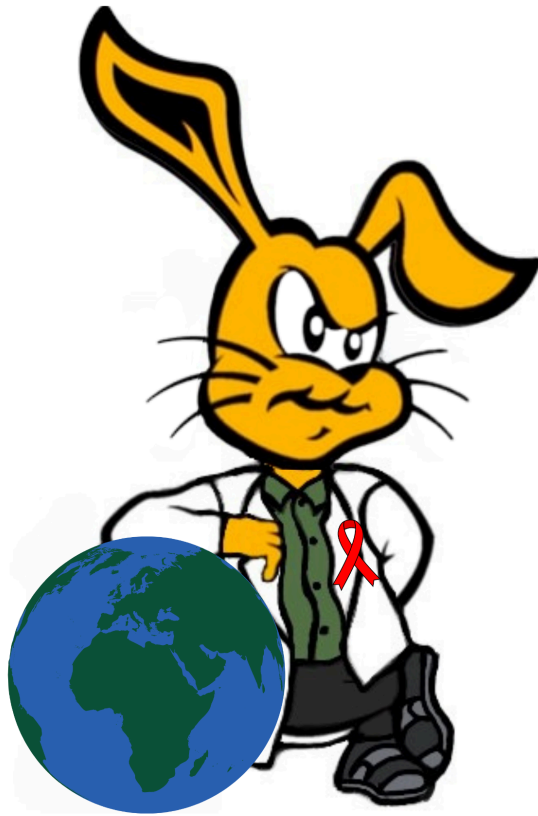


UNAIDS

HIV/AIDS in Developing Countries



JACKRABBIT MUN VII

L.B. POLY - MAY 24th, 2025

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CO-HEAD CHAIR LETTERS

Hello Delegates!

My name is Alaina Castillo and I will be one of your co-head chairs for UNAIDS: HIV/AIDS in Developing Countries. I am stoked to have the opportunity to serve in this position and to work with this incredibly talented dais team. I am committed to making this experience the best it can be for delegates and hope this background guide is clear and informative.

A bit about me, outside of Model United Nations I am Poly's Sophomore class president, president of the Equity, Inclusion, & Change club, and am on Poly's varsity cheer team. I am passionate about politics, social justice, and learning, these passions have helped foster my love for Model UN. I have been involved with Poly's Model UN program since middle school and have grown to love the learning, challenges, and community that come with Model United Nations. Before this committee, I served as a vice chair and shadow on other daisies for JackrabbitMUN.

This topic is such an important global issue that I feel can easily get overlooked or misrepresented. Finding potential solutions requires involvement from all countries and blocs, which I hope we can achieve in session. I cannot wait to hear all of the innovative solutions and perspectives I am sure you all will come up with. I am eager to partake in this amazing event and meet everyone. Please do not hesitate to reach out with any questions.

Sincerely,

Alaina Castillo

UNAIDS | Co-Head Chair

lainyrcastillo@gmail.com



CO-HEAD CHAIR LETTERS

Hello delegates!

My name is Emma Holder and I am one of your co-chairs for UNAIDS: HIV/AIDS in Developing Countries! I am so excited to be a part of this committee and am dedicated to making sure we have a fun and engaging room. I feel so blessed to be on this dias with my talented peers and hope that you all get as much enjoyment out of this room as possible!

Some details about me, I am a senior here at Poly and this is my third year in MUN. I'm also very involved with Best Buddies and Speech and Debate. Outside of school, my main hobby has always been volleyball. I've played volleyball since fifth grade and have been on the varsity volleyball team since my freshman year. Being a part of the team this year was extra special, as we ended up winning CIF. I also love going to the beach, thrifting, and hanging out with friends. This is my first time co-chairing a committee, but I have been on the dais of a room in our last two conferences, serving as a rap.

The HIV/AIDS epidemic is such an important issue that has significant impacts around the globe. It doesn't receive as much focus as it should be getting, so I'm very excited to see what creative solutions you all come up with and how you collaborate with others countries to create the best possible solutions. I hope you all find the background guide to be clear, but if you have any questions please reach out!

