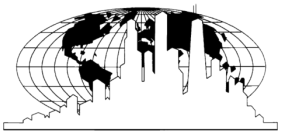

American Model United Nations

Commission on the Status of Women

Report to the Commission on the Status of Women on Women, the girl child and HIV and AIDS

Contents

Executive Summary

The Commission further discussed access to testing, treatment and preventative care. This section includes many different recommendations, including: increasing access to testing for girls and women, expanding access to testing outside of just sexual health clinics, providing self-defense training to prevent rape and sexual abuse and creating resource centers with counseling, education, and treatment options for people with HIV, along with allocating resources and treatment for those who use injectible drugs, which may increase the likelihood of contracting HIV.

The Member States of this Commission believe that it is of critical importance to feature women and the girl child in the discussion about HIV and AIDS. Currently, the United Nations does not consider women or children a vulnerable population for the Joint United Nations Programme on HIV/AIDS (UNAIDS) programming. This commission sees this as problematic, and hopes to see women and children added to UNAIDS' key focus groups.

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The final topic that this Commission addressed was promoting community empowerment. This is done by improving and promoting community-led initiatives. These initiatives support and promote leadership, mentorship, trust between community members and medical workers, local artists who are involved in community wellness, outreach for community engagement and access to health information in efforts to treat and raise awareness of HIV and AIDS. Furthermore, representatives addressed flaws and gaps in the UNAIDS Community-led Monitoring program, offering suggestions for improving safety for data-collectors and drafting guidelines for outsourcing this work. This is essential to productively combat the AIDS epidemic.

Matters calling for action

CSW I/2

Recalling Economic and Social Council (ECOSOC) resolution 1994/24 on 26 July 1994, which created the Joint United Nations Programme on HIV/AIDS (UNAIDS),

Acknowledging the failures of previous goals set by the Millennium Declaration and the 2016 Political Declaration on HIV/AIDS to lower the percentage of new infections,

Concerned by the effect the COVID-19 pandemic has had on the ability of testing and treating HIV/AIDS,

Recognizing the effect that HIV/AIDS has had on the livelihood of women and the consequential cycle of HIV/AIDS on women,

Noting the importance of support groups for women with HIV/AIDS within local communities,

Deeply concerned about the statistic from Avert that "in sub-Saharan Africa, five in six new infections among adolescents aged 15-19 years are among girls and young women aged 15-24 years are twice as likely to be living with HIV than men",

Alarmed by rising rates of HIV/AIDS in women and the girl child,

1. *Endorses* adding new key population groups to the UNAIDS programming for vulnerable populations, namely women and children:

    (a) Calls for the full implementation of the addition by 2023;

2. *Notes* the importance of emphasizing the universality of women and girls as a key vulnerable population of interest;

3. *Emphasizes* conducting research into causes of increased cases of HIV/AIDS in especially vulnerable women and children, especially those in rural areas, impoverished women and children, and those in developing countries;

4. *Recommends* UNAIDS to sponsor volunteer women with HIV/AIDS to speak, advocate, and collaborate with each other and UNAIDS to work towards solutions for issues of which they have firsthand knowledge.

CSW I/3

Noting with approval the international community's efforts to fight AIDS through the Beijing Declaration and Platform for Action and the current 2030 Sustainable Goal of eradicating AIDS, ,

Bearing in mind the economic inequalities that prevent developing nations from being able to decrease and maintain low levels of HIV transmission rates,

Reaffirming the importance of sovereignty,

Acknowledging that the spread of HIV/AIDS is caused not only by a lack of sexual education and contraceptives but also by medical malpractice in sanitation and the lack of resources provided for education,

Emphasizing the goal of the Commision to protect women and children from the spread of HIV and AIDS,

Expecting to find a vaccine for HIV and AIDS by 2030 through this comprehensive resolution,

Expressing appreciation of states collectively volunteering to donate resources as a international collective whole in order to prevent and eradicate HIV and AIDS,

1. *Recommends* that economically prosperous states, defined by the World Bank as states with a state with a gross national income per capita of $12,696, contribute to global funds dedicated to eradicating AIDS/HIV, specifically those that fund research towards a cure or vaccine by the year of 2030;

2. *Strongly encourages* the implementation of requiring HIV/AIDS research to be public after a five year period of time to create an inclusive research database;

