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Conference B (13 - 17 April 2014)



Documentation of the Work of the
Joint United Nations Programme on HIV/AIDS (UNAIDS)

Joint United Nations Programme on HIV/AIDS (UNAIDS)

Committee Staff

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Agenda

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

Reports adopted by the Committee

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

Summary Report

The Joint UN Programme on HIV/AIDS (UNAIDS) Programme Coordinating Board held its annual session to consider the following agenda items:

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

Representatives of 16 Member States attended the session.

The session opened with several statements concerning the adoption of the agenda, followed by a motion to suspend the meeting. At the end of the suspension delegates continued with statements regarding the agenda, followed by another suspension for discussion. With only 10 minutes left to spare for the opening session, delegates settled on adopting the agenda at in the order of 2, 1, 3. Delegates seemed very passionate to get started on their reports.

The second session began with several statements regarding ideas delegations had to solve the problem of Topic 2. Most delegations spoke of education and finance as their main points in future draft report segments. During the first suspension of the meeting, the entirety of the body met as one group and developed two outlines focusing on funding and cost saving. Following several more statements during formal session, the body devised a plan to divide up into groups to tackle certain parts of the report. The body was very organized and excited to resume working at the next session.

The Monday evening session entertained a few speakers, but most of the session was spent in suspension, as delegates wanted to work hard on their draft report segments. The delegates seemed to be divided, upon observation, into several more working groups to focus more upon funding and monitoring the funding. As delegates spent two hours during one suspension, two drafts were submitted at the end of the session.

Tuesday morning began with a speaker, Bertil Lindblad, former Director of the UNAIDS New York Office. Mr. Lindblad discussed the background of UNAIDS, beginning with the origins of the body and ending with a Q&A session for the delegates. Delegates asked questions about the speaker's experience as a director, including his day-to-day responsibilities, and some possible solutions they were currently discussing for this conference. Once the speaker left, the session resumed with delegates inspired by the words of Mr. Lindblad.

The Tuesday afternoon session was rather short, and delegates spent most of the time in suspension focusing on their draft report segments. The body was then split into five different groups all working on separate sub-topics.

The Tuesday afternoon session was very productive. The dais continued making edits to the draft report segments received, and was able to provide copies for the delegates to read over. Delegates spent most of the session discussing the available draft report segments and gathering consensus. Near the end of this session, delegates adopted both draft report segments into Report Segment Global (RS1) and Report Segment G.O.P.R.O. (RS2). Delegates were very happy to see these adopted by acclamation. Delegates spent the last 20 minutes in debate over the second topic set for the agenda: Eliminating HIV-Related Stigma, Discrimination, and Human Rights Violations.

Wednesday morning began with debate on the second topic of the agenda. Delegates gave several statements on the importance of education and its role in this topic.

The final session was spent concluding discussions on the second agenda item. Delegates spent most of the afternoon in caucus, and successfully submitted a draft report segment covering the educational aspect of the topic. The body was able to submit a draft report segment later in the afternoon, and successfully adopted the draft report segment into Report Segment 2/1 by acclamation. With 40 minutes left, the body began debate on the third agenda topic. However, with the small amount of time left, delegates were unable to complete anything but discussion. The meeting for this NMUN conference was adjourned.

Code: UNAIDS/Report/1/1

Committee: Joint UN Programme for HIV/AIDS (UNAIDS)

Topic: Impact of the Global Financial and Economic Crisis on the AIDS Response

1 **I. Introduction**
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3 **A. Monitoring Funds for the HIV/AIDS Response and their Effectiveness**
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- 5 1. The Programme Coordinating Board (PCB) of UNAIDS recognizes that in times of global and economic crises
6 monetary contributions can be difficult to obtain as noted both in the discussion and outcome of the 2011
7 Political Declaration on HIV/AIDS. For the first time, international assistance has not increased from the levels
8 in 2008 and 2009. Therefore it is vital that the money available is spent effectively and that fraudulent misuse of
9 funds by recipient countries does not occur.
- 10
- 11 2. The Programme Coordinating Board (PCB) of UNAIDS acknowledges the effectiveness and progress of current
12 data collection systems which identify areas and people most affected by HIV/AIDS and, thus, where the
13 monetary contributions are a priority, such as those utilized in the report ‘Treatment 2015’ and ‘Smart
14 Investments.’ However it is clear there are areas where current systems need to be improved to ensure that
15 everyone can be accessed so that those who have the most needs are identified.
- 16
- 17 3. We highlight the importance of examining the cost benefit of each programme and initiative in order for money
18 to be invested in the most effective way so that successful programmes, whether they are drug treatment, supply
19 of free contraception, education, campaigns, can be replicated and scaled up on a global level and those that
20 have failed to reach their targeted goals are improved upon or no longer invested.
- 21
- 22 4. According to completed audits and advanced investigations, in April 2011, the Fund’s Inspector General
23 assumed that 44 million US dollars were unaccounted for, several funds were shown to be misused by recipient
24 countries. We appreciate that not all of this unaccounted money is solely due to fraud but also insufficient
25 documentation and feel that this only highlights the importance of improvements a fully equipped monitoring
26 system to more accurately identify how funds have been used. We recognize that Germany and Switzerland,
27 together with the World Health Organization (WHO) have put together improving risk management and the
28 effective use of funds through the BACKUP initiatives.
- 29
- 30 5. The Programme Coordinating Board (PCB) of UNAIDS acknowledges that some recipient countries do not
31 have the administrative capabilities to manage the reporting required to demonstrate how they have spent their
32 funds, identify their areas of greatest need and whether their programmes implemented have been effective. The
33 PCB is deeply concerned with such inefficiencies that not only lead to inaccurate data reporting but have
34 disastrous effects such as those demonstrated in India in 2004, where 140 million USD were invested to help
35 the country fight HIV/AIDS but due to their inability to complete administrative requirements the funds were
36 not able to be used; as a result 80,000 people died of AIDS related deaths during this delay.

