



National Model United Nations • DC

Code: WHA/1/1

Committee: World Health Assembly

Topic: Treatment and Prevention of HIV/AIDS

1 *The World Health Assembly,*

2
3 *Alarmed* by the World Health Organization (WHO) HIV/AIDS database stating that 36.9 million people are living
4 with HIV throughout the world,

5
6 *Bearing in mind* Article 25 of the *Universal Declaration on Human Rights* (1948) that affirms the right to have
7 adequate access to medical care,

8
9 *Deeply concerned* with highly at-risk demographics facing medical discrimination within regional and local medical
10 services, as stated in the Joint United Nations Programs on HIV/AIDS (UNAIDS) publication (41)/17.27 (2017),

11
12 *Affirming* UNAIDS and their 90-90-90 Strategy targets to be implemented by 2030, which strives to promote
13 treatment for all who have been infected by HIV,

14
15 *Recognizing* General Assembly resolution 72/179 (2017), guaranteeing the protection, health, and human rights of
16 migrants against all possible unnecessary risks, including HIV/AIDS,

17
18 *Acknowledging* the WHO guidelines on the prevention of mother-to-child transmission (PMCT) which can reduce
19 transmission rates to 5% during pregnancy, labor, delivery, and breastfeeding,

20
21 *Emphasizing* the Global AIDS Interfaith Alliance's main goal, which is free and accessible HIV testing, and the
22 WHO's goals to prevent HIV/AIDS by working within medical clinics,

- 23
24 1. *Calls upon* Member States to better implement the UNAIDS 90-90-90 Strategy by focusing future efforts in
25 addressing the HIV/AIDS epidemic by recognizing the interconnection between infection rates and knowledge
26 of HIV status in order to better facilitate treatment for all those who have been infected;
- 27
28 2. *Recommends* the extension of PMCT programs, which provides services and resources to mothers and children
29 who test positive for HIV specifically by providing antenatal HIV testing, antiretroviral treatment for mothers
30 and newborns, and assisting and promoting safer infant feeding options by:
- 31
- 32 a. Ensuring that infants receive follow-up care, and providing information on various breastfeeding
33 options, such as replacement breastfeeding or exclusive breastfeeding to be spearheaded by the United
34 Nations Children's Fund;
 - 35
36 b. Providing follow-up care for infants, who may be HIV positive or at risk of being HIV positive,
37 specifically by having infants and their mothers visit medical facilities overseen by community health
38 workers to assess if their nutritional value is sufficient and ensure that opportunistic infections do not
39 arise;
 - 40
41 c. Expanding the Optimizing HIV Treatment Access Initiative, which distributes antiretroviral treatment
42 or antiretroviral prophylaxis interventions to mothers who test positive and have newborns take this
43 within six weeks of being born and continued for four months to decrease the risk of transmission
44 through breastfeeding;
- 45

- 46 3. *Endorses* Member States to collaborate with each other in order to create specific health care policies, under the
47 guidance of UNAIDS, that ensure medical privacy so that everyone has unhindered access to healthcare by:
48
- 49 a. Developing health service delivery protocols that focus on privacy and protection of human rights in
50 relation to HIV status;
 - 51
 - 52 b. Increasing access to healthcare for vulnerable minorities that historically have been disproportionately
53 affected;
 - 54
 - 55 c. Encouraging community representatives to participate in the development of the protocol, along with
56 representatives from academia, government and the private sector;
 - 57
- 58 4. *Further recommends* that Member States emphasize the human rights and health of immigrants and native
59 populations by following preexisting WHO guidelines when diagnostically testing highly at-risk individuals;
60
- 61 5. *Suggests* Member States partner with local non-governmental organizations to provide self-testing kits at little
62 to no cost to the patient by ensuring that there are enough mobile clinics for all the regions that have been
63 adversely affected by HIV/AIDS.



National Model United Nations • DC

Code: WHA/1/2

Committee: World Health Assembly

Topic: Treatment and Prevention of HIV/AIDS

1 *The World Health Assembly,*
2
3 *Reaffirming the Declaration of Commitment on HIV/AIDS,* which emphasizes education, treatment, research, and
4 mitigation of the epidemic,
5
6 *Recognizing the Political Declaration on HIV/AIDS* which addresses the related issues of discrimination, gender
7 inequality and state capacity to provide adequate health care, and the disproportionate effects of the epidemic on
8 sub-Saharan Africa, trade issues that create barriers to treatment, and the importance of preventing the spread of
9 HIV/AIDS and any possible limitations placed on an individual's health,
10
11 *Guided by Sustainable Development Goal 3: Good Health and Well-Being,* and universal access to HIV prevention,
12 treatment, care and support,
13
14 *Emphasizing* the work that has been done by the Pan American Health Association in diagnosing and treating those
15 with HIV/AIDS,
16
17 *Acknowledging* that 25% of people living with HIV did not know their status in 2018, as recorded by the Joint
18 United Nations Programme on HIV and AIDS (UNAIDS) 2018 factsheet,
19
20 *Stressing* the importance of the UNAIDS Fast Track strategy goal of 200,000 or fewer new HIV infections, zero
21 discrimination for treatment, and 95-95-95 for 2030,
22
23 *Recalling* the 2011 General Assembly High Level Meeting on AIDS where the General Assembly adopted
24 resolution 65/277, titled "Political Declaration on HIV and AIDS: Intensifying our efforts to Eliminate HIV and
25 AIDS," which contains new targets and calls on Member States to redouble efforts to achieve universal access,
26
27 *Taking note* of the importance of Youth Advocate's work of educating youth on HIV/AIDS reproductive health
28 topics, such as prevention, treatment and response to provide the most effective awareness education possible,
29
30 *Highlighting* General Assembly resolution 54/283, which highlights the many aspects of HIV/AIDS, including but
31 not limited to providing medical care, psychological care, awareness programs, educational programs, and health
32 service training,
33
34 *Understanding* the most-at-risk populations (MARPs) are in need of practical strategies for HIV/AIDS education,
35 prevention, and eradication,
36
37 *Cognizant* of the need for structure and sustainability in the implementation of HIV/AIDS care,
38
39 *Recognizing* the lack of knowledge on what an HIV status means and diseases in general leading to stigmatization in
40 certain parts of society,
41
42 *Taking note* of World AIDS Day, December 1st, as a platform to promote and bring awareness on HIV on a global
43 scale,
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- 45 1. *Encourages* Member States to utilize programs and organizations already in effect like UNAIDS to promote the
46 global effort to fight against HIV/AIDS on top of regional and local efforts, with a focus on protecting
47 vulnerable groups from the adverse effects of HIV/AIDS and reducing the stigma of the disease;
48
- 49 2. *Requests* that Member States take action in preventing HIV/AIDS by removing legal barriers to access HIV
50 prevention services or activities that put people at a higher risk of contracting HIV by:
51
- 52 a. Ensuring protection against sexual and gender-based violence for the safety of all citizens;
53
- 54 b. Advocating for policy frameworks that allow equal opportunity for education and adequate access to
55 sexual health resources;
56
- 57 3. *Endorses* UNAIDS collaboration with local non-governmental organizations (NGOs) to encourage community
58 dialogue to inform and sensitize the community about the dangers of HIV/AIDS through public service
59 announcements and media campaigns;
60
- 61 4. *Calls for* Member States to ensure the early detection of people who have a greater chance of being infected
62 with HIV/AIDS, especially those from urban areas who are most likely at risk of being affected, by
63 collaborating with the WHO to provide antibody/antigen combination tests;
64
- 65 5. *Recommends* that Member States expand on programs similar to the United States Centers for Disease Control
66 and Prevention (CDC) Act Against AIDS Initiative to emphasize the link between tuberculosis and HIV to
67 establish continuity of care for patients, as it is the primary cause of death for HIV patients;
68
- 69 6. *Encourages* the WHO to advocate the establishment of an umbrella organization of NGOs that focus on the
70 treatment and prevention of HIV/AIDS on a local level;
71
- 72 7. *Promotes* the creation of a new UNAIDS Campaign named HAVE-HOPE, the Humanitarian Alliance for the
73 Validation of Education Measures of HIV/AIDS to Increase Prevention and Eradication, thereby creating a
74 framework for partnership and specific implementation by:
75
- 76 a. Establishing a campaign under UNAIDS with collaborations with NGOs and civil service
77 organizations (CSOs) focused on performing specific studies on MARPs and developing strategies
78 unique to these situations;
79
- 80 b. Developing strategies and implementing them within the areas of MARPs and offering them
81 programs that would increase access to pertinent education, testing, and treatment;
82
- 83 8. *Invites* Member States to create or increase voluntary counseling and testing centers that are regulated by
84 UNAIDS based on populations size;
85
- 86 9. *Recommends* Member States to take part in expanding the UNAIDS campaign “Ending AIDS: Progress
87 Towards the 95–95–95 Targets” in order to achieve a more collaborative response to the 2030 agenda;
88
- 89 10. *Emphasizes* the need for Member States to further implement youth education programs and recommends
90 Youth Advocates’ *Advocating for Adolescent Reproductive Health in Sub-Saharan Africa Toolkit* as a model to
91 increase educational efforts about HIV/AIDS in younger populations to prevent the devastating effects of
92 HIV/AIDS;
93
- 94 11. *Suggests* Member States to collaborate with CSOs to increase regular community forums to encourage
95 HIV/AIDS discussion and education on a municipal level to decrease the community stigma around HIV/AIDS;
96
- 97 12. *Expresses its hope* that Member States will collaborate with the Global Fund to Fight AIDS, Tuberculosis and
98 Malaria in order to increase HIV/AIDS prevention and treatment programs;
99

