

Delegation from Republic of El Salvador
Position Paper for the Joint United Nations Programme on HIV/AIDS

The following topic are before the Joint United Nations Programme on HIV/AIDS: Addressing the HIV/AIDS Epidemic among Young Women and Preventing Tuberculosis Infection among People Living with HIV. El Salvador understands the significance of these topics in creating a productive and healthy society, and looks forward to discussing potential solutions at the upcoming meeting.

I. Addressing the HIV/AIDS Epidemic among Young Women

The HIV/AIDS Epidemic disproportionately impacts young women. In 2017, one million young women were living with HIV, which is now the leading cause of death for women worldwide. The Joint United Nations Programme on HIV/AIDS (UNAIDS) reported that for every three new HIV infections among young men in eastern/southern Africa, there were seven new infections among young women. While a direct cause of this discrepancy has not been defined, it is believed to be a combination of economic, social, and biological factors. UNAIDS also reports that women who have suffered sexual domestic violence are 1.5 times more likely to be infected by HIV when compared to women who have not suffered such violence. In El Salvador, successful initiatives have led to a less than 1 percent prevalence of HIV across the general population. However, young women around the globe remain unfairly caught in a cycle of violence, alienation, and illness. El Salvador is committed to helping end this cycle.

Widespread international efforts have been made towards the resolution of the HIV/AIDS Epidemic among young women. Guideline 8 of the *International Guidelines on HIV/AIDS and Human Rights*, which was first consulted in 1996, explicitly states that “states ... should promote a supporting and enabling environment for women, children and other vulnerable groups.” El Salvador is a member of many HIV initiatives, including the *Council of Ministers of Health of Central America (COMISCA)*, the *Regional HIV/STI Plan for the Health Sector* and the *Political Declaration on HIV/AIDS*. El Salvador supports UNAIDS’ work towards reaching the 90-90-90 treatment target. While new infections in Latin America follow a stable trend, El Salvador has achieved the highest reduction in HIV infection rates out of all Latin American member countries with a reduction rate above 20 percent. While the intervention programs supported by El Salvador are not directed specifically to young women, El Salvador has also passed legislations to support gender equality in health. In March 2011, El Salvador passed *The First Comprehensive Law for a Life Free of Violence against Women*, a law detailing detection, prevention, and eradication of violence against women in addition to other measures. Article 23 of this law states that “The Ministry of Public Health and Social Assistance will be responsible for ensuring non-discrimination against women in terms of access to health services.” More recently, in January 2012, El Salvador passed a *Special Integrated Law for a Life free of Violence for Women*, which defined sexual violence as behavior that “threatens or endangers the right of women to make their decisions of their own free will about their sexual lives.” Since women who have unprotected sex or are pregnant are at a higher risk of HIV infection, these laws help address the HIV/AIDS epidemic among young women.

El Salvador would like to emphasize that since the cause of higher infection rates among young women is multifaceted, an equally complex solution is needed. Violence against women, stigmatization of HIV infected individuals, a lack of sex education, power imbalances and participation in transactional relationships act in combination to cause the exaggeration of HIV incidence rates among young women. First, HIV and violence against women should be treated as a compound issue. Many laws that declare definitions of violence against women fail to mention repercussions of such actions. Member States should work with current UN entities such as UN Women to call for amendments to current legislations on violence against women that detail punishments for such behaviors. Such amendments would give women the power to act against oppressors, who often don’t allow the use of contraceptives and thereby increase the risk of infection. Young women are not adequately educated about HIV. Member States should work with existing NGOs to develop incremental education programs about HIV for every age group to be implemented in schools located in at-risk areas. Education programs are integral to distill social gender norms and misconceptions about HIV. In addition, peer-education models as those currently being used in El Salvador to reach HIV-vulnerable populations such as trans women can be applied in other member states. By building these models on trained HIV-positive men and women, it

would be possible to effectively reach remote populations to teach transmission prevention methods. In addition, contraceptives should be distributed to areas of concern through the aforementioned education initiatives. Overall, El Salvador recognizes the need for such initiatives and is confident that the listed plans will aid in reducing HIV infection rates for young women.