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38 **B. G.O.P.R.O**
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- 40 6. Strengthening the Global Fund to Fight HIV/AIDS, Malaria, and Tuberculosis
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- 42 a. This committee commends the Declaration of Commitment on HIV/AIDS in 2001 and the 2006 high-
43 level meeting on HIV/AIDS, and encourages all members of the Program Coordinating Board and all
44 Member States to continue to seek engagement and cooperation with their co-sponsors and subsidiary
45 organizations to better address the global epidemic.
- 46
- 47 b. This committee acknowledges the respect for the entire Charter of the United Nations, especially
48 Article 1, which notes the primacy of the sovereignty of Member States. The Joint UN Programme on
49 HIV/AIDS (UNAIDS) endorses and seeks greater collaboration with the Global Fund to Fight
50 HIV/AIDS, Tuberculosis, and Malaria.
- 51

- 52 c. This body also recognizes the necessity for the incentivizing of contributions to the fund by Member
53 States.
54
- 55 d. Joint UN Programme on HIV/AIDS recognizes the heavy impact of the 2009 global recession on the
56 response of the international community's efforts to combat HIV/AIDS and its causal relation to the 4
57 billion USD shortfall in achievement of the Millennium Development Goal 6's fund to fight
58 HIV/AIDS.
59
- 60 e. Joint UN Programme on HIV/AIDS calls upon Member States to increase the allotted amount of
61 funding to the Global Fund, as the current funding proves insufficient to meet the demands stipulated
62 in the Millennium Development Goal 6 Article A.
63

64 7. Partnerships Among Nations 65

- 66 a. This body recognizes the success of the Russian Federation and the UNAIDS launched Regional
67 Cooperation Programme for Technical Assistance for HIV and other infectious Diseases in the
68 Commonwealth of Independent States (CIS). This 16 million dollar Programme, funded by the Russian
69 Federation was launched during the G20 Civil Summit, which has been implemented from 2013-2015
70 by the Federal Service on Customers' Rights Protection and Human Well-being Surveillance. This has
71 raised awareness and support for the dissemination of the infectious disease of HIV/AIDS by raising
72 \$500 million so far.
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- 74 b. This committee applauds the efforts of the United States, Switzerland, and all other States who
75 participated in the Kenya Pharma project, which worked to provide, through coordinated bi-lateral
76 treaties, licensing for the on-site production of Anti-retrovirals within Kenya through open market
77 practices, which in turn lowered client-side costs and increased efficiency of distribution and
78 production.
79

80 8. International and Domestic Economic Sustainability 81

- 82 a. The Joint United Nations Programme on HIV/AIDS was created in 1994 by the Economic and Social
83 Council (ECOSOC). It has repeatedly expressed its concern over the transmission of HIV and AIDS,
84 reduction of the number of individuals and communities that are vulnerable to HIV/AIDS, and the
85 alleviation of the impact of HIV/AIDS. In resolution 65/277, clause 86 commits to working towards
86 closing the global HIV and AIDS resource gap through strategic funding and sustainable financial
87 resources.
88
- 89 b. The present report includes information in support of the 2011 Political Declaration on HIV and AIDS
90 and seeks to build upon the pre-established framework. Resolution 65/277 identifies the use of
91 partnerships, tiered pricing, barriers to the legal sharing of generic medication, and open sharing of
92 patents in order to reduce treatment costs, which are responsible for the largest portion of the treatment
93 gap.
94
- 95 c. Taking into account the global financial and economic crisis, the Joint Programme on HIV/AIDS
96 encourages and supports each nation to take control of their response to HIV/AIDS by prioritizing its
97 treatment and pursuing national policies based on HIV/AIDS best practices as outlined in UNAIDS
98 Best Practices 2011.
99

100 II. Mandate 101

- 102 9. The primary focus of UNAIDS is to end the spread of human immunodeficiency virus (HIV) and to have
103 comprehensive treatment for those living with HIV and acquired immune deficiency syndrome (AIDS).
104 UNAIDS' unique structure operates with eleven other United Nations bodies, non-governmental organizations
105 (NGOs), and intergovernmental organizations (IGOs) to create a comprehensive global approach to prevention
106 and treatment of HIV/AIDS. The comprehensive approach includes promoting human rights, eliminating
107 stigma, and advancing gender equality. Resolution 1994/24 adopted by ECOSOC in July 1994 endorsed the