3. *Urges* states to utilize the The Global Fund to Fight AIDS, Tuberculosis and Malaria to implement practices and/or education in an effective and direct manner that resonates with the nation's values, beliefs, and laws;

4. *Advocates* states with cohesive and highly funded medical education programs to accept more international medical students on a grant basis;

5. *Recommends* to allocate majority of funds to research and then to subsidize condoms and medical sanitation products for Member States that apply to resources from The Global Fund to Fight AIDS, Tuberculosis and Malaria;

6. *Proposes* The Global Fund to Fight AIDS, Tuberculosis and Malaria and the World Health Organization to automatically consider Member States with a twenty percent or higher rate of prevalence of HIV and AIDS for funding and resources;

7. *Requests* that Member States with cohesive and highly funded medical education programs increase the percentage of international medical students on a grant basis by 10 percent.

CSW I/1

Recognizes that incremental steps towards establishing or increasing sexual education are necessary in many Member States, in order to ensure the success of the program,

1. *Recommends* Member States institute a HIV/AIDS prevention curriculum in public schools, which would teach safe sexual and health practices to prevent transmission and other relevant information, and:

(a) Would include at minimum, but not limited to;

(i) The basic science of HIV transmission and common forms of transmission;

(ii) Reproductive systems and the body, in relation to preventing transmission;

(iii) Methods of preventing pregnancy and the transmission of STDs;

(iv) Consent and rape intervention;

(v) The symptoms of HIV/AIDS;

(vi) How to access testing for various Sexually Transmitted Diseases;

(b) Recognizes that any universal curriculum must be suitable for populations and Member States with a variety cultural norms and beliefs, and that it must allow;

(i) Member States to adapt curriculum in order to increase efficacy;

(ii) Member States to alter curriculum in order to prevent public outrage;

(iii) Member States to define "safe sexual practices" within these education programs;

2. *Recommends* that Member States create informational campaigns promoting the benefits of preventative sexual education and dispelling misinformation and public fears:

(a) Suggests implementing campaigns targeted directly towards educators, in order to assuage any potential hesitancy of educators to implement curriculum;

(b) Proposes using campaigns targeted towards parents, in order to prevent confusion and reactive responses such as removing children from school;

3. *Requests* that Member States collaborate, if they find it useful, with religious organizations and religious leaders in implementing these campaigns.

CSW I/4

Emphasizing the direct correlation between education and the reduction of HIV/AIDS infection rates,

Reaffirming Member States' educational programming and looking to expand upon the existing efforts of various Member States and provide further recommendations for expanding HIV/AIDS education globally,

Acknowledging that many individuals do not have access to traditional means of education due to a plethora of reasons and contributing factors, including age, cultural traditions or economic status,

Bearing in mind the importance of nontraditional educational programs to reach populations without access to formal sex education,

Recalling that the United Nations *Global AIDS Strategy 2021-2026* stresses the importance of solutions led by the affected individuals and communities,

Recognizing the importance of financial and cultural contributions to the advancement of HIV/AIDS mitigation, prevention, treatment and education,

1. *Calls upon* Member States to focus supplementary educational programs toward women who have limited educational access, explicitly calling attention to:

(a) Individuals living in rural areas with limited educational access;

(b) Women included in key populations affected by HIV/AIDS, including but not limited to: sex workers, transgender women and individuals who inject drugs;

2. *Encourages* Member States utilize and expand upon HIV/AIDS initiatives to help educate the local communities that traditional education may not reach, keeping in mind:

(a) Many women are denied a formal education for a variety of reasons;

(b) The population of women that are no longer eligible to receive a formal primary and secondary education;

(c) Non-traditional education through Joint United Nations Programme on HIV and AIDS (UNAIDS) can reduce the spread of HIV/AIDS in many underdeveloped countries;

(d) Different communities have different needs and localizing these efforts to the specific needs of their people will be the most effective;

3. *Recommends* Member States integrate HIV/AIDS education and HIV positive characters into public media programming in order to broaden access to information and reduce the stigma associated with the disease:

(a) Suggests cooperation with UNICEF for the development of positive messages in children's programming, in alignment with UNICEF's guidelines for communicating with children;

4. *Supports* national and international partnerships with local, grassroots organizations in working towards these goals, in order to increase efficacy and community engagement.