Sincerely,

Emma Holder

UNAIDS | Co-Head Chair

emmagho55@gmail.com



POSITION PAPER GUIDELINES

- Position Papers are due at 11:59 PM on **Sunday, May 18th**.
- Delegates **must** submit position papers to be eligible for **research AND committee awards**.
- Position Papers will be submitted through a Google form:
 - <https://forms.gle/jkenWafGEAL6hJay9>
- At the top of each paper, include your character/country name, first and last name, school name, and appropriate committee.
 - United States
 - First Last
 - School Name
 - UNAIDS
- Papers should be submitted as a PDF file
 - Please name the file [Committee_Country]
 - Ex. **UNAIDS_United States**
- Papers should be minimum 1-2 pages in length with an additional Works Cited page in MLA format
- Papers should be single-spaced in Times New Roman 12 pt. font and include no pictures or graphics
- Please include the following sections for each committee topic:
 - Background & UN Involvement
 - Position of your Country
 - Possible Solutions

If you have any questions or concerns, please email one of your chairs.



TOPIC SYNOPSIS

Today, some forty million people live with HIV. HIV, also known as human immunodeficiency virus, is a virus that weakens the body's immune system, making it harder for one to fight off infection. Research suggests that HIV originated sometime between the late 19th century and early 20th century in West or Central Africa. It first appeared in chimpanzees and eventually jumped to humans who hunted and consumed the chimpanzees. HIV has since spread from Africa to the rest of the world.

AIDS is the late stage of HIV infection and occurs when treatment has not been administered early enough and the virus has damaged the immune system beyond repair. HIV and AIDS are statistically more prevalent in developing countries due to less access to health education, HIV prevention, and unequal treatment, and is thus known as a “disease of poverty.”

Social misconceptions rooted in homophobia regarding the virus have also contributed to the challenge of preventing HIV's further spread. Economically speaking, HIV/AIDS reduces economic growth by reducing labor productivity and available human capital. Despite these challenges, there have been various notable medical advancements. In terms of testing, PCR, SUDS, and newer OraQuick tests help detect infections. Pharmaceutical companies are continuing to develop new more accessible ways to screen for the virus. Over the past decade, HIV infection rates and AIDS death rates have decreased drastically due to increased education and new treatment methodologies, although they remain high in many socioeconomically disadvantaged regions of the world. In what ways can countries continue to decrease infection and death rates and make treatment more accessible to all communities?



COMMITTEE DESCRIPTION

UNAIDS is an organization under the United Nations with the goal of leading, strengthening, and supporting a successful response to HIV/AIDS. Various regions, along with the private sector and global institutions, are united under UNAIDS to stand in solidarity with those afflicted by the disease. Their efforts include joining together for political, economic, technical, and scientific resources to achieve its goal of “Zero new HIV infections. Zero discrimination. Zero AIDS-related deaths.”

The organization is headquartered in Geneva, Switzerland, where it was founded in 1996 in order to centralize the UN’s response to the epidemic. It draws upon the expertise of other UN agencies in order to expand the response to HIV/AIDS, while acknowledging the social and economic implications involved. UNAIDS primarily works through its cosponsors in order to develop and research policy, promote technical collaboration with governments and community groups, advocate for an ethical response with adequate resources, and coordinate with its co-sponsors and other bodies of the United Nations. Reducing sexual transmission, eliminating gender inequalities and the stigma associated with the disease, and closing the resource gap are just a few of the many ways that UNAIDS seeks to improve the lives of those living with HIV/AIDS and those at risk.



BACKGROUND

SUSTAINABILITY OF HIV RESPONSE

The sustainability of HIV response is an important component of ensuring that HIV response is accessible consistently worldwide. Prevention and treatment methods and enforcing laws are some strategies used by nations such as Botswana. In order to obtain globally sustainable HIV response, countries must fulfill healthcare funding commitments. Consistent domestic investment, which already is the majority of healthcare spending in low- and middle-income countries, is crucial for all nations, regardless of economic status. This principle was put into practice through actions like the Abuja declaration of 2001, when African leaders committed to allocating 15% of their gross domestic product (GDP) to healthcare. Ending the HIV epidemic requires global political and economic coordination to create stable and sustainable solutions.

