19-23 March

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

Committee Staff

<table>
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<tr>
<td>Director</td>
<td>Patrick Sandmann</td>
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<td>Chair</td>
<td>Karina Akuova</td>
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Agenda

I. Mitigating the Impact of HIV/AIDS on Economic Development
II. Ensuring HIV/AIDS Prevention and Treatment During Humanitarian Crises
III. Addressing the Needs of Ageing Populations Living with HIV/AIDS

Resolutions adopted by the Committee

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<th>Code</th>
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<td>UNAIDS/1/1</td>
<td>Mitigating the Impact of HIV/AIDS on Economic Development</td>
<td>16 votes in favor, 1 abstention</td>
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<td>UNAIDS/1/2</td>
<td>Mitigating the Impact of HIV/AIDS on Economic Development</td>
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<td>UNAIDS/2/1</td>
<td>Ensuring HIV/AIDS Prevention and Treatment During Humanitarian Crises</td>
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Summary Report

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

I. Ensuring HIV/AIDS Prevention and Treatment During Humanitarian Crises
II. Addressing the Needs of Ageing Populations Living with HIV/AIDS
III. Mitigating the Impact of HIV/AIDS on Economic Development

The session was attended by representatives of 18 Member States and one Observer. On Sunday, the committee adopted the agenda of III, I, II beginning discussion on the topic of “Mitigating the Impact of HIV/AIDS on Economic Development.”

By Tuesday, the Dais received a total of four proposals covering a wide range of sub-topics, including intellectual property rights, health insurance, as well as access to health care for people living with HIV/AIDS and improving the situation of people living with HIV/AIDS in the agricultural sector. The atmosphere on Monday was enthusiastic, cooperative, and inclusive; the topic was addressed from different perspectives. On Tuesday, the work on four working papers continued and several rounds of edits allowed delegates to elaborate their ideas.

On Wednesday, four draft resolutions had been approved by the Dais on the first topic, three of which had amendments. The committee adopted four resolutions in the following voting procedure, three of which received unanimous support by the body. The resolutions represented a wide range of issues, including the importance of the TRIPS agreement, increased medical access for people living with HIV/AIDS, and intensified collaborations with governments and NGOs. After the voting procedure, the second topic on the agenda, “Ensuring HIV/AIDS Prevention and Treatment During Humanitarian Crises” was discussed and the Dais approved one draft resolution, which proposed a new program to ensure local treatment of people living with HIV/AIDS in cases of humanitarian crises and increased cooperation with UNAIDS’ cosponsors. This draft resolution was adopted by acclamation.
The Joint United Nations Program on HIV/AIDS (UNAIDS),

Emphasizing the United Nations Sustainable Development Goal 3, which calls on all states to end the epidemics of AIDS, tuberculosis (TB), Malaria by 2030, and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases by 2030,

Affirming Article 25 of the Universal Declaration on Human Rights of 1945, which highlights the commitment to promote the social progress on health for every human being and development,

Noting with deep concern that currently 50% of people living with HIV/AIDS, especially in low and middle income countries, do not have access to affordable Anti-Retroviral Treatment (ART) which decreases social and economic well-being and increases factors of transmission, as been highlighted in the On the fast track to end HIV/AIDS report 2016-2021,

Recalling the Fast Track Approach in General Assembly resolution 70/811 of 2016, asking Member States to share responsibility and combining their efforts to guarantee human dignity and sustainable treatment, especially for all vulnerable populations,

Reaffirming the Doha Declaration of 2001 under the principle of shared but common responsibility of Intellectual Property Rights (IPR) through the Trade Agreement on Intellectual Property Rights (TRIPS) and acknowledging the flaws within TRIPS plus provisions, whereby low and middle income countries are disadvantaged,

Recalling the TRIPS Agreement, especially article No. 31, allowing all countries flexible access to pharmaceutical products in case of an emergency, which HIV, Tuberculosis (TB) and Malaria constitute, an article of continued relevance to this Committee,

Recognizing the need of innovative fundraising through the use of integrated and multidisciplinary programs, in order to expand the funding capacities for UNAIDS initiatives and to satisfy the mandate of the Committee,

