS, *2008 Report on the Global AIDS Epidemic*, 2008, p.48.
[83] Commission on HIV/AIDS and Governance in Africa, *Africa: The Socio Economic Impact of HIV/AIDS*, (n.d.), p.6.
[84] United Nations General Assembly, *Declaration of Commitment on HIV/AIDS and Political Declaration on HIV/AIDS: Midway to the Millennium Development Goals, Report of the Secretary-General*, 2008, p.20.
[85] *Ibid*.
[86] UNAIDS does not provide data for regions other than Africa concerning the link of orphans and HIV/AIDS.
[87] Millennium Project Task Force on HIV/AIDS, Malaria, TB and Access to Essential Medicines, *Combating AIDS in the Developing World*, p.110-114.
[88] *Ibid*, p.118.
[89] Hope, *Africa's HIV/AIDS Crisis in a Development Context*, 2001, p.25.
[90] United Nations General Assembly, *Declaration of Commitment on HIV/AIDS and Political Declaration on HIV/AIDS: Midway to the Millennium Development Goals, Report of the Secretary-General*, 2008, p.21.
[91] Commission on HIV/AIDS and Governance in Africa, *Africa: The Socio Economic Impact of HIV/AIDS*, (n.d.), p.6.
[92] Millennium Project Task Force on HIV/AIDS, Malaria, TB and Access to Essential Medicines, *Combating AIDS in the Developing World*, p.119.
[93] *Ibid*, p.118.

Economic Impacts

The devastating impacts of HIV/AIDS on households and families have already been mentioned. When a breadwinner of a family gets infected, household income decreases and expenditures for medical care rise. With less income, affected families often have to spend their savings or even get indebted to care for their members.[94] Studies carried out in Zambia suggest that incomes of already poor households were reduced by up to 80% due to AIDS-related illness.[95] Nevertheless, consequences of the epidemic disease are not just felt on the household level. Reduced incomes lead to decreasing consumption patterns, which have immense effects on the national economy.[96]

The World Bank estimated that in countries with a prevalence rate of 8% or higher, HIV/AIDS cuts economic growth rates by 1% a year.[97] In 2007, seven southern African countries (Botswana, Lesotho, Namibia, South Africa, Swaziland, Zambia, and Zimbabwe), showed adult prevalence rates higher than 15%.[98] Accordingly, these countries suffer from a loss of at least 2% in their GDP growth rates every year.[99] Even though this may seem modest, it means that in a decade those countries may have lost more than 20% of their potential GDP. For example, Lesotho would lose about US$ 200 million in the ten years from 2002-2012. It is not only Africa's economic growth that is hampered by AIDS. Some states in the Eastern Europe and Central Asian region might experience economic setbacks from the disease. The Russian Federation, where about 1 million infected persons live, would suffer from a loss of more than 4% in 2010, if no intervention is carried out.[100]

Economic impacts of HIV/AIDS become visible in private business as well. Agriculture is the largest economic sector in Africa, employing 70% of the continent's workforce.[101] The amount of skilled agricultural workers is considerably minimized due to illness and death. In some countries, foremost Namibia, Botswana and Zimbabwe, agricultural workforce will be reduced by over 20%.[102] Consequently, agricultural productivity declines, specific knowledge gets lost, the variety of planted crops decreases, and environmental damage of fallow fields by degradation and erosion will be worsened.[103] The Food and Agriculture Organization (FAO) is thus convinced that "HIV/AIDS is slowly eroding food security, ravaging rural livelihoods and exacerbating poverty."[104] The impacts of AIDS on rural livelihood and communities are also felt in Asia, where 50% of the population are rural or draw a salary from agriculture.[105]

There are a variety of costs emanating from HIV/AIDS for the private sector. Companies forfeit profits to absenteeism, lost skilled labour, new recruitment and training, and welfare costs.[106] That all these problems occur in highly affected African countries seems evident. But other countries' private sectors are also suffering from the disease. In Russia, AIDS has the potential to be a "growing impediment to growth", since it hampers investment.[107] In Eastern Europe and the region of the former Soviet Union, the business

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[94] Hope, *Africa's HIV/AIDS Crisis in a Development Context*, 2001, p.26.
[95] United Nations Development Programme, *Hoping and Coping: A Call for Action: The Capacity Challenge of HIV/AIDS in Least Developed Countries*, 2005, p.22.
[96] Hope, *Africa's HIV/AIDS Crisis in a Development Context*, 2001, p.26.
[97] World Bank, Topics, Health, Nutrition and Population, AIDS, *Data and Statistics*, 2005.
[98] Joint United Nations Programme on HIV/AIDS, *2008 Report on the Global AIDS Epidemic*, 2008, p.39.
[99] United Nations Development Programme, *Hoping and Coping: A Call for Action: The Capacity Challenge of HIV/AIDS in Least Developed Countries*, 2005, p.24.
[100] World Bank, *The Economic Costs of an Unchecked Epidemic*, 2002; Joint United Nations Programme on HIV/AIDS, *2008 Report on the Global AIDS Epidemic*, 2008, p.52.
[101] United Nations Development Programme, *Hoping and Coping: A Call for Action: The Capacity Challenge of HIV/AIDS in Least Developed Countries*, 2005, p.2.
[102] *Ibid*, p.30.
[103] *Ibid*, p.29.
[104] Food and Agriculture Organization, *HIV/AIDS and Agriculture: Impacts and Responses. Case Studies from Namibia, Uganda and Zambia*, 2003, Foreword.
[105] United Nations Development Programme/Food & Agriculture Organization, *African-Asian Agriculture against AIDS*, April 2004, p.5.
[106] Hope, *Africa's HIV/AIDS Crisis in a Development Context*, 2001, p.25.
[107] World Bank, *The Economic Costs of an Unchecked Epidemic*, 2002.

sector will face high HIV-related costs for prevention at the workplace, welfare, and loss of skilled workers. The region's major problems of increasing drug injections, migrating sex workers, and human and drug trafficking continue to aggravate the situation.[108] In Asia, there is also a close connection of the informal sector and HIV/AIDS. Trafficked women and girls, who offer commercial sex, face especially high risks of HIV-infection. Prevalence rates of up to 47% have been discovered among this group in some heavily-affected areas of India, Indonesia and Pakistan.[109] Moreover, the intersection of sex work networks and drugs constitutes a worrying factor for the fight against the Asian epidemic.

HIV/AIDS and State Services

In already resource-poor settings, Member States' capacity to deal with HIV/AIDS is very limited. The disease almost renders impossible some services that are expected to be provided by the government, such some sort of public health system, a welfare system, and educational services. As has been recognized numerous times, education is "one of the great pillars of development."[110] However, the virus has a particularly negative impact on the education sector. AIDS-related illness and deaths leading to teacher shortages are severely threatening the quality of education in heavily affected countries and governments do not have the capabilities to train enough substitutes in those countries. In Swaziland, it is projected that between 2003 and 2011 an additional 8.000 teachers will have to be trained.[111] In Zambia, the attrition rate of teachers has doubled.[112] The education sector is struggling to "remain functional […] and ensure the ability to deliver services within its mandate."[113] Educational levels among children are further lowered, as they are often pulled out of school if a family member gets sick, in order to care for them or to generate income. Lower education levels lead to "illiteracy and a lack of information increases vulnerability to HIV infection" and obstacles to development persist.[114]

The health sector suffers from the loss of personnel to treat HIV/AIDS as well. Health systems in many developing countries are chronically under-financed and poorly equipped especially at the beginning of the pandemic.[115] Since HIV weakens the immune system, carriers will often suffer from various opportunistic diseases. Consequently the infected person has to use public medical services more often than non-infected citizens.[116] For example, in Malawi over 70% of hospital beds are occupied by a patient suffering from HIV-related illnesses.[117] Thanks to increased funding by international donors and a significant price drop for life-prolonging antiretroviral drugs, about 3 million people have been treated in low- and middle-income countries in 2007.[118] Nevertheless, "the combination of increased demand for and decreased supply of health services is bound to create overload, putting serious pressure on the system and decreasing the quality of services."[119]

Conclusion

HIV/AIDS exacerbates many problems developing countries already face, be it social, economic, structural, and/or political challenges and shortcomings. Thus the disease constitutes a threat to political stability in affected regions. Especially in Africa the virus contributes to institutional and societal State failure, which further weakens the already instable security situation on large parts of the continent.[120] The UN Security Council held a special session on AIDS and security already in 2000, acknowledging that

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[108] World Bank, Countries, *Socioeconomic Impact of HIV/AIDS in Ukraine. Executive Summary*, 200", p. x; World Bank, Countries, Europe and Central Asia, Health and Nutrition, AIDS, *Overview*, 2007.
[109] Joint United Nations Programme on HIV/AIDS, *2008 Report on the Global AIDS Epidemic*, 2008, p.49-51.
[110] United Nations Development Programme, *HIV/AIDS and Human Development Thematic Guidance Note*, 2005, p.7.
[111] Commission on HIV/AIDS and Governance in Africa, *Africa: The Socio Economic Impact of HIV/AIDS*, p.9.
[112] Commission on HIV/AIDS and Governance in Africa, *Securing Our Future*, 2008, p.44.
[113] Commission on HIV/AIDS and Governance in Africa, *Africa: The Socio Economic Impact of HIV/AIDS*, p.9.
[114] United Nations Development Programme, *HIV/AIDS and Human Development Thematic Guidance Note*, 2005, p.8.
[115] Commission on HIV/AIDS and Governance in Africa, *Securing Our Future*, 2008, p.50.
[116] *Ibid*.
[117] United Nations Development Programme, *Hoping and Coping: A Call for Action: The Capacity Challenge of HIV/AIDS in Least Developed Countries*, 2005, p.2.
[118] Joint United Nations Programme on HIV/AIDS, *2008 Report on the Global AIDS Epidemic*, 2008, p.130.
[119] United Nations Development Programme, *Hoping and Coping: A Call for Action: The Capacity Challenge of HIV/AIDS in Least Developed Countries*, 2005, p.50.
[120] Singer, *AIDS and International Security*, 2002, p.12, 19.

development is not possible in an insecure and hostile environment.[121] It has become a common knowledge that without a successful fight against HIV/AIDS, the MDGs will be out of reach in heavily affected regions, even outside Africa. Delegations have to search for solutions, which consider the grave consequences of the disease on various sectors of development. Assessing current development aid in respect to HIV/AIDS, evaluating national and international responses and strategies, and exploring local and regional circumstances for targeted help must be taken into account during delegations' preparation. Questions to be answered during research include:

How does HIV/AIDS affect the realization of the MDGs for 2015? Which sectors of development need urgent attention and how could interventions look like? How can cooperation between international donors and national receivers be improved? Is funding coordinated in a sufficient way? Does space for improvement exist? Along with that, How can regional and local circumstances be addressed more effectively in international programs? After having assessed the impact of HIV/AIDS on development, what are focal points of your strategy? Who will serve as international, national or private partners of UNAIDS in mitigating the AIDS-impact on development? What can the private sector and civil society contribute to achieve greater advancements? How can States' capabilities to deal with the issue be enhanced? Is there a need for a multisectoral approach with a grand strategy or can success be reached through sectoral aid? Where does the right balance between these two lie?

II Caring for Children Impacted by HIV/AIDS

"In the 25 years since the start of the pandemic, the world has viewed HIV/AIDS primarily as a disease of adults. Yet because of AIDS, children are missing parents, missing teachers, missing treatment and care, missing protection, missing many things – except for the devastating effects of this disease. "[122]

According to a recent UNAIDS' report on the HIV/AIDS pandemic, 33 million people - approximately the population size of Canada or Algeria - were living with this debilitating disease in the year 2007.[123] Of those 33 million, 2.7 million were newly infected, and nearly just as many (2 million) succumbed to an AIDS related death within the same year.[124] Antiretroviral drugs (ARVs) were successfully administered to one third of the needy population – a drastic improvement of 45% from the year before – but the majority of those who managed to obtain treatment were adults, leaving infected children vulnerable to the various illnesses and infections that, under normal conditions, might not necessarily result in death.[125]

Although there has been some notable progress in AIDS prevention and treatment for adults, the fact remains that children, especially in sub-Saharan Africa, are up to three times more likely to go without ARV treatment.[126] The result is that approximately one in every six HIV/AIDS –related death is that of a child under the age of fifteen, and what's more, the disease continues to be the leading cause of death in children under the age of five, making it one of the most overlooked causes of child mortality.[127] Even those children who are not "directly" impacted by AIDS – that is, those who are not HIV positive themselves, but who have parents, siblings, or other relatives with the disease – are much more vulnerable to poor health, exploitation, inadequate living conditions, and unreliable, limited, or nonexistent access to educational resources.[128]

HIV's Attack on the Child's Immune System

The HIV virus is genetically programmed to attack the body's T-cells – the lymphocytes responsible for

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[121] United Nations Security Council, *The Impact of AIDS on Peace and Security in Africa*, January 2000.
[122] Veneman, *The Global Movement for Children*, 2006.
[123] UNAIDS, *Report on the global aids epidemic*, 2008, Global facts and figures.
[124] *Ibid.*
[125] Voices of Youth, *Be in the know: Testing and treatment*, 2008.
[126] *Ibid.*
[127] UNAIDS, *Key populations*, 2008, Children and orphans.
[128] Nolan, *28: Stories of AIDS in Africa*, 2007.

fighting bacterial, viral, or otherwise foreign invasions.[129] Those who contract the disease during adulthood already have a supply of T-cells prepared to hold off the HIV virus – albeit temporarily – along with any other illnesses or infections that may arise as a result of the weakened immune system.[130] A child born with HIV or who through other means becomes HIV positive has not yet developed an adequate supply of protective T-cells, thus allowing the virus to exploit the immature immune system with much greater ease than an adult's.[131] The immediate repercussion of this exploitation is a 50% mortality rate for HIV positive infants under the age of two, a statistic that has only degenerated as medical workers improve methods of diagnosis and more accurately recognize the signs of an HIV related death.[132]

The Role of UNICEF

The United Nations (UN) has taken a particularly strong role in the fight against HIV/AIDS, going so far as to include it as one of its eight Millennium Development Goals (MDGs).[133] More specifically, the United Nations Children's Fund (UNICEF) has been the leading organ for child-related HIV/AIDS programs within UNAIDS.[134] UNICEF has recently expanded its role in combating AIDS with a more public campaign entitled *Unite for Children, Unite against AIDS*, which seeks to create an international and public forum for child-related AIDS advocacy. [135] The campaign highlights the "Four P's" as the framework for their work: Preventing mother to child HIV transmission, Providing pediatric care, Preventing infection among adolescents and young people, and Protecting and supporting children affected by AIDS.[136] The Inter-Agency Task Team on Children and HIV and AIDS (IATT), which is guided by the Global Partners Forum (GPF) on Children Affected by HIV and AIDS, is also a crucial component in ensuring that the disease has halted and begun its recession by 2015 as proposed by the United Nations' MDGs, though it approaches the situation from a more technical perspective.[137] The IATT is also a creation of UNICEF, but as previously inferred, seeks to promote "evidence-based interventions", the coordination of multi-lateral policies, and information sharing and cooperation between various NGOs, governments, and UN agencies.[138]

Preventing HIV/AIDS in Women of Childbearing Age

While mother-to-child transmission is certainly not the only way in which children contract HIV, the fact remains that an overwhelming number – more than 90% of HIV-positive children – acquire the virus during their mother's gestation period or during and after birth, through common practices such as vaginal delivery and breastfeeding.[139] Since women make up nearly half of all people living with HIV/AIDS, it is of even greater importance to improve prevention methods in order to curb the number of HIV-positive children.[140] Unfortunately, gender inequality is a very real and serious obstacle to halting the spread of HIV/AIDS in women and children.[141] Women generally earn significantly less than men do for the same amount of work, and as a result, they are more likely to face situations in which they feel forced to compromise their own safety and sexual health by offering themselves in exchange for food or payment. [142] What's more, a woman facing economic disadvantage may find it more difficult to negotiate the terms of a sexual relation with her partner, and financial dependence increases the likelihood that a woman will stay with an adulterous partner, despite the risk of HIV infection.[143] Gender discrimination also plays a role in

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[129] Cohen et al, *Women, children, and HIV/AIDS,* 1993, p.191.
[130] *Ibid.*
[131] *Ibid.*
[132] UNICEF, *Providing pediatric treatment,* 2008, The facts.
[133] United Nations, *Goal 6: Combat HIV/AIDS, malaria and other diseases*,2008.
[134] UNAIDS, *UNICEF: United Nations Children's Fund,* 2008.
[135] UNICEF, *Unite for children, unite against AIDS,* 2008, Fact sheets.
[136] UNICEF, *Unite for children, unite against AIDS,* 2008, Campaign objectives.
[137] UNICEF, *Inter-Agency Task Team on Children and HIV and AIDS,* 2008, Background.
[138] *Ibid.*
[139] UNICEF, *Prevent mother-to-child transmission of HIV,* 2008, The challenge.
[140] UNICEF, *The state of the world's children 2007: Women and children, the double dividend of gender equality,* 2006, p.5.
[141] UNAIDS, *Gender equality key to development, says UNICEF report,* 2006.
[142] UCSC Atlas of Global Inequality, *In Africa HIV and AIDS disproportionately affects women and girls,* 2006.
[143] The American Foundation for AIDS Research, *Factsheet: Women and HIV/AIDS,* 2008.

