

RENMUN VIII

The Restoration of Serenity



March 4th & 5th 2023

Chair Report

Chair Introduction

Delegates of the World Health Organisation,

It is our greatest pleasure to welcome you all to RENMUN! We are Ethan Choi and Yee Ka Lau, from Victoria Shanghai Academy and Island School, respectively. We are honoured to be chairing this committee, and cannot wait to hear the lively, engaging debate that transpires during the weekend of 4-5 March.

The World Health Organisation is a specialised agency of the United Nations responsible for serving the vulnerable and keeping the world safe. We hope that all delegates will understand the importance of WHO's policies and objectives.

If you have any questions, feel free to email us at yeeka.lau@online.island.edu.hk (Yeeka) and ethanchoi422@gmail.com (Ethan) for any questions you may have regarding the background guide and the conference. We look forward to seeing you in February.

Best wishes,

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Topic 1: Preventing HIV / AIDS in Developing Countries

Topic Introduction

HIV (human immunodeficiency virus) is a virus that damages cells in the immune system, thus weakening one's ability to fight everyday infections and disease. Over time, they cause acquired immunodeficiency syndrome (AIDS), which allows cancers and life-threatening infections to thrive. HIV is usually a sexually transmitted infection.

The treatment and management of HIV/AIDS has been subject to much controversy. Treatment using HAART (highly active antiretroviral therapy) decreases the patient's burden of HIV, and prevents the transmission of HIV between both same-sex and opposite-sex partners. But many of these therapies are found to not directly cure HIV infection, with most methods merely reducing HIV viral burden.

Looking beyond cures for HIV, we should place a concerted focus on maximising equitable access to HIV treatment services. Chief Medical Advisor to the President of United States Anthony Fauci has optimistically stated that "With collective and resolute action now and a steadfast commitment for years to come, an AIDS-free generation is indeed within reach."

Key Terms

95-95-95 targets	<p>The 95-95-95 targets are a set of ambitious targets regarding HIV. They are made to bridge inequalities in treatment coverage. They aim to bring socioeconomic progress in all age-groups and lessen the economic burden that AIDS brings towards developing countries by accelerating HIV incidence reductions.</p> <p>The UN calls for 95% of all people living with HIV to know their HIV status, 95% of all people with diagnosed HIV infection to receive sustained antiretroviral therapy, and 95% of all people receiving antiretroviral therapy to have viral suppression by 2025.</p>
Antiretroviral drugs	Antiretroviral drugs are drugs used to reduce the amount of HIV virus in the body. The use of multiple antiretroviral drugs to maintain function of the immune system is known as

	highly active antiretroviral therapy (HAART).
HIV (Human immunodeficiency virus) / AIDS (Acquired immunodeficiency syndrome)	<p>HIV is a virus that attacks the body's immune system. It weakens one's ability to fight infections and disease. It can lead to AIDS. There is no effective cure to HIV, though antiretroviral treatment is often used.</p> <p>AIDS is a product of HIV - a disease which brings a severe loss of the body's cellular immunity. It is a chronic and potentially life-threatening condition.</p>
Incidence-prevalence rate	<p>The incidence rate is the rate in which new cases develop over a period of time.</p> <p>Meanwhile, the prevalence rate refers to the proportion of people who develop a disease or other health condition during a certain time period. It includes all cases, both new and pre-existing.</p> <p>It is a concerted goal of the UNAIDS to decrease the incidence-prevalence rate to decrease the global burden of this disease.</p>
Priority populations	<p>Priority populations are population groups suffering health inequalities. These groups have disproportionately high rates of chronic disease, and are often economically disadvantaged. They vary from country to country.</p> <p>Priority populations for HIV include men who have sex with men, people living with HIV, people who inject drugs, people in prisons, and transgender people.</p>

Background Information

At the end of 2018, there were 37.9 million people worldwide living with HIV. In 2018, 470,000 people died from AIDS-related illnesses. It is worrying that Sub-Saharan Africa remains the most affected area with nearly 4% of adults living with HIV. The lack of access to healthcare and information about AIDS shows that it is crucial for developing countries to launch educational campaigns about HIV/AIDS. However, this process is multi-faceted, and requires the cooperation of various economic stakeholders across the WHO and in different developing nations.

