

TOPIC SYNOPSIS

Advanced WHO



AIDS in Sub-Saharan Africa

POSITION PAPERS

Position papers are due by midnight, January 12th. Please send to the email address below. Identify your committee and assignment on the subject line and in the text of the message. Include your position paper as an attachment in .PDF format. If you choose, you can also include it as a Google Doc, but remember to give access to the Secretariat.

The position paper format can be found [HERE](#).

Email your position paper and any questions you might have to:

World Health Organization (WHO): whsmunwho19@gmail.com

IMPORTANT COMMITTEE POLICIES TO BE AWARE OF

- Speaking time for speeches will not be lowered to anything shorter than a minute-thirty seconds. Lowering a speaking time below this does nothing to facilitate debate;
- Comments on speeches cannot be lowered below 30-seconds;
- Moderated caucuses have a set time of 20-minutes. They can be extended for two extra 10-minute sessions afterward;
- Unmoderated causes can be set for 10, 15, and 20 minutes with one 10-minute extension permitted;
- There is no yielding of speaking time to other delegates;
- No pre-written resolutions will be accepted;
- The use of national flags, pins, or any other national emblem in committee is discouraged, as the United Nations does not allow them either in committee;
- Handouts or briefing sheets are not allowed to be distributed in committee as it gives an unfair advantage to delegates who don't have them and is in conflict with the spirit of no pre-written resolutions;
- Computers and phones are not permitted for non-committee related activities such as chatting, gaming, non-conference related web browsing, etc.
- All committee rooms are open to adult advisors including during voting blocs. Student advisors can be kept out during voting blocs;
- Recently, we have discovered that some delegations have been relying on chat groups with adult and student advisors writing speeches and comments for delegates in order to help them with committee awards that they could not on their own. The use of using chat to, in essence, cheat, is prohibited. This does not mean that advisors cannot send general advice to their delegates such as "get yourself on the speaker's list" or "raise your placard more." This is just to keep delegates from being fed speeches or comments on information they did not research themselves.

Delegates found to be in violation of these restrictions will lose diplomacy points and may be excluded from any recognition. In addition, they will be reported to their advisors.

History of HIV/AIDS in Sub-Saharan Africa:

The HIV/AIDS epidemic in Africa began in the 1950s. The Human Immunodeficiency virus (HIV) consumes the immune system, destroys its cells, and progresses to the acquired immunodeficiency syndrome (AIDS).¹ HIV/AIDS stemmed from the first official case of HIV in Kinshasa, Democratic Republic of Congo, and rapidly emerged in Africa.² The disease is believed to have begun through a rise in infections in humans, heavily affecting the Sub-Saharan region stemming from the immunodeficiency virus in a chimpanzee.³ After the arrival of the disease in Kinshasa, the disease spread quickly and dominated the population.

Before the 1950s, HIV was unheard of and transmission had no clear and obvious symptoms. While sporadic cases of the disease were discovered in the 1970s, HIV/AIDS was not considered an epidemic until the mid to late 1970s. The spread of the HIV infection was due in large part to the economic status of Africa at the time, which forced citizens to participate in high risk activities to attain the most basic necessities for living. Sexual trade and migration also resulted in the rapid spread of HIV throughout Sub-Saharan Africa.⁴ Even after HIV was

¹ About HIV/AIDS. <https://www.cdc.gov/hiv/basics/whatishiv.html>

² *History of AIDS in Africa.*

<http://www.blackhistorymonth.org.uk/article/section/real-stories/the-history-of-aids-in-africa/>

³ Sharp, Shaw, Han. *Simian Immunodeficiency Virus Infection of Chimpanzees.*

<https://jvi.asm.org/content/79/7/3891>

⁴ *Is HIV/AIDS Epidemic Outcome of Poverty in Sub-Saharan Africa?*

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2205968/>

discovered in the 1970s, the virus did not damage the population in other regions until the 1980s. By 1981, AIDS was diagnosed in other countries such as France and the United States, leading to the outbreak of widespread disease. Various countries, such as Uganda, were massively affected by the epidemic and parts of Sub-Saharan Africa included high levels of HIV (HIV-1 and HIV-2).⁴

By 2001, many countries were able to decrease the spread of HIV/AIDS, but the disease is still prevalent in Sub-Saharan Africa today. In 2005, a total of 2.5 million citizens passed due to HIV, including orphans who suffered from HIV due to transmissions from their mothers.⁵ Certainly, precautions are being taken to prevent HIV/AIDS, such as antenatal/prenatal clinics, but there are undeniable indicators that the syndrome is still abundant. For example, in 2015 90 percent of children in the world who were already diagnosed with HIV originated from Sub-Saharan Africa.⁶

Today, for the first time ever, more than half of those living with HIV are being treated appropriately with an antiretroviral, the number nearing 19.5 million people. Though the number of deaths due to this disease is declining globally, Africa still has not been able to properly administer treatments to their citizens because of the lack of proper infrastructure and funds. It's because of this that Africa still holds the highest record of deaths due to HIV/AIDS, and without sustainable infrastructure, nothing can be done to find a long term solution.

UN Involvement:

After the spread of HIV/AIDS throughout Sub-Saharan Africa, the UNAIDS (Joint United Nations Programme on HIV/AIDS) movement began in 1996. UNAIDS was established in 1996 to not only stop HIV in Africa on a global scale. In 1998, this joint program and the Office of the High Commissioner for Human Rights (OHCHR) published the *International Guidelines on HIV/AIDS and Human Rights* which served as a useful tool for members of the US to develop and implement effective policies and strategies to combat HIV/AIDS.