education levels among women and girls.[144] Nearly 20% of girls enrolled in primary school in developing countries do not complete their primary education.[145] Studies conducted by UNAIDS and other organizations have shown that there is a direct correlation between education and child survival and development, and many of the HIV prevention programs currently in place are centered around reaching children in the classroom, where they can learn about AIDS and how to protect themselves. [146] Lower education levels also increases illiteracy rates among women, thus preventing many from being familiarized with the risks they take upon themselves and their offspring when they engage in unsafe sex or breastfeed while HIV-positive.[147]

Crucial to the effort of preventing HIV/AIDS among children is ensuring adequate and readily available resources – in the form of counseling, testing, and treatment - for women of childbearing age.[148] The World Health Organization (WHO) together with UNAIDS established their own policy for HIV-testing, which was drafted in order to reinforce the need to simultaneously increase both prevention efforts and access to ARV treatment, and which requires the availability of counseling for both HIV-positive and negative individuals.[149] The WHO/UNAIDS policy is centered around the "3 C's": confidentiality, counseling, and consent, and is especially concerned with protecting individuals from the discrimination and stigma that is so often associated with HIV/AIDS, especially for women.[150]

The WHO and UNAIDS have also taken measures to address potential risks of ARV treatment for expectant mothers and their fetuses. [151] Increasing access to ARV therapy for pregnant woman is still highly encouraged, but recent studies have shown that certain considerations must be made when determining which type of ARV treatment should be used and on whom.[152] An example of this would be the use of the ARV *Efavirenz* (EFV), a non-nucleoside reverse transcriptase inhibitor (NNRTI) that prevents HIV from replicating and has been known to cause fetal anomalies when administered to pregnant women during the first trimester.[153] An *Efavirenz* regiment is still recommended, however, for women practicing regular and reliable contraception and for pregnant women after the first trimester.[154] Recognizing the seemingly minute differences between various ARV treatments, implementing proper testing methods, and providing reliable and obtainable counseling options is a critical component of halting HIV's spread among women and children.[155]

Providing Pediatric Care

Early detection is crucial in order to curb child mortality rates from HIV/AIDS.[156] A study orchestrated by the Fourth International AIDS Society Conference on HIV Treatment and Pathogenesis in South Africa found that mortality rates declined 75% in HIV-positive infants who were treated within twelve weeks of birth.[157] In order to treat these infants, however, they must first be tested for the virus.[158] Traditional HIV testing – that is, testing for antibodies present during infection – is not possible during the first eighteen months of life because the infant may still be carrying its mother's HIV antibodies, which could result in a

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[144] The Global Coalition on Women and AIDS, *Educate girls, fight AIDS,* 2005.
[145] UNAIDS, *Gender equality key to development, says UNICEF report,* 2006.
[146] World Food Programme, UNAIDS policy brief: *HIV, food security, and nutrition,*2008.
[147] Canadian Medical Association Journal, *She's dying for health: Global HIV,* 2005.
[148] Voices of Youth, *Real life stories: Nelao's story,* 2008.
[149] UNAIDS, WHO, *UNAIDS/WHO policy statement on HIV testing,* 2004.
[150] *Ibid.*
[151] World Health Organization, *Antiretroviral therapy for HIV infection in adults and adolescents: recommendations for a public health approach,* 2006.
[152] World Health Organization, *Antiretroviral therapy for HIV infection in adults and adolescents: recommendations for a public health approach,* 2006.
[153] Johns Hopkins University School of Medicine, *Pregnancy and prenatal transmission,* 2005, Clinical recommendations.
[154] World Health Organization, *Antiretroviral therapy for HIV infection in adults and adolescents: recommendations for a public health approach,* 2006.
[155] Médecins Sans Frontières, *Responding to the failure of prevention of mother to child transmission (PMTCT) programmes: What needs to change?,* 2008.
[156] World Health Organization, *Early detection of HIV infection in infants and children,* 2007.
[157] Aidsmap, *IAS: Early treatment of HIV-infected infants with ART significantly reduces mortality,* 2007.
[158] World Health Organization, *Early detection of HIV infection in infants and children,* 2007.

false diagnosis. [159] A special type of testing is required for infants, known as DNA polymerase chain reaction (PCR), and is used to detect HIV's genetic material as opposed to the an individual's defensive antibodies.[160] These DNA PCR tests, however, are extremely expensive and require specialized technicians and laboratory equipment, making this option difficult if not impossible in many developing countries.[161] But there has been some progress.[162] A small number of developing countries have been able to send dried blood spots collected on filter papers to central laboratories for DNA PCR testing.[163] Similar efforts must be encouraged and expanded to other low income countries in order to ensure early detection and increased chances of infant survival.[164]

Even with early detection methods, there are still obstacles standing in the way of infantile and adolescent ARV treatment.[165] Most ARVs are still not available in pediatric form (such as in a syrup, or small tablets), making it difficult for physicians to prescribe medication and determine proper dosage.[166] An exception to this came in August of 2007, when the WHO adopted a three-in-one generic ARV drug combination designed specifically for children.[167] Governments are theoretically able to obtain this drug through UNICEF's supply division or through the US President's Emergency Plan for AIDS Relief (PEPFAR).[168] Further efforts are still necessary, however, to create and distribute cheaper and more effective drug combinations for children living with HIV/AIDS.[169]

Aside from traditional ARV therapy, children may also be treated with the antibiotic *cotrimoxazole prophylaxis*, which helps fight off opportunist infections caused by HIV-weakened immune systems.[170] UNAIDS estimated that there were four million children in 2006 who were in need of *c. prophylaxis*, but that only four percent of those children actually received the medication.[171] The use of *c. prophylaxis* before and during traditional ARV therapy in children has been sanctioned by UNAIDS, WHO, and UNICEF, and a study undertaken by the National Centre for Pharmacoeconomics at Trinity College supported its effectiveness – in relation to both survival rates and as a low cost recourse for resource-limited countries.[172] The study showed a 43% reduction in mortality in *c. prophylaxis*-treated children ages 1-14, and was found to be highly cost effective at USD $5 or less per life saved at the local health care level.[173] Increased advocacy for this and similar drugs is in urgent need, especially as a preemptive measure for situations where a DNA PCR test would not be a feasible option.[174]

The Plight of AIDS Orphans and Vulnerable Children (OVCs)

According to the Global AIDS Alliance, the number of AIDS orphans around the world will reach 20 million by 2010.[175] The number of vulnerable children – those whose parents have not succumbed to AIDS, but who are HIV-positive - is also on the rise as AIDS continues to ravage the adult population.[176] Both AIDS orphans and vulnerable children (OVCs) face particular challenges and risks, separate from those which affront adults affected by the virus.[177] Orphans and vulnerable children are especially subject

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[159] Nolan, *28: Stories of AIDS in Africa*, 2007.
[160] Aidsmap, *IAS: Early treatment of HIV-infected infants with ART significantly reduces mortality*, 2007.
[161] AVERT, *HIV testing*, 2008.
[162] Aidsmap, *IAS: Early treatment of HIV-infected infants with ART significantly reduces mortality*, 2007.
[163] *Ibid.*
[164] De Cock et al., *Unfinished Business — Expanding HIV Testing in Developing Countries*, 2006.
[165] UNICEF, *Children and AIDS: Second stocktaking report: Actions and progress*, 2008.
[166] *Ibid.*
[167] *Ibid.*
[168] *Ibid.*
[169] Working Group on Antiretroviral Therapy and Medical Management of HIV-Infected Children, *Guidelines for the use of antiretroviral agents in pediatric HIV infection*, 2008.
[170] *Ibid.*
[171] UNAIDS, *Children and AIDS: A stocktaking fact sheet #2*, 2008.
[172] Ryan et al., *The cost-effectiveness of cotrimoxazole prophylaxis in HIV-infected children in Zambia*, 2008
[173] *Ibid.*
[174] WHO/UNAIDS/UNICEF, *Statement on use of cotrimoxazole as prophylaxis in HIV exposed and HIV infected children*, 2004.
[175] Global AIDS Alliance, *Issues: Protect the children*, 2008.
[176] *Ibid.*
[177] UNAIDS, *Key populations*, 2008, Children and orphans.

to discrimination from those who assume that the HIV status of the parents automatically determines the status of the children.[178] These children are often prevented from attending school or are denied other necessary services for fear that they will somehow spread the disease to others within the community.[179] The result of such discrimination, coupled with the poverty that typically accompanies OVCs, creates a situation in which children may fall prey to various forms of exploitation, such as forced labor, sex work, child soldiering, and gangs, all of which increase their risks of contracting AIDS themselves.[180] AIDS orphans are particularly at risk, and less than 10% of these children receive any form of external support.[181] The strain on the extended families that typically care for these orphans is at the very least immense, with family food consumption potentially falling by 40% and resulting in malnutrition, stunting, or even starvation.[182] Extended families and community members are the preferred caretakers for OVCs, as they are both cost-effective and have proved to be a reliable support system for traumatized children.[183] Various organizations have also supported the practice of initiating programs to support all vulnerable children, regardless of HIV or orphan status, with the hopes that such policies will alleviate some of the stigma associated with AIDS assistance.[184] What remains of critical importance is ensuring that OVCs continue attending school, so that they may create more opportunities for themselves and thus reduce the risk for exploitation, become educated about HIV/AIDS and learn safe practices, and retain some form of structure and stability in their lives.[185]

Conclusion and Further Questions

The issues affecting children impacted by HIV and AIDS have not been remedied[186]. Research involving testing and treatment continues to be centered on adults who are infected with the virus, while children are lost and forgotten in the millions who fall victim to this disease.[187] Concerted action must be taken if the United Nations is to alleviate the suffering of orphans and vulnerable children, or else stand by as the disease continues to steal the world's youth and with them, its future. The question still remains, however, as to how both developed and developing countries will work together to save these children. How does UNAIDS ensure that every vulnerable infant is tested as soon as possible, especially in countries with limited resources? How can discrimination and the stigma associated with HIV and which discourages so many from getting tested or seeking treatment, be eliminated? What type of support systems can UNAIDS put into place, so that children who are orphaned because of AIDS do not find themselves on the streets, where they are vulnerable to starvation, gang violence, and sexual exploitation?

These are only a handful of the questions that must be answered, and it is only with concerted effort that any progress will be made in the protection of children against HIV/AIDS.

III. Improving Access to Treatments for People Living with HIV/AIDS

> *"The cornerstone to an effective treatment programme is that affordable medicines be available. […] No amount of managerial or political creativity can create functional substitutes for ARVs: If drugs are not available, treatment is impossible, full stop."*[188]

Introduction

According to the *2008 UNAIDS report on the global AIDS pandemic* there were 33 million people worldwide who were living with HIV/AIDS in 2007.[189] Experts constantly reaffirm the need for action,

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[178] *Ibid.*
[179] *Ibid.*
[180] Association François-Xavier Bagnoud, *FXB in action: Children and AIDS*, 2008, The impact.
[181] UNICEF, *World not doing nearly enough to protect children affected by AIDS*, 2006.
[182] World Food Programme, *Children affected by HIV and AIDS: Bringing hope to a generation*, 2008.
[183] UNICEF, *Children affected by HIV/AIDS in South Asia: a synthesis of current global, regional, and national thinking and research*, 2007.
[184] Association François-Xavier Bagnoud, *FXB in action: Children and AIDS*, 2008.
[185] Voices of Youth, *Orphans, HIV, and AIDS*, 2008.
[186] World Food Programme, *Getting started: HIV/AIDS education in school feeding programmes* 2008.
[187] World Health Organization, *Early detection of HIV infection in infants and children*, 2007.
[188] Shadlen, *The Political Economy of Aids Treatment: Intellectual Property and the Transformation of Generic Supply*, 2007, p.563.

since, "[d]espite AIDS being the worst infectious pandemic in modern history, the majority of infected people lack access to lifesaving, antiretroviral therapies."[190] Worldwide less than one-third of those in need of antiretroviral treatment, which delays the progression of the disease, receive it.[191] These numbers underline the urgent need for a comprehensive approach towards care and treatment for infected persons. In spite of these numbers, there have been some successes in the global fight against HIV/AIDS. Most recent figures show that almost 3 million people in low- and middle-income countries now receive treatment with antiretroviral drugs (ARVs).[192] The number of people having access to such life-prolonging medication has thus "increased 10-fold in only 6 years."[193] The international community has unexpectedly met the "3 by 5" target of making available antiretroviral therapy (ART) to 3 million people in low- and middle-income countries by 2005, which "many people predicted was unachievable when the initiative was launched in 2003."[194] In Sub-Saharan Africa, the number of ARV treated persons has risen to 2.1 million in 2007 from virtually zero in 2002.

Human rights advocates and Non-Governmental Organizations (NGO) have repeatedly recalled the human right to health, as stated in the *Universal Declaration on Human Rights* (1948), and the need for governments to fulfil certain duties to guarantee this right.[195] Indeed, successes have been reached in highly endemic areas. The 30% treatment coverage in sub-Saharan Africa is an encouraging landmark, but there remains much to be done in combating the pandemic.[196] For every person using ARVs, another 2.5 become infected.[197] The "moral commitment of historic proportions", which has been made by the international community by promising "universal access to HIV prevention, treatment, care, and support" still has to overcome various obstacles in order to make sustainable and lasting improvements of the situation of affected populations possible.[198] The extent of access to needed therapies, particularly in developing countries, depends on a variety of factors, which include "national health policies on medicines […] and the existence of reliable health systems, as well as affordability of medicines and the availability of sustainable financing."[199] There is enormous life-saving potential in the development and implementation of comprehensive strategies, which combine care and prevention. If such strategies are put in place, then, according to experts, between six and ten million lives could be saved by 2012.[200]

The international community has often been accused of setting unachievable goals in regards to HIV/AIDS.[201] The goal of universal access could have been regarded as one of this kind, especially regarding the situation of access at the beginning of the century. Thus, declarations and commitments speak of coming "as close as possible" to universal access.[202] This wording is an expression of compromise between the desirable aim and the unlikely case of therapy for every single patient.[203] The concept of "universal access to treatment" and its operationalization have therefore been subject to discussion and definition among experts. One definition of universal access that was proposed was to

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[189] Joint United Nations Programme on HIV/AIDS, *2008 Report on the Global AIDS Epidemic*, 2008, p.32.
[190] Forman, *Trade Rules, Intellectual Property, and the Right to Health*, 2007, p.337.
[191] World Health Organization/Joint United Nations Programme on HIV/AIDS/United Nations Children's Fund *Towards Universal Access. Scaling up priority HIV/AIDS interventions in the health sector, Progress Report 2008*, 2008, p.15.
[192] Joint United Nations Programme on HIV/AIDS, *2008 Report on the Global AIDS Epidemic*, 2008, p.130.
[193] *Ibid*.
[194] World Health Organization/Joint United Nations Programme on HIV/AIDS/United Nations Children's Fund *Towards Universal Access. Scaling up priority HIV/AIDS interventions in the health sector. Progress Report 2008*, 2008, p.5.
[195] Forman, *Trade Rules, Intellectual Property, and the Right to Health*, 2007, p.343f.
[196] World Health Organization/Joint United Nations Programme on HIV/AIDS/United Nations Children's Fund *Towards Universal Access. Scaling up priority HIV/AIDS interventions in the health sector, Progress Report 2008*, 2008, p.16.
[197] Joint United Nations Programme on HIV/AIDS, *2008 Report on the Global AIDS Epidemic*, 2008, p.131.
[198] *Ibid.*
[199] Forman, *Trade Rules, Intellectual Property, and the Right to Health*, 2007, p.338.
[200] *Ibid*.
[201] Whiteside, *HIV/AIDS and Development: Failures of Vision and Imagination*, p.328.
[202] G8 Gleneagles 2005 Summit Documents, *Africa*, 2005, §18 (d).
[203] Thieren, *Background Paper on the Concept of Universal Access*, 2005.

provide "ART to at least 80 % among those in need."[204] Another definition that has been put forth by WHO experts is to examine the "percentage of the population in need receiving quality care, which translates into either at least 90% adherence or 80-90% annual survival after the first 3 months."[205] Concerning universal access, UNAIDS emphasizes the availability of services and information for all people.[206] Even if a complete coverage cannot be reached for all patients in need of ART, UNAIDS has emphasized that the "universal access target-setting process should not simply become an exercise for planning or expanding national AIDS plans, nor for generating more external resources, but for setting ambitious targets to the maximum of available resources and capacity."[207]

International Efforts and the Goal of Universal Access

The *Millennium Declaration* (A/RES/55/2), which was adopted by the General Assembly in 2000, refers to the fight against HIV/AIDS as one of the major global challenges in the 21st century. Millennium Development Goal (MDG) number six, which is concerned with the fight against HIV/AIDS and other diseases, is supplemented by its target number two, which aims to "[a]chieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it."[208] The *Declaration of Commitment on HIV/AIDS "Global Crisis – Global Action"* (A/S-26/7), adopted in 2001 during the General Assembly Special Session (UNGASS) further affirmed the need for effective tools to fight the disease and set out first steps and targets.[209]

