



First session

Agenda item
18 March 2023

**HIV Prevention and Treatments
for Adolescents**

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Note by the Secretary-General

The Secretary-General has the honour to transmit to the members of the UNCSW the topic synopsis entitled "HIV Prevention and Treatments for Adolescents." (UNICEF/SYN/IIC/00.2).



HIV Prevention and Treatments for Adolescents

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Section I—Introduction

UNICEF, or the United Nations Children’s Fund, is an organ of the United Nations whose focus is to assist children and mothers within developing nations as well as offer humanitarian aid for those suffering individuals. On December 11, 1946 UNICEF was created in order to offer aid for children who had been devastated by WWII. In its wake, UNICEF, who relies on contributions from governments and private donors, worked to combat infectious disease outbreaks as well as quotidian lack of necessities with developing nations.

Section II—Background Information

Human Immunodeficiency Virus, HIV, has made its way into every country on the globe, currently affecting approximately 38.4 million people worldwide. HIV is a virus that attacks the immune system and weakens its ability to fight other diseases, and if untreated, will progress into Acquired Immunodeficiency Syndrome (AIDS). Currently, there are no effective cures for HIV or AIDS, only measures to slow progression. Preventing exposure to HIV/AIDS is paramount to controlling the spread of this deadly infection, and this can include the use of protection during sexual contact, abstinence, avoiding potential contact with hypodermic needles and other sharps, and maintaining regular testing. Additionally, those infected with HIV can take medicine prescribed by their healthcare professional that controls the amount of HIV in their body and prevents further transmission. However, due to the COVID-19 pandemic, the treatment of HIV has been delayed. Distributing the COVID-19 vaccine consumed the attention of public health staff and required treatment space. This closed clinical services that were responsible for HIV treatments. Over the years, HIV infections and mortality rates have grown exponentially, which has made it one of the UN’s major points of concern.

Furthermore, HIV/AIDS has been highly stigmatized because of the spread of incorrect information and a lack of education. Individuals with HIV face discrimination and marginalization, which can have an incredibly debilitating effect on their mental health. These stigmas occurred in the early stages of the AIDS epidemic, and in many cases there is a significant amount of confusion and misinformation. Some of these misunderstandings or outright pieces of misinformation include suggestions that only those engaged in same-sex relationships can contract HIV, or that only intravenous drug users are at risk for HIV/AIDS. Not only does this negatively affect the LGBTQ+ community, but it also causes those in heterosexual relationships to falsely conclude that HIV is not a concern. In addition, it suggests that accidental needle sticks among health care workers are somehow unlikely to put someone at risk. Despite popular belief, anyone can be infected with HIV and it spreads through the exchange of specific bodily fluids. Over the past several years, HIV infections in adolescents have been rising. HIV can be transmitted through childbirth and breastfeeding. Mother-to-children transmissions account for approximately 90% of all HIV infections in children. Due to a lack of symptoms, those affected with HIV at birth may not be aware of their condition until later in their lives if they are not tested. In 2021, it was determined that 2.723 million children ages 0-19 live with HIV globally. Additionally, about 850 children are diagnosed with HIV every day and 301 children die of AIDS due to insufficient medical care. Over 15 million children have lost parents due to AIDS, thus increasing poverty, food insecurity, and homelessness. Due to

misinformation, children associated with HIV/AIDS are more likely to face abuse, financial hardships, and they are less likely to attend school. This issue falls into the hands of UNICEF which strives to combat the number of suffering children.

Section III—UN Involvement

The UN continuously works to reduce the transmission of HIV. Despite this effort, cases of HIV have been growing throughout the years, especially among adolescents. In 2006, the Special Session endorsed the Declaration of Commitment on HIV/AIDS. This policy allowed for world leaders to commit to the goal of attaining global access to HIV prevention and treatment for everyone, including adolescents. In 2011, Political Declaration on HIV and AIDS was established to involve young people in advocating for spreading awareness of HIV and AIDS. Younger people, some of which possessed HIV themselves, were invited to work with global leaders to create methods for other youth to participate in the fight against HIV. UNAIDS, a program specifically leading the reduction of the HIV epidemic, brought together ten UN system organizations for the purpose of creating new treatments to alleviate the large percentages of people suffering from HIV that can be utilized by both children as well as adults.

