NMUN • NY

JOINT UN PROGRAMME ON HIV/AIDS
BACKGROUND GUIDE 2014

Written By: Camille Ellison, Katrena Porter

NATIONAL MODEL UNITED NATIONS

NATIONAL COLLEGIATE CONFERENCE association™

Table of Contents

THE 2014 NATIONAL MODEL UNITED NATIONS
SPONSORED BY THE NATIONAL COLLEGIATE CONFERENCE ASSOCIATION
30 Mar. – 3 Apr. (Conference A) & 13 - 17 Apr. (Conference B) • nmun.org

Rachel Leigh Johnson
Thera Watson
Secretaries-General

Daniel Leyva, Jr.
Kristina L. P. Mader
Deputy Secretaries-General

Laura O'Connor
Alicia Nall
Chiefs of Staff

Beatrice Soler
Assistant Chief of Staff

Sameer K. Kanal
I-Chun Hsiao
Théo Thieffry
Assistant Secretaries-General

Sonia M. Patel
Roger H. Tseng
Under-Secretaries-General
General Assembly

Sasha L. Sleiman
Yvonne Jeffery
Under-Secretaries-General
Economic and Social Council

Harald Eisenhauer
Kristina Getty
Under-Secretaries-General
Development

Meg Martin
Juliane Bade
Under-Secretaries-General
Human Rights and
Humanitarian Affairs

Bobby Valentine
Cara Wagner
Under-Secretaries-General
Peace and Security

Martin Schäfer
Sara Johnsson
Under-Secretaries-General
Conference Services

BOARD of DIRECTORS
Prof. Richard Murgo
President

Prof. Eric Cox
Vice-President

Prof. Chaldeans Mensah
Treasurer

Prof. Pamela Chasek
Secretary

Jennifer Contreras

Prof. Kevin Grisham

Patrick Hayford

Rachel Holmes

Prof. Raúl Molina

Prof. Markéta Žídková

Members Ex-Officio

Michael Eaton
Executive Director

The Hon. Joseph H. Melrose, Jr.
President Emeritus

Prof. Richard Reitano
President Emeritus

Dear Delegates,

Welcome to 2014 National Model United Nations in New York (NMUN•NY) Conference and welcome to our committee, the Joint UN Programme on HIV/AIDS (UNAIDS). We are very pleased to be serving as your Directors for the NMUN Conference 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. Camille Ellison, Director for Conference A, has a B.A. in Political Science and Economics. Katrena Porter, Director for Conference B, is a law student at Southern University Law and has her B.A. in Anthropology. Both are experienced staff members of NMUN•NY and excited to be working with delegates in UNAIDS this year.

This year's topics under discussion for UNAIDS are:

I. Eliminating HIV-Related Stigma, Discrimination and Human Rights Violations
II. Impact of the Global Financial and Economic Crisis on the AIDS Response
III. Promoting Social Transformation in the Global AIDS Response Through Youth Organizations

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.

At NMUN•NY 2014, we are simulating the Programme Coordinating Board of UNAIDS in terms of composition and size, however, at the conference, delegates are not limited to the strict mandate of the Board in terms of its role as a budgetary and administrative body. On the contrary, for the purposes of NMUN•NY 2014, and in line with the educational mission of the conference, the committee has the ability to make programmatic and policy decisions on issues and topics within the mandate of UNAIDS in line with the overall function of the organization.

As you prepare for the conference, each delegation will submit a position paper. The position paper will allow you to present your delegation's positions and proposals on the topics. It is important that it is substantive in content and provide real solutions to the issues that will be discussed in March or April. Please also employ the Delegation Preparation Guide as a useful tool for your preparation and regard NMUN policies on the website.

If you have any questions concerning your preparation for the Committee or the Conference itself, feel free to contact the substantive staff listed below or the Under-Secretaries-General for the Economic and Social Council Department, Sasha Sleiman (Conference A) and Yvonne Jeffery (Conference B). You can reach either USG by contacting them at: usg.ecosoc@nmun.org.

We wish you all the best for your preparation for NMUN•NY 2014!

Sincerely,

Conference A
Camille Ellison, *Director*
unaids.nya@nmun.org

Conference B
Katrena Porter, *Director*
unaids.nyb@nmun.org

NMUN•NY Position Paper Guidelines

Due 1 March 2014

Each committee topic should be addressed in a succinct policy statement representing the relevant views of your assigned country, Non-Governmental Organization (NGO), or expert role. You should identify and address international and regional conventions, treaties, declarations, resolutions, and programs of action that are relevant to the policy of your country or NGO. You should also include recommendations for action to be taken by your committee. A delegate's role as a Member State, Observer State, or NGO should affect the way a position paper is written. To understand these differences, please refer to the Delegate Preparation Guide. It may also be helpful to view a Sample Position Paper.

A position paper should be submitted for each assigned committee.
- The two page position paper should cover all the topics in the background guide, not a separate paper for each topic.
- Do not submit papers for committees not assigned to your country/NGO (see matrix for Conf. A or Conf. B).
- No more than two delegates can represent a single country/NGO in a committee. If you assign two delegates to represent a country/NGO on a committee, they submit one position paper jointly, not separate position papers from each individual.

Please pay careful attention to the following guidelines when drafting and submitting your position papers. Only those delegations that follow the guidelines and meet the submission deadline will be eligible for position paper awards.

All papers must be typed and formatted according to the standards below:
- Length must not exceed two pages
- Margins must be set at 1 inch or 2.54 cm. for the whole paper
- Font must be Times New Roman sized between 10 pt. and 12 pt.
- Country/NGO name, school name, and committee name must be clearly labeled on the first page
- Agenda topics must be clearly labeled in separate sections
- National symbols (headers, flags, etc.) are deemed inappropriate for NMUN position papers

Please note that position papers must be comprised of entirely original writing. **The NMUN Conference will not tolerate plagiarism**, including copying from Committee Background Guides. Violation of this policy may result in dismissal from the conference. Although United Nations documentation is considered within the public domain, the conference does not allow the verbatim re-creation of these documents.
How to Submit Your Position Papers
Position papers need to be submitted by email in .pdf or .doc formats. As proof of submission, include yourself as an email recipient. Please use the committee name, your assignment, Conference A or B, and delegation/school name in both the email subject line and in the filename (example: GA1_Cuba_Conf A_State College).

1. Send one complete set of all position papers for each of your country/NGO assignments to the Deputy Secretary-General for the conference you are attending:

   Conference A: positionpapers.nya@nmun.org
   Conference B: positionpapers.nyb@nmun.org

2. Send a copy of your position paper for each assigned committee to the corresponding committee email address listed on the Committee Background Guides page.

Your delegation may wish to submit a copy of their position papers to the permanent mission of the country/NGO headquarters along with an explanation of the conference. This is encouraged if requesting a briefing.

Many, many papers will be read by the Secretariat. Your patience and cooperation in adhering to the above guidelines is greatly appreciated.

Abbreviations

AIDS	Acquired immune deficiency syndrome
ARASA	AIDS and Rights Alliance for Southern Africa
ECOSOC	Economic and Social Council
GA	General Assembly
HIV	Human immunodeficiency virus
IGO	Intergovernmental organization
ILO	International Labour Organisation
MDG	Millennium Development Goal
NGO	Non-governmental organization
OHCHR	Office of the United Nations High Commissioner for Human Rights
PCB	Programme Coordinating Board
PEPFAR	President's Emergency Plan for AIDS Relief
SADC	Southern African Development Community
TRIPS	Trade Related Aspects of Intellectual Property
UDHR	Universal Declaration of Human Rights
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drug and Crime
WFP	World Food Programme
WHO	World Health Organization

Committee History

Introduction

The Joint United Nations Programme on HIV/AIDS (UNAIDS) is an agency under the purview of United Nations Economic and Social Council (ECOSOC).[1] The primary focus of UNAIDS is to end the spread of human immunodeficiency virus (HIV) and to have comprehensive treatment for those living with HIV and acquired immune deficiency syndrome (AIDS).[2] UNAIDS' unique structure operates with eleven other United Nations bodies, non-governmental organizations (NGOs), and intergovernmental organizations (IGOs) to create a comprehensive global approach to prevention and treatment of HIV/AIDS.[3] The comprehensive approach includes promoting human rights, eliminating stigma, and advancing gender equality.[4]

> At NMUN•NY 2014, we are simulating the **Programme Coordinating Board (PCB)** of UNAIDS in terms of composition and size; however, delegates are not limited to the strict mandate of the PCB, as a budgetary and administrative body, during the conference. On the contrary, for the purposes of NMUN•NY 2014, and in line with the educational mission of the conference, the committee has the ability to make programmatic and policy decisions on issues within the mandate of UNAIDS in line with the overall function of the organization.

Mandate

This mandate is drawn from ECOSOC resolution 1994/24, which enables UNAIDS to "undertake a joint and co-sponsored United Nations Programme on HIV/AIDS on the basis of co-ownership, collaborative planning and execution; and an equitable sharing of responsibility between the UNAIDS organization, public and private sector."[5] The framework that UNAIDS works within is determined in large part by several landmark declarations: (1) the 2001 *Declaration of Commitment on HIV/AIDS*, adopted by the General Assembly at its 26th special session; (2) the 2006 *Political Declaration on HIV/AIDS*, adopted by the General Assembly in resolution 60/262; and (3) the 2011 *Political Declaration on HIV and AIDS: Intensifying our Efforts to Eliminate HIV/AIDS* (A/RES/60/262).[6] These three instruments, combined, provide a strong framework for guiding the international community preventing and treating HIV/AIDS.[7]

Governance, Structure and Membership

UNAIDS has a unique structure with the intention of creating the greatest collaboration among the UN, the private and public sectors, and IGOs.[8] The collaboration of UN entities, nongovernmental organizations, and members of the community at large is the first structure of its kind in the UN.[9] UNAIDS is overseen by a Programme Coordinating Board (PCB).[10] The Coordinating Board includes representatives of 22 governments from around the

---

[1] UN Economic and Social Council, *Resolution 1994/24 [Joint and co-sponsored United Nations programme on human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)]*, 1994.

[2] UNAIDS, *Facts about UNAIDS*, 1996.

[3] UNAIDS, *UNAIDS World AIDS Day Report*, 2012.

[4] UNAIDS, *Getting to Zero* [Report], 2010.

[5] UN Economic and Social Council, *Resolution 1994/24 [Joint and co-sponsored United Nations programme on human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)]*, 1994.

[6] UN General Assembly, *Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS (A/RES/65/277)*, 2011; UN General Assembly, *Political Declaration on HIV/AIDS (A/RES/60/262)*, 2006; UN General Assembly, *Declaration of Commitment on HIV/AIDS (A/RES/S-26/2)*, 2001.

[7] UN Human Rights Council, *The protection of human rights in the context of human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS): Report of the United Nations High Commissioner for Human Rights (A/HRC/19/37)*, 2011, p. 4.

[8] Ibid.

[9] UNAIDS, *Facts about UNAIDS*, 1996.

[10] UNAIDS, *UNAIDS Governance Handbook*, 2010.

world.[11] Working with the Coordinating Board UNAIDS includes 11 United Nations (UN) bodies as co-sponsors, and five nongovernmental organizations.[12] UNAIDS finds it important to include communities of people living with HIV/AIDS to be a part of the Coordinating Board.[13] All the members of the Coordinating Board serve rotating memberships and these memberships rotate by region. Each membership is two to three years.[14] NGOs on the Coordinating Board cannot make substantive votes, but can be active in debate and proposals.[15] The Coordinating Board meets a minimum once a year, while the 11 UN body co-sponsors and nongovernmental organizations meet two to four times a year.[16]

Functions and Powers

The goal of the co-sponsorships in the structure of UNAIDS is to utilize the strengths of each individual co-sponsor.[17] The programme is designed to provide Member States, NGOs and other private and public sector organizations with strategic planning, policy formation, and a place for open dialogue.[18] UNAIDS serves as a singular resource for new research and technological/medical advances and advocacy tools.[19] A key activity of the Coordinating Board is helping establish a normative response to HIV/AIDS.[20] These normative activities include working towards establishing an economic plan for Member States to effectively respond to HIV/AIDS and educational programs that can be created specifically for a Member State or a region.[21]

When creating and implementing policy or programs related to the health of people living with HIV/AIDS, the World Health Organization (WHO) serves as a strong partner for UNAIDS on medical and health issues. For UNAIDS and its partners, WHO helps in establishing a normative programme on a global level.[22] There is a particular emphasis on being able to provide comprehensive sexual and reproductive health especially for women and young adults.[23] On this issue in particular, along with WHO, UNAIDS partners with the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women). UN-Women recently released a report entitled *Transforming the National AIDS Response: Advancing Women's Leadership and Participation* detailing the advancement of HIV/AIDS response in various countries.[24] WHO and UN-Women worked in conjunction in many of the case studies to incorporate programmes established by UNAIDS to help transform the approach Member State took not only in their medical response, but in women's role in preventing and treating HIV/AIDS.[25]

The policy guidelines and recommendations developed at a global level are adapted to regional and national contexts in order to maximize effectiveness and relevance to the situation of each individual country.[26] These activities are to be recommended based on the needs of the specific country and the successfulness of a particular programme.[27] The success co-sponsorship model can be seen in this situation – whichever co-sponsor is more engaged in that country already is the one which can best advance the goals of UNAIDS – thus reducing redundancy and overlap.[28] This uniformity of communication among the co-sponsors and the other members of UNAIDS serves to strengthen the response to the epidemic.[29]

---

[11] Ibid.
[12] Ibid.
[13] UNAIDS, *Facts about UNAIDS*, 1996.
[14] Ibid.
[15] UNAIDS, *UNAIDS Governance Handbook*, 2010.
[16] UNAIDS, *Facts about UNAIDS* [Website], 1996; King, *Housing Works Elected to UNAIDS Coordinating Board* [Article], 2013.
[17] UNAIDS, *The First 10 Years* [Report], 2008.
[18] Ibid.
[19] UNAIDS, *The First 10 Years* [Report], 2008.
[20] UNAIDS, *UNAIDS Governance Handbook*, 2010.
[21] UNAIDS, *UNAIDS Report on the global AIDS epidemic* [Report], 2012.
[22] UNAIDS, *Transforming the national AIDS response: advancing women's leadership and participation* [Report], 2010.
[23] UNAIDS, *UNAIDS Report on the global AIDS epidemic* [Report], 2012.
[24] UNAIDS, *Transforming the national AIDS response: advancing women's leadership and participation* [Report], 2010.
[25] Ibid.
[26] UNAIDS, *UNAIDS Report on the global AIDS epidemic* [Report], 2012.
[27] Ibid
[28] Ibid.
[29] UNAIDS, *Gender equality and empowerment of women and girls essential in getting to zero* [Press Release], 2013.

Recent Sessions

Recently, UNAIDS has taken the time to focus on restructuring and recognizing progress in its various global programmes.[30] There was collective effort to make UNAIDS to take a larger role in organizing activities in the field, rather than relying on UNAIDS headquarters to create and implement tasks.[31] The UNAIDS Programme Coordinating Board called for "75% of UNAIDS staff to be in the field instead of at headquarters to strengthen support teams in individual countries."[32] The Board believes that this step can reduce administrative costs leaving more funds to be used in programme support and implementation.[33] UNAIDS is trying to more efficiently utilize their budget in large part because it is continuously challenging to raise trying to establish a more efficient use of their budget, has addressed concerns over funding for the future.[34] The Global Fund expressed concern over continuing to support UNAIDS financially due to lack of donations.[35] UNAIDS did not lose funding, but is working with the Global Fund to help reform its financial network transform into a grant-based system.[36]

Additional issues discussed include its growing partnership with and support for other inter-governmental organizations efforts to collaborate at a regional level, such as the African Union and their growing work with AIDS Watch Africa (AWA), a platform for the African continent addressing HIV/AIDS, tuberculosis and malaria.[37] AWA serves as an example in creating regional based programmes with multi-stakeholder involvement in planning and implementation. Additional topics included achieving financial stability for HIV/AIDS programming in Latin America and Eastern Europe, and also innovative efforts to achieve the relevant health-related MDGs in Asia.[38]

With the release of the *Millennium Development Goals Report* for 2013, and the ongoing consultations on the post-2015 development agenda, the linkage between HIV/AIDS prevention and treatment and the broader public health agenda is more important than ever.[39] In this context, the active participation and engagement of youth is an essential component of not only the global conversation on new strategies for ways to advance development, but also in the implementation of the strategies themselves.[40] For public health issues, youth are a key demographic to ensure they are educated regarding health issues and also they have access to preventative and ongoing care, including in the context of HIV/AIDS.[41] There are currently 4.6 million young people living with HIV/AIDS, many of whom have little to no access to treatment, HIV screening, or preventive reproductive care.[42] In August 2013, on the occasion of International Youth Day, UNAIDS announced an expansion of its youth programmes and established the Youth Advisory Forum to help the youth take on a greater role in the prevention and treatment of HIV and AIDS.[43]

Future Goals of UNAIDS
UNAIDS, the United Nations Office on Drug and Crime (UNODC), and the WHO are expanding their "comprehensive harm reduction package" specifically designed for IV-drug users at risk or living with HIV/AIDS to stop the spread of HIV and better treat IV-drug users living with HIV.[44] The harm reduction package will include needle and syringe, antiretroviral therapy, and medical detox.[45] The disbursement of clean needles and syringes will be used to help stop the spread of HIV, antiretroviral therapy will be used to stabilize and treat drug users already infected with HIV and medical detox will be used to treat narcotics users and keep them from returning to harmful

---

[30] UNAIDS, *Report of the 31st Meeting of the Programme Coordinating Board (UNAIDS/PCB (31)/12.26)*, 2013.
[31] Ibid.
[32] UNAIDS, *Report of the 30th Meeting of the Programme Coordinating Board (UNAIDS/PCB (30)/12.15),* 2012.
[33] Ibid.
[34] UNAIDS, *Report of the 31st Meeting of the Programme Coordinating Board (UNAIDS/PCB (31)/12.26)*, 2013.
[35] UNAIDS, *Report of the 30th Meeting of the Programme Coordinating Board (UNAIDS/PCB (30)/12.15)*, 2012.
[36] UNAIDS, *Report of the 31st Meeting of the Programme Coordinating Board (UNAIDS/PCB (31)/12.26)*, 2013.
[37] UNAIDS, *Report of the 30th Meeting of the Programme Coordinating Board (UNAIDS/PCB (30)/12.15),* 2012.
[38] Ibid.
[39] United Nations, *Millennium Development Goals Report 2013*, 2013; UN Economic and Social Council, *Inputs by Member States for the post-2015 development agenda: Commission on Narcotic Drugs and Commission on Crime Prevention and Criminal Justice (E/CN.7/2012/CRP.11-E/CN.15/2012/CRP.9)*, 2013.
[40] Ibid.
[41] UNAIDS, *UNAIDS calls for youth activists on HIV to change agents* [Press Release], 2013.
[42] Ibid.
[43] Ibid.
[44] UNAIDS, *Investing In Harm Reduction - Sound Economic Sense* [Article], 2013.
[45] Ibid.

practices.[46] Other elements of this program include HIV testing, condom awareness programmes and increased attention to other sexually transmitted infection, tuberculosis, and hepatitis.[47] This collaboration of UNODC and WHO is in hopes of creating a comprehensive and educational way for UNAIDS and its co-sponsors to implement this programme globally.[48]

There is a strong emphasis on women's role in finding ways to reduce or even eradicate HIV/AIDS.[49] There have been many discussions within UNAIDS on how to approach women and girls place in the HIV/AIDS epidemic.[50] UNAIDS recognizes the connection between gender inequality and poverty.[51] These unequal roles can be seen in the lack of women and girls to adequate sexual and reproductive programmes and HIV testing.[52] The goal of UNAIDS is to recognize women and girls are the most at risk for new HIV cases and to come together with UNAIDS partners to create programmes that better serve the needs of women and girls.[53] UNAIDS and its sponsors goal is to increase promotion of the human rights of women and girls to create an equal role in society.[54]

Conclusion

UNAIDS is a unique entity which sits at the nexus of, and thus draws on, the UN system's expertise and experience addressing one of most challenging and urgent global epidemics of the last 20 years. UNAIDS partners with a diverse array of stakeholders, from the private sector to civil society to academia; this approach enables its work to be comprehensive in approach, strengthening its impact.[55] UNAIDS promotes a collaborative and multi-faceted response to HIV prevention and AIDS response which recognizes the diversity of those who face the diseases.[56]

Annotated Bibliography

Joint United Nations Programme on HIV/AIDS. (2012). *AIDS at 30: Nations at the crossroads* [Report]. Retrieved 30 June 2013 from: http://www.unaids.org/unaids_resources/aidsat30/aids-at-30.pdf
> *This report delves into the history of the initial AIDS outbreak beginning in the early 1980's, before discussing the impact of HIV/AIDS over the next decade at a global level. It explains the circumstances surrounding the establishment of UNAIDS in 1994, and highlights the core purpose of the entity in focusing on treatment and prevention across the world, but particularly in countries without public health policies or programmes in place to address the problem in their country. It gives a comprehensive outline of the history of the scientific breakthroughs, the growing and declining rates of HIV/AIDS, and the cross-country and regional cooperation in fighting HIV/AIDS. It outlines a road map for continuing the work of fighting HIV/AIDS and reflects on progress made.*

Joint United Nations Programme on HIV/AIDS. (2010*).* Programme Coordinating Board. *About UNAIDS* [Website] Retrieved on 30 June 2013 from: http://www.unaids.org/en/aboutunaids/unaidsprogrammecoordinatingboard/
> *This source explains the structure of the UNAIDS coordination board and how it structures its recommendations based on the programs and information provided by the various partnerships with other UN bodies. It explains who is on the coordinating board, what individual roles each member of the coordinating board has, and how the coordinating board operates to create and sustain programs. It explains the UNAIDS boards role in creating recommendations and how the*

---

[46] Ibid.