In 2003, UNAIDS, along with its partners, launched the 3 by 5 initiative with the aim of reaching the goals set in the various declarations listed above. It was intended "to provide three million people living with HIV/AIDS in low- and middle-income countries with life-prolonging ART by the end of 2005."[210] Even though this target of reaching people by 2005 was missed, it is considered a success as it reached 3 million sufferers of HIV/AIDS in 2007. Taking into account that in 2002 the number of people who lived in low- and middle-income countries having access to such therapy was 0.3 million, this success is a strong reminder of what can be reached even within a short period if global and as well as local political and social institutions work hand in hand.[211]

The universal access campaign, which started with the Millennium Campaign of the *Millennium Declaration,* gained prominent support among world leaders. The G8 Summit of 2005, which was held in Gleneagles, Scotland, renewed the G8 countries' dedication to Africa. The eight Heads of Governments expressed their vision of an "AIDS-free generation in Africa."[212] The G8 promised their support in "significantly reducing HIV infections and working with WHO [the World Health Organization], UNAIDS and other international bodies to develop and implement a package for HIV prevention, treatment and care, with the aim of [coming] as close as possible to universal access to treatment for all those who need it by 2010."[213] The *Africa* document in particular mentions the share that developed countries, such as those in the G8, would be ready and willing to contribute. Amongst these are efforts such as financial support, capacity building in the health sector, assisting in medical supply management, and further investing in research and development.[214]

Along with the G8, the General Assembly (GA) and the UN in general have been active in working to achieve the goals laid out in the numerous documents mentioned above. In 2005, the GA requested that

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[204] *Ibid*, §31.
[205] *Ibid*, §32.
[206] United Nations General Assembly, *Scaling up HIV Prevention, Treatment, Care and Support. Note by the Secretary-General (A/60/737)*, §I,14.
[207] Joint United Nations Programme on HIV/AIDS Reference Group on HIV and Human Rights, *Statement on Human Rights & Universal Access to HIV- Prevention, Treatment, Care & Support*, 2008, p.1.
[208] United Nations Millennium Development Goals, End Poverty 2015: Make It Happen, *Goal 6: Combat HIV/AIDS, Malaria and Other Diseases, Target 2.*
[209] United Nations General Assembly, *Declaration of Commitment on HIV/AIDS*, 2001.
[210] World Health Organization, *The 3 by 5 Initiative*.
[211] Joint United Nations Programme on HIV/AIDS, *2008 Report on the Global AIDS Epidemic*, 2008, p.131.
[212] G8 Gleneagles 2005, Summit Documents, *Africa*, 2005, §18 (d).
[213] *Ibid.*
[214] *Ibid.*

UNAIDS assists in "facilitating inclusive, country-driven processes, for scaling up HIV prevention, treatment, care and support with the aim of coming as close as possible to the goal of universal access to treatment by 2010 for all those who need it."[215] Further UNAIDS was asked to assess these processes and report to the GA. This UNAIDS evaluation served as one of the foundation for the GA's 2006 High Level Meeting on AIDS, which adopted the *Political Declaration on HIV/AIDS* (A/RES/60/262).[216] In this Declaration, delegations committed themselves to set "ambitious national targets, including interim targets for 2008 […] to scale up significantly towards the goal of universal access to comprehensive prevention programmes, treatment, care and support by 2010".[217] Almost 100 countries had already set outcome targets in the most important sectors by March 2007.[218] Alongside UNAIDS' "Three Ones" principles, the setting of national targets may be counted as one sign of recent success.

The "Three Ones" principles were established by UNAIDS at a high level meeting in Washington, D.C., in 2004.[219] The principles are: "*One* agreed HIV/AIDS Action Framework that provides the basis for coordinating the work of all partners. *One* National AIDS Coordinating Authority, with a broad-based multisectoral mandate. *One* agreed country-level Monitoring and Evaluation System."[220] The principles were designed to guarantee efficient coordination of resources within the international community. Moreover, they serve as guiding principles for national authorities to coordinate their ever broader and more complex AIDS responses.[221] The principles name crucial steps to improve cooperation of the private and the public sector. They promise more effective cooperation of receiving and donor countries.[222] UNAIDS has reaffirmed alongside these principles that fast assistance for those in need can only be guaranteed by avoiding double-structures and response division.[223]

International Law and Universal Access

The paradigms in the fight against HIV/AIDS have shifted since the beginning of the 21st century. Whereas in the 1980s and 90s the cost-effectiveness of treatment and the development of prevention programmes played a leading role, now upholding the human rights of the infected and ensuring access to life-prolonging therapy has reached similar importance.[224] Even such a high aim as access to treatment for people in resource-poor States, however, can lead to a clash of interests. Two crucial documents, the 1994 *Agreement on Trade-Related Aspects of Intellectual Property Rights* (TRIPS) and the *Doha Declaration on the TRIPS agreement and public health* (WT/MIN(01)/DEC/2) of 2001, both of which have come from the World Trade Organization (WTO), have to be considered in order to understand the legal, economic, and moral arguments of the issue at hand.

The TRIPS Agreement guarantees that patents are protected for 20 years.[225] The Agreement was developed to protect "the rights given to people over creations of their minds", which is guaranteed mostly by patent rights.[226] The basic patent rights guaranteed ensure that the holder of a patent can "prevent others from making, using, or selling the new invention".[227] All WTO Member States are bound to implement the various protections of intellectual property by the agreement; Least Developed Countries (LDCs) are granted a transition period until 2016, in which they do not have to apply the TRIPS provisions.[228] Under certain circumstances governments can allow third parties to produce the patented product without the

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[215] United Nations General Assembly, *Preparations for and Organization of the 2006 Follow-Up Meeting on the Outcome of the Twenty-Sixth Special Session: Implementation of the Declaration of Commitment on HIV/AIDS* (A/RES/60/224), 2005.
[216] Joint United Nations Programme on HIV/AIDS, Policy and Practice, *Towards Universal Access*.
[217] United Nations General Assembly, *Political Declaration on HIV/AIDS* (A/RES/60/262), 2006, p. 7.
[218] Joint United Nations Programme on HIV/AIDS, Policy and Practice, *Towards Universal Access*.
[219] Joint United Nations Programme on HIV/AIDS, Country Responses, Making the Money Work, *The Three Ones*.
[220] *Ibid*.
[221] Joint United Nations Programme on HIV/AIDS *Three Ones" Key Principles*, April 2004, p.1.
[222] Joint United Nations Programme on HIV/AIDS, Country Responses, Making the Money Work, *The Three Ones.*
[223] Joint United Nations Programme on HIV/AIDS, *Three Ones" Key Principles*, April 2004, p.1.
[224] Hardon, *Confronting the HIV/AIDS epidemic in sub-Saharan Africa: policy versus practice*, 2005, p. 601f.
[225] World Trade Organization, Fact Sheet, *TRIPS and Pharmaceutical Patents*, 2006, p. 2.
[226] *Ibid*.
[227] *Ibid*.
[228] *Ibid*, p. 7.

consent of the patent owner, otherwise known as the granting of compulsory licensing. Such compulsory licensing is allowed in cases of national emergencies; however what constituted a national emergency was hotly debated until the adoption of the *Doha Declaration*.[229] Before the passage of the *Doha Declaration,* it was not clear if the HIV/AIDS pandemic constituted a national emergency. But with the *Doha Declaration* came international recognition that the pandemic did constitute a national emergency and allowed for greater leeway in the granting of compulsory licenses and utilization of parallel importation.[230]

Patent Rights vs. Patients' Rights

With the *TRIPS Agreement,* the international community tried to balance the issues of availability of treatment on the one hand, and incentives for development and research via patents on the other.[231] The health sector is like a magnifying glass on these two issues, since the "tension between the need to provide incentives for research and development of new drugs and the need to make existing drugs as available as possible" can rise to a matter of life and death.[232]

One of the most important consequences of the *TRIPS Agreement* was that generic production of medication was heavily restricted. However, generic drugs have an enormous impact on prices. Costs of generic drugs are usually lower and the competition generic drugs introduce leads to reduced prices of their brand-name equivalents.[233] In the middle of the 1990s, ARVs and their life-prolonging effect for HIV-sufferers had been discovered.[234] When ARVs were first used in developed countries their success rates reached almost 80%.[235] Consequently, governments in developing countries tried to supply their population with the revolutionary products, but the "high cost of drugs made treatment generally unaffordable for all but the wealthiest."[236] Most of the heavily affected African States had to import cheaper generic versions of ARVs in violation of the *TRIPS Agreement*. In 2001, the situation escalated when 39 pharmaceutical companies sued South Africa because of its import of generic drugs and accused Brazil of illegally producing copies of patented ARVs.[237]

This lawsuit marked a turning point in the history of access to ART in developing countries. Media attention rose and an unprecedented global moral mobilization, supported by NGO campaigns, followed. The pharmaceutical companies eventually dropped the lawsuit, but public attention remained on the issue.[238] At the Doha Round of WTO trade negotiations in 2001, developing States insisted on the legality of compulsory licensing and cheaper import of generics in order to preserve public health.[239] In particular, these States challenged the provision of Article 31(f) of the *TRIPS Agreement,* which states that production under compulsory licensing must predominantly target the domestic market.[240] This provision made it hard for resource-poor countries to guarantee supply with affordable medication, since import options were restricted.[241] The problem of export under compulsory licensing, formulated in §6 of the *Doha Declaration,* has finally been settled in 2005. Export to poor countries which cannot manufacture ARVs themselves is permitted, although under strict regulations and safeguarding.[242]

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[229] World Trade Organization, *TRIPS Material on the WTO Website.*
[230] *Ibid*.
[231] World Trade Organization, *Fact Sheet, TRIPS and pharmaceutical patents*, 2006, p. 1.
[232] World Trade Organization, *TRIPS Material on the WTO Website.*
[233] Shadlen, *The Political Economy of Aids Treatment: Intellectual Property and the Transformation of Generic Supply*, 2007, p. 564.
[234] Joint United Nations Programme on HIV/AIDS, *Fast Fact about HIV treatment*, 2008, p. 1.
[235] Eboko, *Law against Morality? Access to Anti-AIDS Drugs in Africa*, 2005, p. 715-719.
[236] Shadlen, *The Political Economy of Aids Treatment: Intellectual Property and the Transformation of Generic Supply*, 2007, p. 562.
[237] Eboko, *Law against Morality? Access to Anti-AIDS Drugs in Africa*, 2005, p. 715.
[238] *Ibid*, p. 715f.
[239] Forman, *Trade Rules, Intellectual Property, and the Right to Health*, 2007, p. 340.
[240] World Trade Organization, *Agreement on Trade-Related Aspects of Intellectual Property Rights*, 1994, Art. 31.
[241] Forman, *Trade Rules, Intellectual Property, and the Right to Health*, 2007, p. 340f.
[242] World Trade Organization, *TRIPS and pharmaceutical patents. Fact Sheet*, 2006, p. 6.

Nevertheless, governments seem hesitant to use compulsory licenses for exports due to expected trouble with pharmaceutical manufacturers and other governments.[243] According to Forman, "despite its TRIPS legality, the generic manufacture and export of patented medicines to poor countries is simply not occurring."[244] This presents a danger that the supply of affordable ARVs in low- and middle-income countries will be at risk in the future. This could be aggravated by the fact that the import of then needed generic ARVs will halt totally once TRIPS is fully implemented in 2016.[245] Moreover, India, one of the global leading suppliers of such medication for developing countries, has been bound by TRIPS since 2005 after the end of its granted transition period.[246]

In dealing with intellectual property rights and research and development the international community faces a dilemma. Since ART is a treatment and not a cure, patients have to take medications for the rest of their lives; A huge amount of ARVs must then be available. As treatment extends, the virus starts to develop immunity against certain ARVs. Thus, constant research and development is needed for new drugs.[247] The international community must provide incentives for pharmaceutical companies to invest in research for new medications. The availability of drugs is only one among a number of factors, which improve access to treatment for people living with HIV/AIDS. It is obvious, however, that the "cornerstone to an effective treatment programme is that affordable medicines be available […] No amount of managerial or political creativity can create functional substitutes for ARVs: If drugs are not available, treatment is impossible, full stop."[248]

Inadequateness of national health systems

In order to guarantee sustainable success in the combat against HIV/AIDS treatment campaigns have to be accompanied by several other measures. An integrated approach must consider the capabilities of national health care systems; it has to focus on prevention and education, and should fight social stigmatization of the disease.[249] UNAIDS has in the past taken up responsibility in assessing the aforementioned factors and has carried out various studies and projects along with its partner organizations.[250] Among these are expertises on how to cooperate with traditional healers most effectively; or studies on how to integrate HIV-carriers and affected people in societies.[251]

Resources of national health care systems in heavily affected countries have been significantly diminished due to HIV/AIDS.[252] Well-trained medical staff have fallen victim to the disease, leading to a decline in the quality of medical assistance. For example, South Africa is expected to suffer from a loss of 6,000 health workers per year until 2015 due to AIDS.[253] Moreover, financial and medical resources are vanishing. Due to their weakened immune systems and resulting infections with opportunistic diseases HIV-carriers have to make use of already poorly equipped medical services at increasing rates.[254] Experts have pointed out that "under-developed health systems may not provide the quality of care needed for effective ARV utilization."[255] Two studies carried out in Uganda affirmed the connection between successful ART and "highly trained and experienced counsellors, a steady supply of drugs, and a [high]

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[243] Forman, *Trade Rules, Intellectual Property, and the Right to Health*, 2007, p. 341.
[244] *Ibid.*
[245] Forman, *Trade Rules, Intellectual Property, and the Right to Health*, 2007, p. 340.
[246] Shadlen, *The Political Economy of Aids Treatment: Intellectual Property and the Transformation of Generic Supply*, 2007, p. 572.
[247] *Ibid*, p. 565.
[248] *Ibid*, p. 563.
[249] United Nations General Assembly, *Declaration of Commitment on HIV/AIDS*, 2001, §55-58.
[250] Joint United Nations Programme on HIV/AIDS, Cosponsors, *Division of Labour*.
[251] Joint United Nations Programme on HIV/AIDS, *Collaborating with Traditional Healers for HIV Prevention and Care in sub-Saharan Africa: Suggestions for Programme Managers and Field Workers*, 2006; Joint United Nations Programme on HIV/AIDS, *Linking Sexual and Reproductive Health and HIV/AIDS. Gateways to Integration: A Case Study from Kenya*, 2008.
[252] Commission on HIV/AIDS and Governance in Africa, *Securing Our Future*, 2008, p. 49-50.
[253] *Ibid*, p. 50
[254] *Ibid*.
[255] Hardon, *Confronting the HIV/AIDS Epidemic in Sub-Saharan Africa: Policy versus Practice*, 2005, p. 604.

level of logistical support."[256] In a pilot project in the Ugandan Masaka region, where the aforementioned ideal circumstances were created, a therapy adherence rate of 96% has been reached.[257] Outside of the project settings, it was evaluated that 36% of Ugandan health workers were absent thus, 76% of the distributed drugs didn't reach their targeted receivers.[258]

Relief for overburdened health systems could come from stronger cooperation with the private sector, like local medical vendors and traditional healers. Experts suggest that, due to the fear of stigma and social exclusion, HIV-infected persons in poor countries will largely seek assistance from "private medical practitioners, (…) and traditional and informal providers."[259] These institutions have often been overlooked by international approaches that have used governments', NGOs' or international personnel. Closer cooperation with such private vendors is believed to have huge potential for access and long-term adherence to ART, since inhabitants are usually loyal to traditional and local medical institutions.[260] Moreover, by having better control over the private sector, random prescription of ARVs could be reduced and therapy guidelines be established. Most crucially, the danger of rapidly developing resistant forms of HIV could thus be diminished.[261]

Education and Prevention

Almost all expert access campaigns emphasize educating populations at risk about the disease in order to prevent the need of treatment at all.[262] UNAIDS has therefore established the Inter-Agency Task Team on Education (IATT) in 2002.[263] IATT recognizes the potential that enlarged access to treatment and broader acceptation of prevention offer for affected persons.[264] According to IATT, education can serve treatment-related aspects in manifold ways.[265] Education enhances knowledge about prevention and how to handle infection. It can further contribute to diminish the drivers of the disease like social and structural deficits. Moreover it encourages tolerance, thereby reducing stigma and discrimination of infects.[266] Studies show that universal primary education that discussed the disease would prevent 700,000 new infections each year, simply by allowing people to make sound choices about their lives.[267] Hardon, however, criticized some special education campaigns on HIV/AIDS that have not been conducted sensitively enough, since "[m]any safe-sex programmes tend to overlook the complexity of sexuality, its multiple meanings, and the social relations involved."[268]

Stigma and Treatment

Socio-cultural factors have to be taken into account in addressing HIV-treatment. Stigma and its social consequences can constitute an obstacle for HIV-management. In particular, in rural areas people often refuse to be tested for HIV, as they fear discrimination and social exclusion once their HIV-status would be known.[269] Therefore, stigma and discrimination "constitute one of the greatest barriers to dealing effectively with the epidemic."[270] It is obvious that without knowing one's status, there can be no treatment. However, there are as other forms of exclusion; It is reported by UNDP that in Eastern European and Central Asian countries, discrimination against sex workers and drug users is hindering effective