It is recognised that the World Health Organization (WHO) is in the best position to spearhead the global campaign against AIDS with regards to developing nations. The success in developed countries, though not uninhibited, entails that we should use similar prevention and education strategies to tackle HIV/AIDS. The USA's USAIDS programme produced many accomplishments regarding the handling of HIV/AIDS. These include the rollout of affordable HIV treatments through Antiretroviral Therapy (ART) Optimization, as well as the development of the Vaccine Immunology Science and Technology for Africa (VISTA) program to welcome an international consortium of African scientists and investigators to address gaps in HIV vaccine design. Though, do the categorical differences in support structures between developing and developed countries inhibit the effectuation of such strategies?

HIV in Developing Nations

HIV/AIDS research has been very robust and rigorous. Although scientists have yet to find a cure for HIV, the use of antiretroviral drugs as a strategy to control HIV infection has proved successful.

HIV has been a growing challenge in developing nations. The main issue is that too many people with HIV or at risk for HIV still do not have access to prevention, care, and treatment. Additionally, girls account for more than 80% of all new HIV infections. HIV/AIDS disproportionately affects women.

Developing nations suffer from having a high-density population, explaining why more than two-thirds of those infected are in Africa or the Caribbean. HIV/AIDS is also a major health threat in Russia, and there is a strong potential for rapid spread of the infection in China and India.

Of the 37.9 million people living with HIV at the end of 2018, Africa accounts for 25.7 million people. They often face legal and social barriers, which impede their access to treatment. This is in part due to the social stigma induced by HIV. Though less a global issue, it is a major concern that many people with HIV do not know their status. National HIV programmes supported by civil society and a range of development partners streamline the process towards saving lives, but these responses are limited in the case of developing nations.

In the wake of both the AIDS and the COVID-19 pandemic, the United Nations is aware that decades of progress made towards reducing poverty and hunger and improving education and health outcomes have been eroded over the last 24 months. This includes the establishment of the 95-95-95 targets, which aim for 95% of people living with HIV to know their HIV status, 95% of people who know their HIV-positive status to be accessing treatment and 95% of people on treatment to have suppressed viral loads.

The fact that only 58.6% of people living with HIV have access to antiretroviral therapy is a cause for concern. Additionally, the HIV incidence-prevalence rate exceeds the recommended 3% goal for developing countries. All these findings show that marginalised communities in developing countries are constrained by the lack of multilateral responses and support. It is obvious that the level of health expenditure is under severe pressure - this is exacerbated by the need to contain the COVID-19 pandemic. This is accentuated by the aggregate lack of experience in tackling infectious diseases.

Economic Impacts

Simply put, HIV/AIDS affects economic growth by increasing the cost of living, the cost of doing business, but most importantly, reducing the availability of human capital. AIDS has created severe economic impacts and shocks in many African countries. In particular, it has affected labour supply.

The loss of young adults creates a shock to the primary industry. Not only is there a loss to income to patients, causing a drastic cut in their disposable income, AIDS also causes a substantial increase in medical expenditures, thus affecting members of the household. Families may also suffer from lower remittances.

There are also major economic impacts of AIDS on agriculture. The loss of workers during the process of planting and harvesting cause drastic impacts to specialised or small markets. A study done by the Zimbabwe Farmers Union (ZFU) showed that the death of a breadwinner due to AIDS will cut the marketed output of maize in small scale farming and communal areas by 61 percent. AIDS affects the output of cash crops and food crops.

AIDS also has significant impacts on firms. Not only are expenditures towards healthcare costs increased, revenues may be decreased because of illness or work aversion.

Potential Clashes

Goals not being met

The United Nations (UN) General Assembly's 2016 Political Declaration on Ending AIDS was established in accordance with the 2030 Agenda for Sustainable Development. The following goals have been established:

- Reduce new HIV infections to fewer than 500 000 globally by 2020.
- Reduce AIDS-related deaths to fewer than 500 000 globally by 2020.
- Eliminate HIV-related stigma and discrimination by 2020.

