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



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Conference A

Joint United Nations Programme on HIV/AIDS (UNAIDS)

Committee Staff

Director	Patrick Sandmann
Chair	Karina Akuova

Agenda

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

Resolutions adopted by the Committee

Code	Topic	Vote
UNAIDS/1/1	Mitigating the Impact of HIV/AIDS on Economic Development	16 votes in favor, 1 abstention
UNAIDS/1/2	Mitigating the Impact of HIV/AIDS on Economic Development	Adopted without a vote
UNAIDS/1/3	Mitigating the Impact of HIV/AIDS on Economic Development	Adopted without a vote
UNAIDS/1/4	Mitigating the Impact of HIV/AIDS on Economic Development	Adopted without a vote
UNAIDS/2/1	Ensuring HIV/AIDS Prevention and Treatment During Humanitarian Crises	Adopted without a vote

Summary Report

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

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

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

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

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



Code: UNAIDS/1/1

Committee: Joint United Nations Program on HIV/AIDS (UNAIDS)

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

1 *The Joint United Nations Program on HIV/AIDS (UNAIDS),*

2
3 *Emphasizing* the United Nations Sustainable Development Goal 3, which calls on all states to end the epidemics of
4 AIDS, tuberculosis (TB), Malaria by 2030, and neglected tropical diseases and combat hepatitis, water-borne diseases
5 and other communicable diseases by 2030,

6
7 *Affirming* Article 25 of the *Universal Declaration on Human Rights* of 1945, which highlights the commitment to
8 promote the social progress on health for every human being and development,

9
10 *Noting with deep concern* that currently 50% of people living with HIV/AIDS, especially in low and middle income
11 countries, do not have access to affordable Anti-Retroviral Treatment (ART) which decreases social and economic
12 well-being and increases factors of transmission, as been highlighted in the *On the fast track to end HIV/AIDS report*
13 *2016-2021*,

14
15 *Recalling* the Fast Track Approach in General Assembly resolution 70/811 of 2016, asking Member States to share
16 responsibility and combining their efforts to guarantee human dignity and sustainable treatment, especially for all
17 vulnerable populations,

18
19 *Reaffirming* the *Doha Declaration* of 2001 under the principle of shared but common responsibility of *Intellectual*
20 *Property Rights (IPR) through the Trade Agreement on Intellectual Property Rights (TRIPS)* and acknowledging the
21 flaws within TRIPS plus provisions, whereby low and middle income countries are disadvantaged,

22
23 *Recalling* the TRIPS Agreement, especially article No. 31, allowing all countries flexible access to pharmaceutical
24 products in case of an emergency, which HIV, Tuberculosis (TB) and Malaria constitute, an article of continued
25 relevance to this Committee,

26
27 *Recognizing* the need of innovative fundraising through the use of integrated and multidisciplinary programs, in order
28 to expand the funding capacities for UNAIDS initiatives and to satisfy the mandate of the Committee,

- 29
30 1. *Invites* all Member States to ratify the TRIPS Agreement, if they have not already done so;
- 31
32 2. *Recommends* the establishment of a working group for five (5) years, consisting of experts from UNAIDS,
33 the World Health Organization (WHO), and the World Trade Organization (WTO), drafting voluntary
34 guidelines that should be included into future free trade agreements, ensuring the sufficient implementation
35 of the TRIPS agreement and thereby ensuring the safeguarding for low and middle income countries, the
36 cheap access to drugs of HIV, TB and Malaria for PLHIV and all other vulnerable groups, especially in cases
37 of emergency, and herewith promote the economic and social development for every member state, shall:
- 38
39 a. Elaborate future guidelines for trade agreements that appeal to states to adopt clauses on IPR, and
40 therewith ensuring the access to cheap drugs for HIV, TB, and Malaria, those of which shall insist
41 on maintaining Art. 31 of TRIPS;
- 42
43 b. Encourage compliance with Article 31 by all signatories, that stresses the necessity to defer the IPR
44 on vitally necessary drugs on HIV, TB, and Malaria in the case of emergency;
- 45
46 c. Reiterating the importance of IPR not covered by a situation of emergency defined by Art. 31 of
47 TRIPS, under respect by international law and the rules of the WTO;
- 48
49 d. Assist the WTO to supervise future agreements and advise on current trade agreements;

