



ENDING THE AIDS EPIDEMIC: ADDRESSING
THE CRISIS IN 1995

WHO – BATHMUN 2024

Message from the Chairs

Hello delegates and welcome to the Historical WHO at BATHMUN 2024!

We're very excited to be chairing this committee and bringing the importance of this topic to light, addressing the AIDS Epidemic. A topic the dias unanimously agreed on, we can't wait to see how you will all navigate this committee and the nuances within this historical event.

We chose this topic because we believe it has so many significant implications, cultural, social, political and more. The epidemic is fairly well known but we haven't seen it discussed much in the MUN sphere and especially not in a historical committee which focuses on world health.

We believe that the historical element of the committee will elevate the debate around this topic and it will create a very interesting environment to evaluate potential solutions in regards to the context of 1995. It also coincides very well with this year's BATHMUN theme, "Moving Forward, Looking Back". As a historical committee we embrace this conference theme by looking back at the many implications of the AIDS epidemic globally.

Before moving forward, we would like to commend you all for participating in this committee.

Despite being a beginner committee, this committee style and topic changes its nature in comparison to other beginner committees. Therefore, congratulations from us for wanting to participate in such an interesting and unique committee.

If you have any questions about the committee, the study guide or MUN please do not hesitate to contact us!

We look forward to meeting you all!

Valentina, Mollie & Kira

Chair Introduction

Valentina

Hello! My name is Valentina Kalanyos and I am the head-chair for this committee. I am a second year History and Politics student at Queen Mary University of London and Vice President of Partnerships and Outreach of the Queen Mary Model United Nations Society. I am very excited to be chairing this committee, it will be my first time chairing a historical committee. I began MUN in my first year of university and it has grown to be one of my greatest passions. I love chairing beginner committees especially because I understand what it feels like to be a beginner in the MUN sphere and how daunting it may be. My greatest piece of advice is to have fun and immerse yourselves in the chaos that is MUN debate. Outside of MUN and my degree, I am a huge movie nerd, I love music and reading... basically everything that breaks my contact with reality.

Mollie

Hello all! My name is Mollie McGowan and I am a third-year student at LSE studying Politics and International Relations and I was born and raised here in the UK. I also happen to be your chair for WHO in BathMUN 2024! After starting MUN in sixth form in 2022 I have been a delegate, backroomer, chair, crisis director, and a secretariat member for many different conferences in the UK. Needless to say I really enjoy MUN and can't wait to chair again at my second BathMUN!

Outside of MUN, I enjoy travelling, hiking, and reading. I particularly enjoy the outdoors to counterbalance all the sitting inside from MUN. I am really looking forward to working with you all to dissect this committee however you choose! The team and I have loads planned to make this the most valuable and exciting experience for you all. I am so excited to meet you all in Bath in November!

Kira

Hey everyone! My name is Kira Brookes, and I'm one of your co-chairs for BathMUN 2024! I'm currently working as a full-time Student Officer at the University of Exeter Students Guild, but I studied Psychology for my undergrad, starting my MUN journey in my second year of uni in 2022. Over the past two years, MUN has pushed me in so many ways, and has become one of the most unlikely passions that has made my university experience truly amazing. Outside of MUN, I love music and reading, and I'm a hugely social person, so I love a night out with friends and am always up for a good time! As it's my first time chairing a historical committee, I'm super excited to meet you all and share this new experience with you! Whether it's your first MUN conference, or you've been to conferences before, I'm sure we'll have an amazing weekend together.

Introduction to the Committee

Committee Mandate

The United Nations' World Health Organisation, (WHO), is a specialised agency of the United Nations established in 1948, working with 185 member states to prioritise inclusivity and equity of healthcare in line with its official mandate to "promote health and safety while helping the vulnerable worldwide". Providing technical assistance, acting as a forum for discussions surrounding science and policy relating to health, and setting international global health standards, the WHO has led efforts in global health since its creation. Despite being unable to write binding resolutions, the WHO acts as a driving force behind the implementation of international health conventions through giving recommendations to other bodies within the wider structures of the UN.

It is important to note that this Committee is Historical, taking place in 1995, at the height of the AIDS epidemic. In line with this, delegates should not use any information from after 1995, instead using information available before this time. Sources written after the year 1995 are allowed, as long as the information you are referencing happened before or during 1995. All information in this Study Guide is accurate up to 1995, and may be used as a starting point for delegates' research.