[47] Ibid.

[48] Ibid.

[49] UNAIDS, *Transforming the national AIDS response: advancing women's leadership and participation* [Report], 2010.

[50] Ibid.

[51] UNAIDS, *UNAIDS welcomes the appointment of Phumzile Mlambo-Ngcuka as the new Executive Director of UN Women* [Press Release], 2013.

[52] UNAIDS, *Gender equality and empowerment of women and girls essential in getting to zero* [Report], 2013.

[53] UNAIDS, *Transforming the national AIDS response: advancing women's leadership and participation* [Report], 2010.

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

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

[56] UNAIDS, *AIDS at 30: Nations at the crossroads* [Report], 2012.

various partnerships UNAIDS use the recommendations to enhance its role in prevention and treatment of HIV/AIDS.

Joint United Nations Programme on HIV/AIDS. (2010). *UNAIDS Governance Handbook*. Retrieved 2 August 2013 from:
http://www.unaids.org/en/media/unaids/contentassets/dataimport/pub/manual/2009/jc1682_governancehandbook_lr _en.pdf

> *The UNAIDS Governance Handbook outlines the specific mandate and role of UNAIDS, as well as its rules of procedure, working methods, historical background and structure. It explains the role the governing body has with relation to the role of co-sponsor, which consist of various bodies from the UN. It includes the role of non-profit organizations and the private sector organizations. It explains the function of UNAIDS when it comes to creating programmes for implementation and each specific member of UNAIDS role in creating these programs and implementing these programmes in the field. It details the structure of UNAIDS, how co-sponsorship and rotating membership works, and voting procedures. It gives information on the programs UNAIDS uses and how UNAIDS develops and implements programs in the community.*

Joint United Nations Programme on HIV/AIDS. (2012). *UNAIDS Report on the Global AIDS Epidemic*. Retrieved 28 June 2013 from:
http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/gr2012/20121120_UNAIDS_ Global_Report_2012_with_annexes_en.pdf

> *The annual report by UNAIDS outlining the goals and achievement of the past two years. It goes into details what regions and specific groups of people and their particular needs including greater government involvement or greater access to anti-retroviral. It gives indicators of where HIV/AIDS rates are going down and where they are going up. Based on the information gathered it re-structures its plan of action to combat lingering issues. It provides statistical information on HIV/AIDS rates and examples of good practice and improvement made by programs implemented over the previous year around the world. It gives updates on the progress UNAIDS have made over the past 10 years, including what countries and regions UNAIDS feels it needs a larger presence. It details programs that face challenges and are in need of reform, as well as steps taken by UNAIDS in this.*

United Nations, General Assembly. (2013). *Millennium Development Goals Report 2013*. Retrieved 2 July 2013 from: http://www.un.org/millenniumgoals/pdf/report-2013/mdg-report-2013-english.pdf

> *This is the follow-up to the original Millennium Development Goals report. It details the progress made on the main indicators outlined in the report including poverty, and the spread of HIV/AIDS. It updates strategies to further meet the MDG goals including better community outreach for a patient infected with HIV-related illness, youth organizations, and medical care in prevention of mother-to-child transmission of HIV/AIDS. Updates on HIV/AIDS related issues including current infection rates, and discrimination.*

United Nations, General Assembly. (1948, December 10). *Universal Declaration of Human Rights (A/RES/217A (III))*. Retrieved 29 June 2013 from: http://www.un.org/en/documents/udhr/

> *The Universal Declaration of Human Rights is directly connected to International law and outlines discriminatory practices that can be correlated to discrimination and human rights violation against persons living with HIV/AIDS. It relates to HIV/AIDS based on UNAIDS dedication to uphold and promote the human rights of people with HIV/AIDS. It's the central theme of UNAIDS when trying to help those living with HIV/AIDS especially in regions of the world where HIV/AIDS can create negative stigma that impedes an individual's ability to seek medical attention, employment, or rejection by the community at large.*

Bibliography

Joint United Nations Programme on HIV/AIDS. (1996). *Facts about UNAIDS*. Retrieved on 8 September 2013 from: http://data.unaids.org/publications/IRC-pub03/una96-2_en.pdf

Joint United Nations Programme on HIV/AIDS. (2008). *The First 10 Years* [Report]. Retrieved 1 July 2013 from:
http://data.unaids.org/pub/Report/2008/JC1579_First_10_years_en.pdf

Joint United Nations Programme on HIV/AIDS. (2010) *Getting to Zero* [Report]. Retrieved 10 August 2013 from:
http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2010/JC2034_UNAIDS_Strategy_en.pdf

Joint United Nations Programme on HIV/AIDS. (2010). *UNAIDS Governance Handbook*. Retrieved 2 August 2013 from:
http://www.unaids.org/en/media/unaids/contentassets/dataimport/pub/manual/2009/jc1682_governancehandbook_lr_en.pdf

Joint United Nations Programme on HIV/AIDS. (2011). *Programme Coordinating Board* [Website]. Retrieved on 30 June 2013 from: http://www.unaids.org/en/aboutunaids/unaidsprogrammecoordinatingboard/

Joint United Nations Programme on HIV/AIDS. (2012). *AIDS at 30: Nations at the crossroads* [Report]. Retrieved 30 June 2013 from: http://www.unaids.org/unaids_resources/aidsat30/aids-at-30.pdf

Joint United Nations Programme on HIV/AIDS. (2012). *UNAIDS Report on the Global AIDS Epidemic* [Report]. Retrieved 28 June 2013 from:
http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/gr2012/20121120_UNAIDS_Global_Report_2012_with_annexes_en.pdf

Joint United Nations Programme on HIV/AIDS. (2012). *UNAIDS Day World AIDS Day Report*. Retrieved 28 June 2013 from:
http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/gr2012/JC2434_WorldAIDSday_results_en.pdf

Joint United Nations Programme on HIV/AIDS. (2012, October 5). *Report of the 30th Meeting of the Programme Coordinating Board (UNAIDS/PCB (30)/12.15) Thirty-First Meeting of the Coordinating Board* [Report]. Retrieved 1 August 2013 from:
http://www.unaids.org/en/media/unaids/contentassets/documents/pcb/2012/20121130_30PCB%20Report_final_en.pdf

Joint United Nations Programme on HIV/AIDS. (2013). *UNAIDS calls for youth activists on HIV to change agents* [Press Release]. Retrieved 12 August 2013 from:
http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2013/august/20130812iyd/

Joint United Nations Programme on HIV/AIDS. (2013). *UNAIDS welcomes the appointment of Phumzile Mlambo-Ngcuka as the new Executive Director of UN Women Executive Director of UN Women* [Press Release]. Retrieved August 8, 2013 from:
http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2013/july/20130711psunwomen/

Joint United Nations Programme on HIV/AIDS. (2013, April 24). *Report of the 31st Meeting of the Programme Coordinating Board (UNAIDS/PCB (31)/12.26)* [Report]. Retrieved 1 August 2013 from:
http://www.unaids.org/en/media/unaids/contentassets/documents/pcb/2013/pcb32/agendaitems/20130424_31st_PCB_report%20_en(2)%20.pdf

Joint United Nations Programme on HIV/AIDS. (2013, July). *Gender equality and empowerment of women and girls essential in getting to zero* [Press Release]. Retrieved 6 August 2013 from:
http://www.unaids.org/en/resources/presscentre/featurestories/2013/july/20130726cedaw/

Joint United Nations Programme on HIV/AIDS. (2013, June 14). *Investing in harm reduction-sound economic sense* [Article]. Retrieved 10 August 2013 from:
http://www.unaids.org/en/resources/presscentre/featurestories/2013/june/20130614harmreduction/

King, C. (2013). *Housing Works Elected to UNAIDS Coordinating Board* [Article]. Retrieved 8 September 2013 from: http://www.housingworks.org/advocate/detail/housing-works-elected-to-unaids-coordinating-board/

United Nations. (2013). *Millennium Development Goals Report 2013.* Retrieved 2 July 2013 from: http://www.un.org/millenniumgoals/pdf/report-2013/mdg-report-2013-english.pdf

United Nations Development Fund for Women. (2010). *Transforming the National AIDS Response: Advancing Women's Leadership and Participation* [Report]. Retrieved 12 August 2013 from: http://www.unifem.org/attachments/products/Transforming_the_National_AIDS_Response_Advancing_Women_Leadership_Participation.pdf

United Nations, Economic and Social Council. (1994). Resolution 1994/24 [Joint and co-sponsored United Nations programme on human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)] (1994/24) [Resolution]. Retrieved 1 August 2013 from: http://www.un.org/documents/ecosoc/res/1994/eres1994-24.htm

United Nations, Economic and Social Council. (2013). Inputs by Member States for the post-2015 development agenda: Commission on Narcotic Drugs and Commission on Crime Prevention and Criminal Justice (E/CN.7/2012/CRP.11-E/CN.15/2012/CRP.9). Retrieved 3 November 2013 from: http://www.unodc.org/documents/commissions/CCPCJ_session21/Reconvened/ECN152012_CRP9_eV1257818_ECN72012_CRP11_eV1257818.pdf

United Nations, General Assembly. (1948, December 10). *Universal Declaration of Human Rights (A/RES/217A (III))*. Retrieved 29 June 2013 from: http://www.un.org/en/documents/udhr/

United Nations, General Assembly. (2001, August 2). *Declaration of Commitment on HIV/AIDS (A/RES/S-26/2)*. Retrieved 2 July 2013 from: http://www.un.org/ga/aids/docs/aress262.pdf

United Nations, General Assembly. (2006). *Political Declaration on HIV/AIDS* **(***A/RES/60/262)*. Retrieved on 4 August 2013 from: http://undocs.org/A/RES/60/262

United Nations, General Assembly. (2011). Political Declaration on HIV and AIDS: Intensifying Our *Efforts to Eliminate HIV and AIDS* (*A/RES/65/277)*. Retrieved on 2 August 2013 from: http://undocs.org/A/RES/65/277

I. Eliminating HIV-Related Stigma, Discrimination and Human Rights Violations

"Stigma remains the single most important barrier to public action. It is a main reason why too many people are afraid to see a doctor to determine whether they have the disease, or to seek treatment if so. It helps make AIDS the silent killer, because people fear the social disgrace of speaking about it, or taking easily available precautions. Stigma is a chief reason why the AIDS epidemic continues to devastate societies around the world."[57]

Introduction

With the human immunodeficiency virus (HIV) infection rates declining around the world, there is a drive to understand why HIV spreads and why people living with HIV may choose not to seek medical treatment.[58] The fear associated with people learning of someone's HIV status can at times be worse than living with the virus itself.[59] People may choose to separate themselves from their communities or refuse to seek their HIV status.[60] There are still groups of citizens around the world who suffer from fear, violence, and loss of employment, family, and societal exclusion because of the possible unavailability of medical and educational resources available to a person living with HIV.[61]

HIV-related stigma and discrimination are defined as: "…a 'process of devaluation' of people either living with or associated with HIV and AIDS…Discrimination follows stigma and is the unfair and unjust treatment of an individual based on his or her real or perceived HIV status."[62] This stigma is "multi-layered, tending to build upon and reinforce negative connotations through the association of HIV and AIDS with already-marginalized behaviors, such as sex work, drug use, and homosexual and transgender sexual practice."[63]

Stigma and discrimination "are interrelated, reinforcing and legitimizing each other."[64] Indeed, stigma "lies at the root of discriminatory actions, leading people to engage in actions or omissions that harm or deny services or entitlements to others," in essence, discrimination "can be described as the enactment of stigma – both reinforcing and encouraging stigma."[65] Discrimination is a violation of fundamental human rights, as laid out in the *Universal Declaration of Human Rights* (1948) and other human rights instruments, which define the "principle of non-discrimination, based on recognition of the equality of all people."[66] Stigmatizing and discriminatory actions, therefore:

> "violate the fundamental human right to freedom from discrimination. In addition to being a violation of human rights in itself, discrimination directed at people living with HIV or those believed to be HIV-infected, leads to the violation of other human rights, such as the rights to health, dignity, privacy, equality before the law, and freedom from inhuman, degrading treatment or punishment. A social environment which promotes violations of human rights may, in turn, legitimate stigma and discrimination."[67]

As a result, of the complexity of the relationship between stigma, discrimination, and human rights violations, and a "simultaneous, multi-pronged" approach which long-term is necessary.[68] The United Nations (UN), specifically through its Joint United Nations Programme for HIV/AIDS (UNAIDS), has targeted stigma and discrimination based on HIV status as an important issue in its work, specifically working to "eliminate stigma and discrimination

---

[57] Ban Ki-moon, The Stigma Factor, 2008.
[58] UN General Assembly, *Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS (A/RES/65/277)*, 2011.
[59] The Global Fund to Fight HIV/AIDS, *Tuberculosis, and Malaria, Strategic Investments for Impact: Global Fund Results Report*, 2012.
[60] UNAIDS, *AIDS at 30: Nations at the crossroads* [Report], 2012
[61] UN General Assembly, *Declaration of Commitment on HIV/AIDS (A/RES/S-26/2)*, 2001.
[62] UNAIDS, *Reducing HIV Stigma and Discrimination: a critical part of national AIDS programmes,* 2007, p. 10.
[63] UNAIDS, *HIV-Related Stigma, Discrimination and Human Rights Violations* [Report], 2005, p. 7.
[64] Ibid, p. 11.
[65] Ibid.
[66] Ibid, p. 11; UN General Assembly, *Universal Declaration of Human Rights (A/RES/217 A (III))*, 1948.
[67] UNAIDS, *HIV-Related Stigma, Discrimination and Human Rights Violations* [Report], 2005, p. 11.
[68] Ibid, p. 13.

against people living with and affected by HIV through promotion of laws and policies that ensure the full realization of all human rights and fundamental freedoms."[69]

International Framework

In addressing HIV-related stigma and discrimination UNAIDS is guided by the *Universal Declaration of Human Rights* (UDHR) (1948) as well as a range of human rights and health-related instruments.[70]

The UDHR states that every person must have adequate standard of living including "medical care and necessary social services."[71] Many international documents include guidelines in respect to human rights including the *International Covenant on Economic, Social and Cultural Rights* (1966), the *International Covenant on Civil and Political Rights* (1966) and the *Convention on the Elimination of All Forms of Discrimination against Women* (1979).[72] As mentioned earlier, one of the central concepts in the existing human rights framework is the idea of "non-discrimination," which, "together with equality before the law and equal protection of the law without any discrimination, constitutes a basic and general principle relating to the protection of human rights."[73] Given this, the discrimination of persons with HIV is thus, a violation of human rights and should be addressed as such within international and domestic law.

There are several landmark declarations which advance this topic: (1) the 2001 *Declaration of Commitment on HIV/AIDS*, adopted by the General Assembly at its 26th special session; (2) the 2006 *Political Declaration on HIV/AIDS*, adopted by the General Assembly in resolution 60/262; and (3) the 2011 *Political Declaration on HIV and AIDS: Intensifying our Efforts to Eliminate HIV/AIDS* (A/RES/60/262).[74] These three instruments, combined, provide a strong framework for guiding the international community in ensuring that "human rights and fundamental freedoms for all is an essential element in the global response to HIV."[75] Further, specifically within the 2011 Political Declaration, "recognizes that addressing stigma and discrimination is a critical element in the global response to HIV and also recognizes the need to strengthen national policies and legislation in that regard."[76]

Building off the momentum which led to the adoption of the 2011 Declaration of Commitment, the *International Guidelines on HIV/AIDS and Human Rights,* written in 2002 by the United Nations Office of the United Nations High Commissioner for Human Rights (OHCHR) and UNAIDS, and adopted by the UN Human Rights Council, serve as a fundamental framework for policymaking and action on the addressing intersection between HIV/AIDS and human rights in national legislation.[77] The Guidelines aim to assist governments and civil society in the prevention of stigma and discrimination against people living with HIV/AIDS through a human rights lens.[78] Recommendations range from calling for the development of a national framework to respond to HIV broadly to specific points regarding ways in which to "enact or strengthen anti-discrimination and other protective laws that protect vulnerable group."[79]

---

[69] UNAIDS, *UNAIDS Report on the Global AIDS Epidemic*, 2012; UNAIDS, *Eliminating Stigma and Discrimination.*
[70] UN General Assembly, *Universal Declaration of Human Rights (A/RES/217 A (III))*, 1948.
[71] UNAIDS & OHCHR, *International Guidelines on HIV/AIDS and Human Rights*, 2006.
[72] Ibid; EANNASO, *CSO Compendium of Key International and Regional Declarations and Commitments on HIV & AIDS*, 2010; UN General Assembly, *Convention on the Elimination of All Forms of Discrimination against Women (A/RES/34/180)*, 1979; UN General Assembly, *International Covenant on Economic, Social and Cultural Rights (A/RES/2200 (XXI))*, 1966; UN Assembly, *International Covenant on Civil and Political Rights (A/RES/2200 (XXI))*, 1966.
[73] UN Human Rights Committee, *General Comment No. 18: Non-Discrimination*, 1989.
[74] UN General Assembly, *Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS (A/RES/65/277)*, 2011; UN General Assembly, *Political Declaration on HIV/AIDS (A/RES/60/262)*, 2006; UN General Assembly, *Declaration of Commitment on HIV/AIDS (A/RES/S-26/2)*, 2001.
[75] UN Human Rights Council, *The protection of human rights in the context of human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS): Report of the United Nations High Commissioner for Human Rights (A/HRC/19/37)*, 2011, p. 4.
[76] Ibid.
[77] OHCHR, *The International Guidelines on HIV/AIDS and Human Rights* [Website].
[78] UNAIDS & OHCHR, *International Guidelines on HIV/AIDS and Human Rights*, 2006.
[79] Ibid.

In recent years, a rights-based approach to HIV/AIDS has influenced other fields of policymaking, namely, efforts to address the rights of persons with disabilities have integrated HIV status as part of the definition of what encompasses a "disability."[80] The World Health Organization (WHO) defines disabilities as "impairments, activity limitation, and participation restrictions."[81] HIV can create physical limitation and social discrimination and the UN and other international organizations recognize HIV/AIDS as a potential disability.[82] The *Convention on the Rights of Persons with Disabilities* (2006) outlines the importance of health and education in enabling people with disabilities to enjoy all human rights and freedoms afforded to them, and based on the disability component of HIV/AIDS, this Convention directly applies to those living with HIV/AIDS.[83]

Additional regional and sub-regional instruments that address the concepts of HIV-related stigma, discrimination and human rights include: *Paris Declaration on Greater Involvement of People Living with HIV/AIDS* (1994); *Brazzaville Commitment to Scaling-up towards Universal Access to HIV and AIDS Prevention, Treatment, Care and Support in Africa by 2010* (2006); and the *Southern African Development Community (SADC) Declaration on Gender and Development* (1997).[84] Particular regions have a stronger focus on this issue and thus have more to draw from in addressing this issue, of note are the work done by SADC, which has a range of instruments on HIV/AIDS generally, with specific protocols focused on non-discrimination and addressing stigma.

