National Model United Nations • New York

Conference A

30 March – 3 April 2014

Documentation of the Work of the Joint UN Programme on HIV/AIDS

Joint United Nations Programme on HIV/AIDS (UNAIDS)

Committee Staff

Director	Camille Ellison
Assistant Director	N/A
Chair	Melissa Alexandra Vida
Rapporteur	Melissa Alexandra Vida

Agenda

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

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

3. *Promoting Social Transformation in the Global AIDS Response though Youth Organizations*

Delegate Awards

- *Norway*

Resolutions adopted by the committee

Document Code	**Topic**
UNAIDS/1/1	*Eliminating HIV-Related Stigma, Discrimination and Human Rights Violations*
UNAIDS/2/1	*Impact of the Global Financial and Economic Crisis on the AIDS Response*

Summary Report

The UNAIDS Committee held its annual session to consider the following agenda: 1) Eliminating HIV-Related Stigma, Discrimination and Human Rights Violations, 2) Impact of the Global Financial and Economic Crisis on the AIDS Response, 3) Promoting Social Transformation in the Global AIDS Response through Youth Organizations. This session was attended by 22 countries.

At the first session, on Sunday March 29, the committee came into order at 8pm. After roll-call, a new speakers' list was open and the delegates gave a few speeches pertaining to the setting of the Agenda order. The body took several caucuses discussing the Agenda order. There were 8 motions on the floor to set the agenda order. The Agenda was adopted in order 1, 2, 3 before the close of the committee session.

At its second session, on Monday March 30 afternoon, a motion was directly put forth to set the speakers' time at two minutes instead of 90 seconds. However, it did not get the sufficient majority to pass. The session was punctuated by suspensions, where about four working groups have been forming on a theme-related basis. There has seemed to be a good division of the work according to these subtopics. The sponsor and signatory threshold has been set at 20% of the size of the committee, thus a minimum of 5 sponsors and signatories and at least one sponsor per working paper.

The third session began by providing the body with printed report templates for the working groups to base on. The roll-call registered two absents and the committee proceeded to the speakers' list. Long suspensions underlined this committee session since working groups were finalizing their first working paper draft and five thematic working papers were submitted to the Dais at this time. The subtopics that were emphasized were Cultural sensitivity and Awareness; Oversight, Guidelines and Regulations; Legal Reformation; Gender Equality; and Regional Approach.

The next morning, Tuesday April 1, was focused on the first round of editing. Another motion to set the speakers' time at 2 minutes was put on the floor but it had failed after a suspension of the meeting and the speakers' time remained at 90 seconds. During this session, the Dais has begun editing the following working papers for the first time, according to their subtopic: Gender Equality; Media and Framework; Oversight, Guidelines, Regulations; Legal Reformation; Cultural Sensitivity and Awareness. After a while, they had all been sent back to the body for further modifications. Two more working papers were submitted to the dais. These are known as the ….. At this time, the dais notified the committee that no more working paper would be accepted for a first review.

At its fifth session, the UNAIDS committee was engaged in improving the second draft working papers. The dais has received the following working paper for second editions during the first part of this session: Legal Framework, Cultural Sensitivity and Awareness and Oversight, Guidelines and Regulations. The body has also been reminded by the procedures regarding amendments, which only pertain to Recommendations and Conclusions. The number of sponsors and signatories for unfriendly amendments has been set at five. At this time, the dais is starting to consider approving working papers and several second editions of working papers have been sent back to the working groups in order to have them improved.

The sixth session of the body was divided between several working groups, all improving their working papers on a formal and substantial level. It also experienced a shift in majority, which moved from 10 to 11, due to an increased number of delegates present. At 8pm, five on seven second edits have been handed in to the Dais. The Director reviewed them a third time to be certain of their formality and substantial coherence. to have them finalized before the final approval of the Director. At 8.15, the two first Draft Report Segments have been approved as: DR/1/1: OVERSIGHT, GUIDELINES, AND REGULATIONS and DR/1/2: CULTURAL SENSITIVITY AND AWARENESS. Since the committee has been working cohesively, the first DR/1/1 was aiming at becoming the overall framework of the report to be adopted and DR/1/2 targeted an approach that would take cultural dimensions into account. The meeting's suspension were shorter than previously and the committee was punctuated by interventions on the speakers' list. At 8.50, twop more working papers have been accepted by the dais, which are: DR/1/3 and DR/1/4. The first is related to "GENDER RELATED DISCRIMINATION IN THE HIV/AIDS CONTEXT" and the second's subtopic title is "REGIONAL-BASED APPROACHES TOWARDS IMPROVING

HIV/AIDS". During this suspension of the meeting, the last second edit (regarding the Media Framework subtopic) has been sent out. Then, three more working papers have been approved before the end of the session: DR/1/5: "ELIMINATING HIV-RELATED STIGMA AND DISCRIMINATION THROUGH EDUCATION", DR/1/6: LEGAL REFORMATION, and finally, DR/1/7: MEDIA FRAMEWORK. Printed versions of all of these draft report segments have been delivered to the body before the end of the session. Two motions, pertaining to the closing of speakers' list and the closing of the debate have failed five minutes before the session ended because a few amendments had not been submitted at that time. It was clear that the delegates would be ready to directly move into voting block during the next morning, Wednesday April 2.