UNAIDS has created an HIV sustainability framework to promote HIV response sustainably. This framework features policies and systems that work toward the goal of ending AIDS as a public health threat by 2030. To support nations that plan to implement what is mentioned in the framework, UNAIDS released companion guides that help countries create a path to sustainability by developing road maps. The companion guides are flexible to assist a wide range of countries.

The goal of getting sustainable HIV responses globally will be difficult to achieve because nations around the world have different financial and social circumstances. However, the HIV Response Sustainability Primer released by UNAIDS proposes new strategies to increase sustainability for countries to respond in different ways depending on what approach would be best for that country. The Primer will require



that countries involved begin enforcing new policies and systems to work towards building sustainability of HIV response.

ACCESS TO HIV TECHNOLOGIES

HIV technologies and medicines have grown exponentially over the past few decades. They now include several forms of testing both at home and with a physician along with more preventative care such as PrEP and viral suppression medication. These technologies help prevent the spread of HIV, identify who needs HIV treatment, and help those who already have it continue to live their lives. Barriers to access these technologies are largely due to human rights challenges like gender discrimination and violence, lack of awareness, and misuse of criminal and punitive approaches, along with lack of comprehensive education, and a lack of sexual and reproductive rights. While many developed and socioeconomically prosperous nations can more easily provide their populations the medical care they need, the same can not always be said about countries within the developing world. In terms of physical access, medical care of any kind can be difficult to receive depending on cultural and economic factors, if the technology is readily distributed to citizens, and the nation's urban/rural divide. People in many rural areas of the world struggle to access medical care such as HIV technologies due to logistical challenges. Aside from that, the financial burden of HIV/AIDS preventative care, testing, and treatment technologies also contribute to their limited spread in the developing world.

FINANCING

UNAIDS receives most of its financing from donor governments, various agencies, foundations, etc. The donor governments that give the most money in effort



to fight HIV/AIDS are the United States, which provides 73% of the total donor government funding (\$5.71 billion USD), followed by the United Kingdom (\$714 million USD), and France (\$320 million USD). This money goes towards accomplishing the goals of the organization, which includes providing treatment (like antiretroviral therapy that can stop the HIV virus from spreading and multiplying) and the 95-95-95 goal for 95% of those living with HIV knowing that they live with the disease, 95% being treated for it, and 95% having virally suppressed it. Within the United Nations, UNHCR, UNICEF, WFP, and multiple other UN programs also contribute to the HIV/AIDS effort.

Despite these numbers, UNAIDS is still severely underfunded. Lack of international funding causes a strain in the system and threatens the ability to respond to the ongoing epidemic in vulnerable areas like developing countries. According to the UNAIDS website, \$20.8 billion was available to HIV programs in lower middle class countries in 2022, which ran about 3% short of what was needed to adequately combat the disease and run on track for \$29 billion needed by 2025. In late February 2025, the global AIDS response received another devastating setback when newly elected President Donald Trump's administration cut critical U.S. funding for the program. This move had immediate impacts, as efforts to eradicate the disease in nations like the Ivory Coast completely collapsed.

ENDING STIGMA AROUND AIDS

Ever since the extreme growth of AIDS in the 80's and 90's, specifically among gay men, there has been a negative stigma surrounding it because of misconceptions about how AIDS was spread. People believed that AIDS came as a result of men having sex with men, which spread the idea that AIDS was a punishment sent from God for homosexuality, even being referred to as the "gay plague." Even though it has been proven that people besides gay men can also get AIDS, the negative stigma around



AIDS still persists. Not only does the homophobic stigma affect people with AIDS by creating discrimination against them in many aspects of life, it can also scare non-infected individuals from getting AIDS prevention treatments because they are worried about the consequences that they might have to face.