1. Invites all Member States to ratify the TRIPS Agreement, if they have not already done so;

2. Recommends the establishment of a working group for five (5) years, consisting of experts from UNAIDS, the World Health Organization (WHO), and the World Trade Organization (WTO), drafting voluntary guidelines that should be included into future free trade agreements, ensuring the sufficient implementation of the TRIPS agreement and thereby ensuring the safeguarding for low and middle income countries, the cheap access to drugs of HIV, TB and Malaria for PLHIV and all other vulnerable groups, especially in cases of emergency, and herewith promote the economic and social development for every member state, shall:

   a. Elaborate future guidelines for trade agreements that appeal to states to adopt clauses on IPR, and therewith ensuring the access to cheap drugs for HIV, TB, and Malaria, those of which shall insist on maintaining Art. 31 of TRIPS;

   b. Encourage compliance with Article 31 by all signatories, that stresses the necessity to defer the IPR on vitally necessary drugs on HIV, TB, and Malaria in the case of emergency;

   c. Reiterating the importance of IPR not covered by a situation of emergency defined by Art. 31 of TRIPS, under respect by international law and the rules of the WTO;

   d. Assist the WTO to supervise future agreements and advise on current trade agreements;
e. Be funded by UNAIDS, WHO, and WTO equally and meeting in the headquarters of UNAIDS in Geneva;

3. **Calls on** Member States to provide further support for the UN Medicine Patent Pool (MPP) program, which seeks to increase the affordable access of HIV, viral hepatitis C, and TB treatments in low and middle income countries, alleviating financial pressure on domestic governments by:

   a. Alleviating the pressure on human capital and encouraging participation in the labor force, a key component in sustainable economic development, through the reduction of costs associated with ARTS via the MPP;

   b. Supporting the extension, the lifespan of MPP in line with 2030 SDG 3;

   c. Providing incentives for primary patent holders who register at the pool as there are only seven (7) patent holders on pool, and the success of the MPP program lies in the participation of a large number of patent holders;

   d. Providing support in the forms of tax incentives for Generic Drug Manufacturers who have access to the patent license so that lower costs are passed on to PLHIV;

4. **Pays special tribute** to close adherence to the Secretary-General’s annual report entitled *The Fast-Track Approach to HIV/AIDS*, whereby the Life-Cycle Approach to HIV/AIDS prevention and treatment can be administered and provided for infected individuals throughout their lifetimes, specifically addressing key populations such as women, PLHIV aged over 50, people who inject drugs (PWID) and sexual minorities.
The Joint United Nations Programme on HIV/AIDS,

Deeply concerned that millions of people are still affected by HIV/AIDS,

Reaffirming the United Nations General Assembly resolution 70/266 of 2016 for laying down the groundwork to mitigate the impact of HIV/AIDS on economic development,

Recognizing the need for increased political will in implementing laws and policies that prevent discrimination and stigmatization for people living with HIV/AIDS,

Noting with appreciation the UNAIDS National Commitment and Policies Instrument (NCPI), and the National AIDS Spending Assessment tool which focuses individually on Nations and their progress on eradicating AIDS,

Noting with satisfaction the 2030 Agenda for Sustainable Development, in particular goal 5, for acknowledging the unpaid economic contributions of the vulnerable groups and goal 10, for emphasizing the need for gender equal income standards,

Bearing in mind that the General Assembly resolution 70/811 of 2016 calls for a multi-stakeholder approach relying upon gender-disaggregated data to create inclusive health access and further development progress,

Expressing its satisfaction towards success of the Global Fund 2012-2016 Strategy: Investing to Impact, which strategically gathered funds to fight against HIV/AIDS,

Recalling the Recommendations concerning HIV and AIDS and the World of Work established by the International Labour Organization (ILO) in 2010,

Welcoming the collaboration and advancements accomplished by UNAIDS and its co-sponsoring agencies to combat the HIV/AIDS epidemic with the creation and implementation of several programs and initiatives,

Taking note of the significant success already achieved by ILO’s VCT@WORK initiative,