The seventh session was highly awaited by the delegates since the body was expected to move into voting procedure on the seven draft report segments that were on the floor. Before moving for a motion to close the debate, the dais entertained a motion to suspend the meeting for a period of 15 minutes to allow the delegates to begin voting block with a clear mind. When the committee came back into formal session, a motion to close the debate was put forth and voted on positively (18 in favor and 2 in opposition). After having been thoroughly reminded of the procedural roll-out of voting session, the committee clearly was in a consensual place. Three friendly amendments have submitted regarding, respectively, DR1/1, DR1/2, DR1/3. Then, one by one, all Introductions and all Conclusions and Recommendations have been adopted by acclamation, by a total of 14 votes. Seven draft report segments have thus become seven report segments, with the final goal of becoming a comprehensive report.
At 9.38, the committee then moved to the next topic and opened a new speakers' list in order to discuss "Impact of the Global Financial and Economic Crisis on the AIDS Response". A new cycle began and it seemed that the delegates already knew how to share the amount of work amongst themselves. The negotiations were orderly and before the committee session began, the dais had already received a working paper pertaining to the second topic.

The last session, on Wednesday April 2 at 2pm, has begun by notifying the committee that no more working papers would be accepted. A total of five working papers had been submitted in the meantime and the dais proceeded in reviewing them. They also have been divided according to dimensions of the current topic: Public-Private Partnerships, Sustainable Development and Healthcare, Regional Cooperation, Cost-Minimization, Monitoring and Efficiency solutions. After two suspensions of the meeting, DR2/1, regarding the Private-Public Partnerships Dimension – "INCREASING THE EFFICIENCY OF HIV/AIDS RESPONSE THROUGH PUBLIC-PRIVATE PARTNERSHIPS"- has been approved. The Director has accepted a second draft report segment (DR/2/2) during a third suspension of the meeting. This last paper was named as follows: "INTERNATIONAL DEVELOPMENT THROUGH HEALTHCARE INVESTMENTS". Then, two motions have been put on the floor: a motion to close the debate and a motion to close the speakers' list. Since the former takes precedence on the latter; we proceeded on the vote of closure of debate while no amendments had been submitted to the dais. Two speakers spoke in opposition to this motion and the vote passed since the number of positive votes was precisely the 2/3 threshold of the committee session. The body moved to vote on the DR2/1 at 4.30. Two motions to vote the Introduction, and then the Conclusions and Recommendations, by acclamation have been put forth. However, these have failed and the body voted with their placards. Both votes passed by 10 delegates in favor, 3 in opposition and 5 abstentions. The draft report segment DR/2/1 has thus been adopted. The second draft report segment, DR/2/2, has been adopted by acclamation. Two report segments have thus been adopted during this committee session, in the pursuance of becoming a UNAIDS on the second topic. In the final 20 minutes the Director declared announcements and the Chair entertained a motion to adjourn the meeting until next year. The UNAIDS meeting was adjourned to 2015 at 4.48 pm.

Code: UNAIDS/1/1
Committee: Joint United Nations Programme on HIV/AIDS
Topic: Eliminating HIV-Related Stigma, Discrimination, and Human Rights Violations

I. Introduction

A. OVERSIGHT, GUIDELINES, AND REGULATIONS

1. The Joint United Nations Programme on HIV/AIDS (UNAIDS) is committed to mitigating the HIV/AIDS epidemic. In the 2011 Declaration of Commitment on HIV/AIDS (A/RES/65/277), the committee specifically recognized that HIV-related stigma and discrimination hinders progress toward eliminating HIV/AIDS.

2. UNAIDS recognizes that each Member State shares the common goal of expanding on prior UN initiatives that have been effective in combatting the HIV/AIDS epidemic. As stated in the UNAIDS "Getting to Three Zeros Programme"—getting to zero new HIV infections, zero discrimination, and zero AIDS-related deaths—zero discrimination is a goal that cannot be measured statistically and therefore needs the upmost international cooperation.

B. CULTURAL SENSITIVITY AND AWARENESS

1. Populations around the world prescribe to different values, religions, and cultural beliefs that must be understood and respected by all foreign aid workers entering each Member State. It is the international community's responsibility to respond to the Human Immunodeficiency (HIV) and Autoimmune Deficiency Disorder (AIDS) epidemic and help the most affected and the world's least developed Member States; however, cultural sensitivity must be observed and upheld during all relief efforts. In order for the ongoing work to be relevant and effective in the affected States, collaboration with local governments, community members, community leaders and village/regional leaders is imperative to the success of the program.