Throughout the early 2000's the UN held a series of global meetings in order to discuss how to address and combat the HIV/AIDS epidemic. The first, held in July 2000, was a meeting of the UN Security Council to discuss the impact of AIDS on the peace and security in Africa. UNSC later passed Resolution 1308, which was adopted on July 17th. In September of that year, world leaders met at the UN Millennium Summit to adopt the UN Millennium Declaration, which included six goals focused on stopping and reversing the spread of HIV/AIDS. In 2001, the General Assembly (GA) held a Special Session on the spread of HIV/AIDS, and drafted the "Declaration of Commitment on HIV/AIDS", which was later passed along with a 53 Point Political Declaration on HIV prevention, treatment, and universal support services. In June of 2011, the Security Council passed Resolution 1983, which addressed how to combat the epidemic in conflict and post-conflict situations. Finally in 2015, the *2030 Agenda for Sustainable Development* was adopted by the General Assembly. According to the Sustainable Development Goals, UNAIDS aims to eradicate HIV and its threats by 2030.

Fortunately, a 2009 report discovered that declines in HIV/AIDS cases were found in a majority of the Sub-Saharan African countries. Such improvement was made possible through UN involvement. The UN was able to create some of the most world renowned HIV treatment

programs and give antiretroviral (ARV) treatment to patients as well. Patients were also provided with accessible home-care and supplies to be able to improve the health of those diagnosed.⁷ With such methods, the United Nations was able to avoid about 700,000 deaths in 2010 which would have been caused by HIV/AIDS.⁷

To prevent the disease altogether, the UN founded prenatal clinics to prevent HIV transmission from a mother to her child. These clinics assess and prevent the threat of HIV transmission to unborn children. Voluntary male medical circumcision (otherwise known as VMMC) is also an option to prevent AIDS. Establishing clinics in the community will aid in becoming more attentive about syringes, needles, etc. which have helped prevent numerous cases.⁸ However, despite UN efforts the disease is still the leading cause of death for majority of the residents in Africa.⁹

Bloc Positions:

Western Bloc: The key countries of the Western Bloc result in contributing to the largely increasing HIV/AIDS infected population as a result of citizens' sexual partners. The bulk of

⁷ *New strategies to defeat HIV/AIDS.*

<https://www.un.org/africarenewal/magazine/december-2016-march-2017/africas-new-strategies-defeat-hiv-aids>

⁸ *Efforts to prevent and treat HIV/AIDS are yielding progress (UN report).*

<https://www.un.org/africarenewal/magazine/december-2016-march-2017/africas-new-strategies-defeat-hiv-aids>

⁹ *Causes of Death - Disease and Mortality in Sub-Saharan Africa.*

<https://www.ncbi.nlm.nih.gov/books/NBK2298/>

¹⁰ *HIV and AIDS in Eastern Europe and Central Asia (regional overview).*

<https://www.avert.org/hiv-and-aids-eastern-europe-central-asia-overview>

¹¹ *HIV and AIDS in the East and Southern Africa region (regional overview).*

<https://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/overview>

these sexual partners tend to result in being same-sex relations between men who end up transmitting the disease; drug use is not as extensive in the Western Bloc.

European Bloc: The Eastern Bloc consists of nations which unfortunately have a large amount of those diagnosed with HIV/AIDS. However, certain countries such as Russia and Ukraine are known to include the vast majority of residents with the disease increasing at a steady rate, such as transgender people and those who inject drugs. Aside from Russia and Ukraine, the bulk of the countries consist of a stable amount of HIV infections, but are additionally operating to cover funding for people who are in need of financial aid.¹⁰

Asian Bloc: The majority of HIV infections in the Asian Bloc result from large amounts of drug use. Transmission of the disease through drug use is a prevalent issue due to the already existing drug trafficking conflict which contributes to the HIV/AIDS epidemic.

Latin Bloc: In contrast to this region's past statistic regarding HIV/AIDS, the Latin Bloc has widely progressed with the reduction of the disease.¹⁰ However, a few targeted populations when it comes to the HIV infections consist of transgender women and same-sex relations between men. Similarly to other blocs, these two groups of residents have a higher chance of transmitting the HIV/AIDS disease.

African Bloc: The African Bloc has evidently been affected by the disease the most. There has been large amounts of progress when it comes to the reduction of the epidemic, however, regions such as Southern Africa are still struggling with tackling this disease.¹¹ Comparatively, other regions' certain groups have a higher chance of transmitting the disease (which is still true for the African Bloc), yet the African Bloc consists of a more generalized target in regards to the transmission of HIV.¹¹

Questions to Consider:

1. A great deal of controversy surrounds AIDS education, especially in third world countries. Should education regarding this topic be mandatory? If so, what topics will be covered? What is the appropriate manner to convey this information?
 2. In many parts of Africa, the lack of sustainable development is a major issue that contributes to the HIV/AIDS epidemic since many rural regions are inaccessible and are not offered proper medical treatment. How should we approach the issue concerning appropriate infrastructure?
 3. In the past, the UN has funded many clinics/programmes in hopes of eradicating HIV/AIDS, however, none have been effective long term. How can we ensure a solution to this disease that will remain effective for years to come?
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⁵ *Children, HIV and AIDS*,

<https://www.avert.org/professionals/hiv-social-issues/key-affected-populations/children>

⁶ *History of HIV and AIDS overview*. <https://www.cdc.gov/hiv/basics/whatishiv.html>

