



*American Model United Nations*  
**Commission on Narcotic Drugs**

CND/II/1

SUBJECT OF RESOLUTION: Promoting measures to prevent transmission of HIV attributable to drug use among women and for women who are exposed to risk factors associated with drug use, including by improving access to post-exposure prophylaxis

SUBMITTED TO: The Commission on Narcotic Drugs

*The Commission on Narcotic Drugs,*

1 *Reaffirming* the commitment to the 2009 Political Declaration and Plan of Action on International Cooper-  
2 ation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, specifically the concern in  
3 the rise in the human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) epidemic,

4 *Recalling* the HIV/AIDS-related goals and commitment outlined in the 2019 Ministerial Declaration as well  
5 as the 2030 Sustainable Development Goals,

6 *Emphasizing* the barriers that women face in receiving treatment for HIV,

7 *Concerned* about the prevalence of HIV among drug users, particularly women,

8 *Recognizing* the success of harm reduction programs in reducing HIV rates in many nations,

9 *Keeping in mind* the importance of access to post-exposure prophylaxis and needle-exchanges in keeping  
10 drug users safe from HIV,

11 *Noting* the importance of developed nations in contributing financially and non-financially to developing  
12 harm reduction programs,

13 *Noting further* the importance of doctor-patient confidentiality in medical proceedings,

14 *Deeply concerned* about women being the major victim of violent crime and human trafficking, including  
15 sex trafficking which increases the risk of HIV,

16 1. *Encourages* the creation of or continuation of needle-exchange programs within nations utilizing mobile  
17 clinics and existing healthcare systems; such programs should be:

18 (a) Easily accessible programs throughout each nation;

19 (b) Provided for free or at a low cost;

20 2. *Recommends* the establishment of health care clinics specifically serving women, especially female drug  
21 users and women with HIV that shall:

22 (a) Be easily accessible and safe for women to attend;

23 (b) Provide education about safe drug-control methods and harm reduction strategies;

24 (c) Include training of staff in conjunction with the Joint United Nations Programme on HIV and  
25 AIDS (UNAIDS) and World Health Organization (WHO) on treating and serving female drug users and women with  
26 HIV;

27 3. *Notes* the importance of education as a harm reduction strategy for women affected by HIV/AIDS,  
28 specifically of educating healthcare professionals to more safely care for women with HIV:

29 (a) Looking especially towards female doctors and healthcare professionals in rural communities  
30 with high rates of HIV/AIDS;

31 (b) Specific education for midwives, birth attendants, nurses, and OB/GYN professionals on how to  
32 help HIV-positive mothers through the pregnancy and birthing process;

33 4. *Emphasizes* task sharing as a key strategy to improving HIV outcomes and to provide better care for  
34 HIV-positive clients, including specifically task-sharing between nurses/midwives and doctors for HIV care;

35 5. *Further emphasizes* the need for coordination, amongst Member States to address the HIV/AIDS epidemic  
36 to through a human-centered approach to achieve universal health coverage by:

37 (a) Improving availability, accessibility and quality of HIV programs, including prevention, treatment  
38 and care for women who are affected through drug use and are exposed to other risk factors;

39 (b) Promoting measures that emphasize the need for deconstructing the stigmatization placed on  
40 women with HIV attributable to drug use and are exposed to risk factors associated with drug use;

41 6. *Recommends* that those Member States with the resources to do so increase financial allocations from  
42 both international and national resources:

43 (a) Focusing on prioritizing interventions, specifically in regions where HIV/AIDS is on the rise;

44 (b) Including measures for optimal utilization of resource allocation and improving the overall im-  
45 plementation of various programs;

46 (c) Addressing the need to provide multiple service delivery models in various aspects of connections,  
47 prevention, and treatment;

48 7. *Further recommends* expanding access to post-exposure prophylaxis for women at risk of contracting HIV  
49 by;

50 8. Offering post-exposure prophylaxis for free or low-cost to women in hospitals and health care settings;

51 9. Educating women about post-exposure prophylaxis and its role in harm reduction;

52 10. Making post-exposure prophylaxis available at mobile health clinics and women's clinics;

53 11. *Further Recommends* that Member States utilize an opt-out model of HIV testing of pregnant women  
54 and their partners in which:

55 (a) Women and their partners are tested on a trimesterly basis for HIV automatically;

56 (b) Women and their partners have the choice to opt-out of HIV testing.

Passed, Yes: 19 / No: 0 / Abstain: 4