2. In "A Cultural Approach to HIV/AIDS Prevention and Care," a report presented jointly by the United Nations Educational, Scientific, and Cultural Organization (UNESCO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) highlight cultural awareness as a necessity to effective HIV/AIDS treatment. Member States have diverse cultural frameworks in place which can make adaptation to programs employed less effective. Discrimination-reducing plans must be dealt with, planned and implemented at the national level, due to ethnic cleavages, and marginalized peoples which exist in each member state.

C. GENDER RELATED DISCRIMINATION IN THE HIV/AIDS CONTEXT

1. The Joint United Nations Programme on HIV and AIDS (UNAIDS) was established in 1994 by a resolution provided by the UN Economic and Social Council (ECOSOC) and was then launched in January 1996. It has repeatedly expressed its concern over HIV-related stigma, discrimination and human rights violations related to the gender perspective.
2. UNAIDS is deeply concerned about the fact that gender-based violence is strongly linked to new HIV infections. We acknowledge that 60 percent of HIV positive individuals are women and girls. Therefore, we recognize this specific group as one of the most vulnerable in the world.

3. The Convention on the Elimination of all Forms of Discrimination against Women and the UNAIDS Agenda for accelerated Country Action for Women, Girls, Gender Equality, and HIV provide an effective framework for combatting HIV-related stigma, discrimination and Human Rights violations, relating to the gender approach.

4. The Working with and for Women and Young People Initiative proclaimed by H.E. Secretary-General Ban Ki-Moon in his Five-Year Action Agenda of 2012 sets the objective to end violence against women and promotes women´s participation and engagement. We recognize these goals and their utmost importance to the continuing fight against HIV/AIDS related discrimination and stigmatization. Upholding them will improve the situation of women and girls and will decrease their risk of HIV/AIDS infection.

D. REGIONAL-BASED APPROACHES TOWARDS IMPROVING HIV/AIDS

1. The topic of "Eliminating HIV-Related Stigma, Discrimination and Human Rights Violations" is of critical concern for the well-being of humankind. Since UNAIDS was established, it has played a vital role in fighting the disease and improving the situation of HIV-infected people.

2. The International Covenant on Economic, Social and Cultural Rights (A/RES/2200A) calls on political authorities to protect and actively provide basic human rights, especially concerning health, equality and education. These rights have to be especially applied and interpreted in the context of the social environment of all individuals.

3. The General Assembly highlighted in the 2011 Political Declaration on HIV and AIDS: Intensifying our Efforts to Eliminate HIV/AIDS (A/RES/262) the necessity for regional-based approaches in fighting HIV/AIDS. Therefore, UNAIDS must focus on finding such solutions.

4. Members of the United Nations have continuously responded to the HIV/AIDS-epidemic since 2000 and HIV/AIDS has been included into the Millennium Development Goals (MDGs) as a priority issue. Specific targets were set to prevent the spread of the epidemic by 2015. The focus lies on guaranteeing universal access to prevention, treatment, care and support.

E. ELIMINATING HIV-RELATED STIGMA AND DISCRIMINATION THROUGH EDUCATION

Education programs both within the formal education institutions and in the wider public community remain some of the most comprehensive and effective approaches in combating HIV/AIDS discrimination and stigmatization. Key social groups of sexual health education include individuals living in rural areas, women and girls, children without access to primary and secondary education, as well as other marginalized groups.

F. LEGAL REFORMATION

1. The Joint United Nations Programme on HIV/AIDS (UNAIDS) has been heavily involved in passing legislation regarding Human immune deficiency and anti-retroviral immune deficiency disease through the Economic and Social Council (ECOSOC) and understands that eliminating HIV-related stigma, discrimination, and human rights violations should be addressed through international legal guidelines that will outline a framework for a multilateral approach to this issue.

2. The Universal Declaration of Human Rights, through the United Nations, has set forth international standards regarding disabilities. Furthermore, the United Nations Convention on Disabilities of 2006 legally protects those affected with HIV/AIDS from discrimination. However, individuals still lack access to the specifics regarding these document and the rights associated with them.

3. The International Guidelines on HIV/AIDS and Human Rights of 2006 assist Member States in creating a positive, rights-based response to HIV that is consistent with human rights and fundamental freedoms. These international efforts culminate in The International Task Team on HIV-related Travel Restrictions and their specific role in gathering support for anti-discrimination practices.

G. MEDIA FRAMEWORK

The Joint United Nations Programmes on HIV/AIDS (UNAIDS) was established in 1994 by a resolution of the United Nations Economic Social Council. Additionally, in December 2013, the "Zero Discrimination Day" was introduced in order to foster the eradication of HIV/AIDS and spread awareness on the issue. UNAIDS recognizes this international event as a framework for further public relations campaigns regarding this disease.