108 establishment of the joint and cosponsored United Nations programme on HIV/AIDS as outlined in the annex to
109 the resolution. The Programme Coordinating Board (PCB) acts as the governing body on all programmatic
110 issues concerning policy, strategy, finance, monitoring and evaluation of UNAIDS. In order to carry out its
111 functions the PCB shall be kept informed of all aspects of the development of UNAIDS and take into account,
112 in matters of strategy and technical policy, the reports and recommendations.
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114 **III. Conclusions and Recommendations**

115 **A. MONITORING FUNDS FOR THE HIV/AIDS RESPONSE AND THEIR** 116 **EFFECTIVENESS**

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- 119 10. The Programme Coordinating Board of UNAIDS recommends the creation of an all encompassing new
120 monitoring system, 'Glocal,' global capabilities using local knowledge. This will be implemented through an
121 online platform modeling those that large multinational corporations use in their communication reporting
122 management (CRM) systems.
123
- 124 a. This will enable global transparency and accountability of the efforts for the fight against AIDS/HIV
125 by gathering information at a local level to contribute to a global monitoring system. This system will
126 provide a 'one stop shop' for all HIV/AIDS information detailing areas and people most affected,
127 where the money is being spent, and the effectiveness of programmes and initiatives.
128
- 129 b. This online platform can be used by all those involved in the fight against AIDS, such as co-sponsors
130 WHO, UNESCO, non-governmental organizations, private sponsors, governments and those affected,
131 each having their own level of access. This will cut costs and time for administration and
132 fundamentally will increase transparency and accountability as well as enabling more comprehensive
133 analysis, comparing country information on a like for like basis, and providing information in real
134 time.
135
- 136 c. This central database will ensure that data will be gathered in the same format and synchronized so
137 grant reports are not conflicting with one another and are established in a uniform way of recording
138 data to ensure consistency and comparability between Member States.
139
- 140 d. UNAIDS PCB recommends this online platform replicates and expands upon the already established
141 HIV Indicator Registry, enabling countries to input a full range of indicators, demonstrating the
142 prevalence rates and demographics of those affected by HIV/AIDS in their country. In addition
143 integrating the data collection procedures used by 'Treatment 2015' which shows countries and areas
144 where HIV treatment is currently lacking.
145
- 146 11. 'Glocal' will combine and consolidate current data collection systems which identifies areas and people most
147 affected by HIV/AIDS and thus where the monetary contributions are a priority, such as those utilized in the
148 report 'Treatment 2015' and 'Smart Investments.'
149
- 150 12. 'Glocal' will monitor programmes, whether they are drug treatment, supply of free contraception, education, or
151 campaigns and examine whether money is being spent in the most effective way in order to achieve the largest
152 impact to the AID response.
153
- 154 a. The Joint Programme on HIV/AIDS (UNAIDS) recommends the inclusion of the HIV/AIDS Program
155 Sustainability Analysis Tool (HAPSAT) into 'Glocal.' This has already been implemented in fourteen
156 developing states and with the use of 'Glocal' can be rolled out globally to assist governments and
157 donors with the development of HIV/AIDS policies and implementation plans, as well as analyze the
158 effectiveness of these policies and implementation plans.
159
- 160 b. Successful implementation has been observed in Benin, Cote d'Ivoire, Nigeria, Zambia, Ethiopia,
161 Kenya, Haiti, Guyana, Sierra Leone, South Sudan, and Vietnam and it is currently being finalized in,
162 the Democratic Republic of Congo, Lesotho and Swaziland.