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[256] *Ibid*, p. 606.
[257] Okero et al., *Scaling Up Antiretroviral Therapy: Experience in Uganda. Case Study*, 2003, p. 10.
[258] Hardon, *Confronting the HIV/AIDS Epidemic in Sub-Saharan Africa: Policy versus Practice*, 2005, p. 606.
[259] Brugha, *Antiretroviral Treatment in Developing Countries: The Peril of Neglecting Private Providers*, 2003, p. 1382.
[260] *Ibid*, p. 1383.
[261] *Ibid*.
[262] United Nations General Assembly, *Declaration of Commitment on HIV/AIDS*, 2001, §18, 53.
[263] United Nations Educational, Scientific and Cultural Organization, Special Themes, HIV and AIDS, *HIV and AIDS Education*, 2008.
[264] Inter-Agency Task Team (IATT) on Education, *HIV and AIDS Treatment Education. A Critical Component of Efforts to Ensure Universal Access to Prevention, Treatment and Care*, June 2006, p. 29.
[265] Joint United Nations Programme on HIV/AIDS, Partnership, *Interagency Task-Team on Education*.
[266] *Ibid.*
[267] Inter-Agency Task Team on Education, *HIV/AIDS & Education. A Strategic Approach*, 2008, p. 16.
[268] Hardon, *Confronting the HIV/AIDS Epidemic in Sub-Saharan Africa: Policy versus Practice*, 2005, p. 605.
[269] *Ibid*, p. 604.
[270] Joint United Nations Programme on HIV/AIDS, Policy and Practice, *Stigma and Discrimination*, 2008.

implementation of treatment programmes.[271] In South Asia the disease is said to be "socially invisible" due to stigmatization of affected groups and "taboos surrounding HIV."[272]

UNAIDS has acknowledged these obstacles in the quest for universal treatment. UNAIDS has since set itself at the forefront of education campaigns, with the aim of holding unconcealed societal discussion on HIV/AIDS and integrating people living with HIV/AIDS into societies. UNAIDS has conducted case studies, in Haiti and Kenya, to find modes of integration in respective societies.[273] Moreover, national progress reports on universal access are reviewed for anti-discrimination efforts by UNAIDS.[274] However, the fight against exclusion of HIV-carriers and for equitable medical access still has to overcome resistance. According to UN Secretary-General Ban-Ki Moon, one third of UN Member States still lack laws to protect HIV-infected persons, and 57% have policies that hamper access to HIV-services.[275]

Conclusion

The international community set the target of universal access to be reached in 2010. A lot remains to be done to achieve this high aim. In 2007 about 31% of those in need received ART in low- and middle-income countries. The availability of drugs depends on a variety of factors like prices, medical infrastructures or legal arrangements. On the other hand, access to treatment can also be undermined by informal rules within affected societies. Stigmatization, gender inequalities, or social exclusion of marginal groups have to be named. Moreover, the issue of access to treatment comprises more than just the availability and affordability of medication. Prevention and education, supporting national health systems, as well as providing international frameworks are interrelated topics.

Delegations to UNAIDS have to be familiar with the integrated concept and campaigns concerning universal access. Questions to be answered during research include: How can prerequisites for treatment like secure food supply and anti-discrimination be guaranteed? Who can help to establish these prerequisites in the field? What are strategies to improve national health systems in respect to drug distribution, cost effectiveness, or the training of personnel? How are treatment, prevention, and care connected? What should be the focus of intervention in resource-poor settings? What are strategies to better coordinate action of the public and private sector? How can companies and NGOs improve their contribution to solve the crisis? To which extent have informal channels been focused on? How could cooperation with and control of this sector benefit the aims of universal access? What can the international community do to support research and development of advanced ARVs**?**

Annotated Bibliography

United Nations (Ed.). (1945). *Charter of the United Nations and Statute of the International Court of Justice*. San Francisco.

In 1945, members of the international community met in order to develop a solution to prevent future generations from experiencing the global events such as World War I and World War II. The result was the development of the United Nations. This work is important as it lays out the principles and purposes, of the United Nations Organization. In addition it also describes the responsibilities, structure and power of the UN's principle organs such as the Economic and Social Council.

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 from,

[271] United Nations Development Programme, *HIV/AIDS and Human Development Thematic Guidance Note*, 2005, p. 13.
[272] *Ibid.*
[273] Joint United Nations Programme on HIV/AIDS, Policy and Practice, *Stigma and discrimination*, 2008.
[274] *Ibid.*
[275] United Nations General Assembly, *Declaration of Commitment on HIV/AIDS and Political Declaration on HIV/AIDS: midway to the Millennium Development Goals, Report of the Secretary-General*, 2008, p. 3.

http://data.unaids.org/pub/ExternalDocument/1994/ecosoc_resolutions_establishing_unaids_en.pdf
As the HIV/AIDS epidemic became more widespread it was evident that a programmed needed to be developed outside of the World Health Organization (WHO) to coordinate the efforts to battle the epidemic. This 1994 resolution established UNAIDS which was officially launched in 1996. The guidelines provided in resolution include the program's objectives, responsibilities, funding and coordination.

United Nations. General Assembly (*25-27 June* 2001). *Declaration of Commitment on HIV/AIDS*. Retrieved September 29, 2008, from http://data.unaids.org/publications/irc-pub03/aidsdeclaration_en.pdf
In 2001, 189 members of the global community came together to form a commitment against the reduction and eventually the eradication of the HIV/AIDS epidemic. The Declaration set a wide agenda that has become the framework for UNAIDS to achieve their goals. The priorities of the Declaration are prevention, stop transmission from mother to child, treatment, search for vaccine and cure, and care for the orphans of HIV/AIDS.

United Nations. General Assembly. 55th Session. (2000). *United Nations Millennium Declaration* (A/55/L2). Retrieved September 9, 2008, from http://www.un.org/millennium/declaration/ares552e.htm
One of the major outcomes of the 2000 Millennium Summit was the Millennium Declaration. In the document the UN not only reaffirms the role of the UN for the challenges and needs confronting the 21st century but it also outline the eight Millennium Development Goals designed to significantly aid global development in a 15 year time period.

United Nations. Joint United Nations Programme on HIV/AIDS. *Achieving the MDGs: Why the AIDS Response Counts* (24 September 2008). Retrieved from, http://www.unaids.org/en/KnowledgeCentre/Resources/FeatureStories/archive/2008/20080925_Achieving_MDG.asp
As the global community has reached the halfway point to the MDG target date of 2015, UN leaders have regularly gathered to access the progress. Leaders who gathered claimed that the achievement of MDG 6, the reduction of the HIV/AIDS epidemic is crucial to the achievement of the rest of the goals. The UN community has continued to reinforce this goal through measures such as the 2006 Political Declaration.

United Nations. Joint United Nations Programme on HIV/AIDS. *2006 UNAIDS Annual Report: Making the Money Work*, 2006. Retrieved October 9, 2008, from http://data.unaids.org/pub/Report/2007/2006_unaids_annual_report_en.pdf
The global HIV/AIDS epidemic continues to be a problem to present several obstacles to the world community. However, despite an increase in the number of people infected by the disease there have been some positive results. Funding from 1996-2006 has steadily increased and continues to increase.

United Nations. Joint United Nations Programme on HIV/AIDS. *Children and Orphans* (n.d.). *Retrieved October 8, 2008, from http://www.unaids.org/en/PolicyAndPractice/KeyPopulations/ChildAndOrphans/*
The HIV/AIDS epidemic is of global concern, One key population group that has been greatly affected by this epidemic is children. In the worst affected countries, this disease has proven to be the largest cause of death for children under five. In order to treat

children, UN efforts are focused on treatment and prevention as well as education for mothers to reduce the number of transmissions from mother to child.

United Nations. Joint United Nations Programme on HIV/AIDS. *Committee of Cosponsoring Organizations* (n.d.). Retrieved October 11, 2008, from http://www.unaids.org/en/Cosponsors/CCO/default.asp
This forum allows the 10 cosponsors to meet twice a year to review their accomplishments, responsibilities and plans. The functions at these meetings include a review of budgets, planning, and report. In addition to these functions, the CCO is also responsible for creating a report to be submitted to the PCB for review.

United Nations. Joint United Nations Programme on HIV/AIDS. *Composition of the Programme Coordinating Board* (29 April 2008). Retrieved October 11, 2008, from *http://data.unaids.org/pub/InformationNote/2008/pcb_members_updated_en.pdf*
The Programme Coordinating Board (PCB) is the governing body for the UNAIDS organization. PCB has a wide variety of functions that range from decisions on planning and budgeting to being informed of all aspects of the CCO and the Executive Director. The Board (PCB) with representatives of 22 governments from all geographic regions, the UNAIDS Cosponsors, and five representatives of nongovernmental organizations, including associations of people living with HIV.

United Nations. Joint United Nations Programme on HIV/AIDS. *UNAIDS Co-Sponsors* (n.d.). Retrieved October 4, 2008, from http://www.unaids.org/en/Cosponsors/
The governance of UNAIDS is done in part by a group of ten UN organizations or cosponsors. Theses 10 organizations are unique as that these groups are able to divide the work among them as they each have different techniques and skills that can help combat the epidemic. Each of the cosponsors is a lead agency in at least one technical area.

United Nations. Joint United Nations Programme on HIV/AIDS. *UNAIDS Governance* (n.d.). Retrieved October 4, 2008, from http://www.unaids.org/en/AboutUNAIDS/Governance/default.asp
The Programmed Coordinating Board or PCB is the governing board of UNAIDS. The PCB is responsible for a wide range of functions and responsibilities that include oversight over the Secretariat and the CCO. The PCB also consists of a PCB Bureau, which consists of three countries, one NGO, and one co-sponsor that is responsible for among many things setting the agenda.

United Nations. Joint United Nations Programme on HIV/AIDS. *UNAIDS Report on the Global Aids Epidemic: Executive Summary (2006)*. Retrieved October 4, 2008, from http://data.unaids.org/pub/GlobalReport/2006/2006_GR-ExecutiveSummary_en.pdf
In the ten years since UNAIDS was launched, the UN community accessed the progress made and what efforts still needed to be made. This report looks at the strengths and weaknesses. While there have been certain accomplishments, there are still countries who need to meet their commitments. One of the accomplishments that the report notes is that there has been an increase in the number of people who now have access to antiretroviral therapy.

United Nations. Joint United Nations Programme on HIV/AIDS. *UNAIDS Secretariat* (n.d.). Retrieved October 4, 2008, from

http://www.unaids.org/en/AboutUNAIDS/Secretariat/default.asp
The UN Secretariat houses the UNAIDS executive director and is based in Geneva Switzerland. In addition to the UN offices in Switzerland, the Secretariat is responsible for overseeing the regional country offices and liaison offices. UNAIDS currently has offices in over 80 countries.

United Nations. *Millennium Development Goals Report 2008.* Retrieved September 19, 2008, from http://unstats.un.org/unsd/mdg/Resources/Static/Products/Progress2008/MDG_Report_2008_En.pdf
With the 2015 target date for the MDGs quickly approaching, the United Nations community continues to monitor the strengths and weaknesses of the programme. While there have been strengths one of the largest areas of concern is the lagging of financial development assistance that continues to decline. The report looks specifically at the goals so that further recommendations for their achievement can be made.

United Nations Children's Fund. *Children and HIV and AIDS* (n.d.). Retrieved October 4, 2008, from http://www.unicef.org/aids/
The HIV/AIDS epidemic continues to put children in grave danger. UNICEF is the leading agency when dealing with the technical requirements for working with children battling HIV/AIDS. UNICEF's goals include battling HIV/AIDS includes the prevention of mother to child transmission, providing pediatric treatment, infection prevention and supporting children affected by AIDS.

I. Assessing the Impact of the HIV/AIDS Pandemic on Development

Commission on AIDS in Asia. (2008). *Redefining AIDS in Asia: Crafting an Effective Response*. Retrieved September 12, 2008, from http://data.unaids.org/pub/Report/2008/20080326_report_commission_aids_en.pdf
Newest findings, analysis and figures about the epidemic in Asia are detailed in this elaborate report. The highly varying circumstances of the disease from country to country are considered in the analysis. Delegates will find valuable information for the assessment of the pandemic on all development fields along with policy recommendations and national strategies.

Commission on HIV/AIDS and Governance in Africa. (n.d.). *Africa: The Socio-Economic Impact of HIV/AIDS*. Retrieved August 3, 2008, from http://www.aec.msu.edu/fs2/adult_death/SOCIO_ECO_IMPACT.pdf
The report of the expert commission delivers a concise introduction into the consequences governments have to face when dealing with HIV/AIDS. The impacts of the disease on the deliverance of services typically expected of governments are evaluated. Moreover, strategies and focal points of responses are listed. This short summary highlights HIV/AIDS-effects on households, demography and economies. Especially useful is the experts' advise to consider the disease in two ways: First as an immediate crisis and secondly as a systemic condition. Delegates can thus learn that their ideas should not only focus on immediate crisis responses but also on structural elements, which will help governments to handle the long-term consequences of the disease.

Commission on HIV/AIDS and Governance in Africa. (2008). *Securing Our Future.* Retrieved August 3, 2008, from http://www.uneca.org/CHGA/Report/index.htm
Chapters one and two of this expert report address Africa's issues with HIV/AIDS and the resulting challenges for development and governance on the continent. The profound and detailed subsections give precise information about drivers of the epidemic and affected political and

social fields. Thus the report can be a good resource for structuring and planning sectoral and integrated responses to the pandemic.

Food and Agriculture Organization. (2003). *HIV/AIDS and Agriculture: Impacts and Responses. Case studies from Namibia, Uganda and Zambia*. Retrieved August 30, 2008, from ftp://ftp.fao.org/sd/SDW/SDWW/ip_summary_2003-webversion.pdf
Detailed information about problems on the ground, make case studies a valuable resource for delegates trying to formulate suggestions and strategies. In this report of UNAIDS' partner organization FAO, it is made obvious that the impacts of the virus on agriculture and nutrition unravel in similar, but different ways. Priorities of interventions may thus vary from country to country. In Uganda a whole sector can't adapt to new governmental strategies, in Namibia widows and their households need protection, and in Zambia the orphans crisis strikes hard.

Hope, K. R. Sr. (2001). Africa's HIV/AIDS Crisis in a Development Context. *International Relations*, 15(6). 15-36.
This well-structured article puts the various impacts of HIV/AIDS in a development context. Even though statistical data which is used in the essay has become obsolete, it is applicable to get an idea of the numerous policy fields which could became part of the discussion during the conference.

Joint United Nations Programme on HIV/AIDS. (2008). *2008 Report on the Global AIDS Epidemic*. Retrieved August 1, 2008, from http://www.unaids.org/en/KnowledgeCentre/HIVData/GlobalReport/2008/2008_Global_report.asp
Most recent information, trends and data about HIV/AIDS can be found in the report. The regional overview will inform delegates about the situation in their countries. The report also addresses the alleviation of HIV impacts on households, communities and societies. The report is one of the most important and reliable sources on HIV/AIDS worldwide.

Joint United Nations Programme on HIV/AIDS. (2007). *AIDS Epidemic Update 2007*. Retrieved August 1, 2008, from http://data.unaids.org/pub/EPISlides/2007/2007_epiupdate_en.pdf
This is the most recent edition of the AIDS epidemic update reports issued by UNAIDS. The report, published in 2007, provides delegates with relevant facts and figures on the epidemic. The "Global Overview" section contains updated information and recent trends in the fight against the disease. Further, the included regional overview makes this UNAIDS publication a major resource for delegates. Continent and country profiles which comprise numbers, strategies, causes and consequences of HIV/AIDS for the respective areas are part of this chapter. This comprehensive overview will help delegates to familiarize themselves with the effects of the disease on the global and regional scale and in their country.

Joint United Nations Programme on HIV/AIDS. (n.d.). *Countries.* Retrieved August 3, 2008, from http://www.unaids.org/en/CountryResponses/Countries/default.asp
This section on the UNAIDS website will provide delegations with country reports of almost every Member State. Not only should every delegation be familiar with the status of the disease in its country, but also information about heavily affected countries as well. The country reports provide detailed information about programs, institutions and national approaches. Hence, they supply an integrated overview about the variety of applied programs and their success. Moreover one can find out, which countries lack specific criteria to fight the pandemic and why this is the case.

Joint United Nations Programme on HIV/AIDS. (2001). *Declaration of Commitment on HIV/AIDS.* Retrieved August 3, 2008, from http://data.unaids.org/publications/irc-pub03/aidsdeclaration_en.pdf
The Declaration of Commitment was adapted by the General Assembly at its Special Session on HIV/AIDS. The document lists ten priorities in fighting HIV/AIDS. It further serves as a first approach to translate the goals of the MDGs into practice.