- 100 13. *Encourages* international organizations to create and promote support groups that can help with the
101 psychological aspect of living with HIV/AIDS;
102
- 103 14. *Promotes* the minimization of the disproportionate effects of HIV/AIDS on MARPs by encouraging the
104 expansion of:
105
- 106 a. UNITAID's Prevention of Mother-To-Child Transmission of HIV programs which funds prevention
107 measures that includes testing, antiretroviral treatment, medicines to cure opportunistic infections and
108 ready-to-use therapeutic foods for mother and children;
109
 - 110 b. WHO's guides to starting and managing needle and syringe programmes, which will help create
111 efficient needle management programmes and facilities to decrease the spread of HIV/AIDS between
112 intravenous drug users;
113
 - 114 c. The collaborative guide between WHO, the United Nations Population Fund, United Nations
115 Development Programme, UNAIDS and the World Bank titled *Implementing Comprehensive*
116 *HIV/Sexually Transmitted Infections Programmes with Sex Workers*, which is a large-scale
117 implementation guide to decrease the negative stigma of HIV/AIDS transmission among sex workers
118 while also increasing treatment plans;
119
 - 120 d. Projects that demonstrate how HIV antiretroviral therapy (ART) can be implemented within prison
121 settings, such as Uganda's Prison Service, in collaboration with the CDC, which delivers ART to those
122 incarcerated and affected by HIV/AIDS
123
- 124 15. *Further invites* Member States to collaborate annually on December 1st to shed light on the HIV/AIDS
125 epidemic for World AIDS Day, as dictated by the WHO, to:
126
- 127 a. Raise awareness about HIV/AIDS in order to mend the gap between populations who are affected by
128 HIV/AIDS and those who are not;
129
 - 130 b. Encourage WHO, UNAIDS and participating Member States to provide HIV test kits to prevent
131 advancement of HIV into AIDS;
132
 - 133 c. Provide outreach and education of HIV/AIDS prevention options to the community.



National Model United Nations • DC

Code: WHA/1/3

Committee: World Health Assembly

Topic: Treatment and Prevention of HIV/AIDS

1 *The World Health Assembly,*

2

3 *Recalling the Political Declaration on HIV/AIDS* adopted by the General Assembly, and that HIV/AIDS is a global
4 emergency that needs attention from all nations of the United Nations,

5

6 *Further recalling* the previous resolutions of the World Health Assembly (WHA) on the treatment and prevention of
7 HIV/AIDS,

8

9 *Bearing in mind* the commitment to taking all appropriate steps to eliminate new HIV infections among children and
10 ensure that their mothers' health and well-being are sustained through immediate and lifelong treatment, including
11 for pregnant and breastfeeding women living with HIV, through early infant diagnosis,

12

13 *Recognizing* that sex workers are a vulnerable population, especially considering that they are thirteen times more
14 likely to contract HIV/AIDS,

15

16 *Acknowledging* that providing aid to sex workers is imperative to treating and preventing HIV/AIDS,

17

18 *Recalling* the Condom Programming for HIV Prevention implemented by the United Nations Population Fund
19 (UNFPA), the World Health Organization (WHO), and the Program for Appropriate Technology in Health,

20

21 *Understanding* that a high number of HIV/AIDS transmissions come from injectable drug use,

22

23 *Reaffirming* the United Nations Joint Programme on HIV/AIDS (UNAIDS) *Do No Harm* report's operational
24 recommendation 1, to ensure that all people who inject drugs, including people in prisons and other closed settings,
25 have access to harm reduction services to prevent HIV infection, including needle-syringe programs,

26

27 *Recalling the Political Declaration on HIV/AIDS* adopted by the General Assembly, that HIV/AIDS is a global
28 emergency that needs attention from all Member States, and the commitment to taking all appropriate steps to
29 eliminate new HIV infections among children and ensure that their mothers' health and well-being are sustained
30 through immediate and lifelong treatment, including for pregnant and breastfeeding women living with HIV,

31

32 *Reaffirming* Sustainable Development Goal 3 to end the epidemic of HIV/AIDS by 2030,

33

34 *Recognizing* that sex work is not a legal practice in many nations but seeing these infected people as citizens in need
35 of assistance,

36

37 *Recalling* the 61st WHA, which acknowledged that breast milk is healthier and safer to use than formula for the
38 development and growth of all children,

39

40 *Emphasizing* the importance of mothers and children affected by HIV/AIDS to have accessibility to medical centers,

41

42 1. *Encourages* a multilateral partnership between non-governmental organizations, inter-governmental
43 organizations, and Member States to increase access to condoms and self-testing kits especially in developing
44 Member States by:

45

- 46 a. Partnering with the UNFPA to implement a condom caravan program, which would provide sex
47 workers free access to condoms in addition to HIV/AIDS testing kits;
48
- 49 b. Expanding condom use promotions to educate local communities on the importance of safe sex
50 practices;
51
- 52 c. Encouraging Member States to emphasize condom availability in government programs and at health
53 care providers;
54
- 55 d. Providing kits as additional support tools by including demonstrations and audiovisual aids to meet the
56 needs of different individuals with different levels of education;
57
- 58 e. Assuring Member States realize HIV self-testing should not be utilized simultaneously with
59 antiretroviral therapy due to the risk of false negative HIV results;
60
- 61 f. Providing those that are HIV-positive with self-testing results in a facility-based setting to confirm
62 their test results and other support services;
63
- 64 2. *Recommends* the development of an intensive clean needle program in rural areas in order to allow safer usage
65 of injectable substances by:
66
- 67 a. Providing a safe environment for those who are suffering from drug addiction to receive sterile
68 injections for medical and recreational use by acknowledging that addiction is a mental illness, so
69 providing safe alternatives for those dealing with this illness as to not spread HIV is of the utmost
70 importance;
71
- 72 b. Creating centers in urban, suburban, and rural areas in order to serve the greatest amount of people to
73 supply these clean needles, especially acknowledging that in rural, developing countries this will be a
74 challenge to implement;
75
- 76 c. Reducing the stigma surrounding drug addiction and being empathetic and willing to help those
77 suffering from addiction by promoting open and judgement-free centers;
78
- 79 3. *Suggests* the creation and development of breast milk banks in those nations most heavily affected by
80 HIV/AIDS in order to specifically fight against mother to child transmission by:
81
- 82 a. Using regional organizations to implement these banks by accepting donations of breast milk from
83 HIV free mothers;
84
- 85 b. Testing donors to ensure that these banks are offering clean breast milk to support children of infected
86 mothers;
87
- 88 c. Building these banks not only in urban areas, but also in rural areas so all people have access to these
89 breast milk banks;
90
- 91 d. Having WHO, UNAIDS, and UNFPA fund the breast milk bank initiative;
92
- 93 4. *Promotes* the expansion of women and children's medical centers in order to provide effective care to prevent
94 the transmission of HIV/AIDS as well as lifetime treatment for those already affected by:
95
- 96 a. Partnering with different regional foundations that will provide a means of funding the construction of
97 new medical centers;
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- b. Recruiting retired physicians and volunteers from various Member States to assist staffing new medical centers, which will ensure saving costs on staffing;
 - c. Working with local community organizations to promote new openings and educate locals about the services provided, leading to the treatment of individuals in need of medical attention;
5. *Further Recommends* that the WHA, WHO and the International Telecommunication Union work together to ensure voluntary assisted partner notification services of HIV through:
- a. Protecting the privacy and personal health information of every person living with HIV;
 - b. Including provider referral in which a provider directly notifies partners and dual referral where the provider and the patient notify the partners together;
 - c. Offering partner notification services to individuals living with HIV regularly.



National Model United Nations • DC

Code: WHA/1/4

Committee: World Health Assembly

Topic: Treatment and Prevention of HIV/AIDS

1 *The World Health Assembly,*

2
3 *Affirming the Declaration of Commitment to HIV/AIDS* which established effective guidelines and mechanisms
4 about education and treatments for HIV/AIDS,

5
6 *Emphasizes* the importance to implement a preventative treatment which combats HIV before it develops into AIDS,

7
8 *Alarmed by* the fact that there are about 5,000 new HIV infections per day, and approximately 23 percent of those
9 are from sharing needles, as reaffirmed by the World Health Organization (WHO),

10
11 *Recalling* the objective of the WHO to ensure the attainment by all peoples of the highest possible level of health
12 and the barriers that prevent Member States from achieving this objective,

13
14 *Respecting* the sovereignty of Member States while maintaining the security of citizens, and the need for state
15 sovereignty in ending the international spread of HIV/AIDS and tailoring solutions to each regional issue,

16 *Recommending* that Member States take proactive measures to stop the spread of HIV/AIDS at their border,

17
18 *Recognizing* that economic, systemic development and other resource-based barriers exist, preventing Member
19 States from providing widespread antiretroviral therapy (ART) and other proven HIV treatments for infected
20 individuals to decrease HIV/AIDS transmission,

21
22 1. *Encourages* the creation of the United Nations Expedited National Distribution and International Database
23 Strengthening (ENDAIDS) Framework, which will act as a standardized framework of effective prevention and
24 treatment methods against HIV/AIDS, a dynamic statistics interface to further current efforts of combating
25 HIV/AIDS, and a guideline for Member States to use on an international level by:

26
27 a. Continuing cooperation with non-governmental organizations (NGOs), United Nations bodies, and
28 other organizations such as the African Programme for Onchocerciasis Control in order to help finance
29 and implement initiatives and guidelines;

30
31 b. Supporting the widespread implementation of preventative treatments, such as pre-exposure
32 prophylaxis and other proven HIV treatments in the fight against HIV/AIDS through funds provided
33 by the Global Fund to Fight AIDS;

34
35 c. Encouraging all Member States to implement HIV prevention measures such as:

36
37 i. Providing anti-retroviral and prophylaxis therapy to fight mother to child transmission of
38 HIV/AIDS;

