

CODE: UNFPA/RES/1/2  
COMMITTEE: United Nations Population Fund  
TOPIC: HIV/AIDS and Young People

1 *The United Nations Population Fund,*

2

3 *Keeping in mind the United Nations Universal Declaration of Human Rights*  
4 (UDHR), as a key principle of the United Nations Population Fund (UNFPA) and Article  
5 25 of the UDHR which states, "everyone has the right to a standard of living adequate for  
6 the health and well-being of himself and of his family,"

7

8 *Reaffirming* the commitment towards the goal of universal access to prevention,  
9 treatment, care, and support of Human Immunodeficiency Virus/Acquired Immune  
10 Deficiency Syndrome (HIV/AIDS) at the local, national, and regional level,

11

12 *Noting with satisfaction* the partnership of the UNFPA, United Nations Joint Program on  
13 HIV/AIDS (UNAIDS) and the Global Fund to provide support to Member States to  
14 achieve the Fast-Track Targets in order to eliminate AIDS by 2030,

15

16 *Fully aware* that prenatal and postnatal aid to HIV/AIDS positive pregnant women is not  
17 often addressed and considering the dangers of transmitting the disease from mother to  
18 child,

19

20 *Fully aware* of the need for sensitive counselling of young people affected by HIV/AIDS,  
21 based on the 2010 recommendations of UNICEF on providing emotional support to the  
22 youth victims of HIV/AIDS,

23

24 *Reiterating* the WHO programme *Affordable, Sensitive, Specific, User-friendly, Rapid*  
25 *and robust, Equipment-free and Deliverable to end users* (ASSURED), which evaluates  
26 resource-limited environments for future resource distribution recommendations,

27

28 *Deeply concerned* that half of all people with HIV/AIDS develop active tuberculosis, a  
29 leading cause of death for those infected, and that new tuberculosis cases are increasing,  
30 and that tuberculosis impacts females and males differently,

31

32 *Commending* the efforts undertaken by World Bank to address the HIV/AIDS pandemic  
33 by committing to providing access to ART and condoms,

34

35 *Bearing in mind* the International Guidelines on HIV/AIDS and Human Rights asserting  
36 that any restrictive measures on movement or choice of residence based on suspected or  
37 real HIV/AIDS status alone, is discriminatory,

38

39 *Stressing* the recommendations made in 2012 by the World Health Organization (WHO),  
40 UNAIDS, and the United Nations Office on Drugs and Crime (UNODC), and in the  
41 Technical Guide for Member States to set targets for universal access to HIV prevention,  
42 treatment, and care for injecting drug users,

43  
44 *Expressing its appreciation* of UNFPA advertising programmes such as CONDOMIZE!  
45 and #showyourselfie which aim to provide science-based information of HIV/AIDS to  
46 young persons,  
47  
48 *Expressing its hope* that women who are aware of their condition will take advantage of  
49 prenatal and postnatal resources immediately to prevent the spread of HIV/AIDS to their  
50 children, as recommended in the *Southern African HIV Clinicians Society Guidelines for*  
51 *Antiretroviral Therapy in Adults* published by the WHO,  
52  
53 *Recognizing* General Assembly resolution 2 (2001), *Declaration of Commitment on*  
54 *HIV/AIDS: Global Crisis – Global Action*; General Assembly resolution 262 (2006),  
55 *Political Declaration on HIV/AIDS*; and General Assembly resolution 277 (2011),  
56 *Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and*  
57 *AIDS*, for their previous work done on HIV/AIDS,  
58  
59 *Calling attention* to Economic and Social Council (ECOSOC) resolution 19 (2011) on  
60 UNAIDS which urges governments, the United Nations (UN) system, civil society, and  
61 the private sector to urgently increase efforts to achieve the goals and targets,  
62  
63 *Recalling* the Millennium Development Goals (MDGs), and the key importance of Goal  
64 6b that highlights access to antiretroviral therapy (ART) for HIV-infected people, which  
65 has been proven to be effective by saving over 6.6 million lives since 1995,  
66  
67 *Further recalling* MDG Goal 6, Target 7 on HIV/AIDS, which focuses on halting and  
68 beginning to reverse the spread of HIV/AIDS, using the prevalence of HIV among  
69 pregnant 15–24 year olds as an indicator,  
70  
71 *Notes with interest* the 2010 recommendation by UNICEF to start HIV testing in highly  
72 vulnerable communities at age 10, with continuous testing every three months, and the  
73 2006 WHO programme *Treat, Train, Retain* to provide medical works to high-risk  
74 communities,  
75  
76 *Noting with interest* that the unplanned discontinuance or interruption of ARTs may  
77 result in viral rebound, immune decomposition, and clinical progression,  
78  
79 *Acknowledging* the need to increase the development of HIV/AIDS testing technologies  
80 such as the mobile phone HIV/Syphilis testing technology that was recently released by  
81 Columbia University,  
82  
83 *Having examined* the WHO 45.35 *Global strategy for the prevention and control of AIDS*  
84 and Security Council resolution 1308 (2000) and the *Global Aids Response Progress*  
85 *Reporting 2015*,  
86  
87 *Acknowledging* General Assembly resolution 797 (2011) *Uniting for Universal Access:*  
88 *Towards Zero New HIV Infections, Zero Discrimination, and Zero AIDS-Related Deaths*

