Joint UN Programme on HIV/AIDS

Introduction

The UNAIDS Programme Coordinating Board (PCB) met in Geneva, Switzerland from 17 - 19 December 2013 for its 33rd Board meeting.¹ Themed "Walk in my shoes," the final day of the meeting was specifically dedicated to including youth and adolescents as participants in understanding and implementing the programs used for HIV/AIDS prevention and treatment.² Additionally, numerous agenda topics were discussed including those of leadership in the AIDS response, update on the AIDS response in the post-2015 development agenda, strategic use of antiretroviral medicines for treatment and prevention of HIV, coordination of HIV technical support in a rapidly changing environment, as well as other general Board business regarding elections and future meetings.³ While the Board meeting is one of the highlights of the year, an increase of important developments such as AIDS response plans have been implemented in various Member States across the globe.⁴ Further, different core regions or countries have increased cooperation in order to combat the AIDS epidemic and contribute to funding.⁵

Recent Activities

At the 33rd Board meeting, firstly, the non-governmental organization (NGO) representative gave a report on the equity deficit focusing on the unequal and unfair access to HIV treatment through anti-retroviral treatment (ART) which is targeted at high-risk community members, in particular men who have sex with men, drug-injecting people, transgender people, and sex workers.⁶ In order to help address this treatment discrimination, the NGO delegation suggested that these disadvantaged groups be assisted through renewing and assessing commitments by member states to this cause.⁷ Next on the agenda, suggestions by the PCB more generally included that the United Nations (UN) General Assembly (GA) entertain the notion of implementing a High Level Meeting post-2015 in order to provide accountability for those who commit to the prevention and treatment of HIV/AIDS.⁸ A third agenda item focused on the need for HIV technical support in response to an environment that is in a constant state of flux.⁹ The Board meeting adjourned after the setting of 24 through 26 June of 2014, and 30 June through 2 July of 2015, as the immediate future dates of the PCB meeting.¹⁰ Australia was elected as Chair, and Zimbabwe was elected as Vice-Chair, for the 2014 year.¹¹

Recent Policy Outcomes

Throughout 2013, a substantial number of Member States have begun rewriting their country policies in order to combat HIV/AIDS. ¹² In Europe, Belgium recently adopted an initiative that combines prevention with the reduction of stigma in order to make care a priority for those who are considered high risk populations. ¹³ In France, over 120 mayors of major cities met at the Congrès de l'Association Internationale des Maires Francophones (AIMF) for a presentation on "Shared Responsibility and the AIDS response" by Executive Director of UNAIDS Michel Sedibe. ¹⁴ This meeting promoted the adoption of an HIV response in Francophone countries in order to eliminate

¹⁴ UNAIDS, AIDS response is focus of Francophone cities in Paris [Article], 2013.



¹ UNAIDS, The 33rd UNAIDS Board meeting opens [Article], 2013.

² UNAIDS, Walk in my shoes – UNAIDS Board devotes key session to HIV, adolescents and youth [Article], 2013.

³ UNAIDS, Programme Coordinating Board Thirty-Third Meeting Draft Annotated Agenda [Agenda], 2013.

⁴ UNAIDS, Executive Director's report: Michel Sidibe, Executive Director of UNAIDS, Geneva, Opening of 33rd UNAIDS

Programme Coordinating Board [Report], 2013.

⁵ Ibid.

⁶ UNAIDS, UNAIDS Programme Coordinating Board Thirty-Third Meeting Report by the NGO Delegation to the PCB [Report], 2013.

⁷ Ibid.

⁸ UNAIDS, 33rd Meeting of the UNAIDS Programme Coordinating Board, Decisions, Recommendations and Conclusions [Report], 2013.

⁹ Ibid.

¹⁰ Ibid.

¹¹ Ibid.

¹² UNAIDS, Executive Director's report: Michel Sidibe, Executive Director of UNAIDS, Geneva, Opening of 33rd UNAIDS Programme Coordinating Board [Report], 2013.

¹³ Healio Infection Disease News, EACS keynotes focus on progress in HIV, remaining challenges [Article], 18 October 2013.

discrimination as a result of HIV/AIDS. ¹⁵ Meanwhile, in Africa, the Nigerian President Goodluck Jonathan has instituted a plan urging his countrymen to "take charge" and get themselves tested for HIV. ¹⁶ Additionally, Angola is moving to ensure that Angolans have access to ART and prevent babies from being born with the virus. ¹⁷

Policy Implementation

As a result of the direct work of the Joint UN Programme on HIV/AIDS, several major events have taken place and are forthcoming. To support these types of movements against HIV/AIDS, there has been a commitment of US \$12 billion by various entities in order to successfully implement the new funding model for the Global Fund to Fight AIDS. In direct relation to this, it appears that donor confidence is higher than ever as a result of UNAIDS being cost-effective and cost-efficient over the past few years. Additionally, coming up in July 2014, the International AIDS Conference will be held in Melbourne, Australia. This event seeks to be a large collaborative exchange between Member States with a focus on not only dealing with the global fight against HIV/AIDS, but particularly emphasizing the challenges being faced in the Asia-Pacific region. The NGO delegation to the PCB also continues to keep the public up to date on the way UNAIDS decisions affect civil society.

Conclusion

With the promise of serious funding and the positive outlook of donor confidence, the Joint UN Programme on HIV/AIDS has the potential for solving major problems in the fight against the viruses. With the continued involvement from regional blocks and the innovative idea of including youth as a full-force wave of assistance to the fight, it is apparent that movements are leaning swiftly toward the right direction. Over the next year with the proper coordination and cooperation, UNAIDS can meet the global goals of the 2015 development agenda and even beyond.

The Joint UN Programme on HIV/AIDS (UNAIDS) Programme Coordinating Board at NMUN•NY 2014

NMUN-NY 2014 is simulating the Programme Coordinating Board of UNAIDS in terms of composition and size; however, delegates are not limited to the strict mandate of the Programme Coordinating Board in terms of its role as a budgetary and administrative body. For NMUN-NY 2014, 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.

Format: UNAIDS is a report writing committee

Voting: Each Member State present may vote once on procedural and substantive matters. Matters are decided by a majority vote.

Membership: UNAIDS membership is comprised of 22 Member States with the allocation of seats among regional groups. Current membership is as follows:

| Australia | Bangladesh | Belgium | Brazil |
|-----------|------------|----------|--------|
| China | Congo | Djibouti | Egypt |
| Germany | Guyana | India | Iran |
| Japan | Mexico | Norway | Poland |

¹⁵ Ibid

²² NGO Delegation to the UNAIDS PCB, Representing Civil Society on the UNAIDS Programme Coordinating Board [Website], 2014.