UNICEF's goal is to end AIDS by 2030, allowing for easier HIV services. The HIV epidemic is fueled by youth poverty and unemployment. Many countries lack youth HIV services which results in only one-third of youths having been tested for HIV. UNICEF has taken action to help end this epidemic. They allowed HIV-positive adolescents to educate other adolescents about the disease which provides more awareness of the disease as well as the reduction of stigmas against it. Furthermore, this enables youth to feel more support by making sure they have accessible treatment. Additionally, UNICEF works with governments to ensure that countries have accessible treatment for HIV. UNICEF's main goal is to improve access to testing and treatment to save lives.

Section IV—Possible Solutions

It is crucial to promote general welfare amongst all age groups, but especially in younger generations. In order for HIV adolescent rates to decrease, governments need to provide accessible medical treatment, which only 54% of youth with HIV receive. Examples of this medical treatment include access to antiretroviral therapy, increasing availability of pre-exposure prophylaxis, and making post-exposure prophylaxis affordable; this can significantly help adolescents with HIV. Employing more eligible healthcare workers and establishing HIV treatment centers globally can assist in slowing infection rates as well. Delegates will need to disclose sources of funding for medical treatment, so position papers and discussion should include this information..

Moreover, it is vital to educate adolescents and destigmatize HIV. Teaching young, susceptible minds about common misconceptions regarding HIV/AIDS will combat discrimination and put an end to the spread of misinformation. Adding more information on HIV in public health courses can allow adolescents to learn about the disease, understand possible symptoms and risks, and understand how to avoid contracting it.

Furthermore, support groups are effective ways for children who have HIV/AIDS to learn more about what they are going through, have connections to medical services, and meet people who are in a similar situation. Establishing more support groups around the world would raise awareness and normalize seeking help. Adding on, the mental health of those with HIV is equally as important as their physical health. Individuals

infected with HIV are more prone to develop mood, anxiety, and cognitive disorders. Within these support groups or organizations, psychological counseling should be available to further support children.

Section V—Bloc Positions

African: The continent of Africa has one of the highest numbers of HIV infections. Sub-Saharan Africa has become the epicenter for HIV and AID infections. The continent does not contain the resources to fight the battle against HIV, and African countries require support to reduce the infection rates of HIV among adolescents. In Sub-Saharan Africa, adolescent girls ages 15-24 are the most vulnerable to contracting the disease. 80% of young girls ages 15-19 make up the continent's HIV infection. Furthermore, young girls are more susceptible to the disease compared to boys of the same age. However, the African bloc is widely accepting of support groups and has provided millions of people with the affordable care they need. To achieve the UN's goal of ending AIDS as a public threat by 2030, major efforts must continue.

Asia-Pacific: Asia and Pacific Island countries are committed to helping end the HIV pandemic as a public health threat by 2030. In 2021, an estimated 1.9 million people were living with HIV. Additionally, the Asian-Pacific Youth has demanded actions in efforts to lower HIV infection rates among young people. Due to the Asia-Pacific bloc's lack of education and prevention mechanisms, many are demanding more youth-friendly healthcare services, and to address stigmas. According to UNICEF's recent report, in some Asian countries such as Cambodia, Indonesia, and Thailand, children ages 15-24 account for more than 40% of the country's HIV infections. The Asian-Pacific Bloc is committed to helping reduce HIV infection rates, especially in adolescents.

Eastern European: Compared to other regions around the world, the Eastern European bloc has provided more medical prevention/treatment against AIDS. In 2017, there were an estimated 76,000 adolescents ages 15-24 living with HIV which is relatively low compared to other parts of the world. Russia, Ukraine, and Kazakhstan still have significant rates of mothers and children with HIV. With the recent events of the Russia-Ukraine war, Ukrainian refugees have migrated to neighboring countries which further contributes to the spread of HIV. For the region to prevent the further spreading of HIV it must increase prevention efforts and treatments, such as antiretroviral therapy, offer more accessible HIV testing, and learn from the tactics that other regions have used.