II. Mandate

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). 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. The comprehensive approach includes promoting human rights, eliminating stigma, and advancing gender equality. Resolution 1994/24 adopted by ECOSOC in July 1994 endorsed the establishment of the joint and cosponsored United Nations programme on HIV/AIDS as outlined in the annex to the resolution. The Programme Coordinating Board (PCB) acts as the governing body on all programmatic issues concerning policy, strategy, finance, monitoring and evaluation of UNAIDS. In order to carry out its functions the PCB shall be kept informed of all aspects of the development of UNAIDS and take into account, in matters of strategy and technical policy, the reports and recommendations.

III. Conclusions and Recommendations

A. OVERSIGHT, GUIDELINES, AND REGULATIONS

1. UNAIDS recommends to ECOSOC the establishment of six sub-groups, each focusing on one specific subtopic to eradicate the mitigation of HIV and AIDS related stigma, discrimination, and Human Rights violations. The subtopics include cultural sensitivity, gender equality, regional-based approaches, education, legal reformation and communication. There are, of course, more detailed aims of each sub-group, which are to be laid out in each respective section.

1. In addition to the establishment of six sub-groups, the pre-existing ‘Best Practice Collection’ should be strengthened in order to better facilitate sharing what each Member State has found to be the most effective and efficient manner of reducing stigma, discrimination, and Human Rights violations. UNAIDS strongly recommends more collaboration and direct interaction between Member States, non-state actors and NGOs. The goal of this Programme is to further efforts to reach the 2015 Millennium Development Goals, as stated in the United Nations Millennium Declaration A/RES/55/2 on 18 September 2000, specifically goals 6.A and 6.B. All Member States should be encouraged to provide updated progress information.

2. UNAIDS recognizes and stresses the importance of unity and cooperation throughout local, regional, and international levels as well as public and private partnerships. Moreover, this committee strongly recommends transparency between each Member State in order to make these discriminatory issues an international priority that is codified in the Universal Declaration of Human Rights. In order to openly communicate, Member States should present honest research about the level of stigma, discrimination, and Human Rights violations in respective Member States.

B. CULTURAL SENSITIVITY AND AWARENESS

1. The committee notes that efficient implementation of reduction of medical discrimination and media programs depend upon a link between culture and the HIV/AIDS response.

3. The committee recommends that foreign aid workers undergo training to be culturally sensitive prior to working in another Member State. The Campaign on HIV/AIDS Prevention (CAP) has successfully implemented cultural awareness in their employee training. Their interconnected training program allows for sensitivity in explaining the necessary information regarding HIV/AIDS prevention.

    a. UNAIDS recommends that Member States include cultural training in their employment programs. This will aid in employment acceptance among the community. Moreover, Member States will have influence over the content of their specific cultural training.

4. 4. Cultural sensitivity in the medical community is essential for fair and equal treatment of HIV/AIDS victims. The committee recognizes the work that has been done to train hospital and medical staff in Member States around the world in dealing with HIV/AIDS patients. However, we believe that work still needs to be done to ensure fair and equal treatment for those suffering from HIV/AIDS.

5. 5. The Board recognizes that in some regions ethnic and religious diversity may cause tension between conflicting parties involved. Understanding these tensions will allow workers to work safely and competently in potentially hostile environments.

6. We recommend that the Economic and Social Council (ECOSOC) includes new curriculum into existing training programs for doctors, psychological workers and hospital staff headed to new states.

    a. The committee recommends that a handbook is created following the format of the ECOSOC's Training Manual on Indigenous People's Issues, for each country that aid workers are entering, drafted by the national governments, which outline the different regional cultures, and issues facing the people in the regions.

7. Additionally, we recommend utilizing services provided by Non-Government Organizations (NGO's) and promoting the use of these programs.

    a. For example, Oxfam International has financed the training of 266 health workers in Mozambique. Their program helps to test and diagnose HIV/AIDS as well as deliver Antiretroviral (ARV) treatment to those affected in a safe environment.

    b. In South Africa, Oxfam Australia manages Project Empower, which aims at strengthening and supporting the HIV/AIDS response using initiatives found in UNRES 2007/32. Project Empower utilizes Civil Society Organizations (CSOs) to create a culturally sensitive response to those affected by the HIV/AIDS pandemic.

8. UNAIDS recognizes the success that has been achieved already in implementing programs targeted at dealing with the HIV/AIDS epidemic with a culturally sensitive approach. The Board is convinced that implementing local and regional programs will promote changes and solutions which are appropriate to their settings

    a. Programs such as the Southern Africa HIV/AIDS Information Dissemination Service, which work on the socio-economic, political and cultural perspectives of the States located in Southern Africa, and the Behavior Change and Communication Program in Guyana work to develop a program for educating and sensitizing local health workers and staff members to cultural norms.

    b. The Behavior Change and Communication Program includes community member training by government employees to operate the health related programs. These experts have become sensitized to local issues, and as a result have been empowered to work within and lead the organizations.