¹⁶ UNAIDS, President Goodluck Jonathan urges all Nigerians to "Take Charge" and take an HIV Test [Article], 2013.

¹⁷ UNAIDS, President dos Santos promises to redouble efforts on Angola's HIV response [Article], 2013.

¹⁸ UNAIDS, UNAIDS welcomes outstanding support for the Fourth Replenishment for the Global Fund [Press Release], 2013.

¹⁹ UKaid Department for Internal Development, *Multilateral Aid Review Update: Driving reform to achieve multilateral effectiveness* [Report], 2013.

²⁰ UNAIDS, Australia ups leadership role in the global AIDS response [Article], 2013.

²¹ Ibid

Russian Federation United States of America Sierra Leone Zimbabwe Switzerland

United Kingdom



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This document is integral to the importance of understanding where Member States stand so far as their willingness to contribute to the HIV/AIDS fight. When examined in this document, it is evident that the levels that these Member States are willing to donate seem to have increased over the past several years. It is possible that understanding the reasons why these contributions have been made will help provide a positive outlook for the future of donations.

UNAIDS. (2013, December 19). 33rd Meeting of the UNAIDS Programme Coordinating Board, Decisions, Recommendations and Conclusions [Report]. Retrieved 14 January 2014 from: http://www.unaids.org/en/media/unaids/contentassets/documents/pcb/2013/pcb33/agendaitems/20131220_Decisions_Recommendations_Conclusions_33PCB_meetingl.pdf

Here, one can examine the final recommendations and conclusions of the UNAIDS PCB which were made at its most recent meeting in December. Important dates and elections of new chairpeople can be seen here, which may be noted for the date-setting of new initiatives and collaborations in the coming few years. Other important agenda items that were addressed here, such as potential High Level Meetings and information regarding HIV/AIDS technical assistance, can be researched further on the publications page of the thirty-third meeting of the PCB.

UNAIDS. (2013, December 17). Executive Director's report: Michel Sidibe, Executive Director of UNAIDS, Geneva, Opening of 33rd UNAIDS Programme Coordinating Board [Report]. Retrieved 14 January 2014 from: http://www.unaids.org/en/media/unaids/contentassets/documents/speech/2013/12/20131217 EXD-Report-PCB33_en.pdf

The Executive Director's Report is vital to this update as it contains links and information regarding several Member States' particular initiatives and programs that they are implementing both locally and globally. These initiatives may be of particular interest to delegations from those Member States as well as those nearby who are looking to implement their own models in the future. Funding is also highlighted with much importance within this document in order to positively promote and draw contributions to the UNAIDS cause.

UNAIDS. (2013, December 6). *UNAIDS Programme Coordinating Board Thirty-Third Meeting Report by the NGO Delegation to the PCB* [Report]. Retrieved 14 January 2014 from: http://www.unaids.org/en/media/unaids/contentassets/documents/pcb/2013/pcb33/agendaitems/20131206 PCB-NGO-report.pdf

Given by the NGO Delegation to the PCB, this report examines areas of particular interest to the NGO, specifically focusing on the access to treatment for high-risk individuals. The major worries of the NGO Delegation seem to focus on the areas in which there is unfair and unequal access which essentially hinders the overall elimination of HIV/AIDS. This area should be of major focus to delegates because lack of funding may also be a cause related to unfair and unequal access (see topic II), as well as stigma and discrimination (see topic I).

UNAIDS. (2013, December 3). UNAIDS welcomes outstanding support for the Fourth Replenishment for the Global Fund [Press Release]. Retrieved 14 January 2014 from:

http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2013/december/20131203ps4threplenishment/

Also dealing with funding, this document highlights the importance of Members States' collaboration when it comes to committing to a cause. With the looming promise of twelve billion US dollars, it is essential that all Member States contribute the amounts they have agreed upon. Additionally, further research should be done to examine exactly which other organizations and entities are providing financial assistance in this area.



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UNAIDS. (2013, October 7). *President dos Santos promises to redouble efforts on Angola's HIV response* [Article]. Retrieved 14 January 2014 from:

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UNAIDS. (2013, December 1). *President Goodluck Jonathan urges all Nigerians to "Take Charge" and take an HIV Test* [Article]. Retrieved 14 January 2014 from:

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UNAIDS. (2013 December 20). Walk in my shoes - UNAIDS Board devotes key session to HIV, adolescents and youth [Article]. Retrieved 14 January 2014 from: http://www.unaids.org/en/resources/presscentre/featurestories/2013/december/20131220youth/



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

Introduction

Executive Director of UNAIDS, Michel Sidibe, recently quoted the late South African President Nelson Mandela in a press statement saying, "courage is not the absence of fear—it's inspiring others to move beyond it." The quote was used to pay homage to President Mandela through its focus on human rights, its purpose to end the HIV/AIDS epidemic across the globe. In the Executive Director's report on the 33rd meeting of the UNAIDS Programme Coordinating Board (PCB), Michel Sidibe further abhorred the inequalities, violence and lack of education that is inherently tied to HIV/AIDS as a result of the absence of human rights. These comments indicate one of the goals in which UNAIDS intends to meet to end the epidemic; through the elimination of stigma and discrimination in relation to the human rights of those affected by the viruses. A recent dialogue held in Panama City in December 2013 specifically highlighted and discussed several of the main issues involved with this UNAIDS goal, including emphasizing the right to health and development; promoting health through the importance of human rights; researching financial sustainability as a means to treat and prevent AIDS: and building a new network of activists in order to strengthen the fight against HIV/AIDS. These types of issues have become hot topics of discussion in recent campaigns around the world. The strength of the sustainability and the world.