1. Recommends Member States to complete a gender and age-based assessment of all future preventive treatment, care services, and programs to be offered by non-governmental organizations (NGOs), governments, and international organizations, such as the American Office on Women’s Health HIV Prevention Toolkit: A Gender Responsive Approach, with the objective of ensuring that such initiatives address the unique needs of vulnerable populations, such as women, youth, and the elderly as it sets a level for future programs;

2. Invites Member States to adopt legislation, according to national law, that protects individuals from being treated unfairly or discriminated against on the grounds of being diagnosed with HIV/AIDS and/or other communicable diseases, such as malaria and tuberculosis, in accordance to target 8 of the UNAIDS 2016-2021 Strategy on the Fast-Track to End AIDS;

3. Encourages Member States in accordance with their national capacities, and with the help of regional organizations and international foreign aid, such as the African Union (AU), the Organization of American States (OAS), and the President’s Emergency Plan for AIDS Relief (PEPFAR), in the case of limited capacities, to make annual reports on the HIV/AIDS situation in their country, in order to:
a. Use these specific programs to focus on a sustainable response to HIV/AIDS and work towards country ownership;

b. Include information about different vulnerable populations, including women, youth, and the elderly, and therefore adapt the action plans according to the needs of each group;

c. Have an understanding on the specific needs of vulnerable groups, such as women, sex workers, and children, among others, and tailor policies that address their specific needs in order to help them reach greater economic independency;

d. Help understand the situation of each Member States on a national, regional, and communal level in developing specific strategies to help reduce the financial burden of regional and national governments;

e. Modify and expand the National AIDS Spending Assessment to have a more detailed and complete data base updated annually and including information about the health infrastructures and the role of people living with HIV/AIDS (PLHIV) in the work force;

f. Strengthen the existing health infrastructures to ensure better health services, which will help improve the general health of the population and the workforce, thus increasing productivity, further attracting foreign direct investments, and improving overall macroeconomic situation of communities and member States;

g. Encourage cooperation between Member States, international organizations, NGOs, and the United Nations Development Programme (UNDP) Resident Coordinator (RC) system to develop targeted plans to address the specific HIV-related challenges that each respective Member State faces;

4. **Invites** Member States to continue working with civil society to increase healthcare access for the most marginalized and vulnerable populations whose economic contributions are impeded by the HIV/AIDS epidemic;

5. **Urges** Member States to apply the *Global Fund 2017-2022 Strategy Investing to End Epidemics*, after observing the success of the *Global Fund 2012-2016 Strategy: Investing for Impact*, in order to provide funds at a global level to support national development planning, mainly focusing on combatting the HIV/AIDS epidemic and its stigma and discrimination in the workplace in rural areas, allowing workers to prosper economically;

6. **Further encourages** all Member States to work amongst each other and with civil society, businesses and other organizations, under the guidance of UNAIDS, to economically incentivize employers to ensure that all PLHIV have access to HIV/AIDS-related health services and psychological assistance within the workplace to ensure:

   a. That PLHIV have the social and physical abilities necessary to stay in the workforce, as per target 10 of the UNAIDS 2016-2021 Strategy *On the Fast-Track to End AIDS*;

   b. That the income of PLHIV and the families are protected, resulting in the strengthening of local economies;

7. **Requests** the ILO, in cooperation with the UNAIDS Executive Board, to encourage Member States to strengthen national laws to prevent the social, legal, and workplace discrimination against people living with HIV/AIDS by:

   a. Amending the *Discrimination (Employment and Occupation) Recommendation 111 of 1958*, to include HIV/AIDS and other communicable diseases, such as malaria and tuberculosis, as grounds on which it is illegal to discriminate against regarding the treatment of all employees and potential employees;
b. Supporting the ambition of Member States to implement legislation that ensures the maintenance of confidentiality about the health status of all employees by providing technical guidance and assistance when requested;