8. We claim that if the stigmatized populations are working within the movements, then more effective and specified programs can be implemented within affected areas. Changes and solutions that result from this type of organization, ground up and community-oriented, have a greater chance of being successful in regional areas, connecting on a personal level with the people targeted by the discrimination reducing programs and encouraging general population participation in the stigma-reducing conversation and HIV/AIDS education programs.

C. GENDER RELATED DISCRIMINATION IN THE HIV/AIDS CONTEXT

1. The high potential of synergies that could evolve from the collaboration of different actors working in the HIV/AIDS field is recognized and valued by this body. Therefore, all Member States, civil society organizations, and all UN entities should work together in order to reduce any factors that put women and girls at greater risk of HIV in the pursuance of efficiently tackling discrimination against women and girls living with HIV/AIDS.

2. The gender dimension of discrimination and stigmatization needs to be taken into consideration in all UNAIDS programs and activities. In addition, UNAIDS commits itself to continue to host the Global Coalition on Women and AIDS.

3. Strengthening the relationship and cooperation between UNAIDS and the United Nations Entity for Gender Equality and the Empowerment of Women (UNWOMEN) is of great importance to tackle gender-related stigmatization and discrimination of people living with HIV/AIDS. In order to achieve these goals, the following measures will take place:

    a. A meeting of experts from both UN entities should be established for the purpose of discussing previous action and coordinating future cooperation. These synergies have the power to prevent any duplication and increase the efficiency of the HIV/AIDS response. In addition to their already existing collaboration, this meeting should exclusively be dedicated to planning the future common actions of these bodies with regard to anti-discrimination measures related to women with HIV/AIDS.

    b. The provision of resources from this body to UNWOMEN field offices and programs should help combat HIV/AIDS stigmatization of women and girls.

4. Considering the gender dimension is an essential part of all effective HIV/AIDS responses. Therefore, all Member States are encouraged to include measures tackling HIV/AIDS-related gender and women's issues in their national strategies, containing, but not limited to :

    a. The inclusion of women's organizations in the decision-making process of the Member States HIV/AIDS response. The additional input provided by these organizations could allow for a more comprehensive and efficient approach to gender-related HIV/AIDS discrimination.

    b. The creation of programs that model the same framework as the already successful Programme on Sexual Health and Human Rights (PROSAD), which provide women with information and services concerning their basic rights, family planning, sexual and reproductive health, and HIV/AIDS prevention, care, and treatment.

    c. The establishment of an interactive online system for women, which could allow them to anonymously access general information about HIV/AIDS, prevention of infection, and methods of treatment. Thereby, information would be available for women and girls without having to fear any kind of discrimination or stigmatization.

5. The perspective and ideas of women should be integrated in the planning and execution of the HIV/AIDS response in order to create a more comprehensive approach. Therefore we encourage all Member States to foster employment of women in HIV/AIDS response agencies.

6. The provision of information about mother-to-child transmission to women by national healthcare services is of utmost importance in order to further reduce the rate of children born with HIV. We also draw the attention of all Member States to programs, such as mother-to-mother organizations, in which HIV positive mothers whose child was not infected by the virus council HIV-positive women during their pregnancy. Such projects have proven to be very efficient in providing peer-to-peer information and support.

D. REGIONAL-BASED APPRACHES TOWARDS IMPROVING HIV/AIDS

1. Discrimination and Stigmatization of HIV-infected often derives from a social environment that treats them with immense prejudice and, all too often, hostility. Therefore, UNAIDS identifies the community level as the area in which priority action should be taken; with a special focus on the younger generation within vulnerable communities.

2. Access to antiretroviral therapy (ART), especially in rural areas, should always be available and should be included in the basic supply of standard medical infrastructure. Furthermore, it is of utmost importance that people pass HIV-tests under absolute confidentiality and in a respectful relationship with their doctor at their local medical hub.

3. In order to eliminate barriers to treatment, the cost of ART has to be decreased to support the needs of individuals of every socio-economic background. Thus, countries that do not have the means to receive treatment on their own budgetary means should be able to get assistance by the Global Fund and/or private donors and/or any willing Member State of the United Nations.

4. Healthcare for HIV-infected pregnant women in rural areas is insufficient in regards to ensuring the health of the new-born child. Mother-to-child transfection often occurs due to a lack of knowledge of the mother's HIV-status and access to proper medication. This violates the right of every individual to be born in a healthy conditions. UNAIDS should start fostering this aim on a regional basis in order to reach the core of the community.