Recent Developments

While there are ultimately global forums for discussion such as the meeting of the UNAIDS Programme Coordinating Board, local laws and policies battling the HIV/AIDS epidemic must be implemented with the utmost efficiency in order to achieve the goals of these forums.²⁹ Unique situations in various locales call for a case-by-case examination of policy and Member State campaigns as a way to work with the numerous people affected by the HIV/AIDS viruses.³⁰ Among those who are often stigmatized are sex workers, men who have sex with men, injecting drug users, and transgendered people.³¹

Anti-Discrimination Campaigns

One anti-discrimination campaign is being launched in Australia by Daw Aung San Suu Kyi, Nobel Peace Prize Winner, and the United Nations (UN) Joint Programme on HIV/AIDS under the name #zerodiscrimination. ³² This campaign is set to launch in March 2014, with the emphasis lying on the fact that "[...] getting to zero new HIV infections and zero AIDS-related deaths will be impossible without striving towards zero discrimination." ³³ The goal of this anti-discrimination day is to celebrate the dignity that every person deserves, regardless of their HIV status. ³⁴ In the Netherlands, similar anti-discrimination acts are occurring after the recent decriminalization of sex work. ³⁵ There, community groups are being utilized in order to promote the importance of human rights and treatment services for those who are affected by the viruses. ³⁶ Another program that seeks to end discrimination can be found in the Caribbean. ³⁷ The Justice for All Programme launched by the Pan-Caribbean Partnership Against HIV/AIDS (PANCAP) follows in the same footsteps as Australia and the Netherlands by addressing discrimination, but from a legal angle. ³⁸ The specific goal of this initiative is to eliminate laws that discriminate against those affected by HIV



²³ UNAIDS, Ending the AIDS epidemic is a matter of human rights, 2013.

²⁴ Ibid.

²⁵ UNAIDS, Executive Director's Report at the Opening of 33rd UNAIDS Programme Coordinating Board [Report], 2013.

²⁶ UNAIDS, Goals: Eliminating stigma and discrimination [Website], 2013.

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³⁰ UNAIDS, Key Programmes to Reduce Stigma and Discrimination and Increase Access to Justice in National HIV Responses [Guidance Note], 2012.

³¹ UNAIDS, UNAIDS Programme Coordinating Board Report by the NGO Delegation to the PCB [Report], 2013.

³² UNAIDS, UNAIDS and Daw Aung San Suu Kyi launch #zerodiscrimination campaign in Australia [Press Release], 2013.

³³ Ibid.

³⁴ Ibid.

³⁵ UNAIDS, No one left behind, 2013.

³⁶ Ibid

³⁷ UNAIDS, Pan-Caribbean Partnership Against HIV/AIDS (PANCAP) launches its Justice for All Programme, 2013.

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while providing for a better legal environment when addressing stigma issues.³⁹ With these countries as examples of leading initiatives to improve the human rights position against HIV/AIDS discrimination, it is clear that there can be many different approaches to solving the same problem. Unfortunately, many problems still remain and will remain unless immediate action is taken.

LGBT Discrimination

One particular problem area of current interest is the stigma affecting the lesbian, gay, bisexual and transgender (LGBT) communities. ⁴⁰ Specifically mentioned is the deterrence of the treatment and prevention of HIV/AIDS because of the harsh stigma attached to LGBT communities. ⁴¹ As a result, those in LGBT communities are receiving inadequate treatment when they choose to seek it. ⁴² In order to fight these inequalities because of stigma, initiatives such as Speaking Out by the Global Forum on MSM and HIV (MSMGF) have begun to increase their presence at the grassroots level in order to map out and identify stigma-related problem areas in the LGBT community. ⁴³ Further, legal protection given by Member States through their policies and law may help eliminate stigma issues. ⁴⁴

Legal Action

UNAIDS has recently expressed concern to Member States in various locations regarding laws that discriminate against those who are affected by HIV/AIDS. In India, as well as other countries, there are criminal laws in place that implement the prosecution of groups that are often stigmatized because of their HIV/AIDS status. ⁴⁵ UNAIDS has requested that India and all other countries remove these laws in order that there be no hindrance to the response in the global movement against HIV/AIDS. ⁴⁶ Until these repeals are enacted, there will be difficulty in the treatment and prevention measures of those affected by HIV/AIDS for fear of the way they will be penalized or treated as criminals. ⁴⁷ Directly related, in Nigeria, there has been an attempt to make great strides towards eliminating HIV/AIDS through political campaigns. ⁴⁸ Unfortunately, a new law is causing an uproar because of its criminalization of lesbian, gay, bisexual and transgender (LGBT) people and activities. ⁴⁹ With seemingly good intentions but contradictory law-writing, it will be difficult to eliminate HIV/AIDS as a whole.

Conclusion

As there are a strong group of Member States that are organizing and implementing plans to remove stigma and discrimination from within their bounds, there is yet hope for the goal of eliminating HIV/AIDS. Member States can create their own initiatives or follow the models of others in order to reach this goal, but the importance lies in the cooperation of their governments and people. As initiatives increase awareness of stigma problem areas such as in the LGBT communities, it will become easier for Member States to create solutions for lack of and access to medical treatment for fight against HIV/AIDS. These solutions need to include a variety of implementation plans, including formulating legal action, grassroots initiatives and other anti-discrimination campaigns. When there is complete elimination of stigma and discrimination of those who are affected HIV/AIDS, the world will be one step closer to finally winning the battle over the HIV/AIDS viruses.

⁴⁹ UNAIDS, UNAIDS and the Global Fund express deep concern about the impact of a new law affecting the AIDS response and human rights of LGBT people in Nigeria, 2013.



³⁹ Ibid.

⁴⁰ UNDP, Transgender Health and Human Rights, 2013.

⁴¹ Ibid.

⁴² Ibid

⁴³ MSMGF, Evaluation of the Speaking Out Initiative, 2013.

⁴⁴ UNDP, Transgender Health and Human Rights, 2013.

⁴⁵ UNAIDS, UNAIDS calls on India and all countries to repeal laws that criminalize adult consensual same sex sexual conduct, 2013

⁴⁶ Ibid.

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⁴⁸ UNAIDS, President Goodluck Jonathan urges all Nigerians to "Take Charge" and take an HIV Test [Article], 2013.

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In this Report, the Executive Director discusses many issues, however the one of particular importance in this update is the focus on the lack of human rights. Here, the Executive Director specifically disapproves of the rampant violence, inequality and lack of education which impedes human rights, in turn impeding the elimination of HIV/AIDS. This report is integral to understanding how the intricacies of every facet of approaching the elimination of HIV/AIDS can be hindered by one single area.

UNAIDS. (2013, December 12). *Prioritizing people's right to health and development post-2015* [Article]. Retrieved 14 January 2014 from:

http://www.unaids.org/en/resources/presscentre/featurestories/2013/december/20131212laconsultation/
This article is important because of the numerous problem-solving tactics that arose out of the UNAIDS dialogue that was recently held in Panama City. One angle of this forum included information on health-centric treatment and promotion. An additional angle of discussion focused on organizational building and cooperation in response to the growing number of activists looking to assist in the fight against HIV/AIDS.

