

5 – 8 April 2021

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



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## Conference B

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# Joint United Nations Programme on HIV/AIDS (UNAIDS)

## Committee Staff

<b>Director</b>	Eric Lowe
<b>Chair</b>	Nidhi Jariwala

## Agenda

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

## Resolutions adopted by the Committee

<b>Code</b>	<b>Topic</b>	<b>Vote</b>
<b>UNAIDS/1/1</b>	Addressing the HIV/AIDS Epidemic Among Young Women	Adopted without a vote
<b>UNAIDS/1/2</b>	Addressing the HIV/AIDS Epidemic Among Young Women	Adopted without a vote

## Summary Report

The Joint United Nations Programme on HIV/AIDS 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 10 Member States, as well as 1 non-governmental organization.

On Monday, the committee adopted the agenda order of I, II, beginning discussion on the topic of “Addressing the HIV/AIDS Epidemic Among Young Women.” By Tuesday, the Dais had received a total of two proposals, one with a broad focus and the other being narrower in scope. Delegates spent their Wednesday sessions debating which solutions should be highlighted within their working papers, and they collaborated between working groups to assess the viability of merging into one working paper. By Wednesday afternoon, they had determined that their working papers would remain separate, and delegates worked to ensure that both papers featured innovative and inclusive solutions to issues such as sexual education and healthcare coverage for people living with HIV.

On Thursday, two draft resolutions had been approved by the Dais, neither of which had amendments. The committee adopted both resolutions during voting procedure with unanimous support by the body. The resolutions addressed a wide range of issues, including funding for universal healthcare, harnessing data collection, and sexual education as a tool to fight the HIV/AIDS epidemic. Delegates utilized diplomacy and effective communication as they drafted their working papers, and the body worked together as one to yield rational resolutions to the floor. The delegates exhibited real passion and true understanding of the topics throughout formal and informal sessions, and they expertly handled the switch to a digital format for the conference.



**Code:** UNAIDS/1/1

**Committee:** Joint United Nations Programme on HIV/AIDS

**Topic:** Addressing the HIV/AIDS Epidemic among Young Women

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

*Recognizing* that the World Health Assembly, in their resolution 69.1 (2016) “Strengthening essential public health functions in support of universal health coverage” (WHA 69.1), created guidelines for the implementation of universal health care to increase access for marginalized populations like young women,

*Affirming* the 2020 UNAIDS report *We’ve Got the Power: Women, Adolescent Girls and the HIV Response*, which encourages the implementation of universal health care for women’s HIV/AIDS treatment,

*Recognizing* the necessity to fund a universal health care coverage program so that all Member States and their citizens have equal access to the universal health care coverage plan’s resources,

*Fully alarmed* by the number of young women being infected with HIV, the barriers to education women experience contributes to this by negatively impacting their access to healthcare and sex education, and the stigma attached to HIV that prevents women from accessing healthcare,

*Commending* the work done by Médecins Sans Frontières with the implementation of community antiretroviral (ARV) distribution points, which reduces the cost of care from US\$27 at public health centers to US\$8 annually, and by the World Health Organization (WHO) to develop the “one-stop-shop” model of care which allows for patients to access all of their medical treatment at a single location,

*Taking into consideration* that technological changes, such as the internet of things, can have an impact in achieving the Sustainable Development Goals (SDGs), and the popularity of social media among young people and fully alarmed about the challenges the COVID-19 pandemic has created,

*Referencing* the 2020 UNAIDS *Global Aids Update* which established guidelines for a universal health care program that pushes for equity for all people provided through various methods of funding,

*Realizing* that it is necessary to harmonize policy and legal environments to make improving health infrastructure a political reality,

*Deeply disturbed* by the lack of access to education globally with 132 million girls out of school in 2020 as established within United Nations Children’s Fund (UNICEF) report *Humanitarian Action for Children 2020*,

*Expressing grave concern* over the access to and quality of sex education young women have with only 28% of young women having accurate information on HIV/AIDS, according to the 2016 United Nations “Political Declaration on Ending HIV/AIDS”,

*Bearing in mind* the guidelines set out for the development of a data hub within the report on the *H6 Partnership: A Catalyst For Transformation In The United Nations To Deliver Health Results For Women, Children And Adolescents In Support Of The Sustainable Development Goals*,

*Reiterating with dismay* the sexual and physical violence towards women that increases the likelihood of a women becoming infected with HIV and the barriers to healthcare many women face,

*Emphasizing* the success of the Non-Governmental Organization (NGO) No Means No Worldwide (NMNW) in reducing the incidence of rape in high-risk areas by 47% through the implementation of educational and self-defense classes and proposes an expansion of this program for broader implementation by the UN,