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- e. Be funded by UNAIDS, WHO, and WTO equally and meeting in the headquarters of UNAIDS in Geneva;
3. *Calls on* Member States to provide further support for the UN Medicine Patent Pool (MPP) program, which seeks to increase the affordable access of HIV, viral hepatitis C, and TB treatments in low and middle income countries, alleviating financial pressure on domestic governments by:
- a. Alleviating the pressure on human capital and encouraging participation in the labor force, a key component in sustainable economic development, through the reduction of costs associated with ARTS via the MPP;
 - b. Supporting the extension, the lifespan of MPP in line with 2030 SDG 3;
 - c. Providing incentives for primary patent holders who register at the pool as there are only seven (7) patent holders on pool, and the success of the MPP program lies in the participation of a large number of patent holders;
 - d. Providing support in the forms of tax incentives for Generic Drug Manufacturers who have access to the patent license so that lower costs are passed on to PLHIV;
4. *Pays special tribute* to close adherence to the Secretary-General's annual report entitled *The Fast-Track Approach to HIV/AIDS*, whereby the Life-Cycle Approach to HIV/AIDS prevention and treatment can be administered and provided for infected individuals throughout their lifetimes, specifically addressing key populations such as women, PLHIV aged over 50, people who inject drugs (PWID) and sexual minorities.



Code: UNAIDS/1/2

Committee: Joint United Nations Programme on HIV/AIDS (UNAIDS)

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

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

2
3 *Deeply concerned* that millions of people are still affected by HIV/AIDS,

4
5 *Reaffirming* the United Nations General Assembly resolution 70/266 of 2016 for laying down the groundwork to
6 mitigate the impact of HIV/AIDS on economic development,

7
8 *Recognizing* the need for increased political will in implementing laws and policies that prevent discrimination and
9 stigmatization for people living with HIV/AIDS,

10
11 *Noting with appreciation* the UNAIDS National Commitment and Policies Instrument (NCPI), and the National
12 AIDS Spending Assessment tool which focuses individually on Nations and their progress on eradicating AIDS,

13
14 *Noting with satisfaction* the 2030 Agenda for Sustainable Development, in particular goal 5, for acknowledging the
15 unpaid economic contributions of the vulnerable groups and goal 10, for emphasizing the need for gender equal
16 income standards,

17
18 *Bearing in mind* that the General Assembly resolution 70/811 of 2016 calls for a multi-stakeholder approach relying
19 upon gender-disaggregated data to create inclusive health access and further development progress,

20
21 *Expressing* its satisfaction towards success of the *Global Fund 2012-2016 Strategy: Investing to Impact*, which
22 strategically gathered funds to fight against HIV/AIDS,

23
24 *Recalling* the *Recommendations concerning HIV and AIDS and the World of Work* established by the International
25 Labour Organization (ILO) in 2010,

26
27 *Welcoming* the collaboration and advancements accomplished by UNAIDS and its co-sponsoring agencies to
28 combat the HIV/AIDS epidemic with the creation and implementation of several programs and initiatives,

29
30 *Taking note* of the significant success already achieved by ILO's VCT@WORK initiative,

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

37
38 2. *Invites* Member States to adopt legislation, according to national law, that protects individuals from being
39 treated unfairly or discriminated against on the grounds of being diagnosed with HIV/AIDS and/or other
40 communicable diseases, such as malaria and tuberculosis, in accordance to target 8 of the UNAIDS
41 *2016-2021 Strategy on the Fast-Track to End AIDS*;

42
43 3. *Encourages* Member States in accordance with their national capacities, and with the help of regional
44 organizations and international foreign aid, such as the African Union (AU), the Organization of American
45 States (OAS), and the President's Emergency Plan for AIDS Relief (PEPFAR), in the case of limited capacities,
46 to make annual reports on the HIV/AIDS situation in their country, in order to:

47

- 48 a. Use these specific programs to focus on a sustainable response to HIV/AIDS and work towards
49 country ownership;
50
- 51 b. Include information about different vulnerable populations, including women, youth, and the elderly,
52 and therefore adapt the action plans according to the needs of each group;
53
- 54 c. Have an understanding on the specific needs of vulnerable groups, such as women, sex workers, and
55 children, among others, and tailor policies that address their specific needs in order to help them reach
56 greater economic independency;
57
- 58 d. Help understand the situation of each Member States on a national, regional, and communal level in
59 developing specific strategies to help reduce the financial burden of regional and national
60 governments;
61
- 62 e. Modify and expand the National AIDS Spending Assessment to have a more detailed and complete
63 data base updated annually and including information about the health infrastructures and the role of
64 people living with HIV/AIDS (PLHIV) in the work force;
65
- 66 f. Strengthen the existing health infrastructures to ensure better health services, which will help improve
67 the general health of the population and the workforce, thus increasing productivity, further attracting
68 foreign direct investments, and improving overall macroeconomic situation of communities and
69 member States;
70
- 71 g. Encourage cooperation between Member States, international organizations, NGOs, and the United
72 Nations Development Programme (UNDP) Resident Coordinator (RC) system to develop targeted
73 plans to address the specific HIV-related challenges that each respective Member State faces;
74
- 75 4. *Invites* Member States to continue working with civil society to increase healthcare access for the most
76 marginalized and vulnerable populations whose economic contributions are impeded by the HIV/AIDS
77 epidemic;
78
- 79 5. *Urges* Member States to apply the *Global Fund 2017-2022 Strategy Investing to End Epidemics*, after observing
80 the success of the *Global Fund 2012-2016 Strategy: Investing for Impact*, in order to provide funds at a global
81 level to support national development planning, mainly focusing on combatting the HIV/AIDS epidemic and its
82 stigma and discrimination in the workplace in rural areas, allowing workers to prosper economically;
83
- 84 6. *Further encourages* all Member States to work amongst each other and with civil society, businesses and other
85 organizations, under the guidance of UNAIDS, to economically incentivize employers to ensure that all PLHIV
86 have access to HIV/AIDS-related health services and psychological assistance within the workplace to ensure:
87
- 88 a. That PLHIV have the social and physical abilities necessary to stay in the workforce, as per target 10
89 of the *UNAIDS 2016-2021 Strategy On the Fast-Track to End AIDS*;
90
- 91 b. That the income of PLHIV and the families are protected, resulting in the strengthening of local
92 economies;
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- 94 7. *Requests* the ILO, in cooperation with the UNAIDS Executive Board, to encourage Member States to
95 strengthen national laws to prevent the social, legal, and workplace discrimination against people living with
96 HIV/AIDS by:
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- 98 a. Amending the *Discrimination (Employment and Occupation) Recommendation 111* of 1958, to include
99 HIV/AIDS and other communicable diseases, such as malaria and tuberculosis, as grounds on which it
100 is illegal to discriminate against regarding the treatment of all employees and potential employees;
101

- 102 b. Supporting the ambition of Member States to implement legislation that ensures the maintenance of
103 confidentiality about the health status of all employees by providing technical guidance and assistance
104 when requested;
105
- 106 8. *Requests* the collaboration of UNAIDS and ILO to cooperate on extending the current ILO VCT@Work
107 initiative, which aims to provide voluntary and confidential HIV counselling and testing, to:
108
- 109 a. Offer preventive and treatment care services such as Antiretroviral Therapy (ART), diffusion of
110 condoms, spread of information on risky behaviors, and mental health support services, with the
111 objective of reducing the toll of the HIV/AIDS epidemic on the health of workers and helpers, thus
112 permitting them to thrive economically;
113
- 114 b. Make rural and remote workers, one of the most heavily impacted demographics in many low- and
115 middle-income countries, one of the central target populations of the program, to ensure the continuity
116 of economic stability and further economic development in these communities;
117
- 118 c. Ensure that all people living with HIV/AIDS have adequate access to all necessary HIV-related
119 services, regardless of geographic location, with the objective of addressing their basic health needs,
120 thus permitting all people living with HIV/AIDS to effectively engage in the workforce;
121
- 122 d. Draft awareness campaigns within the workplace that aims to educate employees about the realities of
123 and the misconceptions surrounding HIV/AIDS, in order to reduce workplace stigma and
124 discrimination of people living with HIV/AIDS.