UNAIDS. (2013, December 12). *UNAIDS calls on India and all countries to repeal laws that criminalize adult consensual same sex sexual conduct* [Press Release]. Retrieved on 14 January 2014 from: http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2013/december/20131212psindia/

This press release is extremely important because of the way that UNAIDS has called on every country to repeal laws that cause stigma and discrimination. The emphasis point of this release is that limitations are placed on the solution of eliminating HIV/AIDS when there are contradictory laws criminalizing behaviors of high-risk people affected by the viruses. The release explains that until HIV/AIDS discriminatory laws are repealed in every Member State, UNAIDS will be continue to request repeals.

UNAIDS. (2014, January 14). UNAIDS and the Global Fund express deep concern about the impact of a new law affecting the AIDS response and human rights of LGBT people in Nigeria [Press Release]. Retrieved 14 January 2014 from:

http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2014/january/20140114nigeria/
This article is intriguing because it virtually contradicts or negatively perceives another article celebrating Nigeria's recent attempt to curb the HIV/AIDS virus. In the other article, the President of Nigeria is promoting a campaign for the treatment of HIV/AIDS. Here, there is an examination of how that campaign can essentially not proceed any further until a law is rewritten or repealed.

UNAIDS. (2013, December 6). *UNAIDS Programme Coordinating Board Thirty-Third Meeting Report by the NGO Delegation to the PCB* [Report]. Retrieved 14 January 2014 from: http://www.unaids.org/en/media/unaids/contentassets/documents/pcb/2013/pcb33/agendaitems/20131206 PCB-

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Here, the NGO Delegation to the PCB emphasizes the inequalities occurring globally that prevent access to healthcare and treatment. The particular groups that are found to be stigmatized are discussed in this document along with suggestions that these inequalities cease. This report is important because it hones its focus onto just one area that needs addressing in order to solve the overall HIV/AIDS problem.

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UNAIDS. (2014, January 14). UNAIDS and the Global Fund express deep concern about the impact of a new law affecting the AIDS response and human rights of LGBT people in Nigeria [Press Release]. Retrieved 14 January 2014 from:

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UNDP. (2013, December). *Transgender Health and Human Rights* [Discussion Paper]. Retrieved 4 February 2014 from: http://www.undp.org/content/dam/undp/library/HIV-AIDS/Governance%20of%20HIV%20Responses/Trans%20Health%20&%20Human%20Rights.pdf



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

Introduction

With 2.3 million people newly infected with the Human Immunodeficiency Virus (HIV) and another 1.6 million people dying from Acquired Immunodeficiency Syndrome (AIDS)-related causes in 2012, there is still much work to be done in ending the AIDS epidemic.⁵⁰ Funding for HIV and AIDS cost governments and donors millions of dollars a year.⁵¹ In past few years, funding for HIV programs has been reduced due to the global downturn in financial markets.⁵² In recent reports from the Funders Concerned About AIDS (FCAA) it shows that philanthropic funding has remained flat, while funding from the United States and the European Union (EU) decreased 3% and 6% respectively. ⁵³ There is a push for innovation in investment principles and reorganization or existing bodies such as the United Nations Joint Programme on HIV/AIDS (UNAIDS) and all its global partners.⁵⁴ UNAIDS is taking steps to help governments and donors increase the success of their investment from reducing cost for HIV programs, to creating innovative partnerships and financial policies.

Recent Developments

UNAIDS is using its resources with co-sponsors and global partners to begin to establish a set of indicators when approaching reduced funding in the current economy. ⁵⁵ The report *Financing the Response to HIV in Low-and Middle Income Countries* discusses funding mechanisms used by donor countries. ⁵⁶ It outlines various sources include multilateral institutions, the private sector, foundations, religious organizations, etc. ⁵⁷ The report in partnership with the Kaiser Family Foundation tracks bilateral donor government assistance since 2002. ⁵⁸ It details main levels of donor funds including grants (transfers made in cash goods or services where no repayment is required), Loans, concessional loans (loans made at or below market interest rates), and commodities, which include materials, supplies, training, equipment or technical assistance. ⁵⁹ The report acknowledges a funding downturn connected with the recent global financial downturn coupled with a remaining gap between available resources and estimated need. ⁶⁰

With greater established guidelines when discussing funding for HIV, UNAIDS is now looking to implement these cases into widespread policy. In the UNAIDS report *Smart Finance* UNAIDS details a quality assurance process to ensure that all investment cases are of the highest quality.⁶¹ With the information from the *Smart Finance* report, UNAIDS will use the momentum created from investment cases to convene dialogues on sustainable HIV investments.⁶² UNAIDS will facilitate dialogue with the Global Fund to Fight AIDS, Tuberculosis, and Malaria, PEPFAR and other key partners to maximize the impact of investment cases.⁶³ In relation to combating financial issues, the core budget of the UNAIDS Secretariat is built around greater efficiency and implementing systems such as an integrated single administration.⁶⁴ Some of these changes have already reduced UNAIDS costs of almost US\$ 42 million in 2012.⁶⁵ There is a concerted effort to create national responses to be grounded in the understanding of past and current responses.⁶⁶ In the UNAIDS report *Smart Investments* it discusses investment cases strategies to



⁵⁰ UNAIDS, Smart Finance [Report], 2013.

⁵¹ UNAIDS, Financing the Response to HIV in Low-and Middle Income Countries [Report], 2013.

⁵² Ibid.

⁵³ Funders Concerned About AIDS, Resource Tracking: Global HIV/AIDS Philanthropic Funding [Report], 2013.

⁵⁴ United Nations, World AIDS Day [Website], 2013.

⁵⁵ UNAIDS, Financing the Response to HIV in Low-and Middle Income Countries [Report], 2013.

⁵⁶ Ibid.

⁵⁷ Ibid.

⁵⁸ Ibid.

⁵⁹ Ibid.

⁶⁰ Ibid.

⁶¹ UNAIDS, Smart Finance [Report], 2013.

⁶² Ibid.

⁶³ Ibid.

⁶⁴ UNAIDS, Strengthening UNAIDS Secretariat to deliver on the global AIDS targets [Report], 2013.