Timeline of Events

1981

The CDS publishes a report of five young men from Los Angeles who are fighting life-threatening PCP pneumonia. PCP is one of the most common infections that kill people with AIDS. This report represents the first recorded cases of AIDS.¹

1982

AIDS gets its name shortly after. The CDC called the new disease acquired immune deficiency syndrome, or AIDS. In addition to sexual intercourse between men, it's seen in people with haemophilia, a blood disorder. This shows the relationship between contracting AIDS and contaminated blood.²

1983

Rise in worry amongst the public as the CDC warns that AIDS can be transmitted through heterosexual sex if the men are infected. It was also warned that mothers can pass the disease during pregnancy or after childbirth. The public became worried it could be spread through everyday contact. Reports suggest that in New York, landlords evicted people with AIDS.³

1983

Scientists discover HIV. Pasteur Institute researchers Luc Montagnier and Françoise Barre-Sinoussi, shown here with team manager Jean-Claude Chermann, isolate a virus from the swollen lymph gland of someone with AIDS. They call it lymphadenopathy-associated virus, or LAV.⁴

1984

U.S. Department of Health and Human Services Secretary Margaret Heckler announces that Dr. Robert Gallo and his colleagues at the National Cancer Institute have found the cause of AIDS, a retrovirus they have labelled HTLV-III. Heckler also announces the development of a diagnostic blood test to identify HTLV-III and expresses hope that a vaccine against AIDS will be produced within two years.⁵

¹ Z. Sheikh, "AIDS Retrospective Slideshow: A Pictorial Timeline of the HIV/AIDS Pandemic," WebMD, 2024. <https://www.webmd.com/hiv-aids/ss/slideshow-aids-retrospective> (accessed Aug. 15, 2024).

² Ibid.

³ Ibid.

⁴ Ibid.

⁵ New, "New York City AIDS Memorial," New York City AIDS Memorial, 2014.

<https://www.nycaidsmemorial.org/timeline#:~:text=Musician%20Arthur%20Russell%20dies%20of> (accessed Sep. 05, 2024).

Timeline of Events

- 1985** Actor Rock Hudson becomes the first major American figure to announce he has AIDS in July. He died shortly in October. Hudson leaves \$250,000 to help create the American Foundation for AIDS Research (amfAR).⁶
- 1985** The FDA approves ELISA, the first commercial blood test for HIV. Blood banks begin to screen donations. In April, the first International AIDS conference took place in Atlanta.⁷
- 1986** The term HIV, human immunodeficiency virus, becomes widely used.⁸
- 1986** After a ten-month legal battle, a judge allows Ryan White, a young boy who contracted AIDS, to return to school. He ruled that Ryan White did not pose a threat to his schoolmates.⁹
- 1987** In April, at the opening of an HIV/AIDS unit at London's Middlesex Hospital, Princess Diana shakes the hand of a person with AIDS, without gloves. This is significant as many believe it can be spread through human contact.¹⁰
- 1987** Liberace dies, reportedly of a heart related condition. However the autopsy confirmed it to be an AIDS related disease. This sparked discussion about the privacy of people with AIDS.¹¹
- 1988** The World Health Organization recognizes the first World AIDS Day on December 1st. It became the first global health awareness day.¹²
- 1989** The U.S. Congress creates the National Commission on AIDS. The Commission meets for the first time on September 18.¹³

⁶ Z. Sheikh, "AIDS Retrospective Slideshow: A Pictorial Timeline of the HIV/AIDS Pandemic," WebMD, 2024. <https://www.webmd.com/hiv-aids/ss/slideshow-aids-retrospective> (accessed Aug. 15, 2024).

⁷ Ibid.

⁸ Ibid.

⁹ Ibid.

¹⁰ Ibid.

¹¹ Z. Sheikh, "AIDS Retrospective Slideshow: A Pictorial Timeline of the HIV/AIDS Pandemic," WebMD, 2024. <https://www.webmd.com/hiv-aids/ss/slideshow-aids-retrospective> (accessed Aug. 15, 2024).

¹² Ibid.

¹³ New, "New York City AIDS Memorial," New York City AIDS Memorial, 2014. <https://www.nycaidsmemorial.org/timeline#:~:text=Musician%20Arthur%20Russell%20dies%20of> (accessed Sep. 05, 2024).

Timeline of Events

1991

On Nov. 24, Freddy Mercury, lead singer of the rock band Queen, dies from bronchial pneumonia, a complication of AIDS.¹⁴

1993

President Clinton launches a White House policy about AIDS (ONAP).¹⁵

1993

Tom Hanks stars in the first big picture Hollywood production about AIDS, 'Philadelphia'.¹⁶

1994

FDA approves the first oral HIV test.

¹⁴ Z. Sheikh, "AIDS Retrospective Slideshow: A Pictorial Timeline of the HIV/AIDS Pandemic," WebMD, 2024. <https://www.webmd.com/hiv-aids/ss/slideshow-aids-retrospective> (accessed Aug. 15, 2024).

¹⁵ HIV.gov, "A Timeline of HIV and AIDS," HIV.gov, 2022. <https://www.hiv.gov/hiv-basics/overview/history/hiv-and-aids-timeline#year-1981>

¹⁶ Z. Sheikh, "AIDS Retrospective Slideshow: A Pictorial Timeline of the HIV/AIDS Pandemic," WebMD, 2024. <https://www.webmd.com/hiv-aids/ss/slideshow-aids-retrospective> (accessed Aug. 15, 2024).

