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| Forum: | 3 rd Committee (Social, Humanitarian and Culture) |
| Question of: | Strengthening the HIV response in order to reach health targets set by the sustainable development goals |
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Description of the issue:

Around 36.7 million people worldwide are HIV (Human immunodeficiency virus) infected, including 2.1 million children. Around 25.5 million of those infected live in sub-Saharan Africa. In 2016 there were 730,000 AIDS (acquired immune deficiency syndrome) related deaths in the region. Sub-Saharan Africa accounts for more than two thirds of new HIV infections worldwide. This means that the region is hardest hit by the HIV / AIDS pandemic. Since the epidemic began, 32.7 million people have died because of AIDS.

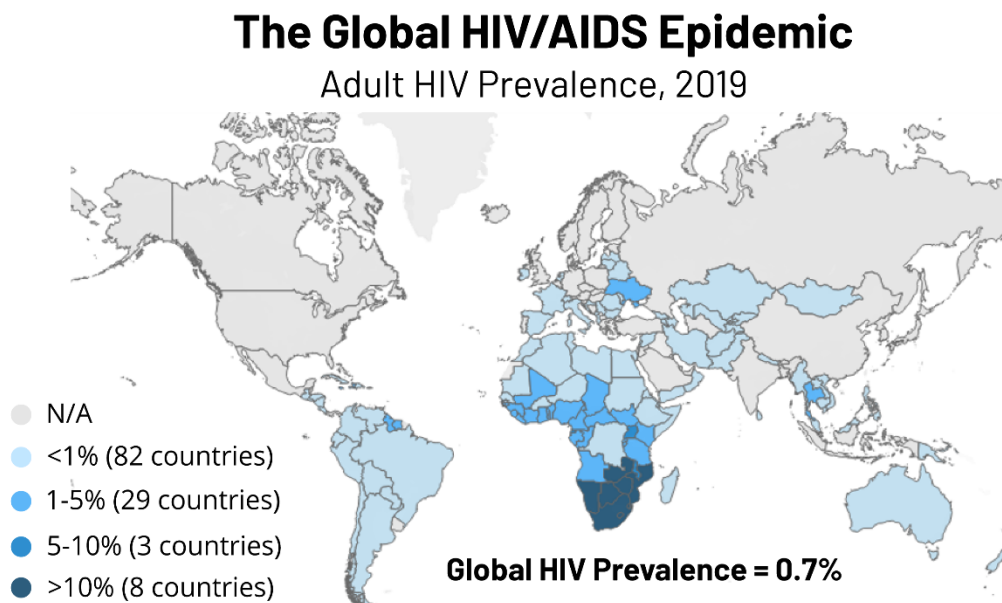
Thanks to improved medical care, the death rate has been reduced significantly in many countries, but 11.7 million people are still not receiving antiretroviral therapy - the drug treatment strategy for HIV patients.

A core principle of the 17 Sustainable Development Goals (SDGs) and of the AIDS response is that no one should be left behind. This means as much as that everyone infected with HIV has the same chances of access to medical care but also information and education on the whole topic. It is, above all, important that people who live with HIV are not excluded and discriminated (more on this below)

The AIDS epidemic cannot be ended without the needs of people living with and affected by HIV, and the determinants of health and vulnerability, being addressed. The United Nations system, including UNAIDS, works towards achieving the entire SDG agenda and especially the AIDs and the sustainable development goals by 2030 to keep the numbers of the HIV infected people low in the future.



Background information:



https://www.kff.org/wp-content/uploads/2021/03/FEATURE-Global-HIV_AIDS-Epidemic_1.png

In 1981, AIDS was recognized as a disease in its own right by the US Federal Center for Disease Control (CDC). The triggering HI virus belongs to the group of so-called retroviruses. These viruses build their own blueprint into the genetic material (DNA) of the infected cells of the immune system. As the disease progresses, more and more cells of the body's own defense system die, so that those affected become more and more susceptible to other infectious illnesses. In addition, the HI virus damages the body's own defenses in a tricky way: After an infection, the immune system usually uses its own means to reduce the



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viral load in the blood to almost zero. The HI viruses, however, to a certain extent hide in the helper cells and other cells and thus escape the access of the immune system. One speaks of AIDS when the HI virus can be detected in the blood of the infected and at the same time the

patient suffers from at least one of several possible accompanying diseases. These diseases include fungal infections, tuberculosis, certain cancers, but also pathological changes in the brain or on the skin. Anyone who has a significantly reduced number of so-called helper cells (T lymphocytes) and the HI virus in their blood is also considered to have AIDS. People with AIDS who don't take medication live about 3 years, or less if they get another infection. But people with treatment could live around 12 years and even longer. Based on that we have to ensure that every infected person has access to treatment.