Joint United Nations Programme on HIV/AIDS. (2006). *Statement on the Political Declaration on HIV/AIDS*. Retrieved September 10, 2008, from http://data.unaids.org/pub/PressStatement/2006/20060620_PS_HLM_en.pdf
UNAIDS officially welcomed the renewed commitment the international community made with the Political Declaration. Nevertheless, as the spearhead in the fight against the disease, the Programme also criticizes help which has been promised in the past but has not been delievered by the international donor community.

Millennium Project/Task Force on HIV/AIDS, Malaria, TB and Access to Essential Medicines. (2005). *Combating AIDS in the Developing World*. Retrieved August 5, 2008, from http://www.unmillenniumproject.org/documents/HIVAIDS-complete.pdf
The report by Working Group on AIDS of the task force is concerned with assessing the development impact of the pandemic. The Working Group suggests how to come from the rather general MDG number six to measurable targets and assessable indicators. Thus the report is an indispensable tool for delegations in their preparation of responses and strategies. The report also contains a very informative chapter on the orphan crisis on the African continent.

Poku, Whiteside. (2006). 25 Years of Living with HIV/AIDS: Challenges and Prospects. *International Affairs*, Vol. 82 (2), 249-256.
Delegates looking for an introduction to HIV/AIDS and its consequences for the developing world should read this expert essay. Most development and policy issues are mentioned and informative numbers and cases are introduced.

Singer, P.W. (2002). AIDS and International Security. *Survival*, Vol. 44 (1), 145-158.
Development needs a secure environment to prosper. HIV/AIDS is a threat to security and stable environments. The essay points out the connection between AIDS and security. It contains a short overview of the international community's recognition of this nexus and delivers alongside some examples of celebratory rhetoric for delegates. A comprehensive picture of the disastrous impacts of HIV/AIDS on national stability and its consequences for international peace is drawn.

Stewart, F. (2006). *Human Development as an Alternative Development Paradigm*. Retrieved August 3, 2008, from http://hdr.undp.org/en/media/frances%20stewart%20%20basic%20needs%20to%20hd%2006.pdf
In this Power Point Presentation Prof. Stewart explains the evolution of development concepts and the essentials of the Human Development Concept. The presentation was prepared for a lecture during the 2006 Fourth Oxford/UNDP Human Development Training Course organized by the Human Development Report Office, UNDP and the Human Development and Capability Association Oxford. In the presentation the most important differences of the newer development concept are summarized.

The Global Fund to Fight AIDS, Tuberculosis and Malaria. (2008). *The Global Fund's Website*. Retrieved September 13, 2008, from http://www.theglobalfund.org/en/
The Global Fund is one of the most important financial resources for fighting HIV/AIDS. On its website donors, receivers and aid sums can be researched. Delegates should get an overview of financial resources and participants at both ends of cash flows.

United Nations Development Programme, Food and Agriculture Organization. (2002). *African-Asian Agriculture against AIDS*. Retrieved September 12, 2008, from http://www.undp.org/hiv/docs/alldocs/Asia%20-%20African-Asian%20Agriculture%20against%20AIDS%20(2004).pdf
The effects of HIV/AIDS on the agricultural sector of Asia and Africa are evaluated in this report. The experts discussed in detail the social, economic, environmental, as well as future structural consequences of the virus on the continents' most important work sector. Noteworthy are the several depicted country responses and national particularities in the combat against AIDS. These will help delegates to draft own responses which respect regional peculiarities.

United Nations Development Programme. (2005). *HIV/AIDS and Human Development Thematic Guidance Note*. Retrieved August 2, 2008, from http://hdr.undp.org/docs/nhdr/thematic_reviews/HIV_AIDS_Guidance_Note.pdf
This paper depicts the various points which field workers or people who write reports on the topic should be paying attention to. It also briefly gives an introduction to the connection of Human Development and HIV/AIDS. Every point comes with examples from the field work and accentuations of various statistical findings. These will provide delegates with helpful arguments for their speeches and negotiating strategies.

United Nations Development Programme. (n.d.). *Hoping and Coping: A Call for Action: The Capacity Challenge of HIV/AIDS in Least Developed Countries*. Retrieved August 3, 2008, from http://www.undp.org/hiv/docs/hoping_and_coping_final.pdf
This report is concerned with the epidemic's consequences for individual and institutional capacity. The threat HIV/AIDS poses to achieving the Millennium Development Goals are elaborated on in detail. The report focuses on Least Developed Countries (LDC) and the impact on their economies. Effects on various sectors of LDCs' labour forces are addressed as well as impacts on households and state delivery services. The report also includes a health governance section. Delegates can also get thought-provoking impulses from the "Strategic Options" chapter, where strategies and ideas for mitigation the threat for development are presented.

United Nations Development Programme. (1990). *The Human Development Report*. Retrieved August 12, 2008, from http://hdr.undp.org/en/reports/global/hdr1990/
The first issue of the Human Development Reports contains useful information on the concept and idea of Human Development. Delegates should be informed about the concept for the discussion of the issue. By comparing the annual reports, delegates will find out which countries have implemented successful development strategies through the years. This might be of value for considerations about effective responses.

United Nations General Assembly. (2008). *2008 High-Level Meeting on AIDS*. Retrieved August 6, 2008, from http://www.un.org/ga/aidsmeeting2008/
The website of the 2008 High-level meeting constitutes a useful research gateway. Background papers and links to the most important documents will help delegates to start their research with recent information. The statements which have been made during the conference can be read or watched in the webcast. This should help delegates to become familiar with their respective country's position on the topic.

United Nations. General Assembly. 62nd Session. (2008). *Declaration of Commitment on HIV/AIDS and Political Declaration on HIV/AIDS: Midway to the Millennium Development Goals, Report of the Secretary-General*. (A/62/780). Retrieved August 5, 2008, from http://search.unaids.org/Preview.aspx?d=en&u=pub/Report/2008/20080429_sg_progress_report_en.pdf&p=%2fcgi-bin%2fMsmGo.exe%3fgrab_id%3d0%26page_id%3d8406%26query%3d62%2f780%26PV%3d1
This document is the latest report of the Secretary-General on the implementation of the goals made by the international community. The report evaluates the progress that has been made in various sections of the fight against the pandemic. Thus, the evaluation of what has been done and which fields require more efforts alongside the policy recommendations will give insight in the UN's fight against AIDS and further show where discussion about new approaches can start from.

United Nations. General Assembly. Special Session. (2001). *Declaration of Commitment on HIV/AIDS*. (A/S-26/7). Retrieved August 1, 2008, from http://data.unaids.org/publications/irc-pub03/aidsdeclaration_en.pdf
The UNGASS Declaration of Commitment is next to the Millennium Declaration the most important document in the fight against HIV/AIDS. The Declaration list the focal points of global

action; it promises more efforts and calls for the allocation of resources. The connection between AIDS and development is further highlighted.

United Nations Security Council. (2000). *The Impact of AIDS on Peace and Security in Africa*. Retrieved September 12, 2008, from http://www.un.org/News/dh/latest/scafrica.htm
The first Security Council Meeting on AIDS and security can be visited on this website. Speeches and a summary of the debate will provide delegates with excellent examples of diplomatic rhetoric and important information about the security threat of the virus. This session held by the Security Council was one of the first major international sessions that drew a clear link between the continuing spread of HIV/AIDS and its impact on international security.

United Nations. (2007). *The Millennium Development Report*. Retrieved August 3, 2008, from http://www.un.org/millenniumgoals/pdf/mdg2007.pdf
The basis of excellent speeches and successful negotiations is to know the most recent facts and figures of your topic. This is what the Millennium Development Report of 2007 provides. The report evaluates the progress made towards every target of the Millennium Declaration. In the evaluation of goal #6, which is of special interest here, most recent statistics on HIV/AIDS are found. Indispensable information, like regional prevalence rates, figures of infected persons or the number of people who receive antiretroviral therapy are listed. The Millennium Development Report will give delegates a comprehensive impression on latest trends in the fight against the disease. It is thus suitable for a quick consultation on most important facts during writing process.

Whiteside, A. (2006). *HIV/AIDS and Development: Failures of Vision and Imagination*. International Affairs, 82 (2). 327 – 343.
This essay by AIDS-expert and member of the UN Commission on HIV/AIDS and Governance in Africa Alan Whiteside attempts to evaluate the disjuncture between targets related to HIV/AIDS and the actual spread of the pandemic. Therefore he takes a close look at several documents (e.g. the Millennium Development Goals), organizations (UN, OECD, African Commission) and top political events (2005 World Summit), which have addressed the issue. In his essay, Whiteside also describes several economic and social problems, which arise or are worsened by the disease. The author further points to the long-term consequences of HIV/AIDS and the social and economic setbacks developing countries will have to experience.

World Bank. (2002). *Socioeconomic Impact of HIV/AIDS in Ukraine. Executive Summary*. Retrieved September 5, 2008, from http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/ECAEXT/EXTECAREGTOPHEANUT/EXTECAREGTOPHIVAIDS/0,,contentMDK:20320144~menuPK:616429~pagePK:34004173~piPK:34003707~theSitePK:571172,00.html
The HIV-situation in Ukraine is perceived as very severe. Ever more people get infected, risks of coinfections are high, and medical measures are inadequate. The website of the World Bank will provide delegates with country analyses for most UN Member States. These reports will help to evaluate the epidemics' consequences from an economic point of view. Impacts on investment, indebtedness, and the labour market are examples of this perspective's findings.

World Bank. (2002). *The Economic Costs of an Unchecked Epidemic*. Retrieved September 5, 2008, from http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/ECAEXT/EXTECAREGTOPHEANUT/EXTECAREGTOPHIVAIDS/0,,contentMDK:20320128~menuPK:616566~pagePK:34004173~piPK:34003707~theSitePK:571172,00.html
The World Bank is one of UNAIDS' cosponsors, who has put HIV/AIDS at the core of its development strategies. Thus, regional offices of the World Bank assess the impact of the disease on the respective country or region. In this short evaluation the epidemic's economic costs for the Russian Federation are estimated.

Additional Sources

AIDS 2008. (2008). *XVII International AIDS Conference*. Retrieved August 22, 2008, from http://www.aids2008.org/

AIDS-experts and political leaders, such as UN Secretary-General Ban-Ki Moon gathered in Mexico City for the annual AIDS-conference. Many development-related HIV/AIDS-topics have been on the agenda, e.g. stigma or heath systems in poor countries. The website serves as a research gateway for information on almost all AIDS-issues and to find statements on these.

UNAIDS. (2008). *Achieving the MDGs: Why the AIDS Response Counts*. Retrieved September 24, 2008, from http://www.unaids.org/en/KnowledgeCentre/Resources/FeatureStories/archive/2008/20080925_Achieving_MDG.asp

In September 2008 world leaders gathered in New York for a Special Session of the GA to discuss Africa's development needs. The various impacts of HIV/AIDS on the MDGS are comprehensively depicted on this website. The shown results of the panel discussion will serve as informative introduction for the topic. Links for related, more detailed information can be found on the site as well.

UNAIDS. (2008). *The AIDS Response: Relationship to Development in Africa*. Retrieved September 22, 2008, from http://www.unaids.org/en/KnowledgeCentre/Resources/FeatureStories/archive/2008/20080922_development_Africa.asp

As preparation for the GA's Special Session on Africa's Development Needs UNAIDS summarized the various consequences of the disease on the issue at hand. Delegations can use the short report to get an idea of focal points for their research. Areas of progress, remaining gaps, as well as inter-connected issues are briefly introduced on this site.

United Nations. General Assembly. (2008). *2008 High-Level Meeting on AIDS*. Retrieved August 3, 2008, from http://www.un.org/ga/aidsmeeting2008/index.shtml

In June 2008 the GA held a high-level meeting on AIDS. The event's website will be a resourceful help for delegates. Background papers provide information about most urgent AIDS-issues, and most important AIDS-related documents are compiled. The speeches and webcasts of the whole event will not only help delegates to get familiar with their delegations' points of view, but also to prepare own speeches for the conference.

United Nations. General Assembly. President of the 62nd Session. (2008). *Africa's Development Needs. State of Implementation of various commitments, challenges and the way forward*. Retrieved September 25, 2008, from http://www.un.org/ga/president/62/ThematicDebates/adnhlm.shtml

Before the 63rd Session of the GA was declared open, heads of States and political leaders gathered for a high-level meeting on development in Africa. HIV/AIDS and its implications for development on the continent was one of the discussed matters. Resolutions, statements with webcasts, and useful links will provide delegates with information about the most recent event on the topic.

United Nations. Millennium Development Goals. (2008). *High-Level Event*. Retrieved September 25, 2008, from http://www.un.org/millenniumgoals/2008highlevel/index.shtml

In September 2008 another UN high-level meeting took place in order to review progress and remaining gaps towards the MDGs. A list of commitments, most recent statements and a large section on civil society participation to achieve the MDGs will be useful for research on development. The event went hand in hand with lots of related private partnerships events, which delegates are able to learn about on this site.

II Caring for Children Impacted by HIV/AIDS

The American Foundation for AIDS Research (amfAR). (2008, March). *Factsheet: Women and HIV/AIDS*. Retrieved September 16, 2008, from http://www.amfar.org/binary-data/AMFAR_PDF/pdf/000/000/182-1.pdf
In order to halt the spread of HIV/AIDS in children, it is first necessary to help the women who are infected with the virus. The American Foundation for AIDS Research (amfAR) released this factsheet in 2008, which outlines some of the key issues surrounding women and HIV/AIDS. Also of interest are the policy recommendations made by amfAR, which delegates might find useful as they create their own strategies.

Association François-Xavier Bagnoud. (2008). *FXB: Children and AIDS*. Retrieved September 16, 2008, from http://www.fxb.org/AboutFXB/fxb.html
Association François-Xavier Bagnoud (FXB) is an international organization dedicated to helping children affected by HIV/AIDS. FXB is partnered with the World Bank, WHO, and UNAIDS, among other organizations. Of particular use is the FXB country programs tab, which allows delegates to investigate some of the key problems in their specific countries, as well as see examples of some of the actions already being taken.

AVERT. (2008, October 10). *AIDS and HIV information from the AIDS charity AVERT*. Retrieved October 12, 2008, from http://www.avert.org/
Delegates will find HIV/AIDS information and news regularly updated on the AVERT website. The charity also publishes a newsletter that delegates may sign up for in order to ensure that they are receiving the latest information regarding everything from testing to treatment. This website is also useful in that is provides country and region specific information, which should prove highly useful for delegates as they prepare their position papers and research their country's position.

Cohen, F. L., Lashley, F. R., & Durham, J. D. (1993). *Women, children, and HIV/AIDS*. Springer Pub. Co.
Although written in the 1990's, delegates will find that "Women, Children, and HIV/AIDS" is a valuable resource for understanding the underlying and oft looked over issues of HIV/AIDS. Many of these issues, such as strains on the family, the role of the community, and the impact of discrimination, have changed little if at all in the past decade. Delegates should use this source to gain a better perspective of the problems that have persisted over the years, and that will need to be addressed in order to halt the spread of the disease.

The Global AIDS Alliance (2008).*Protect the children*. Retrieved September 16, 2008, from http://www.globalaidsalliance.org/issues/protect_the_children/
The Global AIDS Alliance is a partner organization to UNAIDS, WHO, and UNICEF, among many other United Nations organizations, which approaches AIDS advocacy from the political and financial perspectives. Delegates will find information on a host of issues relating to HIV/AIDS, and will find the factsheets on "orphans and vulnerable children" and violence against women and children and HIV/AIDS" to be particularly useful. This site also allows delegates to sign up for a newsletter which will help keep them stay informed during the months preceding the conference.

Massachusettes Medical Society. (n.d.). *The New England Journal of Medicine: Research and review articles on diseases and clinical practice*. Retrieved September 16, 2008, from http://content.nejm.org/
The New England Journal of Medicine is a useful database for researching the latest articles regarding HIV and AIDS. Delegates can use this database by plugging in key words, such as "AIDS + children", and then narrow down results according to how relevant or recent the article is. Delegates can further narrow search results according to categories such as "research", "reviews", and "perspectives", depending on what type of information they are looking for.

Médecins Sans Frontières. (2008, June 24). *Responding to the failure of prevention of mother to child*

transmission (PMTCT) programmes: What needs to change? . Retrieved October 15, 2008, from http://www.accessmed-msf.org/fileadmin/user_upload/diseases/hiv-aids/PMTCT_roundtable_report.pdf
Médecins Sans Frontières (MSF, aka Doctors Without Borders) created this report to discuss current WHO recommendations in regards to ARV treatment for pregnant women. The organization determined that the WHO protocol was ineffective in most developing countries, given its complexity and the lack of proper resources/experience available in these countries. Delegates will find this alternate perspective as a useful comparison tool and will encourage a more critical evaluation of standard WHO/UNAIDS protocols.

NAM. (n.d.). *Aidsmap: Information on HIV and AIDS*. Retrieved September 18, 2008, from http://www.aidsmap.com/
Aidsmap is a UK-based organization that is funded by UNAIDS and serves as a comprehensive database for HIV/AIDS information. Information is available in English, Spanish, Portuguese, French, and Russian. Delegates can use the site to sign up for various news-feeds that will be delivered to their inbox on a regular basis. Aidsmap also allows delegates to search for AIDS organizations that deal specifically with children, and organizes them according to what countries they can be found in.