*Registering* the impact that the COVID-19 pandemic has on accessing HIV health services, as more than a third of people living with HIV who were surveyed reported that COVID-19 had some impact on HIV services, including about 4% who reported that they had missed taking antiretroviral therapy because they could not access their medication due to the COVID-19 lockdowns,

*Acknowledging* the key findings of the *Rights in the Time of COVID-19: Lessons from HIV for an Effective, Community-led Response* (2020) report,



*Addressing* the significance of the *International Covenant on Civil and Political Rights* (1966), as stated in Article 12, on ensuring that everyone has the right to have access to prevention, control of diseases, treatment, and all medical services needed,

*Affirming* the objectives and directives set in *The Universal Declaration of Human Rights* (1948) and in Sustainable Development Goal 5 (Gender Equality and Women's Empowerment) and remembering that decreasing stigma and related discrimination for young women living with or at risk of HIV/AIDS will provide equal access to human rights because it guarantees equal access to information, support, care systems, and medical treatment,

*Deploring* the discrimination against individuals living with HIV/AIDS as it violates their human rights and impacts a woman's life at the workplace, access to social security, education, and housing,

1. *Invites* the Secretary-General to extend the responsibilities outlined in WHA 69.1 and produce a report with technical guidance on the implementation of national universal health care coverage, referring to the mandate of each citizen to pay taxes (or some form of financial contribution) at the discretion of the state into a system that will then provide quality access to care for all healthcare needs free of charge, the implementation of which will be overseen by health administrations in sovereign countries with an annual report on costs, political and social ramifications through public opinion survey to a joint board with representative members from the UNAIDS Programming Board, the WHO Secretariat, and the UN Women Executive Board, each of whom will consult on the board for the duration of their term;
2. *Invites* civil society organizations to participate as observer states in UNAIDS meetings to contribute more information about their activities and potential contributions to UN initiatives;
3. *Recommends* the further implementation of community ARV distribution points to reduce the cost of care, which will improve the long-term treatment received by HIV positive individuals, help to eliminate the stigma of HIV/AIDS, increase accessibility to ARV treatment, and educate individuals living with HIV and calls for the expansion of these distribution points to fit the WHO's "one-stop-shop" model of care to include testing and other health services;
4. *Emphasizes* the global need to further adapt with the latest technological changes and use the internet in its full capacity to achieve the Sustainable Development Goals by:
  - a. Creating an UNAIDS application for smartphones, following the example of the National AIDS Control Organization (NACO), to approach key population, in 12 different languages, and offering both support and information related to HIV and AIDS, along with the importance of safer sex;
  - b. Seeking funding from non-governmental organizations like the Alliance for Affordable Internet or the Bill & Melinda Gates Foundation, to promote free internet access and more social media campaigns in order to strengthen overall outreach by accessing key populations and minorities;
  - c. Utilizing social media to bring awareness to the vital issues confronting Member States and can be further implemented to educate people in HIV/AIDS and provide comprehensive sexuality education;
  - d. Making UNAIDS' website more accessible by translating posts in multiple languages;
5. *Calls for* the funding of a future universal health care coverage plan, as modeled by the 2020 *Global AIDS Update*;
6. *Urges* Member States to recognize and support the UNAIDS Comprehensive Sexuality Education (CSE) initiative that seeks to educate young people on the emotional and physical aspects of sexuality by:
  - a. Providing continued support to the UNAIDS Inter-Agency Task Team (IATT) on Education and School Health created in 2002 as a part of the above mentioned CSE initiative to support and improve educational sectors response to HIV;
  - b. Encouraging Member States to increase collaboration with organizations like the WHO in their effort to implement the International Technical Guidance on Sexuality Education under the before mentioned CSE as they continue to promote learning objectives for sexual education curriculum;