Role of the United Nations System

Within the United Nations system, UNAIDS takes the lead on HIV/AIDS-related work in partnership with its cosponsors. On this issue in particular, entities within the UN system which are active range from the United Nations Development Programme (UNDP), the International Labour Organisation (ILO), the United Nations Children's Fund (UNICEF), the Office of the High Commissioner for Human Rights (OHCHR), and the World Health Organization (WHO).

The unique structure of UNAIDS utilizes several UN entities, non-governmental organizations, and the private sector in a collaborative effort which harnesses the expertise of co-sponsors.[85] Co-sponsoring UN entities bring in their specific expertise in enhancing UNAIDS approach to programs thereby creating and implementing the strongest and most comprehensive global HIV/AIDS programs. For example, UNICEF has it as a programmatic focus to provide care and support to children affected by HIV/AIDS.[86] UNICEF has programs that work within the existing "First Decade of Life" and the "Second Decade of Life," which are efforts undertaken by the UN system broadly to raise awareness and generate action on particular issues.[87] The "First Decade of Life focuses on infants and children under five. It helps in the effort to eliminate new infections by mother-to-child transmission, while the Second Decade of Life focuses on adolescents 10 to 19 years of age.[88] United Nations Development Programme (UNDP) continues to integrate new ways to improve policy related to HIV/AIDS and produce materials that aim to "assist government, civil society and other HIV actors to make clear, concerted, and sustainable efforts to address multi-dimensional gender and human rights issues."[89]

One of UNAIDS partners, the United Nations Office on Drugs and Crime (UNODC), seeks out ways to reach key people at higher risk for contracting HIV.[90] The UNODC has a *Protocol on Assessing Drug Use and HIV in Prison Settings* to guide Member States in implementing the assessment needed to understand the prevalence of HIV/AIDS

[80] UNAIDS & OHCHR, *International Guidelines on HIV/AIDS and Human Rights*, 2006.
[81] World Health Organization, *Disabilities* [Website].
[82] Ibid.
[83] UN General Assembly, *Convention on the Rights of Persons with Disabilities (A/RES/61/106)*, 2006.
[84] EANNASO, *CSO Compendium of Key International and Regional Declarations and Commitments on HIV & AIDS*, 2010; Paris AIDS Summit, *Paris Declaration on Greater Involvement of People Living with HIV/AIDS*, 1994; African Union, *Brazzaville Commitment to Scaling-up towards Universal Access to HIV and AIDS Prevention, Treatment, Care and Support in Africa by 2010*, 2006, South African Development Community, *SADC Declaration on Gender and Development*, 1997.
[85] UNAIDS, *Thirty-second meeting of the Coordinating Board* [Report], 2013; UNAIDS, *The First 10 Years* [Report], 2012.
[86] UNICEF, *HIV/AIDS Activities* [Website].
[87] UNICEF, *Protection, Care and Support for Children Affected by HIV and AIDS* [Report].
[88] UNICEF, *Protection, Care and Support for Children Affected by HIV and AIDS* [Report].
[89] UNDP, *On Course: Mainstreaming Gender into National HIV Strategies and Plans* [Report], 2013.
[90] UN Office on Drugs and Crime, *Protocol on Assessing Drug Use and HIV in Prison Settings*, 2009.

in their respective prison systems and how to approach the various knowledge, attitudes, and behavior unique to prison structures.[91] UNAIDS seeks out the expertise of UN bodies to help integrate policy and implementation to help deal with the AIDS epidemic.[92] Each body works with other members of UNAIDS including members civil society to create, implement and carry-out policy and programmes created with the skills and knowledge each level of the UNAIDS has to offer.[93]

Additional examples of ways in which this topic has been addressed by the UN system include the *ILO Code of Practice on HIV/AIDS and the World of Work* (2001), and the *WHO Guidelines on HIV infection and AIDS in Prisons* (1993).[94] Both of these are strong examples of good practice and normative guidance provided by the UN system to Member States in strengthening policies which will address stigma and discrimination.

Stigma and Discrimination

Stigma and discrimination continue to be major issues when combating the HIV/AIDS epidemic. Stigma is defined as "a dynamic process of devaluation that 'significantly discredits' an individual in the eyes of others."[95] Stigma can adhere to even the most surface-level or seemingly irrational range of qualities including commonly known sources of stigma such as skin color to the manner in which someone speaks.[96] Culture also plays a role in determining which particular characteristics may be the one stigmatized or discredited depending on social norms and setting.[97]

Stigma is perpetuated and projected unto others as a result of factors including, but not limited to: (1) the misunderstandings of HIV/AIDS; (2) how the HIV virus is contracted; (3) the treatment of HIV; (4) lack of treatment access; (5) the fear surrounding the disease; and (6) its inability to be cured.[98] In the 2011 *Declaration of Commitment on HIV/AIDS* (A/RES/65/277), many governments made the pledge to make greater commitments to HIV/AIDS and the stigma that continues to be associated with the virus.[99] While there have been significant strides in the fight against HIV/AIDS, social stigma is sighted as a major challenge when attempting to give people living with HIV/AIDS access to health care and social serves such as housing.[100] HIV-related stigma continues to undermine progress and discrimination leads to many cases of job loss, property seizures, and loss of family, violence, and social exclusion.[101] These potential outcomes lead to a reduced number of citizens seeking help to find out their HIV status or seeking treatment for their HIV-positive status thus the cycle of HIV transmission is reinforced.[102] The continued spread of HIV ultimately hinders the progress of the MDGs.[103]

There are several examples from around the world which illustrate the marginalization and stigma facing individuals who are HIV-positive. For example, in Myanmar, one survey found that "11% of HIV-positive people reported feeling excluded in social events, 35% reported being denied family planning services and 20% other sexual and reproductive services."[104] In China, half of people living with HIV/AIDS reported being worried about being

[91] UN Office on Drugs and Crime, *Protocol on Assessing Drug Use and HIV in Prison Settings*, 2009; UNAIDS, *The Governance Handbook*, 2010.
[92] UNAIDS, *The Governance Handbook*, 2010.
[93] Ibid.
[94] International Labour Organization, *An ILO Code of Practice on HIV/AIDS and the World of Work*, 2001; World Health Organizations, *WHO Guidelines on HIV Infection and AIDS in Prisons (WHO/GPA/DIR,93.3)*, 1993.
[95] UNAIDS, *HIV-Related Stigma, Discrimination and Human Rights Violations* [Report], 2005.
[96] Ibid.
[97] Ibid.
[98] Ibid.
[99] UNAIDS, *Report of the 30th Meeting of the Programme Coordinating Board (UNAIDS/PCB (30)/12.15)*, 2012; UN General Assembly, *Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS (A/RES/65/277)*, 2011.
[100] UNAIDS, *Report of the 30th Meeting of the Programme Coordinating Board (UNAIDS/PCB (30)/12.15)*, 2012.
[101] UN Security Council, *Resolution 1983 (2011) (S/RES/1983) [Impact of HIV/AIDS epidemic on international peace and security]*, 2001.
[102] Ibid.
[103] UN General Assembly, *Political Declaration on HIV/AIDS (A/RES/60/262)*, 2006.
[104] UNAIDS, *UNAIDS Day World Report*, 2012.

physically attacked and "41% reported facing some type of HIV connected discrimination."[105] Over 9% of people with children reported their children having to be removed from school because of their parent's health status.[106]

Much of the discrimination facing people living with HIV/AIDS comes from social stigma towards a certain lifestyle of groups within the population.[107] Stigma and discrimination does not necessarily affect every person living with HIV/AIDS in the same way; research shows that stigma is more common amongst groups within the population who are already considered marginalized.[108] These groups include people who have same-sex relationships, intravenous drug users, sex workers, and family members of people living with HIV/AIDS.[109] Stigma may alter someone from seeking his or her HIV status or prevent a HIV-positive person from seeking medical treatment.[110] Fear or refusal to disclose HIV status can lead to the family members of HIV-positive people to be left with the continued stigma associated with the disease.[111] The goal is to have a safe and encouraging framework of assistance including medical treatment, counseling, and social welfare programs for persons with HIV-positive status, especially those with lifestyles that have a history of being prejudiced against in society, leads to the continued spread of HIV and prevention of global and national health organizations to treat those infected properly.[112]

When it comes to stigma, men and women experience discrimination associated with HIV/AIDS differently.[113] Some women are held to perceived gender roles by either their family or their community, which may increase a woman's risk for experiencing some form of stigma.[114] Women and girls may find themselves without an avenue to learn about their individual options or voice their opinions.[115] Sexual and reproductive decisions are often by their husband or males in the family.[116] Stigma attached to women's reduced role in society can include fewer women having access to education, health services, and employment leading to increased vulnerability to HIV.[117] Most reports indicate that when comparing women and men, women experience more HIV-related stigma and discrimination.[118] In Tanzania, for example, 63% of women claim to live with HIV-related stigma versus 49% of men.[119] Women reported experiencing increased violence, loss, of property, and loss of family and partners because of their HIV/AIDS status.[120] The rates of reported stigma and discrimination rise when women attempt to take precautionary measures such as birth control or abstaining from sexual intercourse. Women report experiencing violence when requesting the use of condoms, request for HIV testing, refusal of sex with partners, or for testing positive for HIV.[121]

---

[105] UNAIDS, *UNAIDS Day World Report*, 2012.

[106] Ibid.

[107] International Conference on Population and Development Programme of Action, *International Conference on Population and Development: Beyond 2014* [Report]*, 2012.

[108] UNAIDS, *Investing in harm reduction-sound economic sense* [Press Release], 2013

[109] UNAIDS, *HIV prevention among injecting drug users* [Press Release], 2009.

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

[111] UNAIDS, *Pre-conference focuses on HIV and human rights concerns of gay and other men who have sex with men and transgender people* [Press Release], 2012.

[112] UNAIDS, *UNAIDS World AIDS Day Report*, 2012.

[113] UNDP, *UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV and the Universal Access for Women and Girls Initiative* [Report], 2010.

[114] Ibid.

[115] UNAIDS, *UNAIDS calls for youth activists on HIV to change agents* [Press Release], 2013.

[116] United Nations Development Fund for Women, *Transforming the national AIDS response: advancing women's leadership and participation* [Report], 2010.

[117] UNAIDS, *UNAIDS welcomes the appointment of Phumzile Mlambo-Ngcuka as the new Executive Director of UN Women* [Press Release], 2013.

[118] UNDP, *UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV and the Universal Access for Women and Girls Initiative* [Report], 2010.

[119] Ibid.

[120] Ibid.

[121] Ibid.

Human Rights and HIV

Many new commitments to expand the rights of persons living with HIV/AIDS have arisen since the *Millennium Declaration* (A/RES/55/2).[122] The *Declaration of Commitment* adopted by the UN General Assembly Special Session in 2001 and expanded its goals in the *Political Declaration* of the 2006 High Level Meeting on AIDS.[123] The United Nations Centre for Human Rights and UNAIDS held a meeting in 1996 bringing together thirty-five experts in the field of HIV/AIDS and human rights.[124] The conference consisted of government officials, staff of AIDS programmes, persons living with HIV, human rights activists, non-governmental organizations, and representative of organizations dealing with law, human rights, and HIV.[125] The meeting outlined principles for addressing HIV and human rights, focusing on the essential role protection of human rights plays in safeguarding human dignity in the context of HIV and ensuring an effective, rights-based response to HIV and AIDS.[126] To this end, an effective response requires the "implementation of all human rights, civil and political, economic, social and cultural, and fundamental freedoms of all people, in accordance with existing international human rights standards; public health interests do not conflict with human rights."[127] On the contrary, it has been recognized that when human rights are protected, fewer people become infected and those living with HIV and their families can better cope with HIV and AIDS.[128]

UNAIDS and the UN High Commissioner for Human Rights (OHCHR) created a framework for Member States to help when developing and improving their individual HIV/AIDS programmes.[129] This framework outlined in *International Guidelines on HIV/AIDS and Human Rights* displays the necessity for clear guidelines dealing with human rights and HIV has led to recommendations from various bodies and organizations.[130] This includes input from governments and civil society (including people living with HIV).[131] *International Guidelines on HIV/AIDS and Human Rights* is one example of illustrating how human rights should be promoted and protected.[132] The principles are to be treated as 'concrete measures' to be integrated into the HIV/AIDS prevention and treatment strategy.[133] These recommendations are based on international human rights treaties and include states establishing an effective national framework for response to HIV/AIDS such as a transparent and accountable approach.[134] There needs to be a response by states to ensure political and financial support to uphold ethics, law, and human rights related to HIV/AIDS.[135] The response by states should also include changes in public health and criminal law so there are consistencies with national policies and human rights.[136]

One program created by UNAIDS that seeks to provide people living with HIV/AIDS a space to connect with others from all over the world is AIDSspace.[137] It's an online community dedicated to allow people living with HIV/AIDS connect with other people living with HIV/AIDS and for anyone involved in the AIDS response.[138] AIDSspace serves as a resource for retrieving documents and information related to HIV/AIDS related initiatives, programs and literature.[139] The HIV/AIDS related programs include job resources for those searching for employment or listing potential employment opportunities.[140]

---

[122] UNAIDS, *UNAIDS welcomes the appointment of Phumzile Mlambo-Ngcuka as the new Executive Director of UN Women* [Press Release], 2013.
[123] UNAIDS, *High-Level Meeting on AIDS* [Website], 2006.
[124] UNAIDS & OHCHR, *International Guidelines on HIV/AIDS and Human Rights*, 2006.
[125] Ibid.
[126] Ibid.
[127] Ibid.
[128] Ibid.
[129] UNAIDS, *HIV/AIDS and Human Rights* [Report], 2001.
[130] Ibid.
[131] Ibid.
[132] Ibid.
[133] Ibid.
[134] Ibid.
[135] Ibid.
[136] Ibid.
[137] UNAIDS, *AIDSspace* [Website], 2012.
[138] Ibid.
[139] Ibid.
[140] Ibid.

Criminalization of HIV Transmission

UNAIDS and other organizations are utilizing resources to manage the application of criminal law of HIV non-disclosure.[141] The application of criminal law when discussing HIV non-disclosure, exposure, and transmission raises human rights and public health concerns.[142] In relation to HIV, some countries apply criminal prosecution to those who knowingly transmit or expose people to HIV.[143] UNAIDS and UNDP published a report entitled *The Criminalization of HIV Transmission* which asserts that the data is inconclusive as to whether or not criminal prosecution of people who knowingly transmit or expose people to HIV would help prevention efforts.[144] Furthermore, there is information that also sees the application of criminal law as an inference of public health.[145] There is a drive by UNAIDS and many other human rights organizations to limit criminal indictments to only those people that know of their HIV/AIDS status and act "with the intention to transmit HIV, and does in fact transmit it."[146]

In order to understand criminalization of HIV, it is necessary understand why civilian or criminal courts would want to bring criminal charges against the activity. In an attempt to do so, UNAIDS produced *Criminal Law, Public Health, and HIV Transmission: A Policy Options Paper,* which established guidelines for approaching criminalization of HIV-transfer.[147] In conjunction with the report of the WHO European Region Technical Consultation on the criminalization of HIV and other sexually transmitted infections and the report of the AIDS and Rights Alliance for Southern Africa (ARASA) and a variety of other actors.[148] Some legislators may be responding with the fear and stigma associated with HIV-positive status, others may be fulfilling societies' desire to have justice for what many still consider a death sentence.[149] When it comes to HIV/AIDS and criminal law there is a continued search for balance. A balance between prosecuting actions that are knowingly unlawful and with full knowledge of the risk of exposure to HIV they are putting their community in, and when criminal prosecution may hinder public policy.[150]

One instance of legislation trying to find a balance between prosecuting unlawful actions and attempting not to enact law that will hinder public policy is The United States (US) Supreme Court recently struck down a section of the *States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003*.[151] The US Supreme Court found the policy requirement that no funds be made available to organizations that do not oppose prostitution and sex trafficking.[152] Ultimately, the Supreme Court of the United States of America ruled it was a negative impact on the efforts to address HIV/AIDS.[153]

Conclusion

HIV-related stigma and discrimination is a human rights violation and a problem in achieving public health and policy.[154] The path to eliminating new infections has been and will continue to be a long path; stigma and discrimination against those living with HIV and AIDS is directly linked to the continued spread of the virus.[155] The intended goal of UNAIDS is to allow people who are seeking treatment either for their status or to receive long-term medical care for their HIV status to be able to do so without fear, violence, confidentiality, and respect.[156]

---

[141] UNDP, *Compendium of Judgments: Judicial Dialogue on HIV, Human Rights and the Law* [Report], 2012.
[142] Ibid.
[143] UNDP, *Legal protections against HIV-related Human Rights violations* [Report]*,* 2013.
[144] UNAIDS, *Criminalization of HIV transmission* [Report], 2008.
[145] Ibid.
[146] Ibid.
[147] Ibid.
[148] UNAIDS, *International Consultation on the criminalization of HIV transmission* [Report], 2007.
[149] UNDP, *Legal protections against HIV-related Human Rights violations* [Report]*,* 2013.
[150] Ibid.
[151] UNAIDS, *US Supreme Court strikes down policy requiring AIDS groups to oppose prostitution in order to receive US government funds* [Press Release], 2013.
[152] Ibid.
[153] Ibid.
[154] United Nations, *Millennium Development Goals Report*, 2013.
[155] Ibid.
[156] UN Human Rights Council, *Promotion and protection of all human rights, civil, political, economic, social and cultural rights, including the right to development* (*A/HRC/RES/12/27)* [Resolution], 2002.

Preventing stigma and discrimination against persons living with HIV/AIDS is instrumental in preventing the epidemic from continuing.[157]

Is the current international approach, across all relevant international institutions, to HIV prevention and AIDS care, at present, doing enough to reduce stigma? In what ways can UNAIDS support community-based programmes which aim to reduce stigma at a local level, and are there good practices that can be scaled up? Are there existing, specific antidiscrimination measures that have been adopted at a regional or national level which could be scaled up and modeled for other countries? Where are the gaps and opportunities for improving antidiscrimination measures, particularly in places of work or health services? How can UNAIDS facilitate the standardization of these measures? What existing legal and human rights mechanisms are there to promote human rights as well as seek redress for discrimination against people living with HIV; and what gaps are there in those mechanisms? How can UNAIDS support existing efforts to strengthen these mechanisms? How can UNAIDS contribute to building momentum for addressing this issue from a legal and human rights framework?

Annotated Bibliography

Eastern Africa National Networks of AIDS Service Organizations. (2010). CSO Compendium of Key International and Regional Declarations and Commitments on HIV & AIDS. Retrieved 8 November 2013 from: http://www.eannaso.org/index.php/hiv-knowledge-base/doc_download/20-policy-primer-on-key-interanational-and-regional-declarations-commitment
> *This outlines various declarations, commitments, and goals established in the fight against HIV. It outlines many important documents such and the UN Millennium Development Goals and the UN Political Declaration on AIDS (UNGASS+5). It proceeds to detail key concepts within the various declarations and commitments including universal access to treatment and financial commitments. The documents puts into perspective the responsibilities signatories possess when dealing with implementing and maintain social and legal programs enlisted for HIV. It promotes the necessity of civil society, sharing of positive policies, and accountability for programs which are being ineffective. It reiterates the importance of long standing key concepts including legal framework for protection against discrimination for people living with HIV and AIDS, accessibility and affordability of medicines under the Trade Related Aspects of Intellectual Property Rights (TRIPS) and the recognition of women and children living with and affected by HIV.*

Joint United Nations Programme on HIV/AIDS. (2012). *AIDS at 30: Nations at the crossroads* [Report]. Retrieved 30 June 2013 from: http://www.unaids.org/unaids_resources/aidsat30/aids-at-30.pdf
> *This report covers the history of the initial AIDS outbreak around the world in the 1980's and the toll HIV/AIDS took over the next decade. It explains the creation of UNAIDS in 1994 in an effort of the UN to help combat the soaring HIV/AIDS rates and to provide treatment and prevention in the most devastated and poorest countries. It gives a comprehensive outline of the history of the scientific breakthroughs, the growing and declining rates of HIV/AIDS and the cross-country and regional cooperation in fighting HIV/AIDS. It outlines a road map for continuing the work of fighting HIV/AIDS and how far the world has come in response to this epidemic.*

Joint United Nations Programme on HIV/AIDS. (2006). *International Guidelines on HIV/AIDS and Human Rights*. Retrieved on 12 August 2013 from: http://www.unaids.org/en/media/unaids/contentassets/dataimport/publications/irc-pub07/jc1252-internguidelines_en.pdf
> *This document outlines the steps made by international bodies such as the Commission on Human Rights and the General Assembly when addressing the distinct issues pertaining to HIV and AIDS. It details the social and legal guidelines the international community looks to be implemented when creating and maintaining programs specific to HIV/AIDS. It discusses the inequality leading to increased rate of infection especially among women and children. The document discusses the steps taken to include the possible legislative steps to include accessibility of treatment and care.*

---

[157] UNAIDS, *Getting to Zero* [Report], 2010.

