

**FORUM:** Economic and Social Council (ECOSOC)

**QUESTION OF:** Removing social barriers that make women vulnerable to HIV and hinder their access to preventative and treatment services

**SUBMITTED BY:** Belarus

**CO-SUBMITTERS:**

THE ECONOMIC AND SOCIAL COUNCIL,

*Defining* ‘social barriers’ as factors that relate to the conditions in which people are born, live, learn and work and age in that contribute to the vulnerability of women to HIV and the lack of access to treatment that HIV-positive women experience,

*Recognising* that unaccommodating attitudes towards extra-marital sex and the restricted social autonomy of women and young girls can reduce their ability to access sexual health and HIV services,

*Alarmed by* the fact that in 2018, there were an estimated 18.8 million women living with HIV (aged 15 and older), constituting 52% of all adults living with HIV,

*Noting with deep concern* that in sub-Saharan Africa young women aged 15-24 years are twice as likely to be living with HIV compared with men of the same age,

*Aware of* the adoption of the United Nations Millennium Declaration and that Goal 6, focussing on stopping and reversing the spread of HIV/AIDS, is yet to be achieved,

*Observing* that the requirement of parental/spousal consent for securing HIV treatment services violates article 12 of the Universal Declaration of Human Rights, the right to privacy,

*Acknowledging* the efforts of UNWOMEN, WHO and South African national campaign ‘She Conquers’ in their advocacy of HIV-positive women and development of universal guidelines to aid countries in tackling the HIV pandemic,

*Noting with approval* that 82% of pregnant women living with HIV received antiretroviral medicines to prevent the treatment of HIV to their children in 2018,

1. Proposes to implement strategies that address the causes of HIV-related stigma and discrimination against women, such as misconceptions about infection, through means such as but not limited to hosting community based discussions, with the support of NGOs and the UN, targeted towards dispelling the stigma that leads to discrimination against women with HIV;
2. Recommends employing ‘edutainment’ in collaboration with WHO and able member states, such as culturally nuanced and politically compliant non-stigmatising messages on national television that reinforce exposure to intervention methods;
3. Requests WHO to administer the establishment of provider-initiated HIV-testing and counselling within rural clinics in response to observed acts of violence against women such as sex-workers through means such as but not limited to, publicly acclaiming treatment results from pre- (PrEP) and post-exposure prophylaxis (PEP) and other types of antiretroviral therapy, and further encouraging patients to use said treatments and integrating a well-functioning referral system into the provision of health services, such as the employment of PEP in post-rape care;
4. Calls for the training of health care providers by WHO in human rights and medical ethics in order to ensure the delivery of health services in a gender-sensitive and non-judgemental manner that adheres to suitable confidentiality rules in relation to each patient;

5. Further requests organisations such as WHO, UNAIDS and UNWOMEN to fund the creation of new clinics and courses, run by Médecins Sans Frontières, that train local women to treat, test and educate their communities about HIV/AIDS;
6. Affirms the intention to dislodge prejudicial gender and cultural norms that legitimise gender inequality against women in order to increase adherence to HIV services through means such as but not limited to the institution of family engagement and counselling services that urge supportive male participation to identify acts of intimate partner violence, educational initiatives in primary/secondary schools in order to enforce positive learning about gender equality in youth, and establishing family planning services which will permit equality in marital and family planning decisions;
7. Strongly urges the establishment of educational programmes to empower women with information about existing treatment, the importance of sexual protection, sanitation and modes of transmission through means such as but not limited to urging local medical practitioners to integrate sexuality and life-skills information (in the form of pictorially detailed pamphlets) into the process of treatment provision and developing a global standard HIV education plan in conjunction with WHO for member states to use when developing their national curricula;
8. Calls upon the International Labour Organisation to oversee the promotion of integrated economic empowerment programmes targeted towards women discriminated against HIV through means such as introducing the financial self-sustainability model, in order to provide microfinance services that facilitate HIV-positive business-women's access to markets and information;
9. Recommends the implementation of legal literacy programmes that educate HIV-positive women about different human rights fora through means such as but not limited to establishment of these previously inaccessible support programmes as a subset of other HIV services such as healthcare provision and prevention outreach in hospitals and in prisons;
10. Further recommends the provision of free judicial services to victims of gender inequality and sexual assault, taking the example of Belgium's Sexual Assault Care Centre (SACC);
11. Encourages the enactment and implementation of laws, regulations and guidelines that facilitate women's access to redress in cases of HIV-related discrimination through means such as but not limited to creating a temporary subcommittee composed of experts from countries where gender inequality is widespread, that counsels nations individually about altering their laws of requiring parental/spousal consent;
12. Ensures the individualised support provided to consenting states by UNAIDS and WHO through advocacy and lobbying by the aforementioned subcommittee in collaboration with local NGOs for domestic violence law and medical confidentiality reform;
13. Suggests providing official documentation such as national identity cards and birth certificates for government recognition of the unregistered population in order to enable equal provision of future HIV-sensitive social protection (HIV status will be expressed in confidential healthcare records) and implementing financial budgets dedicated solely to this cause;
14. Calls for the Joint United Nations Programme to measure the prevalence of HIV-related stigma through the People Living with HIV Stigma Index in order to quantify advancements in particular response to the aforementioned operative clauses.