39 ii. Collaborating with the United Nations Children's Fund through their Inter-Agency Task
40 Force for Prevention and Treatment of HIV Infection in Pregnant Women, Mother and
41 Children to ensure these treatments will be provided;

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43 d. Establishing an awareness campaign focused on providing vulnerable populations with education,
44 resources, and alternative treatment options such as:

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- i. Using current media outlets in the Member State to promote social responsibility for individuals and encourage safe practices that lower the risk of HIV/AIDS transmission;
 - ii. Increasing media outputs through current WHO channels and marketing campaigns, and encouraging NGOs and member states to adopt these resources to communicate this information on a national, regional, and local level;
 - iii. Using current media outlets in the Member State to promote social responsibility for individuals that encourages safe practices that lower the risk of HIV/AIDS transmission;
- e. Developing infrastructure and procedures in medical facilities that advances sterility by:
- i. Distributing blood-screening machinery to prevent HIV transmission via blood transfusion;
 - ii. Continuing the work of promulgating implement disinfection procedures and extending essential sanitation standards to target HIV transmission via medical facility;
 - iii. Prioritizing the maintenance of medical provisions across the Member State;
- f. Further supporting alternative treatment options focused on injection drug users with the goal of minimizing transmission amongst the population through programs with outlines similar to opioid substitution therapy and clean needle and syringe programs, such as Avert, which allow for intravenous drug users to have access to sterile needles and other drug paraphernalia provided by the state and/or public-private partnerships at little to no cost, thereby increasing the overall access these vulnerable populations have to health;
- g. Suggesting that Member States offer health resources to incoming migrants, including HIV/AIDS testing, to prevent the further spread of disease and provide access to ART for affected migrants;
- h. Implementing the dynamic statistics interface to concisely identify the most effective treatment for HIV/AIDS within the boundaries of each Member State;
- i. Calling upon the Global Fund to fight Tuberculosis, Malaria and AIDS to fund the creation of the ENDAIDS database.



National Model United Nations • DC

Code: WHA/1/5

Committee: World Health Assembly

Topic: Treatment and Prevention of HIV/AIDS

1 *The World Health Assembly,*

2
3 *Recognizing* the need to encourage improvement in treatment and prevention of HIV/AIDS,

4
5 *Acknowledging* that stigma against those with HIV/AIDS discourages adequate awareness of facts surrounding
6 HIV/AIDS, and prevents proper testing and treatment,

7
8 *Recognizing* the Republic of Trinidad and Tobago's National Strategic Plan for Treatment and Prevention of
9 HIV/AIDS as a guideline for increasing the number of testing facilities as well as providing same day services,

10
11 *Reinforcing* the 90-90-90 Strategy set forth by the Joint United Nations Programme on HIV/AIDS (UNAIDS),
12 which asks for Member States to take preventative measures to ensure that 90 percent of people living with HIV are
13 diagnosed, 90 percent of diagnosed individuals have access to antiretroviral treatment (ART), and 90 percent on
14 ART showing viral suppression,

15
16 *Reaffirming* the action plan laid out by the Sustainable Development Goal 3, Target 3, and the 2016 United Nations
17 *Political Statement on Ending AIDS*, which aim to end the AIDS epidemic by 2030,

18
19 *Relating* stigmatization, discrimination and lack of education associated with HIV to the UNAIDS report stating that
20 over 11 million individuals are unaware of their status,

21
22 *Encouraging* further research into HIV/AIDS, as declared in the 2001 *Declaration of Commitment on HIV/AIDS*,

23
24 *Concerned with* the limited access to antiviral drugs such as PEP/PrEP due to high cost, as well as successful
25 financial assistance programs overseen by both government and private-sector based organizations,

26
27 1. *Calls upon* the World Health Organization (WHO) to create educational programs in developing regions who
28 lack the access to educational facilities by:

29
30 a. Decreasing the stigma around HIV/AIDS by:

31
32 i. Emphasizing that the contraction of HIV is not a death sentence, the variety of treatments
33 available, and how to access them;

34
35 ii. Noting that HIV/AIDS is not a disease that is specific to any certain group(s) or region(s);

36
37 b. Promoting the creation of infographics, online resources, or other means of education with UNAIDS to
38 distribute within Member States;

39 2. *Emphasizes* the promotion of an informative and effective approach to worldwide awareness, targeting both
40 concentrated and underrepresented populations by:

41
42 a. Calling upon the WHO to institute a "Let's Talk About It" initiative within each Member State and
43 setting forth an inclusive advancement for all demographics, irrespective of race, religion, and gender,
44 by:

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- i. The establishment of a network composed of those diagnosed with HIV/AIDS, encouraging others to come forward and share their stories among high-risk communities and encourage the normalization of dialogue on HIV/AIDS;
 - ii. The integration of empowerment and security among all victims through a supportive campaign;
 - b. Outlining and reinforcing already existing resources provided by WHO and UNAIDS which includes accessible mobile clinics, free-testing, educational programs, and overall accessible medical care;
 - c. Addressing stigma and its correlation with discrimination through legal means among the workforce and education system by:
 - i. Aiming to eliminate negative ideas and beliefs such as uncleanliness, shame, and inequality;
 - ii. Work to ensure equal and affordable access to treatment through non-discriminative facilities;
 - iii. Encourage populations to check their HIV status more regularly in an effort to allow individuals the opportunity to make mindful decisions in regards to their status;
 - d. Recommending to the body, where legal, the medical amnesty of sex workers under the oversight of Member States' governments and state-sponsored organizations;
 - e. Further recommending Member States, where legal, to apply any revenue created by sex workers to fund safe sex educational programs in local communities;
 - 3. *Encourages* Member States to provide more accessibility to antiretroviral treatment to its citizens through collaborations between the public and private sector, non-governmental organizations (NGOs) and voluntary donations from the other Member States, including through:
 - a. Implementing mobile clinics by transforming food trucks into mobile healthcare vehicles or any means of creation of mobile services that can move to areas who have less access to treatment facilities;
 - b. Creating mail-in services of home self-testing kits in order to determine HIV status to increase the accessibility for people who do not access healthcare services;
 - c. Endorsing the financing of NGOs that aim to provide access to treatment for impoverished and marginalized groups;
 - 4. *Asserts* that negative jargon present in legal documents that disproportionately HIV-affected groups normally sign or are subject to should be removed in order to combat the social and economic discrimination they experience by:
 - a. Empowering WHO to identify discriminatory language in legal agreements between individuals and private or public firms that pertain to the livelihood of HIV/AIDS individuals, including employment, housing, and healthcare, and request that Member States encourage said firms to reword contracts and provisions to withdraw any wordage that portrays persons living with HIV/AIDS as unclean or undesirable;
 - b. Understanding that through the refutation of stigmas surrounding the virus by rewording these legal documents, its dissemination will continue to be reduced while its treatment will expand and improve;
 - 5. *Further recommends* WHO support local NGOs and civil society organizations in an effort to create a greater understanding of the epidemic through:
 - a. Creating awareness-raising campaigns on how HIV/AIDS is spread, the prevalence of the virus, and those living with the virus;

- 101 b. Providing knowledge regarding HIV/AIDS to teachers and community leaders who will combat
102 misconstrued cultural perceptions of its transmission and persons diagnosed with the virus;
103
- 104 c. Educating vulnerable populations on the responsible and adequate use of needles and treatment care;
105
- 106 6. *Supports* education and training for global medical staff in HIV testing, treatment, and care while cultivating
107 high-level medical talent who are responsible for the research and development of AIDS treatment and new
108 drugs through:
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- 110 a. Including the reason why sex education is required, how sex education is carried out, and the specific
111 content of sex education in different countries depending on the different circumstances;
112
- 113 b. Encouraging Member States to voluntarily contribute to nonprofit organizations, such as Doctors
114 Without Borders and MED-LIFE, in order to provide medical treatment and training for developing
115 countries through the collaboration of local medical providers effectively treating those infected with
116 HIV/AIDS;
117
- 118 7. *Emphasizes* the incorporation of technology by the Commission on Science and Technology for Development
119 as a means of data collection and surveillance of HIV incidence to create a working transnational database,
120 which extends to:
121
- 122 a. Following the model of the International Epidemiology Databases to Evaluate AIDS (IeDEA) initiative
123 of compiling data from regional centers of Member States in the western hemisphere through using
124 cohort studies, as well as public and private clinics, to analyze and treat HIV;
125
- 126 b. Diagnosing HIV/AIDS through biotechnology and the biology of infectious organisms generally, and
127 specifically about advances in basic research in the area of HIV in impoverished rural areas;
128
- 129 c. Prescribing antiretroviral drugs through innovations, such as smartphones;
130
- 131 d. Propagating the education of HIV/AIDS through e-learning institutions on HIV/AIDS prevention;
132
- 133 e. Designating UNAIDS to receive reports and compile them within the database for reference;
134
- 135 8. *Expresses* its hope that all Member States form a worldwide project similar to Self-Testing Africa Research by:
136
- 137 a. Using design to promote awareness, funding, research, and access to self-testing kits for hard-to-reach
138 populations, including youth and women;
139
- 140 b. Encouraging the creation of similar programs to cater towards other hard-to-reach populations that
141 require equal distribution between genders, races, and ages;
142
- 143 9. Requests the World Health Organization (WHO) to publish policy briefs on discriminatory policies, which shall
144 be backed by scientific facts and data on HIV transmission by:
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- 146 a. Utilizing the WHO's research group on health policy and health systems to look into existing policies
147 that put certain groups at a disadvantage in gaining access to HIV/AIDS treatment and prevention
148 methods;
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- 150 b. Making use of existing data and research from the WHO and research institutions on HIV/AIDS
151 infections and transmissions to highlight how the virus can be contracted by anyone through multiple
152 modes;
153
- 154 c. Describing the problem of discrimination and counterproductivity on policies that prohibit certain
155 groups from gaining access to treatment and prevention methods for HIV/AIDS with the use of the
156 information gathered;

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- d. Addressing legislators, governments, healthcare institutions, the academe, and the private sector regarding policies that have been found as discriminatory and counterproductive;
- e. Reiterating the right to health of all citizens regardless of age, gender, and economic and social status;
- f. Providing possible solutions and countermeasures to better address the eradication of HIV as well as the accessibility of treatment and prevention methods.