5. UNAIDS recommends the following municipal-centered initiatives, focusing on the smallest unit of humans' cohabitation, starting from the partnership, the family, the village and up to the municipal level. This initiative will complement already existing measures that provide a similar kind of care on regional or national levels and therefore will have the capability to further reach individuals' lives in a more direct and immediate way.

    a. Communities that are struck by a high HIV-rate and do not have the capabilities to deal with it by themselves shall be provided with the following support measures in order to improve the overall situation of HIV-infected people and hence, automatically reduce their stigmatization and discrimination:

        i. Free ART for HIV-infected people.
        ii. Free HIV-tests at hospitals or local medical hubs under total confidentiality.
        iii. Training all professional medical staff that is in contact with HIV-infected people, especially regarding the issue of stigma and discrimination.
        iv. Special care for HIV-orphans.

    b. The program will firstly be implemented in selected communities only. The selection criterion is based on an extraordinarily high HIV-infection rate. Interested communities are allowed to apply to be part of the program, while always respecting Member States' sovereignty according to Article 2 of the United Nations Charter. After these steps UNAIDS, in close cooperation with the World Health Organization (WHO), will choose the communities in which the first program(s) will start.

    c. UNAIDS proposes that the program be implemented within already existing regional structure, e.g. regions of the WHO or national programs, in order to be more cost-effective and efficient.

    d. The initiative shall be funded by either the Global Fund and/or private donors and/or any willing Member State of the United Nations.

    e. The progress that is achieved by the initiative shall be monitored, evaluated and shared through best-practice exchanges and hence be made available to other interested regions and communities.

    f. If the regional initiatives prove to be successful, UNAIDS will decide in cooperation with the WHO whether and how the program might be extended to other regions.

E. ELIMINATING HIV-RELATED STIGMA AND DISCRIMINATION THROUGH EDUCATION

1. We are committed to fostering greater collaboration and development between the public and private sectors as well as civil society partners in order to strengthen current sexual health education programs. UNAIDS recognizes that, particularly in rural areas, education infrastructure is often missing and many children do not have access to formal school education. This gap impedes the spread of information about HIV/AIDS prevention and the reduction of stigma against individuals with HIV/AIDS.

    a. UNAIDS advocates for a commitment to incorporate education programs and activities in rural areas. This will increase efforts to provide HIV/AIDS-related education in remote areas. The

committee recognizes that there are children in many regions without access to primary and secondary education and that these children frequently are particularly vulnerable to HIV/AIDS infection.

b. Outreach programs reduce the stigma surrounding HIV/AIDS and allow for a more open dialogue about HIV prevention. UNAIDS recommends the creation of a circuit of workshops targeted at adolescents who are not in regular attendance of school. UNAIDS suggests that such workshops be conducted in rural areas that are commonly frequented locations. They would include the following elements:
    i. Interactive dialogue.
    ii. Problem-solving exercises.
    iii. Culturally sensitive imagery to explain.

2. UNAIDS recommends the implementation of a global comprehensive approach to promote human rights, eliminate the HIV-related stigma, and provide gender-neutral access to HIV-related education programs. This should be done through improving access to sexual health education and health services, especially for marginalized groups, as well as through working partnerships with existing organizational structures including religious groups and Non-Governmental Organizations (NGOs).

    a. NGOs, such as Oxfam, help in targeting communities who are disproportionately affected by HIV and AIDS. Due to their record of support, strengthening partnerships with NGOs and Civil Society Organizations (CSOs) is essential in combating HIV/ AIDS among affected communities.

    b. UNAIDS encourages increased cooperation with NGOs that prove effective at targeting communities that have been traditionally marginalized, stigmatized or otherwise discriminated against.

3. UNAIDS suggests that all genders receive education about safe sexual practices, including, but not limited to, the use of condoms and information about the risk of having multiple sexual partners. HIV/AIDS should be acknowledged not only as an issue affecting all genders but also one that girls and women should play an important role in solving.

F. LEGAL REFORMATION

1. Member State health systems differ in providing treatment and viable information regarding HIV/AIDS. It is why we suggest that people living with HIV/AIDS have full access to health treatment internationally.

    a. HIV/AIDS should be treated with the same standards of healthcare legislation as other diseases or illnesses which are specific to each Member State. However, healthcare systems are required to maintain the highest possible treatment regardless of a person's condition. Additionally, medical professionals must be held accountable.

    b. According to each national legislation, medical staff should provide full-scale medical attention to people living with HIV/AIDS. HIV/AIDS may never be the reason for a patient to be turned down by medical staff.

2. People living with HIV/AIDS with limited access to appropriate legal services enabling them to combat unlawful discrimination regarding their condition need greater protection in law-enforcement mechanisms. UNAIDS proposes that protection against discrimination regarding HIV/AIDS be resolved through Member States' legal and justice systems.

    a. UNAIDS suggests that Member States use the Universal Declaration of Human Rights as a comparison framework for their respective legislation.

    b. We suggest that Member States implement anti-discrimination legislation that is especially inclusive of people living with HIV/AIDS.

c. Public legal services must be put in place to provide effective and full legal protection against discrimination, promoting justice for unlawful actions directly related to HIV/AIDS.