Code: UNAIDS/1/3

Committee: Joint United Nations Programme on HIV/AIDS (UNAIDS)

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

1 *The Joint United Nations Programme on HIV/AIDS (UNAIDS),*
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3 *Keeping in mind* Sustainable Development Goal (SDGs) 8, which maintains that sustained and inclusive economic
4 growth is necessary for achieving sustainable development, SDG 5, which aims to achieve gender equality and
5 women's empowerment, SDG 2, which commits to universal access to safe, nutritious and sufficient food at all times
6 of the year, and SDG 3, which aims to ensure free access to health care,
7

8 *Deeply concerned* by the physical health issues associated with HIV/AIDS and bringing attention to the cost of
9 antiretroviral therapy (ART) which inhibits access to HIV/AIDS related care and treatment and the efforts put forth
10 by the *Trade-Related Aspects of Intellectual Property Rights* (TRIPS) agreement to make access to care more
11 accessible,
12

13 *Recalling the Political Declaration on HIV and AIDS: On the Fast-Track to Accelerate the Fight against HIV and to*
14 *End the AIDS Epidemic by 2030* of 2016, and the *Declaration of Commitment on HIV/AIDS* that urges UN agencies
15 to both regionally and internationally and NGOs to develop prevention and treatment for HIV/AIDS,
16

17 *Fully aware* that people living with HIV/AIDS (PLHIV) face discrimination in employment as stated in the
18 International Labor Force (ILO) *World of Work Magazine No. 52*,
19

20 *Commending* the efforts of organizations such as the Association de Lutte Contre le SIDA (ALCS) which operate in
21 alignment with the *Declaration of Commitment on HIV/AIDS* of 2001, which recognizes the necessity of prevention
22 and treatment and that HIV testing and treatment continues to be inaccessible for rural populations and other
23 vulnerable groups,
24

25 *Recognizing* the 2006 *Political Declaration on HIV/AIDS* endorsed by all Member States that recognize the need to
26 integrate better food and nutritious support to infected people,
27

28 *Emphasizing* the need for north-south and south-south cooperation in improving accessibility and the need for
29 educational outreach programs for people living with HIV/AIDS (PLHIV) in rural areas,
30

31 *Acknowledging* that an inadequate and unstable food supply chain places stress on an economy and its development,
32 and that the output of the agricultural sector is threatened by the early death of farmers with HIV/AIDS which prevents
33 the transfer of successful farming knowledge onto the newer generation, as well as by the lower productivity of farmers
34 with HIV/AIDS causes a significantly higher mortality rate among this group,
35

36 1. *Encourages* Member States, non-governmental organizations (NGOs), and civil society organizations (CSOs) to
37 adopt practices in line with the *UNAIDS 2016-2021 Strategy*, which highlights the importance of including all
38 populations into the global HIV/AIDS response, and applying these goals to economic development;
39

40 2. *Recommends* that Member States model Doctors without Borders Access Campaign of the Central African
41 Republic, which reduced the price of antiretrovirals (ARV) from \$10,000 to \$70 USD through unrestrained
42 competition between manufacturers, increasing the availability of inexpensive ART, encouraging patients to
43 take on a central role in HIV care, in accordance with the TRIPS agreement, which would reduce the funds
44 allocated towards medication, and allow for those infected to invest surplus funding back into the economy;
45

46 3. *Suggests* that Member States use the *Rapid Assessment Tool for Sexual and Reproductive Health and HIV*
47 *Linkages*, which performs regional HIV testing, STI treatment, PMTCT services, and refers those who are HIV