Nolan, S. (2008). *28 stories of AIDS in Africa*. Walker and Company.
No one really knows how many people globally are affected by AIDS. One popular estimate, at least for the continent of Africa, is that there are 28 million people living with HIV/AIDS. Stephanie Nolan spent nine years reporting on HIV/AIDS for a Toronto-based newspaper, and uses her experience and research to tell the stories of 28 people in Africa, each with a different background and each with a different lesson to learn from. Of particular interest to delegates will be the stories Siphiwe Hlophe, Tigist Haile Michael, Regine Mamba, Lefa Khoele, Mpho Segomela, and Anne Mumbi - six individuals who are either children who have been impacted by AIDS, or adults who have had to care for children like them.

The Global Movement for Children. (2008). *Child survival campaign*. Retrieved October 15, 2008, from http://www.gmfc.org/
The Global Movement for Children is partner to a myriad of AIDS-related organizations, including UNICEF. Delegates will find the site helpful in that it allows them to view region-specific news, and gives them the opportunity to contact many of the site coordinators directly.

The Joint United Nations Programme on HIV/AIDS. (2008). *Children and orphans*. Retrieved September 16, 2008, from http://www.unaids.org/en/PolicyAndPractice/KeyPopulations/ChildAndOrphans/
The Joint United Nations Programme on HIV/AIDS has a section of its website dedicated specifically to children and orphans. Delegates can use the information provided as a general overview of the issues regarding HIV's impact on children and as a starting point from which to conduct further research. Delegates can also find publications of UNAIDS technical policies, operational guidelines, and co-sponsors on the HIV/AIDS program, all of which can be used to prepare for the conference.

The Joint United Nations Programme on HIV/AIDS. (2008). *The global coalition on women and AIDS*. Retrieved October 15, 2008, from http://womenandaids.unaids.org/
The United Nations Joint Programme on HIV/AIDS has recognized the unique role that women play in halting the spread of the HIV virus. Women and girls are at a heightened risk of contracting the virus, due to societal, economic, and biological factors, all of which are discussed on the website for the Global Coalition on Women and AIDS. Delegates will need to have a firm understanding of how HIV affects women in order to address the issues that affect children - many of which are actually extensions of the latter.

The Joint United Nations Programme on HIV/AIDS. (2008, August). *Report on the global AIDS epidemic*. Retrieved September 16, 2008, from

http://data.unaids.org/pub/GlobalReport/2008/JC1510_2008GlobalReport_en.zip
The 2008 Report on the Global AIDS Epidemic is a comprehensive guide to the current HIV/AIDS crisis. The report is divided into chapters that cover a broad range of topics, from the prevention of new HIV infections to lessening the impact that HIV/AIDS has on families and communities. Delegates can use this report to familiarize themselves with the current status of HIV around the world, and more specifically, to learn how UNAIDS has been addressing the pandemic.

The Joint United Nations Programme on HIV/AIDS, & The World Health Organization. (2004, June). *UNAIDS/WHO policy statement on HIV testing*. Retrieved September 16, 2008, from http://www.who.int/hiv/pub/vct/en/hivtestingpolicy04.pdf
HIV testing is an area that must be expanded upon and improved in order to eradicate AIDS from the world's population. The testing itself, however, has certain ethical and financial implications which must be taken into consideration before policies are created and acted upon. Delegates can use this guideline from UNAIDS and WHO as they determine what course of action should be taken in regards to testing infants and children who are at risk of contracting the virus.

The Joint United Nations Programme on HIV/AIDS, The World Health Organization, & The United Nations Children's Fund. (2004). *Joint WHO/UNAIDS/UNICEF statement on use of cotrimoxazole as prophylaxis in HIV exposed and HIV infected children*. Retrieved September 16, 2008, from http://www.who.int/3by5/mediacentre/en/Cotrimstatement.pdf
The use of the drug cotrimoxazole has proven to be a highly effective and inexpensive way to hold off the effects of HIV in children. This is especially important in developing, but is also relevant to more resource-rich countries who may still find it difficult to treat a large number of their HIV-infected children. Delegates can use this guideline as they create potential treatment policies.

The Joint United Nations Programme on HIV/AIDS, The World Health Organization, & The United Nations Children's Fund. (2008). *Children and AIDS: Second stocktaking report: Actions and progress* [Report]. Retrieved September 16, 2008, from http://www.unicef.org/aids/files/ChildrenAIDS_SecondStocktakingReport.pdf
Delegates will find the second stocktaking report an invaluable resource as they conduct their research. The report addresses a wide range of topics, including the prevention of mother-to-child transmission, pediatric HIV treatment and care, protection and support for children affected by AIDS, and resource mobilization. The report also lists nearly forty references that may prove useful to delegates.

The United Nations Children's Fund. (n.d.). *Childinfo: Monitoring the situation of children and women.* Retrieved September 16, 2008, from http://www.childinfo.org/index.html
The study of HIV/AIDS was initially focused almost entirely on men who were infected with the virus, with very little attention being given to the countless women and children who were also being affected. Delegates can use this site to explore a variety of statistics related to HIV/AIDS, as well as see an interesting breakdown of the Millennium Development Goals, which are organized according to specific sub-goals and tasks.

The United Nations Children's Fund. (n.d.). *Unite for children, Unite against AIDS*. Retrieved September 16, 2008, from http://www.uniteforchildren.org/index.html
The "Unite for Children, Unite Against AIDS" website serves as a gateway to a myriad of resources related specifically to children. An especially useful tool is the Press Center, which provides access to speeches, videos, documents, and news releases. Delegates will find these resources useful as they prepare their position papers for the conference.

Unite for Children. (n.d.). *Children and HIV and AIDS*. Retrieved September 16, 2008, from The United Nations Children's Fund Web site: http://www.unicef.org/aids/index_introduction.php
The United Nations Children's Fund (UNICEF) program, Unite for Children, has put together this website with the purpose of educating others about HIV/AIDS and how it affects the world's children. Delegates can use this website to find statistics, news updates, and publications related to the the United Nations' work on the pandemic. The website also provides a useful country-

specific data base, which allows delegates to search for the most recent developments involving their country assignment.

Unite for Children. (2007). *The state of the world's children: 2007* [Report]. Retrieved September 16, 2008, from The United Nations Children's Fund Web site: http://www.unicef.org/sowc07/docs/sowc07.pdf
In order to address the multitude of problems that are presented because of HIV/AIDS, it is necessary to understand the underlying issues that act as roadblocks to progress. In the case of children impacted by HIV/AIDS, some of these issues include gender inequality, family dynamics, and stigma associated with the disease. A cure for AIDS could be found and many of the problems associated with the disease would still exist if these other issues are not also taken into consideration.

WH Media (Producer), & Horn, B. (Director). (n.d.). *The Right to Know: Mobilisng youth led change around HIV and AIDS* [Motion picture]. Voices of Youth. Retrieved October 15, 2008, from United Nations Children's Fund Web site: http://www.unicef.org/voy/images/RTK_hi.ram
This short informational video, released by Voice of Youth, explains how their Right to Know campaign is run and what makes it successful. Delegates can use this video as an example of a campaign directed specifically at children and how such an endeavor is organized. The images also provide delegates with a real-world perspective of the issue they are researching, and reinforces the idea that young people (including the delegates) can make a difference in the fight against HIV/AIDS.

World Food Programme. (2008, May). *UNAIDS policy brief: HIV, food security, and nutrition*. Retrieved October 15, 2008, from http://www.wfp.org/food_aid/doc/JC1515-Policy_Brief_Expanded.pdf?__utma=1.3389573482456785400.1224137667.1224137667.1224137667.1&__utmb=1.1.10.1224137667&__utmc=1&__utmx=-&__utmz=1.1224137667.1.1.utmcsr=(direct)|utmccn=(direct)|utmcmd=(none)&__utmv=-&__utmk=230776223
Food security and nutrition are often overlooked when searching for the answer to the AIDS crisis. It must be understood, however, that food availability and a healthy diet are of the utmost importance in terms of both making it possible for children to continue their education (instead of staying home to work or find food) and in staving off the disease (by keeping the body's defenses as strong as possible). The World Food Programme has joined UNAIDS as a co-sponsor, and delegates should use their reports and recommendations when determining an appropriate course of action for the fight against AIDS.

The World Health Organization. (2006). *Antiretroviral therapy for adults and adolescents: Recommendations for a public health approach*. Retrieved September 16, 2008, from http://www.who.int/hiv/pub/guidelines/artadultguidelines.pdf
While the focus of this topic is on children impacted by AIDS, delegates must remember that women and older post-pubescent children also have either a direct impact or are directly impacted by HIV/AIDS. The WHO released these guidelines for the use of antiretroviral therapy in resource-lacking countries as a way to help governments combat the rapid spread of the HIV virus among these two target populations. Affordable and accessible treatment for women and young adults is crucial for halting the spread of the virus, and delegates will need to determine what measures should be taken in regards to this issue.

The World Health Organization. (2007, May). *Early detection of HIV infection in infants and children.* Retrieved September 16, 2008, from http://www.who.int/hiv/paediatric/EarlydiagnostictestingforHIVVer_Final_May07.pdf
Testing for HIV in children and infants requires entirely different procedures and medications than testing in adults, and with these differences come additional obstacles and costs. The WHO published these recommendations so that governments would have a better understanding of what makes child testing different and why it is necessary to adopt child-specific procedures. Early detection is crucial in order to stave off AIDS, and so the proper implementation of these

guidelines could potentially save millions of lives.

Working Group on Antiretroviral Therapy and Medical Management of HIV-Infected Children, François-Xavier Bagnoud Center, The Health Resources and Services Administration, & The National Institutes of Health. (w008, June 29). *Guidelines for the use of antiretroviral agents in pediatric HIV Infection*. Retrieved September 16, 2008, from http://aidsinfo.nih.gov/contentfiles/PediatricGuidelines.pdf
Pediatric antiretroviral treatment is an area which has been only briefly studied in comparison to adult treatment methods. These guidelines give a highly detailed and up-to-date breakdown of everything that must be taken into consideration when planning such procedures. Delegates can use this information to create their own plans for pediatric treatment and should be aware of the recommendations made by this working group in regards to best practices.

Additional sources

Boler, T., & Archer, D. (2008). *The politics of prevention: A global crisis in AIDS and education*. Pluto Press.
Boler and Archer use their combined expertise (working with various aid organizations and with the United Nations) to compile an informational book that highlights the struggle of the family and the obstacles to education and medication that escalate the AIDS crisis. Delegates may wish to peruse this book as an up-to-date resource from which they can gather information and facts about the AIDS crisis.

Lyons, M. (2000). *The Impact of HIV and AIDS on children, families and communities: Risks and realities of childhood during the HIV epidemic*. Retrieved October 15, 2008, from The United Nations Development Programme Web site: http://www.undp.org/hiv/publications/issues/english/issue30e.html
The United Nations Development Programme has also lent its expertise to the ever increasing AIDS crisis. Their report on the "Impact of HIV and AIDS on children, families and communities: Risks and realities of childhood during the HIV epidemic" addresses many of the cultural and societal issues that delegates will encounter. This document is also unique in that it more directly addresses the role of poverty in AIDS cases.

Save the Children (Producer). (n.d.). *Helping orphans and vulnerable children* [Motion picture]. Retrieved October 15, 2008, from http://multimedia.savethechildren.org/video/aids-day-2006.asp
The Save the Children campaign has worked in various countries throughout the world. In this video, they talk about one of their more successful programs, in which they helped to create preschools for young children within the community. Beginning school at a young age was not only beneficial for the students' future education, but also helped curb discrimination against AIDS orphans and vulnerable children.

Save the Children. (2008). *HIV/AIDS: Save the children*. Retrieved October 15, 2008, from http://www.savethechildren.org/programs/health/hiv-aids/
Save the Children has several missions throughout the world, all of which deal specifically with HIV/AIDS and orphans and vulnerable children. Delegates can navigate their site to investigate what course of action Save the Children has and is taking, and potentially incorporate some of their strategies into their own recommendations.

The United Nations Development Programme. (2005). *Hope: Building capacity*. Retrieved October 15, 2008, from http://www.undp.org/hiv/docs/alldocs/HOPE%20-%20Building%20Capacity%20-%20Least%20Developed%20Countries%20Meet%20HIV-AIDS%20Challenge%20(2004).pdf
The United Nations Development Programme published "Hope: Building Capacity" in order to address the problems afflicting less developed countries (LDCs) being devoured by AIDS. The publication gives an overview of a myriad of topics of particular concern to LDCs, as well as recommendations for governments and AIDS-related organizations.

The World Bank. (2002). *Education and HIV/Aids: A window of hope* . World Bank Publications.
Access to education is a crucial component of the HIV/AIDS solution. Children who for whatever reason are forced to discontinue their studies are put at a much higher risk of contracting the HIV virus. The World Bank reviews the issues associated with education and HIV/AIDS in this 2002 publication, most of which have changed little - if at all - within the past six years.

United Nations Convention on the Rights of the Child, Nov. 20, 1989, http://untreaty.un.org/English/TreatyEvent2001/pdf/03e.pdf
The United Nations Convention on the Rights of the Child can serve as a useful reference as delegates prepare their reports. Issues such as discrimination and healthcare will be especially relevant in relation to this convention, as will having a general understanding of exactly what rights the international community has claimed on behalf of children – and in doing so, what rights they have committed themselves to upholding.

United Nations. General Assembly. 62nd session. (2008, April 1). *Declaration of commitment on HIV/AIDS and political declaration on HIV/AIDS: Midway to the Millennium Development Goals Report of the Secretary-General*. Retrieved October 15, 2008, from http://data.unaids.org/pub/Report/2008/20080429_sg_progress_report_en.pdf
In this report, made by the Secretary-General, delegates will be able to find up-to-date information on all the issues discussed within this background guide and many which were not. The impact of HIV/AIDS on children is specifically addressed within the report, as is the prevention of mother to child transmission.

III. Improving Access to Treatments for People Living with HIV/AIDS

Brugha, Ruairi. (2003). Antiretroviral Treatment in Developing Countries: The Peril of Neglecting Private Providers. *British Medical Journal*, 326. 1382-1384.
Strategies and campaigns can only be successfully implemented, if the focused people make use of it. The author argues that infected people often do not reach out for official medical assistance because of resulting stigma and discrimation. Therefore international campaigns should also include private and unofficial practitioners in order to provide as many patients as possible with secure ART.

Eboko, Fred. (2005). Law against Morality? Access to Anti-AIDS Drugs in Africa. *International Social Science Journal*, 186. 715-724.
The essay supplies an overview of the history of access-campaigns since the middle of the 1990s. On the one side the international perspective with the beginning of NGO rallies and pharmaceutical business interests are depicted. On the other side national and local initial problems with ARVs are analyzed. Moreover, the essay contains definitions that are useful to understand the TRIPS-agreement, and gives examples for the increased efforts of the international community.

Forman, Lisa. (2007). Trade Rules, Intellectual Property, and the Right to Health. *Ethics and International Affairs* 21 (3). 337-357.
Forman analyzes the TRIPS-Agreement and the Doha-Declaration from a Human Rights perspective. She argues that there is a human right to health and thus the mentioned documents violate international law. The compromise that was settled upon in the Doha-Declaration is particularly examined as not acceptable under current circumstances. At the final section of the essay practical approaches towards reducing limitations on access to medications are presented.

G8 Gleneagles 2005 Summit Documents. (2005). *Africa.* Retrieved August 27, 2008, from http://www.britishembassy.gov.uk/Files/kfile/PostG8_Gleneagles_Africa,0.pdf
This document, which was adopted at the G8 summit in 2005, deals with the needs of the African continent. World leaders reaffirmed their support in the fight against HIV/AIDS in this paper. Especially noteworthy are the suggestions they make to contribute to fighting the disease.

Hardon, Anita. (2005). Confronting the HIV/AIDS Epidemic in Sub-Saharan Africa: Policy versus Practice. *International Social Science Journal*, 186. 602-608.
The focal points of this essay are the changing paradigms in the fight against HIV/AIDS and country studies concerning distribution of medication and access to therapy. In the first part of the essay Hardon describes the shift from prevention to treatment and integrated approaches. Further in the article the social and cultural circumstances of success in the combat against AIDS are depicted on the basis of country analyses in the sub-Saharan region.

Okero, et al. (2003). *Scaling Up Antiretroviral Therapy: Experience in Uganda. Case Study*. Retrieved September 13, 2008, from http://www.who.int/hiv/amds/case3.pdf
Most principles, strategies or plans which are developed by UNAIDS have to be implemented on the ground in affected countries. Case studies are a very helpful tool to get a glimpse of what circumstances in the field look like. In this case study evaluations of drug prices and distribution, management of the health sector and ARV therapy effectiveness in Uganda are conducted. Studying such analyzes will help delegates to make their proposals more realistic and definite by considering expertise on the ground.

