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



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Conference B

Joint United Nations Programme on HIV/AIDS (UNAIDS)

Committee Staff

Director	Lauren Alyson Kiser
Chair	Berkley Velez

Agenda

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

Resolutions adopted by the Committee

Code	Topic	Vote
UNAIDS/1/1	Ensuring HIV/AIDS Prevention and Treatment During Humanitarian Crises	Adopted without a vote
UNAIDS/1/2	Ensuring HIV/AIDS Prevention and Treatment During Humanitarian Crises	Adopted without a vote
UNAIDS/2/1	Mitigating the Impact of HIV/AIDS on Economic Development	Adopted without a vote

Summary Report

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

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

The session was attended by representatives of 18 Member States.

On Sunday, the committee adopted the agenda of I, III, II, beginning discussion on the topic of “Ensuring HIV/AIDS Prevention and Treatment During Humanitarian Crises.” By Tuesday, the Dais had received a total of two proposals covering a wide range of subtopics, including training peacekeepers on HIV/AIDS responses in humanitarian crises, the decentralization of reproductive care services, encouraging partnerships with non-governmental organizations, mainstreaming awareness campaigns on HIV/AIDS, and mobile healthcare units. Additional analysis sparked debate within the committee on the topics of compulsory licensing, social programs, and whether to encourage increased funding for HIV/AIDS programming.

On Wednesday, two draft resolutions had been approved by the Dais with no proposed amendments. The committee adopted both resolutions following voting procedure, both of which received unanimous support by the body. The resolutions represented a wide range of issues, including education, health care services expansion, destigmatization of HIV/AIDS, and the delivery of health care services through mobile healthcare units.

The committee then moved directly into debate on “Mitigating the Impact of HIV/AIDS on Economic Development.” By Wednesday evening, one draft resolution on this topic had been approved by the Dais with no proposed amendments. The committee adopted the resolution, which received unanimous support from the body. The resolution addressed the elimination of workforce discrimination against people living with HIV/AIDS. The committee worked efficiently and collaboratively to ensure the protection of people living with HIV/AIDS.



Code: UNAIDS/1/1

Committee: Joint United Nations Programme on HIV/AIDS

Topic: Ensuring HIV/AIDS Prevention and Treatment During Humanitarian Crises

1 *The Joint United Nations Programme on HIV/AIDS,*

2
3 *Recalling* the Joint United Nations Programme on HIV/AIDS' (UNAIDS) mandate to stress sustainable responses to
4 improve the lives of disenfranchised populations affected by HIV/AIDS during humanitarian crises,

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6 *Noting* the significance of the UNAIDS Fact Sheet dated November 2016,

7
8 *Recognizing* clauses 12 and 14 of the *Principles of Good Humanitarian Donorship*, which outline best practices for
9 responsible and accountable donating for Member States,

10
11 *Recalling* Security Council resolution 1308 (2000) and Security Council resolution 1938 (2010) on educating
12 peacekeeping forces to understand HIV/AIDS and possible precautionary steps to mitigate the spread of the disease,

13
14 *Noting* the success of the "One-Stop-Shop" facilities and clinics as put forth by the UNAIDS/United Nations
15 Population Fund (UNFPA) Integra initiative currently at work in seven Member States,

16
17 *Deeply concerned* with the stigma that can often result from sociocultural barriers surrounding HIV/AIDS as cited
18 by the UNAIDS 90-90-90 Strategy, which prevents vulnerable populations from receiving access to preventative
19 care and treatment,

20
21 *Welcoming* the 90-90-90 Strategy that aims to diagnose 90% of PLHIV, treat 90% of PLHIV with sustained
22 antiretroviral therapy, and achieve 90% rate of viral suppression in PLHIV by 2020,

23
24 *Concerned with* the lack of responsible funding for medical drone usage, which optimizes primary care,

25
26 *Acknowledging* the effectiveness of the Inter-Agency Standing Committee Taskforce on HIV's *Guidelines for*
27 *Addressing HIV in Humanitarian Settings* in creating comprehensive procedures for humanitarian crises responses,