National Model United Nations • DC

Code: WHA/1/6

Committee: World Health Assembly

Topic: Prevention and Treatment of HIV/AIDS

1 *The World Health Assembly,*

2

3 *Determined* that the international community needs to intensify efforts addressing the complex barriers of increasing
4 treatment accessibility globally, thereby minimizing discrimination and virus exposure through the improvement of
5 economic and educational opportunities,

6

7 *Acknowledging* the success of China's pragmatic approach to AIDS, as recognized in the Bulletin of the World
8 Health Organization (WHO), that recognizes the well-made progress towards responding to the epidemic in the
9 region,

10

11 *Referring* to the relevant articles on universal coverage and the Post-2015 Development Agenda, which often state
12 that Member States must work towards decreasing HIV/AIDS rates of people who contract it through contaminated
13 blood donations,

14

15 *Recalling* the *Global Health Sector Strategy on HIV for 2016-2020 towards Ending AIDS* and the *Global Action*
16 *Plan on HIV Drug Resistance for 2017-2021,*

17

18 *Understanding* that people who engage in drug use or high-risk behaviors associated with drug use put themselves at
19 risk when people inject drugs and share needles or other drug equipment, for contracting or transmitting viral
20 infections such as HIV/AIDS,

21

22 *Recalling* the WHO Global Database on Blood Safety, which states that developed countries have a safer blood
23 supply network than undeveloped high HIV risk countries,

24

25 *Appreciating* the initiative of countries who have been allocating a budget percentage every year to fund prevention
26 and treatment of HIV/AIDS and sexually transmitted infections, and recalling Joint United Nations Programme on
27 HIV/AIDS (UNAIDS) resolution 2009/6,

28

29 *Noting* the new methods of opioid substitution therapy (OST) and needle and syringe programs (NSPs) will lower
30 the risk of HIV infections from shared needles and improves access to antiretroviral therapy (ART),

31

32 *Recalling* General Assembly resolution 70/266, which reaffirms the commitment to ending the HIV/AIDS epidemic
33 and acknowledges the importance of regional bodies in fighting the spread of HIV and AIDs by 2030,

34

35 *Appreciating* the success of programs, including those run by non-governmental organizations such as Avert, to
36 address barriers so those already living with HIV can exercise their right to long term good health and wellbeing,
37 free from stigma and discrimination, regardless of their status, sexuality, age or ethnicity,

38

39 *Recognizing* the WHO Model List of Essential Medicines for opioid addiction treatment as methadone,
40 buprenorphine and naltrexone,

41

42 1. *Calls* for the continuation and strengthening of international blood collections and supply networks such as the
43 International Federation of Blood Donor Organization to ensure blood safety under the circumstances where:

44

45 a. All donated blood must be screened before being considered available for donation;

46

- 47 b. States that wish to be eligible for the donations should aim to increase aggregate domestic blood
48 donation by five percent, and provide this increase to international blood banks, whereas:
49
- 50 i. States that do not meet the five percent increase in blood supply may engage in trade with
51 countries that may have a comparative advantage for supplying blood;
52 ii. States that are able to produce over the five percent increase may engage in fair trade with
53 countries that are willing to meet the five percent increase and have not yet done so;
54
- 55 2. *Encourages* a voluntary domestic budget reallocation from participating Member States who may:
56
- 57 a. Provide support to international organizations, envisioning the expansion of international blood banks;
58
- 59 b. Invest domestically, using China's example of reallocating a small percentage of its gross domestic
60 product towards the prevention and treatment of HIV/AIDS;
61
- 62 3. *Requests* Member States increase the number of clean needles distributed publicly for people who inject
63 intravenous drugs to reduce the risk of HIV/AIDS by:
64
- 65 a. Utilizing already established programs and commissions such as the Avert needle and syringe
66 program;
67
- 68 b. Providing these institutions with more personnel to expand their efforts and reach;
69
- 70 c. Suggesting Member States to provide 150 needles per person, which can be further expanded to 200
71 needles, as suggested by the WHO;
72
- 73 d. Suggesting national and internal tax exemptions to non-governmental organizations (NGOs) who
74 successfully contribute and distribute in accordance with the 150-needle plan;
75
- 76 e. Encouraging access to these clean needles in local drug treatment centers at less than a 50-mile radius
77 of patients;
78
- 79 4. *Encourages* Member States to provide community and prison bleach programs using the Canadian HIV/AIDS
80 Legal Network as an example to ensure the cleanliness of those who reuse needles by:
81
- 82 a. Ensuring those who reuse needles have access to clean, safe needles in order to prevent the spread of
83 disease;
84
- 85 b. Suggesting national and internal tax exemption to NGOs who successfully contribute and distribute
86 bleach programs;
87
- 88 5. *Further encourages* Member States to recognize NGOs that are willing to contribute to the goal of this
89 resolution by:
90
- 91 a. Nationally recognizing NGOs at local and national events, conferences, and academic discussions
92 within countries;
93
- 94 b. Providing stipends, tax exemptions, and formal public mentions to those organization willing and able
95 to help prevent the spread of HIV/AIDS through clean needle programs;
96
- 97 6. *Recommends* extending the public sector health system, by allowing citizens to access OST at all health
98 services, such as hospitals and treatment centers that are funded by a Global Fund grants, UNAIDS, and state
99 health care budget which expands the inclusion of medical professionals to provide patients with treatment;
100
- 101 7. *Suggest* the legalization of either methadone, buprenorphine or naltrexone in all Member States for the purpose
102 of drug substitution for addicts and those who inject drugs, by:

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- a. Having Member States choose the opioid substitution drug that best suits their health care policy;
 - b. Facilitating easier access to obtain the opioid substitution drugs by allowing patients to pick up drug at pharmaceutical companies;
8. *Recommends* Member States support local business and NGOs, with stipends or tax exemptions, who educate and inform the public of OST programs and provide or take clients to health centers to access medicine and treatment programs.



National Model United Nations • DC

Code: WHA/1/7

Committee: World Health Assembly

Topic: Treatment and Prevention of HIV/AIDS

1 *The World Health Assembly,*

2
3 *Encouraging* progress towards ending the epidemic of HIV/AIDS, as called for by the United Nation's Secretary
4 General, António Guterres, at the General Assembly review of HIV/AIDS, in which he stated that advocacy,
5 solidarity, and commitment is essential in addressing the virus,

6
7 *Understanding* the need for African Union Member States to collaborate on ideas and solutions to mitigate the
8 prevalence of HIV/AIDS, such as with the *Abuja Declaration* to work towards providing funds for the health sector,

9
10 *Recognizing* that as polio eradication efforts wind down, there is potential for a portion of the millions of dollars
11 previously allocated to polio eradication to be redistributed towards establishing a forum for collaboration between
12 African States to address the HIV/AIDS epidemic,

13
14 *Affirming* the *Declaration of Commitment on HIV/AIDS*, which places emphasis on supplementary efforts towards
15 treatment, education, and services,

16
17 *Recalling* the Joint United Nations Program for HIV and AIDS (UNAIDS) 2030 goal for 200,000 new HIV
18 infections or fewer, zero discrimination for treatment, and 90-90-90, where 90% of people living with HIV know
19 their HIV status, 90% of people who know their status are receiving treatment and 90% of people on HIV treatment
20 have a suppressed viral load, so their immune system remains strong and the likelihood of their infection being
21 passed on is greatly reduced,

22
23 *Emphasizing* the importance of antiretroviral drugs to the citizens of African Member States in order to help people
24 who do not have the virus but are at risk of infection,

25
26 *Taking into consideration* the concern for the increasing number of sexually transmitted diseases within Africa, such
27 as HIV/AIDS, as reported by the World Health Organization's (WHO) African Regional Health Report, in 2005,

28
29 1. *Recommends* that Member States contribute greater amounts of volunteer services and funds to UNAIDS for the
30 successful execution of their Fast-Track strategy to ending the HIV/AIDS epidemic by 2030;

31
32 2. *Establishing* an Access, Awareness, and Acceptance Forum (AAAF) in regards to HIV/AIDS, to ensure that the
33 standards and the rights of all citizens are being met each year over the course of the next 10 years with:

34
35 a. A mission of fostering an open environment to draft localized African-based solutions for the treatment
36 and prevention of the disease;

37
38 b. A time span which serves as a trial period to ensure the effectiveness and efficiency of the AAAF in
39 reaching the UNAIDS 2030 goal to mitigate the impact and communicability of the virus;

40
41 c. An establishment of the forum through WHO;