Oxfam International. (2006). Patents versus Patients. Five Years after the Doha Declaration. *Oxfam Briefing Papers*, 95. Retrieved August 29, 2008, from http://www.globalpolicy.org/socecon/bwi-wto/wto/2006/1114patentpatients.pdf
In this paper, Oxfam critcizes the results of the Doha Declaration as deficient and argues that patents still enjoy higher rights than patients do. Particularly rich countries and pharmaceutical companies are accused of avoiding regulations and action, which could help those in need. Nevertheless, positive trends are mentioned and minor case studies are delivered. The paper also gives recommendations to policy makers and suggests new ways on the way to universal access. The Briefing Paper is a good source to get a comprehensive overview of the history, content and consequences of the current regulations dealing with access to patented medication.

Shadlen, Kenneth C. (2007). The Political Economy of AIDS Treatment: Intellectual Property and the Transformation of Generic Supply. *International Studies Quarterly*, 51, 559-581.
This essay is written from an economic perspective. The importance of ARVs in the fight against AIDS is highlighted. The author examines the consequences of the TRIPS-agreement for ARV supply and explains the impacts of generic drugs on the market. Further, delegates can find a country study of India, the largest supplier of generic ARVs, who is now bound by TRIPS.

Thieren, Michel. (2005). *Background Paper on the Concept of Universal Access*. Retrieved August 27, 2008, from http://www.who.int/hiv/universalaccess2010/UA_definitions_Dec05.pdf
The author adverts to the content of the concept "universal access". He tries to define what universal and access could mean in the fight against AIDS. The paper lists interesting points that should be considered in order to make the campaign and concept a success.

Joint United Nations Programme on HIV/AIDS. (2008). *2008 Report on the Global AIDS Epidemic*. Retrieved August 11, 2008, from http://www.unaids.org/en/KnowledgeCentre/HIVData/GlobalReport/2008/2008_Global_report.asp
Most recent information, trends and data can be found in the report. The regional overview will inform delegates about the situation in their countries. The report is one of the most important information resources in the fight against AIDS and should thus be used by every delegate.

Joint United Nations Programme on HIV/AIDS. (2006). *Collaborating with Traditional Healers for HIV Prevention and Care in Sub-Saharan Africa: Suggestions for Programme Managers and Field Workers*. Retrieved September 20, 2008, from http://data.unaids.org/pub/Report/2006/jc0967-tradhealers_en.pdf
The area of traditional healers is sometimes overlooked as a resource in the fight against HIV. Their knowledge of local clientele and the loyalty they enjoy makes them a valuable partner to

expand access to treatment. UNAIDS has analyzed how cooperation with private practitioners and traditional healers could look like to benefit HIV-carriers.

Joint United Nations Programme on HIV/AIDS. Country Responses. Making the Money Work. (n.d.). *The Three Ones.* Retrieved August 27, 2008, from http://www.unaids.org/en/CountryResponses/MakingTheMoneyWork/ThreeOnes/
This section of the UNAIDS website gives an insight in the" Three Ones" principles, which were established by the Programme in 2004. An explanation on how this coordinating mechanism was designed can be found. Next to the technical information there is also information available on how the principles work in reality in various countries.

Joint United Nations Programme on HIV/AIDS .(n.d.). *Division of Labour*. Retrieved September 2, 2008, from http://www.unaids.org/en/Cosponsors/DivisionOfLabour/default.asp
UNAIDS, working as the United Nations' joint programme has 12 cosponsors. To guarantee most effective support and expertise for Member States in implementing national strategies, UNAIDS works along the principle of division of labour. Each cosponsor technically assists countries in their respective specialised area. The research gateway offers delegates links to all aligned agencies and programmes with explanations of their roles in the global combat.

Joint United Nations Programme on HIV/AIDS. (n.d.). *Fast Facts about HIV.* Retrieved July 29, 2008, from http://data.unaids.org/pub/FactSheet/2008/20080903_fastfacts_treatment_en.pdf
Delegates will get basic information about the disease from this fact sheet. The particularities of the virus are examined and also the difference between HIV and AIDS is explained. This basic medical information may help to get an idea why an effective and sustainable response to the problem is so hard to achieve.

Joint United Nations Programme on HIV/AIDS Inter-Agency Task Team on Education. (2008). *HIV & AIDS and Education: A Strategic Approach.* Retrieved September 14, 2008, from http://unesdoc.unesco.org/images/0016/001627/162723e.pdf
The expert group on HIV/AIDS and education wrote this report for the XVII International AIDS Conference (AIDS 2008). It represents a critical reflection of the possibilities of integrating education in universal campaigns. The impact of education on prevention and on mitigation of HIV consequences are highlighted.

Joint United Nations Programme on HIV/AIDS Inter-Agency Task Team on Education. (2006). *HIV and AIDS Treatment Education: A Critical Component of Efforts to Ensure Universal Access to Prevention, Treatment and Care*. Retrieved September 12, 2008, from http://unesdoc.unesco.org/images/0014/001461/146114e.pdf
The Inter-Agency Task Team on Education was established to advise efforts to fight the disease through increased work with the education sector. The report this task team delivers focus on a variety of aspects concerning HIV and education. Treatment education, education for prevention, and reducing stigma through education are focal points of this report.

Joint United Nations Programme on HIV/AIDS et al. (2008). *Linking Sexual and Reproductive Health and HIV/AIDS. Gateways to Integration: A case study from Kenya*. Retrieved September 16, 2008, from http://data.unaids.org/pub/Report/2008/20080923_linkages_kenya_en.pdf
HIV-infected persons or HIV-vulnerable marginal groups like homosexuals or drug users sometimes suffer from social exclusion. Discrimination against these groups hampers their treatment access and sustainability. In some areas, people refuse to be HIV tested, because they fear stigmatization. This case study of Kenya is one of UNAIDS efforts to overcome such social problems by integrating such excluded groups in societies.

Joint United Nations Programme on HIV/AIDS. Policy and Practice. (2008). *Towards Universal Access.* Retrieved August 5, 2008, from http://www.unaids.org/en/PolicyAndPractice/TowardsUniversalAccess/default.asp

Delegates should get familiar with their committee's website during the research process. Most important documents, reports and links can be found on this page. In this sub-section political action towards universal access of the past years and ongoing political processes are introduced. A link with national targets concerning access to medication in affected countries is also provided.

Joint United Nations Programme on HIV/AIDS Reference Group on HIV and Human Rights. (2008). *Statement on Human Rights & Universal Access to HIV-Prevention, Treatment, Care & Support*. Retrieved August 27, 2008, from http://data.unaids.org/pub/BaseDocument/2008/20080606_rghr_statement_universalaccess_en.pdf
The UNAIDS Reference Group on HIV and Human Rights was established as an adviser for UNAIDS on issues relating to HIV and human rights. In its statement the group comments on the successes and deficits of the international access campaign. It especially mentions the need to get the civil society involved in the project.

Joint United Nations Programme on HIV/AIDS. (2004). *Three Ones Key Principles, Coordination of National Responses to HIV/AIDS, Guiding Principles for National Authorities and Their Partners.* Retrieved September 12, 2008, from http://data.unaids.org/UNA-docs/Three-Ones_KeyPrinciples_en.pdf
In 2004 UNAIDS along with the United States and the United Kingdom arranged a meeting at which the efficient use of resources, better national coordination, and international cooperation of AIDS responses were primary topics of discussion. UNAIDS delivered this conference paper in which the three key principles are introduced. The goals of each principle are elaborated on, as well as the way to achieving it. The possible contributions of national authorities and international agents are both addressed.

United Nations Development Programme. (2005). *Hoping and Coping: A Call for Action. The Capacity Challenge of HIV/AIDS in Least Developed Countries*. Retrieved August 5, 2008, from http://www.undp.org/hiv/docs/hoping_and_coping_final.pdf
This report is concerned with the epidemic's consequences for individual and institutional capacity. The report focuses on Least Developed Countries (LDC) and the impact of the diesease on their economies. Effects on various sectors of LDCs' labour forces are addressed as well as impacts state delivery services. The report also includes a health governance section. Delegates can also get thought-provoking impulses from the "Strategic Options" chapter.

United Nations Eeducational, Scientific, and Cultural Organization, Special Themes, HIV and AIDS. (2008). *HIV and AIDS Education*. Retrieved September 14, 2008, from http://portal.unesco.org/en/ev.php-URL_ID=33487&URL_DO=DO_TOPIC&URL_SECTION=201.html
Education about the epidemic is one of the core features of treatment and prevention. UNESCO serves as Secretariat of the IATT. The strategic approaches and regional projects on AIDS education, which are regularly updated on this gateway, can be a great help to get familiar with achievements and obstacles of this particular aspect.

United Nations. General Assembly. 60th Session. (2006). *Follow-Up to the Outcome of the Twenty-Sixth Special Session: Implementation of the Declaration of Commitment on HIV/AIDS: Scaling up HIV Prevention, Treatment, Care and Support. Note by the Secretary-General (A/60/737).* Retrieved September 12, 2008, from http://data.unaids.org/pub/InformationNote/2006/20060324_HLM_GA_A60737_en.pdf
This report by the Secretary-General is based on surveys, studies and expert analyzes carried out by UNAIDS. It was aimed at detecting priorities for interventions in heavily affected countries. The report served as basis for the Political Declaration of 2006.

United Nations. General Assembly. (2006). *Political Declaration on HIV/AIDS.* (A/RES/60/262). Retrieved July 29, 2008, from http://data.unaids.org/pub/Report/2006/20060615_HLM_PoliticalDeclaration_ARES60262_en.pdf

Five years after the Declaration of Commitment the General Assembly reaffirmed its dedication to the fight against HIV/AIDS. This document is one of the most important internationally agreed upon papers in the combat against the disease. Delegates should familiarize themselves with the main principles of the declaration to determine how they fit into other principles and policies being proposed.

United Nations. General Assembly. Special Session. (2001). *Declaration of Commitment on HIV/AIDS*. (A/S-26/7). Retrieved August 27, 2008, from http://data.unaids.org/publications/irc-pub03/aidsdeclaration_en.pdf
The UNGASS Declaration of Commitment is next to the Millenium Declaration the most important document in the fight against HIV/AIDS. The Declaration adverts to the focal points of the global action, it assures action and calls for the allocation of resources. The connection between AIDS and development is further highlighted.

Whiteside, Alan. (2006). HIV/AIDS and Development: Failures of Vision and Imagination. *International Affairs*. 82 (2). 327 – 343.
The essay of AIDS-expert and member of the UN Commission on HIV/AIDS and Governance in Africa Allan Whiteside tries to evaluate the disjuncture between targets related to HIV/AIDS and the pandemic. Therefore he takes a closer look on several documents (e.g. the Millennium Development Goals), organizations (UN, OECD, African Commission) and top political events (2005 World Summit), which have been concerned with the issue. In his essay, Whiteside also describes several economic and social problems, which arise or are worsened by the disease. The author further points to the long-term consequences of HIV/AIDS and the social and economic setbacks developing countries will have to experience.

World Health Organization. (n.d.). *The 3 by 5 Initiative.* Retrieved 30 August, 2008, from http://www.who.int/3by5/en/
This website of the WHO will provide delegations with all relevant information about the former goal of the international community to treat 3 million people with ARVs in resource-poor countries by 2005. While the achievement of the target was missed initially, it was achieved eventually. Initiatives such as this provide useful for evaluation on what strategies do and do not work in attempting to provide access to ARVs.

World Health Organization, UNAIDS, UNICEF. (2008.) *Towards Universal Access. Scaling up Priority HIV/AIDS Interventions in the Health Sector. Progress Report 2008*. Retrieved August 27, 2008 from http://www.who.int/hiv/pub/towards_universal_access_report_2008.pdf
This report deals with various points that are connected with treatment. First there is the medication issue and the supply with ARVs. Furthermore, access to counselling and testing is described. Moreover the needed interventions of the health sector in the respective heavily affected countries are elaborated on. Finally it is described how governments and health policies van be strengthened.

World Trade Organization. (1994). *Agreement on Trade-Related Aspects of Intellectual Property Rights*. Retrieved August 23, 2008, from http://www.wto.org/english/docs_e/legal_e/27-trips.pdf
With the establishment of the World Trade Organization, States also agreed on international rules concerning intellectual property rights in Annex 1C of the foundation document of WTO. The TRIPS-agreement became one of the most disputed international documents since it touched essential public health issues. However, it is perhaps the most important document regarding intellectual property rights and therefore delegates should familiarize themselves with the basic principles of the agreement in order to discuss increased access, particularly to generic drugs.

World Trade Organization. (2006). *TRIPS and pharmaceutical patents.* Fact Sheet. Retrieved August 23, 2008, from http://www.wto.org/english/tratop_e/TRIPS_e/tripsfactsheet_pharma_2006_e.pdf
Delegates will find information about the TRIPS-agreement on this fact sheet. Most important articles of the document are explained, which can be useful as the agreement is very technical in

elaborating the protections and rights of patent holders. Moreover the political debates around TRIPS and their settlements are discussed in detail.

World Trade Organization. (n.d.) *TRIPS Material on the WTO Website*. Retrieved August 23, 2008, from http://www.wto.org/english/tratop_e/TRIPS_e/TRIPS_e.htm
The WTO, as the body in charge of overseeing the TRIPS agreements, provides a lot of information about the Agreement. Of special interest for UNAIDS delegations is the public health section, where important legal documents are listed and explained. Delegates can make use of this gateway to start their research on TRIPS and the Doha-Declaration.

Additional Sources

AIDS 2008. (2008). *XVII International AIDS Conference*. Retrieved August 22, 2008, from http://www.aids2008.org/
AIDS-experts and political leaders, such as UN Secretary-General Ban-Ki Moon, gathered in Mexico City for the annual AIDS-conference in 2008. Many development-related HIV/AIDS-topics have been on the agenda, e.g. stigma or heath systems in poor countries. The website serves as a research gateway for information on almost all AIDS-issues and to find statements on these.

Joint United Nations Programme on HIV/AIDS. (2008). *Progress toward Universal Access. Botswana. Fact Sheet*. Retrieved September 14, 2008, from http://data.unaids.org/pub/FactSheet/2008/ua08_bot_en.pdf
UNAIDS receives progress reports of countries concerning their status towards providing universal access to treatments. The report evaluates the already implemented interventions and their forthcoming as well as sectors which still need to be addressed. This fact sheet of Botswana serves as an example of the types of information provided and strategies utilized by governments in increasing access. Delegates can find other relevant progress reports on UNAIDS' websites.

World Health Organization. (2006). *Antiretroviral Therapy for HIV Infection in Adults and Adolescents. Recommendations for a public health approach. 2006 revision*. Retrieved August 30, 2008, from http://www.who.int/hiv/pub/guidelines/artadultguidelines.pdf
National Health Systems in resource-poor settings often lack capacity and knowledge to provide and monitor ARTs. WHO provides a guide on how therapy with ARVs works in this adviser. This very detailed guidebook can be used for special issues dealing with ART during research or strategy formulation.

Rules of Procedure
Joint United Nations Programme on HIV and AIDS Coordinating Board

Introduction

1. These rules shall be the only rules which apply to the United Nations Human Settlements Programme (hereinafter referred to as "the Board") and shall be considered adopted by the Board prior to its first meeting.
2. For purposes of these rules, the Board Director, the Assistant Director(s), the Under Secretaries-General, and the Assistant Secretaries-General, are designates and agents of the Secretary-General and Director-General, and are collectively referred to as the "Secretariat".
3. Interpretation of the rules shall be reserved exclusively to the Director-General or his or her designate. Such interpretation shall be in accordance with the philosophy and principles of the National Model United Nations, and in furtherance of the educational mission of that organization.
4. For the purposes of these rules, "President" shall refer to the chairperson, or acting chairperson of the Board.

I. SESSIONS

Rule 1 - Dates of convening and adjournment
The Board shall meet every year in regular session, commencing and closing on the dates designated by the Secretary-General.

Rule 2 - Place of Sessions
The Board shall meet at a location designated by the Secretary-General.

II. AGENDA

Rule 3 - Provisional agenda
The provisional agenda shall be drawn up by the Secretary-General and communicated to members of the United Nations at least 60 days before the opening of the session.

Rule 4 - Adoption of the agenda
The agenda provided by the Secretary-General shall be considered adopted as of the beginning of the session. The order of the agenda items shall be determined by a majority vote of those present and voting in the Board. Items on the agenda may be amended or deleted by the Board by a two-thirds majority of the members present and voting.

> *The vote described in this rule is a procedural vote and as such, observers are permitted to cast a vote. For purposes of this rule, "those present and voting in the Board" means those delegates, including observers, in attendance at the session during which this motion comes to vote*

Rule 5 - Revision of the agenda
During a session, the Board may revise the agenda by adding, deleting, deferring or amending items. Only important and urgent items shall be added to the agenda during a session. Permission to speak on a motion to revise the agenda shall be accorded only to three representatives in favor of, and three opposed to, the revision. Additional items of an important and urgent character, proposed for inclusion in the agenda less than thirty days before the opening of a session, may be placed on the agenda if the Board so decides by a two-thirds majority of the members present and voting.