AIDS and the sustainable development goals:

HIV infections appear in all social classes, however, people living with HIV typically live in instable communities and often suffer from discrimination, marginalization, inequality and instability. This must be taken into consideration when developing further sustainable support for this group.

The AIDS response has so far supported and brought forward the right to health, gender equality, human rights, employment, and social protection. It has tried to find solutions for conventional social norms, social exclusion and legal barriers that obstruct health and development outcomes, seeking solutions that improve international health and development.

The United Nations system, including UNAIDS, works towards achieving the entire SDG agenda, which include 10 SDGs that are particularly relevant to the response to AIDS.

An HIV infection is still not curable, but the mechanisms of the disease have now been very professionally researched. The drugs developed by the researching pharmaceutical companies can almost completely suppress virus replication in the body. Treatment with these drugs enables infected people to lead a largely normal life and an almost normal life expectancy.



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Today there are more than 35 original preparations based on six different modes of action.

Some medications are often combined to specifically prevent the HI virus from multiplying and to delay the development of resistance. The doctor is responsible for the precise composition of the medication - always with the patient in mind.

There are now preventive drugs that can prevent permanent infection immediately after HIV transmission - but only in the first 72 hours afterwards. With the help of a four-week intensive drug treatment, the spread of the virus can still be stopped in some cases. However, prevention through “safer sex” and similar precautionary measures is and remains safer.

About the fact that especially developing countries in Africa are now most affected by HIV, it is necessary to look more closely at the reasons for that development:

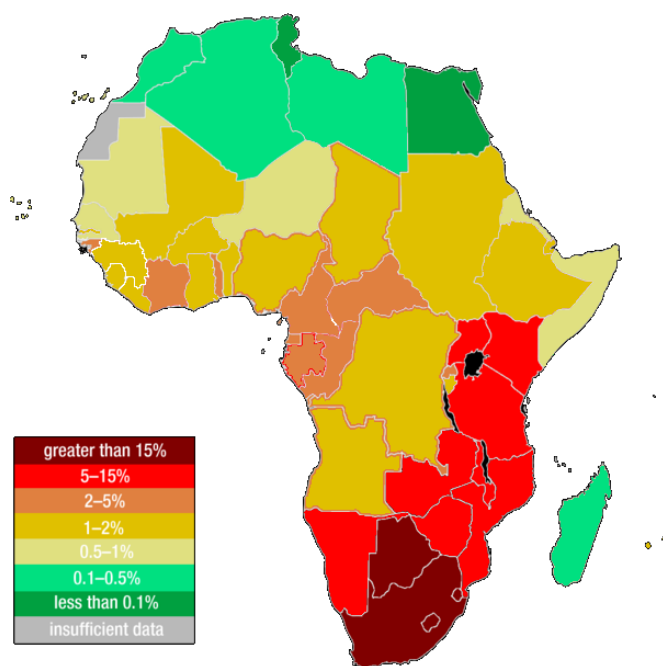
- 1) **Poverty:** Around half of the world's people who suffer from extreme poverty live in sub-Saharan Africa. That is almost 390 million people. The scarce money is usually not enough to protect yourself from infection with condoms, let alone for an HIV test or even antiretroviral therapy.
- 2) **Inadequate medical care:** It is true that more and more people in Africa are getting access to AIDS tests and HIV drugs. For example, babies can be protected from mother-to-child transmission. But the health systems in Africa are still not up to the fight against the AIDS epidemic. There is a lack of hospitals as well as doctors.
- 3) **Lack of prevention and education:** Prevention and education campaigns were started far too late in many African countries. Many governments ignored the disease, with the result that it spread unhindered for 20 years. Even today, knowledge about the HI virus is insufficient in large parts of the population. Not least, education is made more difficult by the fact that many people have no access to education.



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- 4) Taboo and stigma: AIDS is a taboo subject in many African countries. People infected with HIV are stigmatized and rejected by society. Many therefore keep their illness a secret - also from their sexual partners. Consequence: You knowingly infect others.
- 5) Sexual behavior: Polygamy and promiscuity practiced in various regions of Africa advance the spread of HIV / AIDS.
- 6) Prostitution: Due to extreme poverty, prostitution is also widespread in Africa. The suitors are often men who move from place to place in search of work and have frequently changing sexual partners. Prostitutes and clients get become infected and pass on the HI virus.