7. *Encourages* a technical partnership for countries to modernize their data collection with the organization of granular data from hospitals, testing clinics, and other medical institutions in areas with a disproportionately high number of vulnerable women to promote focused responses to HIV community transmission by promoting:
  - a. The use of the existing Global AIDS Response Progress Reporting and incentivizing more Member States to report on the basis of the 30 UNAIDS Data indicators through giving them preference for funding allocation from the UNAIDS Global Fund;
  - b. The use of the Universal Data Collection (UDC) undertaken by the Centers for Disease Control and Prevention as a potential model to implement data collection infrastructure, particularly noting the need for women and girls to be contacted to ensure treatment is ongoing;
  - c. The facilitation of countries' partnerships with non-governmental organizations in the data and technology;
  - d. The creation of a consulting team with 20 members selected via lottery among interested parties from the 1,292 companies listed as technology sector partners within the UN Global Compact to provide or build infrastructure, such as cloud services, to countries working to improve data management, with at least two companies operating in each of the five UN regional groups;
  - e. National dialogues to determine which information can legally be retained in regards to their own citizens' entitlement to privacy, especially in the context of regional and international agreements;
8. *Calls upon* Member States to implement integrated healthcare and education programs for female sex workers to provide services and medications, as well as information on preventing and treating HIV/AIDS and directs attention to benefits specialized education models have had on the health education of individuals in lesser developed countries, further implementing more specialized education models particularly for discriminated groups, especially the specialized clinics for commercial sex workers;
9. *Seeks to* lessen the impacts of the COVID-19 virus on people living with HIV by:
  - a. Asking for Member States to address women's rights and the rights of individuals living with HIV;
  - b. Organizing community-led responses to COVID-19 and HIV through empowerment and guidance, rather than restrictions, that will ensure people can act without fear of losing their livelihood, have sufficient food being on the table and the respect of their community;
  - c. Ensuring that health services for the COVID-19 virus and HIV are equally provided;
10. *Calls upon* Member States to create awareness campaigns that inform women living and not living with HIV on any risk factors and accessible protection, including:
  - a. The organization of campaigns with UNESCO, such as the campaign of "Comprehensive Sexuality Education: A Foundation for Life and Love" where young females, women, and families from different Member States engage through photos, videos, and exhibitions and educate themselves about sex, relationships, and other related topics;
  - b. The implementation of UNAIDS awareness campaigns in conjunction with the United Nations Educational, Scientific and Cultural Organization (UNESCO) including 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;
11. *Motivates* Member States to eliminate HIV/AIDS-related stigma and discrimination among young women by providing materials from UNAIDS and enabling people trained to defend the rights of and protect and support women;
12. *Emphasizes* the strong connection between addressing sexual violence and ending HIV by 2030, and further emphasizes the importance of meeting UNAIDS targets by:



- a. Highlighting the facts that women living with HIV who have experienced intimate partner violence were significantly less likely to start or adhere to ART and had worse clinical outcomes than other women living with HIV;
- b. Encouraging Member States to develop legislation to strictly deter and punish gender-based violence by:
  - i. Utilizing the implementation of the General Assembly Resolution (1985) which included the *1986 Expert Group Meeting on Violence in the Family*, with special emphasis on its effects on women;
  - ii. Adopting concrete recommendations with regard to legal reform, police, prosecutor and health sector training, social and resource support for victims while making it clear that domestic violence was a global phenomenon which was significantly underreported;
- c. *Suggesting* that Member States endeavor to provide economic support to empower women and strengthen leadership for girls;
- d. *Expresses its support* for the creation of protective environments for women and girls by:
  - i. Improving safety and strengthening monitoring in schools;
  - ii. Establishing and consistently applying workplace policies;
  - iii. Addressing community-level risks through environmental approaches.



**Code:** UNAIDS/1/2

**Committee:** Joint United Nations Programme on HIV/AIDS

**Topic:** Addressing the HIV/AIDS Epidemic among Young Women

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

*Acknowledging the Universal Declaration of Human Rights (1948), which states that all human beings are born free and equal, and focusing on Article 19 which relates to the right to knowledge and education, and Article 25 which states that all humans should have equal access to medical care,*

*Noting the 2020 European Parliament Report on *The Gender Perspective in the COVID-19 Crisis and Post-Crisis Period*, which shows an increasing number of women and girls who have become victims of domestic and gender-based violence as a result of the lockdowns implemented to combat the COVID-19 pandemic,*

*Noting the Beijing Platform for Action (1995) as an important basis from which to tackle the HIV/AIDS epidemic in young women,*

*Recognizing the importance of holistic education, specifically sexual education, to promote the physical, emotional, and mental wellness of young people,*

*Deeply concerned by the lack of education on the HIV epidemic among young women,*

*Acknowledging the US President's Emergency Plan for Aids Relief (PEPFAR) which supports states in need to tackle the HIV epidemic, and specifically the Determined, Resilient, Empowered, AIDS-free, Mentored and Safe (DREAMS) private-public partnership which seeks to empower young women and reduce HIV diagnoses in adolescent girls,*

*Recalling General Assembly resolution 70/266 on "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) and utilizing the PEPFAR, DREAMS partnership initiative which promotes the empowerment of young women and girls and various structural tools to combat against HIV spread and gender-based violence,*

*Recognizing the United Nations Educational, Scientific, and Cultural Organization (UNESCO) initiatives undertaking in providing education services to a variety of communities,*

*Acknowledging Médecins Sans Frontières for being a key contributor to the creation of community-led antiretroviral (ARV) treatment groups that provide peer support to people living with HIV/AIDS and encourages their further use,*