8. Requests the collaboration of UNAIDS and ILO to cooperate on extending the current ILO VCT@Work initiative, which aims to provide voluntary and confidential HIV counselling and testing, to:

a. Offer preventive and treatment care services such as Antiretroviral Therapy (ART), diffusion of condoms, spread of information on risky behaviors, and mental health support services, with the objective of reducing the toll of the HIV/AIDS epidemic on the health of workers and helpers, thus permitting them to thrive economically;

b. Make rural and remote workers, one of the most heavily impacted demographics in many low- and middle-income countries, one of the central target populations of the program, to ensure the continuity of economic stability and further economic development in these communities;

c. Ensure that all people living with HIV/AIDS have adequate access to all necessary HIV-related services, regardless of geographic location, with the objective of addressing their basic health needs, thus permitting all people living with HIV/AIDS to effectively engage in the workforce;

d. Draft awareness campaigns within the workplace that aims to educate employees about the realities of and the misconceptions surrounding HIV/AIDS, in order to reduce workplace stigma and discrimination of people living with HIV/AIDS.
The Joint United Nations Programme on HIV/AIDS (UNAIDS),

Keeping in mind Sustainable Development Goal (SDGs) 8, which maintains that sustained and inclusive economic growth is necessary for achieving sustainable development, SDG 5, which aims to achieve gender equality and women’s empowerment, SDG 2, which commits to universal access to safe, nutritious and sufficient food at all times of the year, and SDG 3, which aims to ensure free access to health care,

Deeply concerned by the physical health issues associated with HIV/AIDS and bringing attention to the cost of antiretroviral therapy (ART) which inhibits access to HIV/AIDS related care and treatment and the efforts put forth by the Trade-Related Aspects of Intellectual Property Rights (TRIPS) agreement to make access to care more accessible,

Recalling the Political Declaration on HIV and AIDS: On the Fast-Track to Accelerate the Fight against HIV and to End the AIDS Epidemic by 2030 of 2016, and the Declaration of Commitment on HIV/AIDS that urges UN agencies to both regionally and internationally and NGOs to develop prevention and treatment for HIV/AIDS,

Fully aware that people living with HIV/AIDS (PLHIV) face discrimination in employment as stated in the International Labor Force (ILO) World of Work Magazine No. 52,

Commending the efforts of organizations such as the Association de Lutte Contre le SIDA (ALCS) which operate in alignment with the Declaration of Commitment on HIV/AIDS of 2001, which recognizes the necessity of prevention and treatment and that HIV testing and treatment continues to be inaccessible for rural populations and other vulnerable groups,

Recognizing the 2006 Political Declaration on HIV/AIDS endorsed by all Member States that recognize the need to integrate better food and nutritious support to infected people,

Emphasizing the need for north-south and south-south cooperation in improving accessibility and the need for educational outreach programs for people living with HIV/AIDS (PLHIV) in rural areas,

Acknowledging that an inadequate and unstable food supply chain places stress on an economy and its development, and that the output of the agricultural sector is threatened by the early death of farmers with HIV/AIDS which prevents the transfer of successful farming knowledge onto the newer generation, as well as by the lower productivity of farmers with HIV/AIDS causes a significantly higher mortality rate among this group,

1. Encourages Member States, non-governmental organizations (NGOs), and civil society organizations (CSOs) to adopt practices in line with the UNAIDS 2016-2021 Strategy, which highlights the importance of including all populations into the global HIV/AIDS response, and applying these goals to economic development;

2. Recommends that Member States model Doctors without Borders Access Campaign of the Central African Republic, which reduced the price of antiretrovirals (ARV) from $10,000 to $70 USD through unrestrained competition between manufacturers, increasing the availability of inexpensive ART, encouraging patients to take on a central role in HIV care, in accordance with the TRIPS agreement, which would reduce the funds allocated towards medication, and allow for those infected to invest surplus funding back into the economy;

3. Suggests that Member States use the Rapid Assessment Tool for Sexual and Reproductive Health and HIV Linkages, which performs regional HIV testing, STI treatment, PMTCT services, and refers those who are HIV
positive to treatment facilities, improving the health of individuals in inaccessible regions and allowing them to participate in regional economic activities to improve the local economic development;