Consideration of the status

Centralizing women and the girl child in the fight against HIV/AIDS is the stepping stone to effective educational programming and ending the stigma surrounding the disease. Specifically, the Commission on the Status of Women discussed the importance of a new focus on those who are the most vulnerable and in marginalized populations, which includes rural and poor women and children.

UNAIDS has begun the 'Education Plus' initiative for adolescent girls and young women in sub-saharan Africa. This is a high-profile, high-level political advocacy campaign that focuses one education in order to prevent HIV. Although this is has been a major step in the fight against HIV/AIDS as it pertains to women, this body recommends the establishment of women and the girl child as a key vulnerable population for UNAIDS resources as a critical step in improving As Michel Sidib, former director of UNAIDS, has clearly stated, "this epidemic unfortunately remains an epidemic of women." Currently, UNAIDS identifies the key vulnerable population groups as "gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs and prisoners and other incarcerated people."

In addition, HIV disproportionately affects women and adolescent girls because of vulnerabilities created by unequal cultural, social and economic status. This further illustrates the desperately needed resources for women and children vulnerable to HIV/AIDS. It must be noted that AIDS-related illnesses remain the leading cause of death for women aged between 15 and 49. Therefore, this body sees the need for focused solutions specific to women and the girl child in order to more effectively combat HIV/AIDS. Specifically this body believes in initiatives including traditional and nontraditional educational programming in schools, community led monitoring, and improved access to healthcare. This will greatly aid in efforts to support women and the girl child, specifically in rural and poor areas, as these populations are particularly vulnerable to HIV/AIDS. The remainder of this report will address such initiatives.

Representatives from Tunisia, Colombia, Saudi Arabia and Iraq discussed forming a minimum curriculum for sexual education. This minimum curriculum was aimed at basic and scientific facts about reproduction and the prevention of STDs.

This minimum curriculum includes the following topic areas: reproductive biology of both men and women, condom use and STD prevention, education on different STDs and how they spread including HIV, education on consent and rape intervention and how to get testing and treatment for various STDs.

Currently, access to sex education is impaired by strict religious/cultural values and norms. Recognizing this, representatives wanted to allow member states to include sex education in a religious context as long as the established minimum curriculum is met.

Representatives from Tunisia, Colombia, Saudi Arabia and Iraq expressed concern over including education on sexual orientation in the minimum curriculum. They believed that including topics considered too taboo would lead to people removing their children from the recommended education thus preventing any potential benefits from sex education. Member States are, of course, allowed to include lessons on sexuality, but they are also free to exclude lessons on sexuality if they deem it necessary.

Representatives, out of concern for hesitancy to teach or be taught about sex, discussed campaigns targeted towards educators and parents as to why sex education is important. Emphasizing the severity of contracting certain STDs especially HIV, and emphasizing the benefits of teaching people how to have safe sex.

Representatives recognized that different member states may want to teach sex education at different ages. Representatives recommended that sex education should be taught roughly by age 12. Some member states may feel the need to teach sex education earlier, since girls may be pulled out of school by that age.

The following is a summary of the Deliberations of the First Subgroup (Education) that was focused on Education and Access. It is important to note that there were two subgroups under Subgroup 1. One focused on Education and Access, and the other focused on Education and Religion.

Member States discussed specific means of implementing HIV/AIDS and sexual education as a necessary step toward combating the spread of infection.

Member States were specifically concerned by the fact that many of the individuals most vulnerable to HIV/AIDS do not have access to traditional sexual education programs. Throughout their deliberations, they stressed the necessity of developing nontraditional methods of education and public outreach to help combat the

spread of HIV/AIDS. Member states wanted to specifically focus these programs on women in rural areas and other key populations, including sex workers, transgender women and persons who inject drugs. They emphasize the importance of public media and national partnerships with grassroots organizations.

Recognizing the different cultural and social situations among nations regarding sexuality and HIV/AIDS, delegations worked to enable different educational solutions to ensure all member nations are able and willing to participate in reducing the impact of HIV/AIDS on women and the girl child. These representatives plan to work closely with members of the Education: Religion bloc to adjoin these two resolutions in the coming hours.