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- c. One of the primary benefits of HAPSAT is the establishment of a mechanism which estimates the financial and human resources required to sustain and/or scale comprehensive portfolio of quality HIV/AIDS services, while covering the core areas of HIV/AIDS resourcing.
 - d. The aim of this program is to aid the relevant bodies.
 - e. Success will be defined by a fixed set of rules and procedures which will be outlined before the programmes inception, highlighting specific goals, such as reduction of the number of new infections, and timescales.
 - f. Those programmes which have shown to be affected will be replicated and scaled up across other areas and countries. Whilst those that have failed to reach their goals will be improved upon or investment will be scaled back if considered more appropriately.
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13. The PCB suggests the strengthening of the monitoring power of the Global Fund's Office of the Inspector General in order to ensure that the funds received from all funds including but not limited to the Global Fund, utilizing and expanding upon the BACKUP initiative.
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- a. It will achieve this by requesting civil societies to provide information for the Fraud and Abuse reporting process and by employing this strategy to other HIV/AIDS related funding programs, and therefore creating a fraud committee. The selected auditing committees in civil societies should be independent and reputable bodies, such as those which have already worked with UN bodies or those that have demonstrated good cooperative governance during a formal procurement procedure, and are going to give quarterly updated reports to the database in order to expose possible corrupt and fraudulent spending behavior.
 - b. If there is a disagreement in the input and output of funding, it will be investigated and dealt with by the Fraud Committee and reported to the relevant UN bodies, such as the Commission on Crime Prevention and Criminal Justice (CCPCJ) and the United Nations Office on Drugs and Crime (UNODC) regarding a violation of the United Nations Convention Against Corruption (UNCAC).
 - c. These will bodies will deal with each case separately according to the seriousness of the offences; if necessary local authorities will also be informed.
 - d. The PCB also encourages the integration of more NGO data collectors to prevent biased or corrupted government reports. These data include information on supported HIV related programmes, including numbers of affected people, people currently receiving treatment, with the resulting monetary needs and spending.
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14. The creation of 'Glocal' will be built upon consolidating already existing monitoring platforms, which monitor prevalence rates, effective programmes and misuse of funds, such as the UNAIDS Monitoring and Evaluation Group, BACKUP and Fund's Inspector General. The PCB will conduct a formal public procurement procedure open to the private sector targeting information technology companies who have the capabilities to set up and service this platform.
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- a. 'Glocal' will be handled at a central level by the PCB and will be distributed to all of the local representatives in the field. Local representatives will further expand the online system national using the most effective means given the country's already existing infrastructure.
 - b. In order to ensure a smooth transition 'Glocal' will be integrated worldwide in three years. First piloting in the 77 countries that the PCB are in and then across other satellite networks and local communities. By 2016 'Glocal' will be fully functioning and available to access to all those involved in the fight against HIV/AIDS.
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- 218 c. In order to ensure that all data is accurate and representative of all those affected by HIV/AIDS the
219 PCB recommends that the creation and implementation of monitoring system is accompanied with
220 support and assistance, especially to low and middle income Member States which may need specific
221 administrative infrastructure provided, such as internet access and support in gathering information
222 from rural areas. Establishing sufficient administrative capabilities in Member States that lack the
223 resources to handle data entry and monitoring on their own will allow data for grant reports to be
224 recorded and monitored more efficiently.
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- 226 d. Funding for the project will be obtained from the Global Fund. The cost is considered a short term
227 measure and we envisage that the cost savings will justify the spending, and start to show after the first
228 two years of set up.
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230 **B. G.O.P.R.O**

231 15. Strengthening the Global Fund to Fight HIV/AIDS, Malaria, and Tuberculosis

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- 233 a. The UN Joint Program on HIV/AIDS, in order to achieve complete founding for the AIDS response by
234 2015, as per 6A of the Millennium Development Goals, advocates increased funding from Member
235 States in order to make up for the 30% shortfall in the current situation.
236
- 237 b. This body also advises the Global Fund to fight HIV/AIDS, Malaria, and Tuberculosis to extend the
238 duration of grants provided to grievously afflicted Member States to prevent regression of the
239 HIV/AIDS prevalence by five years beyond the date on which they qualified for funding.
240
- 241 c. This body recommends setting a threshold wherein developing states who are in the bottom 10th
242 percentile of the world's GDP and whose HIV prevalence rating which falls below the level qualifying
243 for funding (as per Global Fund Guidelines) will continue to receive funds to suit the needs of the state
244 in questions.
245
- 246 d. The committee congratulates the Global Fund on their development of the New Global Fund Model
247 and its Willingness-to-Pay incentive mechanism, and encourages all member states to meet their
248 financial obligations.
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250 16. Partnerships Among Nations

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- 252 a. This program strengthens the health systems, ensures better epidemiological surveillance of HIV, and
253 promotes the scale up HIV prevention program for key populations at higher risk of HIV, especially
254 migrants.
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- 256 i. This is in the form of laboratory equipment and supplies, test systems and training for CIS states
257 by experts within the Russian Federation. Also through the expertise of knowledge transfer and
258 knowledge exchange throughout the Russian Federation and CIS states by explaining and training
259 the CIS countries with the essential necessities for treatment.
260
- 261 b. The Brazilian Agency of Cooperation, though the South-South Cooperation policies and entities such
262 as the Development Bank from the IBSA (India-Brazil-South Africa) created in the Sixth IBSA
263 Summit in 2013, promotes democracy, sustainable development and gives money to different funds
264 with the purpose of increasing the standard and the quality of life the population of developing
265 countries in Heath, Education (especially in AIDS / HIV) and infrastructure areas.
266
- 267 i. In the sphere of Health, the Brazilian Agency of Cooperation provides an inexpensive generic
268 version of an AIDS drug, which is produced inside Brazilian territory as a product of an analysis
269 of IBSA experts and national partners. They are in cooperation assessing how the health care
270 system can be enhanced in the fight against HIV/AIDS, by means of models and experiences from
271 IBSA countries. This aims to better the countries' capacity to combat HIV/AIDS through technical
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273 cooperation and exchanges of experts with the aim of enhancing the development of a national
274 plan to prevent HIV transmission, uphold harmless practices and offer care for HIV/AIDS holders
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276 ii. The Federative Republic of Brazil considering responsibility with the citizens from all the worlds,
277 encourages the international community, especially the States that have more capabilities to help
278 developing ones, to aid developing countries population located at the frontiers (taking into
279 consideration that these groups often have a lack of an adequate health system), as Brazil does
280 with the citizen of its frontiers with Argentina, Paraguay and Bolivia through the Sistema Unico
281 de Saúde (Unified Health System).
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283 iii. The People's Republic of China, assisted by the assistant medical companies by encouraging
284 public/private partnership has training HIV prevention in a way to increase the educations
285 methods. The Chinese government initiated and provided a partnership with a mining company in
286 the Yunnan province. According to the UNAIDS report on HIV-related to public-private
287 partnership "80% of China's drug traffic in passing through this area, leading to high levels of
288 drug use mixed with commercial sex work." These two factors combined are raising the
289 transmission of HIV/AIDS in the region. The People's Republic of China and the mining company
290 worked together to promote the importance of prevention regarding HIV/AIDS. They provided
291 resources in a way to test the minors and give them appropriate treatment. This mining company is
292 a major employer in the region and this program helped to prevent infections among a population
293 at risk that had not previously been accessible.
294

