NMUN•NY 2021



28 – 31 March 2021

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



Conference A

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Joint United Nations Programme on HIV/AIDS (UNAIDS)

Committee Staff

Director	Emma Bott
Chair	Ruth Spickermann

Agenda

- Ι.
- Addressing the HIV/AIDS Epidemic Among Young Women Preventing Tuberculosis Infection among People Living with HIV II.

Resolutions adopted by the Committee

Code	Торіс	Vote
UNAIDS/1/1	Addressing the HIV/AIDS	Adopted by Acclamation
	Epidemic Among Young Women	
UNAIDS/1/2	Addressing the HIV/AIDS	Adopted by Acclamation
	Epidemic Among Young Women	

Summary Report

The UNAIDS held its annual session to consider the following agenda items:

- I. Addressing the HIV/AIDS Epidemic Among Young Women
- II. Preventing Tuberculosis Infection among People Living with HIV

The session was attended by representatives of 17 Member States.

On Sunday, the committee adopted the agenda of I, II, beginning discussion on the topic of "Addressing the HIV/AIDS Epidemic Among Young Women" By Tuesday, the Dais received a total of two proposals covering a wide range of sub-topics including discrimination and stigma, education and training, confidentiality of patients, and increased testing. The delegates worked hard to build consensus on strong ideas.

On Wednesday, two draft resolutions had been approved by the Dais, one of which had amendments. The committee adopted two resolutions following the voting procedure, both of which received unanimous support by the body. The resolutions represented a wide range of issues, including discrimination, stigma, education, domestic violence, sexual assault, testing, screening, and access to care. The body worked hard to achieve understanding and create strong policy and action items. The members of the body worked diplomatically through the conference.



The Joint United Nations Programme on HIV/AIDS,

Recalling Article 25 of the *Universal Declaration of Human Rights* (UDHR) (1948) of General Assembly resolution 217A that declares that every human being is enshrined to access adequate medical care,

Expressing concern relating to the disastrous effects of the Covid-19 pandemic on the healthcare system of every Member States, which increases the need to stress the expectations set by UNAIDS Programme on the number of new treatments and tests that were not meet in 2020, as mentioned by the World Health Organization (WHO),

Reminding Member States of Article 67 (d) of the Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030 (2016) which recommends outreach programs built on social media in areas with high HIV prevalence,

Bearing in mind the detrimental effects that COVID-19 has had on global health systems, decreasing access to HIV testing and treatment, and increasing discriminatory violence against women, as stated in the Global Fund to Fight AIDS, Tuberculosis, and Malaria report *Mitigating the Impact of COVID-19 on Countries Affected by HIV, Tuberculosis, and Malaria* (2020),

Acknowledging the disproportionate representation that indigenous people face in contracting HIV/AIDS in developed and developing countries alike as highlighted in the seventeenth session of the Forum on Indigenous Issues (2018),

Emphasizing the Sustainable Development Goals established by General Assembly resolution 70/1 "Transforming our world: the 2030 Agenda for Sustainable Development" (2015) target 5.2 that aims to end all violence against and exploitation of women and girls, acknowledging that HIV can function as both a cause and effect in the cycle of violence against women and girls as recognized in the *UNAIDS*, 2019 Women and HIV: A Spotlight on Adolescent Girls and Young Women Report,

Keeping in mind Paragraph 71 of the 2001 United Nations General Assembly on HIV / AIDS which emphasizes the importance of developing surveillance systems as well as data collection and interpretation systems, especially in countries most affected by HIV in order to track potential expansion of the epidemic and areas where improvement is needed,

Underlining Guideline 8 of the 1996 International Guidelines on HIV/AIDS and Human Rights, which explicitly states that Member States should focus on providing safe, stable environments for women, children and other vulnerable populations,

- Suggests WHO to increase the distribution of pre-exposure prophylaxis (PReP) for every Member State in all drugstores and anonymous clinics under their national health insurance with the help of the Global Fund to Fight AIDS, Tuberculosis and Malaria in order to prevent and to lower the impacts of HIV infections among the at-risk population;
- Encourages the implementation of universal testing for HIV/AIDS by integrating HIV evaluation as a part of a routine medical check-up in order to normalize testing to lower discrimination and ensure that more people are being tested by requesting that the WHO and UNAIDS assist Member States in creating a program that would provide free self-testing kit that were distributed to lower incomes areas to increase access to testing resources;