Several Member States present requested that the following policy statements be included in this commission's report:

Commending the already existing initiatives of UNAIDS, representatives called for an expansion of nontraditional means of education through the use of public and/or private media, community grassroots organization, or local politicians or religious leaders, echoing the importance of educating women and girls on the various means of HIV/AIDS transmission including the non sexual ways HIV/AIDS can be spread through respected channels of public outreach.

Member States discussed ensuring girls' completion of education by condemning discriminatory laws, policies and practices that impede upon girls' right to education, but the subgroup came to the conclusion that state sovereignty was of the utmost importance and opted to find ways to educate women in a nontraditional format applicable to more nations.

The commission expressed support of increasing sexual education on topics related to HIV/AIDS outside of the classroom. We recognize that this nontraditional format provides educational access to marginalized groups that may not have access to this information within the education system.

Key delegations reiterated their support for nationalizing successful community programs as a way to increase efficacy and decrease corruption. Mexico appreciates international assistance and the input of local, affected populations, but emphasizes the importance of government control over the distribution and implementation of aid resources and programs.

Member States recognize the need for data collection on HIV and AIDS within specific communities to best assess the needs of individual populations. Proper data and communication are an essential first step to identifying areas of need, ensuring access to care and proper resource allocation.

In addressing the needs of data-collection on HIV and AIDS on a community level, the Commission suggests that Member States implement community-led monitoring in order to better understand community needs and generate dialogue about how HIV service delivery can be improved.

Community-led monitoring (CLM) offers a systematic method of data-collection at a localized, community-oriented level, allowing for key community stakeholders to offer evidence on the efficacy of HIV service delivery from the standpoint of lived experience. Developed by the Joint United Nations Programme on HIV/AIDS (UNAIDS), CLM uses five community-led stages to establish this system, including a call to pursue CLM, having the community lay out the budgetary and collaborative foundations for their CLM, developing an information framework, using the data collected to improve services and utilizing accountability mechanisms for future improvements. From the work of this last step, UNAIDS has been able to specify shortcomings in its work thus far, especially in terms of societal and structural barriers to enacting CLM, and humanitarian and migrant contexts. Furthermore, certain disenfranchised and vulnerable groups cannot be expected to be held accountable to the same standards as other communities. As such, the work of data collection is likely to be outsourced, which has the potential to be a risk to the safety of communities. As such, the Commission recommends that the eleven United Nations CLM sponsors outline the guiding memorandums for what this outsourcing should look like.

This Commission notes that no singular approach may be appropriate for individual communities, and that mechanisms for collection of data have to be individualized. Guidelines should be included but bear in mind that individual communities have different structures and needs.

Establishing a Community Empowered Approach to HIV/AIDS Monitoring, Access to Healthcare and Foreign Aid Placement

Member States expressed concern about the current United Nations approach to monitoring, including how access to healthcare is provided and the placement of foreign aid. Additionally it was noted that the majority of efforts by the United Nations to improve the livelihood of women and girls living with HIV/AIDS do not sufficiently empower communities and local partners as leaders in managing this epidemic.

The Commission strongly recommends the establishment of community empowerment as the central approach to implementation of HIV/AIDS monitoring, healthcare accessibility, programming. Additionally the Commission recommends that foreign aid be echoed by relevant organizations and enshrined in their ongoing efforts and values.

To accomplish this goal the Commission recommends that the Division for Sustainable Development Goals (DSDG) and the Department of Economic and Social Affairs (UNDESA), which are responsible for providing substantive support and capacity-building for the Sustainable Development Goals and their related issues, reassess the funding process and place community-led approaches at the forefront of The Joint United Nations Programme on HIV/AIDS funding mechanisms. Member States noted that the US President's Emergency Plan for AIDS Relief (PEPFAR) could serve as an example model for this reorganized funding structure. In accordance with PEPFAR's stated values the organization funnels 70% of all funding directly into local partners with the intention of bolstering community-led efforts.

Member States emphasized the disproportionate rate at which women and girls face discrimination, social stigma and legal orinstitutional barriers that prevent quality access to HIV/AIDS monitioring, healthcare, prevention and education. The Commission highlights the necessity for community-led and localized approaches to combating HIV/AIDS as they pertain to ensuring that funding mechanisms remain effective method for empowering women and girls.