Introduction to the Committee

Past Attempts to Solve the Issue

AIDs was first reported in June 1981 in Los Angeles, California as an acquired immunodeficiency syndrome.¹⁷ From 1981–1990 the estimated number of deaths is over 100,000 people in the United States alone and hundreds of thousands more across the world.¹⁸ Between 1981 and 1995 (present day) there have been many efforts to solve this crisis or to at least assist in the reduction of cases. However, a key reason that it has taken so long to start to solve the issue is due to the huge misconceptions seen with HIV and AIDS from the beginning of the crisis.

Early Public Health Responses

The early public health responses were limited by significant challenges of the complexity of this new disease. The first official report on June 5th 1981 by the US Center for Disease Control (CDC) reported a rare lung infection among five young, previously healthy, gay men in Los Angeles.¹⁹ Soon after this more cases would emerge and the disease would be tracked closely in the US by the CDC. Retrospectively from 1995 there were many other cases before 1981 of HIV but the earliest cases of AIDS do begin between 1980–1.

Just before the CDC reported on the disease a gay newspaper called the 'New York Native' reported that some gay men were being treated for a strange pneumonia in New York City intensive care units.²⁰ Although many public health officials in New York disregarded this article in May 1981, the CDC had already been investigating the outbreak for a month prior.

Initially, AIDS was called 'Gay-Related Immune Deficiency' (GRID) and the New York Times published in 1982 with an article about the new epidemic under this name. However, by the late autumn of 1982 the CDC began to use the term 'Acquired Immunodeficiency Syndrome' (AIDS) with the intention to reduce the stigmatisation of victims.

¹⁷ CDC, "Current Trends First 100,000 Cases of Acquired Immunodeficiency Syndrome -- United States," www.cdc.gov, Aug. 18, 1989.

<https://www.cdc.gov/mmwr/preview/mmwrhtml/00001442.htm#:~:text=In%20June%201981%2C%20the%20first>

¹⁸ Ibid.

¹⁹ HIV.gov, "A Timeline of HIV and AIDS," HIV.gov, 2022. <https://www.hiv.gov/hiv-basics/overview/history/hiv-and-aids-timeline#year-1981>

²⁰ J. Kinsella, "Covering the plague : AIDS and the American media ," Internet Archive, 2014.

<https://archive.org/details/coveringplague00jame/page/n9/mode/lup> (accessed Sep. 04, 2024).

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Additionally, most of the research and data around HIV and AIDS in the 1980s had a huge United States bias and much of the research tended to ignore the fact that HIV had been seen in Africa since the 1960s.²¹ Experts studying the epidemic in more modern times (1990s) suggest that around 2,000 people in Africa may have had HIV in the 1960s.²² The early public health responses in the 1980s in Africa were stunted by the fact that doctors across Africa found difficulty connecting “a disease in white homosexual males in San Francisco to” the patients they had.²³ AIDS was originally called ‘slim disease’ in huge parts of Eastern Africa and once this connection was made that it was the same thing as seen in America research was initiated to discover how to stop the spread.²⁴ It is noted that the initial health response in Uganda was characterised by a huge period of confusion and rumours about how AIDS was spread and who can or cannot get AIDS.²⁵ Overall, in Africa the response to AIDS in the 1980s was marked by completely insufficient responses from the governments. Many government strategies wanted to fund prevention rather than treatment and these efforts were mostly around abstaining from sex and having multiple partners. However, many religious leaders within Africa had difficulty promoting such government campaigns as birth control clashed with their own teachings.²⁶ Nations that have had a good public health response so far include Senegal that had one of the lowest rates of HIV in Sub-Saharan Africa.²⁷ This is often attributed to the quick response of the government and community organisations to stop the epidemic. Their actions included huge public health campaigns to promote condom usage. Additionally their hospitals had blood supplies screened for syphilis and hepatitis since 1970, leading to removal of blood contaminated by HIV.

The Asian Pacific region had a rather different initial public health intervention as the region has been significantly affected by drug-related HIV epidemics between those who share needles.²⁸ During the last 15 years there has been an upward trend in new drugs and particularly in those that one would inject into their bloodstream directly. The first case of HIV in many countries in south-east Asia has been due to sharing needles rather than sexual transmission.²⁹ There has been attempted social advocacy from social groups around ‘risk-reduction’ and ‘harm-reduction’ intervention that helps provide people with safe drug injecting equipment but the success of these programmes is not yet known.³⁰ This issue of iatrogenic transmissions³¹ has also been seen across the African continent due to a lack of resources in health care and the need to share needles between patients when they are receiving immunisations or other treatment.

²¹ Black History Month, “The History of Aids in Africa,” Black History Month 2019 | Black History Month Celebrating the Great Black British Achievers, Feb. 14, 2008. <https://www.blackhistorymonth.org.uk/article/section/real-stories/the-history-of-aids-in-africa/>

²² Ibid.

²³ Ibid.

²⁴ Ibid.