- 3. *Recommends* the development of social media programs that work towards reducing stigmas and spreading awareness around HIV/AIDS by promoting and supporting the implementation of testing clinics, shelters, and other reproductive health programs to be facilitated by:
 - a. Inviting professionals from every willing Member State in marketing and health sectors to join an international board headed by UNAIDS and WHO to develop solutions focused on the intersection of social media and HIV awareness such as promotional materials for National HIV Testing Day, and simple online quizzes for individuals to gauge their need to visit a clinic;
 - Supporting the creation of informational videos and social media posts regarding the HIV anonymous mobile clinics (HIV-AMCs) by the aforementioned board that will be accessible through the social media program;
- 4. *Encourages* the creation and implementation of collaborative COVID-19 and HIV/AIDS initiatives with the help of the WHO that focus on:
 - Implementing joint testing in the form of self-testing kits as those provided in the aforementioned HIV-AMCs, which would increase client autonomy and independence which is essential considering the world's current situation with the COVID-19 pandemic;
 - b. Creating an international domestic abuse hotline that will allow victims to easily and confidentially report instances of domestic violence and be connected with local services and necessary support such as HIV testing facilities, woman shelters, and counseling services;
- 5. *Strongly* recommends to Member States to act on the lack of testing and treatment facilities that are available to women in indigenous communities that exist in rural parts of Member States by:
 - a. Requesting the assistance of the WHO to provide people to train and assist in getting such programs off the ground, emphasizing gender equality and cultural understanding, sensitizing the persons that work on the missions;
 - b. Stressing the importance of providing training programs for indigenous women living in communities, as to provide support from the inside out by:
 - i. Requesting the aid of international NGOs to build or utilize existing infrastructure in rural places to provide a space for HIV testing, and treatment to take place;
 - ii. Focusing on building groups of women grounded in providing community to those already living with HIV/AIDS in rural places;
- 6. Suggests the collaboration of The United Nations Educational, Scientific and Cultural Organization (UNESCO), UN Women, and WHO to assist Member States in providing training and resources that work towards ending cycles of intimate partner violence, domestic violence and gender discrimination that girls and women face, with the ultimate goal of preventing and reducing the transmission of HIV/AIDS by:
 - a. Providing programs that recognize the signs of abuse and programs which trains women to identify early risk, how to avoid danger, and self-defense to protect themselves from sexual assault and the spread of HIV;

- b. Implementing referral programs that direct victims of abuse to testing and treatment of HIV when applicable direct victims to resources to ensure their safety and well-being;
- c. Hosting a bi-annual training on the recognition and prevention of both abusive relationships and violence against women through conferences available to health and education professionals to start by the year 2026 with funding provided by the UN Trust Fund to End Violence Against Women;
- 7. *Encourages* further collaboration between WHO and UNAIDS to structure data collection on international and national HIV initiatives in order to prevent parallel initiatives and highlight areas where funding can be optimized by:
 - a. Working with known non-governmental organizations (NGOs), National Health Ministries, and faith-based organizations (FBOs) that currently receive national funding to further understand the goal and target population of their initiatives;
 - b. Establishing an UNAIDS ID as a separate form of identification, unrelated to governmental identification, for use at UNAIDS supported initiatives for all individuals who visit known clinics or interventions to promote tracking and collection of data such as retention rates as well as for providing core populations at risk of higher HIV transmission rates such as women who are sexually exploited, including in a commercial manner, with much needed anonymity;
 - c. Inviting NGOs and other local organizations to contribute to a bi-annual report summarizing where current funding goes to understand where funding can be rerouted in the future;
 - d. Utilizing re-routed funding for the implementation and sustainment of HIV-AMC clinics;
- 8. *Recommends* Member States to implement HIV anonymous mobile clinics focused on integrating STI clinical services with HIV protection, information, and prevention services such as self-testing kits for individuals more susceptible to HIV infection, including but not limited to adolescents and those at risk due to gender identity:
 - a. Implementing the HIV-AMCs during holidays, in areas where at risk populations are known to congregate, and in underserved communities with large populations in order to easily reach a larger group of the target populations;
 - b. Requesting contributions from the Global Fund to Fight AIDS, Tuberculosis and Malaria and the Global Coalition on Women to fund all the activities of the clinics;
 - c. Working specifically with women who work in HIV high-risk professions to run and work in the clinics by providing training for such women interested in helping with their community;
 - Requesting to Member States to increase the accessibility of PReP for prevention and treatment options such as antiretroviral therapy (ART) in the clinics to optimize their function under the national health insurance of Member States and with the help of the Global Fund;
 - e. Providing self-testing kits for HIV that will contain finger stick tests, mouth swab tests, a brochure with facts on the shelters, prevention on sexual relationships, and information on the PReP;

- f. Providing protection with the help of the Global Coalition on Women for funding and for the creation of a 100% contraceptive program that will help at-risk individuals to have access to protection by providing them with contraceptives;
- g. Encouraging Member States to create national programs that provide non-bias environments for testing in order to ensure more trust from the population and decrease the stigma of HIV testing.