Improving and Establishing Community Empowerment Through Community-led Leadership, Mentorship and Information

The Commission reaffirms the 2030 United Nations Sustainable Development Goals, specifically focused on the inclusion of community empowerment and the desire to end poverty for women and young women. The Commission recommends improving, promoting and establishing community-led initiatives, furthering leadership focused on mobilizing community action, mentorship, outreach as well as behavioral health wellness that is sensitive to culture and traditions. This would allow for women to obtain HIV treatment and attain the 2030 agenda goal to end HIV/AIDS by 2030.

Rural and poorer women have less access to HIV/AIDS care and treatment due to socioeconomic, cultural and geographic barriers. Community-led empowerment which is inclusive of community-led initiatives can close this gap and not only improve access to HIV/AIDS testing, treatment, sexual and sex education through improved allocation of funding and resources. These initiatives should center around public health change that engages, enables and creates pathways to cultural awareness, alliance-building and community ownership with community leaders and members. Community-led empowerment centering community-led initiatives should include leadership and mentorship development, be inclusive to religious, and include advocates,political members and artists; local and international artists whose artistry concentrates on social justice, community health and wellbeing, and improving trust between medical workers and community members, and strategic health information access and community outreach.

The Community HIV/AIDS Mobilization Project (CHAMP) is a model that should be strategically incorporated on a broader scale and amended to fit the needs of each Member State based on treatment, management and/or prevention of HIV/AIDS. CHAMP is a US-based non-profit NGO working to bridge HIV/AIDS and human rights. The CHAMP Academy is a training, technical assistance and capacity building program dedicated to strengthening an HIV/AIDS movement rooted in social, economic and racial justice. This model focuses on implementing a year-long program centered in leadership development, strategic media programming hyper focused on preventative education of HIV/AIDS, and community building through programs where community members storytell, share experiences and skills, learn new perspectives and build relationships with each other.

Community-led initiatives play a significant role in ensuring community empowerment where community leaders and members participate in communicating needs, encourage debate and discussion to increase knowledge

of HIV/AIDS, raise awareness of solutions and critical thinking that supports communities leading the fight against HIV/AIDS. It is recommended that community-led initiatives integrate leadership training, mentorship and strategic media outreach, similar to the AIDS Community Information Outreach Program (ACIOP) that acts to improve HIV/AIDS health information access through multiple mediums including information retrieval, skills development, resource development and dissemination and navigating resource dissemination, is adapted and curtailed to the needs of each country.

Access to Testing

Summary of Global Conditions

Representatives from Estonia, Cuba and Brazil discussed the importance of improving access to HIV/AIDs testing globally, with an emphasis in less-developed countries. The basic access to clinical necessities are aimed at targeting HIV/AIDS and preventing STDs specifically in women and the girl child.

Access to testing is vital in addressing the disproportionate impact of HIV/AIDS on women and the girl child. AIDS remains the leading cause of death for women of childbearing age globally. Moreover, pregnant HIV-positive women are more likely to be unaware of their positive status and young, pregnant girls even more so. When multiple factors of gender inequality intersect such as young age, marital status, domestic violence and socioeconomic condition, access to testing is increasingly restricted. All these factors compound to further obstruct the access of women and girls to comprehensive health services including HIV testing.

Recommendations

Currently, access to HIV/AIDS testing is impaired by economic conditions, lack of local testing clinics, restrictive laws preventing women and girls from accessing healthcare and insufficient knowledge about and education on HIV/AIDS and its impact on women and girls. Representatives discussed a number of recommendations to address this issue.

The Commission emphasizes the importance of HIV/AIDS testing for pregnant women because of the high rate of HIV positive cases among women of childbearing age and the extremely high risk of mother-to-child transmission. Additionally, testing pregnant women would expand their access to, and the overall effectiveness of treatment options, including antiretroviral therapy.

The Commission stresses the importance of increasing accessibility for younger girls to have access to non-judgmental and confidential testing. In 105 countries worldwide, those under 18 years of age require parental consent in order to receive an HIV test. This practice strongly discourages testing among young girls and women who may fear the retribution and stigma that comes with testing. We urge states to recognize the need for confidentiality in testing as a legitimate and vital expression of ethical medical practice. Additionally, difficulties in adolescent diagnoses hinder the effective use of preventative measures like pre-exposure prophylaxis (PrEP). Towards this end, we recommend confidential testing practices and the removal of current restrictions requiring parental consent for HIV testing. Furthermore, we recommend states to protect young girls' access to testing and other basic health services as an all-encompassing response to the stigma and discrimination associated with HIV/AIDS.