42

- 43 d. A membership consisting of African Union Member States as well as other Member States who assist
44 in funding, raising awareness, and decreasing the prevalence of HIV/AIDS for members of the African
45 Union to, at the very least, 0.2%;
- 46
- 47 3. *Invites* Member States, outside of the African Union, to collaborate, raise awareness, and provide funding for
48 the AAAF by:
- 49
- 50 a. Working alongside members of the African Union in non-governmental organizations that specifically
51 focus on HIV/AIDS, communicable disease, and healthcare;
- 52
- 53 b. Drawing the attention of developed Member States who have significantly low prevalence rates of HIV
54 and AIDS to allocate funds and resources to the forum;
- 55
- 56 4. *Encourages* awareness through sexual education to all citizens, with an emphasis on sex workers, incarcerated
57 citizens, children, women, as well as LGBTQ citizens by creating a system of regulations and standards that
58 countries are recommended to meet in order to enhance the education of all citizen with government-sourced
59 web pages referencing HIV/AIDS;
- 60
- 61 5. *Understands* that awareness of prevention methods is lacking and aims for:
- 62
- 63 a. Attention to be brought to urban areas where sanitary conditions are poor, through the use of civil
64 society organizations, such as Rwanda’s Ministry of Health;
- 65
- 66 b. States to establish funds for education programs geared towards injection drug users (IDUs) and
67 populations at high risk;
- 68
- 69 c. Sterile needles to be more accessible to IDUs through federally funded clinics in urban areas;
- 70
- 71 6. *Acknowledges* that numerous HIV cases are transmitted non-sexually, and therefore:
- 72
- 73 a. Calls for increased hospital sterilization and sanitation by establishing a universal guide to clean needle
74 use;
- 75
- 76 b. Recommends advanced medical training for healthcare professionals within developing countries in
77 order to prevent HIV transmission via contaminated needles;
- 78
- 79 c. Encourages the education of mothers with HIV/AIDS on the potential risk of mother-to-child
80 transmission;
- 81
- 82 7. *Further recommends* that Member States draft standards that protect the rights of people with HIV/AIDS in
83 order to destigmatize living with HIV/AIDS;
- 84
- 85 8. *Requests* that Member States assist in aiding refugees and displaced peoples by:
- 86
- 87 a. Implementing a plan to minimize the spread of HIV/AIDS into Member States that might not have
88 previously been afflicted;
- 89
- 90 b. Reducing the stigma toward HIV/AIDS by educating communities more concerned with transnational
91 migrants, as they may come from places with a high prevalence of the virus;
- 92
- 93 c. Placing inviolable treatment centers along at-risk zones in order to care for them before they enter a
94 new country;
- 95
- 96 9. *Encourages* funding from Member States to UNAIDS in efforts to increase accessibility to medical assistance
97 to prevent HIV/AIDS such as pre-exposure prophylaxis to African citizens.



National Model United Nations • DC

Code: WHA/1/8

Committee: World Health Assembly

Topic: Treatment and Prevention of HIV and AIDS

1 *The World Health Assembly,*

2
3 *Recalling* key international texts which promote the eradication of HIV/AIDS such as Article 25 of the *Universal*
4 *Declaration of Human Rights*, which proclaims the right to an adequate standard of living, Sustainable Development
5 Goal 3 target 3, which aims to eliminate the HIV/AIDS epidemic by 2030, and the *Convention on the Rights of the*
6 *Child*, which emphasizes the importance of children's human rights,

7
8 *Bearing in mind* the *Declaration of Commitment on AIDS*, adopted by the General Assembly in 2001, and the ideas
9 it supplies about leadership, prevention, treatment, and support for victims and those vulnerable to the disease,

10
11 *Taking into consideration* the Joint United Nations (UN) Programme on HIV/AIDS (UNAIDS) 90-90-90 treatment
12 targets to increase prevention on a massive scale to cover HIV services, the UNAIDS FastTrack strategy, and the
13 *Ljubljana Declaration 2.0*, which increases access of HIV/AIDS treatment to underserved communities with a goal
14 to eradicate the HIV/AIDS epidemic by 2030,

15
16 *Reaffirming* the sovereign rights of Member States, as enshrined in the *Charter of the United Nations* (1945), and
17 the need for all countries to implement the commitments the Member State is willing and comfortable to adhere to,
18 consistent with national laws, national development priorities, and international human rights,

19
20 *Recognizes* that each Member State faces specific challenges for achieving sustainable development, underscoring
21 special challenges facing the most vulnerable states and, particularly least developed countries, landlocked
22 developing countries, and small island developing States, as well as the specific challenges facing the middle-
23 income countries, and noting that countries in situations of conflict also need special attention,

24
25 *Taking note* of the Programme of Action of the International Conference on Population and Development, Stay
26 Alive, the UN Population Fund, UNAIDS, and the UN Children's Fund, which seek to implement both sexual and
27 reproductive rights into education in order to achieve the Sustainable Development Goals,

28
29 *Acknowledging* that, according to the World Health Assembly (WHO), 30% of people living with HIV/AIDS need
30 access to HIV testing services and are unaware of their health status, 1 million people die annually from HIV/AIDS,
31 and that there exists a lack of cooperation on migration between Member States which in turn exacerbates burdens
32 on Member States to address issues of HIV/AIDS,

33
34 *Aware* of the high prevalence of HIV among certain populations, such as sex workers and their clients, intravenous
35 drug users, women, incarcerated persons, and men who have sex with men, and that mothers with HIV/AIDS suffer
36 negative consequences due to stigmatization,

37
38 *Cognizant* of Security Council resolution 1983 (2011), which specified the importance of preventing mother-to-child
39 HIV transmission (PMTCT), by the highly prevalent rates which range from 15% and 45% and can occur during
40 labor, pregnancy, breastfeeding, and delivery which are often unknown to the mother, and recalling that the most
41 essential aspect of HIV prevention and detection in the newborn is the maternal history,

42
43 *Noting with interest* General Assembly statement S-26/2 (2001), which refers to media as a supporting mechanism
44 in the awareness of HIV/AIDS in all Member States, and understanding the importance in creating an innovative

45 media approach to the issue of HIV/AIDS, especially in regards to infrastructural and technological awareness-
46 raising campaigns,
47

48 *Noting with deep concern* the lack of treatment for HIV/AIDS comorbidities such as influenza, tuberculosis, and
49 sepsis, which affect individuals with weakened immune systems,
50

51 *Emphasizing* the UNAIDS resolution 2009/6, which prioritizes access to prevention and treatment of HIV/AIDS,
52 understanding that free or low-cost antiretroviral treatment (ART) and pre-exposure prophylaxis (PrEP) is extremely
53 important in order to substantially reduce the number of people affected with HIV because the current costs of both
54 ART treatment and PrEP medications are too high to be widely implemented in low-income countries
55

56 *Noting* that there is a deeply disturbing lack of universal screening of blood to prevent the infection of blood
57 supplies,
58

59 *Acknowledging* the public-private partnerships of the UN with the Global Fund to Fight AIDS, Tuberculosis, and
60 Malaria, endorsed by the General Assembly statement S-26/2 (2001), in order to encourage technology transfer on
61 mutually agreed terms, improve access to medicines in developing countries, and scale up capacity-building and
62 long-lasting infrastructure,
63

64 1. *Recommends* that the Human Rights Council (HRC) consider the creation and adoption of a Universal
65 Declaration of Human Rights for Persons with Chronic Communicable Diseases, which would call for:
66

67 a. Establishing temporary safe zones by the Member States within their borders to enhance further
68 protection of citizens living in HIV which will further aide out cause of decreasing stigma;
69

70 b. Initiating an institution overseen in conjunction of the WHO and the HRC, whose focus is mainly on
71 fighting against the stigmatization of high-risk groups such as sex workers, intravenous drug users,
72 women, and incarcerated individuals;
73

74 c. Promoting the confidentiality of HIV patient status in clinics within each Member State in order to
75 encourage them to seek screening and therapy;
76

77 2. *Encourages* the creation of health programs in order to increase understanding and mitigation of the epidemic
78 by:
79

80 a. Implementing a new facet of education that begins teaching children about issues on diseases and
81 sexual transmission through:
82

83 i. The creation of a youth-oriented step-by-step program in order to create an in-depth course on
84 sexual and HIV/AIDS education;

85 ii. The promotion of all-inclusive education in order to diminish the negative social stigma
86 associated with HIV/AIDS as well as emphasize such anti-discriminatory policies towards
87 people of all races, socioeconomic status, regardless of incarceration, that are infected with
88 HIV/AIDS;

89 iii. The creation of teacher training programs to facilitate more discussion on AIDS prevention,
90 which in turn allows developing countries to utilize their already-present educational
91 infrastructures;
92

93 b. Decentralizing treatment centers to rural areas to incorporate more populations who would not have
94 access otherwise by adopting an independent coalition established by UNAIDS and overseen by the
95 WHO;
96

97 c. Calling upon pertinent education and health reform as an international standard by revising the
98 *International Health Regulations* framework in order to:
99

100 i. Reaffirm ideologies on equal-sex fully inclusive education;