This document shows how many countries have recognized the right to HIV/AIDS treatment as part of person's human rights.

Joint United Nations Programme on HIV/AIDS. (2013). *Gender equality and empowerment of women and girls essential in getting to zero* [Report]. Retrieved 6 August 2013 from: http://www.unaids.org/en/resources/presscentre/featurestories/2013/july/20130726cedaw/
> *Gender Equality describes the unique situation women and girls face when dealing with HIV/AIDS. It shows how women and girls, depending on the region where they live, can have little to no say over their own bodies. It outlines how to set in place ways for women to have a greater role in reproduction rights, family planning such as use of birth control. Women play a pivotal role amongst to families and can lend a unique voice when dealing with families and children affected by AIDS related illness and AIDS orphans. Promotes the need for women to have equal representation when creating policy involving HIV/AIDS.*

Joint United Nations Programme on HIV/AIDS. (2008). *Reducing HIV Stigma and Discrimination: a critical part of national AIDS programmes* [Report]. Retrieved from: http://www.unaids.org/en/media/unaids/contentassets/dataimport/pub/report/2008/jc1521_stigmatisation_en.pdf
> *UNAIDS recognizes that HIV-related stigma and discrimination is still a much neglected issue when it comes to national responses to the pandemic. The goal is to have national HIV/AIDS programs take steps to eliminate obstacles when moving toward universal access to prevention, treatment and care. This document recognizes strategies and research findings in how to better combat the stigma and discrimination when developing legal and social frameworks. It gives details on how the UN system, civil society, and those invested in HIV-related issues can help in promoting and improving national responses to HIV and AIDS. These mechanisms can be a strong support system in scaling up universal access to care, stronger political and financial security while addressing strongly how stigma and discrimination deteriorate the goals of national AIDS responses. UNAIDS recommends how it can work with other bodies including the United Nations Joint Teams on AIDS to help recognize how stigma and discrimination affect people living with and affected by HIV and how to create programs and legislation to eliminate the destructive force. It can show governments how to make the reduction of stigma and discrimination a central focus point of their HIV/AIDS strategies.*

Joint United Nations Programme on HIV/AIDS. (2010). *The Governance Handbook*. Retrieved 2 August 2013 from: http://www.unaids.org/en/media/unaids/contentassets/dataimport/pub/manual/2009/jc1682_governancehandbook_lr_en.pdf
> *The Governance Handbook details the structure of UNAIDS including the Programme Coordinating Board and the various co-sponsors. It describes each of the 11 co-sponsors and the various projects and policy the Coordinating Board creates. It discusses the rotating membership and how voting procedure works. It outlines the mandate of UNAIDS and how it implements the programs and policy created by the Coordinating Board into various regions of the world.*

Joint United Nations Programme on HIV/AIDS. (2005*). HIV-Related Stigma, Discrimination and Human Rights Violations* [Report]. Retrieved on 10 September 2013 from: https://www.unaids.org/en/media/unaids/contentassets/dataimport/publications/irc-pub06/jc999-humrightsviol_en.pdf
> *This report outlines discrimination based on HIV-status. It goes into further details about how precaution taken to prevent the spread of HIV can lead to further discrimination including use of birth control, refusal to engage in sexual intercourse. It gives detail about how to create framework to produce social services to people with HIV/AIDS while upholding a safe and judgment free environment. This includes strict confidentiality and discrete access to medications.*

Office of the High Commissioner for Human Rights. (n.d.). *HIV/AIDS and Human Rights* [Website]. http://www.ohchr.org/EN/Issues/HIV/Pages/HIVIndex.aspx
> *The Office of the High Commissioner for Human Rights (OHCHR) discusses the importance of the promotion and protection of human rights and how these protections directly affect the spread of HIV. The strategies used in the promotion and protection of human rights reduces vulnerability to*

HIV infection, affects the impact on those affected and communities at-large responsibility in responding to the HIV pandemic. OHCHR stresses that an international response must be rooted in civil, cultural, economic and political means. The OHCHR discusses a state's obligation when adhering to existing international treaties, and that those international treaties in recognizing the human rights of people living with HIV/AIDS including the right to live, right to the highest attainable standard of mental and physical health, and the right to non-discrimination must be promoted and protected. The OHCHR outlines the United Nations and its human rights mechanisms as a way to provide tools necessary in creating and maintain HIV-related rights. These mechanisms include being able to create normative legal framework through the use of UN treaty monitoring bodies, Special Procedures of the Human Rights Council including special representative and the ability to have the Secretary-General receive comments and feedback from other UN bodies, NGO's, and governments to name a few.

The Global Fund to Fight HIV/AIDS, Tuberculosis, and Malaria. (2012). *Strategic Investments for Impact: Global Fund Results Report*. Retrieved 1 July 2013 from: http://www.theglobalfund.org/en/library/publications/
This report outlines past steps in combating HIV/AIDS from the community level to an individual countries contribution. It puts in perspective the goals reached over the past two years and where there needs to be more growth. It connects how the monies provided to the fund are introduced into the community and the impact they have. It puts together a plan to be better effective in areas such as providing screening for women, access to medicine, and community outreach.

United Nations Development Programme. (2012). *Compendium of Judgments: Judicial Dialogue on HIV, Human Rights and the Law* [Report]. Retrieved 30 June 2013 from: http://www.undp.org/content/dam/undp/library/hivaids/English/Compendium%20of%20Judgments%20-%20Background%20Material%20BKK%20Judicial%20Dialogue%20FINA%20%20%20.pdf
This document represents a comprehensive list of court cases around the world dealing specifically with discrimination based on an individual's HIV/AIDS status. It includes cases dealing with health care provided through employment, government assistance, and dispute over disabled status, and access to affordable medications. It gives a brief overview of the case and how the case related to HIV, Human Rights, and the law.

United Nations Development Programme. (2013). *Legal protections against HIV-related Human Rights violations* [Report]. Retrieved 28 June 2013 from: http://www.undp.org/content/dam/undp/library/hivaids/English/HIV-2013-legal-protections-against-hiv-related-human-rights-violations.pdf
This document explore the state of HIV/AIDS in relations to countries in Asia and the Pacific. It details the attempts by governments to enforce legal provisions dealing with HIV, HIV-related discrimination and human rights violations. It chronicles new approaches to enforcing said legislation and alternative approaches that have been adopted and attempted within Asia and the Pacific. It goes into detail about the main approach of promoting human rights and protection of these rights when dealing with HIV and the review process of these finding by civil society, governments, UN bodies and other organizations such as NGO's. The review and recommendations created with the findings are then sued to help create improvements in legal protections from people living with HIV and how these recommendations can be implemented in Asia and the Pacific as well as world-wide.

United Nations, General Assembly. (1948, December 10). *Universal Declaration of Human Rights (A/RES/217 A(III))*. Retrieved 29 June 2013 from: http://www.un.org/en/documents/udhr/
The Universal Declaration of Human Rights is directly connected to International law and outlines discriminatory practices that can be correlated to discrimination and human rights violation against persons living with HIV/AIDS. It relates to HIV/AIDS based on UNAIDS dedication to uphold and promote the human rights of people with HIV/AIDS. It's the central theme of UNAIDS when trying to help those living with HIV/AIDS especially in regions of the world where HIV/AIDS can create negative stigma that impedes an individual's ability to seek medical attention, employment, or rejection by the community at large.

United Nations. (2013). Millennium Development Goals Report. Retrieved 2 July 2013 from: http://www.un.org/millenniumgoals/pdf/report-2013/mdg-report-2013-english.pdf

> *This is the follow-up to the original Millennium Development Goals report. It details the progress made on the main indicators outlined in the report including poverty, and the spread of HIV/AIDS. It updates strategies to further meet the MDG goals including better community outreach for a patient infected with HIV-related illness, youth organizations, and medical care in prevention of mother-to-child transmission of HIV/AIDS. Updates on HIV/AIDS related issues including current infection rates, and discrimination.*

United Nations, General Assembly. (2006, December 13). *Convention on the Rights of Persons with Disabilities (A/RES/61/106)*. Retrieved 3 September 2013 from: http://www2.ohchr.org/english/law/disabilities-convention.htm

> *This convention describes what social and legal rights a person with disabilities is afforded. It outlines first what legal rights a person with disabilities has including the right to equal protection under the law of unimpaired either physically or social of able bodied people. It outlines the right to all social services necessary to the wellbeing of a disabled person. It then describes the social equality people with disabilities including the right to engage in all rights of society without stigma and discrimination. This convention has become more important to the HIV/AIDS community due to the belief of many international organizations and communities that see HIV/AIDS as a form of disability.*

Bibliography

Advisory Committee of People with AIDS. (1983).*The Denver Principles*. Retrieved 7 November 2013 from:http://www.positivelivingbc.org/files/resources/denver-principles-1983.pdf

African Union. (2006).*Brazzaville Commitment to Scaling‑up towards Universal Access to HIV and AIDS Prevention, Treatment, Care and Support in Africa by 2010*. Retrieved 1 November 2013 from: http://www.unaids.org/en/media/unaids/contentassets/dataimport/pub/pressrelease/2006/20060310_pr_tua_brazzaville2_en.pdf

Ban Ki-moon. (2008). *The Stigma Factor*. Washington Times. Retrieved 2 November 2013 from: http://www.washingtontimes.com/news/2008/aug/06/the-stigma-factor/

Eastern Africa National Networks of AIDS Service Organizations. (2010, June). *CSO Compendium of Key International and Regional Declarations and Commitments on HIV & AIDS: A Policy Primer for Civil Society Engagement in Policy and Advocacy Work*. Retrieved 3 November 2013 from: www.eannaso.org/index.php/hiv-knowledge-base/doc_download/20-policy-primer-on-key-interanational-and-regional-declarations-commitment

International Conference on Population and Development Programme of Action. (2012). *International Conference on Population and Development: Beyond 2014* [Report]. Retrieved 30 June 2013 from: http://icpdbeyond2014.org/

International Labour Organization. (2001). *An ILO Code of Practice on HIV/AIDS and the World of Work*. Retrieved 4 November 2013 from: http://www.ilo.org/wcmsp5/groups/public/@ed_protect/@protrav/@ilo_aids/documents/normativeinstrument/kd00015.pdf

Joint United Nations Programme on HIV/AIDS (UNAIDS). (2005). *HIV-Related Stigma, Discrimination and Human Rights Violations* [Report]. Retrieved on 10 September 2013 from: https://www.unaids.org/en/media/unaids/contentassets/dataimport/publications/irc-pub06/jc999-humrightsviol_en.pdf

Joint United Nations Programme on HIV/AIDS. (2006). *High-Level Meeting on AIDS* [Report]. Retrieved 9 September 2013 from: http://www.un.org/ga/aidsmeeting2006/

Joint United Nations Programme on HIV/AIDS. (2013). *US Supreme Court strikes down policy requiring AIDS groups to oppose prostitution in order to receive US government funds* [Press Release]. Retrieved in 10 September 2013 from:
http://www.unaids.org/en/resources/presscentre/featurestories/2013/june/20130621ussupremecourtdecision/

Joint United Nations Programme on HIV/AIDS. (2001). *HIV/AIDS and Human Rights* [Report]. Retrieved on 1 August 2013 from: http://www.unaids.org/en/media/unaids/contentassets/dataimport/publications/irc-pub02/jc669-hiv-aids-kit-updated_en.pdf

Joint United Nations Programme on HIV/AIDS. (2006). *International Guidelines on HIV/AIDS and Human Rights*. Retrieved on 12 August 2013 from:
http://www.unaids.org/en/media/unaids/contentassets/dataimport/publications/irc-pub07/jc1252-internguidelines_en.pdf

Joint United Nations Programme on HIV/AIDS. (2007). *Reducing HIV Stigma and Discrimination: a critical part of national AIDS programmes*. Retrieved 6 November 2013
from: http://www.unaids.org/en/media/unaids/contentassets/dataimport/pub/report/2008/jc1521_stigmatisation_en.pdf

Joint United Nations Programme on HIV/AIDS. (2008). *Criminalization of HIV transmission* [Report]. Retrieved 14 August 2013from:
http://www.unaids.org/en/media/unaids/contentassets/dataimport/pub/basedocument/2008/20080731_jc1513_policy_criminalization_en.pdf

Joint United Nations Programme on HIV/AIDS. (2008). *The First 10 Years* [Report]. Retrieved 1 July 2013 from:
http://data.unaids.org/pub/Report/2008/JC1579_First_10_years_en.pdf

Joint United Nations Programme on HIV/AIDS. (2009). *HIV prevention among injecting drug users* [Press Release]. Retrieved 30 June 2013 from:
http://data.unaids.org/pub/InformationNote/2009/20090518_hiv_prevention_among_idus_final_en.pdf

Joint United Nations Programme on HIV/AIDS. (2010) *Getting to Zero* [Report]. Retrieved 10 August 2013 from:
http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2010/JC2034_UNAIDS_Strategy_en.pdf

Joint United Nations Programme on HIV/AIDS. (2010). *UNAIDS Governance Handbook* [Guidelines]. Retrieved 2 August 2013 from:
http://www.unaids.org/en/media/unaids/contentassets/dataimport/pub/manual/2009/jc1682_governancehandbook_lr_en.pdf

Joint United Nations Programme on HIV/AIDS. (2012). *AIDS at 30: Nations at the crossroads* [Report]. Retrieved 30 June 2013 from: http://www.unaids.org/unaids_resources/aidsat30/aids-at-30.pdf

Joint United Nations Programme on HIV/AIDS. (2012). *AIDSspace* [Website]. Retrieved 10 September 2013 from:
http://www.aidsspace.org/

Joint United Nations Programme on HIV/AIDS. (2012). *Pre-conference focuses on HIV and human rights concerns of gay and other men who have sex with men and transgender people* [Press Release]. Retrieved 30 June 2013 from:
http://www.unaids.org/en/resources/presscentre/featurestories/2012/july/20120721msmgf/

Joint United Nations Programme on HIV/AIDS. (2012). *Report of the 30th Meeting of the Programme Coordinating Board (UNAIDS/PCB (30)/12.15)*. Retrieved 1 August 2013 from:
http://www.unaids.org/en/media/unaids/contentassets/documents/pcb/2012/20121130_30PCB%20Report_final_en.pdf

Joint United Nations Programme on HIV/AIDS. (2012). *UNAIDS Day World Report*. Retrieved 28 June 2013 from: http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/gr2012/JC2434_WorldAIDSday_results_en.pdf

Joint United Nations Programme on HIV/AIDS. (2012).*UNAIDS Report on the global AIDS epidemic*. Retrieved 28 June 2013 from: http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/gr2012/20121120_UNAIDS_Global_Report_2012_with_annexes_en.pdf

Joint United Nations Programme on HIV/AIDS. (2013). *Gender equality and empowerment of women and girls essential in getting to zero* [Article]. Retrieved 6 August 2013 from: http://www.unaids.org/en/resources/presscentre/featurestories/2013/july/20130726cedaw/

Joint United Nations Programme on HIV/AIDS. (2013). *Investing in harm reduction-sound economic sense* [Press Release]. Retrieved 12 August 2013 from: http://www.unaids.org/en/resources/presscentre/featurestories/2013/june/20130614harmreduction/

Joint United Nations Programme on HIV/AIDS. (2013). *Thirty-second meeting of the Coordinating Board* [Report]. Retrieved 1 August 2013 from: http://www.unaids.org/en/media/unaids/contentassets/documents/pcb/2013/pcb32/agendaitems/20130424_31st_PCB_report%20_en(2)%20.pdf

Joint United Nations Programme on HIV/AIDS. (2013). *UNAIDS calls for youth activists on HIV to change agents*. [Website]. Retrieved 12 August 2013 from: http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2013/august/20130812iyd/

Joint United Nations Programme on HIV/AIDS. (2013). *UNAIDS welcomes the appointment of Phumzile Mlambo-Ngcuka as the new Executive Director of UN Women* [Press Release]. Retrieved 8 August 2013 from: http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2013/july/20130711psunwomen/

Joint United Nations Programme on HIV/AIDS. (n.d.). *Eliminating Stigma and Discrimination*. Retrieved 2 November 2013 from: http://www.unaids.org/en/targetsandcommitments/eliminatingstigmaanddiscrimination/

Joint United Nations Programme on HIV/AIDS.UNAIDS. (n.d.). *Programme Coordinating Board* [Website]. Retrieved on 30 June 2013 from: http://www.unaids.org/en/aboutunaids/unaidsprogrammecoordinatingboard/

Paris AIDS Summit. (1994).*Paris Declaration on Greater Involvement of People Living with HIV/AIDS*. Retrieved 7 November 2013 from: http://www.ecpp.co.uk/parisdeclaration.htm

Southern African Development Community. (1997).*Gender and development: A declaration by heads of state or government of the Southern African Development Community (SADC)*. Retrieved 7 November 2013 from:http://www.sadc.int/documents-publications/show/Declaration_on_Gender__Development_1997.pdf

The Global Fund to Fight HIV/AIDS, Tuberculosis, and Malaria. (2012). *Strategic Investments for Impact: Global Fund Results Report* [Report]. Retrieved 1 July 2013 from: http://www.theglobalfund.org/en/library/publications/

United Nations. (2013). *Millennium Development Goals Report*. Retrieved 2 July 2013 from: http://www.un.org/millenniumgoals/pdf/report-2013/mdg-report-2013-english.pdf

United Nations Children's Fund. (n.d.). *HIV/AIDS Activities* [Website]. Retrieved 9 September 2013 from: http://www.unicef.org/aids/index_action.html

United Nations Children's Fund. (n.d.). *Protection, Care and Support for Children Affected by HIV and AIDS* [Report]. Retrieved 9 September 2013 from: http://www.unicef.org/aids/index_armedconflict.html

United Nations Development Fund for Women. (2010). *Transforming the national AIDS response: advancing women's leadership and participation* [Report]. Retrieved 12 August 2013 from: http://www.unifem.org/attachments/products/Transforming_the_National_AIDS_Response_Advancing_Women_Leadership_Participation.pdf

United Nations Development Programme. (2010). UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV and the Universal Access for Women and Girls Initiative [Report]. Retrieved 29 June 2013 from: http://www.undp.org/content/dam/aplaws/publication/en/publications/hiv-aids/a-win-for-women-is-a-win-for-all/A%20win%20for%20women%20is%20a%20win%20for%20all.pdf

United Nations Development Programme. (2012). *Compendium of Judgments: Judicial Dialogue on HIV, Human Rights and the Law* [Report]. Retrieved 30 June 2013 from: http://www.undp.org/content/dam/undp/library/hivaids/English/Compendium%20of%20Judgments%20-%20Background%20Material%20BKK%20Judicial%20Dialogue%20FINA%20%20%20.pdf

United Nations Development Programme. (2013). *On Course: Mainstreaming Gender into National HIV Strategies and Plans* [Guidelines]. Retrieved 9 September 2013 from: http://www.undp.org/content/dam/undp/library/HIV-AIDS/HIV%20MDGs%20and%20Development%20Planning/UNDP-Roadmap-12-11-2012-final.pdf

United Nations Development Programme. (2013). *Legal protections against HIV-related Human Rights violations* [Report]. Retrieved 28 June 2013 from: http://www.undp.org/content/dam/undp/library/hivaids/English/HIV-2013-legal-protections-against-hiv-related-human-rights-violations.pdf

United Nations, Human Rights Committee. (1989).*General Comment No. 18: Non-Discrimination*. Retrieved 3 November 2013
from: http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=A%2f45%2f40(VOL.I)(SUPP)&Lang=en