The Body recognizes the importance of targeting high risk communities for testing, including covering areas outside of the more affluent and urban communities where adequate resources are more accessible. Individuals that are homeless, nomadic, undocumented or geographically isolated can be at a higher risk of contracting and/or transmitting HIV/AIDS and are often in communities where access to even basic care is extremely limited. To address this issue, we recommend funding the establishment of healthcare centers in underserved communities. We also suggest implementing programs such as mobile testing that target sex workers, nomadic peoples and undocumented individuals, who fall into a high risk and underserved group and, as such, are more likely to be affected by HIV/AIDS. It is also important to note the discrepancy in the quality of care and access to this care that significantly impacts these high risk communities and suggest that these inequalities be addressed in the implementation of these recommendations.

The Commission recognizes the need to alleviate economic strain in regards to testing for HIV/AIDS, for both the individual women and girls seeking testing as well as the states seeking to provide such services. We would like to encourage the inclusion of free testing as a preventative measure, as well as recommending mandatory HIV testing when women and girls fulfill certain prerequisite conditions, such as pregnancy, sexual activity, a determined age, etc, at the discretion of the individual states. Furthermore, the commission recognizes the importance of

substantial support for individuals who have tested positive for HIV/AIDS and would like to urge state funded programs to support the prolonged health of individuals needing to undergo antiretroviral therapy or other forms of treatment. Often, treatments such as this can be a physical drain and require increased nutritional needs, as well as financial assistance. Finally, the Body recommends states create cooperative partnerships with international and local NGOs, making use of existing infrastructure to increase testing in a fiscally efficient manner, addressing the economic obstacles many nations may face in order to provide free or affordable testing for their citizens.

Access to Antiretroviral Therapy

Summary of Global Conditions

Although there is no cure for HIV available, treatment allows those living with the disease to take control of their health. Antiretroviral therapy (ART) is the daily use of a combination of HIV medicines to treat HIV. With the help of antiretroviral therapy someone infected with HIV can get the virus under control within six months.

Representatives from the Russian Federation have discussed the importance of access to treatment with specific emphasis on antiretroviral therapy. Access to antiretroviral therapy is specifically a concern for the CSW as there are well-recognized disparities in place when women and the girl child seek antiretroviral therapy.

As of 2019, 61 of 109 reporting countries stated that they required parent consent in order for those under the age of 18 to receive access to HIV treatment, such as antiretroviral therapy.

Antiretroviral therapy can help mothers prevent spreading HIV to their babies. Based on a study conducted by Doctor Jimmy A Volmink, mothers who do not take antiretroviral therapy have a 40% chance of spreading the infection to their baby. While mothers who do take antiretroviral therapy have a less than 5% chance of spreading the HIV infection to their baby. That is why it is important for mothers to keep taking HIV medicine to reduce the amount of HIV in the body (viral load) to a very low level called an undetectable load. Pregnant women receiving and keeping an undetectable viral load is the best thing to stay healthy and help prevent transmission to a baby. If a womens HIV viral load is not adequately reduced, a C-section delivery can also help prevent HIV transmission. It is also very important for babies to receive HIV medicine for 4-6 weeks after giving birth.

Recommendations

The Commission urges countries to recognize the barriers that women and the girl child face in order to get antiretroviral therapy, and work to facilitate access to life changing treatment to those living with the disease.

The Commission recommends the promotion of anonymous treatment to overcome fear and stigma and encourage women and the girl child to access treatment. This way not only will they be able to access the treatment, but be provided continued treatment as that is the way successful treatment can be achieved in order to improve quality of life.

The body suggests expanding treatment outside of just sexual health clinics to encourage anonymity and prevent isolation as well as Expanding ART therapy to clinics in rural areas. Rural areas are of utmost importance as women living in these regions can often be faced with a lack of health literacy, therefore seeking these services and medications hold many more barriers and dangers to them.