- 48 positive to treatment facilities, improving the health of individuals in inaccessible regions and allowing them to
49 participate in regional economic activities to improve the local economic development;
50
- 51 4. *Urges* Member States to adopt practices such as the International Labour Organization (ILO) HIV/AIDS
52 Prevention and Impact Mitigation on the World of Work in Sub-Saharan Africa, which is a campaign to
53 establish national labor standards to prevent HIV/AIDS discrimination in the workplace to include PLHIV in
54 the workforce, addressing issues such as discrimination in employment, sensitivity towards the needs of PLHIV
55 in the workforce, access to resources for best practices of treating HIV within the workforce, fostering greater
56 participation in economic development;
57
- 58 5. *Requests* that Member States adopt practices such as the Improving Primary Health in Rural Areas program,
59 which improves access to health care by strengthening mobile coverage to manage the effects of HIV/AIDS by
60 establishing improved health insurance for low-income households and developing health coverage for wage
61 earners, addressing the needs of PLHIV, and reintegrating them into the workforce;
62
- 63 6. *Recommends* that Member States model the ALCS, which uses mobile testing vans to provide free and
64 anonymous HIV testing and counselling on basic treatment, allowing vulnerable and stigmatized groups such as
65 elderly, youth, and women populations to gain knowledge of their HIV positive status and the right steps to take
66 in treatment, living with the virus, and entering or re-entering the workforce;
67
- 68 7. *Suggests* that Member States to allow volunteer doctors and leaders for these treatment vans to meet in Geneva,
69 Switzerland, at the UNAIDS headquarters for a debrief on the objectives of UNAIDS and HIV/AIDS
70 prevention and treatment, and to then be sent to the countries that would voluntarily like to participate in this
71 initiative, prioritizing those that are least developed;
72
- 73 8. *Encourages* a collaboration between UNAIDS and FAO, remembering the Cooperation Framework signed with
74 the FAO in 1999, to see the planning and implementation of the FAO's educational community-based programs
75 strategy to alleviate the consequences of the agricultural sector on HIV/AIDS, under the joint direction and
76 leadership of UNAIDS and FAO, with the purpose of empowering and educating farmers with HIV/AIDS so
77 that they can take on active, more productive roles in the agricultural sector in order to produce more food for
78 society and for international trade, as well as to ensure that sustainable farming practices are passed onto newer
79 generations to protect the food supply chain, all under the direction and leadership of UNAIDS and FAO over:
80
- 81 a. The United Nations Educational, Scientific, and Cultural Organization (UNESCO) in contributing to
82 the educational community-based programs by building upon its educational module on sustainable
83 farming and continuing UNESCO's Teaching and Learning for a Sustainable Future program, which
84 provides education for sustainable agriculture and its economic viability, thereby expanding this
85 program to reach PLHIV;
86
- 87 b. The United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) in
88 contributing by reviewing the curriculum destined for the educational community-based programs,
89 and completing a gender assessment, and providing insight into how this initiative can best reach and
90 empower women to take on more active roles in the agricultural sector to contribute to its output,
91 following the lead of The Gender Equity Movement in Schools (GEMS), developed by the
92 International Center for Research on Women (ICRW) in partnership with the Committee of Resource
93 Organizations for Literacy (CORO), and the TATA Institute for Social Sciences (TISS), which
94 developed and implemented a curriculum to engage young girls and boys, age 12-14, to discuss and
95 critically reflect on the issues related to inequitable gender norms and violence through extracurricular
96 activities, role-playing, and games;
97
- 98 c. UN Women again by suggesting it sponsor SASA!, a community based initiative taken by Raising
99 Voices to address the imbalance of power between women and men, girls and boys which they define
100 as the core driver of violence against women and its connection to HIV/AIDS, by engaging large
101 groups of people across all levels of society through activities, discussions, and initiatives taken by
102 community members and leaders, currently active in over 20 countries, in the hopes of reducing the
103 HIV infections in the agricultural community and, thus, reducing the strain on the food supply chain,