United Nations, Human Rights Council, Twelfth session. (2002). *Promotion and protection of all human rights, civil, political, economic, social and cultural rights, including the right to development. (A/HRC/12/27)*. Retrieved 1 August 2013 from: http://undocs.org/A/HRC/12/27

United Nations Office on Drugs and Crime. (n.d.) *Protocol on Assessing Drug Use and HIV in Prison Settings* [Report]. Retrieved 9 September 2013 from: http://www.unodc.org/documents/hiv-aids/publications/UNODC_MENA_2009_Protocol_on_assessing_drug_use_and_HIV_in_prison_settings_-EN.pdf

United Nations, Economic and Social Council. (1994). *Joint and co-sponsored United Nations programme on human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) (1994/24)* [Resolution]. Retrieved 1 August 2013 from: http://www.un.org/documents/ecosoc/res/1994/eres1994-24.htm

United Nations, General Assembly. (1948). *Universal Declaration of Human Rights*. Retrieved on 29 June 2013 from: http://www.un.org/en/documents/udhr/

United Nations, General Assembly. (1966, December 16). *International Covenant on Civil and Political Rights (A/RES/2200 (XXI))*. Retrieved 1 August 2012 from: http://undocs.org/A/RES/2200(XXI)

United Nations, General Assembly. (1966, December 16). *International Covenant on Civil and Political Rights (A/RES/2200 (XXI))*. Retrieved 1 August 2012 from: http://undocs.org/A/RES/2200(XXI)

United Nations, General Assembly, Twenty-sixth special session. (2001). *Declaration of Commitment on HIV/AIDS (A/RES/S-26/2)*. Retrieved 2 July 2013 from: http://www.un.org/ga/aids/docs/aress262.pdf

United Nations, General Assembly. (2006). *Political Declaration on HIV/AIDS (*A/RES/60/262)*. Retrieved on 4 August 2013 from: http://undocs.org/A/RES/60/262

United Nations, General Assembly. (2006, December 13). *Convention on the Rights of Persons with Disabilities (A/RES/61/106)* [Resolution]. Retrieved 3 September 2013 from: http://www2.ohchr.org/english/law/disabilities-convention.htm

United Nations, General Assembly. (2011). *Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS* (*A/RES/65/277)*. Retrieved on 2 August 2013 from: http://undocs.org/A/RES/65/277

United Nations, Office of the High Commissioner for Human Rights. (n.d.). *HIV/AIDS and Human Rights* [Website]. Retrieved 2 November 2013 from: http://www.ohchr.org/EN/Issues/HIV/Pages/HIVIndex.aspx

United Nations, Security Council. (2011). *Resolution 1983 (S/RES/1983), [Impact of HIV/AIDS epidemic on international peace and security]*. Retrieved on 4 August 2013 from: http://undocs.org/S/RES/1983(2011)

World Health Organization. (1993). *WHO Guidelines on HIV Infection and AIDS in Prisons (WHO/GPA/DIR, 93.3)*. Retrieved 5 November 2013 from: http://www.who.int/hiv/idu/WHO-Guidel-Prisons_en.pdf

World Health Organization. *Disabilities* [Website]. Retrieved 3 September 2013 from: http://www.who.int/topics/disabilities/en/

II. Impact of the Global Financial and Economic Crisis on the AIDS Response

"This is a critical time. We now have 8 million people on antiretroviral treatment and we are seeing reductions in new HIV infections, even in the most affected communities. But it is not enough to think that HIV is a disease that can be managed with pills. HIV has to be brought to an end and funding shortfalls must not become the roadblocks that prevent us from achieving our goals."[158]

Introduction

Millions of people are facing financial issues as a result of the global financial and economic crisis. This subsequently affects the public health system, including access to treatment and prevention services. Only a 30% shortfall remains before the complete funding of the AIDS response is achieved by the 2015 deadline.[159] Yet, there also continue to remain serious monetary issues for various aspects of funding, such as for mothers and children living with HIV.[160] In fact, there have been events such as the High-Level Meeting on AIDS, in which discussions are held regarding the challenges that are being faced, as a result of global financial and economic change.[161] Surveys have also found that because of potential funding impacts, a cut in funding by the Global Fund to Fight AIDS, Tuberculosis and Malaria would be devastating.[162] In order to properly evaluate the damage caused by the global financial and economic crisis on the AIDS response, research was undertaken by a broad range of stakeholders – from civil society to governmental, leading to the development of new investment strategies to help address the urgent need.

International Framework

One of the principal guiding documents for Joint United Nations Programme on HIV/AIDS (UNAIDS) as well as the broader AIDS response community, is the *Declaration of Commitment on HIV/AIDS*, adopted in 2001 by the Member States who convened for a Special Session of the United Nations General Assembly.[163] The goal of the session was to address the impact that the AIDS pandemic had on the world, and topics of note include how far the epidemic had spread, the loss the epidemic had caused, and what could be done to prevent the spread of the disease.[164] By the end of the session, the *Declaration of Commitment on HIV/AIDS* (2001) was adopted, and those involved had made the commitment to support it.[165]

As follow-up on the implementation of and progress towards achieving the goals set in the *Declaration of Commitment on HIV/AIDS* (2001), in 2006 a High-Level Meeting on AIDS was held.[166] In the Secretary-General's report written in advance of the high-level meeting (A/60/736), it was noted that while several countries had successfully fulfilled the goals of the Declaration, many had not.[167] However, it was found that many states had at least begun to use their governments as a starting point in order to serve as a foundation for fighting AIDS.[168] In order to continue to address the unfulfilled goals, the *Political Declaration on HIV/AIDS* (2006) was adopted as the outcome of the high-level meeting.[169] One particular goal laid out was "the urgent need to scale up significantly towards the goal of universal access to comprehensive prevention programmes, treatment, care and support by 2010."[170]

---

[158] UNAIDS, *A decade of progress and sustained funding for HIV prevention research provides a pathway for ending AIDS* [Press Release], 2012.
[159] UNAIDS, *Global Fact Sheet*, 2012.
[160] UNAIDS, *Faith-based action: Confronting the impact of HIV funding cutbacks* [Article], 2013.
[161] UNAIDS, *Market approaches for innovation and access to medicines: Challenges and opportunities* [Article], 2011.
[162] UNAIDS, *UNAIDS survey finds growing concern in countries over potential funding roll back by Global Fund* [Article], 2011.
[163] UN General Assembly, *Declaration of Commitment on HIV/AIDS (A/RES/S-26/2)*, 2001.
[164] UNAIDS, *Keeping the Promise: Summary of the Declaration of Commitment on HIV/AIDS* [Report], 2002.
[165] Ibid.
[166] UNAIDS, *2006 Political Declaration on HIV/AIDS* [Website].
[167] UN General Assembly, *Declaration of Commitment on HIV/AIDS: five years later: Report of the Secretary-General (A/60/736)*, 2006.
[168] Ibid.
[169] UN General Assembly, *Political Declaration on HIV/AIDS (A/RES/60/262)*, 2006.
[170] UNAIDS, *2006 Political Declaration on HIV/AIDS* [Website].

Not long after this declaration was adopted, the global financial and economic crisis struck, having a negative impact on funding and resource levels for the global AIDS response.[171] When the five-year point elapsed for a review of the 2006 *Political Declaration on HIV/AIDS*, the impact of the crisis was specifically noted both in the discussion, as well as in the outcome, the 2011 *Political Declaration on HIV/AIDS*;

> "[T]he global financial and economic crisis continues to have a negative impact on the HIV and AIDS response at all levels, including the fact that, for the first time, international assistance has not increased from the levels in 2008 and 2009, and in this regard [we] welcome the increased resources that are being made available as a result of the establishment by many developed countries of timetables to achieve the target of 0.7 per cent of gross national product for official development assistance by 2015[.]"[172]

As the result of such significant loss of international assistance, one of the 2011 *Political Declaration* targets and elimination commitments was denoted as "closing the resource gap."[173] The specific financial goal of the document is to meet a global investment of $22-24 billion per year in both middle- and low-income countries, by 2015.[174]

Role of the United Nations System

The UNAIDS Programme Coordinating Board (PCB) acts as the body that governs the operations of financing and evaluating the AIDS response.[175] Composed of twenty-two Member States, the Board also includes representatives of the UNAIDS cosponsors as well as five non-governmental organizations (NGOs) that are allowed to be present.[176] The NGOs that interact with the PCB are two representatives from developed countries and three from developing countries.[177] The importance of including NGOs on the PCB lies with the fact that voices of the community need to be represented when the policy-making of the AIDS response is adjusted.[178] At the same time, the UNAIDS cosponsors are vital to achieving the goals of eradicating AIDS as they each focus on different areas.

In order to mitigate the global financial and economic crisis, the UNAIDS Secretariat and each of its eleven cosponsors have been diligently working to address various issues from different angles.[179] For example, the International Labour Organization (ILO) is surveying ten countries in Africa in order to discern the financial impacts that the crisis has had in those areas, specifically in reference to AIDS.[180] From a development perspective, the United Nations Development Programme (UNDP) has been working towards keeping AIDS as a priority for long-term agendas, even in the context of the global economic crisis.[181] The United Nations Educational, Scientific and Cultural Organization (UNESCO) is focusing on continuing its educational and social programs to prevent negative impacts regarding gender relations also as a result of the crisis.[182] Additionally, the United Nations Population Fund (UNFPA) is monitoring where reproductive health services are being crippled by the crisis, while the United Nations Children's Fund (UNICEF) is monitoring the effects that the crisis has on children.[183] Another area of concern that is being monitored by the United Nations Office on Drugs and Crime (UNODC) is the economic impact prisoners and injecting drug users are facing.[184] At the same time, the World Food Programme has been watching the impact on food security and the World Health Organization (WHO) has been studying impacts on mobilizing resources.[185] Finally, the UNAIDS Secretariat itself, as well as the World Bank, is controlling an in-depth analysis on how

---

[171] UN General Assembly, *Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS (A/RES/65/277)*, 2011.
[172] Ibid.
[173] UNAIDS, *Closing the resource gap* [Website].
[174] Ibid.
[175] UNAIDS, *Modus Operandi of the Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS (UNAIDS)*, 2011, p. 1.
[176] UNAIDS, *UNAIDS Programme Coordinating Board* [Website].
[177] UNAIDS, *NGO/civil society participation in PCB* [Website].
[178] Ibid.
[179] UNAIDS, *Impact of the global financial and economic crisis on the AIDS response*, 2009, p. 16.
[180] Ibid.
[181] Ibid.
[182] Ibid.
[183] Ibid, p. 17.
[184] Ibid.
[185] Ibid, p. 18.

national HIV programs have been affected.[186] The range of organizations and breadth of focus areas demonstrate that the global financial and economic crisis has certainly impacted upon many different parts of the AIDS response.

The Global Financial and Economic Crisis

According to a study by the UNAIDS Programme Coordinating Board, there has been a large impact by the global financial and economic crisis on particularly middle- and low-income countries.[187] Additionally, there have been decreases in government spending and family and household incomes, while there have been increases in the costs of medicine and medical equipment.[188] As a result, the report stated that HIV/AIDS prevention has been the most worrisome area of impact from the crisis.[189] Essentially, funding cuts may make preventative planning more difficult for future programming.[190] However, it has also been noted that some of the impacts may have arisen from events that may have happened with or without a global financial and economic crisis, the most poignant of these being a decrease in donor financing.[191] In order to combat these negative impacts of the crisis, UNAIDS and its cosponsors must look towards alternative methods of closing the resource gap. First, however, it is important to understand the investments that are needed to achieve this goal by its 2015 deadline.

Strategic Investments

Strategic investments, in the context of HIV/AIDS work, are "a human rights-based approach in which all the activities and programs are delivered in a manner that is 'universal, equitable and ensures inclusion, participation and informed consent and accountability.'"[192] According to a previous document on the 2010 investment needs, the total investments required are in three areas: (1) "behavioral change, social drivers, social mitigation" and other multisectoral programs external to the health sector, (2) general "strengthening" of health systems, and (3) "HIV specific health services," including efforts to reduce mother-to-child transmission, promote blood safety, and antiretroviral therapy.[193] In order to fully address each of these programmatic focuses, there has been an investment framework developed in which there are three key areas of activity: (1) "basic programme activities," (2) "critical enablers," and (3) "synergies with development sectors."[194] Essentially, basic program activities, when combined with enablers and synergies, "are the core building blocks of national AIDS response."[195]

Basic program activities are the basis of the AIDS response. Critical enablers are "activities that are necessary to support the effectiveness and efficiency of basic program activities."[196] These critical enablers are split into two categories: social and program enablers.[197] Development synergies are "investments in other sectors that can have a positive effect on HIV outcomes."[198] The difference between critical enablers and development synergies are the overall intended outcomes.[199] For critical enablers, the outcome is to achieve a successful AIDS response, while, for development synergies, the outcome is many goals, the AIDS response being one of them.[200] According to UNAIDS, these enablers and synergies are essential to ending the HIV/AIDS epidemic; however, until AIDS has been eradicated, it would be wise to also examine other types of investments.

Another framework to help guide strategic investments focuses on people-centered investments and investments regarding research and development. When it comes to people-centered investments, Michel Sidibé, Executive Director of UNAIDS, stated that there are three ways to invest: "fully, effectively, and efficiently."[201] A four-step

---

[186] UNAIDS, *Impact of the global financial and economic crisis on the AIDS response*, 2009, p. 18.
[187] Ibid, p. 3.
[188] Ibid.
[189] Ibid, p. 4.
[190] Ibid.
[191] Ibid, p. 3.
[192] UNDP, *Understanding and Acting on Critical Enablers and Development Synergies for Strategic Investments*, 2012, p. 2.
[193] UNAIDS, *What countries need: Investments needed for 2010 targets*, 2009, p. 7.
[194] UNDP, *Understanding and Acting on Critical Enablers and Development Synergies for Strategic Investments*, 2012, p. 2.
[195] Ibid.
[196] Ibid.
[197] Ibid.
[198] Ibid.
[199] Ibid.
[200] Ibid.
[201] UNAIDS, *Investing for results. Results for People. A people-centred investment tool towards ending AIDS*, 2012, p. 3.

process was created in order to help countries invest. First, countries need get an idea of how widespread the problem is, how much effort is going to be needed in order to address the problem, and how to get started.[202] Second, countries then "design the investment portfolio to solve the problem," balancing their particular HIV/AIDS issues and concerns with the amount of costs and funding available.[203] Third, countries should "deliver the investment portfolio at scale to generate efficiency," by implementing, at the country level, the identified balance between the problem and funding.[204] Finally, countries need to enforce the investment plan it adopted, while maintaining its efficiency, in order to maximize impact and eventually end AIDS.[205]

In addition to this four-step plan for people-centered investments, from a different perspective come investments on research and development. For research and development, a range of types of investments such as: public investments, philanthropic investments, commercial investments, funding allocations and global investments.[206] Each of these investment types are further divided amongst different areas of research including: vaccines, cure research, microbicide research, and other prevention options.[207] Thorough studies of the effects of these investments on particular research areas and have offered some answers relating to HIV prevention.[208] For example, a group called HIV Resource Tracking suggests that research and development regarding HIV prevention be scrutinized from a global level, while simultaneously increasing implementation research for new technologies.[209] Further, they insist on the importance of partnerships in order to more quickly develop and move along products needed for prevention and treatment.[210] Another organization called Treatment Action Group suggests that local advocates are vital to obtaining the most current information on HIV treatment in particular areas.[211] While each of these types of investments seem to be a viable way to begin addressing the global financial and economic crisis, it seems that we must look at the long-term results in order to truly understand the impact such plans will have made. In the meantime, there are several toolkits available for calculating and balancing the costs of HIV/AIDS treatment and services.

Tools
First, the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) has created a new funding model in order to help track which investments may have the strongest impact.[212] Specifically, the model will help with being able to predict future funding.[213] With that sort of funding information, the workbook for the collection of cost information on HIV facilities and services and the manual for costing HIV facilities and services will then be essential to plotting the actual breakdown of the predicted funds. The manual breaks down virtually every expense relating to the following activities: "an inpatient day; a day ward visit; an outpatient or clinic visit; the drugs dispensed by the pharmacy; the test performed in laboratories; medical and surgical procedures performed; and support services within and external to the facility that supports these activities."[214] The workbook supplements the manual in that it provides actual worksheets for the calculation of the costs of services mentioned in the manual.[215] Once negative areas of impact have been assessed as a result of the global financial and economic crisis, these tools can help calculate and better prepare Member States for the true costs of HIV/AIDS treatment and prevention. Currently, there are several case studies of successfully implemented sustainable HIV responses.

---

[202] UNAIDS, *Investing for results. Results for People. A people-centred investment tool towards ending AIDS*, 2012, p. 10.
[203] Ibid., p. 12.
[204] Ibid., p. 15.
[205] Ibid., p. 17.
[206] AVAC, et al., *Investing to End the AIDS Epidemic: A New Era for HIV Prevention Research and Development*, 2012, p. 3.
[207] Ibid.
[208] AVAC, et al., *From Research to Reality: Investing in HIV Prevention Research in a Challenging Landscape 2013*, 2013, p. 3.
[209] Ibid.
[210] Ibid.
[211] Smelyanskaya, *Funding Scientific Innovation: Global Investments in HIV Treatment Research and Development in 2010 and 2011*, 2013.
[212] UNAIDS, *The Global Fund launches new funding model to support countries in responding to HIV, TB and malaria* [Article], 2013.
[213] Ibid.
[214] UNAIDS, *Manual for costing HIV facilities and services*, 2011.
[215] UNAIDS, *Workbook for the collection of cost information on HIV facilities and services*, 2011, p. 24.

Priorities for Action for the AIDS Response

In addition to funding, other important areas needing focus to support the AIDS response are sustainable health, increased access to HIV treatment and antiretroviral medicines and developing more medicine domestically. In May 2013, a sustainable health initiative was launched, called the UNAIDS and Lancet Commission.[216] The purpose of this commission is to go beyond the Millennium Development Goals (MDGs) by focusing on evidence, awareness, and mobilization.[217] Here, the focus lies with answering the following three questions: (1) "What will it take to bring about the end of AIDS?" (2) "How can the experience of the AIDS response serve as a transformative force in our approach to global health?" (3) "If we imagine a more equitable, effective and sustainable global health paradigm, how much the national and global AIDS architecture be similarly modernized?"[218] As these questions begin to be answered, access to treatment and development are also likely to be discussed. *Treatment 2015*, a framework just released this year, highlights three essential ways to assist in meeting the 2015 target of reaching 15 million people with antiretroviral treatment set by Member States in 2011: (1) Demand; (2) Invest; and, (3) Deliver.[219] Another way in which action can be taken to support the AIDS response is to promote the development of medicine where the medicine is needed. For instance, a report called *Abuja +12: Shaping the future of health in Africa*, suggests that one way to reduce dependence on importation from other countries is to manufacture antiretroviral drugs and other pharmaceutical products in Africa itself.[220] As plans like these and others continue to be developed, Member States may look to new frameworks as well as case studies in order to best determine their plans of action to support the AIDS response both domestically and internationally.

Case Studies

While Africa is the most strongly affected continent by the HIV/AIDS epidemic, it has also become a platform for change.[221] One negative effect on the epidemic, lack of funding, is likely because of the fact that many African countries are mostly funded by international sources.[222] However, the collaboration by groups such as the African Development Bank, the African Union, the Harmonization for Health in Africa and the United Nations Economic Commission for Africa may allow for financial accountability within governments as well as a more efficient use of limited funds.[223] For example, in 2010, President Zuma of South Africa was able to increase the government spending on AIDS by one-third, allowing for more funding to be directed at prevention and treatment.[224] Kenya has additionally allotted 1% of government revenues to be placed into an HIV Trust Fund to attempt reaching a middle-income status.[225] Across the world in Eastern Europe and Central Asia, there have also been problems with domestic funding.[226] However, Cambodia has been able to use a cost-effectiveness analysis in order to garner stakeholder support to increase its domestic funding.[227] Additionally, in 2011, international assistance was surpassed by funds raised domestically.[228] With promising case studies such as these, both Europe and the United States opted for philanthropic support to address HIV/AIDS in 2010. Europe found that philanthropy in this area was steady, regardless of the global economy.[229] At the same time, in the United States, there has been a struggle between balancing funding domestically and internationally.[230] While it is clear that there remain global issues to tackle, the case studies and support addresses remain important resources to continue monitoring in the future.