- 101 ii. Accomplish the Sustainable Development Goals regarding health and development;
102
103 d. Declaring an international sexual education day established by the WHO in order to increase
104 awareness, to be placed on the day before Testing Week that the European Union and other
105 governments around the world conduct annually;
106
- 107 3. *Endorses* centers dedicated to HIV prevention and protection providing free HIV-positive testing for developing
108 countries, especially all pregnant women, occur, and if the result is positive, providing access to:
109
- 110 a. Free treatment with ART, and if ART is against the patient’s health, secondary treatment is provided
111 instead;
112
- 113 b. Fetus monitoring on their response to the mother’s medication, and the immediate proper response if
114 the ARV produces health conditions;
115
- 116 c. Further evaluation of the child, and provision of treatment;
117
- 118 4. *Suggests* UNAIDS provide general access to sanitized medical equipment and emphasize the UN 90-90-90
119 AIDS strategy by:
120
- 121 a. Giving access to safe needle disposal techniques in all healthcare facilities of Member States as well as
122 broader access to free, sterile needles as it lessens the possibility of infection;
123
- 124 b. Calling for increased hospital sterilization and sanitation by establishing a universal guide to clean
125 needle use;
126
- 127 c. Declaring an international sexual education day established by the WHO in order to increase
128 awareness to be placed on the day before Testing Week that the European Union and other
129 governments around the world conduct annually;
130
- 131 5. *Endorses* the call for early intervention in PMTCT during the times of pregnancy, labor, and breastfeeding,
132 which studies shows can decrease HIV transmission to less than 1%, and thus:
133
- 134 a. Suggests that all women receive free testing in HIV treatment centers for HIV/AIDS as soon as they
135 are aware of their pregnancy, including:
136
- 137 i. Advocating for Member States to allocate funds to support these measures;
138 ii. Providing supplemental funding and budgetary planning for developing countries in the area
139 of testing and treatment of pregnant women;
140
- 141 b. Affirms the use of highly active antiretroviral therapy for women, which is the most effective way to
142 mitigate HIV/AIDS in mothers and newborns through:
143
- 144 i. Promoting continuous monitoring of the mother, and constant testing arranged to evaluate the
145 effect of ARV;
146 ii. Further promoting fetus monitoring on their response to the mother’s medication, and the
147 immediate proper response if the ARV produces health conditions;
148
- 149 c. Supports the 2020 Family Planning programme, which provides protection for mothers and their
150 children in regards to HIV/AIDS and gives women options of prevention by including the
151 implementation of midwifery, which ensures the safety and health of the fetus;
152
- 153 d. Acknowledges the work done by the H6 partnership, which strengthens health and social system
154 capacity and plays a central role in ensuring that financial resources invested in sexual, reproductive,
155 maternal, newborn, child and adolescent health programs are optimally utilized and deliver maximum
156 impact;

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6. *Calls upon* Member States to adopt measures utilizing media outlets to inform and educate citizens on issues related to the prevention and treatment of HIV/AIDS by:
 - a. Using pre-existing media outlets such as television, radio, billboards, posters, and thus:
 - i. Recommending that the Member States invest in both public and private media outlets, such as radio, television and internet resources;
 - ii. Urging Member States to align these initiatives with United Nations guidelines provided by the Human Rights Council;
 - b. Encouraging Member States to address cultural traditions and sensitivities in their use of media outlets;
 - c. Promoting the use of anthropological information to effectively target the most vulnerable demographics by providing a more informed cultural approach to dealing with ethical and practical issues of HIV/AIDS;
7. *Supports* the increase of Member State-mandated monitoring and treatment centers to ensure that migrants entering Member States are properly diagnosed with potential diseases and given the proper treatment by:
 - a. Cooperating with non-governmental organizations, such as Doctors Without Borders or the International Red Cross, to provide logistical and financial support especially to the Member States most in need;
 - b. Member States working within their respective regional blocs to facilitate the sharing of information regarding the migration of people and those infected with HIV/AIDS;
 - c. Working closely with the UN High Commissioner on Refugees to share database about people infected by HIV/AIDS;
8. *Calls upon* the Office of the High Commissioner for Human Rights, not to infer adjudication, to urgently dispatch and independent international Commission of Inquiry, where applicable and with assistance from the World Health Organization to:
 - a. Investigate all facts and circumstances on alleged violations of international human rights law concerning the treatment and delivery of care to persons with HIV/AIDS;
 - b. Investigate issues concerning geographically dispersed persons as to testing and access of care, in order to identify localized issue areas so that they can be better addressed;
 - c. Identify information dispersion, knowledge gaps and supply chain management issues, noting best practices of Member States, to create an approach to better address the holistic HIV/AIDS epidemic;
9. *Requests* that all Member States implement policies that will lower the risk of transmission during blood testing, by mandating a comprehensive and thorough blood screening program in their medical facilities and locations where blood is drawn, that will discover and remove HIV/AIDS-exposed blood from blood banks by encouraging developed Member States to share protocols effective in screening and processing blood to keep it HIV free with Member States that do not have any or adequate access;
10. *Recommends* building upon the public-private partnership to create:
 - a. Funds specifically for HIV/AIDS to help Member States request monetary assistance to pursue projects, programmers, or frameworks for the prevention, treatment, and eradication of HIV and AIDS;
 - b. A petition form in order for Member States to describe the specific projects or frameworks they have in mind;

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- c. Funding techniques to cover HIV screening and therapies such as ART in order to provide quality care to all citizens.



National Model United Nations • DC

Code: WHA/1/9

Committee: World Health Assembly

Topic: Treatment and Prevention of HIV/AIDS

1 *The World Health Assembly,*

2

3 *Recalling* Article 26 of the *Universal Declaration of Human Rights*, which reaffirms that all humans have the right
4 to life and education,

5

6 *Noting* with deep concern the economic and developmental threats that are associated with the large population
7 affected by HIV/AIDS,

8

9 *Emphasizing* that protecting infected or vulnerable individuals from human rights violations and discrimination is
10 crucial in preventing infection and facilitating access to treatments for infected individuals,

11

12 *Fully aware* that a global standard needs to be met when increasing education standards in middle and lower income
13 countries on HIV/AIDS in accordance with the 90-90-90 goals set by the United Nations Joint Programme on
14 HIV/AIDS (UNAIDS), that by the year 2020, 90% of all people living with HIV will know their HIV status, 90% of
15 all people with diagnosed HIV infection will receive sustained antiretroviral therapy, and 90% of all people
16 receiving antiretroviral therapy will have viral suppression,

17

18 *Reinforcing* the essential need for health education programs with a focus on enabling rural and low-income
19 populations and communities lacking transportation, as 95% of those infected with HIV live in developing countries
20 according to the World Health Organization (WHO),

21

22 *Noting* the lack of data on rural populations, as outlined in the UNAIDS Gap Report, due to inadequate data
23 collection coupled with discrimination and punitive legal environments, and that data collection and large-scale
24 bioinformatics support adaptive treatment plans for as many patients as possible, according to the International
25 Epidemiology Databases to Evaluate AIDS (IeDEA),

26

27 *Urging* the use of information and communication technologies to encourage the spread of information to
28 underdeveloped communities as set by the precedent of the WHO e-health resolution of 2005,

29

30 *Recognizing* the relationship between environmental health risks and the spread of HIV/AIDS as established in the
31 United Nations Development Programme-United Nations Environment Programme Poverty Environment Initiative
32 that found a strong correlation between the locations of the rural poor and the location of environmentally vulnerable
33 and degraded areas,

34

35 *Acknowledging* the importance of Member States in promoting and enforcing legal treatments for HIV/AIDS, and
36 generally encouraging those with HIV/AIDS to go through legitimate routes as established by Security Council
37 resolution 1983,

38

39 *Stressing* the importance of allowing all people to have access to treatment without fear of discrimination or
40 stigmatization, as set by the 2020 goal of 90% of HIV patients reporting no discrimination in the health sector from
41 the WHO 5-Year Global Health Sector Strategy on HIV of 2016,

42

43 *Envisioning* a better understanding of all individuals regarding causes, risks, prevention, and treatment of HIV/AIDS
44 for future generations by transmission of the disease through childbirth as referenced by the *UNAIDS Report on the*
45 *Global AIDS Epidemic* of 2010,

46

- 47 1. *Resolves* to hold semi-annual meetings under the auspices of WHO in order to:
48
49 a. Review statistics regarding HIV/AIDS, as reported by Member States;
50
51 b. Create action plans for further accurate statistical collection, particularly in Member States with large
52 rural, low-income, and indigenous populations;
53
54 c. Integrate statistical databases through organizations such as UNAIDS and IeDEA;
55
56 d. Prepare annual reports for the World Health Assembly about the progress of these initiatives, including
57 metrics like rates of HIV/AIDS transmission, amount of ART medicine being delivered, and numbers
58 of hospitals, clinics and centers with the capacity to deliver HIV/AIDS treatments;
59
60 e. Assess the mortality rates of persons with HIV/AIDS having increased susceptibility to environmental
61 health risks and seeking collaboration from the United Nations Environment Assembly to:
62
63 i. Collect updated statistical data on the correlation between rates of infection and
64 socioeconomic status;
65
66 ii. Better consolidate future solutions that are directed to targeting rural and poor populations;
67
68 f. Decide the distribution of capital to achieve WHO goals related to HIV/AIDS, with funds coming from
69 places such as the Organization for Economic Cooperation and Development, the World Bank's
70 International Bank for Reconstruction and Development, and UNAIDS's funds for AIDS response for
71 countries that contain disproportionately untreated populations;
- 72 2. *Emphasizes* the use of global statistical collection to embrace the criminalization of the illegal transactions of
73 HIV treatment by:
74
75 a. Creating a record of all HIV preventive and treatment medicine to generate a larger control on the
76 stock and production of medicine;
77
78 b. Ensuring that a larger number of individuals will communicate their HIV-status since the medicine
79 would only be available to legal centers of distribution;
80
81 c. Requesting the intervention of the United Nations Office on Drugs and Crime, with the permission of
82 Member States, to enforce that transactions occur under legal parameters, ensure a fair price for
83 medicine, and assert that the medicine provided corresponds to health safety standards;
84
- 85 3. *Recommends* the implementation of information and communication technologies by Member States, in the
86 form of e-health, using data solutions that respond to the individual needs of struggling and underdeveloped
87 communities, enabling them to live fuller and healthier lives by:
88
89 a. Collaborating with International Telecommunication Union and their development sector to maximize
90 the reach of education through information and communications technologies with the implementation
91 of telemedicine programs;
92
93 b. Recognizing the consistent growth of mobile phone users worldwide to implement the use of
94 telemedicine through cellular devices to increase healthcare awareness, education, and treatment
95 through:
96
97 i. Employing regional medical call centers staffed with medical professionals to provide mobile
98 healthcare counseling to those lacking available resources;
99
100 ii. Implementing the use of text messaging as communication between citizens and healthcare
101 providers, including regularly scheduled reminders on medications, treatments, and general
healthcare information;