⁶⁵ Ibid

⁶⁶ UNAIDS, Smart Finance [Report], 2013.

estimate future cost of the HIV response.⁶⁷ One way this is being done is by using a geographical approach to set up degrees of priorities when it comes to investments.⁶⁸ Mapping out counties within a country can create a microfocus in pinpointing national needs.⁶⁹ In Kenya, 54% of the new HIV cases occur in 9 counties.⁷⁰ In Thailand, 70% of new infections occur in 33 provinces.⁷¹

One in-country strategy to reduce costs is to start with reducing the cost of antiviral medicines. ⁷² In 2011-2012, South Africa introduced a list of reference prices, awarded preferential points for local manufactures, and promoted competitiveness during ongoing contract periods. ⁷³ Some of these mentioned methods reduced costs of antiretroviral medicines by 53% which is an estimated savings of about US\$ 640 million over two years. ⁷⁴ To generate renewable funding Cape Verde and Cote d'Ivoire are taxing tobacco and alcohol with subsidy going towards their HIV programs. ⁷⁵ In Europe, the United Kingdom's Department of International Development (DFID) recently reviewed its Multilateral Aid Review (MAR) which designates the amount of aid an organization receives. ⁷⁶ Only UNAIDS moved to a higher MAR score to be eligible for increased funding from the DFID. ⁷⁷ The Funders Concerned About AIDS released a report (FCAA). ⁷⁸ Their survey and research concluded with data from 40 funders in 13 countries outside of the U.S. and Western and Central Europe. Philanthropic funding totaled US\$ 37.5 million from over 750 grants in 2012. ⁷⁹

UNAIDS is looking into methods to improve efficiency and reduce costs at each individual country level. ⁸⁰ The goal is to improve governance, accountability, and the flow of existing resources. ⁸¹ These methods are to help develop proposals for acquiring new funds. ⁸² Both UNAIDS and the Global Fund partnered with the Kenyan government to test and implement new mechanisms for greater efficiency. ⁸³ The Global Fund to Fight AIDS, Tuberculosis, and Malaria is an international financial institution and UNAIDS global partner. ⁸⁴ UNAIDS assisted in the development of supporting documents and an investment of US\$ 470,000 in technical support while The Global Fund maintained an in-country presence. ⁸⁵ The Global Fund committed US\$ 12 billion commitment to UNAIDS, which represents and increase from the 9 billion the Global Fund passed last year. ⁸⁶ The Global Fund also created a partnership with Ecobank, a leading pan-African financial institution that operates in 35 countries in Africa. ⁸⁷ This pledge includes financing, advocacy and contributions from Ecobank totaling US\$ 3 million dollars over the next three years. The United Nations Development Program's Asia-Pacific Centre (APRC) has signed a US\$ 16.7 million agreement with the Global Fund for a multi-country South Asia HIV programme. ⁸⁸ It is aimed at reducing the impact of HIV on men who have sex with men (MSM), transgendered, and hijras. ⁸⁹

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67 Ibid.
68 Ibid.
69 Ibid.
70 Ibid.
71 Ibid.
<sup>72</sup> UNAIDS, Access to Antiviral Therapy in Africa: Status Report on Progress Towards the 2015 Targets [Report], 2013.
<sup>74</sup> UNAIDS, How UNAIDS supported Kenya in the Global Fund grant process. [Report], 2013.
<sup>75</sup> UNAIDS, Access to Antiviral Therapy in Africa: Status Report on Progress Towards the 2015 Targets [Report], 2013.
<sup>76</sup> United Kingdom Department for International Development, Multilateral Aid Review Update. [Report], 2013.
<sup>78</sup> Funders Concerned About AIDS, Resource Tracking: Global HIV/AIDS Philanthropic Funding [Report], 2013.
<sup>80</sup> UNAIDS, How UNAIDS supported Kenya in the Global Fund grant process. [Report], 2013.
81 Ibid.
82 Ibid.
83 Ibid.
84 Ibid.
85 Ibid.
<sup>86</sup> UNAIDS, UNAIDS welcomes outstanding support for the Fourth Replenishment for the Global Fund [Press Release], 2013.
<sup>87</sup> The Global Fund to Fight AIDS, Tuberculosis, and Malaria, Ecobank and the Global Fund Launch Partnership [Press
          Releasel, 2013.
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⁸⁸ Ibid. ⁸⁹ Ibid.

Conclusion

The issue of continued funding of the HIV/AIDS epidemic is evolving new and innovative ways of supporting countries and its HIV/AIDS partners. Organizations such as UNAIDS continues to approve and approach operational plans to ensure efficient and sustainable funding. UNAIDS has taken steps reduce cost associated with funding HIV programs, including reducing funding with the UNAIDS body and applying successful test cases from donor countries including competitive market competition for buying antiviral medicines and developing strategies for creating guidelines on how to best implement financial strategies for maximized success. With new reports from UNAIDS, UNDP and global partners including The Global fund there are emerging positive factors including stronger technological support and the growing success of specialized investment cases. The issue of funding is still a pertinent issue, but there have been developments that show further recommendations can be made in continuing successfully creating concrete, positive action.

90 UNAIDS, Smart Finance [Report], 2013.

⁹¹ Funders Concerned About AIDS, Resource Tracking: Global HIV/AIDS Philanthropic Funding [Report], 2013.



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Funders Concerned About AIDS. (2013). *Resource Tracking: Global HIV/AIDS Philanthropic Funding*. [Report]. Retrieved 4 January 2014 from:

http://www.fcaaids.org/AIDSFunding/ResourceTrackingReport/tabid/305/Default.aspx

This report collects data from private and public donors including individual states and regional blocks and calculates the amount of philanthropic funding provided to HIV/AIDS related programs, policy, and projects. It then provides how much the private and public sector has given and determines the state of funding of HIV/AIDS project for any given year.

United Kingdom Department for International Development. (2013). *Multilateral Aid Review Update*. [Report]. Retrieved 2 January 2014 from:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/264615/MAR-review-dec13.pdf
In the Multilaterial Aid Review (MAR), the Department for International Development (DFID)
outlines the goals of the DFID and its criteria for receiving a low or high MAR score. These
scores are based on the level of organization, efficiency, and financial responsibility. UNAIDS was
the only organization by the end of December 2013 who received a high enough MAR score to be
eligible for increased monetary funding from the DFID.

United Nations Joint Programme on HIV/AIDS. (2013). Financing the Response to HIV in Low-and Middle Income Countries [Report]. Retrieved 30 January 2014 from:

http://kaiserfamilyfoundation.files.wordpress.com/2013/09/7347-09-financing-the-response-to-hiv.pdf

This report from UNAIDS and co-sponsored by the Kaiser Family Foundation discusses the various financial avenues taken by donor governments when supplying funds for low and middle income countries. The report looks at 24 donor countries and detail the how much funds are being supplied to each donor country and how these funds are being applied to fighting HIV in the country. This report shows the significance of not only how much funds for HIV has reduced since the recent global economic turndown, but how the multiple means of funding, especially loans and commodities given to donor countries are effected.