The Joint United Nations Programme on HIV/AIDS,

Recalling the commitments made in *The Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight Against HIV and to Ending the AIDS Epidemic by 2030* which was adopted in General Assembly resolution 70/266 in 2016,

Deeply concerned that women and girls who have suffered sexual violence are 1.5 times more likely to acquire HIV than women who have not suffered such violence, according to UNAIDS' 2019 report *Women and HIV: A Spotlight on Adolescent Girls and Young Women*,

Emphasizing the importance of the empowerment of young women and representation in and modernizing of laws regarding those with HIV/AIDS,

Welcoming the work of programs like China Comprehensive AIDS Response (CARE) in aiding vulnerable populations like children and young women,

Highlighting the importance of collaborations like the Youth and UNAIDS: A Pact for Social Transformation to including input from young key populations,

Affirming the importance of international awareness campaigns like the International AIDS Conference and UN World AIDS Day for raising awareness among possible funding sources as well as the general population,

Expressing with concern the stigmas towards young women living with HIV/AIDS when seeking medical treatment,

Recognizing the importance of adequate training for medical professionals, as health care providers are often the first professional contact for survivors of sexual violence with evidence suggesting that women who are victims of violence seek medical treatment more often than non-abused women as acknowledged in the World Health Organization's (WHO) *Responding to Intimate Partner Violence and Sexual Violence Against Women*,

Acknowledging mobile app development like PrognoCIS's Electronic Health Record software, which is an adaptable technology used to monitor patients' status to make treatment easier,

- 1. *Emphasizes* the importance of Member States adopting educational programs that both work towards the elimination of the violence against women and girls, and the reduction of stigmas with the ultimate goal of preventing HIV/AIDS, by:
 - Creating campaigns that provide age-specific teaching materials covering topics such as abusive and healthy relationships, consent and communication, sexually transmitted infections like HIV/AIDS which seeks to prevent abusive behaviors;
 - Implementing policies attempting to support and relay actions to prevent and combat HIV/AIDS and drug addiction in schools, as outlined in the United Nations
 Educational Scientific and Cultural Organization (UNESCO)'s International Technical Guidance on Sexuality Education (ITGS);

- c. Utilizing funding from UN Women and the United Nations Trust Fund to End Violence Against Women as well as willing and able Member States, in order to implement prospective programs by 2024;
- 2. Urges Member States to facilitate youth support projects toward reducing transmission, discrimination, and public stigma, by providing funding to small organizations that work with people living with HIV, such as those that assist women in sexual violence situations to access short-term housing;
- 3. Strongly encourages the United Nations Children's International Emergency Fund (UNICEF) to invest in national programs like those that offer financial support to children who have lost their parents or guardians to HIV/AIDS through resources providing education, housing, as well as free testing and treatments;
- 4. *Recommends* Member States collaborate with their local youth civil society organizations to empower young people as beneficiaries, partners, and leaders for the HIV/AIDS response to implement measures such as:
 - a. Introducing legal frameworks to prevent stigmatization and provide opportunities and resources;
 - b. Working towards eradicating repressive or punitive laws that impede access to services for young key populations at higher risk;
- 5. *Encourages* Member States to participate in international HIV/AIDS related activities, by generating public service announcements and engaging in global platforms for policy making, in order to establish awareness and security regarding HIV/AIDS health concerns;
- 6. *Reaffirms* the need to implement programs which allow people to access confidential care, empowering women and girls to receive assistance without the authorization of a guardian by developing:
 - a. Access to self-testing kits in public spaces such as community centers, schools, or pharmacies allowing vulnerable groups to be tested without supervision;
 - b. Monthly women's healthcare tents in the periphery of rural or underserved areas to provide opportunities for periodical medical assistance to at risk women and girls;
 - c. Medical centers for treatment and psychological support that focus on protecting patients' identities by avoiding maintaining medical records with identifiable personal information;
 - d. Mobile applications, websites, or platforms that collect cookies or other trackable information that are required to have protected anonymous data practices;
- 7. *Invites* the collaboration of the World Health Organization (WHO) and the World Federation for Medical Education (WFME) to assist Member States in providing training for medical professionals with the goal of preventing discrimination and reducing stigmas surrounding people living with HIV/AIDS by teaching medical professionals how to create safe and comfortable environments for patients through a non-judgmental and empathetic approach;
- Requests the Global Fund to Fight Aids to invest in software for patient use that is directly focused on HIV/AIDS in order to generate customizable mobile apps providing services such as:
 - a. Mobile patient portals for individual treatment plans;

- b. Telemedicine for support outside of typical working hours;
- c. Administrative services partnered with local healthcare facilities to manage functions such as payment plans and appointment scheduling.