89 that commit to reducing the sexual transmission of HIV in at risk groups, including but  
90 not limited to, young people, men who have sex with men (MSM), and sex workers, as  
91 well as preventing the HIV infections as the result of injecting drug use,  
92

93 *Recognizing* that laws and policies within some Member States do not allow underage  
94 youth to seek HIV/AIDS treatment without parental consent, which puts them at a high-  
95 risk for future health implications and the spreading of HIV/AIDS as stated by the *Young*  
96 *People in the Law in Asia and the Pacific* (2013) published by UNFPA in collaboration  
97 with the United Nations Educational, Scientific, and Cultural Organization (UNESCO),  
98 United Nations Development Programme (UNDP), and UNAIDS,  
99

100 *Recognizing* the specific needs of at-risk youth groups with regards to HIV/AIDS,  
101 specifically the Lesbian, Gay, Bisexual, Transgender, Queer, etc. (LGBTQIA+)  
102 community, sex workers and clients, inmates, people with disabilities, drug users, and  
103 rural and impoverished communities as per the UNAIDS United Nations Framework for  
104 Monitoring and Evaluation (M&E) HIV Prevention Programmes for Most-At-Risk  
105 Populations to meet the goal of 15 million being able to access treatment as addressed in  
106 *Global Report UNAIDS*,  
107

108 *Acknowledging* the UNAIDS Inter-Agency Task Team on Young People and its priorities  
109 and objectives regarding the proactive prevention of HIV/AIDS in young people,  
110 specifically referencing the 2006 report produced by the WHO in collaboration with  
111 UNAIDS, UNFPA, and the United Nations Children's Fund (UNICEF),  
112

113 *Recognizing* the inaccessibility of Anti-retro-viral Therapy (ART) for people living with  
114 HIV/AIDS for 25 million people as presented by the Executive Board of the United  
115 Nations Development Programme (UNDP) and the United Nations Population Fund  
116 (UNFPA) and the United Nations Office for Project Services in the Report on the  
117 implementation of the decisions and recommendations of the Programme Coordinating  
118 Board of the Joint United Nations Programme on HIV/AIDS (2013),  
119

120 *Applauding* the works of Medicins Sans Frontieres, also known as Doctors  
121 Without Borders, in HIV treatment, including having 341,645 HIV patients registered  
122 under their care and 325,500 patients on first-line antiretroviral treatment,

123 *Noting* the success of previous collaboration between UNFPA and such Non-  
124 Governmental Organizations (NGOs) as Outreach, Doctors Without Borders, Project  
125 Masiluleke, and AIDS Support and Technical Assistance Resources (AIDSTAR - One),  
126 who provides such services such as mobile clinics that can effectively diagnose and treat  
127 patients in rural areas who may be subject to HIV/AIDS,  
128

129 *Commending* the efforts made by various NGOs (Non-governmental Organizations) and  
130 other UN bodies, such as, UNITAID, WHO, Youth Force, World AIDS Campaign, The  
131 Global Fund to Fight AIDS and Malaria, International AIDS Alliance, Fiji's Inter-Faith  
132 Strategy on HIV/AIDS, The Bill and Melinda Gates Foundation, and The Clinton  
133 Foundation, as being major supporters in the global fight towards ending HIV/AIDS,  
134