[216] UNAIDS, *UNAIDS and Lancet Commission address strategic challenges for the future of AIDS and global health* [Press Release], 2013.

[217] UNAIDS, *Ending AIDS: Going beyond the MDGs, Defeating AIDS – Advancing global health* [Website], 2013.

[218] Ibid.

[219] UNAIDS, *UNAIDS urges countries to rapidly scale up access to antiretroviral medicines to maximize HIV treatment and prevention gains* [Press Release], 2013.

[220] UNAIDS, *Abuja +12, Shaping the future of health in Africa* [Report], 2013, p. 18.

[221] UNAIDS, *Regional Fact Sheet 2012: Sub-Saharan Africa,* 2012, p. 3.

[222] UNAIDS, *Global Report: UNAIDS Report on the Global AIDS Epidemic*, 2012, p. 66.

[223] UNAIDS, *AIDS Dependency Crisis: Sourcing African Solutions*, 2012, p. 7.

[224] UNAIDS, *State of the AIDS Response,* 2010, p. 49.

[225] UNAIDS, *Efficient and Sustainable HIV Responses: Case studies on country progress,* 2013, p. 18.

[226] UNAIDS, *Regional Fact Sheet 2012: Eastern Europe and Central Asia,* 2012, p. 2.

[227] UNAIDS, *Efficient and Sustainable HIV Responses: Case studies on country progress*, 2013, p. 6.

[228] UNAIDS, *Breaking News: Meeting the Investment Challenge, Tipping the Dependency Balance*, 2013, p. 3.

[229] Baahr, *European Philanthropic Support to Address HIV/AIDS in 2010*, 2010, p. 5.

[230] Funders Concerned About AIDS, *U.S. Philanthropic Support to Address HIV/AIDS in 2010*, 2010, p. 5.

Conclusion

Unfortunately, many countries have not been spared damage from the global financial and economic crisis. In turn, this has impacted already sparse government reserves and donors. Changes in public-sector funding have shown a drop from 75% to 69% in 2010 to 2011, which necessitates alternative methods of fundraising by Member States.[231] Though there have been many negative impacts as a result of the crisis, it seems that just as many organizations and tracking groups have found that there may be ways to set investing back on the right track. With plans such as people-centered investments, synergies and development, the future can be seen as promising. As UNAIDS and its cosponsors continue to survey countries for the crisis' impact, measures must be taken to maintain funds that are available, while finding alternative methods to raise more.

Several questions that may arise in regard to this topic are: how can Member States affirmatively answer the three questions raised by the UNAIDS and Lancet Commission in order to go above and beyond the MDGs? Additionally, how can frameworks such as *Treatment 2015* be implemented successfully while maintaining a focus on the importance of equitable access? Further, in what ways can Member States plan for the increased development of medical and pharmaceutical supplies domestically, in order to decrease dependence in international funding?

Annotated Bibliography

Joint United Nations Programme on HIV/AIDS. (2013). *Efficient and Sustainable HIV Responses: Case studies on country progress*. Retrieved 30 June 2013 from:
http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2013/JC2450_case-studies-country-progress_en.pdf
> *This document, published by UNAIDS earlier in 2013, presents case studies on how specific countries are obtaining and retaining funding for HIV prevention and treatment. Particular emphasis is placed on the rarity of countries sharing their personal experiences particularly in the areas of re-allocation of resources, improvements in efficiency, and increasing domestic resources. This document is useful for provoking brainstorming on how delegates may promote sustainable responses for their Member States.*

Joint United Nations Programme on HIV/AIDS. (2012). *Investing for results. Results for people: A people-centered investment tool towards ending AIDS*. Retrieved 30 June 2013 from:
http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2012/JC2359_investing-for-results_en.pdf
> *A 2012 report, this document outlines the development of an investment package for Member States to utilize in funding the AIDS response. In this report, the four-step process for "developing a context-specific outcome-drive, country-owned investment process" is discussed through understanding, designing, delivering, and sustaining. This document provides use as a tool for problem-solving and making wise decisions regarding investment. A particular focus is placed on correcting the issue of separating planning and investment processes that caused a failure of previous goals. This document will be useful to delegates of low- to middle-income Member States who are seeking ways to fund the AIDS response.*

Joint United Nations Programme on HIV/AIDS. (2011). *Manual for costing HIV facilities and services*. Retrieved 30 June 2013 from:
http://www.unaids.org/en/media/unaids/contentassets/documents/document/2011/20110523_manual_costing_HIV_facilities_en.pdf
> *UNAIDS published this manual in 2011 in order to provide Member States a concrete example for calculating the costs of facilities and services associated with HIV. It is very comprehensive in order to detail the costs of everything from equipment to staff to consumables. There are also separate sections for the cost of national programmes versus single service sites, which are particularly helpful for delegates interested in a more technical breakdown of this issue.*

---

[231] UNAIDS, *Continued investment into research and development for HIV treatment critical*, 2013.

Joint United Nations Programme on HIV/AIDS. (2010). *State of the AIDS response: Difficult economic times call for smarter, better, and more creative solutions*. Retrieved 30 June 2013 from:
http://www.unaids.org/en/media/unaids/contentassets/dataimport/pub/outlook/2010/20100713_outlook_specialsection_en.pdf

> *In its annual report on the AIDS response globally, UNAIDS focuses on the thematic issues of prevention and treatment. Within this document, the section denoted Making Sense of the Money is of particular relevance to this topic as it goes into detail about limits of domestic spending, government allocation of revenue, and health financing. Charts and graphs, as well as basic information on important key concepts, such as "elasticity", make the information much easier to understand and particularly helpful for delegates.*

United Nations Development Programme. (2012). *Understanding and Acting on Critical Enablers and Development Synergies for Strategic Investments*. Retrieved 30 June 2013 from:
http://www.undp.org/content/dam/undp/library/hivaids/English/UNAIDS_UNDP_Enablers_and_Synergies_ENG.pdf

> *Published by UNDP, this document explains the concepts of critical enablers and development synergies and their importance to AIDS responses around the world. It also discusses specific case studies for those concepts and how the investment framework can assist in governing financing through development dialog. The main focus of this document is to use responses by countries to meet the goals of the United Nations Political Declaration on HIV and AIDS. Delegates may find this source useful as it explains in detail a rights-based approach to understanding HIV/AIDS programming and activities.*

Bibliography

Baahr, E. (2010). *European Philanthropic Support to Address HIV/AIDS in 2010*. European HIV/AIDS Funders, European Foundation Centre. Retrieved 30 June 2013 from:
http://www.unaids.org/en/media/unaids/contentassets/documents/document/2011/11/20111110_EFG_ResourceTracking_en.pdf

Funders Concerned About Aids. (2010). *U.S. Philanthropic Support to Address HIV/AIDS in 2010*. Retrieved 30 June 2013 from:
http://www.fcaaids.org/Portals/0/Uploads/Documents/Public/Publications/2011/FINAL%202011%20FCAA_ResourceTracking_WEB.pdf

AIDS Vaccine Advocacy Coalition, International AIDS Vaccine Initiative, and Joint United Nations Programme on HIV/AIDS. (2013). *From Research to Reality: Investing in HIV Prevention Research in a Challenging Landscape*. HIV Vaccines & Microbicides Resource Tracking Working Group. Retrieved 30 June 2013 from:
http://www.hivresourcetracking.org/sites/default/files/Research.to_.Reality.2013.pdf

AIDS Vaccine Advocacy Coalition, International AIDS Vaccine Initiative, and Joint United Nations Programme on HIV/AIDS. (2012). *Investing to End the AIDS Epidemic: A New Era for HIV Prevention Research & Development*. HIV Vaccines & Microbicides Resource Tracking Working Group. Retrieved 30 June 2013 from:
http://www.hivresourcetracking.org/sites/default/files/July%202012%20Investing%20to%20End%20the%20AIDS%20Epidemic-%20A%20New%20Era%20for%20HIV%20Prevention%20Research%20&%20Development.pdf

Joint United Nations Programme on HIV/AIDS. (2002, June). *Keeping the Promise: Summary of the Declaration of Commitment on HIV/AIDS* [Report]. Retrieved 3 August 2013 from:
http://www.unaids.org/en/media/unaids/contentassets/dataimport/pub/report/2002/jc668-keepingpromise_en.pdf

Joint United Nations Programme on HIV/AIDS. (2009). *Impact of the global financial and economic crisis on the AIDS response (UNAIDS/PCB(25)/09.26)*. UNAIDS Programme Coordinating Board, 25th Meeting. Geneva, Switzerland, 8-10 December 2009. Retrieved 30 June 2013 from:
http://www.unaids.org/en/media/unaids/contentassets/dataimport/pub/informationnote/2009/20091030_impact_economic_crisis_on_hiv_final_en.pdf

Joint United Nations Programme on HIV/AIDS. (2010). *State of the AIDS response: Difficult economic times call for smarter, better, and more creative solutions*. Retrieved 30 June 2013 from: http://www.unaids.org/en/media/unaids/contentassets/dataimport/pub/outlook/2010/20100713_outlook_specialsection_en.pdf

Joint United Nations Programme on HIV/AIDS. (2010). *What countries need: Investments needed for 2010 targets*. Retrieved 30 June 2013 from: http://www.unaids.org/en/media/unaids/contentassets/dataimport/pub/report/2009/jc1681_what_countries_need_en.pdf

Joint United Nations Programme on HIV/AIDS. (2011, June 8). *Faith-based action: Confronting the impact of HIV funding cutbacks* [Article]. Retrieved 30 June 2013 from: http://www.unaids.org/en/resources/presscentre/featurestories/2011/june/20110608ffbo/

Joint United Nations Programme on HIV/AIDS. (2011, June 9). *Market approaches for innovation and access to medicines: Challenges and opportunities* [Article]. Retrieved 30 June 2013 from: http://www.unaids.org/en/resources/presscentre/featurestories/2011/june/20110609hunitaid/

Joint United Nations Programme on HIV/AIDS. (2011, December 2). *UNAIDS survey finds growing concern in countries over potential funding roll back by Global Fund* [Article]. Retrieved 30 June 2013 from: http://www.unaids.org/en/resources/presscentre/featurestories/2011/december/20111202gfatm/

Joint United Nations Programme on HIV/AIDS. (2011, December). *Modus Operandi of the Programme Coordinating Board of the Joint United Nations Progamme on HIV/AIDS (UNAIDS)*. Retrieved 6 September 2013 from: http://www.unaids.org/en/media/unaids/contentassets/documents/pcb/2011/12/20120301_Revised_Modus_operandi_dec2011_en.pdf

Joint United Nations Programme on HIV/AIDS. (2011). *Manual for costing HIV facilities and services*. Retrieved 30 June 2013 from: http://www.unaids.org/en/media/unaids/contentassets/documents/document/2011/20110523_manual_costing_HIV_facilities_en.pdf

Joint United Nations Programme on HIV/AIDS. (2011). *Workbook for the collection of cost information on HIV facilities and services*. Retrieved 30 June 2013 from: http://www.unaids.org/en/media/unaids/contentassets/documents/document/2011/20110523_workbook_cost_info_en.pdf

Joint United Nations Programme on HIV/AIDS. (2012, July 23). *A decade of progress and sustained funding for HIV prevention research provides a pathway for ending AIDS* [Press Release]. Retrieved 30 June 2013 from: http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2012/july/20120723prresourcetraking/

Joint United Nations Programme on HIV/AIDS. (2012). *AIDS Dependency Crisis: Sourcing African Solutions*. Retrieved on 6 September 2013 from: https://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2012/JC2286_Sourcing-African-Solutions_en.pdf

Joint United Nations Programme on HIV/AIDS. (2012). *Global Fact Sheet: World Aids Day 2012*. Retrieved 30 June 2013 from: http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/gr2012/20121120_FactSheet_Global_en.pdf

Joint United Nations Programme on HIV/AIDS. 2012). *Global Report: UNAIDS Report on the Global AIDS Epidemic*. Retrieved 6 September 2013 from:

http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/gr2012/20121120_UNAIDS_Global_Report_2012_en.pdf

Joint United Nations Programme on HIV/AIDS. (2012). *Investing for results. Results for people: A people-centered investment tool towards ending AIDS*. Retrieved 30 June 2013 from: http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2012/JC2359_investing-for-results_en.pdf

Joint United Nations Programme on HIV/AIDS. (2012). *Regional Fact Sheet 2012: Eastern Europe and Central Asia*. Retrieved 30 June 2013 from: http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/gr2012/2012_FS_regional_ecca_en.pdf

Joint United Nations Programme on HIV/AIDS. (2012). *Regional Fact Sheet 2012: Sub-Saharan Africa*. Retrieved 30 June 2013 from: http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/gr2012/2012_FS_regional_ssa_en.pdf

Joint United Nations Programme on HIV/AIDS. (2012). *Where does the money go?* [Infographic].Retrieved 30 June 2013 from: http://www.unaids.org/en/resources/infographics/20110607wheredoesmoneygo/

Joint United Nations Programme on HIV/AIDS. (2013, March 1). *The Global Fund launches new funding model to support countries in responding to HIV, TB and malaria* [Article]. Retrieved 30 June 2013 from: http://www.unaids.org/en/resources/presscentre/featurestories/2013/march/20130301agfatm/

Joint United Nations Programme on HIV/AIDS. (2013, March 6). *Continued investment into research and development for HIV treatment critical* [Article]. Retrieved 30 June 2013 from: http://www.unaids.org/en/resources/presscentre/featurestories/2013/march/20130306rnd/

Joint United Nations Programme on HIV/AIDS. (2013, June 30). *Continued investment in HIV prevention research can speed development of new options to help end the AIDS epidemic* [Press Release]. Retrieved 4 August 2013 from: http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2013/june/20130630prresourcetracking/

Joint United Nations Programme on HIV/AIDS. (2013, July 1). *UNAIDS and Lancet Commission address strategic challenges for the future of AIDS and global health* [Press Release]. Retrieved on 6 September 2013 from: http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2013/july/20130701prcommission/

Joint United Nations Programme on HIV/AIDS. (2013, July 13). *UNAIDS urges countries to rapidly scale up access to antiretroviral medicines to maximize HIV treatment and prevention gains* [Press Release]. Retrieved 6 September 2013 from: http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2013/july/20130713prtreatment/

Joint United Nations Programme on HIV/AIDS. (2013, July 15). *New report shows that a healthier Africa will further boost economic growth on the continent* [Press Release]. Retrieved on 4 August 2013 from: http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2013/july/20130715prabuja/

Joint United Nations Programme on HIV/AIDS. (2013). *2006 Political Declaration on HIV/AIDS* [Web Site]. Retrieved 3 August 2013 from: http://www.unaids.org/en/aboutunaids/unitednationsdeclarationsandgoals/2006politicaldeclarationonhivaids/

Joint United Nations Programme on HIV/AIDS. (2013). *Abuja +12, Shaping the future of health in Africa* [Report]. Retrieved 6 September 2013 from: http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2013/JC2524_Abuja_report_en.pdf

Joint United Nations Programme on HIV/AIDS. (2013). *Closing the Resource Gap* [Web Site]. Retrieved on 6 September 2013 from: http://www.unaids.org/en/targetsandcommitments/closingresourcegap/.

Joint United Nations Programme on HIV/AIDS. (2013). *Efficient and Sustainable HIV Responses: Case studies on country progress*. Retrieved 30 June 2013 from: http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2013/JC2450_case-studies-country-progress_en.pdf

Joint United Nations Programme on HIV/AIDS. (2013). *Ending AIDS: Going beyond the MDGs, Defeating AIDS – Advancing global health* [Web Site]. Retrieved 6 September 2013 from: http://www.unaids.org/en/resources/campaigns/post2015/defeatingaidsadvancingglobalhealth/

Joint United Nations Programme on HIV/AIDS. (2013). *NGO/civil society participation in PCB* [Web Site]. Retrieved on 6 September 2013 from: http://www.unaids.org/en/aboutunaids/unaidsprogrammecoordinatingboard/ngocivilsocietyparticipationinpcb/

Joint United Nations Programme on HIV/AIDS. (2013). *UNAIDS Programme Coordinating Board* [Web Site]. Retrieved on 6 September 2013 from: http://www.unaids.org/en/aboutunaids/unaidsprogrammecoordinatingboard/

Smelyanskaya, M. (2013). *Funding Scientific Innovation: Global Investments in HIV Treatment Research and Development in 2010 and 2011*. Harrington, M. and E. Jimenez-Levi (Eds.). Treatment Action Group. Retrieved 30 June 2013 from: http://www.treatmentactiongroup.org/sites/tagone.drupalgardens.com/files/201303/TAG_2013_HIV_Report_FINAL.pdf

United Nations Development Programme. (2012). *Understanding and Acting on Critical Enablers and Development Synergies for Strategic Investments*. Retrieved 30 June 2013 from: http://www.undp.org/content/dam/undp/library/hivaids/English/UNAIDS_UNDP_Enablers_and_Synergies_ENG.pdf

United Nations, General Assembly, Sixtieth session. (2006, June 15). *60/262. Political Declaration on HIV/AIDS (A/RES/60/262)*. Without reference to a Main Committee (A/60/L.57). Retrieved 3 August 2013 from: http://www.unaids.org/en/media/unaids/contentassets/dataimport/pub/report/2006/20060615_hlm_politicaldeclaration_ares60262_en.pdf

United Nations, General Assembly, Sixty-fifth session. (2011, July 8). *Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS (A/RES/65/277)*. Without reference to a Main Committee (A/65/L.77). Retrieved 3 August 2013 from: http://www.unaids.org/en/media/unaids/contentassets/documents/document/2011/06/20110610_UN_A-RES-65-277_en.pdf

United Nations, General Assembly, Sixtieth session. (2006, March 24). *Declaration of Commitment on HIV/AIDS: five years later*. Retrieved 3 August 2013 from: http://www.unaids.org/en/media/unaids/contentassets/dataimport/pub/report/2006/20060324_sgreport_ga_a60737_en.pdf

III. Promoting Social Transformation in the Global AIDS Response through Youth Organizations

"We are developing a social transformation agenda that relies on new media and technology to ensure full collaboration with the youth organizations working on AIDS. Young people must be fully and meaningfully engaged in the future development framework."[232]

Introduction

Of the 34 million individuals living with human immunodeficiency virus (HIV), nearly 4 million are youth aged between 15 to 24 years of age.[233] These statistics are alarming, yet, according to Secretary-General of the United Nations, Ban Ki-moon, "a decade of antiretroviral treatment has transformed HIV from a death sentence to a manageable chronic disease."[234] Because of such treatment, the number of deaths caused by acquired immunodeficiency syndrome AIDS has decreased while the availability of medical care and resources to prevent and treat AIDS has increased.[235] More and more young people have become aware of the AIDS epidemic, in part because they are one of the most drastically affected population groups.[236] In particular, there has been a rise of various types of civil society organizations in the wake of the AIDS response. In fact, the Red Ribbon Award is given out to those types of organizations that particularly excel in their work.[237] For instance, faith-based organizations in Mozambique have begun to focus on educational solutions for youth affected by HIV/AIDS.[238] In addition to these organizations, the Joint United Nations Programme on HIV/AIDS (UNAIDS) and its cosponsors have, under the guidance of the 2011 *Political Declaration on HIV/AIDS*, been able to place a strong focus on youth organizations, and youth as an innovative way to promote social awareness of the AIDS response.

International Framework

One of the main guiding documents on this topic is the *Universal Declaration of Human Rights* (UDHR) (1948). This document defines the inalienable rights that every human being across the globe is entitled to, which Member States of the United Nations have pledged to uphold and protect. The UDHR expressly states all people are entitled to the freedoms found within the declaration "without distinction of any kind."[239] In terms of human rights, one particular problem that has arisen with the AIDS epidemic is stigmatization of people who suffer from or are in some way connected to the virus.[240] Subsequently, such stigmatization must be overcome in order to avoid a violation of human rights.[241] Additionally, Article 25(1) of the UDHR states "everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control."[242] Such a declaration denotes the importance of the right to medical care and the right to security in times of sickness, both of which are needed by many as a result of the AIDS epidemic. Not only do these articles explicitly lay out rights for all people, they also place duties upon Member States to enforce them. One of the rising ways in which Member States are beginning to carry out these duties is through youth organizations and movements.