Some countries have made their stance clear on the stigma around HIV and AIDS by joining the Global Partnership for Action against all HIV-related stigma and discrimination. Forty countries have officially joined this partnership as of the end of 2024, committing to attempting to end stigma around HIV within the next five years. They are focused on accelerating the implementation of programmes working to end the stigma in six different settings: health care, education, the workplace, legal and justices systems, households and communities, and emergency and humanitarian settings.

Obstacles that have been presented from countries not tackling the negative stigma around HIV include laws, policies, and beliefs that actively work against the stigma by creating discrimination and inequity against minority groups affected by HIV. These factors can limit minority groups' access to HIV services, including testing kits and medication. Developing countries, however, often have limited options to provide equal access to HIV medications due to the poverty in their country, and will need financial aid if they want to create equitable access to HIV resources.

ECONOMIC EFFECTS

The prevalence of HIV/AIDS in a country often correlates with the economic state of the country, as HIV can limit people's ability to work and make an income. Whether it's because HIV is causing a mental or physical limitation on one's working ability or because workers are encountering discrimination within their workplace for being HIV positive, HIV patients are at a higher risk of unemployment. HIV patients



often have to turn to loans and savings accounts to try and get by on a decreased income. This cycle frequently traps HIV patients into debt that is hard to escape. This leaves most HIV patients and their families in poverty, and the accumulation of this among thousands of HIV patients can severely worsen the state of poverty in countries as a whole.

On the national level, the HIV/AIDS epidemic can cause nations to have reduced labor supplies, reduced labor productivity, and increased healthcare costs. AIDS most commonly affects people between the ages of 25 and 34, which is also the age of a significant portion of the workforce, causing a depletion in the amount of available labor. Also weakening the workforce is AIDS effect on education. Families who find themselves struggling to pay for AIDS treatments and afford basic necessities are often forced to push schooling to the back of their priorities list, leading to a less educated workforce. Weakened workforces aren't able to maintain the same level of productivity causing losses across the board. Additionally, this can significantly impact both foreign and domestic investment. The presence of AIDS creates a higher level of perceived risk for investors, discouraging them from investing in an already weakening economy. The changes in these aspects of the economy can cause government incomes and tax revenues to fall, forcing higher government spending, typically creating either a budget deficit or a government debt.



UNITED NATIONS INVOLVEMENT

From the beginning of the HIV epidemic, it was imperative that the United Nations became involved with HIV/AIDS response worldwide. The United Nations became involved in HIV prevention by creating new programs to propose ideas for HIV response. UNAIDS began operations in 1996 and advocates for action on the HIV/AIDS epidemic worldwide.

UNAIDS (Joint United Nations Programme on HIV/AIDS) is a model for the United Nations to create new approaches to improve HIV response sustainability. It uses resources from eleven United Nations organizations including UNICEF, UNESCO, UN Women, and the World Bank. UNAIDS has proposed different approaches to preventing HIV and treating HIV such as the Global AIDS Strategy 2021–2026 and the 2021 Political Declaration on Ending AIDS. UNAIDS focuses on the sustainability of HIV response, resources and financing regarding HIV response, and eliminating stigma and discrimination.

UNAIDS was part of a joint initiative in collaboration with UNESCO, UNFPA, UNICEF, and UN Women called the Education Plus initiative to empower young women in Sub-Saharan Africa and spread awareness about HIV. The Education Plus initiative political action agenda planned to call for both girls and boys to have access to free secondary education. Some social and economic benefits of the initiative include less vulnerability to acquiring HIV and promoting gender equality.

The United Nations has declared that ending AIDS by 2030 is essential worldwide and a key part of the Sustainable Development Goals. The Sustainable Development Goals are a universal list of goals set by the United Nations that work toward a better future worldwide. Eliminating threats regarding HIV/AIDS is necessary



to ensuring the health of those worldwide and is thus a vital part of the Sustainable Development Goals. HIV response especially plays an important role in SDG 3, which is the goal that there is global good health and well-being.