295 iv. We encourage private expert companies of the HIV to work with domestic experts and scientists
296 in the regional areas that are most infected in a way to help them fill the gap of prevention.
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299 c. This body encourages Member States seeking to produce anti-retroviral drugs domestically to engage
300 in co-operation with other states to attain licensing agreements at reasonable prices.
301

302 i. Such agreements should follow open-market practices (such as fair bidding practices, free market
303 policies, and other policies aimed at discouraging or removing market distortions) and be
304 conducted in a manner in keeping with established international norms and customs.
305

306 ii. Provider states should seek mechanisms to encourage pharmaceutical license providers to present
307 fair, reasonable, and realistic prices that are affordable by the client state. This could be achieved
308 by national legislation or incentive programs developed by the provider states, such as those
309 pursued by the United States as a part of its Kenya Pharma Project
310

311 d. This body encourages further regional cooperation throughout the global world; regional cooperation
312 can be preferable as cultural differences are generally smaller.
313

314 i. The Islamic Republic of Iran cooperates in terms of raising awareness in the areas of HIV
315 prevention with neighboring countries through the UNODC. UNODC Iran has introduced several
316 innovative drug preventions measures by developing packages for several target groups such as
317 youth, women and street children. South-South cooperation has been implemented through the
318 Sub-Programme 2, and has contributed to enhance the knowledge of HIV prevention in
319 neighboring countries, mainly Afghanistan, by exchanging experiences and good practices
320 between the participating countries.
321

322 17. International and Domestic Economic Sustainability 323

324 a. The Joint Programme on HIV/AIDS encourages bilateral agreements which would enable initiatives to
325 begin local manufacturing of anti-retroviral treatment. Given the inverse correlation of access to
326 ARV's and the HIV prevalence rate, as demonstrated by nations who have previously increased access
327 to anti-retrovirals and decreased their prevalence rate, local manufacturing would decrease the cost of
328 anti-retroviral treatments.

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- ii. To reduce the cost of anti-retroviral therapy, it is recommended that Member States enact policies that promote competition among pharmaceutical companies. Competitive market policies have been shown to cut client side costs and increase efficiency of production and distribution.
- b. The Joint Programme on HIV/AIDS recommends that each nation establish an internal fund to domestically finance their AIDS response. Such a fund could be established by setting aside 1% of government revenues to be used for HIV/AIDS programs.
 - i. This fund is particularly important because it allows for countries to effectively manage and sustain their AIDS response in light of the global economic crisis by encouraging them to establish a domestic source of funding for their AIDS response, as projected by the Kenya HIV Trust Fund, a national measure estimated to close 70% of the HIV funding gap between 2010 and 2020.
 - ii. Several Member States have successfully utilized levies (e.g. Airline levies, income levies, alcohol levies and mobile phone levies) and public and private sector contributions to go towards the fund. Member States with the capability and desire to do so can implement such levies to ensure adequate domestic funding to fight HIV/AIDS. Namibia is estimated to raise \$4.1 million by 2020 as a result of their airline levy.
- c. The 2014 session of the Joint United Nations Programme on HIV/AIDS recognizes that the proposed policies and procedures are not self-implementing, however, by working together as a unified international community in the fight against HIV/AIDS, Member States will be able to ensure that the purpose and goals are translated into actions.

Code: UNAIDS/2/1

Committee: Joint UN Programme on HIV/AIDS

Topic: Eliminating HIV-Related Stigma, Discrimination and Human Rights Violations