This has evidently not been done. The UN acknowledges that we have the knowledge and tools towards HIV prevention. These inadequacies are a consequence and cause of the marked failure of meeting the 95-95-95 targets. The inequalities include:

- High levels of national debt, coupled with lacklustre international development assistance. Donor countries are redirecting funds and resources to service other means.
- Inequalities in all forms. A report by UNAIDS says that there are substantial differences in HIV treatments across all countries. Some of the underlying factors stem from the vices of an urban-rural divide, as well as inherent social inequalities that disadvantage individuals with low social power.
- Stigma against key populations. Key populations include sex workers, people who have sex with men, people who inject drugs, and trans women. Treatment resources may not be widely available to these peoples.

Thus, it is crucial to build back better and commit to urgent action. It is key to realise that national and regional epidemics have many different characteristics, and that a reason for high HIV prevalence rates in developing countries is due to inadequate integration of health services. A particularly alarming statistic is the fact that 150,000 children were vertically infected (transmitted via parent-child infection) with HIV in 2019, compared with the 2020 target of 20,000.

International resolve

Another key clash is in the inadequacy of engaging stakeholders to end AIDS. It is clear that to mitigate the negative impacts of AIDS on a national level, governments have to be apprised of key populations affected by this pandemic, and to direct their responses towards providing resources to women and young girls. International support has also stalled - but bilateral donors fail to recognise that an improvement HIV treatment technology does not equate to drastically cutting international assistance. The lack of awareness, and action between international and national stakeholders explain the slowing AIDS response.

Currently, the UN General Assembly, in its Political Declaration on HIV and AIDS, has outlined the importance of engaging with people at risk of or affected by HIV, as well as to cooperate with relevant United Nations entities and international partners.

Such international resolve is echoed by United Nations Sustainable Development Goal 3.3, which states, by 2030, to “end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.”

Key Stakeholders

Stakeholder	Involvement with the Issue
Sub-saharan Africa	<p>Countries in sub-Saharan Africa have a high prevalence of AIDS. Eswatini, Lesotho, Botswana, and South Africa have HIV prevalence rates higher than 18%.</p> <p>Developing countries suffer from not having access to antiretroviral drugs. Cyclical poverty is a major factor that leads to inequalities in treatment coverage. Inadequate advocacy, as well as social stigmas against HIV also contribute towards the problem.</p> <p>Prolonged absenteeism leads to a less productive labour force, thus requiring more effort to be dedicated towards re-training the workforce. The environmental ramifications that HIV/AIDs has on the healthcare, transport, and education sector are severe.</p>
Developed countries	<p>In developed countries, HIV prevention is largely successful. Developed countries have the obligation to ensure that AIDS is monitored well.</p> <p>An important factor is that of education and advocacy. Education has been reaching young people who are beginning to engage in sexual practices. Prevention strategies are clear, and the social stigma against HIV/AIDS has been mitigated. The development of foreign aid by developed countries and the UNAIDS has induced fair societal progress.</p>
UNAIDS	<p>The Joint United Nations Programme on HIV/AIDS (UNAIDS) leads and inspires the world to achieve its shared vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths. It does so in accordance with the 2030 Sustainable Development Goals.</p>

Possible Solutions

With regards to ending inequalities,

It is crucial to commit to transformative action to end gender, social, and economic inequalities. This is an intermediate step in the fight to end various forms of discrimination and pernicious stigma that perpetuate the AIDS epidemic. This is done by adhering by the standards set in the Secretary-General's "Global AIDS Strategy 2021–2026, "End Inequalities, End AIDS".

The work done towards reducing inequalities reaffirms the right of every human being to enjoy the highest attainable standard of physical and mental health, and to enjoy quality support and quality reproductive / sexual healthcare services. It is sensible to take a two-pronged approach of directing bilateral assistance towards hard-hit regions, as well as directing local efforts towards treating key populations.