- 7) Sexual violence against women: South Africa, one of the countries hardest hit by the epidemic, has one of the highest rape rates in the world. Many women develop AIDS because they have been raped by an HIV-infected perpetrator.



<https://upload.wikimedia.org/wikipedia/commons/5/56/Map-of-HIV-Prevalance-in-Africa.png>



HIV/AIDS Prevalence in Africa

Historical background:

According to the current state of knowledge, the HIV strains are derived from monkeys. How the virus was able to spread from monkeys to humans has not yet been precisely clarified. One of several theories is that people became infected when or after slaughtering and eating monkeys infected with the virus.

In normal everyday life, HIV cannot be transmitted - neither through droplet infection (coughing) nor through smear infection (such as using shared towels). Infection can only occur when body fluids that contain a large number of viruses enter the body. The main routes of transmission are therefore unprotected sex and drug use (through sharing syringes and needles). But the virus can also be transmitted from mother to child during pregnancy, childbirth or breastfeeding if the mother does not take HIV medication.

In July 2015, UNAIDS announced that the Millennium Development Goal (MDG) relating to HIV and AIDS had been reached six months ahead of schedule. The target of MDG 6 – halting and reversing the spread of HIV – saw 15 million people receive treatment.

Bringing the spread of HIV / AIDS to a halt - that was one of the United Nations Millennium Development Goals to be achieved by 2015. Despite considerable successes in the fight against the AIDS epidemic, there can be no question of the implementation of this goal. AIDS is still one of the greatest obstacles to development and one of the most important social



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challenges in Africa. The new goal of the United Nations is to eradicate the AIDS epidemic worldwide by 2030.

In September 2016, the WHO launched new treatment guidelines recommending that all people living with HIV should receive antiretroviral treatment, regardless of their CD4 count which shows the robustness of the immune system. IF it is lower than 200 cell/mm³, a person will receive a diagnosis of AIDS and as soon as possible after their diagnosis.

In October 2016, UNAIDS released their 2016-2021 strategy in line with the new Sustainable Development Goals (SDGs) that called for an acceleration in the global HIV response to reach critical HIV prevention and treatment targets and achieve zero discrimination.

2016 UNAIDS announced that 18.2 million people were on ART (antiretroviral treatment/therapy), including 910 000 children, double the number five years earlier. However, achieving increased ART access means a greater risk of medicine resistance and the WHO released a report on dealing with this growing issue.

In 2017 for the first time ever, more than half of the global population living with HIV were receiving antiretroviral treatment, a record of 19.5 million people.

Organisations around the world endorse “Undetectable = Untransmittable” (U=U). This anti-stigma slogan launched by the Prevention Access Campaign is based on robust scientific evidence that people who have adhered to treatment and achieved an undetectable viral load cannot pass the virus on. In 2017 ‘U=U’ becomes a defining message of the HIV response in many well-resourced countries but fails to have the same impact in lower resource settings, where viral-load monitoring is more difficult. With U = U it has been possible to help many countries in Europe because they have sufficient resources, such as education and information, but also testing facilities and, above all, medical aid, but the African countries which are most affected do not have these facilities, so there is still a major problem which needs to be resolved as soon as possible. There is too little testing, so it is not clear how much



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the virus is spreading at all. A solution must be found quickly to achieve the Sustainable Development Goals.

New infections have fallen by a third in East and Southern Africa over the last six years, with particular decreases among young women and girls. It is thought that this is partly due to the success of the DREAMS (a partnership that aims at reducing rates of HIV among adolescent girls and young women in the highest HIV burden countries.) initiative, which aimed to

reduce HIV infections among women and girls in sub-Saharan Africa by providing them with economic opportunities as well as better HIV services and education.

All of this shows a development into the right direction, especially because the numbers of infected people are slowly decreasing and more and more people are receiving treatment, but HIV is still a big problem that concerns everyone and should not be forgotten, as that is the moment infections will rise again. Also, even after 40 years of the HIV pandemic, many affected people are still fighting discrimination. They live in secret with their infection so as

not to be excluded from society. Due to the fear and concern of the consequences, many cannot be tested, so there are still many infected people who do not know that they are affected and therefore pass on HIV without knowing. In addition, there are too few testing facilities in Africa, as well as not enough education and information about AIDS, as it is generally viewed as something "nasty".