28
29 *Praising* the success of the Humanitarian Unmanned Aircraft Systems (UAS) Testing Corridor, created through the
30 partnership between the United Nations Children's Fund and the Government of Malawi that delivered necessary
31 supplies via drone humanitarian crises to those suffering from HIV/AIDS,

32
33 *Recalling* the Kingdom of Morocco and the Ukrainian Soviet Socialist Republic's work of enlisting local religious
34 leaders to help combat the stigma associated with HIV/AIDS by educating the population on the HIV/AIDS virus
35 and appropriate treatment and prevention measures,

36
37 *Guided by* the success of the vertical integration of health services in destigmatizing HIV/AIDS in Swaziland,

38
39 *Noting with satisfaction* Member States' programs aimed at mitigating the risk of disenfranchised HIV/AIDS
40 affected populations through the education of medical professionals, such as Japan's AIDS Clinic Center, the
41 People's Republic of China's medical professional exchange program, and the Federative Republic of Brazil's Mais
42 Medicos recent efforts,

43
44 1. *Suggests* the consolidation of HIV, reproductive health, and other related medical services such as treatment,
45 care, education, counseling support, and transmission prevention services into the "one-stop-shop" model as an
46 integrated health service, illustrated by the joint UNAIDS/UNFPA Integra initiative currently at work in
47 Member States through:

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- 49 a. Collaboration with Member States that encourages the decentralization of reproductive health services
50 while promoting partnerships between local non-governmental organizations (NGOs), private health
51 care providers, and UN bodies;
52
- 53 b. Enlisting local religious, social, and political leaders to help educate the population on the effects and
54 treatment of HIV/AIDS in order to combat the stigma associated with HIV/AIDS;
55
- 56 2. *Recognizes* the positive effect of international cooperation, support, and assistance for Member States who are
57 heavily impacted by the HIV/AIDS epidemic through the:
58
- 59 a. Multilateral cooperation with other UN agencies such as the World Health Organization in order to
60 build health-sector interventions to:
61
- 62 i. Assist countries, donors, and other stakeholders;
63 ii. Expand web-based resources;
64
- 65 b. Creation of UN field offices in heavily affected areas as defined by the UNAIDS Fact Sheet November
66 2016;
67
- 68 c. Education and training for the effective delivery of preventative primary care for PLHIV;
69
- 70 d. Endorsement of Member States working in conjunction to build a partnership with UNAIDS in order
71 to address the needs of vulnerable populations suffering from HIV/AIDS;
72
- 73 e. Responsible donations to the United Nations Consolidated Inter-Agency and International Red Cross
74 and Red Crescent Societies made by joint appeals;
75
- 76 3. *Endorses* the exchange of medical professionals to UN field offices in order to train them to appropriately treat
77 PLHIV and to assist during humanitarian crises;
78
- 79 4. *Intends* to pair with relevant stakeholders to deliver humanitarian assistance to states affected by crises via
80 drones that:
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- 82 a. Send medical supplies, HIV/AIDS drug treatments, and samples to laboratories for HIV testing;
83
- 84 b. Extend assistance to Member States based on the level of need, using the UNAIDS Fact Sheet
85 November 2016's findings on percentage of populations receiving HIV/AIDS treatment as a guide;
86
- 87 5. *Calls upon* the expansion of the vertical integration of health services into the "One-Stop-Shop" model to
88 destigmatize the testing and treatment of HIV/AIDS, in order to reach 90-90-90 treatment goals through:
89
- 90 a. The inclusion of non-HIV/AIDS related services in clinics alongside HIV/AIDS treatment;
91
- 92 b. Engagement of NGOs and other non-state actors working in regions facing humanitarian crises to
93 continue providing resources to local healthcare providers so that they may continue providing their
94 services to communities in need;
95
- 96 6. *Encourages* Member States to reduce the stigma surrounding HIV/AIDS through the expansion of program
97 efforts to mainstream and normalize the disease through the integration of public discourse into communities
98 affected by HIV/AIDS through:
99
- 100 a. The expansion of awareness seminars and workshops following the model of the Rural Health Program
101 of Uganda created by the NGO, Action for Empowerment (AOET), to educate affected communities
102 about the HIV/AIDS virus, including but not limited to its:
103
- 104 i. Means of transmission;

- 105 ii. Effective preventions;
106 iii. Treatment options;
107
108 b. Adopting guidelines that implement workplace policies to destigmatize HIV/AIDS, specifically
109 through staff induction programs that include a module on HIV/AIDs and STIs to raise awareness;
110
111 7. *Suggests* that United Nations organizations responsible for coordinating peacekeeping efforts to increase
112 training amongst humanitarian responders to crises, including an understanding of how HIV/AIDS is
113 contracted, and providing training on the Inter-Agency Standing Committee Task Force on HIV's Guidelines;
114
115 8. *Emphasizes* the need for Member States to honor their financial commitments during humanitarian crises.