3. Regarding discriminatory travel regulations, Global Commission on HIV and the Law urges countries to repeal punitive law. We encourage Member States to evaluate both their international and domestic travel standards regarding people living with HIV/AIDS.

    a. Member States should maintain or establish unrestricted entry into their countries for all individuals regardless of their medical conditions.

    b. Individuals with medical conditions, such as HIV/AIDS, should not face any restrictions in their mobility within their country of residence.

4. UNAIDS proposes that ECOSOC would provide recognition to companies that are dedicated to the UNAIDS mission of eliminating social discrimination and stigma attached to HIV/AIDS. Companies that show support for the eradication of HIV/AIDS shall be recognized by ECOSOC as "Red Ribbon Businesses." Being internationally recognized as a "Red Ribbon Business" may reflect positively on the image of the institution.

G. MEDIA FRAMEWORK

2. UNAIDS recognizes the importance of media in combating stigma and discrimination concerning HIV/AIDS. Therefore, we encourage cooperation in developing an international campaign targeted at those individuals affected with HIV/AIDS. This campaign aims at increasing global HIV/AIDS awareness by 20%. Moreover, it seeks to foster the medical and psychological help procured provided to people affected by HIV/AIDS by 10% and to foster community support.

    a. The percentages set forth are ambitious but allow a measurable standard for success in our endeavor.

    b. Additionally, success will be measured qualitatively through a survey conducted prior and post the campaign to assess the elimination of prejudices or misperceptions about HIV. The survey should include the following questions:

        i. On a scale of 0 to 10, how would you estimate your knowledge about AIDS/HIV?

        ii. Would you attribute any increase in your awareness about HIV/AIDS to the media campaign conducted in your country in relation with "Zero Discrimination" campaign?

    c. Experts selected by UNAIDS will be responsible for a statistical analysis on the data collected. Member States endorse the public release of this analysis in order to ensure transparency and achieve improvement in future campaign efforts.

3. This campaign suggests a countdown to March 1st, "Zero Discrimination Day" starting thirty days prior to it. At the conclusion of this period, Member States will be responsible for hosting entertainment activities to maximize awareness at the discretion of their culture, region, and financial capabilities. Examples of entertainment events include activities such as sporting events or concerts and should incorporate brands with a recognizable social presence, specifically targeting the youth.

4. Member States and NGOs are advised to provide resources, such as informative materials for people living with or affected by HIV/AIDS, as part of the respective national campaigns. These services should include - but are not limited to - access to prevention treatments, psychological support, as well as providing specific information regarding this disease.

a. UNAIDS similarly proposes to capitalize on NGO networks as they often have greater access to remote and rural populations. As such, we support increased collaboration with NGOs to help disseminate effective communication strategies.

b. UNAIDS also recommends different communication channels to reach people living in rural areas, such as: television, radio, bus advertisements, leaflets, and/or billboards for rural communities without access to modern mediums. Consequently, both stigmatization and discrimination of those living with HIV and AIDS can be defeated in rural areas where these problems are particularly extreme.

Code: UNAIDS/2/1
Committee: Joint United Nations Programme on HIV/AIDS (UNAIDS)
Topic: Impact of the Global Financial and Economic Crisis on the AIDS Response

I. Introduction

A. INCREASING THE EFFICIENCY OF HIV/AIDS-RESPONSE THROUGH PUBLIC-PRIVATE-PARTNERSHIPS

1. UNAIDS recognizes the threat of the global economic and financial crisis on the worldwide HIV/AIDS-response as outlined in the 2011 Political Declaration of HIV/AIDS (A/RES/65/277). Therefore, new and innovative ways have to be found in order to combat the epidemic without increasing funding.

2. UNAIDS emphasizes the beneficial character of Public-Private Partnerships (PPPs), as outlined in the UNAIDS report on HIV-related Public-Private-Partnerships and Health Systems Strengthening (UNAIDS/09.26E/JC1721E).

3. UNAIDS underlines the importance of collecting experts from multiple fields in both the private and public sectors to develop a multi-dimensional and multi-lateral approach to tackle both shortfalls in finance and lack of efficiency caused by the global financial and economic crisis.

B. INTERNATIONAL DEVELOPMENT THROUGH SUSTAINABLE HEALTHCARE INVESTMENTS

1. The Joint United Nations Programme on HIV/AIDS (UNAIDS) is committed to providing a sustainable approach to the global financial and economic crisis in an effort to combat HIV/AIDS.