United Nations Joint Programme on HIV/AIDS. (2013). *How UNAIDS supported Kenya in the Global Fund grant process*. [Report]. Retrieved 30 December from:

http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2013/JC2592 CaseStudyKenya_en.pdf

This report outlines new and innovative approaches to allocated funds and resources when dealing with the AIDS epidemic. It details the proposals Kenya relapsed to UNAIDS and the Global Fund to be allowed the chance for extra funding and in country support from these organizations. It details how UNAIDS and The Global Fund helped Kenya increase efficiency, strengthen existing and new organizations tasked with dealing with HIV/AIDS specific issue and how these approaches can be expanded to other countries.

United Nations Joint Programme on HIV/AIDS. (2013). *Smart Finance*. [Report]. Retrieved 2 January 2014 from: http://www.unaids.org/en/resources/documents/2013/name,88803,en.asp

This report release by UNAIDS highlights financial tactics used by UNAIDS as an organization and financial tactics used by member states in organizing and financing HIV/AIDS programs and projects. It details country by country policy implementations in their attempts to increase or maintain HIV/AIDS funding. These policy decisions include decreasing the cost of antiviral drugs and creating more efficient health services. It also recognizes new ideas such as providing funding on a micro level. This determines what regions of the country will receive more or less funding depending on HIV/AIDS rates.

United Nations Joint Programme on HIV/AIDS. (2013). *Strengthening UNAIDS Secretariat to deliver on the global AIDS targets*. [Report]. Retrieved 30 December 2013 from:

 $\underline{http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2013/JC2511_organizational-realignment_en.pdf$



This report outlines the goals and measures taken by the Secretariat of UNAIDS to cut cost and eliminate waste in attempts to decrease costs. By internally reducing costs, this allows for UNAIDS to have greater control over where and how it distributes finds. It details the restructuring of the organization including the creation of one governing systems board. It talks about where newly recovered funds are being used including more UNAIDS employees on incountry assignments and more funds being delegated to fund proposals by member states, Non-Governmental Organizations (NGO's) and civil society.

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United Kingdom Department for International Development. (2013). *Multilateral Aid Review Update*. [Report]. Retrieved 2 January 2014 from:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/264615/MAR-review-dec13.pdf

United Nations Joint Programme on HIV/AIDS. (2013). *How UNAIDS supported Kenya in the Global Fund grant process*. [Report]. Retrieved 30 December from:

 $\frac{http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2013/JC2592\ CaseStudyKenyaen.pdf}{}$

United Nations Joint Programme on HIV/AIDS. (2013). *Smart Finance*. [Report]. Retrieved 2 January 2014 from: http://www.unaids.org/en/resources/documents/2013/name,88803,en.asp

United Nations Joint Programme on HIV/AIDS. (2013). *Strengthening UNAIDS Secretariat to deliver on the global AIDS targets*. [Report]. Retrived 30 December 2013 from:

 $\frac{http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2013/JC2511_organizational-realignment_en.pdf$

United Nations Joint Programme on HIV/AIDS. (2013). *UNAIDS welcomes outstanding support for the Fourth Replenishment for the Global Fund*. [Press Release]. Retrieved 31 December 2013 from: http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2013/december/20131203ps4threplenishment/

United Nations Development Programme. (2014). UNDP and Global Fund sign us\$ 16.7 million for South Asia HIV Programme. [Press Release]. Retrieved 13 January 2014 from:

 $\frac{http://www.undp.org/content/undp/en/home/presscenter/pressreleases/2014/01/13/undp-and-global-fund-sign-us-16-7-million-for-south-asia-hiv-programme-/$

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 $\underline{\text{http://www.unaids.org/en/media/unaids/contentassets/documents/pcb/2013/pcb33/agendaitems/20131113_AIDS\%2}\\ \underline{\text{Oupdate}\%20\text{in}\%20\text{post}\%202015.pdf}$

United Nations. (2013). *World AIDS Day*. [Website]. Retrieved 29 December 2013 from: http://www.un.org/en/events/aidsday/



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

Introduction

In 2012, an estimated 2.1 million adolescents were living with Human Immunodeficiency Virus (HIV). While the number of HIV-related deaths among adolescent has increased by 50%, the overall number of global HIV-related deaths fell by 30%. There is a correlation between this statistic and inadequate consideration of adolescence and young people in national HIV health plans. Here is also poor access to proper HIV testing and counseling especially for adolescents under 18 years of age. His lack of proper inclusion leads to more adolescents and young people adhering to antiretroviral therapy (ART). Adolescence, including adolescents living with HIV must be involved in the development and implementation of programs. Vouth organizations continue to be indispensable to fostering an inclusive dialogue about health policy, particularly for those living in key populations most vulnerable to HIV.

Key Resolutions/Reports in adopted in the UN System

There are strong international agreements supporting the ongoing goals of the Joint United Nations Programme on HIV/AIDS (UNAIDS). Some of these agreements include the 2011 Declaration on HIV/AIDS, Conventions on the Rights of the Child (CRC) and the Committee Convention on the Elimination of all forms of Discrimination Against Women (CEDAW). 99 UNAIDS takes queues from these agreements and the work produced by other UN bodies in conjunction with the work UNAIDS produces. Recently the General Assembly adopted resolution A/RES68/441/Add.1, which revisits the special needs and priorities in least developed countries including the issue of HIV/ Acquired Immune Deficiency Syndrome (AIDS). 100 When it comes to least developed countries and HIV there still is an issue with young people, adolescents being the most vulnerable, when discussing treatment of HIV/AIDS.¹⁰¹ To address this expansive issue UNAIDS cosponsors have the mandate to co-lead on youth issues.¹⁰² This means that they can conduct, introduce and create reports about HIV and AIDS with full support and cooperation of UNAIDS. The World Health Organization (WHO) recently released a report outlining detailed parameters for adolescent and young persons to adhere to when maintaining antiretroviral therapy (ART). 103 The report discussed the consolidated ARV guidelines that state when to start ART, what combination to take at various stages of the disease, how to monitor people on ART and how to decide when to change ART medications. 104 One case study using youth groups with success is Botswana. 105 In the WHO report HIV and Adolescents: Guidance for HIV Testing and Counseling and Care for Adolescents Living with HIV (2013), the Botswana-Baylor Children's Clinical Centre of Excellence is a center for adolescences that test positive for HIV and provides in and outpatient services. 106 Botswana-Baylor has a comprehensive process where an adolescent is screened for HIV, if they test



⁹² World Health Organization, Policy Brief-HIV and Adolescents: HIV Testing and Counseling, Treatment and Care for Adolescence Living with HIV [Report], 2013.

⁹³ Ibid.

⁹⁴ Ibid.