II . Preventing Tuberculosis Infection among People Living with HIV

According to the World Health Organization (WHO), HIV infection is the strongest risk factor for individuals with latent or new infection with *M. tuberculosis*. Since individuals infected with HIV often have weaker immune systems, latent TB infections are more likely to become active. Such coinfections may also be fatal if left untreated. The Joint United Nations Programme on HIV/AIDS (UNAIDS) reported that around 60% of HIV-related TB infections are unknown and not treated. In 2007, there were 1.37 million cases of coinfection, which led to around 450 thousand deaths. The significance of these numbers is compounded by the fact that tuberculosis is a preventable and treatable disease. To save lives and promote a healthier and productive society, it is integral to develop solutions to prevent tuberculosis infections among people living with HIV.

There have been many international initiatives focused on preventing tuberculosis infection among people living with HIV (PLHIV). Article 12 of the 1966 *International Covenant on Economic, Social and Cultural Rights (ICESCR)* defines the right of health to include the prevention, treatment, and control of diseases. Further international efforts have been made, including the *Stop TB Strategy* launched in 2006, the *Global Health Sector Strategy on HIV 2016-2021*, the *Declaration of the UN General Assembly High-Level meeting on the Fight Against TB* and the *WHO Policy on Collaborative TB/HIV Activities*. The second component of the *Stop TB Strategy* focuses specifically on TB-HIV, emphasizing the need to “Address TB-HIV” and widen collaboration between TB/HIV actives. El Salvador has been a strong supporter of these programs. In 2008, El Salvador implemented the *National Tuberculosis and Respiratory Disease Program* using grants from the Global Fund and Ministry of Health. Goals detailed in this program include TB-HIV collaborative activities and providing HIV diagnostic tests for all individuals with tuberculosis. This program has led to a 2.7% drop in TB/HIV mortality rates from 2000 to 2014. According to WHO, 96% percent of TB/HIV coinfecting individuals in El Salvador are already on antiretroviral therapy. In addition, El Salvador's successes in catering to TB patients have led to the country being chosen as the *Regional Center of Excellence for Operational Implementation of the Stop TB Strategy* in February 2013. Since the implementation of the Center, international professionals have visited to discuss topics and potential solutions. However, despite low TB incidence rates among the general population, incidence rates in at-risk populations such as HIV in El Salvador remain high.

El Salvador believes that change must occur in a systematic manner, placing initial priority on at-risk areas within the PLHIV population. El Salvador advises other Member States to work with current programs directed towards HIV/AIDS, such as COMISCA for Member States located in Central America, as well as civil societies such as NGOs, to develop a plan for testing, treatment, and education of TB infection for PLHIV. It is integral to test PLHIV for tuberculosis at periodic intervals to catch cases before they become more severe. In addition, to prevent infections entirely, El Salvador urges other Member States to dedicate allocated amounts of domestic and donor funding to providing antiretroviral treatment (ART) and co-trimoxazole preventive therapy (CPT) to PLHIV. Alternative treatments such as 3HP, a 3-month isoniazid and rifapentine treatment, should be prioritized for at-risk populations such as commercial sex workers (CSW) and men who have sex with men (MSM) as 3HP is a shorter and more streamlined treatment. Member States should also work with existing education programs as well as upcoming education programs to integrate more educational materials about TB and the significance and effects of potential infection. Such information is integral for PLHIV to understand the gravity of TB infections and next steps. However, before testing and treatment plans can be implemented, El Salvador calls on Member States to develop national legislations directed towards preventing nosocomial transmission of TB. Such legislation is important because health care settings can provide an environment for widespread infection of TB among PLHIV. Possible actions include encouraging the use of surgical masks, immediate attention of symptomatic patients and the use of separate medical equipment. As such initiatives are implemented worldwide, TB infection rates among PLHIV can be reduced for a healthier, happier, and more productive society where the human rights of PLHIV are protected.