Code: UNAIDS/1/2

Committee: Joint United Nations Programme on HIV/AIDS

Topic: Ensuring HIV/AIDS Prevention and Treatment During Humanitarian Crises

1 *The Joint United Nations Programme on HIV/AIDS,*

2
3 *Recalling* the mandate of the United Nations Programme on HIV/AIDS in coordinating global leadership on the
4 AIDS epidemic, caring for people living with HIV, preventing new infections, and mitigating the impact of the
5 epidemic,

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7 *Emphasizing* the necessity of accessible medical, social, and psychological treatment to victims affected by
8 HIV/AIDS,

9
10 *Highlighting* the difficulties in obtaining sufficient sources for financing programs that prevent and treat HIV/AIDS
11 and the importance of securing and allocating funds efficiently,

12
13 *Noting* the United Republic of Tanzania's Voluntary Mobile Counseling Centers that have successfully reduced the
14 number of new HIV infections,

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16 *Further recognizing* that the current technology available can be utilized to connect UNAIDS operations with
17 relevant civil society organizations, non-governmental organizations, private entities, and Member States,

18
19 *Realizing* that organized systems of accountability and communication are crucial to enabling efficient review and
20 improvement of programs,

21
22 *Recalling further* the importance of the World Health Organization's (WHO) Expanded Programme on
23 Immunization on prioritizing the health status of women and children when administering HIV/AIDS treatment
24 during humanitarian crises,

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26 *Taking note of* General Assembly resolution 60/262 (2006), which emphasizes the necessity of community-based
27 networks, including the scaling up of comprehensive responses with the full involvement of vulnerable groups,

28
29 *Recognizing* the important role of the United Nations Central Emergency Response Fund (UNCERF) in preventing
30 and treating HIV/AIDS during humanitarian crises through financial allocations,

31
32 *Convinced* that knowledge-sharing is a critical aspect of the collaborative nature of UNAIDS,

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34 1. *Recommends* the establishment of the Humanitarian Response Committee to HIV/AIDS (HRCAIDS), a joint
35 committee between UNAIDS and WHO, on the management of HIV/AIDS during humanitarian crises, which
36 includes:

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38 a. Membership will consist of the Member States of the Programming Coordinating Board, and a
39 biannual meeting will convene in Geneva, along with any necessary additional meetings;
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41 b. Coordinating with pharmaceutical companies, other health-related private entities, non-
42 governmental organizations, United Nations Member States, and all interested groups to donate
43 resources to alleviate HIV infection and related difficulties;
- 44
45 c. Convening to review the conditions of those living with HIV/AIDS in humanitarian crises, and
46 analyzing the situation to create effective policies;
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48 d. The joint committee allocating its funding for the prevention of HIV/AIDS infection during
49 humanitarian crises;