²⁵ Ibid.

²⁶ Ibid.

²⁷ Ibid.

²⁸ World Health Organisation, “HIV/AIDS in Asia and the Pacific Region,” WHO Library Cataloguing in Publication Data, 2001. Available: <https://iris.who.int/bitstream/handle/10665/205301/B0228.pdf?sequence=1#:~:text=HIV%2FAIDS%20in%20Asia%20was,Kong%20during%20the%20early%201980s>

²⁹ Ibid.

³⁰ Ibid.

³¹ The unintentional spread of diseases through medical or surgical treatment.

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Development and Impact of Treatments

In the 1980s there was no effective treatment for HIV and most people diagnosed faced an almost certain death. However, by 1987 the first treatment for AIDS was approved by the U.S. Food and Drug Administration (FDA) called AZT as well as a specific test for HIV antibodies making HIV quicker and easier to diagnose.³² This has been a huge step in solving the epidemic of AIDS. However, it has been seen to not cure HIV but simply treat the current symptoms a patient may be facing.³³ There has been more research with another drug called Saquinavir and it is suggested that the FDA may approve it later this year.

In the same year that AZT was approved by the FDA in the United States, the National Health Service in the UK introduced the first antiretroviral drug to prevent the growth of the HIV virus.³⁴ However, similar to the situation in the US, the antiretroviral drug has not done enough to significantly improve patient outcomes. However, despite approval of these treatments, there has not been an effective combination therapy for anyone across the world. Some nations have access to AZT, whilst others are still trying to get the drug approved.

Just last year in 1994 the US began testing AZT treatments in Africa, specifically at the University of Zimbabwe. These trials are being funded by the CDC, the WHO, and the NIH and the success is yet to be determined.³⁵ Additionally, a key issue when it comes to treatment and diagnosis within Africa is the contaminated injection equipment in health care.³⁶ When many children or young adults across the African continent would receive immunisations or vaccinations there was a threat of cross infection as the same syringe may be used for consecutive injections.³⁷ This has been seen for a variety of reasons from scarcity of resources to difficulty acquiring resources in the first place. But, the publishing of this information may lead to a massive reduction of children receiving immunisations the WHO fear.³⁸ As Sir Donald Acheson, the Chief Medical Officer of the UK, said at the World Summit for AIDS prevention in 1988, "It is a catastrophe if a patient is given an injection which cures gonorrhoea but transmits HIV".³⁹

³² HIV.gov, "A Timeline of HIV and AIDS," HIV.gov, 2022. <https://www.hiv.gov/hiv-basics/overview/history/hiv-and-aids-timeline#year-1981>

³³ S. Watson, "The History of HIV Treatment: Antiretroviral Therapy and More," WebMD, Jun. 09, 2020. <https://www.webmd.com/hiv-aids/hiv-treatment-history>

³⁴ NHS, "Specialised Services Spotlight on HIV," 2018. Available: <https://www.england.nhs.uk/wp-content/uploads/2018/10/nhs70-specialist-profiles-v-hiv-web.pdf>

³⁵ B. M. Meier, "International Protection of Persons Undergoing Medical Experimentation: Protecting the Right of Informed Consent," papers.ssrn.com, Mar. 15, 2003. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2245850

³⁶ D. Fernando, "The AIDS Pandemic: Searching for a Global Response," Journal of the Association of Nurses in AIDS Care, vol. 29, no. 5, Sep. 2018, Available:

https://www.researchgate.net/publication/327510497_The_AIDS_Pandemic_Searching_for_a_Global_Response

³⁷ Ibid.

³⁸ Ibid.

³⁹ Ibid.

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Role of international organisations and global initiatives

The first International AIDS conference was held in the United States in 1985 in an attempt to accelerate research and treatment methods.⁴⁰ Two years after this the WHO launched the Global Programme on AIDS (GPA).⁴¹ The WHO has had a large impact in controlling the spread of HIV and AIDS thus far and the GPA raised over \$1.5 billion in a year with the priority to help Africa.⁴² This global plan was modelled from Uganda's AIDS control programme with assistance from the WHO in 1987.

In Uganda, there was a swift response from the government, once the Ugandan civil war had ended in 1986.⁴³ By 1986, 26% of people in the capital city of Uganda had HIV. However, Uganda's AIDS control programme with five year assistance from WHO did help reverse the course of the nation's HIV epidemic.⁴⁴ Uganda's AIDS control plan was a combination of an educational campaign and the establishment of health initiatives that worked to identify infection early and sterilise all instruments. A program review in 1988 showed that these initiatives were working. With both the WHO and the Ugandan government in an accelerated program development mode due to the emergency, many lives were saved.⁴⁵

Another key organisation that helped internationally so far is the Centre for Disease Control and Prevention (CDC) in the United States. After the establishment of a Task Force in 1981, the CDC helped to discover how HIV was spread. In response to this, a large conference was held in Washington D.C. with representatives from the CDC, other health organisations, scientists, blood banks, gay rights organisations, and haemophiliacs.⁴⁶

⁴⁰ WHO, "Why the HIV epidemic is not over," Who.int, 2016. <https://www.who.int/news-room/spotlight/why-the-hiv-epidemic-is-not-over#:~:text=This%20early%20movement%20also%20influenced> (accessed Sep. 04, 2024).