4. **Urges** Member States to adopt practices such as the International Labour Organization (ILO) HIV/AIDS Prevention and Impact Mitigation on the World of Work in Sub-Saharan Africa, which is a campaign to establish national labor standards to prevent HIV/AIDS discrimination in the workplace to include PLHIV in the workforce, addressing issues such as discrimination in employment, sensitivity towards the needs of PLHIV in the workforce, access to resources for best practices of treating HIV within the workforce, fostering greater participation in economic development;

5. **Requests** that Member States adopt practices such as the Improving Primary Health in Rural Areas program, which improves access to health care by strengthening mobile coverage to manage the effects of HIV/AIDS by establishing improved health insurance for low-income households and developing health coverage for wage earners, addressing the needs of PLHIV, and reintegrating them into the workforce;

6. **Recommends** that Member States model the ALCS, which uses mobile testing vans to provide free and anonymous HIV testing and counselling on basic treatment, allowing vulnerable and stigmatized groups such as elderly, youth, and women populations to gain knowledge of their HIV positive status and the right steps to take in treatment, living with the virus, and entering or re-entering the workforce;

7. **Suggests** that Member States to allow volunteer doctors and leaders for these treatment vans to meet in Geneva, Switzerland, at the UNAIDS headquarters for a debrief on the objectives of UNAIDS and HIV/AIDS prevention and treatment, and to then be sent to the countries that would voluntarily like to participate in this initiative, prioritizing those that are least developed;

8. **Encourages** a collaboration between UNAIDS and FAO, remembering the Cooperation Framework signed with the FAO in 1999, to see the planning and implementation of the FAO’s educational community-based programs strategy to alleviate the consequences of the agricultural sector on HIV/AIDS, under the joint direction and leadership of UNAIDS and FAO, with the purpose of empowering and educating farmers with HIV/AIDS so that they can take on active, more productive roles in the agricultural sector in order to produce more food for society and for international trade, as well as to ensure that sustainable farming practices are passed onto newer generations to protect the food supply chain, all under the direction and leadership of UNAIDS and FAO over:

   a. The United Nations Educational, Scientific, and Cultural Organization (UNESCO) in contributing to the educational community-based programs by building upon its educational module on sustainable farming and continuing UNESCO’s Teaching and Learning for a Sustainable Future program, which provides education for sustainable agriculture and its economic viability, thereby expanding this program to reach PLHIV;

   b. The United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) in contributing by reviewing the curriculum destined for the educational community-based programs, and completing a gender assessment, and providing insight into how this initiative can best reach and empower women to take on more active roles in the agricultural sector to contribute to its output, following the lead of The Gender Equity Movement in Schools (GEMS), developed by the International Center for Research on Women (ICRW) in partnership with the Committee of Resource Organizations for Literacy (CORO), and the Tata Institute for Social Sciences (TISS), which developed and implemented a curriculum to engage young girls and boys, age 12-14, to discuss and critically reflect on the issues related to inequitable gender norms and violence through extracurricular activities, role-playing, and games;

   c. UN Women again by suggesting it sponsor SASA!, a community based initiative taken by Raising Voices to address the imbalance of power between women and men, girls and boys which they define as the core driver of violence against women and its connection to HIV/AIDS, by engaging large groups of people across all levels of society through activities, discussions, and initiatives taken by community members and leaders, currently active in over 20 countries, in the hopes of reducing the HIV infections in the agricultural community and, thus, reducing the strain on the food supply chain,
through education on the transmission of the infection through violence, particularly sexual violence, between men and women;

d. The United Nations Children’s Fund (UNICEF), in support of its commitment to All In! to #EndAdolescentAIDS, in similarly reviewing the curriculum of the educational community-based programs and improving the leadership skills of youth with HIV/AIDS to take on active roles in their agricultural communities to support the economy;

e. The United Nations Development Programme (UNDP) in adding gender equality to the discussions in the UNAIDS and FAO educational community-based programs to prevent sexual violence and stigmatization towards those living with HIV/AIDS in the agricultural sector through a flagship program that targets boys and men to act and end sexual violence to promote healthy, equitable relationships, thereby reducing the spread of HIV/AIDS in the agricultural sector;