⁹⁵ Ibid.

⁹⁶ Ibid.

⁹⁷ Ibid.

⁹⁸ Ibid.

UNESCO, Young People Today, Time to Act Now [Report], 2013; UN General Assembly, Political Declaration on HIV and (A/RES/65/277), 2011; UN General Assembly, AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS (A/65/L.77), 2011.
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World Health Organization, Policy Brief-HIV and Adolescents: HIV Testing and Counseling, Treatment and Care for Adolescence Living with HIV [Report], 2013.

¹⁰² Office of the Secretary-General's Envoy on Youth, UNAIDS and Youth [Article], 2013.

World Health Organization, Policy Brief-HIV and Adolescents: HIV Testing and Counseling, Treatment and Care for Adolescence Living with HIV [Report], 2013.

¹⁰⁴ Ibid

¹⁰⁵ WHO, HIV and Adolescents: Guidance for HIV Testing and Counseling and Care for Adolescents Living with HIV [Report], 2013.

¹⁰⁶ Ibid.

positive, the next step is to create individualist programs to help adolescents adhere to treatment and lower high-risk behaviors. ¹⁰⁷ Adolescences are provided with supplemental support for the adolescent's family in how to help with the treatment process, nutritional support, and home care visits. ¹⁰⁸ Patients are giving access to educational services including transitional education for when adolescents become adults, and pregnant adolescents are provided with support groups to teach parenting skills and support for returning to their education. ¹⁰⁹ A big success for the Centre of Excellence is the amount of outreach teen clubs, partnerships with community service organizations and non-governmental organizations (NGO's) in the area. ¹¹⁰

In the United Nations Educational, Scientific and Cultural Organization's (UNESCO) report *Young People Today, Time to Act Now*, it discusses the necessity of integrating HIV and sexual and reproductive health (SRH) into youth services, which is seen as a positive development. When it comes to areas such as sub-Saharan Africa, there is strong support for youth friendly services but there is a large challenge in terms of how to properly integrate the two. Having HIV and SRH services in the same facilities allows for services to be more comprehensive care without adolescents having to visit multiple health care facilities in multiple places. It Integrating HIV and SRH services give adolescence greater access to other health services including family planning and reduced costs. Community engagement is a leading factor in tackling HIV-related stigma and discrimination by providing much needed support to adolescents and their families. In UNICEF's report *Towards an AIDS Free Generation*, an eight-country analysis found that in almost all cases, community-lead advocacy helped to publicize any obstacles to access and treatment of HIV. Community engagement is instrumental in addressing HIV-related stigma and discrimination and has larger support for promoting human rights.

Recent Developments

Building on the work of the latest reports and resolutions engaged in HIV and AIDS, the AIDS Alliance conducted a survey called *Family Planning 2013: Visions, Voices, and Priorities of Young People Living With and Affected by HIV* (2013).¹¹⁸ This survey was conducted with the majority of the participants being those who identified as homosexual, transgender, or bisexual.¹¹⁹ One issue addressed was the board's emphasis on the violation of gender inequality and overall rights violations are a barrier for young people having access to sexual and reproductive services.¹²⁰ One way to reduce these incidences is by having you-friendly services.¹²¹ Those involved in the survey called for a greater role of governments to protect young people's rights.¹²² This protection includes elimination of discriminatory laws that can lead to a decreased availability of medical services.¹²³ One key aspect of the survey was a call for greater participation of youth in HIV/AIDS programs.¹²⁴ One method of achieving this increased participation is to create space for youth to have the opportunity to be involved in promoting human rights, anti-discriminatory practices that can lead to gender-based violence and inhibit access to health services.¹²⁵ A major discussion amongst the survey participants was the elimination of laws that prevent young people from accessing

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<sup>107</sup> Ibid.
<sup>108</sup> Ibid.
<sup>109</sup> Ibid.
110 Ibid.
<sup>111</sup> UNESCO, Young People Today, Time to Act Now [Report], 2013.
112 Ibid.
113 Ibid.
114 Ibid.
<sup>115</sup> UNICEF, Towards an AIDS Free Generation [Report], 2013.
116 Ibid.
<sup>117</sup> Ibid.
<sup>118</sup> AIDS Alliance, Family Planning 2013: Visions, Voices, and Priorities of Young People Living With and Affected by HIV
             [Report], 2013.
<sup>119</sup> Ibid.
<sup>120</sup> Ibid.
<sup>121</sup> Ibid.
122 Ibid.
123 Ibid.
124 Ibid.
125 Ibid.
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sexual and reproductive health services. ¹²⁶ This is especially important for young women. ¹²⁷ The necessity for women to have access to comprehensive sexual and reproductive health services can not only reduce the risk of unwanted pregnancy, but reduce increased cases of HIV. For women who are living with HIV, having access to sexual and reproductive health services decreases the chance of mother-to-baby infection. Many survey participants call on the legal age for distribution of services including contraceptives to be lowered to less than 18 years of age. ¹²⁸

In 2013, the United Nations General Assembly (GA) conducted a review of the progress in reaching the goals of the 20112 United Nations Political Deceleration on HIV and AIDS. The resulting report *Construction of Core Indicators for Monitoring the 2011 United Nations Political Declaration on HIV and AIDS*, guidelines created provide Member States with detailed information on how to continue with the next phase of global AIDS response progress. progress towards reaching the bold targets and commitments of the 2011 United Nations Political Declaration on HIV and AIDS. These guidelines provide UN Member States with detailed information on how to conduct the next round of global AIDS response in 2014 including prevalent misunderstandings about HIV and AIDS among youth and sexual prevalence rates among teenagers. The UNAIDS report *Thematic Segment: HIV*, *Adolescents and Youth* takes the indicators the *Construction of Core* report and focuses on how developing and implementing HIV programs for young people requires the special psychological, physical, and social change that young people are experiencing. Their behaviors are obtusely influenced by their peers, parents and their community as a whole. 129

There have been a number of conferences, including those that target youth based initiatives produced by adolescents and youths themselves, and unique partnerships that help promote the importance of youth participation in the fight against HIV. One of those unique partnerships is UNAIDS announced an expansion of its Treatment 2015 initiative with a grant from MAC Cosmetics. The \$2 million grant is from MAC Cosmetics MAC AIDS Fund. 130 The Wise Up programme was initiated by the United Nations Children's Fund (UNICEF) and the Government of Botswana to bring attention to the risk of HIV/AIDS. 131 The programme utilizes technology and social media such as sending text messages in categorized age groups informing them of upcoming events that are appropriate for their age group. 132 A drama group will conduct a 20 minute play with the goal of being able to discuss "complex and controversial" topics. 133 The themes may range from HIV/AIDS to transactional sex. 134 The youth involved in the program are attempting to alter risky behavior in their communities. 135 On December 7th, 2013 representatives from 21 countries in Eastern and Southern Africa endorsed the United Nations commitment for Eastern and Southern Africa by creating innovative recommendations in response to the education and health challenges young people are experiencing. 136 There has been a deficiency in recognizing the urgent need in increased sexual health services aimed at young people in their countries. ¹³⁷ In December, the International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA) in partnership with UNAIDS took place with young people from all over Africa affirming their commitment to see AIDS policy is fully integrated in Africa. ¹³⁸ The African Young Positives Network (AY+) collected over 5000 signatures calling for the end of AIDS by 2013.¹³⁹ Many of the conference attendees included international organizations and members of civil society were signatories. 140

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<sup>126</sup> Ibid.
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¹²⁷ Ibid.