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- e. The committee monitoring and reporting back to the United Nations Economic and Social Council on the state of its progress biannually after general meetings;
 - 2. *Recognizes* that the implementation of such a committee would contribute to the overall likelihood of achieving Sustainable Development Goal 3 by 2030;
 - 3. *Encourages* Member States, non-governmental organizations, and foundations to donate resources and funds to prevent and treat HIV/AIDS;
 - 4. *Recommends* the creation of mobile integrated health service centers modeled after the Voluntary, Counseling, and Testing Clinic program to prevent HIV/AIDS infections during humanitarian crises, in which:
 - a. These mobile health service centers will operate with respect for sociocultural and political norms of Member States and with respect towards state sovereignty;
 - b. Local non-governmental organizations and community organizations will oversee and manage the function of individual service centers;
 - c. Believes that the mobile health centers should be regionally located based on the combination of both risk factors and areas where HIV/AIDS are most prevalent:
 - i. Suggests using risk factor analysis for natural disasters;
 - ii. Taking note of nations susceptible to conflict and gender violence;
 - iii. Regions with the highest prevalence of HIV/AIDS will be prioritized;
 - 5. *Further recommends* the creation of a database using the information gathered from the mobile integrated health service centers like that used in the multilateral initiative to HIV/AIDS that:
 - a. Effectively facilitate the decision-making process for future programming needs;
 - b. Strengthen reporting capacity in efforts;
 - c. Utilize the Global Fund on HIV/AIDS Malaria and Tuberculosis as the primary source of funding;
 - 6. *Suggests* that, starting in the second quarter after the date of arrival at the crisis site, the mobile center will produce and deliver monthly progress reports to the joint standing committee to be published on a specialized database with:
 - a. An overseer assigned by HRCAIDS will supervise operations within each respective mobile health service centers and produce the published progress reports;
 - b. Each progress report to be published every quarter and upon the completion of the service center's mission in the affected area;
 - c. Enhancing planning and efficiency for future deployment of mobile integrated health service centers;
 - d. Inclusion of self-assessments and tracking of progress to ensure accountability, and publishing reports will be at the discretion of the Member State in which the crisis occurred;
 - 7. *Decides* to pursue further expansion of WHO's Expanded Programme on Immunization (EPI) within integrated health service centers to ensure prevention of HIV/AIDS infection affecting women and children above 12 years of age, who are an at-risk group for HIV/AIDS infection during humanitarian crises wherein:

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- a. Patients can be referred to yearly examinations by appropriate local doctors to mitigate the development of comorbidities of PLHIV;
 - b. The staff within the integrated health service centers will uphold patient’s rights as stated within the *Universal Declaration of Human Rights* (1948);
 - c. The organization will work with UNICEF to ensure that all children, and their parents, have access to HIV/AIDS prevention, treatment, care and support;
- 114 8. *Supports* partnerships between local non-governmental organizations, private health-care providers, civil
115 society organizations, research institutions, and UN bodies to facilitate community-based networks through:
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- a. Promoting greater community participation through the decentralization of reproductive health services;
 - b. Incorporating individuals with HIV/AIDS, most notably vulnerable groups, such as women and children, in the formation of programs that decentralize reproductive health services;
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- 123 9. *Reiterates* its call for international cooperation between Member States to allow for mutual benefits when
124 receiving and sharing educational information;
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- 126 10. *Asks for* financial support from UNCERF for HIV/AIDS for the implementation of the mobile integrated health
127 service centers;
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- 129 11. *Reaffirms* the 2016 *Political Declaration on HIV/AIDS* and the beliefs set forth of ensuring the safety, health,
130 and education of people living with HIV/AIDS during humanitarian crises.



Code: UNAIDS/2/1

Committee: Joint United Nations Programme on HIV/AIDS

Topic: Mitigating the Impact of HIV/AIDS on Economic Development

1 *The Joint United Nations Programme on HIV/AIDS,*

2
3 *Acknowledging* the Sustainable Development Goals (SDGs), specifically SDG 8, which outlines every person's right
4 to work,

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6 *Recognizing* the impact HIV/AIDS has on a disposable household income, increasing unemployment, and on
7 Member States' GDP growth,

8
9 *Deeply conscious* of the stigma and the discrimination that people living with HIV (PLHIV) face in the workforce,

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11 1. *Recommends* the integration of PLHIV into the workforce to ensure that all have access to decent work through:

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13 a. Increased access to health care services;

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15 b. Raising awareness of HIV/AIDS and the necessity of integrating PLHIV into the workforce;

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17 c. The creation of non-discriminatory workforce policies;

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19 2. *Recommends* that non-governmental organizations, local communities, and community organizations coordinate
20 with local healthcare facilities to establish financial aid programs in high-impact states to address the specific
21 needs of the workforce population living with HIV/AIDS in the region;

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23 3. *Suggests* the opportunity for those affected by HIV/AIDS, especially disenfranchised populations, to apply for
24 grants from health facilities offering financial aid.