Glossary:

HIV:

human immunodeficiency virus: the virus that causes AIDS (= a serious disease that destroys the body's ability to fight infection), occurs in at least two stereotypes (I and II)



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AIDS:

Acquired Immunodeficiency Disease that occurs when the immune system of the host is destroyed by the HIV leading to opportunistic infection that can be debilitating or fatal.

ART:

antiretroviral treatment also called HIV treatment. It involves taking medicine that reduces the amount of HIV in your body. There is no effective cure for HIV. But with proper medical care, you can control HIV.

DREAMS:

Stands for Determined, Resilient, Empowered, AIDS-free, Mentored and Safe. An ambitious public-private partnership aimed at reducing rates of HIV among adolescent girls and young women (AGYW) in the highest HIV burden countries. DREAMS was announced on World AIDS Day 2014, and in 2015 USAID began activities in ten countries in sub-Saharan Africa:

Kenya, Lesotho, Malawi, Mozambique, South Africa, Tanzania, Uganda, Zambia and Zimbabwe. These countries accounted for nearly half of all the new HIV infections that occurred among AGYW globally.

CD4 count:

It shows the robustness of the immune system. A healthy immune system normally has a CD4 count ranging from 500 to 1,600 cells per cubic millimeter of blood according to HIV.

Government When a CD4 count is lower than 200 cell/mm³, a person will receive a diagnosis of AIDS.



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Undetectable = Untransmittable (U=U):

A campaign explaining how the sexual transmission of HIV can be stopped. When a person is living with HIV and is on effective treatment, it lowers the level of HIV (the viral load) in the blood. A person living with HIV needs to be undetectable for six months, with two undetectable viral load tests within this time, before their HIV is considered untransmittable. It is important that a person who has an undetectable viral load continues to take his/ her medications as prescribed to remain undetectable.

MDG:

Millennium Development goals and beyond 2015

Goal 6: COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES

1. Have halted by 2015 and begun to reverse the spread of HIV/AIDS.
2. Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it.
3. Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases.

How to prepare as a delegate:

As the Rules of Procedure of MUNoH already state, you are going to write one/ two position papers as well as one resolution about the topics of your committee/council/commission. Due to the fact that you are in the 3rd Committee you need to write **two position papers and one resolution**. In the event that you are representing one of the P5 nations, make sure that you show a clear view of the respective member state to this issue, especially if you are a first



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timer. If you are writing a position paper, you should discuss to what extent globalization can be halted in order to contain the spread of global scale viruses as well as the question how globalization can contribute to the overall aviation of global scale viruses in your own words and in the way your nation would define it. In the second part of your position paper, you should mention steps which have been taken by your country or steps which have been taken by the UN in order to solve the issue and what your country thinks about them. However, you should also mention resolutions and other official documents concerning the topic, involved organizations and people. Furthermore, it is useful to write down statements by an important politician such as the president of your country in your own words. For the last part of your position paper, you need to think about new solutions concerning the topic. What can the world do in order to change the situation? What is your country willing to do and where

would your limits be? You should establish a realistic plan which contains details about the steps you would like to take together with the other UN nations and do not just repeat what was mentioned in former resolutions. The better you write the last part the easier it will be for you to write a proper resolution.

Please make sure that you hand in your work until 03.09.2021

Useful Links:

<https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/hiv/strategic-information/hiv-data-and-statistics>

<https://www.afro.who.int/health-topics/hivaids>

Useful resolutions:

https://www.unaids.org/sites/default/files/styles/document_thumbnail_unaids/public/sub_landing/images/20110607_UNSC-Resolution1983_0.pdf.jpg?itok=3wdWtaBL



https://www.unaids.org/sites/default/files/styles/document_thumbnail_unaids/public/sub_landing/images/20000717_un_seresolution_1308_en.pdf.jpg?itok=Zw8xgzwm

Sources:

<https://www.hiv.gov/hiv-basics/overview/data-and-trends/global-statistics>

<https://www.unaids.org/en/resources/fact-sheet>

<https://www.afro.who.int/health-topics/hivaids>

https://www.unaids.org/en/AIDS_SDGs

<https://dictionary.cambridge.org/dictionary/english/hiv>

<https://www.avert.org/professionals/history-hiv-aids/overview>