Latin American and Caribbean: The Latin American and Caribbean bloc HIV infections among adolescents have been relatively consistent over the years. The Latin America and Caribbean bloc has provided accessible healthcare that has contributed to their relatively low HIV rates among adolescents. Brazil, for example, was the first country to offer free antiretroviral therapy and has played a key part in supplying treatment to people of all sexualities. However, accessibility for HIV testing in the Latin American and Caribbean regions has been one of the biggest setbacks. Furthermore, many countries fail to prevent infections among young people. The majority of HIV adolescent infections occur during pregnancy or delivery. This bloc lacks prevention for pregnant mothers which ultimately

leads to infected children. To combat this, more proactive treatments need to be offered. Pre-exposure prophylaxis (PrEP), for example, is a preventative medication that effectively decreases the chances of HIV in pregnant women and their babies.

Western European and Others: The Western European and others bloc have had steady HIV rates over the past several years. The expansion of education, medical technology, and overall socioeconomic levels allow countries in the WEOG to maintain control over the HIV epidemic. However, in low-income neighborhoods, children are more susceptible to HIV due to a lack of education and affordable medical supplies. Infection rates are especially high in the Baltic region. Countries in the EU and North America have taken the initiative to combat HIV since the beginning of the epidemic. The WEOG continues to battle HIV and AIDS by making treatments more accessible and reducing misinformation about the disease.

Section VI—Questions That Should Be Taken Into Consideration

Why might children with HIV in impoverished nations be unable to get the support they need?

Why are children more susceptible to HIV compared to adults?

How have governments addressed the HIV pandemic?

What has prevented governments from solving this problem in the past?

What non-governmental organizations have made an impact on this issue? How so?

Section VI—Helpful Sites and Resources

Centers for Disease Control and Prevention—Article—Facts about HIV Stigma
bit.ly/IIMUN2023-UNICEF01 (Shortened URL from cdc.gov)

UNICEF—Press Release—HIV Prevention and Treatment Progress for Children, Adolescents, and Pregnant Women Nearly Flat over Past Few Years
uni.cf/3YrYCYB (Shortened URL from unicef.org)

UNICEF--Database—HIV and AIDS in Adolescents
bit.ly/IIMUN2023-UNICEF02 (Shortened URL from unicef.org)

UNICEF DATA—Article—HIV Statistics - Global and Regional Trends
bit.ly/IIMUN2023-UNICEF03 (Shortened URL from unicef.org)

Better Care Network—Article—Children Affected by HIV and AIDS
bit.ly/IIMUN2023-UNICEF04 (Shortened URL from bettercarenetwork.org)

United Nations Youth—Article—Young People and HIV
bit.ly/IIMUN2023-UNICEF05 (Shortened URL from un.org)

UNAIDS—Article—Asia Pacific
bit.ly/IIMUN2023-UNICEF06 (Shortened URL from unaids.org)

Elizabeth Glaser Pediatric AIDS Foundation—FAQ—About Pediatric AIDS
bit.ly/IIMUN2023-UNICEF07 (Shortened URL from pedaids.org)

UNICEF Europe and Central Asia—Programme—HIV Prevention
uni.cf/3X6uCQU (Shortened URL from unicef.org)

Clinical Trials Arena—Article—The Conflict in Ukraine Necessitates Increasing Access to HIV Services for Refugees.
bit.ly/IIMUN2023-UNICEF08 (Shortened URL from clinicaltrialsarena.com)

U.S. National Library of Medicine—Report—HIV, Drug Injection, and Harm Reduction Trends in Eastern Europe and Central Asia: Implications for International and Domestic Policy
bit.ly/IIMUN2023-UNICEF09 (Shortened URL from nih.gov)

UNAIDS—Article—Miles to Go Latin America
bit.ly/IIMUN2023-UNICEF10 (Shortened URL from unaids.org)

National Institute of Mental Health—Article—HIV and AIDS and Mental Health
bit.ly/IIMUN2023-UNICEF11 (Shortened URL from nih.gov)

Potential search terms: pediatric AIDS, HIV youth, Pre-exposure prophylaxis (PrEP), Antiretroviral Therapy (ART), Highly Active Antiretroviral Therapy (HAART), adolescent HIV prevention