⁴¹ Ibid.

⁴² HIV.gov, "A Timeline of HIV and AIDS," HIV.gov, 2022. <https://www.hiv.gov/hiv-basics/overview/history/hiv-and-aids-timeline#year-1981>

⁴³ Black History Month, "The History of Aids in Africa," Black History Month 2019 | Black History Month Celebrating the Great Black British Achievers, Feb. 14, 2008. <https://www.blackhistorymonth.org.uk/article/section/real-stories/the-history-of-aids-in-africa/>

⁴⁴ G. Slutkin et al., "How Uganda Reversed Its HIV Epidemic," AIDS and Behavior, vol. 10, no. 4, pp. 351–360, Jul. 2006, doi: <https://doi.org/10.1007/s10461-006-9118-2>.

⁴⁵ Ibid.

⁴⁶ Ibid.

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Stigma reduction and social advocacy

Another past attempt to solve the AIDS epidemic comes from stigma reduction and social advocacy. Before any sort of treatment was rolled out, prevention campaigns and stigma reduction around the disease was key to at least slowing the spread. In 1982, right at the start of the epidemic, a gay activist group in San Francisco published the first pamphlet on 'safer sex' and distributed 16,000 copies at the international Lesbian & Gay Freedom Day Parade.⁴⁷ This, as well as many similar campaigns across the country, were successful in bringing awareness to the issue as well as working towards prevention methods such as protected sex.

Many campaigns like this have been seen across the globe, with varying levels of success. Across many nations in Africa, governments focused on prevention campaigns and encouraged people to revise their sexual behaviour and use contraception.⁴⁸ However, due to the high level of religious people across the African continent, many religious leaders found it difficult to promote the use of condoms, for example, as it did not match with their teachings.⁴⁹ Additionally, many of these campaigns in Africa were built from a group of Belgian researchers that deemed the HIV outbreak in Africa was down to "heterosexual promiscuity" and sex workers.⁵⁰ Many of the first campaigns across Africa did not focus on issues such as needles being reused in health care or the accessibility of treatment. Whilst, across the West, HIV has been seen as "a gay and bisexual epidemic", in Africa it has been considered as a disease for all those who are promiscuous, which has been shown to be untrue.⁵¹ It can be suggested that this bias has led to iatrogenic transmissions not being taken as a serious cause.⁵²

A final key part of important stigma reduction was actually performed by Princess Diana in the UK when she shook hands with a man suffering from AIDS in 1987. She has been credited with helping to challenge the belief that AIDS and HIV can be transmitted by touch alone.⁵³ Diana's actions were incredibly important for helping to reduce the stigma around AIDS and convincing the public that they should not be afraid.⁵⁴

⁴⁷ HIV.gov, "A Timeline of HIV and AIDS," HIV.gov, 2022. <https://www.hiv.gov/hiv-basics/overview/history/hiv-and-aids-timeline#year-1981>

⁴⁸ Black History Month, "The History of Aids in Africa," Black History Month 2019 | Black History Month Celebrating the Great Black British Achievers, Feb. 14, 2008.

⁴⁹ Ibid.

⁵⁰ D. Fernando, "The AIDS Pandemic: Searching for a Global Response," *Journal of the Association of Nurses in AIDS Care*, vol. 29, no. 5, Sep. 2018, Available:

https://www.researchgate.net/publication/327510497_The_AIDS_Pandemic_Searching_for_a_Global_Response

⁵¹ Ibid.

⁵² D. Fernando, "The AIDS Pandemic: Searching for a Global Response," *Journal of the Association of Nurses in AIDS Care*, vol. 29, no. 5, Sep. 2018, Available:

https://www.researchgate.net/publication/327510497_The_AIDS_Pandemic_Searching_for_a_Global_Response

⁵³ L. Young, "Princess Diana letter Aids patient sold at auction," BBC News, May 23, 2024.

<https://www.bbc.co.uk/news/articles/cw449klrpyko#:~:text=The%20princess> (accessed Sep. 04, 2024).

⁵⁴ R. Cope, "How Diana, Princess of Wales was instrumental in trying to stop the stigma against HIV/AIDs," *Tatler*, Jun. 16, 2021. <https://www.tatler.com/article/princess-diana-hiv-aids-awareness>

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Current situation – 1995

Currently, the AIDS crisis has hit every continent in the world. Although there is a high prevalence in the African continent, every part of the world has been touched by this virus. This is shown in Figure 1.