f. A training base for voluntary community-based program leaders to be established in Geneva, Switzerland, at the UNAIDS headquarters and under its supervision for familiarizing the leaders with the curriculum of the educational community-based programs before they are sent to regions interested in these community-based programs;

g. A team of experts in the field of agriculture to be assembled with the aid of FAO, remembering FAO’s expertise in that, and sent to regions requesting their services to create a report identifying the major hurdles that the communities face in sustainable agriculture considering the impacts that HIV/AIDS has on farmers, and for this report to be used to individualize the curriculum in the community-based programs to their respective regions;

h. The above UN bodies in allocating appropriate resources to this UNAIDS initiative proportional to their involvement;

9. Urges UNAIDS to collaborate with FAO to improve the stability of the food supply chain by providing farmers living with HIV/AIDS with lighter tools and advanced agricultural technology to respond to lower productivity occurring in rural areas due a higher number of people working in the agricultural sector living with HIV infections, and to also encourage and recommend:

a. Member States to recognize the possible cost-savings they will realize if the agricultural sector outputs more products, and invest in providing vouchers for farmers affected by HIV/AIDS in proportion to annual production to buy equipment and improve the infrastructure to facilitate their work and improve productivity and quality of life;

b. National governments to direct unemployed people into farming programs to contribute to rural development in HIV-stricken regions, potentially using UNAIDS-created brochures in all languages outlining UNAIDS 2016-2021 Strategy, including food as an incentive for work as well as wages, to help farmers living with HIV/AIDS with manual work to help them produce more food for nutrition as well as to make a better income;

c. Member States to fund this by emphasizing treatment for HIV/AIDS and including an excerpt on the UNAIDS website explaining that if Member States invest more now, overtime they will have less to spend on the disease as it is eradicated more effectively through investments in this initiative;

d. Spending 2% of every dollar donation to UNAIDS on this initiative unless otherwise specified by the donor.
The Joint United Nations Programme on HIV/AIDS (UNAIDS),

Alarmed by the lack of awareness around HIV/AIDS in all demographics, especially those most vulnerable to HIV in lesser developed communities as shown in point 18 of the General Assembly resolution S-26/2 of 2001, as well as its negative effect on national economies,

Realizing the need for strategic partnerships among Member States in the pursuit of facilitating equal access to crucial treatment that combats HIV/AIDS and the burden which the epidemic places on economic welfare of communities,

Concerned with the lack of modernization and maintenance facilities within medical care practices and their lack of sustainability towards modern development such as hospitals, anti-retroviral production plants, and the efficient acquisition and allocation of medical resources,

Deeply concerned by the lack of access to health care for people living with HIV/AIDS across all nations, as well as restricted access to antiretroviral therapy (ART) in rural areas and hard to reach communities,

Emphasizes the need to focus on making antiretroviral therapy, Pre-Exposure Prophylaxis (PrEP), and Post exposure prophylaxis (PEP) increasingly accessible by employing educational campaigns,

Taking into consideration the need to make medical terms understandable to a wider public, specifically rural communities which do not receive sufficient education,

Reiterating the General Assembly resolution 65/277 of 2011, which encourages international cooperation among all participating states, while putting a strong emphasis on sustainable economic development and intensifying efforts to eliminate HIV and AIDS globally,

Recalling the subsection of goal 3 in the 2030 Agenda for Sustainable Development to ensure a substantial increase in health financing, recruitment, development, training and retention of the health workforce in developing countries,