- 104 through education on the transmission of the infection through violence, particularly sexual violence,
105 between men and women;
106
- 107 d. The United Nations Children’s Fund (UNICEF), in support of its commitment to All In! to
108 #EndAdolescentAIDS, in similarly reviewing the curriculum of the educational community-based
109 programs and improving the leadership skills of youth with HIV/AIDS to take on active roles in their
110 agricultural communities to support the economy;
111
- 112 e. The United Nations Development Programme (UNDP) in adding gender equality to the discussions in
113 the UNAIDS and FAO educational community-based programs to prevent sexual violence and
114 stigmatization towards those living with HIV/AIDS in the agricultural sector through a flagship
115 program that targets boys and men to act and end sexual violence to promote healthy, equitable
116 relationships, thereby reducing the spread of HIV/AIDS in the agricultural sector;
117
- 118 f. A training base for voluntary community-based program leaders to be established in Geneva,
119 Switzerland, at the UNAIDS headquarters and under its supervision for familiarizing the leaders with
120 the curriculum of the educational community-based programs before they are sent to regions interested
121 in these community-based programs;
122
- 123 g. A team of experts in the field of agriculture to be assembled with the aid of FAO, remembering FAO’s
124 expertise in that, and sent to regions requesting their services to create a report identifying the major
125 hurdles that the communities face in sustainable agriculture considering the impacts that HIV/AIDS
126 has on farmers, and for this report to be used to individualize the curriculum in the community-based
127 programs to their respective regions;
128
- 129 h. The above UN bodies in allocating appropriate resources to this UNAIDS initiative proportional to
130 their involvement;
131
- 132 9. *Urges* UNAIDS to collaborate with FAO to improve the stability of the food supply chain by providing farmers
133 living with HIV/AIDS with lighter tools and advanced agricultural technology to respond to lower productivity
134 occurring in rural areas due a higher number of people working in the agricultural sector living with HIV
135 infections, and to also encourage and recommend:
136
- 137 a. Member States to recognize the possible cost-savings they will realize if the agricultural sector outputs
138 more products, and invest in providing vouchers for farmers affected by HIV/AIDS in proportion to
139 annual production to buy equipment and improve the infrastructure to facilitate their work and improve
140 productivity and quality of life;
141
- 142 b. National governments to direct unemployed people into farming programs to contribute to rural
143 development in HIV-stricken regions, potentially using UNAIDS-created brochures in all languages
144 outlining UNAIDS 2016-2021 Strategy, including food as an incentive for work as well as wages, to
145 help farmers living with HIV/AIDS with manual work to help them produce more food for nutrition as
146 well as to make a better income;
147
- 148 c. Member States to fund this by emphasizing treatment for HIV/AIDS and including an excerpt on the
149 UNAIDS website explaining that if Member States invest more now, overtime they will have less to
150 spend on the disease as it is eradicated more effectively through investments in this initiative;
151
- 152 d. Spending 2% of every dollar donation to UNAIDS on this initiative unless otherwise specified by the
153 donor.



Code: UNAIDS/1/4

Committee: Joint United Nations Programme on HIV/AIDS (UNAIDS)

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

1 *The Joint United Nations Programme on HIV/AIDS (UNAIDS),*
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3 *Alarmed* by the lack of awareness around HIV/AIDS in all demographics, especially those most vulnerable to HIV
4 in lesser developed communities as shown in point 18 of the General Assembly resolution S-26/2 of 2001, as well as
5 its negative effect on national economies,
6

7 *Realizing* the need for strategic partnerships among Member States in the pursuit of facilitating equal access to
8 crucial treatment that combats HIV/AIDS and the burden which the epidemic places on economic welfare of
9 communities,
10

11 *Concerned* with the lack of modernization and maintenance facilities within medical care practices and their lack of
12 sustainability towards modern development such as hospitals, anti-retroviral production plants, and the efficient
13 acquisition and allocation of medical resources,
14

15 *Deeply concerned* by the lack of access to health care for people living with HIV/AIDS across all nations, as well as
16 restricted access to antiretroviral therapy (ART) in rural areas and hard to reach communities,
17

18 *Emphasizes* the need to focus on making antiretroviral therapy, Pre-Exposure Prophylaxis (PrEP), and Post
19 exposure prophylaxis (PEP) increasingly accessible by employing educational campaigns,
20

21 *Taking into consideration* the need to make medical terms understandable to a wider public, specifically rural
22 communities which do not receive sufficient education,
23

24 *Reiterating* the General Assembly resolution 65/277 of 2011, which encourages international cooperation among all
25 participating states, while putting a strong emphasis on sustainable economic development and intensifying efforts
26 to eliminate HIV and AIDS globally,
27

28 *Recalling* the subsection of goal 3 in the *2030 Agenda for Sustainable Development* to ensure a substantial increase
29 in health financing, recruitment, development, training and retention of the health workforce in developing
30 countries,
31

32 1. *Emphasizes* the importance for Member States to ensure better access to medical and health care, in accordance
33 to each Member State's national capacity to fight against HIV/AIDS by introducing low cost measures such as:
34

35 a. Stressing this issue for all demographics, especially in countries with high levels of disparity, as is
36 thoroughly explained in the *UNAIDS Fast-Track Plan*, so as to mitigate the impact of HIV/AIDS on the
37 economic development by the equal treatment of every HIV positive human being;
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39 b. Ensuring the training of medical staff and specialists, in regions where they are lacking, by implementing
40 initiatives such as the Human Resources and Health (HRH) by the *US President's Emergency Plan for*
41 *AIDS Relief (PEPFAR)*;
42