It has never been more important to focus on regional strategy-implementation methods to decrease the incidence-prevalence rate, especially in sub-Saharan Africa. Such means make achieving the 95-95-95 plan by 2025 easier. Some of these means include expanding access to latest technologies and treatment plans in developing countries, and removing punitive or discriminatory laws that slow the AIDS response.

With regards to engaging stakeholders,

It is key to establish testing schemes for priority populations. Those include men who have sex with men, people living with HIV, people who inject drugs, people in prisons, and transgender people. They tend to have limited access to health services, especially in developing countries.

The 2001 Declaration of Commitment on HIV/AIDS and the 2006, 2011, and 2016 political declarations on HIV and AIDS in decision-making underlines key measures to increase awareness and engagement, and mobilise communities. It is important for countries to understand the priorities of the Declaration - including to tailor prevention approaches to meet the needs of key populations, engage regional and subregional organisations and initiatives to build mutual accountability mechanisms, and to ensure that people everywhere - including the young, are apprised of HIV prevention methods.

Past Actions

The new “Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030” was adopted by the United Nations (UN) General Assembly on 9 June 2021. It reaffirms and reinforces ways for governments to achieve the 95-95-95 targets by 2025.

The UNAIDS (Joint United Nations Program on HIV / AIDS) program was founded in 1994 to aid HIV prevention efforts, reduce the vulnerability of individuals with HIV, and to alleviate the impact of the pandemic. It has five chief goals:

1. Leadership and advocacy for effective action on the pandemic;
2. Strategic information and technical support to guide efforts against AIDS worldwide;
3. Tracking, monitoring and evaluation of the pandemic and of responses to it;
4. Civil society engagement and the development of strategic partnerships;
5. Mobilization of resources to support an effective response.

The Leadership and Investment in Fighting an Epidemic (LIFE) is a joint operating plan by the US government - a global AIDS initiative that aims to address the AIDS pandemic through a series of interventive frameworks in collaboration with UNAIDS.

These initiatives and frameworks underscore a series of efforts targetted towards eradicating the AIDS pandemic by 2030 - but as previously stated, progress towards achieving this has gradually stalled.

Timeline

June 5, 1981	The U.S. Center for Disease Control (CDC) publishes an article in its Morbidity and Mortality Weekly Report (MMWR): Pneumocystis Pneumonia—Los Angeles, detailing a patient with lung cancer. This was later confirmed to be the HIV virus.
May 1983	A team of doctors at the Pasteur Institute in France including Françoise Barré-Sinoussi and Luc Montagnier reported that they had isolated a new retrovirus from lymphoid ganglions that they believed was the cause of AIDS.
May 1986	The International Committee on Taxonomy of Viruses ruled that the name HIV (Human Immunodeficiency Virus) be used to identify the virus.

July 26, 1994	The Joint United Nations Programme on HIV/AIDS was established.
July 1999	The Leadership and Investment in Fighting an Epidemic (LIFE) was launched to combat AIDS in Africa.
January 28, 2002	The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) was founded.
2003	The United States established the President's Emergency Plan For AIDS Relief (PEPFAR) during the State of the Union Address to expand access to HIV prevention and care in 50 countries.
June 8, 2016	The Political Declaration on HIV and AIDS was established. It was reviewed in 2021.

Guiding Questions

- What are some of the categorical differences in support structures between developing and developed countries? How do they prevent advances in HIV research and the implementation of support system?
- Can the 95-95-95 rule be achieved by 2025? If not, what can be done to mobilise various stakeholders?
- The words “research” and “monitoring” are mentioned very often, with varying definitions. What forms of research should be done? How do we monitor regions with relatively high rates of precedence?
- What have we learned from the Covid-19 pandemic that we can apply to stemming the spread of AIDS?

Research Links and Relevant Documents

AIDS	AIDS Statistics 2021 Political Declaration on HIV / AIDS NPIN 2016 Political Declaration on HIV / AIDS HIV Timeline Advances in HIV research EU Resolution / Action Plan 29/7/22 WHO 2022 Policy Brief
Assisting developing	2016 High-level Meeting on Ending AIDS HIV/AIDS in developing countries (Canada)

countries

[HIV / AIDS - Regional Office in Africa](#)

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