1. Emphasizes the importance for Member States to ensure better access to medical and health care, in accordance to each Member State’s national capacity to fight against HIV/AIDS by introducing low cost measures such as:

   a. Stressing this issue for all demographics, especially in countries with high levels of disparity, as is thoroughly explained in the UNAIDS Fast-Track Plan, so as to mitigate the impact of HIV/AIDS on the economic development by the equal treatment of every HIV positive human being;

   b. Ensuring the training of medical staff and specialists, in regions where they are lacking, by implementing initiatives such as the Human Resources and Health (HRH) by the US President’s Emergency Plan for AIDS Relief (PEPFAR);

   c. Ensuring the accessibility of financial means to tackle the HIV epidemic in African countries lacking the sufficient medical structure in their territory with the support of UNAIDS in collaboration with key African institutions such as the African Union Commission, the NEPAD Agency and the African Development Bank in the name of the Joint Programme, in order to alleviate the financial burden of that said support for developing and underdeveloped African countries;

   d. Recommending the implementation of community health workers initiatives within rural areas in States where HIV/AIDS is endemic in order to reach isolated populations;
e. Calling upon local NGOs to ensure proper training, following the Inter-Agency Standing Committee guidelines for addressing HIV in humanitarian settings;

2. Urges all member states to share health care and related expertise to ensure that all countries have access to the same level proficiency in modern practices to end HIV by 2030, therefore limiting unnecessary expenses towards intra-state research on HIV/AIDS and benefit the sustainable resource management for each state by:

   a. Encouraging the standardization of knowledge from participating Member States to discuss and share different strategies used to combat ineffective practices towards HIV/AIDS as inspired by The Knowledge Transfer and Training for Outbreak Program initiated by WHO;

   b. Encouraging Member States that are playing a major role in research and development towards global health to reach out to fellow healthcare professionals to ensure continuous updates on modern healthcare technologies;

   c. Supporting new partnerships with the private sector which do business within States with high prevalence of HIV/AIDS, such as the “Project Last Mile,” to simplify the logistics and facilitate the rapid and efficient transport of ARTs through sensitive cargo in hard-to-reach communities to reduce the burden of high cost of acquiring life saving medication on national health budgets;

3. Invites all Member States to establish educational campaigns via modern technological resources and requests Member States to provide assistance as per their accordance to nations who do not have the capacity currently to do so to address the different stages of HIV/AIDS with the aim of reducing cost to society deriving from potential years of life lost, strains on national health budgets, and loss of public revenue by:

   a. Adopting preventative measures as deemed appropriate to different cultural sensitivities, religious beliefs, and HIV/AIDS budgeting preferences of individual state by:

      i. Enhancing voluntary counselling and testing (VCT) and promote private but publicly accessible medical treatment where civilians can be educated on HIV/AIDS, thus mitigating the spread of HIV and excessive health care costs within participating states;

      ii. Enacting more campaigns such as “Zero Discrimination Day” run by UNAIDS to deter future stigmatization and reduce discrimination to ensure younger generations and other vulnerable populations such as women can seek medical assistance and engage in early prevention methods to further reduce the risk of infection and diminish states expenses by enhancing economic development;

      iii. Calling upon Member States to launch awareness campaigns, such as “Treatment For All,” which promotes access to treatment without discrimination and targets specific vulnerable demographics such as sex workers, women, the LGBT community, and people over 50 years old, with the help of new technologies such as social media in an attempt to close the coverage gap in low-and-middle income communities, reduce non-essential medical costs on a state level, and better allocate financial resources towards development;

   b. Encouraging medical term simplification so that PLHIV and vulnerable populations know more about prophylaxis treatments and ART, avoiding counterproductive and dangerous reluctance, avoiding unnecessary cost for Member States and securing this fringe of the population against the disease.
The Joint United Nations Programme on HIV/AIDS (UNAIDS),

Calls attention to article 25 of the Universal Declaration of Human Rights of 1948, urging all states to guarantee a standard of living adequate for the health and well-being of himself and of his family,

Emphasizes Sustainable Development Goal (SDG) 3.3 to end HIV by 2030, and SDG 6 to ensure clean water supply and sanitation for everybody,

Further recalls the General Assembly resolution 64/292 of 2010 and the Declaration of Commitment on HIV/AIDS of 2001, stressing the importance of clean water supply for the maximum effectiveness of antiretroviral therapy (ART) for people living with HIV/AIDS (PLHIV) and water for consumption,

Bearing in mind the Sendai Framework for Disaster Risk Reduction 2015-2030 and the progress that has been made in developing a fast response during humanitarian crises,