1 I. Introduction

3 Combating HIV/AIDS through Education

- 5 1. The Joint UN Programme on HIV/AIDS believes that raising awareness about HIV/AIDS is fundamental in
6 eliminating HIV-Related stigma and discrimination.
- 8 2. We recognize that media has the potential to play a fundamental role in reducing prejudice and stigmatization
9 by influencing positive social norms as evidenced in media campaigns in the post-Rwanda conflict and more
10 specifically UN World AIDS Day.
- 12 3. The PCB reaffirms the importance of the UNAIDS Inter-Agency Task Team (IATT) on Education. We
13 acknowledge that although the team has had successes since its creation in 2002, there is room to improve upon
14 the youth education programs that exist through this agency by integrating successful national HIV/AIDS
15 educational programs that have shown great progress since their implementation.
- 17 4. The Programme Coordinating Board (PCB) of UNAIDS recognizes that HIV-related stigma and discrimination
18 mainly occurs due to a lack of proper knowledge about the infection and its transmission. The PCB reaffirms
19 the UNAIDS 2011-2015 Strategy: Getting to Zero, which calls for a comprehensive, quality school-based
20 sexual education. This programme notes with deep concern that one-third of all new HIV infections occur
21 amongst people aged 15 to 24 and that only 34 percent of young people have received an informed education on
22 HIV/AIDS as stated in General Assembly Resolution 65/277.
- 24 5. This body recognizes that stigmatization of HIV/AIDS is detrimental to the fight against the global epidemic. In
25 1998 a joint commission between UNOHCR and UNAIDS published the *International Guidelines on HIV/AIDS*
26 *and Human Rights* and the *Political Declaration on HIV/AIDS: Intensifying our Efforts to Eliminate HIV/AIDS*
27 *(released in 2011)*, which advocates the direction of efforts towards de-stigmatization of HIV/AIDS.
- 29 6. The Joint UN Programme on HIV/AIDS acknowledges the work of the non-governmental organization “The
30 Constellation” within the Russian Federation regarding the initiative to mobilize local responses to AIDS by
31 promoting awareness within communities of their own strengths and capacities and facilitating the exchange
32 of experiences within the communities.
- 34 7. The Joint UN Programme on HIV/AIDS additionally draws attention to the success of Voluntary Counselling
35 and Testing (VCT) programs in Egypt, and suggests that similar programs be implemented in other Member
36 States. The VCT programs taking place in Egypt have produced have produced a series of highly effective
37 bilingual manuals, which comprise of VCT guidelines, monitoring, and evaluation plans for VCT.
- 39 8. The *Action Plan for reducing and preventing the spread of HIV/AIDS* released by the People’s Republic of
40 China suggests the placement of emphasis on awareness and prevention campaigns for disease control
41 concerning drugs by acting locally in the rural areas in order to educate and treat the population at risk.
- 43 9. It is the belief of this committee that the most efficient mechanism to educate a populace about the dangers and
44 consequences of HIV/AIDS is through established cultural phenomena, such as sporting events and other
45 cultural activities.
- 47 10. The body recognizes that raising awareness of the consequences of intravenous drugs must be addressed as a
48 crucial measure to counter the spread of HIV/AIDS. UNAIDS recognizes the successful measures taken by the
49 Islamic Republic of Iran in raising HIV awareness, and recommends other Member States to implement such
50 awareness campaigns.

- 52 11. As stated in *UNAIDS Best Treatment Practices 2011*, one of the most devastating sources of discrimination
53 comes from within minorities most at risk. In keeping with this, UNAIDS recognizes the need to protect and
54 educate at risk groups and advise them in behaviors least likely to result in the spread of the virus.
55

56 **II. Mandate**

57

- 58 12. The primary focus of UNAIDS is to end the spread of human immunodeficiency virus (HIV) and to have
59 comprehensive treatment for those living with HIV and acquired immune deficiency syndrome (AIDS).
60 UNAIDS' unique structure operates with eleven other United Nations bodies, non-governmental organizations
61 (NGOs), and intergovernmental organizations (IGOs) to create a comprehensive global approach to prevention
62 and treatment of HIV/AIDS. The comprehensive approach includes promoting human rights, eliminating
63 stigma, and advancing gender equality. Resolution 1994/24 adopted by ECOSOC in July 1994 endorsed the
64 establishment of the joint and cosponsored United Nations programme on HIV/AIDS as outlined in the annex to
65 the resolution. The Programme Coordinating Board (PCB) acts as the governing body on all programmatic
66 issues concerning policy, strategy, finance, monitoring and evaluation of UNAIDS. In order to carry out its
67 functions the PCB shall be kept informed of all aspects of the development of UNAIDS and take into account,
68 in matters of strategy and technical policy, the reports and recommendations.
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70 **III. Conclusions and Recommendations**

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72 **A. Combating HIV/AIDS through Education and Raising Awareness**

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- 74 13. The UNAIDS Programme Coordinating Boards (PCB) believes that through global and national education
75 HIV/AIDS can be combated. Through education, awareness can be created on how to prevent new infections,
76 treatment possibilities and eliminate HIV-related stigma and discrimination.
77
- 78 14. UNAIDS fundamentally considers the promotion of the rights of minority populations, such as men who have
79 sex with men (MSM), sex workers, drug users and the disabled. The PCB recognizes how the use of consistent
80 and directed media can be used to combat prejudice, stigma and discrimination of at risk groups.
81
- 82 a. The Federative Republic of Brazil, through its ministries of Education and Culture launched the "*The*
83 *way he looks*" movie on the last 10th, April 2014. First, the Brazilian authorities made a strong
84 expectation campaign in the different mass media (television, magazines and newspaper) with the
85 purpose of promoting interest in the both Brazilian and international society.
86
 - 87 b. The movie has a fully inclusive subject matter of MSM and the disabled, as well as those with different
88 sexual preferences and handicaps. With this film, the Brazilian government promotes the inclusion and
89 the eradication of discrimination of these segments of the population.
90
 - 91 c. UNAIDS also recognizes Germany's national solidarity campaign 'Together against AIDS' has made a
92 significant impact on promoting positive attitudes in Germany towards People Living with HIV
93 (PLHIV), since its inception in 1987, where public attitudes have changed from 45% willing to help
94 look after PLHIV to 67%. The PCB recommends that the international community share success on
95 their own national campaigns in preventing HIV-related stigma in order for replication and cross-
96 learning internationally.
97
 - 98 d. In the 2013 UNAIDS Global Report, one of the main goals is to reduce sexual transmission of HIV by
99 50% by 2015. This goal must be reached by investing in condom programming. Many people do not
100 have access to condoms, especially sex workers. In the People's Republic of China, the government
101 responded to this problem with a broadcast information spot on AIDS via television during periods of
102 peak viewing in order to reach as many people as possible.
103
 - 104 e. The Joint United Nations Programme on HIV/AIDS believes that through awareness and education
105 campaigns, we can eliminate HIV-related stigma, discrimination, and human rights violations. A
106 strong focus was put on the role of media in reducing HIV/AIDS related stigma with the adoption of