Youth participation on the issues of AIDS has been bolstered in part by the 2011 *Political Declaration on HIV/AIDS*, which provided a framework for organization and action and also promoted capacity-building for civil society organizations. This document was adopted at the United Nations (UN) General Assembly (GA) High Level

---

[232] UNAIDS, *UNAIDS plans to further expand its focus on youth and HIV* [Website], 2013.
[233] UNAIDS, *Together we will end AIDS*, 2012, p. 78.
[234] Ibid., p. 5.
[235] UNAIDS, *AIDS, health and human rights: Toward the end of AIDS in the Post-2015 Development Era*, 2013.
[236] UNAIDS, *Getting to Zero*, 2010, p. 32.
[237] UNAIDS, *Ten community-based organizations receive prestigious Red Ribbon Award for innovative response to AIDS* [Press Release], 25 July 2012.
[238] UNAIDS, *Faith-Based Organizations in Mozambique Rise to the AIDS Challenge* [Press Release], 2005.
[239] UN General Assembly, *Universal Declaration of Human Rights (A/RES/217 A (III))*, 1948.
[240] UNAIDS, *Reducing HIV Stigma and Discrimination: a critical part of national AIDS programmes*, 2007, p. 9.
[241] Aggleton, et al., *HIV – Related Stigma, Discrimination and Human Rights Violations: Case studies of successful programmes*, 2005.
[242] UN General Assembly, *Universal Declaration of Human Rights (A/RES/217 A (III))*, 1948.

Meeting on AIDS, in order to reestablish a commitment to fighting the AIDS epidemic.[243] The declaration states that the previous deadlines for both the 2006 *Political Declaration on HIV/AIDS* and the 2001 *Declaration of Commitment on HIV/AIDS* have expired, leaving unfulfilled goals and targets to later be addressed.[244] At present, a focus has been placed on youth; clause 11 specifically places emphasis on the importance of various types of organizations and people that support and commit to the cause of the HIV and AIDS response.[245] Additionally, this emphasis is confirmed by paragraph 49, stating that there must be work at all levels in order to end the AIDS epidemic.[246] This seems to convey the idea that not only are youth welcome actors in the AIDS response, but they are encouraged to participate across many levels, ranging from local to international movements; in fact, in the following examples, youth have already begun to positively influence prevention of the disease.[247]

On a regional level, there have been clear changes in the HIV prevalence and behavioral trends particularly among young people.[248] For instance, HIV prevalence trends in Kenya experienced a 60% decrease while Ethiopia experienced a 47% decrease, both among 15-24 year-old pregnant women.[249] Simultaneously, young people in a thirteen-country study were found to be both interacting with fewer sexual partners and waiting longer periods of time before becoming sexually active.[250] These changes have been influenced by education and youth leadership programs, which may continue to lead to a further decrease in the percentage of those infected with AIDS.[251] It is clear that in order to further decline the instances of HIV/AIDS both globally and regionally, UNAIDS has sharpened focus towards the change that young people can bring about through their own actions.[252] With the additional assistance of other United Nations bodies, this youth-led social change can become an integral part of the HIV prevention revolution.

Role of the United Nations System

As an organization, UNAIDS has an advantage in connecting with youth in that the following cosponsors that are available for assistance and aid which could also further the interest of youth organizations because of the relationship they foster with organizations with a similar mission to engage youth.[253] For example, when examining the division of labor areas, "empowering young people to protect themselves from HIV," is the responsibility of United Nations Children's Fund (UNICEF) and United Nations Population Fund (UNFPA) as conveners; however, every agency partner has an area of contribution under that subset.[254] UNICEF's assigned focus is on prevention of HIV/AIDS in 10-19 year olds with an emphasis of the application of a rights-based approach.[255] At the same time, UNFPA works on capacity-building with youth organizations while United Nations Educational, Social and Cultural Organization (UNESCO) utilizes education as empowerment.[256] The International Labour Organisation (ILO) concurrently works to support skill-building among youth, while the World Health Organization (WHO) works to gather information regarding the treatment of youth.[257] The World Food Programme (WFP) significantly works to link food security with HIV/AIDS affected children via programming in schools.[258] Lastly, the Office of the United Nations High Commissioner for Refugees (UNHCR) is in charge of facilitating youth-friendly efforts through educational opportunities.[259] With the proper coordinated efforts from each of the UNAIDS cosponsors, the youth of the world may become empowered and help to transform the AIDS response for the better.

---

[243] UNAIDS, *2011 Political Declaration on HIV/AIDS* [Website].
[244] UN General Assembly, *Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS (A/RES/65/277)*, 2011; UN General Assembly, *Declaration of Commitment on HIV/AIDS (A/RES/S-26/2)*, 2001;
[245] Ibid.
[246] Ibid.
[247] UNAIDS, *Outlook Breaking News: Young People Are Leading the HIV Prevention Revolution*, 2010, p. 2.
[248] Ibid , p. 6.
[249] Ibid.
[250] Ibid.
[251] Ibid.
[252] Ibid.
[253] UNAIDS, *UNAIDS Cosponsors* [Website].
[254] UNAIDS, *UNAIDS Division of Labour 2010*, 2011, p. 10.
[255] Ibid., p. 43.
[256] Ibid., p. 44.
[257] Ibid.
[258] Ibid., p. 45.
[259] UNAIDS, *UNAIDS Division of Labour 2010*, 2011, p. 45.

This effort can also be seen in *The Secretary-General's Five-Year Action Agenda*, where one of the five generational imperatives and opportunities is "working with and for women and young people," and more specifically, "address the needs of the largest generation of young people the world has ever known."[260] As a result, UNAIDS created "CrowdOutAIDS," a youth program which drafted a set of proposals and recommendations for future engagement of young people regarding solutions to the AIDS epidemic.[261] This program was groundbreaking in the sense that it was the "first ever crowdsourced strategy document in the history of the UN."[262] Crowdsourcing is "a distributed problem-solving and production model […] broadcast to an unknown group of solvers in the form of an open call for solutions."[263] In this case, over five thousand youth interacted online in order to draft ways that 2015 development framework may be met by continuing to focus on AIDS response as a priority.[264]

Following the success of this initiative, other youth activists have begun to step forward to stamp out the AIDS epidemic. For example, in Europe, in 2012, a Regional Youth Team in Kiev held a concert that provided clinical services for football fans aged 15-24 years, in addition to informing them of ways to protect themselves from HIV/AIDS.[265] Additionally, in May 2013, a meeting in Tunisia entitled "Youth and UNAIDS: A pact for social transformation," adopted an agenda for combating AIDS in order to achieve the goals stated in the 2011 *UN GA Political Declaration on HIV and AIDS*.[266] To better understand just how youth organizations can promote social transformations, examining how UNAIDS defines social change communication proves useful.

Affecting Social Transformation

According to the 2007 Report of the UNAIDS Technical Consultation on Social Change Communication,

> "Social change communication for AIDS is the strategic use of advocacy, communication and social mobilization to systematically facilitate and accelerate change in the underlying drivers of HIV risk, vulnerability and impact. It enables communities and national AIDS programmes to tackle structural barriers to effective AIDS responses, such as gender inequality, violation of human rights and HIV-related stigma."[267]

This definition expresses the importance of just how integral and multi-faceted social change communication is to the AIDS response. In addition to this precise definition, UNAIDS has laid out a three-part approach to understanding the principles of social change communication: (1)a variety of focus levels; (2) an assortment of programming tools for different levels and; (3) various roles of participation and interaction.[268]

In a social context, the following types of responses should be addressed: "the individual, the social network, the community and societal."[269] In essence, when specifically dealing with youth and youth organizations, the single youth, his or her peers, the neighborhood or nearby community and society as a whole must each be addressed separately. Yet, according to a study by Shereen Usdin of Soul City Institute for Health and Development Communication, changes in one level of focus can often affect each remaining level.[270] Therefore, it is important to monitor both the effect on the single level of focus alone while simultaneously monitoring the cross-level impact.

Secondly, programming tools must be discussed in order to address the various levels of social context.[271] Robert Carr, of the Caribbean Vulnerable Communities Coalition, presented a case study that found that a blend of different

---

[260] United Nations, *Working With and For Women and Young People*.
[261] UNAIDS, *CrowdOutAIDS: Strategy Recommendations for Collaborating with a New Generation of Leaders for the AIDS Response: Submitted to the UNAIDS Secretariat by the Drafting Committee of the youth-led CrowdOutAIDS initiative*, 2012, p. 7.
[262] Ibid.
[263] Ibid.
[264] Ibid.
[265] UNAIDS, *Youth to play a key role in the AIDS response in Eastern Europe and Central Asia as EURO 2012 ends* [Website].
[266] UNAIDS, *Youth organizations form a pact for social transformation in the AIDS response* [Website].
[267] UNAIDS*, Report of the UNAIDS Technical Consultation on Social Change Communication*, 2 August 2007, p. 15.
[268] Ibid., p. 14.
[269] Ibid., p. 16.
[270] Ibid.
[271] UNAIDS*, Report of the UNAIDS Technical Consultation on Social Change Communication*, 2007, p. 16.

tools is most effective at reaching the different levels.[272] For example, he found that homophobia in Jamaica was de-stigmatized through campaigns by the media, lobbying and other advocacy.[273] In another instance, a study by Shereen Usdin found that government lobbying, community movements and the assistance of the media could be utilized in order to help pass South Africa's Domestic Violence Act.[274]

Roles of participation are the third and final element of the three-part approach to understanding the principles of social change communication.[275] Here, there are two main roles of social participation: open-ended, which is less structured; and directed, which is pre-planned and guided.[276] According to the report, both types are noted as acceptable, depending on the scenario in which the participation was needed.[277] However, Andrew Chetley of Healthlink Worldwide emphasized that the biggest complaint from communities in regard to both types of approaches was simply that outsiders do not listen to the people in the communities.[278]

Additionally, UNAIDS has created a list of twenty-five social change indicators for HIV/AIDs interventions. Several of these directly correlate with young people and/or actions youth organizations can take in order to implement the AIDS response.[279] For instance, indicators include adopting HIV/AIDS curriculum in local schools, lowering the school drop-out rate for AIDS orphans, the emergence of new groups among community organizations in order to discuss HIV/AIDS, and the emergence of grassroots leadership to address the AIDS epidemic.[280] With a strategic three-part approach to implement and indicators to measure social change, putting the approach into practice in correspondence with youth organizations is the next step in the AIDS response.

Case Studies

Until these steps are taken, there are several examples of case studies ranging from global initiatives to grassroots movements in which youth organizations have already made significant steps towards combating AIDS. The UNAIDS Youth Advisory Forum is a global organization which is made up of sixteen youth from eight different regions of the world.[281] Membership is limited to people between the ages of 15 and 29 while five seats are specifically reserved for two people who have HIV, two people who live in populations of high risk, and one member of UNAIDS women living with HIV.[282] The basis of this group is to use a rights-based approach to promote social justice, health, and human rights by advising the UNAIDS Secretariat on programs in which young people may participate or relate to.[283] In addition to this, the Youth Advisory Forum also stands to increase youth leadership at all levels, in order to effectively assist in the AIDS response.[284]

A similar program is the Special Youth Fellowship Programme, which is part of UNAIDS' New Generation Leadership Initiative. This program also allows for youth, aged 20 to 24, to work with UNAIDS in order to give a different perspective to regional areas where they are placed.[285] In this case, the youth commit to a fellowship in which they are posted in country offices around the world to promote social change through development.[286] The slight difference between this program and the Youth Advisory Forum is that this initiative specifically works towards achieving the targets stated in the 2011 *Political Declaration on AIDS* while the Forum focuses primarily on advising the UN Secretariat.[287]

---

[272] UNAIDS*, Report of the UNAIDS Technical Consultation on Social Change Communication*, 2007, p. 17.
[273] Ibid.
[274] Ibid.
[275] Ibid.
[276] Ibid.
[277] Ibid.
[278] Ibid.
[279] UNAIDS, *HIV/AIDS and Communication for Behavior and Social Change: Programme Experiences, Examples, and the Way Forward*, 2001 June, p. 38.
[280] Ibid.
[281] CrowdOutAIDS, *Call for Applications: UNAIDS Youth Advisory Forum* [Website].
[282] Ibid.
[283] Ibid.
[284] Ibid.
[285] CrowdOutAIDS, *Youth Fellowship* [Website].
[286] Ibid.
[287] Ibid.

Other youth initiatives have taken place at the national level such as in Mali, Mexico, Burkina Faso and Costa Rica. In Mexico in 2008, over 250 youth met in order to advocate for HIV/AIDS issues at a program called YouthForce.[288] Later, a Global Youth Summit on HIV took place in Mali, where over 100 young people gathered in order to create a Call to Action towards eliminating HIV/AIDS.[289] In the meantime, hundreds of youth interacted at the Third Pan-African Youth Leadership Summit so that they might address meeting the post-2015 development agenda.[290] Fourthly, Giro 180, a three-year peer educator program, was similarly implemented in Costa Rica with the support of the United Nations Development Program (UNDP), the United Nations Population Fund (UNFPA), and UNICEF.[291]

Even while global and national work is being done, grassroots movements have also been sprouting among civil society.[292] For example, Youth Score is an event where young people are educated about HIV/AIDS through outlets such as artwork, music, and sports.[293] Similarly, the United Nations Population Fund's (UNFPA) Y-PEER program uses "edutainment" in order to inform youth and communities about AIDS/HIV treatment and prevention.[294] As a whole, it seems that implementing global, national, and grassroots level initiatives keeps within the UNAIDS three-part approach towards social change communication. However, in order to continue successfully carrying out that approach, UNAIDS, its partners, as well as Member States and other organizations must continue to shift their focus towards youth initiatives.

Priorities for the Youth Response

Recently, on International Youth Day 2013, UNAIDS Executive Director Michel Sidibé emphasized that young people are a priority in furthering the AIDS response.[295] Through education, advocacy, care and support, assessment results and strategy recommendations, young people may be able to participate in the AIDS response at all levels. When focusing on education about HIV/AIDS, young people must be provided with the correct information in order to promote human rights and to avoid discrimination and stigmas.[296] Forums on peer education, advocating for access to treatment, and seeking justice are all suggested ways that youth can get involved.[297] As a result, studies have shown that education plays a factor in preventing the contraction of HIV, particularly in girls.[298] Other examples, successfully carried out in Zambia, are life skills-based education, multi-media, edu-sports, abstinence campaigns and health services.[299] The Global Interagency Task Team on HIV and young people places a different perspective on strategy recommendations by focusing strongly on policy-making and legal environments that youth can become involved in.[300] One important focus to keep in mind, however, is the fact that the young people participating in these types of programs may also have struggles of their own when it comes to a range of sociocultural contexts.[301] An entire global strategy can even be found on the World Health Organization web site.[302] It includes goals, targets, outcomes, responses, implementation strategies and more, should thorough development research be required.[303] While these are only several of many priorities for the youth response, each remains an important part of the plan to eradicated AIDS.

---

[288] UNAIDS, *"YouthForce:" The Power of Youth at AIDS 2008* [Website].

[289] UNAIDS, *Mali welcomes new generation of leaders for AIDS response* [Press Release], 15 April 2011.

[290] UNAIDS, *The Third Pan-African Youth Leadership Summit opens in Burkina Faso* [Website].

[291] UNAIDS, *Costa Rica: Ambitious youth HIV project reaping results* [Website].

[292] UNAIDS, *Civil society and donor organizations talk AIDS financing at ICASA 2011* [Website].

[293] UNAIDS, *UNAIDS and partners launch 'Youth Score' ahead of International AIDS Conference* [Website].

[294] UNAIDS, *Y-PEER in Lebanon: Youth leadership in action* [Website].

[295] UNAIDS, *UNAIDS calls for youth activists on HIV to be change agents* [Article], 12 August 2013.

[296] UNESCO/UNAIDS, *HIV/AIDS and Human Rights: Young People in Action,* 2001, p. 7.

[297] UNAIDS, p. 2.

[298] The Global Coalition on Women and AIDS, *Educate Girls: Fight Aids*, 2005, p. 1.

[299] Kalibala, Samuel and Drosin Mulenga, *Situation assessment of the HIV response among young people in Zambia*, 2011, p. 11.

[300] Global Interagency Task Team on HIV and young people, *Securing the Future Today: Synthesis of Strategic Information on HIV and Young People*, August 2011, p. 43.

[301] UNAIDS, *Innovative Approaches to HIV Prevention: Selected Case Studies*, 2000, p. 13

[302] World Health Organization, *Global health sector strategy on HIV/AIDS 2011-2015*, 2011.

[303] UNAIDS.

Conclusion

While UNAIDS has shown that it has effective plans and ideas for utilizing youth initiatives to address the AIDS epidemic, there is still much work to be done. In support of this, taking extra care to correctly implement the elements of social change communication through levels of focus, programming at different levels, and participation can lead to the success of not only meeting the goals of the post-2015 agenda, but completely eliminating HIV/AIDS. With the continuance of efforts by the UNAIDS Secretariat, its cosponsors and youth organizations, the goals set in the 2011 *Political Declaration on HIV/AIDS* can be met in a timely manner.

Several research questions that may beg answers in relation to this topic are: how can young people become involved in their own Member States with limited funding? Additionally, what can Member States do to promote youth as a vehicle for social transformation? Further, what can Member States do in order to protect their youth in AIDS response programs, while ensuring that voices are heard? Research for this topic can also be undertaken through direct participation in the many youth initiatives, among many others, outlined above.

Annotated Bibliography

United States, Department of Health and Human Services. (2012). *Global HIV/AIDS Organizations.* PEPFAR & Global AIDS [Website]. Retrieved 1 July 2013 from: http://www.aids.gov/federal-resources/around-the-world/global-hiv-aids-organizations/
> *This site includes links to several global organizations that have a focus on HIV/AIDS. Each section contains important links or documents and a brief description of each organization for further research. Particular emphasis should be noted on the UNAIDS section, and the World Health Organization section as the blurbs give a detailed overview of how each fulfills its mission.*

Joint United Nations Programme on HIV/AIDS. (2001). *HIV/AIDS and Communication for Behavior and Social Change: Programme Experiences, Examples, and the Way Forward* [Report]. Retrieved 1 July 2013 from: http://www.unaids.org/en/media/unaids/contentassets/dataimport/publications/irc-pub02/jc627-km117_en.pdf
> *Here, there is a list of twenty-five social change indicators that are measures by which social change can be identified. This list provides concrete examples of ways in which Member States may be able to monitor degrees of change in response to HIV/AIDS interventions. For instance, by implementing HIV/AIDS programs in the workplace, prisons, and military establishments. These indicators are not an exclusive list but are to be considered preliminary and guiding.*

Joint United Nations Programme on HIV/AIDS. (2007, August 2). *Report of the UNAIDS Technical Consultation on Social Change Communication.* Retrieved 1 July 2013 from: http://www.unaids.org/en/media/unaids/contentassets/dataimport/pub/report/2007/jc1404-socchangecomm_en.pdf
> *Within this document, the concept of social change communication is explained in detail. This document also includes a three-element approach to social change communication. These three elements "a range of levels of focus, a range of tools for programming at different levels, [and] roles of participation" are examined as both one integrated framework and as distinct parts.*

Joint United Nations Programme on HIV/AIDS. (2012, July 25). *Ten community-based organizations receive prestigious Red Ribbon Award for innovative response to AIDS* [Press Release]. Retrieved 1 July 2013 from: http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2012/july/20120725prredribbon/
> *This press release announces ten awards received by community-based organization on the basis of their response to AIDS. All ten countries fall under the five categories of prevention of sexual transmission, prevention among/by people who use drugs, treatment, care and support, advocacy and human rights, and stopping new HIV infections in children and keeping mothers alive, women's health. Each award has a miniature write-up explaining what it is that each country did in order to deserve the Red Ribbon Award it received.*

Joint United Nations Programme on HIV/AIDS. (2012). *Together We Will End AIDS* [Report]. Retrieved 1 July 2013 from:

http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/jc2296_unaids_togetherreport_2012_en.pdf

> *The document Together We Will End AIDS contains a section stating that "[s]ocial transformation is at the heart of the HIV response." It further explains several ways this transformation may take place through empowering communities, linking treatment to communities, protecting human rights, providing rights training, and by tackling legal barriers to the HIV response. Charts, graphs, and notable people make this section vital to understanding why social transformation is necessary.*