135 *Having* estimated 35.3 million people were living with HIV in 2012, with 2.3 million  
136 new infections globally, with a 35% decrease of children newly infected from 2009-2012,  
137 and recognizing AIDS is the leading cause of death among women of reproductive age  
138 and young adolescents, with the need for substantially greater efforts to link pregnant  
139 women and children to HIV treatment and care,

140

141 *Further recalling* the WHO Global health sector strategy on HIV/AIDS, 2011–2015 that  
142 guides the health sector to respond to the HIV epidemics in order to achieve universal  
143 access to HIV/AIDS prevention, diagnosis, treatment, care, and support,

144

145 *Taking note of* the usefulness of UNFPA’s *Integrating HIV Voluntary Counselling and*  
146 *Testing Services into Reproductive Health Settings: Stepwise Guidelines for Programme*  
147 *Planners, Managers and Service Providers*, which provides information necessary to  
148 integrate voluntary counselling and testing for HIV/AIDS within existing reproductive  
149 health services,

150

151 *Emphasizing* the importance of considering the physical and emotional health of those  
152 infected with HIV/AIDS, as well as their family and community, as per the  
153 recommendations in the *Framework of Action for the Follow-Up to the Programme of*  
154 *Action* (2014) by the International Conference of Population and Development (ICPD)  
155 Beyond 2014,

156

157 *Recognizing* that according to the WHO *World Health Statistics 2012 Report*, treatment  
158 coverage of HIV/AIDS is more prevalent for adults rather than children living with HIV,  
159 and that, on average, children were given less than half the treatment as adults,

160

161 *Recalling* the previous General Assembly resolution # followed by (2011) *Political*  
162 *Declaration on HIV and AIDS: Intensifying our Efforts to Eliminate HIV and AIDS* on  
163 intensifying the efforts by Member States to eliminate HIV/AIDS, which further  
164 acknowledged that both male and female condoms are essential tools in fighting the  
165 HIV/AIDS pandemic and that only 34% of Member States have specific goals  
166 surrounding condom programming,

167

168 *Confident* in Highly Active Antiretroviral Therapy (HAART) which combines three or  
169 more drugs such as two nucleoside reverse transcriptase inhibitors (NRTIs) and a  
170 protease inhibitor (PI), two NRTIs and a non-nucleoside reverse transcriptase inhibitor  
171 (NNRTI), or other such combinations that have proven to reduce the amount of active  
172 virus and, in some cases, can lower the number of active virus by preventing HIV-related  
173 tuberculosis infection by 60 to 90 percent in the developed world, according to academic  
174 article, “Management of co-infection with HIV and TB,” published in *The British*  
175 *Medical Journal* (2002),

176

177 *Appreciating* the work done by the Global Youth Coalition on HIV/AIDS (GYCA) to  
178 include youth to improve HIV/AIDS and policies and programming at an international  
179 and national level,

180

181 *Expressing* its appreciation for youth initiatives like the Empowering and Reinforcing  
182 Awareness of Students through Education (ERASE) programme undertaken by the Magic  
183 Johnson Foundation (MJF) to develop programmes that address the educational, health  
184 and social needs of ethnically diverse and urban communities,

185  
186 *Recognizing* the need for international HIV/AIDS databases, by enhancing the UNAIDS,  
187 WHO, and global collaborative online database, for the purpose of facilitating  
188 communication, data collection, sharing and analysis, along with providing centralized  
189 resource information, and contact details,

190  
191 *Viewing with appreciation* the WHO HIV/AIDS Sex Work Toolkit, UNFPA HIV  
192 Prevention Toolkit, and the Youth Peer Education Toolkit as being highly effective  
193 programmes in intensifying existing UNFPA efforts,