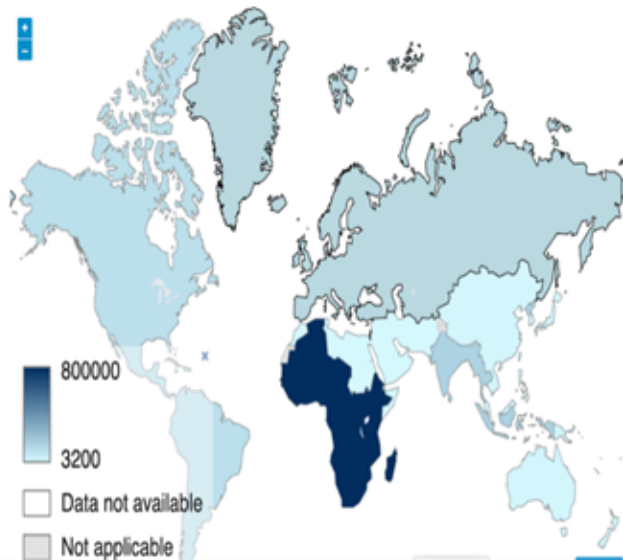


Figure 1: Number of people dying from HIV-related causes in 1995 [16].

Additionally, it is estimated that over twenty million people are currently living with HIV across the world. This shows the sheer volume of lives impacted by this virus and presents the real threat of more people, families, and communities that can be affected by HIV and AIDS. Again, this is shown in the figure below.



Figure 2: Number of people living with HIV in 1995 [17].

Introduction to the Committee

Key Highlights of the Current Situation in 1995

In 1994 AIDS has reached a new high and has been classified the leading cause of death for Americans aged 25–44 with 500,000 cases of AIDS reported in the US by October 1995.⁵⁵

UNAIDS was established last year through an ECOSOC resolution in an attempt to tackle the AIDS epidemic collectively.⁵⁶ However operations have not yet started any operations and are still in planning and strategy phases.

This year Cambodia has undertaken their first HIV sentinel Surveillance round which is a system that monitors the HIV epidemic by collecting specific data on high risk groups.⁵⁷

It is estimated that in South Africa alone 1.7 million adults have been infected with HIV, plus a cumulative total of 40,000 infants.⁵⁸

In the African continent it is estimated that there are 25 million cases of HIV and AIDS and 75% of all cases are seen in Africa.⁵⁹ Some researchers have suggested in some urban centres across sub-Saharan Africa one adult in three is infected.⁶⁰

In Mexico, it is estimated that around 60% of cases of AIDS in women have stemmed from blood transfusions.⁶¹

⁵⁵ HIV.gov, "A Timeline of HIV and AIDS," HIV.gov, 2022. <https://www.hiv.gov/hiv-basics/overview/history/hiv-and-aids-timeline#year-1981>

⁵⁶ UNAIDS, "UNAIDS Governance," www.unaids.org, 2024.

<https://www.unaids.org/en/whoweare/governance#:~:text=UNAIDS%20was%20established%20through%20ECOSOC>

⁵⁷ World Health Organisation, "HIV/AIDS in Asia and the Pacific Region," WHO Library Cataloguing in Publication Data, 2001. Available: <https://iris.who.int/bitstream/handle/10665/205301/BO228.pdf?sequence=1#:~:text=HIV%2FAIDS%20in%20Asia%20was,Kong%20during%20the%20early%201980s>

⁵⁸ Küstner HG;Swanevelder JP;van Middelkoop A, "National HIV surveillance in South Africa--1993-1995," South African medical journal = Suid-Afrikaanse tydskrif vir geneeskunde, vol. 88, no. 10, 2024, Accessed: Sep. 04, 2024. [Online]. Available: <https://pubmed.ncbi.nlm.nih.gov/9807187/#:~:text=On%20the%20basis%20of%20certain>

⁵⁹ P. Piot, B. M. Kapita, J. B. Were, M. Laga, and R. L. Colebunders, "AIDS in Africa: the first decade and challenges for the 1990s," AIDS (London, England), vol. 5 Suppl 1, pp. S1-5, 1991, Available: <https://pubmed.ncbi.nlm.nih.gov/1669905/>

⁶⁰ A. Boutayeb, "The Impact of Infectious Diseases on the Development of Africa," Handbook of Disease Burdens and Quality of Life Measures, pp. 1171-1188, 2010, Available: https://link.springer.com/referenceworkentry/10.1007%2F978-0-387-78665-0_66

⁶¹ A. M. Kimball, S. Berkley, E. Ngugi, and H. Gayle, "International Aspects of the AIDS/HIV Epidemic," Annual Review of Public Health, vol. 16, no. 1, pp. 253-282, May 1995, doi: <https://doi.org/10.1146/annurev.pu.16.050195.001345>.