- 107 the 2011-2015 National HIV Behavior Change Communication and Advocacy Strategy by several
108 developing nations such as Sierra Leone and Uganda.
109
- 110 f. The Joint United Nations Programme on HIV/AIDS is convinced that the situations of those infected
111 with HIV/AIDS differs from Member State to Member State due to varying local cultures and state of
112 economic development. As such, it acknowledges the need to take these variances into account when
113 developing effective media campaigns for the reduction of HIV/AIDS related stigma.
114
- 115 g. The PCB recognizes the difficulty in addressing stigma, particularly in regards to those who could be
116 considered a part of a “high risk” group, due to the local culture and traditions of each Member State.
117 However; the PCB believes it is these Member States who could benefit most from effective
118 communication and media strategies. Sierra Leone endured an eleven year Civil War which included
119 the mass rape of Sierra Leonean woman and an increase in those working in the sex trade, resulting in
120 a higher HIV/AIDS prevalence rate. Furthermore, those who contracted HIV/AIDS faced many
121 challenges due to stigmatization at the local and national level. The adoption of the National HIV
122 Behavior Change Communication and Advocacy Strategy and the implementation of the Network of
123 HIV Positives in Sierra Leone has met much success in decreasing HIV/AIDS related stigma and
124 increasing HIV/AIDS awareness by reaching out to traditional leaders and changing perceptions
125 through work at the community and national level. The Network of HIV Positives in Sierra Leone also
126 reaches out to groups not already involved in the National Response to HIV/AIDS in order to share
127 information with vulnerable groups across the country. This body recommends the adoption of such
128 programs as the Network of HIV Positives in Sierra Leone by other Member States dealing with
129 HIV/AIDS related stigma.
130
- 131 h. The Joint United Nations Programme on HIV/AIDS believes the most effective communication
132 strategy is one that targets all levels of influence, from the individual to the institutional level. The
133 National HIV Behavior Change Communication and Advocacy Strategy do this by targeting five
134 spheres of influence through the use of mass media and peer-to-peer communications. Therefore, the
135 Programme Coordinating Board (PCB) strongly recommends the adoption of this strategy by all
136 Member States dealing with HIV/AIDS stigma related issues.
137
- 138 i. The Chinese government has been working with NGOs such as All-China Youth, in a way to educate
139 its population, especially children. With these NGOs, information has been able to reach young people
140 in remote provinces about the risks of AIDS and the importance of condom use.
141
- 142 j. In accordance with the goals set in the *2011 Political Declaration on HIV/AIDS* and UNAIDS social
143 indicators we encourage all Member States to implement learning on HIV/AIDS in the national
144 curriculum in secondary school and teacher training.
145
- 146 15. This body recommends that Member States increase youth participation in campaigns aimed at raising
147 awareness about HIV/AIDS and its victims, its prevention and treatment, also encouraging local community
148 initiatives to raise tolerance and understanding of issues resulting from HIV/AIDS infections and related stigma
149 and discrimination.
150
- 151 a. This body encourages all Member States to incorporate peer-to-peer education programs such as
152 Georgettes in Love which uses individuals ranging from 16 to 22 to educate peers of the same age, and
153 the Sierra Leone Youth Coalition on HIV & AIDS which hosts training sessions on the prevention of
154 sexually transmitted diseases and HIV/AIDS.
155
- 156 b. This body advocates for the expansion of successful national programs to the international level. For
157 example, Zimbabwe’s Young People’s Network on HIV/AIDS, which targets youth not enrolled in the
158 education system, and Norway’s program Acceptance and Coping which primarily targets youth in
159 secondary school. Expanding programs such as these could lead to the successful education of youth in
160 the international community, and, in turn, result in a substantial decrease in stigmatization,
161 discrimination, and human rights violations.
162