- 194  
195 1. *Calls upon* the development of a Youth-Targeted HIV/AIDS Community-Support  
196 Toolkit template, based on UNFPA research and the *HIV/AIDS and Human Rights:  
197 Young People in Action* kit, through the UNFPA in collaboration with its sister-  
198 partnership programs such as the WHO, UNICEF, UNESCO, UNDP, and UNAIDS  
199 which would:
- 200 a. Take the form of a comprehensive, regionally-focused collection of resources,  
201 support, and proposals in order to aid national development of intensified  
202 HIV/AIDS programming, as per the recommendations of the MDG 6b progress  
203 reports;
  - 204 b. Contain recommendations and research to build upon and enhance existing  
205 HIV/AIDS prevention and treatment frameworks for young people, based on the  
206 previous substantive work done by UNFPA and its collaborators, such as  
207 UNICEF, UNAIDS, and the WHO, in collaboration with the Member State's  
208 government;
  - 209 c. Be implemented through a three-pronged process that would be focused on:
    - 210 i. Community Support, which would be accomplished by local programming  
211 such as:
      - 212 (1) Assessing the quality of community level support required, as determined  
213 by the presence of pre-approved risk markers including poverty, sexual  
214 and gender diversity, drug usage, pregnancy, rural location, and sex work,  
215 as well as an overall lack of previous community progress on MDG 6b;
      - 216 (2) Structured Community-Support Training, implemented through local  
217 NGOs and the national government, and delivered to community leaders  
218 and trusted community groups, in order to:
        - 219 (a) Have these groups deliver conversational fact-based, unbiased sexual  
220 education information for young persons;
        - 221 (b) Provide counselling through the *UNICEF National Policy Guidelines:  
222 Specific Actions* recommendations to youth with HIV/AIDS;
        - 223 (c) Integrate local voluntary counselling and testing processes into local,  
224 existing reproductive health services based on the step-by-step  
225 guidelines in *Integrating HIV Voluntary Counselling and Testing*

226 *Services into Reproductive Health Settings: Stepwise Guidelines for*  
227 *Programme Planners, Managers and Service Providers;*

- 228 (3) Encouraging the implementation of a UNFPA Advertising Programme, in  
229 collaboration with our previous partners such as the WHO and UNICEF,  
230 similar to the framework used in the CONDOMIZE! campaign and the  
231 #showyourselfie campaign, that targets youth through colourful, relatable  
232 print, and mixed-media advertising to provide unbiased science-based sex  
233 facts and links to local resources;
- 234 (4) The recommended implementation of an educational training programme  
235 based upon a peer-to-peer support system and built upon a framework of  
236 existing regional programs, such as UNICEF's Member State-based HIV-  
237 risk avoidance programming, to raise awareness about HIV among young  
238 people by:
- 239 (a) Providing training to youth leaders to inform their peers through  
240 informal conversation with friends and family, in order to spread the  
241 information from the training sessions regarding HIV/AIDS;
- 242 (b) Enabling youth affected by HIV/AIDS to advocate for their healthcare  
243 needs and defend their right to healthcare through campaigning local  
244 healthcare and political institutions for their healthcare rights, and  
245 promoting knowledge of HIV/AIDS in schools, the workplace, and  
246 other community organizations;
- 247 (c) Exploring the needs of youth affected by HIV/AIDS through on-the-  
248 ground consultation, with the goal of increasing youth healthcare  
249 leadership to inform future UNFPA HIV/AIDS policy;
- 250 (d) Working with the governments of Member States to create grant  
251 programs that enable funding for grassroots youth-led initiatives,  
252 which work to address HIV stigma or lack of education, especially  
253 targeting marginalized populations such as orphans, young women,  
254 and LGBTQ+ members;
- 255 ii. Prevention Support, which would be accomplished through:
- 256 (1) Strengthening existing global collective databanks such as the *WHO HIV*  
257 *Database*, to intensify the sharing of research from private and educational  
258 institutions, particularly on the development of ARTs and other  
259 HIV/AIDS treatment, for the purpose of increasing global understanding  
260 and collaboration on the high-risk groups epidemic;
- 261 (2) An assessment by the UNFPA of existing UN data regarding current,  
262 local, national, and regional preventative methods, in order to determine  
263 gaps in prevention support and to intensify regional-specific prevention  
264 plans;
- 265 (3) Fostering a global environment of shared research investment through a  
266 new UNFPA campaign, in collaboration with our previous campaign  
267 partners UNICEF and the WHO, created to target public and private  
268 research institutions, in order to encourage increased development of  
269 mobile and accessible HIV testing and prevention technology, such as the  
270 mobile-phone HIV/syphilis testing technology;