Bibliography

Aggleton, P., K. Wood, A. Malcom, and R. Parker. (2005, April). *HIV – Related Stigma, Discrimination and Human Rights Violations: Case studies of successful programmes.* UNAIDS. Retrieved 23 October from: http://data.unaids.org/publications/irc-pub06/jc999-humrightsviol_en.pdf

CrowdOutAids. (2011). *Youth Fellowship*. About[Website]. Retrieved 3 August 2013 from: http://www.crowdoutaids.org/wordpress/youth-fellowship/

Global Interagency Task Team on HIV and young people. (2011, August). *Securing the Future Today: Synthesis of Strategic Information on HIV and Young People*. UNAIDS. Retrieved 6 September 2014 from: http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/20110727_JC2112_Synthesis_report_en.pdf

The Global Coalition on Women and AIDS. (2005). *Educate Girls: Fight AIDS*. Retrieved 6 September 2013 from: http://www.unaids.org/en/media/unaids/contentassets/dataimport/pub/brochurepamphlet/2005/jc1185-educategirls_en.pdf

Kalibala, S. & D. Mulenga. (2011). *Situation assessment of the HIV response among young people in Zambia.* UNAIDS and the Population Council. Retrieved 6 September 2013 from: http://www.unaids.org/en/media/unaids/contentassets/documents/document/2012/20120420_Zambia_YouthAssessment_en.pdf

Joint United Nations Programme on HIV/AIDS. (2000). *Innovative Approaches to HIV Prevention: Selected Case Studies*. Retrieved 6 September 2013 from: http://www.unaids.org/en/media/unaids/contentassets/dataimport/publications/irc-pub05/jc414-innovappr_en.pdf

Joint United Nations Programme on HIV/AIDS. (2001). *HIV/AIDS and Communication for Behavior and Social Change: Programme Experiences, Examples, and the Way Forward*. Retrieved 1 July 2013 from: http://www.unaids.org/en/media/unaids/contentassets/dataimport/publications/irc-pub02/jc627-km117_en.pdf

Joint United Nations Programme on HIV/AIDS. (2005, June 8). *Faith-based Organizations in Mozambique Rise to the AIDS Challenge*. Retrieved 1 July 2013 from: http://www.unaids.org/en/media/unaids/contentassets/dataimport/media/press-releases03/pr_mozambique_fbo_08jun05_en.pdf

Joint United Nations Programme on HIV/AIDS. (2007). *Reducing HIV Stigma and Discrimination: a critical part of national AIDS programmes*. Retrieved 3 August 2013 from: http://www.unaids.org/en/media/unaids/contentassets/dataimport/pub/report/2008/jc1521_stigmatisation_en.pdf

Joint United Nations Programme on HIV/AIDS. (2007, August 2). *Report of the UNAIDS Technical Consultation on Social Change Communication*. Retrieved 3 August 2013 from: http://www.unaids.org/en/media/unaids/contentassets/dataimport/pub/report/2007/jc1404-socchangecomm_en.pdf

Joint United Nations Programme on HIV/AIDS. (2008, July 25). *"YouthForce:" The Power of Youth at AIDS 2008* [Website]. Retrieved 3 August 2013 from:
http://www.unaids.org/en/resources/presscentre/featurestories/2008/july/20080725youthforcepoweryouthaids2008/

Joint United Nations Programme on HIV/AIDS. (2009, September 29). *Y-PEER in Lebanon: Youth leadership in action* [Website]. Retrieved 3 August 2013 from:
http://www.unaids.org/en/resources/presscentre/featurestories/2009/september/20090929ypeer/

Joint United Nations Programme on HIV/AIDS. (2010). *Outlook Breaking News: Young People are Leading the HIV Prevention Revolution*. Retrieved 3 August 2013 from:
http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2010/20100713_outlook_young_people_en.pdf

Joint United Nations Programme on HIV/AIDS. (2010). *UNAIDS Division of Labour 2010*. Retrieved 4 August 2013 from:
http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/JC2063_DivisionOfLabour_en.pdf

Joint United Nations Programme on HIV/AIDS. (2011, April 15). *Mali welcomes new generation of leaders for AIDS response* [Press Release]. Retrieved 6 September 2013 from:
http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2011/april/20110415aprmaliyouthsummit/

Joint United Nations Programme on HIV/AIDS. (2011, April 15). *Young people convene in Mali to revolutionize the AIDS response* [Article]. Retrieved 3 August 2013 from:
http://www.unaids.org/en/resources/presscentre/featurestories/2011/april/20110415amali/

Joint United Nations Programme on HIV/AIDS. (2011, November 14). *Costa Rica: Ambitious youth HIV project reaping results* [Article]. Retrieved 3 August 2013 from:
http://www.unaids.org/en/resources/presscentre/featurestories/2011/november/20111114undpcostarica/

Joint United Nations Programme on HIV/AIDS. (2011, December 6). *Civil society and donor organizations talk AIDS financing at ICASA 2011* [Article]. Retrieved 1 July 2013 from:
http://www.unaids.org/en/resources/presscentre/featurestories/2011/december/20111206csodonor/

Joint United Nations Programme on HIV/AIDS. (2011).*Getting to Zero: 2011-2015 Strategy Joint United Nations Programme on HIV/AIDS (UNAIDS)*. Retrieved 1 July 2013 from:
http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2010/jc2034_unaids_strategy_en.pdf

Joint United Nations Programme on HIV/AIDS. (2011). *UNAIDS guidance for partnerships with civil society, including people living with HIV and key populations*. Retrieved 1 July 2013 from:
http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2010/jc2034_unaids_strategy_en.pdf

Joint United Nations Programme on HIV/AIDS. (2012, July 3). *Youth to play a key role in the AIDS response in Eastern Europe and Central Asia as EURO 2012 ends* [Article]. Retrieved 3 August 2013 from:
http://www.unaids.org/en/resources/presscentre/featurestories/2012/july/20120703euro2012/

Joint United Nations Programme on HIV/AIDS. (2012, July 21). *UNAIDS and partners launch 'Youth Score' ahead of International AIDS Conference* [Website]. Retrieved 3 August 2013 from:
http://www.unaids.org/en/resources/presscentre/featurestories/2012/july/20120721youthscore2012/

Joint United Nations Programme on HIV/AIDS. (2012, July 25). *Ten community-based organizations receive prestigious Red Ribbon Award for innovative response to AIDS* [Press Release]. Retrieved 1 July 2013 from:
http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2012/july/20120725prredribbon/

Joint United Nations Programme on HIV/AIDS. (2012, December 20). *The Third Pan-African Youth Leadership Summit opens in Burkina Faso* [Website]. Retrieved 3 August 2013 from: http://www.unaids.org/en/resources/presscentre/featurestories/2012/december/20121220youthsummit/

Joint United Nations Programme on HIV/AIDS. (2012). *Strategy Recommendations for Collaborating with a New Generation of Leaders for the AIDS Response: Submitted to the UNAIDS Secretariat by the Drafting Committee of the youth-led CrowdOutAIDS initiative*. Retrieved 1 July 2013 from: http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2012/JC2338_CrowdOutAIDS_en.pdf

Joint United Nations Programme on HIV/AIDS. (2012). *Together We Will End AIDS*. Retrieved 1 July 2013 from: http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/jc2296_unaids_togetherreport_2012_en.pdf

Joint United Nations Programme on HIV/AIDS. (2013, May 23). *Youth organizations form a pact for social transformation in the AIDS response* [Article] Retrieved 1 July 2013 from: http://www.unaids.org/en/resources/presscentre/featurestories/2013/may/20130523youthpact/

Joint United Nations Programme on HIV/AIDS. (2013, June 12). *UNAIDS plans to further expand its focus on youth and HIV* [Website]. Retrieved 1 July 2013 from: http://www.unaids.org/en/resources/presscentre/featurestories/2013/june/20130612sgyouth/

Joint United Nations Programme on HIV/AIDS. (2013, August 12). *UNAIDS calls for youth activists on HIV to be change agents* [Article]. Retrieved 6 September 2013 from: http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2013/august/20130812iyd/

Joint United Nations Programme on HIV/AIDS. (2013). *AIDS, health and human rights: Toward the end of AIDS in the Post-2015 Development Era: UNAIDS contribution to the Post-2015 Global Thematic Consultation on Health*. Retrieved 1 July 2013 from: http://www.unaids.org.cn/pics/20130128110350.pdf

Joint United Nations Programme on HIV/AIDS. (2013). *UNAIDS Cosponsors* [Website]. Retrieved 3 August 2013 from: http://www.unaids.org/en/aboutunaids/unaidscosponsors/

UNESCO/Joint United Nations Programme on HIV/AIDS. (2001). *HIV/AIDS and Human Rights, Young People in Action*. Retrieved 6 September 2013 from: http://www.unaids.org/en/media/unaids/contentassets/dataimport/publications/irc-pub02/jc669-hiv-aids-kit-updated_en.pdf

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

United Nations. (2013). *Working with and for Women and Young People*. The Secretary-General's Five Year Action Agenda. Retrieved 3 August 2013 from: http://www.un.org/sg/priorities/women_youth.shtml

United Nations, General Assembly. (1948, December 10). *Universal Declaration of Human Rights (A/RES/217 A (III))*. Retrieved 4 August 2013 from: http://www.un.org/en/documents/udhr/

United Nations, General Assembly, Sixty-fifth Session. (2011, July 8). *Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS (A/RES/65/277)*. Without reference to a Main Committee (A/65/L.77). Retrieved 4 August 2013 from: http://www.unaids.org/en/media/unaids/contentassets/documents/document/2011/06/20110610_UN_A-RES-65-277_en.pdf

United States, Department of Health and Human Services. (2012). *Global HIV/AIDS Organizations*. PEPFAR and Global AIDS [Website]. Retrieved 1 July 2013 from: http://www.aids.gov/federal-resources/around-the-world/global-hiv-aids-organizations/

World Health Organization. (2011). *Global health sector strategy on HIV/AIDS 2011-2015*. Retrieved 1 July 2013 from: http://whqlibdoc.who.int/publications/2011/9789241501651_eng.pdf

Rules of Procedure of the Joint United Nations Programme on HIV/AIDS (UNAIDS)

Introduction

1. These rules shall be the only rules which apply to the Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS (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 Director, the Assistant Director(s), the Under-Secretaries-General, and the Assistant Secretaries-General, are designates and agents of the Secretary-General and Deputy Secretary-General, and are collectively referred to as the "Secretariat."

3. Interpretation of the rules shall be reserved exclusively to the Deputy Secretary-General or her/his designate. Such interpretation shall be in accordance with the philosophy and principles of the National Model United Nations (NMUN) 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, which can be any member of the Secretariat or their designate.

5. The practice of striving for consensus in decision-making shall be encouraged. NMUN also acknowledges it may sometimes be necessary for a Member State to abstain or vote against a report it cannot support for policy reasons.

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 Deputy Secretary-General and communicated to the members of the Board at least sixty days before the opening of the session.

Rule 4 - *Adoption of the agenda*

The agenda provided by the Deputy 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.

> *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 means those Member States and observers, in attendance at the meeting during which this motion comes to a vote. Should the Board not reach a decision by conclusion of the first night's meeting, the agenda will be automatically set in the order in which it was first communicated.*

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. Debate on the inclusion of an item in the agenda shall be limited to three speakers in favor of, and three against, the inclusion. 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. No additional item may, unless the Board decides otherwise by a two-thirds majority of the members present and voting, be considered until a commission has reported on the question concerned.

> *For purposes of this rule, the determination of an item of an important and urgent character is subject to the discretion of the Deputy Secretary-General, or his or her designate, 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 her/his designate shall act in this capacity in all meetings of the Board.

2. The Secretary-General, in cooperation with the Deputy 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 and distribute documents of the Commission to the Members, and generally perform all other work which the Board may require.

Rule 9 - *Statements by the Secretariat*

The Secretary-General or her/his designate, 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 her/his 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 her/his functions, a new President shall be appointed for the unexpired term at the discretion of the Secretary-General or her/his designate.

Rule 12 - *Official and working language*

English shall be the official and working language of the Board during scheduled sessions (both formal and informal) of the Board.

Rule 13 - *Interpretation (oral) or translation (written)*

Any representative wishing to address any body or submit a document in a language other than English shall provide interpretation or 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 interpretation must be within the set time limit. The language should be the official language of the country you are representing at NMUN.*

V. CONDUCT OF BUSINESS

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 Board shall be required for any decision to be taken.

> *For purposes of this rule, members of the Board means the total number of members (not including observers) in attendance at the first night's meeting (session).*

Rule 15 - *General powers of the President*

In addition to exercising the powers conferred upon him or 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 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. He or she shall rule on points of order. The President may propose to the Board the closure of the list of speakers, a limitation on the speakers time 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 power to assign speaking times for all speeches incidental to motions and amendment. Further, the President is to use her/his 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 and is limited to entertaining motions.*

Rule 16 - *Authority of the Board*

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

Rule 17 - *Voting rights on procedural matters*

Unless otherwise stated, all votes pertaining to the conduct of business shall require a favorable vote by the majority of the members "present and voting" in order to pass.

> *For purposes of this rule, the members present and voting mean those members (including observers) in attendance at the meeting during which this rule is applied. Note that observers may vote on all procedural votes; they may, however, not vote on substantive matters (see Chapter VI). Every delegation must cast a vote in procedural votes. Further, there is no possibility to abstain or pass on procedural votes*

Rule 18 - *Points of order*

During the discussion of any matter, a representative may rise to a point of order, and the point of order shall be immediately decided by the President in accordance with the rules of procedure. A representative may appeal against the ruling of the President. The appeal shall be immediately put to the vote, and the President's ruling shall stand unless overruled by a majority of the members present and voting. A representative rising to a point of order may not speak on the substance of the matter under discussion.

> *Such points of order should not under any circumstances interrupt the speech of a fellow representative. They should be used exclusively to correct an error in procedure. 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 (on her/his own accord), during the speech. For purposes of this rule, the members present and voting mean those members (including observers) in attendance at the meeting during which this motion comes to vote.*

Rule 19 - *Speeches*

No representative 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. The President may call a speaker to order if his remarks are not relevant to the subject under discussion.

> *In line with the philosophy and principles of the NMUN, in furtherance of its educational mission, and for the purpose of facilitating debate, the Secretariat will set a time limit for all speeches which may be amended by the Board through a vote if the President, at his or her discretion, decides to allow the Board to decide. In no case shall the speakers time be changed during the first scheduled session of the Board. Consequently, motions to alter the speaker's time will not be entertained by the President. The content of speeches should be pertinent to the agenda as set by the Board.*

Rule 20 - *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 the consent of the Board, declare the list closed. Once the list has been closed, it can be reopened upon by a vote of the Board. 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 speakers list or reopen (if the list has already been closed) is within the purview of the Board and the President should not act on her/his own motion.*

Rule 21 - *Right of reply*

If a remark impugns the integrity of a representative's State, the President may permit that representative to exercise her/his 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 interventions in the exercise of the right of reply shall be addressed in writing to the Secretariat and shall not be raised as a point of order or motion. The reply shall be read to the Board 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. The right of reply will not be approved should it impugn the integrity of another State.*

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. Delegates should not state a purpose for the suspension.

> *This motion should be used to suspend the meeting for lunch or at the end of the scheduled committee session time. Delegates should properly phrase this motion as "suspension of the meeting," and provide a length of time when making the motion.*

Rule 23 - *Adjournment of the meeting*

During the discussion of any matter, a representative may move to 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 session 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 meeting of the Board.*

Rule 24 - *Adjournment of debate*

During the discussion of any matter, a representative may move the adjournment of the debate on the item under discussion. Two representatives may speak in favor of, and two against, the motion, after which the motion shall be immediately put to the vote. The President may limit the time to be allowed to speakers under this rule.

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 her/his 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 18, the motions indicated below shall have precedence in the following order over all proposals or other motions before the meeting:

1. To suspend the meeting;

2. To adjourn the meeting;

3. To adjourn the debate on the item under discussion;

4. To close the debate on the item under discussion.

Rule 27 - *Proposals and amendments*

Proposals and amendments shall normally be submitted in writing to the Secretariat. Any proposal or amendment that relates to the substance of any matter under discussion shall require the signature of twenty percent of the members of the Board [sponsors].

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 Board for all purposes, including subsequent amendments.

> *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 the working papers. 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 report segment during formal speeches. After approval of a working paper, the proposal becomes a draft report segment and will be copied by the Secretariat for distribution to the Board. These draft report segments 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. Should delegates wish to withdraw a working paper or draft report segment from consideration, this requires the consent of all sponsors.*

Rule 28 - *Withdrawal of motions*

A motion may be withdrawn by its proposer at any time before voting has commenced, provided that the motion has not been amended. A motion thus withdrawn may be reintroduced by any member.

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. The President may limit the time to be allowed to speakers under this rule.

Rule 30 - *Invitation to silent prayer or meditation*

Immediately after the opening of the meeting and immediately preceding the closing of the final meeting, the President shall invite the representatives to observe one minute of silence dedicated to prayer or meditation with the motion to do so by a representative.

VI. VOTING

Rule 31 - *Voting rights*

Each member of the Board shall have one vote.

> *This rule applies to substantive voting on amendments, draft report segments, and portions of draft report segments 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 - *Request for a vote*

A proposal or motion before the Board for decision shall be voted upon if any member so requests. Where no member requests a vote, the Board may adopt proposals or motions without a vote.

> *For purposes of this rule, proposal means any draft report segment, an amendment thereto, or a portion of a draft report segment 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 acclamation, or a*

member may move to accept the proposal or motion by acclamation. If there are no objections to the proposal or motion, then it is adopted without a vote. Adoption by "acclamation" or "without a vote" is consistent not only with the educational mission of the conference but also the way in which the United Nations adopts a majority of its proposals.

Rule 33 - *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 roll-call for the meeting during which the substantive voting occurs, must cast an affirmative or negative vote, and cannot abstain on substantive votes.

Rule 34 - *Method of voting*

1. The Board shall 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 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, when requested a second time, respond with either a yes or no vote. 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.

2. When the Board votes by mechanical means, a non-recorded vote shall replace a vote by show of placards and a recorded vote shall replace a roll-call vote. 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.

3. The vote of each member participating in a roll-call or a recorded vote shall be inserted in the record.

Rule 35 - *Explanations 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 to 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 in writing immediately after voting on the topic ends. Only delegates who are sponsors of a draft report segment that has been adopted with an unfriendly amendment, whom subsequently voted against the draft report segment may explain their vote.

Rule 36 - *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 connection with the actual process of voting.

For purposes of this rule, there shall be no communication among delegates, and if any delegate leaves the Board room during voting procedure, they will not be allowed back into the room until the Board has convened voting procedure. Should a delegate who is also serving as Head Delegate leave the room, they may reenter but they may not retake their seat and participate in the vote.

Rule 37 - *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 an 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 approved shall then be put to a vote. If all operative parts of the proposal or of the amendment have been rejected, the proposal or 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 report segment, 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 38 - *Amendments*

An amendment is a proposal that does no more than add to, delete from, or revise part of another proposal. Permission to speak on the amendment shall be given only to two speakers in favor and two speakers against.

> *An amendment can add, amend, or delete entire operative clauses, but cannot in any manner add, amend, delete, or otherwise affect preambular clauses or sub-clauses of operative clauses. The President may limit the time to be allowed to speakers under this rule. These speeches are substantive in nature.*

Rule 39 - *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 report segment. 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 40 - *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 the order in which they were submitted.

Rule 41 - *The President shall not vote*

The President shall not vote but may designate another member of her/his delegation to vote in her/his place.

VII. CREDENTIALS

Rule 42 - *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 43 - *Authority of the General Assembly*

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 COMMITTEE

Rule 44 - *Participation of non-Member States*

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.

A sub-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. 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. 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. Delegates may request the presence of a non-member of their committee simply by informing the President that this is the desire of the body, there is no formal procedural process.*

Rule 45 - *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.

> *National liberation movements are only represented at NMUN in two ways: (1) if their delegation has been assigned explicitly the national liberation movement itself; or (b) should the Security Commission wish to hear from a representative of the movement in their deliberations, the Secretariat shall provide the appropriate representative.*

Rule 46 - *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.

> *NMUN does not assign delegations to Specialized Agencies.*

Rule 47 - *Participation of non-governmental organization and intergovernmental organizations*

Representatives of non-governmental organizations/intergovernmental organizations accorded consultative observer status by the Economic and Social Council 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.

> *NMUN will assign delegations an NGO instead of a Member State upon request.*