¹²⁸ Ibid

¹²⁹ UNAIDS, Thematic segment: HIV, adolescents and youth [Report], 2013.

¹³⁰ UNAIDS, The MAC AIDS Fund, Rihanna and UNAIDS team up to reach nearly 2 million young people in need of lifesaving HIV treatment [Press Release], 2014.

¹³¹ UNAIDS, Wise Up programme uses theatre to raise awareness among youth in Bostswana about HIV/AIDS [Article], 2013.

¹³² Ibid.

¹³³ Ibid.

¹³⁴ Ibid.

¹³⁵ Ibid.

¹³⁶ Young People Today, *Time to Act Now* [Press Release], 2013.

¹³⁷ Ibid.

¹³⁸ UNAIDS, Youth Leaders affirm their commitment to ending the AIDS epidemic [Article], 2013.

¹³⁹ Ibid.

¹⁴⁰ Ibid.

The article *Walk in my shoes-UNAIDS Board devotes key session to HIV, adolescents and youth* revisits the recommendations reach at the Walk in my Shoes session held on 19 of December. ¹⁴¹ The session brought together a variety of young people from around the world who led the main session on HIV prevention, testing and treatment. ¹⁴² The young people looked into a variety of ideas, discussed solutions with the UNAIDS Board about the state and scope of HIV programs aimed at youths and adolescents. ¹⁴³ One major concern in the response to HIV is how young people can create a strong presence and take an active role in adopting strategies in the fight against HIV. ¹⁴⁴ They discussed how best to create quality health services and risk-reduction skills to help protect themselves and their peers. ¹⁴⁵ They recognized that HIV treatment and prevention access is used at a lower rate then people older and the urgent need for youth-friendly programs. ¹⁴⁶ The importance of linking HIV with other sexual and reproductive health services was discussed. ¹⁴⁷

Conclusion

With the various health needs and concerns people with face living with and attempting to prevent HIV, the added struggle of being and adolescent, especially in key high-risk areas for HIV infection creates a special set of circumstances needed to be addressed. UNAIDS has highlighted some important issues going forward including a more comprehensive integration of sexual and reproductive health services and a larger presence of youth in the creation and implementation of HIV policy. There needs to be special attention given to girls and women and the unique situations they are faced with including pregnancy and having lower rates of access to birth control then men. Using youth organizations and youth-friendly policies can help in reducing the risk and infection of adolescents.



¹⁴¹ UNAIDS, Walk in my shoes-UNAIDS Board devotes key session to HIV, adolescents and youth [Article], 2013.

¹⁴² Ibid.

¹⁴³ Ibid.

¹⁴⁴ Ibid.

Ibid.

¹⁴⁵ Ibid.

¹⁴⁶ Ibid.

¹⁴⁷ Ibid.

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These are the results of a recent survey AIDS Alliance conducted amongst adolescents predominantly those who identify as homosexual, transgender, and bisexual and living with HIV. The survey asked them a series of questions related to HIV/AIDS and allowed them to elaborate on HIV-related issues including access to health care, stigma and discrimination and community action. It detailed how to create approaches to reach adolescents living with HIV, how to better foster needed medical facilities and policy, and how law can prevent adolescents, especially women and adolescents under 18 from gaining access to much needed HIV screening, treatment and counseling.

United Nations Educational, Scientific and Cultural Organization. (2013). *Young People Today, Time to Act Now* [Report]. Retrieved 6 January 2014 from:

http://res.cloudinary.com/netizn/image/upload/v1380819317/Final_summary_report_03_10_msuqnc.pdf

This report outlines important steps taken in integrating better health services and community action for adolescents including better access antiretroviral (ART) and attempting to created more youth-friendly programs. It goes into detail about how important it is when discussing youth-friendly programs how combining HIV and sexual and reproductive health (SRH) treatment benefits in reduction of cost, greater confidentiality, and providing a wide range of health services.

United Nations Joint Programme on HIV/AIDS. (2013). Walk in my shoes-UNAIDS Board devotes key session to HIV, adolescents and youth [Article]. Retrieved 30 December 2013 from:

http://www.unaids.org/en/resources/presscentre/featurestories/2013/december/20131220youth/

This article goes in depth about the UNAIDS Walk in my Shoe special session. It brought young people from all over the world to discuss a variety of HIV-related issues and how young people can have a more visible and stronger role in the fight against HIV. The sessions and main debate was lead by the youth leaders themselves and some leaders from international organizations and civil service where in attendance.

World Health Organization. (2013). HIV and Adolescents: Guidance for HIV Testing and Counseling and Care for Adolescents Living with HIV [Report]. Retrieved 30 December 2013 from: http://apps.who.int/iris/bitstream/10665/94334/1/9789241506168_eng.pdf

The "HIV and Adolescents" report gives an overall account for the state of HIV-related testing and services around the world. It gives regional breakdowns of where new rates of HIV infection amongst adolescent is prominent and gives recommendations on how to better facilitate HIV-testing, health services, how to deal with adolescent women who are pregnant and how to approach creating long-term, consistent, and healthy treatment for adolescent who are going thorough perpetual changes in their physical growth and health.

World Health Organization. (2013). Policy Brief-HIV and Adolescents: HIV Testing and Counseling, Treatment and Care for Adolescence Living with HIV [Report]. Retrieved 30 December 2013 from: http://apps.who.int/iris/bitstream/10665/94561/1/9789241506526_eng.pdf

This document gives detailed policy initiatives from individual countries. It details each countries plan for implementing youth services and show where the funds are being place, where these policies are being successful and why. It also gives recommendations based on each individual countries unique goals and needs.

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