> *For purposes of this rule, the determination of an item as of "important and urgent character" is subject to the discretion of the Secretariat, and any such determination is final. If an item is determined to be of such a character, then it requires a two-thirds vote of the Board to be placed on the agenda. The votes described in this rule are substantive votes, and as such, observers are not permitted to cast a vote. For purposes of this rule, "the members*

present and voting" means members (not including observers) in attendance at the session during which this motion comes to vote.

Rule 6 - Explanatory memorandum
Any item proposed for inclusion in the agenda shall be accompanied by an explanatory memorandum and, if possible, by basic documents.

III. SECRETARIAT

Rule 7 - Duties of the Secretary-General

1. The Secretary-General or his/her designate shall act in this capacity in all meetings of the Board.
2. The Secretary-General shall provide and direct the staff required by the Board and be responsible for all the arrangements that may be necessary for its meetings

Rule 8 - Duties of the Secretariat
The Secretariat shall receive, print, and distribute documents, reports, and resolutions of the Board, and shall distribute documents of the Board to the Members of the United Nations, and generally perform all other work which the Board may require.

Rule 9 - Statements by the Secretariat
The Secretary-General, or his/her representative, may make oral as well as written statements to the Board concerning any question under consideration.

Rule 10 - Selection of the President
The Secretary-General or his/her designate shall appoint, from applications received by the Secretariat, a President who shall hold office and, inter alia, chair the Board for the duration of the session, unless otherwise decided by the Secretary-General.

Rule 11 - Replacement of the President
If the President is unable to perform his/her function, a new President shall be appointed for the unexpired term at the discretion of the Secretary-General.

IV. LANGUAGES

Rule 12 - Official and working language
English shall be the official and working language of the Board.

Rule 13 - Interpretation
Any representative wishing to address any United Nations body or submit a document in a language other than
English must provide translation into English.

This rule does not affect the total speaking time allotted to those representatives wishing to address the body in a language other than English. As such, both the speech and the translation must be within the set time limit.

Rule 14 - Quorum
The President may declare a meeting open and permit debate to proceed when representatives of at least one third of the members of the Board are present. The presence of representatives of a majority of the members of the body concerned shall be required for any decision to be taken.

For purposes of this rule, "members of the Board" and "members of the body" are based on the number of total members (not including observers) in attendance for the first night's session

Rule 15 - General powers of the President
In addition to exercising the powers conferred upon him/her elsewhere by these rules, the President shall declare the opening and closing of each meeting of the Board, direct the discussions, ensure observance of these rules, accord the right to speak, put questions to the vote and announce decisions. The President, subject to these rules, shall have complete control of the proceedings of the Board and over the maintenance of order at its meetings. She or he shall rule on points of order. She or he may propose to the Board the closure of the list of speakers, a limitation on the time to be allowed to speakers and on the number of times the representative of each member may speak on an item, the adjournment or closure of the debate, and the suspension or adjournment of a meeting.

> *Included in these enumerated powers is the President's power to assign speaking times for all speeches incidental to motions and amendment. Further, the President is to use his or her discretion, upon the advice and at the consent of the Secretariat, to determine whether to entertain a particular motion based on the philosophy and principles of the NMUN. Such discretion should be used on a limited basis and only under circumstances where it is necessary to advance the educational mission of the Conference. For purposes of this rule, the President's power to "propose to the Board" entails his or her power to "entertain" motions, and not to move the body on his or her own motion.*

Rule 16
The President, in the exercise of his or her functions, remains under the authority of the Board.

Rule 17 - Points of order
During the discussion of any matter, a representative may rise to a point of order, which shall be decided immediately by the President. Any appeal of the decision of the President shall be immediately put to a vote, and the ruling of the President shall stand unless overruled by a majority of the members present and voting.

> *Such points of order should not under any circumstances interrupt the speech of a fellow representative. Any questions on order arising during a speech made by a representative should be raised at the conclusion of the speech, or can be addressed by the President, sua sponte, during the speech. For purposes of this rule, "the members present and voting" mean those members (not including observers) in attendance at the session during which this motion comes to vote.*

Rule 18
A representative may not, in rising to a point of order, speak on the substance of the matter under discussion.

Rule 19 - Speeches
1. No one may address the Board without having previously obtained the permission of the President. The President shall call upon speakers in the order in which they signify their desire to speak.
2. Debate shall be confined to the question before the Board, and the President may call a speaker to order if his/her remarks are not relevant to the subject under discussion.
3. When debate is limited and a speaker exceeds the allotted time, the President shall call him or her to order without delay.

> *In line with the philosophy and principles of the NMUN, in furtherance of its educational mission, and for the purpose of facilitating debate, if the President determines that the Board in large part does not want to deviate from the limits to the speaker's time as it is then set, and that any additional motions will not be well received by the body, the President, in his or her discretion, and on the advice and consent of the Secretariat, may rule as dilatory any additional motions to change the limits of the speaker's time.*

Rule 20 - Closing of list of speakers

Members may only be on the list of speakers once but may be added again after having spoken. During the course of a debate the President may announce the list of speakers and, with consent of the Board, declare the list closed. When there are no more speakers, the President shall declare the debate closed. Such closure shall have the same effect as closure by decision of the Board.

> *The decision to announce the list of speakers is within the discretion of the President and should not be the subject of a motion by the Board. A motion to close the speaker's list is within the purview of the Board and the President should not on his own motion move the body.*

Rule 21 - Right of reply
If a remark impugns the integrity of a representative's State, the President may permit a right of reply following the conclusion of the controversial speech, and shall determine an appropriate time limit for the reply. No ruling on this question shall be subject to appeal.

> *For purposes of this rule, a remark that "impugns the integrity of a representative's State" is one directed at the governing authority of that State and/or one that puts into question that State's sovereignty or a portion thereof. All rights of reply shall be made in writing addressed to the Secretariat and shall not be raised as a point or motion. The Reply shall be read to the body by the representative only upon approval of the Secretariat, and in no case after voting has concluded on all matters relating to the agenda topic, during the discussion of which, the right arose.*

Rule 22- Suspension of the meeting
During the discussion of any matter, a representative may move the suspension of the meeting, specifying a time for reconvening. Such motions shall not be debated but shall be put to a vote immediately, requiring the support of a majority of the members present and voting to pass.

Rule 23 - Adjournment of the meeting
During the discussion of any matter, a representative may move the adjournment of the meeting. Such motions shall not be debated but shall be put to the vote immediately, requiring the support of a majority of the members present and voting to pass. After adjournment, the Board shall reconvene at its next regularly scheduled meeting time.

> *As this motion, if successful, would end the meeting until the Board's next regularly scheduled meeting the following year, and in accordance with the philosophy and principles of the NMUN and in furtherance of its educational mission, the President will not entertain such a motion until the end of the last session of the Board.*

Rule 24 - Adjournment of debate
A representative may at any time move the adjournment of debate on the topic under discussion. Permission to speak on the motion shall be accorded only to two representatives favoring and two opposing the adjournment, after which the motion shall be put to a vote immediately, requiring the support of a majority of the members present and voting to pass. If a motion for adjournment passes, the topic is considered dismissed and no action will be taken on it.

Rule 25 - Closure of debate
A representative may at any time move the closure of debate on the item under discussion, whether or not any other representative has signified his or her wish to speak. Permission to speak on the motion shall be accorded only to two representatives opposing the closure, after which the motion shall be put to the vote immediately. Closure of debate shall require a two-thirds majority of the members present and voting. If the Board favors the closure of debate, the Board shall immediately move to vote on all proposals introduced under that agenda item.

Rule 26 - Order of motions

Subject to rule 21, the motions indicated below shall have precedence in the following order over all proposals or other motions before the meeting:

a) To suspend the meeting;
b) To adjourn the meeting;
c) To adjourn the debate on the item under discussion;
d) To close the debate on the item under discussion.

Rule 27 - Proposals and amendments
Proposals and substantive amendments shall normally be submitted in writing to the Secretariat, with the names of twenty percent of the representatives present who would like the Board to consider the proposal or amendment. The Secretariat may, at its discretion, approve the proposal or amendment for circulation among the delegations. As a general rule, no proposal shall be put to the vote at any meeting of the Board unless copies of it have been circulated to all delegations. The President may, however, permit the discussion and consideration of amendments or of motions as to procedure even though such amendments and motions have not been circulated. If the sponsors agree to the adoption of a proposed amendment, the proposal shall be modified accordingly and no vote shall be taken on the proposed amendment. A document modified in this manner shall be considered as the proposal pending before the body for all purposes, including subsequent amendments.

> *For purposes of this rule, "representatives present" is based on the number of total representatives (including observers) in attendance at the first night's session. For purposes of this rule, all "proposals" shall be in the form of working papers prior to their approval by the Secretariat. Working papers will not be copied, or in any other way distributed, to the Board by the Secretariat. The distribution of such working papers is solely the responsibility of the sponsors of that working paper. Along these lines, and in furtherance of the philosophy and principles of the NMUN and for the purpose of advancing its educational mission, representatives should not directly refer to the substance of a working paper that has not yet been accepted as a draft resolution/report. After approval of a working paper, the proposal becomes a draft resolution/report and will be copied by the Secretariat for distribution to the Board. These draft resolutions/reports are the collective property of the Board, and as such, the names of the original sponsors will be removed. The copying and distribution of amendments is at the discretion of the Secretariat, but the substance of all such amendments will be made available to all representatives in some form.*

Rule 28 - Withdrawal of motions
A proposal or a motion may be withdrawn by its sponsor at any time before voting has commenced, provided that it has not been amended. A motion thus withdrawn may be reintroduced by any representative.

Rule 29 - Reconsideration of a topic
When a topic has been adjourned, it may not be reconsidered at the same session unless the Board, by a two-thirds majority of those present and voting, so decides. Reconsideration can only be moved by a representative who voted on the prevailing side of the original motion to adjourn. Permission to speak on a motion to reconsider shall be accorded only to two speakers opposing the motion, after which it shall be put to the vote immediately.

> *For purposes of this rule, "those present and voting" mean those representatives, including observers, in attendance at the session during which this motion comes to vote.*

V. VOTING

Rule 30 - General principles
Subject to the provisions of rule 17 the Board may decide any question without a vote and shall normally make decisions by consensus. A vote shall, however, be taken if a representative of a member of the Board so requests.

For purposes of this rule, "question" means any motion, draft resolution/report, an amendment thereto, or a portion of a draft resolution/report divided out by motion. Just prior to a vote on a particular proposal or motion, the President may ask if there are any objections to passing the proposal or motion by acclimation, or a member may move to accept the proposal or motion by acclimation. If there are no objections to the proposal or motion, then it is adopted without vote.

Rule 31 - Voting rights

Each member of the Board shall have one vote.

This section applies to substantive voting on amendments, draft resolutions, and portions of draft resolutions divided out by motion. As such, all references to "member(s)" do not include observers, who are not permitted to cast votes on substantive matters.

Rule 32 - Majority required

1. Unless specified otherwise in these rules, decisions of the Board shall be made by a majority of the members present and voting.
2. For the purpose of tabulation, the phrase "members present and voting" means members casting an affirmative or negative vote. Members which abstain from voting are considered as not voting.

All members declaring their representative states as "present and voting" during the attendance role call for the session during which the substantive voting occurs, must cast an affirmative or negative vote, and cannot abstain.

Rule 33 - Method of voting

1. The Board shall, subject to rule 30, normally vote by a show of placards, except that a representative may request a roll call, which shall be taken in the English alphabetical order of the names of the members, beginning with the member whose name is randomly selected by the President. The name of each present member shall be called in any roll call, and one of its representatives shall reply "yes," "no," "abstention," or "pass."

Only those members, who designate themselves as "present" or "present and voting" during the attendance roll call or in some other manner communicate their attendance to the President and/or Secretariat, are permitted to vote, and as such, no others will be called during a roll call vote. Any representatives replying "pass," must, on the second time through respond with either "yes" or "no." A "pass" cannot be followed by a second "pass" for the same proposal or amendment, nor can it be followed by an abstention on that same proposal or amendment

1. When the Board votes by mechanical means, a non-recorded vote shall replace a vote by the show of placards and a recorded vote shall replace a roll call. A representative may request a recorded vote. In the case of a recorded vote, the Board shall dispense with the procedure of calling out the names of the members.
2. The vote of each member participating in a roll call or a recorded vote shall be inserted in the record.

Rule 34 - Explanation of vote

Representatives may make brief statements consisting solely of explanation of their votes after the voting has been completed. The representatives of a member sponsoring a proposal or motion shall not speak in explanation of vote thereon, except if it has been amended, and the member has voted against the proposal or motion.

All explanations of vote must be submitted the President in writing before debate on the topic is closed, except where the representative is of a member sponsoring the proposal, as

described in the second clause, in which case the explanation of vote must be submitted to the President immediately after voting on the topic has come to an end.

Rule 35 - Conduct during voting
After the President has announced the commencement of voting, no representatives shall interrupt the voting except on a point of order in connections with the actual process of voting.

Rule 36 - Division of proposals and amendments
Immediately before a proposal or amendment comes to a vote, a representative may move that parts of a proposal or of an amendment should be voted on separately. If there are calls for multiple divisions, those shall be voted upon in an order to be set by the President where the most radical division will be voted upon first. If objection is made to the motion for division, the request for division shall be voted upon, requiring the support of a majority of those present and voting to pass. Permission to speak on the motion for division shall be given only to two speakers in favor and two speakers against. If the motion for division is carried, those parts of the proposal or of the amendment which are involved shall then be put to a vote. If all operative parts of the proposal or of the amendment have been rejected, the proposal or the amendment shall be considered to have been rejected as a whole.

For purposes of this rule, "most radical division" means the division that will remove the greatest substance from the draft resolution, but not necessarily the one that will remove the most words or clauses. The determination of which division is "most radical" is subject to the discretion of the Secretariat, and any such determination is final.

Rule 37 - Amendments
An amendment is a proposal that does no more than add to, delete from or revise part of another proposal.

An amendment can add, amend, or delete operative clauses, but cannot in any manner add, amend, delete, or otherwise affect perambulatory clauses.

Rule 38-Order of voting on amendments
When an amendment is moved to a proposal, the amendment shall be voted on first. When two or more amendments are moved to a proposal, the amendment furthest removed in substance from the original proposal shall be voted on first and then the amendment next furthest removed there from, and so on until all the amendments have been put to the vote. Where, however, the adoption of one amendment necessarily implies the rejection of another amendment, the latter shall not be put to the vote. If one or more amendments are adopted, the amended proposal shall then be voted on.

For purposes of this rule, "furthest removed in substance" means the amendment that will have the most significant impact on the draft resolution. The determination of which amendment is "furthest removed in substance" is subject to the discretion of the Secretariat, and any such determination is final.

Rule 39 - Order of voting on proposals
If two or more proposals, other than amendments, relate to the same question, they shall, unless the Board decides otherwise, be voted on in order in which they were submitted.

Rule 40 - The President shall not vote
The President shall not vote but may designate another member of his or her delegation to vote in his or her place.

VII. CREDENTIALS

Rule 41 - Credentials
The credentials of representatives and the names of members of a delegation shall be submitted to the Secretary-General prior to the opening of a session.

Rule 42
The Board shall be bound by the actions of the General Assembly in all credentials matters and shall take no action regarding the credentials of any member.

VII. PARTICIPATION OF NON-MEMBERS OF THE BOARD

Rule 43 - Participation of non-Member States
1. The Board shall invite any Member of the United Nations that is not a member of the Board and any other State, to participate in its deliberations on any matter of particular concern to that State.
2. A committee or sessional body of the Board shall invite any State that is not one of its own members to participate in its deliberations on any matter of particular concern to that State.
3. A State thus invited shall not have the right to vote, but may submit proposals which may be put to the vote on request of any member of the body concerned.

> *If the Board considers that the presence of a Member invited according to this rule is no longer necessary, it may withdraw the invitation again. Delegates invited to the Board according to this rule should also keep in mind their role and obligations in the Board that they were originally assigned to. For educational purposes of the NMUN Conference, the Secretariat may thus ask a delegate to return to his or her committee when his or her presence in the Board is no longer required.*

Rule 44 - Participation of national liberation movements
The Board may invite any national liberation movement recognized by the General Assembly to participate, without the right to vote, in its deliberations on any matter of particular concern to that movement.

Rule 45 - Participation of and consultation with specialized agencies
In accordance with the agreements concluded between the United Nations and the specialized agencies, the specialized agencies shall be entitled:

a) To be represented at meetings of the Board and its subsidiary organs;
b) To participate, without the right to vote, through their representatives, in deliberations with respect to items of concern to them and to submit proposals regarding such items, which may be put to the vote at the request of any member of the Board or of the subsidiary organ concerned.

Rule 46 - Participation of non-governmental organization and intergovernmental organizations
Representatives of non-governmental organizations/intergovernmental organizations accorded consultative observer status by the General Assembly and other non-governmental organizations/intergovernmental organizations designated on an ad hoc or a continuing basis by the Board on the recommendation of the Bureau, may participate, with the procedural right to vote, but not the substantive right to vote, in the deliberations of the Board on questions within the scope of the activities of the organizations.

X. MINUTE OF SILENT PRAYER OR MEDITATION

Rule 47 - Invitation to silent prayer or meditation
Immediately after the opening of the first meeting of the Board, representatives may request to observe one minute