- 163 i. We highlight the importance of creating innovative youth programs to attract the youth generation.
164 Furthermore, the Republic of Bangladesh has set up a new program called Youth Voice. This type
165 of program motivates engagement in healthy practices that help reduce the risk of preventing and
166 spreading HIV/AIDS. Modeling after programs such as these can help to create a more sustainable
167 change for the future of preventing HIV/AIDS stigmatization as awareness is spread.
168
- 169 c. The Programme Coordinating Board (PCB) of UNAIDS believes it is essential to make better use of
170 the biggest and obvious resources that are already available in communities. For this reason, the PCB
171 desires to take advantage of sports as a platform for information.
172
- 173 ii. The “Protega o Gol” (Protect the Goal) campaign, which is a joint response of Brazil and FIFA to
174 resolution A/68/448, is a campaign to raise awareness around HIV prevention and encourage
175 young people to get actively involved in both the national and global response to HIV/AIDS.
176
- 177 iii. This campaign was implemented during the launching of the CONCACAF championship in
178 Africa. The main purpose of this project is to create consensus in the population about the
179 transmission and infection of HIV/AIDS in the next FIFA World Cup that is going to take place in
180 Brazil.
181
- 182 d. The PCB recognizes the challenges faced in reaching youth outside of schools and recommends
183 promoting youth programmes into the community, specifically targeting low to middle income
184 countries where education rates are low. Bilateral partnerships have shown early signs of success, such
185 as ‘Youth Development through Football’ between Germany and Mozambique, which combines
186 football training with life skills on HIV/AIDS and sexual and reproductive health. The PCB
187 recommends the success of these programmes be measured and successful outcomes be replicated
188 across the international community.
189
- 190 16. The Programme Coordinating Board (PCB) of UNAIDS recommends that all countries implement, incorporate,
191 or update their national educational curriculum in primary and secondary schools according to EDUCAIDS –
192 The Global Initiative on Education and HIV & AIDS led by United Nations Educational, Scientific and Cultural
193 Organization (UNESCO).
194
- 195 a. EDUCAIDS provides a comprehensive educational strategy that allows for countries to identify their
196 own country-specific challenges and subsequently utilize the curriculum recommendations to combat
197 the stigma and discrimination associated with the hindrance of HIV/AIDS prevention and treatment.
198
- 199 b. This committee encourages the international community to follow the successful examples of Member
200 States such as Angola, Lesotho, Namibia, and Swaziland in implementing this strategy into their
201 national curriculum, with the educational initiatives educating almost half a million students.
202
- 203 c. This also includes strengthening the capacity and ability of teachers to better support and achieve the
204 intended goals of the HIV educational curriculum through training programs.
205
- 206 17. Breaking the Bad: Targeting efforts towards At Risk Population.
207
- 208 a. In keeping with its mandate to reduce HIV/AIDS Stigmatization and Human Rights violations, this
209 body calls upon all Member States to continue participation and collaboration towards the goal of
210 reaching a new infection rate of zero, as per the Getting to Zero: 2011-2015 Strategy.
211
- 212 b. The Joint UN Programme on HIV/AIDS calls upon the Russian Federation AIDS Competence project
213 using the approach SALT-Stimulate, Acknowledge, Listen and Transfer- where trained facilitators
214 visit communities to help them identify needs, formulate ideas and to form a leadership team from
215 representatives of the community and encourages other Member States to implement a similar program
216 to combat the at-risk population regarding injection users obtaining HIV/AIDS.
217

- 218 c. The Voluntary Counseling and Testing (VCT) manuals produced by Egypt encourages regional, as
219 well as international cooperation and resource sharing as a means of intensifying the global response to
220 HIV/AIDS, and this body suggests that they serve as a positive model for fellow Member States to
221 follow. In addition, the Joint UN Programme on HIV/AIDS recommends that Member States
222 vigorously distribute information and services, and work with groups and organizations that represent
223 the affected communities.
224
- 225 d. The Action Plan released by China encourages all Member States to implement and strengthen
226 prevention programs by facilitating access to information on and treatment of HIV/AIDS, along aid to
227 rural districts in establishing disease control center, in order to reduce the risks associated with drugs
228 and their usage and also to encourage responsible behaviors in local communities.
229
- 230 e. The Joint UN Programme on HIV/AIDS recognizes the success in the Republic of Poland's, "Fair
231 Play," advocacy campaign launched in 2012, and suggests that programs similar to this should be
232 considered by other Member States. The "Fair Play" campaign brings awareness to championship
233 sports games and promotes the importance of safe sex and providing them with AIDS prevention
234 resources.
235
- 236 f. The Islamic Republic of Iran has been successful in various opium substitution therapies and
237 prevention and treatment on HIV/AIDS by implementing such use. Three training manuals have been
238 implemented on drug treatment for adults and children, psychosocial services for female drug users,
239 and treatment of Amphetamin Type Stimulants through behavioral and brief intervention, and suggest
240 Member States to integrate such training manuals of drug prevention and care services into the
241 National Health Care System.
242
- 243 g. This body applauds the work of Switzerland's Aids-Hilfe Schwiez, a subsidiary of the Federal Office
244 of Public Health that deals specifically with the stigmatization associated with HIV/AIDS. In addition
245 to ensuring proper treatment of the client, Aids-Hilfe Schwiez provides a variety of services designed
246 to combat discrimination. Among the services provided are legal counsel in the event of discrimination
247 (especially within the workplace), education and protection for minority group members fear
248 discrimination from within their own minority, and safety training and rights counseling for those who
249 work in the sex industry.