- 102 iii. Supplying voluntary counseling and confidential HIV test results via mobile phones in
103 communities for both infected and uninfected individuals;
104
- 105 c. Providing e-health applications to the supply chain and the availability of resources, combatting the
106 lack of medications, equipment, and supplies in underserved communities;
107
- 108 4. *Encourages* Member States to address HIV/AIDS through education and awareness programs including, but not
109 limited to:
110
- 111 a. Presenting general information and prevention methods to marginalized and rural populations to
112 prevent further infection by:
113
- 114 i. Training medical professionals about the importance and methods of educating rural and
115 impoverished communities by expanding on the existing training program set by the
116 International Development Association funded by the World Bank;
117 ii. Educating individuals through sessions held in public rural facilities;
118 iii. Establishing seminars, support, and education for treatment providers of healthcare to ensure
119 adequate treatment;
120 iv. Sending the medical professionals to rural areas that lack sufficient public facilities;
121
- 122 b. Eliminating stigmas and helping victims feel unhindered in seeking treatment by providing:
123
- 124 i. Sensitivity training for healthcare professionals and law enforcement officials about the
125 different vulnerable populations affected by HIV/AIDS through organizations like
126 RedTraSex, which has trained healthcare workers in Latin America;
127 ii. Information to the general population regarding the commonality of HIV/AIDS through the
128 use of infographics from data collecting arms such as UNAIDS;
129 iii. Programs like the AIDS Healthcare Foundation program that helps administer rapid tests,
130 mobile clinics, and general medical care for Member States around the world;
131
- 132 5. *Proclaims* that Member States pay particular attention to women living with HIV by assisting them with family
133 planning, antenatal care, and guidance on mother-to-child transmission of HIV, by:
134
- 135 a. Utilizing non-governmental organizations (NGOs) as powerful and significant actors in providing
136 women with reproductive healthcare by:
137
- 138 i. Further educating women and midwives on proper health and hygiene during childbirth to
139 prevent the transfer of HIV to their newborns;
140 ii. Providing education and resources regarding the use of cesarean section birth for mothers
141 with HIV/AIDS due to the higher chance of preventing transmission through the use of this
142 method;
143
- 144 b. Promoting collaboration between Member States, national organizations, and the private sector to
145 institute mechanisms of psychological support, such as supplying volunteers who provide counseling
146 services, to women during and after pregnancy;
147
- 148 6. *Asks* NGOs, such as the Red Cross and Doctors without Borders, to aid in developing and maintaining medical
149 infrastructure for the prevention and sustained treatment of HIV and AIDS by:
150
- 151 a. Ensuring that health care workers are trained to address the care of those in environmentally vulnerable
152 areas by making sure that they have access to adequate supplies and training;
153
- 154 b. Assigning educated health professionals to isolated, rural, and high-risk areas who are not able to
155 attend public seminars, and provide knowledge on HIV/AIDS, treatment and prevention as well as
156 contraceptives;
157

158 c. Creating guidelines and setting aside funds to be allocated in the event of a natural disaster or other
159 events which might disrupt treatment on a massive scale and ensure the continuity of care of patients;
160

161 7. *Endorses* the creation of a plan of action focused on strengthening the existing HIV/AIDS relief efforts of
162 NGOs in order to support the formation of voluntary United Nations experts who work under the direction of
163 the WHO to respond to certain areas of requesting Member States to:
164

165 a. Assist in the outreach efforts to afflicted individuals so that knowledge of relief efforts can be spread
166 and a rise in voluntary participation rates can be seen;
167

168 b. Work towards eliminating means of transmission through actions such as education or programs
169 desired by the Member State by:
170

171 i. Acknowledging that many individuals are not aware that they are even afflicted with HIV in
172 the early stages of the disease and are more prone to transmit the virus to others and a tailored
173 approach of routine testing and safe health practices should be developed to promote
174 prevention and is encouraged to be a focus in vesicle elimination efforts;

175 ii. Ensuring that afflicted individuals have continued access to antiviral treatment in order to
176 prevent continuous mutation of the virus and antiviral resistance to affirm that funds can be
177 better allocated in relief efforts rather than spent on research about new treatment methods;
178

179 c. Promote these actions through public health campaigns with UNAIDS so it is easier for individuals to
180 accept needed antiviral treatments while also destigmatizing the diagnosis of HIV/AIDS.



National Model United Nations • DC

Code: WHA/1/10

Committee: World Health Assembly

Topic: Treatment and Prevention of HIV/AIDS

1 *The World Health Assembly,*

2
3 *Guided by the precedence set forth in the commitment to ensure healthy lives and promote well-being for all as*
4 *established in Sustainable Development Goal 3, as part of the 2030 Agenda for Sustainable Development outlined in*
5 *General Assembly resolution 70/1,*

6
7 *Affirming Human Right Council resolution 16/28 on the protection of human rights in the context of HIV, and the*
8 *2004 Dublin Declaration on Partnership to Fight against HIV/AIDS in Europe and Central Asia, and that all*
9 *countries, included the developing ones, should have access to medicines and treatments without restrictions,*

10
11 *Upholding General Assembly resolution 70/266 as an essential international commitment to the fight for the*
12 *prevention and treatment of HIV/AIDS as exemplified through the values and goals outlined in the Global Sector*
13 *Health Strategy on HIV: 2016-2021 and reemphasizing the resolution Security Council resolution 26/2, the*
14 *Declaration of Commitment on HIV/AIDS, which focused on education, treatment, research and mitigation of the*
15 *epidemic,*

16
17 *Acknowledging the importance of efforts by the state to prevent and minimize the spread of HIV through*
18 *preventative measures in addition to the work outlined by the Joint United Nations Programme on HIV/AIDS*
19 *(UNAIDS) in their 90-90-90 Treatment for All plan, which seeks the eradication of HIV/AIDS by 2030,*

20
21 *Highlighting the importance of safeguarding the health of all people by ensuring access to alternative treatment*
22 *options and minimizing social discriminations while offering economic help and funds in order to narrow the gap*
23 *among different economic classes,*

24
25 *Affirming that vulnerable populations are susceptible to HIV as the result of high-risk behaviors such as but not*
26 *limited to unprotected sex and utilizing used needles to inject drugs,*

27
28 *Recognizing that social factors exacerbate the risks of vulnerable and marginalized populations, and in turn, allows*
29 *these groups to become more susceptible to HIV/AIDS,*

30
31 *Emphasizing the importance of prioritizing prevention and treatment awareness and improving health capacities in*
32 *order to reach the most vulnerable populations susceptible to contracting HIV/AIDS through the implementation of*
33 *continued awareness campaigns,*

34
35 *Contemplating the biosocial approach, which emphasizes the interaction of biological and social factors, rather than*
36 *a biomedical approach through the implementation of awareness campaigns to ensure local populations are educated*
37 *on their resources and healthcare needs,*

38
39 *Taking into consideration that men and boys are much less likely to seek out HIV/AIDS testing and treatment, as*
40 *addressed in the UNAIDS Blind Spot campaign,*

41
42 *Recognizing that women and children are vulnerable populations with an emphasis on pregnant women infected*
43 *with HIV/AIDS and their newborn children who have a 25% chance of becoming infected from their mothers,*

44
45 *Deeply alarmed that, according to UNAIDS, one in eight people living with HIV/AIDS globally are denied health*
46 *services because of the negative stigma and discrimination surrounding a person's positive HIV/AIDS status,*

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1. *Calls upon* the Communicable Disease Program to develop an adaptable international framework to provide Member States with resources to adopt national policies and campaigns focused on combating HIV/AIDS including through the development of:
 - a. Awareness campaigns targeted at reaching vulnerable populations in developing regions, women and children, indigenous persons, and other marginalized communities to provide access to prevention and treatment resources and eradicate the social discrimination attached with HIV/AIDS;
 - b. Sex educational resources in order to prevent the spread through unprotected sex;
 2. *Strongly urges* the implementation and usage of alternative treatment options, especially in vulnerable communities, such as:
 - a. The provision of sterile needles and syringes in order to best prevent drug users from contracting or spreading HIV/AIDS;
 - b. The use of pre-exposure prophylaxis (PrEP) and guaranteeing that PrEP is obtainable in places such as homeless shelters to prepare for the contraction of HIV/AIDS as a precaution to being at risk for HIV/AIDS;
 - c. The utilization of opioid substitution therapies (OST) which lower the risk of HIV infections from shared needles and improves access to ART;
 3. *Recommends* the strengthening of HIV/AIDS drug supply management under the direction of the World Health Organization, especially in areas with high infection rates by prioritizing local drug production, implementing contingency plans to prevent stock-out and overstocking in order to increase treatment compliance and continuity by:
 - a. Changing PrEP from a prescription drug to an over the counter drug to:
 - i. Ensure PrEP is affordable and attainable for everyone who wants to protect themselves from HIV/AIDS;
 - ii. Create a safer way to obtain PrEP, rather than having to buy it off of an unreliable source;
 - b. Offering PrEP free of charge to all within their borders, with a special emphasis on targeting at-risk populations by using data informed approaches in delivering the drug to and increasing access for at-risk populations;
 4. *Recommends* that in addition to working towards treating and eradicating HIV/AIDS, Member States increase focus on combating the negative stigma and violence that comes with the fear of HIV/AIDS by:
 - a. Inviting fellow Member States and non-governmental organizations (NGOs) to support a collaborative campaign to address the myths and misconceptions about HIV/AIDS, and reinforce that people living with HIV/AIDS are of equal importance;
 - b. Discouraging the creation of frameworks that promote or allow discriminatory practice within in the public sector;
 5. *Encourages* combatting the syndemic relationship that exists between HIV/AIDS prevalence, stigma, and the resulting discriminatory practices by:
 - a. Encouraging Member States to address stigma on a local level, which directly impact our target populations;
 - b. Increase accessibility to counselling centers and support groups for people living with HIV/AIDS;