43 c. Ensuring the accessibility of financial means to tackle the HIV epidemic in African countries lacking the
44 sufficient medical structure in their territory with the support of UNAIDS in collaboration with key
45 African institutions such as the African Union Commission, the NEPAD Agency and the African
46 Development Bank in the name of the Joint Programme, in order to alleviate the financial burden of that
47 said support for developing and underdeveloped African countries;
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49 d. Recommending the implementation of community health workers initiatives within rural areas in States
50 where HIV/AIDS is endemic in order to reach isolated populations;

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- e. Calling upon local NGOs to ensure proper training, following the Inter-Agency Standing Committee guidelines for addressing HIV in humanitarian settings;
 - 2. *Urges* all member states to share health care and related expertise to ensure that all countries have access to the same level proficiency in modern practices to end HIV by 2030, therefore limiting unnecessary expenses towards intra-state research on HIV/AIDS and benefit the sustainable resource management for each state by:
 - a. Encouraging the standardization of knowledge from participating Member States to discuss and share different strategies used to combat ineffective practices towards HIV/AIDS as inspired by *The Knowledge Transfer and Training for Outbreak Program* initiated by WHO;
 - b. Encouraging Member States that are playing a major role in research and development towards global health to reach out to fellow healthcare professionals to ensure continuous updates on modern healthcare technologies;
 - c. Supporting new partnerships with the private sector which do business within States with high prevalence of HIV/AIDS, such as the “Project Last Mile,” to simplify the logistics and facilitate the rapid and efficient transport of ARTs through sensitive cargo in hard-to-reach communities to reduce the burden of high cost of acquiring life saving medication on national health budgets;
 - 3. *Invites* all Member States to establish educational campaigns via modern technological resources and requests Member States to provide assistance as per their accord to nations who do not have the capacity currently to do so to address the different stages of HIV/AIDS with the aim of reducing cost to society deriving from potential years of life lost, strains on national health budgets, and loss of public revenue by:
 - a. Adopting preventative measures as deemed appropriate to different cultural sensitivities, religious beliefs, and HIV/AIDS budgeting preferences of individual state by:
 - i. Enhancing voluntary counselling and testing (VCT) and promote private but publicly accessible medical treatment where civilians can be educated on HIV/AIDS, thus mitigating the spread of HIV and excessive health care costs within participating states;
 - ii. Enacting more campaigns such as “Zero Discrimination Day” run by UNAIDS to deter future stigmatization and reduce discrimination to ensure younger generations and other vulnerable populations such as women can seek medical assistance and engage in early prevention methods to further reduce the risk of infection and diminish states expenses by enhancing economic development;
 - iii. Calling upon Member States to launch awareness campaigns, such as “Treatment For All,” which promotes access to treatment without discrimination and targets specific vulnerable demographics such as sex workers, women, the LGBT community, and people over 50 years old, with the help of new technologies such as social media in an attempt to close the coverage gap in low-and-middle income communities, reduce non-essential medical costs on a state level, and better allocate financial resources towards development;
 - b. Encouraging medical term simplification so that PLHIV and vulnerable populations know more about prophylaxis treatments and ART, avoiding counterproductive and dangerous reluctance, avoiding unnecessary cost for Member States and securing this fringe of the population against the disease.



Code: UNAIDS/2/1

Committee: Joint United Nations Programme on HIV/AIDS (UNAIDS)

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

1 *The Joint United Nations Programme on HIV/AIDS (UNAIDS),*
2

3 *Calls attention* to article 25 of the *Universal Declaration of Human Rights* of 1948, urging all states to guarantee a
4 standard of living adequate for the health and well-being of himself and of his family,
5

6 *Emphasizes* Sustainable Development Goal (SDG) 3.3 to end HIV by 2030, and SDG 6 to ensure clean water supply
7 and sanitation for everybody,
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9 *Further recalls* the General Assembly resolution 64/292 of 2010 and the *Declaration of Commitment on HIV/AIDS*
10 of 2001, stressing the importance of clean water supply for the maximum effectiveness of antiretroviral therapy
11 (ART) for people living with HIV/AIDS (PLHIV) and water for consumption,
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13 *Bearing in mind* the *Sendai Framework for Disaster Risk Reduction 2015-2030* and the progress that has been made
14 in developing a fast response during humanitarian crises,
15