Points of Discussion

Impacts of the AIDS Epidemic on Economy

The AIDS epidemic has resulted in profound economic impacts for many nations globally. Rising costs associated with treating AIDS and related health complications have strained healthcare systems, with early treatments such as zidovudine (AZT) bringing a significant cost to both families and governments, particularly in heavily affected regions such as sub-Saharan Africa. Such nations find themselves overwhelmed by growing case numbers, taking resources away from other critical health needs. Further impacts are felt in workforce productivity, as a disproportionate impact has been felt by those in their most economically active years. Many industries, especially those associated with manual or physical work, such as agriculture and manufacturing, have suffered from reduced capacity for labour, which has exacerbated the suffering of many nations with high infection rates. However, the effects have not been restricted to such industries. Indeed, many businesses have suffered economically for several reasons such as the loss of skilled workers and rising costs of healthcare provisions for their workers. Going forwards from a time of great economic pressure brings its own unique set of challenges, and is likely to require a multifaceted approach considering the unique needs of different regions globally.

Social Implications of the AIDS Epidemic

The progression of the AIDS epidemic since 1981 has reshaped societies across the globe, particularly regarding the pervasive stigma and discrimination associated with the disease. HIV and AIDS has been linked to marginalised groups such as the LGBTQ community, intravenous drug users, and sex workers. Many individuals belonging to these communities feel as though they have been cast aside and further isolated, making it much harder to seek help or treatment without fear of judgement or prejudice. Furthermore, family structures have been torn apart on a global scale, but with a disproportionate effect on regions such as sub-Saharan Africa. Such regions have faced rising numbers of children orphaned due to AIDS, leaving them vulnerable and forcing their extended families or local community to take on caregiving responsibilities despite severe economic strain within these communities. Additional strain has arisen in many societies from the challenge to traditional norms around sex, relationships, and health. Public health campaigns that promote safer sex practices, such as condom use, have often been met with resistance on account of cultural, religious, or moral beliefs. At the same time, the epidemic has fuelled social activism initiatives, particularly within LGBTQ communities regarding the demand for greater public health action, research funding, and rights for people living with HIV/AIDS.

Points of Discussion

Advances in Scientific and Medical Practices

Over the past decade, the AIDS epidemic has driven the advance of medicine and scientific practices significantly. Progress of medical research, diagnosis, and treatment has been of vital importance in global efforts to tackle this crisis. The identification of HIV as the cause of AIDS in 1983 enabled scientists to focus on understanding the structure, transmission, and replication of the virus that had previously allowed it to devastate the globe. This breakthrough led to the development of the first blood test for HIV in 1985, which was key for diagnosing HIV, screening blood donations, and tracking the spread with a far greater degree of accuracy than was previously possible. Furthermore, the unprecedented progress in scientific practices allowed for effective treatments to be developed. In 1987, AZT was approved for use. This antiretroviral drug was a pivotal step in the management of HIV and AIDS, slowing the progression of the virus and prolonging the life expectancy for those infected by blocking the virus's life cycle at several stages, preventing it from replicating.⁶² However, AZT is an expensive form of treatment and has been seen to cause significant side effects for some, while others seem to become resistant to treatment. This has led researchers to explore different treatment options alongside pushing public health strategies such as the promotion of safe sex, needle exchange programs, and HIV awareness programs particularly surrounding the transmission of the virus.

⁶² J. Myhre and D. Sifris, "Antiretrovirals Overview: How Combination Therapy Renders HIV Powerless. June 11, 2023. [What Are Antiretrovirals and How Do They Work? \(verywellhealth.com\)](https://www.verywellhealth.com/antiretrovirals-and-how-do-they-work/)

Key Viewpoints

There are multiple key viewpoints which affect the interpretation of this topic. Each country has responded to the issue in a different way often based on a (or multiple), key viewpoints which have impacted it. Below are three key viewpoints prevalent currently.

Economic

The AIDS crisis has had significant economic implications for many countries, especially in Africa. The healthcare costs of the epidemic due to the cost of care and treatment has placed a heavy burden on healthcare systems. It has strained governments and led to increased public spending. Studies have shown that “on average, treating an AIDS patient for one year is about as expensive as educating ten primary school students for one year”.⁶³

Economically speaking, there has also been a large human cost which has affected the economy and the labour force.⁶⁴ Studies in Tanzania, Côte D'Ivoire, Uganda and Ethiopia have documented a large loss of income, large healthcare expenditures, and consumptions of savings on funeral expenditures which have had a large social cost.⁶⁵

Agriculture is the largest sector in most African economies accounting for a large portion of production and a majority of employment. Studies done in Tanzania and other countries in the region have shown that “AIDS will have adverse effects on agriculture, including loss of labour supply and remittance income”.⁶⁶

At this point, what can be done and what countries in the African region are looking at is to fight to prevent new infections, to design major development plans appropriately, for governments to create programs which address the problem specifically and mitigate the effects of AIDS on poverty.

⁶³ J. Stover and L. Bollinger, “The Economic Impact of AIDS The POLICY Project,” 1999. Available: https://pdf.usaid.gov/pdf_docs/Pnacm899.pdf

⁶⁴ Ibid.

⁶⁵ Ibid.

⁶⁶ Ibid.