BLOC POSITIONS

African Bloc

African countries, specifically countries located in sub-Saharan Africa have historically been the most heavily impacted by the AIDS epidemic. At the end of 2022, around 1.8 million children from ages 0-14 were living with AIDS in the African region, with around 108,000 children being newly infected. Additionally, around 69,000 children died from the lack of treatment for AIDS-related illnesses. Although there is still much improvement needed in terms of accessibility to AIDS treatments, there has been a rise in antiretroviral medication, also known as ART, in recent years. Around 81% of people living with AIDS in the African region were on ART by the end of 2022. However, progress has plateaued in recent years due to problems mainly relating to under-resourcing and underdevelopment of their healthcare system along with extreme poverty experienced across the region.

Asia-Pacific Bloc

The countries of the Asia-Pacific bloc are the second most affected by HIV and AIDS with about 6.7 million people currently living with HIV. The Asia-Pacific bloc is experiencing a slow decrease of new HIV infections, but still only 13% since 2010. A major step the region has taken against the HIV/AIDS epidemic is by transitioning to using dolutegravir, an HIV integrase inhibitor as the first-line HIV treatment regimen. Much of the Asia-Pacific bloc has put forth efforts to grow the spread of HIV preventative measures. However, these efforts do come with their disparities and accessibility barriers such as cost and availability. Another critical factor in the HIV/AIDS response of these countries lies within cultural beliefs and practices, where



stigmatization, blaming, and discrimination is frequent. Overall the Asia-Pacific bloc struggles to educate and equip citizens with the necessary resources needed to combat the epidemic largely due to a lack of funding from both the respective governments and outside donor programs and NGOs.

Western European and Others Bloc

The countries within the Western European and Others bloc have better access to HIV technology than other regions. Because of this, HIV infections have been declining. Since 2010, the number of deaths related to AIDS in Western countries has gone down by 34%. In addition, the yearly number of HIV infections has decreased by 24%. However, data regarding new HIV infections in sex workers have not decreased at the same rate. Though this data may indicate that HIV prevention has advanced in developed countries, social and economic issues continue to impact HIV prevention. This includes problems such as stigma and discrimination that stops awareness about the risks of HIV from being spread.

Middle Eastern Bloc

The Middle East has experienced several struggles in the realm of the HIV/AIDS epidemic. This region has seen an 116% increase of new HIV infections between 2010–2023. A lack of operating medical facilities due to sociopolitical and economic reasons in countries such as the occupied Palestinian territory, Somalia, Sudan, the Syrian Arab Republic, and Yemen. This bloc has around 210,000 people living with HIV, and yet not many are able to receive the medical care they need due to the small amount or lack of HIV services, intense social taboos/stigmas, and citizens having to pay out of pocket for healthcare, making it unaffordable.



Latin American and Caribbean Bloc

Latin America and the Caribbean is a region heavily impacted by the HIV/AIDS crisis. In Latin America, the number of new infections have increased over time by about 9% as of 2023. However, in the Caribbean, the infections have actually lowered. Like in other regions, gay men, transgender women, and female sex workers are disproportionately affected. While organizations like UNAIDS have provided resources for the prevention and treatment of the disease within this region, it is impossible to make significant change without the help of these nations' governments. Conservative governments tend to offer less of an effective response as these vulnerable groups fall outside of the acceptance of traditional societies. This, among other factors, is what complicates a meaningful response in Latin America and the Caribbean.



QUESTIONS TO CONSIDER

1. Why is HIV/AIDS more prevalent in the developing world? What social and economic factors determine this disparity?
2. What are some of the challenges in producing an effective response to the HIV/AIDS crisis?
3. How does culture impact your country's response(s) to this epidemic?
4. Where is HIV/AIDS medical care and where is it not? How can you work to change that?
5. What areas can your country improve in to support this issue?
6. Why has a lack of response/adequate response been seen?



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