2. The Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS aims to invest 24 billion dollars globally in both middle and low income countries by 2015. In conjunction with The Global Fund to Fight AIDS, Tuberculosis, and Malaria, UNAIDS aims to disburse international funds to support sustainability in developing countries. Their model provides a strong framework for guiding the international community on future investments and allows the recipient country to retain autonomy in decision-making processes.

3. The committee believes that this framework of international development will accomplish the United Nations Millennium Development Goal regarding combating HIV/AIDS, malaria, and other disease, which achieves universal access to treatment for HIV/AIDS for all those who need it and A/RES/67/164, which stresses the need for sustainable development and promotion of social inclusion for those living in extreme poverty, including communities affected by HIV/AIDS.

II. Mandate

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). 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. The comprehensive approach includes promoting human rights, eliminating stigma, and advancing gender equality. Resolution 1994/24 adopted by ECOSOC in July 1994 endorsed the establishment of the joint and cosponsored United Nations programme on HIV/AIDS as outlined in the annex to the resolution. The Programme Coordinating Board (PCB) acts as the governing body on all programmatic issues concerning policy, strategy, finance, monitoring and evaluation of UNAIDS. In order to carry out its functions the PCB shall be kept informed of all aspects of the development of UNAIDS and take into account, in matters of strategy and technical policy, the reports and recommendations.

III. Conclusions and Recommendations

A. INCREASING THE EFFICIENCY OF HIV/AIDS-RESPONSE THROUGH PUBLIC-PRIVATE-PARTNERSHIPS

1. As the global financial and economic crisis has caused shortfalls in funding, UNAIDS must find a way to ensure maximum efficiency in existing budgets and programs. Hence, UNAIDS recognizes the importance of the private sector's role in finding new and innovative ways to mitigate the burden of the financial crisis.

2. PPPs are expected to benefit both private companies and Member States. Through these partnerships, Member States shall receive help, such as medical personnel training, expertise and/or more affordable medication, while private companies would be granted better access to the local and national markets as well as special cultural training. Hence, both parties would benefit from involvement; not only monetarily, but also structurally and on a cultural level.

3. PPPs have proven to be increasingly successful in many Member States to effectively shorten the state's usual bureaucratic processing time. Moreover, PPPs provide a different angle to combat HIV/AIDS than traditional methods. Therefore UNAIDS proposes the following solutions:

    a. In order to foster PPPs and enable the private sector and interested Member States to more easily connect and cooperate with each other, UNAIDS recommends to establish a coordinating board for PPPs.

        i. The new 3PCB (PPP-Coordinating Board) should be established within the Communications and Global Advocacy Department of UNAIDS.
        ii. The 3PCB is not only meant to match Member States with companies in the private sector, and vice versa, but also to provide relative information and resources for the use of the two bodies.
        iii. UNAIDS proposes the board be comprised of regional experts from the World Health Organization (WHO), as well as experts on HIV/AIDS from Member States interested in PPPs.
        iv. The experiences that have been gathered through PPPs shall be shared within 3PCB as best-practice-sharing measures in order to improve future cooperation.

    b. All Member States and interested companies in the private sectors are encouraged to actively participate in the 3PCB.

4. UNAIDS shall adopt practices proven to be effective within the 3PCB in its own universal effort to combat the HIV/AIDS epidemic.

B. INTERNATIONAL DEVELOPMENT THROUGH SUSTAINABLE HEALTHCARE INVESTMENTS

1. The current strategy towards international healthcare aid is focused on a targeting specific diseases. UNAIDS encourages a people-centered approach, which accounts for the overall health of an individual, where investments are made in sustainable healthcare funding. The goal is that through these investments middle and low income countries will have the capabilities to provide health care for their citizens, thus achieving human security.

2. UNAIDS proposes current investments to be directed towards three major segments, listed below. The allocation of these funds will be determined annually through the UNAIDS board based on the needs of the middle and low income countries.

    a. Investment in equipment, technology, hospitals, and clinics infrastructure is essential to strengthen the HIV/AIDS and other infectious diseases' response at the national level. Lack of these infrastructures lead to inadequate care and weakens the ability for self-sufficiency of middle and low income populations as a whole.

b. Human resource development is vital to the effectiveness of the HIV/AIDS and overall health's comprehensive response. Counselor and medical professionals should be instructed on how to provide their respective services in regards to HIV/AIDS and other infectious diseases, so that they will be prepared to treat all medical cases.

c. We support the development of national and international research infrastructure, laboratory capacity, data collection, processing and dissemination, and training of basic and clinical researchers and health-care providers.

    i. Prevention: HIV-preventative methods for both genders should be further researched and developed to ensure their reliability and accessibility. Technological research must be sensitive to Member State capabilities.

    ii. Treatment: Medical research in developing innovative treatment for people living with HIV/AIDS should be encouraged among all Member States. This will aid in reducing the costs associated with this disease.