Guided by the Inter-Agency Standing Committee (IASC) Guidelines for HIV/AIDS Interventions in Emergency Settings which gives a set of principles on how to include HIV/AIDS in the response to humanitarian crises,

Recognizing with concern a partial lack of resources, coordination and infrastructure on a local and regional emergency response networks and thereby highlights the resources and knowledge provided by the United Nations programs like the best practices handbook of UNICEF,

Noting with regret that as per the Gender Based Violence Information Management System Report 2015 gender based violence increases and victims are more prone to contracting HIV/AIDS,

Endorsing the initiative of the United Nations Development Program (UNDP) and its best practice handbook, providing vitally necessary information for humanitarian workers and important plans of actions in humanitarian crises,

1. Encourages Member States in which HIV/AIDS is endemic to implement the incident management system (IMS), in collaboration with the Center for Disease Control and Prevention (CDC), and the Public Health Agency of Canada (PHAC), to insure a standardized preparedness response plan to emergencies and disasters;

2. Urges UNAIDS to foster cooperation amongst Member States and collaboration with UNAIDS’ Co-sponsoring Agencies to enhance National Development Plans of low- and middle-income Member States, via national capacity building measures, through partnerships with:

   a. The United Nations Children’s Fund (UNICEF) to ensure that youth populations are included in the response such as The Participation of Children and Young People in Emergencies: A guide for relief, which lays down some basic guidelines for Member States to inculcate youth in the aid of humanitarian crisis, with a focus on preventive HIV/AIDS treatment;

   b. The United Nations Entity for Gender Equality and Empowerment of Women to ensure that women are protected during times of crisis, as violence against women, especially sex workers, is exacerbated during periods of crises, thereby increasing the likelihood of the transmission of HIV, with the extension of programs such as creating “first aid houses” so that women will be able to have a reference point;
c. The United Nations High Commissioner for Refugees (UNHCR) to work to increase access to HIV/AIDS treatment and prevention tactics such as ART, risk reduction, and vulnerability reduction, especially in regions with a high quantity of refugees or internally displaced persons (IDPs), as this population is at a higher risk of transmission of HIV;

d. The World Food Programme (WFP) to ensure that in times of humanitarian crises, people living with HIV/AIDS, and specifically youth, older populations, and women, are a target population of food aid, in recognition of the fact that people living with HIV/AIDS have specific nutritional requirements, due to the nature of immunodeficiency illnesses;

e. The World Health Organization (WHO), to ensure that the proposed framework has the capacity to provide the necessary personnel, medication, and services to address the needs of people living with HIV/AIDS in times of humanitarian crises;

3. Establishes a programme, the United Nations First Response of Measure Empowerment (UNFRAME) in cooperation with UNICEF, to build a local bottom up structure to ensure that in cases of humanitarian crises, local trainees are aware of how to ensure HIV treatment:
   a. Consisting of advisors of UNAIDS and UNICEF, by combining actors of civil society, non-governmental organizations (NGOs) and governmental emergency structures, where possible improvement is elaborated by the UNFRAME advisors through recommendation;
   b. Being funded by the Global Fund to fight Aids and the Central Emergency Response Fund (CERF);

4. Recommends the UNHCR best practice handbook to add a clause on how to best provide and treat PLHIV in emergency situations, and therewith give trainees and humanitarian workers the competence and authority to address the needs of PLHIV in humanitarian crises;

5. Calls upon the Member States to implement the IMS into National Action Plans (NAPs);

6. Proposes establishing a temporary organizational partnership between UNAIDS, UN-Water, and UNICEF called United Nations Water Sanitation and Hygiene (UNWASH) that should elaborate guidelines for UN-Water on how to efficiently ensure enough water supply for all PLHIV in humanitarian crises in order to guarantee treatment of PLHIV through sustainable capacities and be financed by the partnership shall meet for one year;

7. Suggests the renewal of the UN-Water Sanitation for All Campaign under the SDGs, which aims to educate people on the negative effects of open defecation during humanitarian crises, providing clean water sources for displaced PLHIV.