- 271 (4) Encouraging increased collaboration with UNICEF, as per its 2010  
272 recommendations on the minimum age of HIV testing, in order to ensure  
273 that all children at the age of 10 have access to testing every three months  
274 after being exposed to the virus, especially for high-risk populations;  
275 (5) Encouraging the further development of existing localized volunteer  
276 healthcare worker frameworks, such as the WHO's *Treat, Train, Retain*  
277 (2006) programme, in order to increase the targeting of high-risk youth  
278 populations to aid with accessible community-based integrated care,  
279 including but not limited to nutritional support, anti-retrovirals, and  
280 preventative testing;
- 281 iii. Treatment Support, which would be accomplished through:
- 282 (1) Determining gaps in treatment support and designing regional-specific  
283 response and treatment plans based on an assessment of current, updated  
284 UNFPA data regarding current local, national, and regional treatment  
285 support methods, trends, prevalence, and sources of HIV infections among  
286 young people;
- 287 (2) Expanding existing frameworks, such as the WHO's *Treat, Train, Retain*  
288 programme, to provide training to local healthcare professionals to  
289 properly care for those infected with HIV/AIDS, with specific  
290 consideration to youth;
- 291 (3) Encouraging Member States to actively pursue more affordable and  
292 accessible options for HAART, including prioritizing the seeking out of  
293 generic and low-cost medicine options, subsidies on medication, older or  
294 expired patents on triple combination therapy, and reducing the existence  
295 of obstacles to the trade and selling of generic HAARTs;
- 296 (4) An expansion of the existing UNFPA Mobile Medical Clinics program  
297 which currently delivers efficient HIV/AIDS testing, to now include an  
298 increased supply of medical supplies to rural and undersupplied  
299 communities, as well as a new additional service to remove contaminated  
300 medical supplies from local clinics upon request;
- 301 (5) An expansion of the existing UNFPA Mobile Medical Clinics program  
302 which currently delivers efficient HIV/AIDS testing, to now include an  
303 increased supply of medical supplies to rural and undersupplied  
304 communities, as well as a new additional service to remove contaminated  
305 medical supplies from local clinics upon request;
- 306 (6) Increasing integration of domestic HIV/AIDS youth-targeted treatment  
307 programming in relevant sectors, in order to eliminate redundant  
308 programs, and to ensure the optimization and streamlining of all HAART,  
309 nutritional, co-infection, and supplemental treatment services;
- 310 (7) Building upon the work of the WHO programme ASSURED, which  
311 provides a sustainable framework for evaluating POC (Point of Care)  
312 devices for resource-limited environments, in order to ensure that future  
313 treatment methods meeting this guidelines will effectively consider and  
314 consult youth throughout the treatment process;
- 315 (8) Endorsing sovereign Member States to alter national laws and policies to  
316 allow young people to access testing and treatment for HIV/AIDS without

317 parental consent, as per the recommendations in *Young People in the Law*  
318 *in Asia and the Pacific* (2013) published by UNFPA in collaboration with  
319 UNAIDS, UNESCO, UNDP, and UNAIDS;

320 d. Be implemented in alignment with ensuring the active participation of youth, and  
321 the consideration of cross-cutting issues such as gender inequality and poverty, as  
322 well as the optimized utilization of existing on-the-ground resources and  
323 programmes, in order to ensure and evaluate toolkit sustainability;  
324

325 2. *Calls upon* NGOs to support the implementation and expansion of Needle and  
326 Syringe Exchange Programs (N/SEPs) including voluntary and confidential  
327 HIV/AIDS testing and counselling, within rural, local, and national communities  
328 worldwide, by:

329 a. Appealing to governments of Member States to create understanding of these  
330 programs through community-based advertisements and awareness campaigns;  
331 b. Expressing its desire that these facilities not be used to target and arrest its users,  
332 in order for individuals to be able to safely use these N/SEP programs;  
333 c. Encouraging Member States that would financially support NGOs which operate  
334 N/SEPs;  
335

336 3. *Expresses* its full support for Member States to include female condoms into the  
337 current models of distribution for male condoms through their respective health care  
338 framework, and to support the distribution of female condoms through organizations  
339 such as the CONDOMIZE! programme and NGOs while:

340 a. Resolving to increase current production of female condoms by UNFPA and  
341 affiliated organizations and NGOs to a goal of 200 million each year, by the year  
342 2017;  
343 b. Committing to creating educational materials and programs that teach the proper  
344 and safe use of female condoms, while also addressing the stigma against the use  
345 of female condoms;  
346

347 4. *Recommends* an intensification of existing prenatal and postnatal treatment for  
348 HIV/AIDS-positive women through an increase of maximally suppressive  
349 antiretroviral medication regimes in high-risk areas, as per the recommendations in  
350 *Southern African HIV Clinicians Society Guidelines for Antiretroviral Therapy in*  
351 *Adults* published by the WHO;  
352

353 5. *Further requests* Member States to put into place internal specific goals to guide the  
354 distribution of, and education around condoms while:

355 a. Assuring that individual goals surrounding appropriate condom education and  
356 distribution should be internally developed and tailored to the needs of each  
357 individual Member State;  
358 b. Encouraging Member States to create goals for condom distribution and education  
359 which integrate both male and female condoms;  
360

361 6. *Recommends* the geographic decentralization of HIV testing, treatment and care by  
362 providing those services in areas easily accessible to young people and other at-risk



- 363 groups, including men who have sex with men (MSM) and sex workers, while also  
364 ensuring that:
- 365 a. Service providers are trained to uphold ethical standards respecting the privacy of  
366 the disclosed information of adolescents, with special attention to at-risk  
367 adolescents;
  - 368 b. Adequate psychological counselling and effective systems of referral for other  
369 health issues are available to these groups;
  - 370 c. Special considerations are made for adolescents and at-risk groups;
- 371
- 372 7. *Encourages* governments to commit to national HIV/AIDS strategies that include  
373 sustainable programmes aimed at eliminating stigma and discrimination against  
374 people living with and affected by HIV, or seeking HIV treatment and counseling,  
375 through:
- 376 a. Public advertisements such as awareness-raising programmes with the use of  
377 media, television, radio, print, and the Internet;
  - 378 b. Genuine integration of care as a means to improve access to ART;
  - 379 c. Improvement on the People Living with HIV Stigma Index in health care settings  
380 and environment;
  - 381 d. Increased provision of HIV testing and counseling, in order to treat all people  
382 equally regardless of their age, gender, and sexual orientation;
- 383
- 384 8. *Draws attention* to the impact of legal frameworks on HIV prevention, treatment,  
385 care, and support by:
- 386 a. Encouraging the integration of information and sensitization of parliamentarians  
387 for the drafting and enacting of anti-discrimination legislation that protects people  
388 living with HIV, particularly youth, women and other marginalized populations  
389 with HIV/AIDS from discrimination;
  - 390 b. Recommending an expansion of existing legal policy in order to ensure that laws  
391 which protect women and girls from gender-based discrimination and violence are  
392 furthered, while simultaneously providing them with access to social, legal, and  
393 health services;
- 394
- 395 9. *Appeals* to Member States to ensure that individuals who engage in sex work receive  
396 access and education on the proper use of condoms and safe sexual practices, as well  
397 as testing for sexually transmitted infections through the use of pamphlets, Internet  
398 resources, and in-person consultation as methods to educate sex workers;
- 399
- 400 10. *Recommends* all Member States work collaboratively and actively to uphold the Fast  
401 Track Strategy, in order to quicken the pace for essential HIV prevention and  
402 treatment approaches, which will help limit the epidemic to more manageable levels  
403 and therefore enable Member States to move forward towards the elimination phase;
- 404
- 405 11. *Encourages* Member States to identify and review HIV-related restrictions on border  
406 entry, stay, and residence in order to consider eliminating the restrictions;
- 407

- 408 12. *Urges* the strengthening of existing partnerships with civil-society donors and  
409 partners, including NGOs and private organizations, as well as international financial  
410 institutions, regional banks, and multilateral organizations in order to expand youth-  
411 targeted HIV/AIDS treatment, prevention, and research funding;  
412
- 413 13. *Recommends* that UNFPA to remain active on the issue of HIV/AIDS and Young  
414 People.

14.