Violence Against Women and the Girl Child

Summary of Global Conditions

The Representatives from Niger, Ghana, and Israel discussed the effects that rape and other forms of sexual and domestic violence have on women and the girl child with specific consideration of the correlation between the contraction of HIV/AIDs and violence against stated groups. This is a concern for the CSW because sexual and rape has been increasing in prevalence in the global sphere for women and girl children. When a woman or girl child has been through rape, or other acts of violence, they are more likely to end up in situations that put them at risk for HIV/AIDS. Based on a study published by the Makerere University Medical School of Uganada during the years 2000 to 2004 HIV infection among the victims of rape also increased from 10.5% (2000) to 16.5%.

The situation at hand poses a threat to the safety and health of women and girls in all nations. It is recommended that the prevention of rape and other violence against women and girl children is prioritized within all nations to ensure the decrease in HIV/AIDS cases as a direct result of rape/violence.

Recommendations

This Commission acknowledges that there has been an increase in states that consider martial rape a punishable crime, but sees the need for this trend to continue. There are dozens of states that have not outlawed sexual assault from a martial partner. It is necessary that all states acknowledge martial sexual assault as a crime and punish perpetrators as they see fit.

We recommend that the implementation of self defense programs are put at the forefront of this issue to prevent rape and other acts of violence. This will help girl children and women have the tools that ensure preparedness for the possibilities that these situations would occur. You must take note of the already in effect programs to ensure that there is a well-rounded basis for programming in the future. The following are the programs that we would like you to consider: Rape Prevention and Education Program in the United States(RPE), Rape Aggression Defense (RAD), and Empowerment through Self Defense in Albania (ESP). These groups and recipients of funding include sexual violence coalitions, educational institutions, rape crisis centers, and community organizations. Each of these programs exemplify the main characteristics of empowerment, real-world preparedness strategies, and self defense. These aspects are our main recommendation in combating the rise in HIV/AIDs as a result of violence and rape against women and the girl child.

The Kenya-based nongovernmental organization, No Means No Worldwide, has been monumental in their ability to reduce the number of sexual assault cases. They provide girls with a ten month long self-defense training program. Continued support of this program and similar programs that aim to give free training to women and young girls to defend against sexual violence is necessary.

Resource Centers and Community Outreach

Summary of Global Conditions

Representatives from Nicaragua, Chile, Turkmenistan, Peru, and the Philippines discussed the importance of resource centers. More specifically, these representatives touched on the current state of the HIV/AIDS crisis which disproportionately affects women and the girl child. According to a report from UNAIDs, every week, around 5,000 young girls aged 15-24 become infected with HIV.

Based on the success of Filipino community centers, safe needle accessing points in Turkmenistan, as well as counseling services in Chilean schools, the representatives from the countries previously mentioned are recommending the following:

Recommendations

Consideration of adopting confidential counseling in regards to children that have already contracted HIV/AIDs as well as students who are at high risk for contracting HIV/AIDS. There is no current medical cure for HIV/AIDS, so the use of emotional support services such as counseling can be helpful for those affected to learn to cope with this disease. These can include testing, push for treatment, and mental health resources. For women and the girl child, we emphasize the importance of educating and providing resources in particular for women and girls of the childbearing age. Overall, this can help HIV patients assess their options as far as treatment, preventative care and education for partners or family members. Current policies support and provide guidelines for prevention and awareness of HIV in several States. We recommend that Member States provide more policies that are flexible to their local communities regarding counseling for HIV positive women. This may best be implemented by developing countries who may not have access to other resources or remedies. Counseling should include identifying any possible treatment options available to each country and making personal decisions that are culturally representative of the patients receiving care, such as caring for children with HIV or disclosing their diagnoses to sexual partners.

Furthermore, we also recommend drug prevention programs which may include, but are not limited to, safe needle initaves, which are supported by the previous countries. Drug use in relation to HIV/AIDS is an issue which increasingly impacts women and their girl children. This is an important program to support because people who use injectable drugs are 35 times more likely to acquire HIV/AIDS. The safe needles would be needles that are cleaned and sterilized between usage. Many countries currently have established safe needle exchange programs and these

measures greatly reduce the spread of transmitted blood infections such as HIV/AIDS. The Philippines encouraged a drug-free environment within States, which would allow for a safe environment for children and connected families.

Adoption of the Report

At its meeting on 23 November 2021, the draft report of the Commission was made available for consideration. The Commission considered the report, and with no amendments, adopted the report by consensus.

Passed by consensus, with 0 abstentions