*Noting with deep concern that, according to the UNAIDS report *Women and HIV: A Spotlight on Adolescent Girls and Young Women* (2019), young women and girls account for a disproportionate number of new HIV infections and that in 2017, 7,000 adolescent girls and young women became HIV-positive,*

1. *Endorses the use of a regional educational program that will be implemented through community-led organizations by:*
  - a. *Collaborating with UNESCO and developing the Global Education Coalition through the creation and oversight of local administration teams made up of locals from the community that report to UNESCO and their respective national governments;*
  - b. *Collaborating with the Global Coalition on Women and AIDS (GCWA), UNESCO, the United Nations Children's Fund (UNICEF), and Médecins Sans Frontières to provide specialized information to communities;*
  - c. *Using HIV awareness campaigns, which would be run either through ground-based initiatives and local groups or through UNAIDS directed campaigns and training groups;*
  - d. *Implementing after-school programs for schools that would also be provided virtually due to the COVID-19 pandemic;*





2. *Recommends* the use of sex education to encourage knowledge on HIV and overall personal sexual wellness by:
  - a. Affirming the use of sex and relationship education (SRE) that emphasizes the relationship between sexual topics and the use of education curriculums to promote sexual health and wellness for public schools and their communities;
  - b. Promoting the use and distribution of contraception and holistic sexual education that addresses the emotional, psychological, physical and sexual well-being of the students;
  - c. Encouraging the spread of printed materials on HIV/AIDS that include contact information in order to increase awareness within schools and their communities as well as reduce the stigma associated with HIV which would be distributed by the administration teams within schools and communities;
  - d. Further inviting Member States to implement an International HIV Testing Awareness Week;
3. *Calls upon* Member States to cooperate with the World Health Organization (WHO) and other United Nations bodies, such as UN Women, and non-governmental organizations to implement integrated healthcare and education programs for female sex workers, as well as information on preventing and treating HIV/AIDS, such as:
  - a. Accessing pre-exposure prophylaxis treatment as well as preventative antiretroviral treatment at an affordable cost for all women;
  - b. Providing access to free and convenient testing kits for all people;
  - c. Providing free antiretroviral treatment for all women who have been diagnosed with HIV/AIDS as well as free preventative treatment for all female sex workers;
  - d. Utilizing late-night clinics for female sex workers to access medication and treatment as well as resources at times convenient for them such as during their work hours;
4. *Encourages* Member States' governments to promote legislation to protect women against violence and promoting discussion of gender identity among HIV infectors by:
  - a. Creating ongoing discussions with the General Assembly to encourage a resolution to protect women against violence;
  - b. Bringing in organizations with similar desired outcomes to best determine an effective outcome;
  - c. Collaborating between Médecins Sans Frontières and the General Assembly to encourage protection for women through legal frameworks and to help Member States to promote progression in current policies;
  - d. Utilizing the UNESCO International Bureau of Education to implement an educational outlet for individuals to become educated on forms of protection for women and the types of violence that needs combating;
5. *Requests* that Member States' pay specific attention to gender-based violence as a factor that worsens the effect and prevalence of the HIV pandemic in young women by:
  - a. Implementing educational curriculums so that children between the ages of 12 and 18 of all genders can attend seminars in schools and/or in community groups regarding gender based violence, to include:
    - i. Definitions of gender-based violence;
    - ii. Prevalence of gender-based violence in the relevant state;
    - iii. A link between gender-based violence and HIV/AIDS;
    - iv. Ways gender-based violence can be reduced, especially ensuring the existence of consent;



- b. Drawing inspiration from the DREAMS program as part of PEPFAR, especially in regards to changing norms and mobilizing the community;
  - c. Utilizing the International Bureau of Education to cooperate in terms of providing this educational material, especially in terms of talking to community groups to implement this curriculum in schools;
  - d. Training rights defenders and lawyers to accompany discriminated women in their administrative and legal procedures;
6. *Further recommends* the establishment of an HIV Testing and Awareness Week that would be implemented internationally during the week in November of each year before World AIDS Day, aiming to reduce the number of people living with HIV unknowingly by:
  - a. Providing HIV tests at educational institutions, such as high schools and universities;
  - b. Providing pamphlets to patients after receiving a test with educational information as well as medical contact information;
  - c. Setting a long-term goal of creating awareness for the topic of HIV/ AIDS and educate those on preventative strategies as well as treatment options;
7. *Encourages* social media influencers, celebrities and the government to play a leading role and promote a scientific explanation of AIDS on social networks to eliminate young women's fear and the negative stigma of HIV/AIDS by:
  - a. Creating an online interactive service in the form of an application or a website specifically to provide information on preventing the spread of HIV/AIDS and how to access resources;
  - b. Sharing targeted advertisements on social media to promote comprehensive sexuality education to key populations.