16 *Guided by* the Inter-Agency Standing Committee (IASC) *Guidelines for HIV/AIDS Interventions in Emergency*
17 *Settings* which gives a set of principles on how to include HIV/AIDS in the response to humanitarian crises,
18

19 *Recognizing* with concern a partial lack of resources, coordination and infrastructure on a local and regional
20 emergency response networks and thereby highlights the resources and knowledge provided by the United Nations
21 programs like the best practices handbook of UNICEF,
22

23 *Noting with regret* that as per the *Gender Based Violence Information Management System Report 2015* gender
24 based violence increases and victims are more prone to contracting HIV/AIDS,
25

26 *Endorsing* the initiative of the United Nations Development Program (UNDP) and its best practice handbook,
27 providing vitally necessary information for humanitarian workers and important plans of actions in humanitarian
28 crises,
29

- 30 1. *Encourages* Member States in which HIV/AIDS is endemic to implement the incident management system
31 (IMS), in collaboration with the Center for Disease Control and Prevention (CDC), and the Public Health
32 Agency of Canada (PHAC), to insure a standardized preparedness response plan to emergencies and
33 disasters;
34
- 35 2. *Urges* UNAIDS to foster cooperation amongst Member States and collaboration with UNAIDS' Co-
36 sponsoring Agencies to enhance National Development Plans of low- and middle-income Member States,
37 via national capacity building measures, through partnerships with:
38
- 39 a. The United Nations Children's Fund (UNICEF) to ensure that youth populations are included in
40 the response such as *The Participation of Children and Young People in Emergencies: A guide for*
41 *relief*, which lays down some basic guidelines for Member States to inculcate youth in the aid of
42 humanitarian crisis, with a focus on preventive HIV/AIDS treatment;
43
- 44 b. The United Nations Entity for Gender Equality and Empowerment of Women to ensure that
45 women are protected during times of crisis, as violence against women, especially sex workers, is
46 exacerbated during periods of crises, thereby increasing the likelihood of the transmission of HIV,
47 with the extension of programs such as creating "first aid houses" so that women will be able to
48 have a reference point;
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- c. The United Nations High Commissioner for Refugees (UNHCR) to work to increase access to HIV/AIDS treatment and prevention tactics such as ART, risk reduction, and vulnerability reduction, especially in regions with a high quantity of refugees or internally displaced persons (IDPs), as this population is at a higher risk of transmission of HIV;
 - d. The World Food Programme (WFP) to ensure that in times of humanitarian crises, people living with HIV/AIDS, and specifically youth, older populations, and women, are a target population of food aid, in recognition of the fact that people living with HIV/AIDS have specific nutritional requirements, due to the nature of immunodeficiency illnesses;
 - e. The World Health Organization (WHO), to ensure that the proposed framework has the capacity to provide the necessary personnel, medication, and services to address the needs of people living with HIV/AIDS in times of humanitarian crises;
3. *Establishes* a programme, the United Nations First Response of Measure Empowerment (UNFRAME) in cooperation with UNICEF, to build a local bottom up structure to ensure that in cases of humanitarian crises, local trainees are aware of how to ensure HIV treatment:
 - a. Consisting of advisors of UNAIDS and UNICEF, by combining actors of civil society, non-governmental organizations (NGOs) and governmental emergency structures, where possible improvement is elaborated by the UNFRAME advisors through recommendation;
 - b. Being funded by the Global Fund to fight Aids and the Central Emergency Response Fund (CERF);
 4. *Recommends* the UNHCR best practice handbook to add a clause on how to best provide and treat PLHIV in emergency situations, and therewith give trainees and humanitarian workers the competence and authority to address the needs of PLHIV in humanitarian crises;
 5. *Calls upon* the Member States to implement the IMS into National Action Plans (NAPs);
 6. Proposes establishing a temporary organizational partnership between UNAIDS, UN-Water, and UNICEF called United Nations Water Sanitation and Hygiene (UNWASH) that should elaborate guidelines for UN-Water on how to efficiently ensure enough water supply for all PLHIV in humanitarian crises in order to guarantee treatment of PLHIV through sustainable capacities and be financed by the partnership shall meet for one year;
 7. Suggests the renewal of the UN-Water Sanitation for All Campaign under the SDGs, which aims to educate people on the negative effects of open defecation during humanitarian crises, providing clean water sources for displaced PLHIV.