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- c. Reinforcing health care workers responsibility to treat every patient equally and in an unbiased manner through training seminars conducted through public-private partnerships;
 6. *Urges* Member States to address stigmas on a policy level, especially in regards to marginalized or vulnerable communities by:
 - a. Requesting all member states to adopt a framework which aims to reduce sexually transmitted and blood-borne infections (STBBI) by improving access to testing, treatment and ongoing care and support, and reducing stigma and discrimination especially in workplaces which creates vulnerabilities to STBBI;
 - b. Recommending all Member States adopt a policy or similar legislations, that is, criminalization of non-disclosure whereby people living with HIV/AIDS have a duty to disclose their status before engaging in any sexual behaviors that might pose the possibility of transmitting the disease;
 - c. Suggesting for the increase of access to ART for marginalized communities indigenous people, women and children who have poor access to ART due to their unique and specific circumstances;
 - d. Encouraging Member States provide ART to pregnant mothers infected with HIV/AIDS followed by continued treatment to the child after birth in order to minimize the likelihood of the child becoming infected;
 7. *Decides* to establish a two-pronged initiative that will voluntarily address stigma on a community-based level by:
 - a. Cooperating with local NGOs and community organizers to connect with high risk populations and observe their communities,
 - b. Establishing positive community-based interactions through forums that do not directly address stigma but rather increases community cohesion through participation;
 8. *Strongly supports* initiatives that focus on a biosocial approach which analyzes the not only the patient, but the environment they reside in by creating a universal framework that:
 - a. Identifies at high risks populations who are susceptible to HIV/AIDS;
 - b. Identifies the environment in which individuals are most vulnerable;
 - c. Identifies key community issues that are bi-conditional or syndemic in nature;
 9. *Encourages* the international community allocate an additional 4.9 billion dollars to continue the work towards the quota of 26.2 billion dollars, as stated by UNAIDS;
 10. *Further encourages* Member States to further recognize the importance of HIV/AIDS prevention and treatment efforts as outlined in General Assembly resolution 70/266, and the Global Sector Health Strategy on HIV: 2016-2020, which calls upon Member States to prioritize vulnerable populations, with an emphasis on:
 - a. Labeling young people, women and children as vulnerable groups of HIV/AIDS populations in combating the spread of HIV/AIDS, with the purpose of increasing civic engagement to further develop awareness of resources;
 - b. Urging the international community to bridge the gap between nations of differing economic status and health care capabilities in order to most efficiently and effectively eradicate HIV/AIDS;

- 158 11. *Calls on* the international community to intensify efforts to address the complex barriers of increasing treatment
159 access globally, thereby minimizing discrimination and virus exposure through the improvement of economic
160 and educational opportunities through:
161
- 162 a. The aforementioned awareness campaigns;
 - 163
 - 164 b. Conducting research utilizing members of vulnerable populations of the HIV/AIDS epidemic as active
165 members to participate in dialogue, which attempts to end the stigma associated with the disease;
166
- 167 12. *Reminds* Member States of their duty to protect their populations and urges national governments to
168 acknowledge the importance of prevention and treatment options locally as outlined in the UNAIDS 90-90-90
169 Strategy.



National Model United Nations • DC

Code: WHA/1/11

Committee: World Health Assembly

Topic: Treatment and Prevention of HIV/AIDS

1 *The World Health Assembly,*

2
3 *Recognizing* that HIV/AIDS is a global threat and poses a formidable challenge to the progress of both developing
4 and developed societies,

5
6 *Reaffirming* the Joint United Nations Programme on HIV/AIDS (UNAIDS) in 2009, which accentuates the need to
7 improve collaboration between Member States, strengthen and bolster the work already done, and ensure
8 widespread access to quality treatments,

9
10 *Having considered* Sustainable Development Goal 3, which emphasizes an end to the epidemics of AIDS,
11 tuberculosis, malaria, other communicable diseases, universal access to sexual reproductive health care services and
12 education, along with efforts to further cooperation for research, development, and financing,

13
14 *Deeply conscious* of the work that Needle and Syringe Programmes for HIV prevention act in providing sterile
15 needles, which decreases HIV transmission from intravenous drug use,

16
17 *Fully aware* of the endeavors that UNAIDS has undergone in order to reduce infection rates and ensure the
18 promotion of human rights to the communities most affected by HIV/AIDS, that include but are not limited to their
19 Super-Fast-Track approach, and rigorous negotiations with affected countries and the private sector,

20
21 *Affirms* the 90-90-90 program which emphasizes the goals of ensuring awareness of infectivity, sustained treatment,
22 and suppression of HIV/AIDS,

23
24 *Admiring* the Act Against AIDS program as a template by the Centers for Disease Control and Prevention (CDC) as
25 a template for Rapid Diagnostic Testing (RDT),

26
27 1. *Encourages* countries to establish treatment, transmission, and prevention (TTP) programs concerning
28 HIV/AIDS that:

29
30 a. Informs citizens about the transmission, treatment, and prevention of HIV/AIDS through multiple
31 platforms, such as social media and television, in order to reach a broad audience of multiple age
32 groups;

33
34 b. Incentivizes Member States to participate in the program by providing funding through UNAIDS;

35
36 c. Facilitates treatment regardless of race, socioeconomic status, and sexual orientation;

37
38 d. Provides funding through non-governmental organizations such as the International AIDS Society,
39 UNAIDS, the Global Fund, and the World Health Organization;

40
41 2. *Strongly urges* that Member States provide a means of treatment to its citizens by:

42
43 a. Encouraging Member States that have able medical facilities to administer RDT by using the CDC as a
44 template;

45

- 46 b. Making sure that antiretroviral therapy is cost efficient to nations, allowing antiretroviral drugs to be
47 more accessible;
48
- 49 3. *Requests* that Member States provide useful health information to citizens who have been diagnosed with
50 HIV/AIDS concerning transmission for the purpose of:
51
- 52 a. Informing individuals on how HIV/AIDS has been transmitted to them and how it could have been
53 prevented in order to mitigate further spreading of the disease;
54
- 55 b. Apprising diagnosed individuals on how to not transmit the disease to others and creating safety
56 measures specific to the individual;
57
- 58 c. Expressing to citizens on how living with HIV/AIDS does not necessarily mean the end of their life
59 and helping them accommodate their condition in order to keep living a full life;
60
- 61 d. Providing a supportive community to Member States through UNAIDS and its *United Nations*
62 *Political Declaration on Ending AIDS* in accordance with Sustainable Development Goal 16;
63
- 64 4. *Believes* that it is necessary and crucial for Member States to develop prevention programs to further:
65
- 66 a. Implement an HIV/AIDS education curriculum within schools that places an emphasis on reducing the
67 stigma of HIV/AIDS while increasing awareness of HIV by providing informative programs and
68 workshops that are geared towards school-aged children in order to begin educating them at a young
69 age;
70
- 71 b. Ensure that all education programs will explain what RDT is and how it works;
72
- 73 5. *Draws attention* to the lack of prevention methods in lower income countries and therefore:
74
- 75 a. Develop outreach programs through platforms such as social media in order to facilitate prevention in
76 urban areas where sanitary conditions are poor in attempt to decrease the risk of transmission;
77
- 78 b. Suggests that Member States will create federally funded education programs geared towards injection
79 drug users (IUDs) in which sterile needles will be more accessible to IUDs through federally funded
80 clinics in urban areas;
81
- 82 c. Makes preventative measures, such as condoms, more accessible for all sexes in order to eliminate sex-
83 based discrimination;
84
- 85 6. *Encourages* Member States to broad the definition of high-risk individuals in the *Abuja Declaration* to include
86 intravenous drug users, sex workers, and displaced peoples;
87
- 88 7. *Acknowledges* that numerous HIV cases are transmitted non-sexually and recommends Member States to:
89
- 90 a. Increase hospital sterilization and sanitation by further expanding the 2010 WHO Best Practices for
91 Injections and Related Procedures Toolkit to include detailed guidelines for hospitals regarding clean
92 needle use, thorough sterilization of medical instruments, proper handling of blood, safe disposal of
93 biohazardous waste, and follow-up on the disposal sites of said waste;
94
- 95 b. Offer advanced medical training for healthcare professionals within developing countries in order to
96 both prevent HIV transmission via contaminated needles and provide a more accurate diagnosis;
97
- 98 c. Emphasize the education on clean sanitation practices;
99
- 100 d. Implement public training courses to administer RDTs to their citizens;
101

- 102 8. *Focuses* on high risk populations such as refugees and displaced peoples in order to minimize the spread of
103 HIV/AIDS by:
104
- 105 a. Increasing hospital sterilization and sanitation by further spreading the 2010 WHO Best Practices for
106 Injections and Related Procedures Toolkit that includes detailed guidelines for hospitals regarding
107 clean needle use, thorough sterilization of medical instruments, proper handling of blood, safe disposal
108 of biohazardous waste, and follow up on the disposal sites of said waste;
109
 - 110 b. Providing preventative measures, such as condoms, to refugees and displaced peoples;
111
 - 112 c. Allocating funds to cover the cost of ART, preliminary blood tests, and follow-up medical treatment
113 for displaced peoples;
114
- 115 9. *Considers* the lack of internal health service staff and professionals in science, technology, and innovation
116 within developing nations, and understands the importance to update outdated guidelines and technology in
117 order to:
118
- 119 a. Collaborate with neighboring Member States in order to formulate regional strategic plans that
120 effectively address the needs of different socio-economic Member States;
121
 - 122 b. Implement more human and financial resources at the central and governmental levels to create a
123 network specific to the individual;
124
 - 125 c. Enhance the quality of life for individuals through the implementation of technology for the purposes
126 of new scientific discovery.