Key Viewpoints

Religious

Religion shapes everyday life and beliefs and it has shown to contribute to stigma and beliefs about HIV and AIDS. Many Christian denominations such as Pentacostal, Lutheran and Catholic believe there should be a fear of HIV and AIDS, as many view it as a punishment from God.⁶⁷ In this way religious beliefs have a big influence on the way people with HIV are treated but also the way religious people living with HIV feel about their diagnosis. It may also affect the way they may feel towards treatment, as many may believe the most effective form of treatment would be prayer or a form of religious response.⁶⁸

The religious perspective is also relevant when considering sexual taboos and the transmission of HIV and AIDS. In many religions there is a significant amount of taboo regarding intercourse before marriage and also homosexuality, which are both linked directly to AIDS. Both of these being considered sins, may therefore impact stigma, reactions to treatment and government responses in countries in which a religious perspective is leading.

With that being said, whilst it may be important it shouldn't stop countries from attempting to advance towards treatment and care. As with all medical problems, there should still be a form of cultural competency to help those who are diagnosed with HIV.

⁶⁷ J. Zou, Y. Yamanaka, M. John, M. Watt, J. Ostermann, and N. Thielman, "Religion and HIV in Tanzania: influence of religious beliefs on HIV stigma, disclosure, and treatment attitudes," *BMC Public Health*, vol. 9, no. 1, Mar. 2009, doi: <https://doi.org/10.1186/1471-2458-9-75>.

⁶⁸ Ibid.

Key Viewpoints

Social

The epidemic also had a large social impact on global society. It had an impact on society regarding stigma, inequality, discrimination and community responses. The AIDS crisis brought to life a pre-existing stigma and fear surrounding the gay community. Many diagnosed and living with AIDS faced social isolation and discrimination. This, in part, was due to their sexuality and the correlation between it and how it was believed AIDS was transmitted. This clearly affected the individual lives of those struggling with AIDS but also with the response towards treatment and care, arguably slowing down the process over the last decade.⁶⁹

During the AIDS epidemic there was also a rise in advocacy for rights and challenging discrimination. Due to a rise in fear, it also led to a rise in violence towards the gay community. It is important therefore, in many countries, that the international community recognises that a HIV and AIDS status is a prohibited ground for discrimination. HIV has highlighted many inequities and vulnerabilities leading to increased rates of infection among women, children, the poor and marginalised groups. In the UK as of this year, HIV in women and children had been recognised as a significant feature of the UK epidemic.⁷⁰ HIV prevalence in mothers in London was almost six times higher in 1993 compared to 1988. By 1996, 797 children had been diagnosed with HIV in the UK, including 128 diagnosed with AIDS.⁷¹

Additionally the death of many popular personalities such as Freddie Mercury, lead singer of the band Queen in 1991, also had an impact on the social perspective throughout the epidemic. It has led to more publicity on the subject and its implications, both positive and negative publicity. Positive publicity includes the creation of the Mercury Phoenix Foundation in 1992, following the singer's death, to raise awareness and support those living with AIDS. The foundation has had a lot of support but also criticism for encouraging support for people who followed Mercury's lifestyle which may have led to him contracting HIV.

From a social perspective, the impact of AIDS was seen in all aspects of social culture and had a profound effect on different facets of society everywhere.

⁶⁹ A. P. Mahajan et al., "Stigma in the HIV/AIDS epidemic: a review of the literature and recommendations for the way forward," *AIDS*, vol. 22, no. Suppl 2, pp. S57–S65, Aug. 2008, doi: <https://doi.org/10.1097/01.aids.0000327438.13291.62>.

⁷⁰ K. Alcorn and R. Pebody, "HIV in the UK – then and now," *aidsmap.com*, Oct. 06, 2023. <https://www.aidsmap.com/about-hiv/hiv-uk-then-and-now>

⁷¹ K. Alcorn and R. Pebody, "HIV in the UK – then and now," *aidsmap.com*, Oct. 06, 2023. <https://www.aidsmap.com/about-hiv/hiv-uk-then-and-now>

Questions to Consider

1. How can solutions to the epidemic be tailored to each nation state?
2. What kind of solutions are necessary to ensure nations will be in agreement?
3. What can the WHO do to curb the spread of HIV and AIDS?
4. How can we learn from the past when dealing with this problem now?
5. How can we improve healthcare to be culturally competent?
6. How can the international system support developing countries with this issue?
7. Moving forward, what changes to the healthcare system does this epidemic inspire?

Additional Resources

[Specialized - Intro to Historical Committees Part 1 - MUNUC](#) - Guide on historical debates

[A Timeline of HIV and AIDS](#)

[HIV/AIDS Timeline – New York City AIDS Memorial](#)

[Global Programme on AIDS; 1987 - 1995 - World Health Organisation](#) - WHO Report

[History of AIDS - Epidemic, Timeline & HIV](#)

[HIV/AIDS in Asia and the Pacific Region 2001](#)

[The History of Aids in Africa](#)

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