

VANCOUVER MODEL UNITED NATIONS

The 11th Annual Conference · January 20-22, 2012

BACKGROUND GUIDE

World Health Organization





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Dear Delegates,

My name is Max Bedford and I will be your director for the World Health Organization this year at VMUN 2012. Currently, I am in grade 11 at St. George's School and have been involved with MUN since Grade 7, attending multiple conferences throughout the Lower Mainland. At VMUN last year, acted as the Assistant Director of the Security Council and learned a lot of valuable lessons which I hope to bring to the WHO this year in order to make an exciting, memorable committee for everyone involved.

I hope you will enjoy discussing the two topics that my staff and I have selected. I firmly believe that both topics are important issues that require immediate action for the health and safety of our world. Antibiotic resistance is considered "one of the world's most pressing public health issues" and is only getting worse, threatening to tip the world back into the dark ages of the pre-antibiotic era. A comprehensive and lucid solution is key to stabilizing and then eventually eradicating this issue. Also, the HIV/AIDS pandemic has been ongoing for decades. There has been much involvement from a wide variety of organizations including the UN. Yet, there has not been one single solution, which addresses HIV/AIDS from every angle ranging from prevention to education to curing.

I believe that both topics are engaging and will stimulate vigorous and interesting debate. I look forward to meeting you all at the conference and wish you the best of luck in your research and at the conference itself. Please feel free to contact me if you have any questions or concerns.

Sincerely,

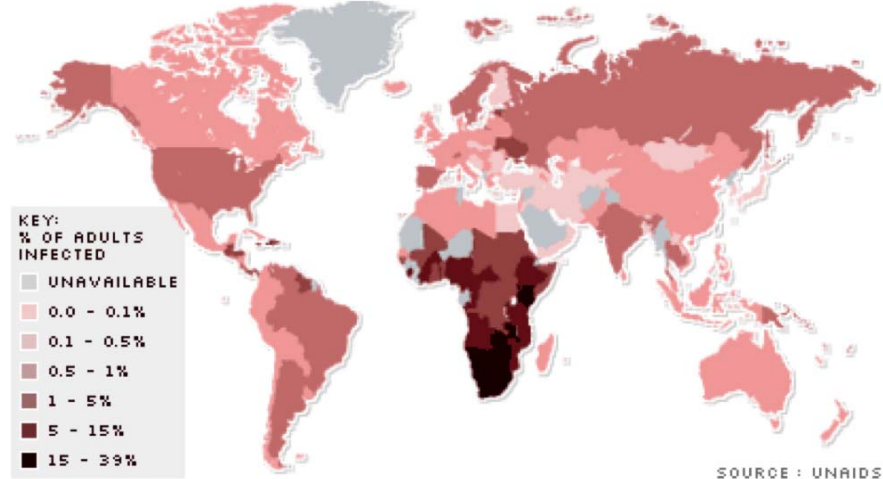
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Topic B: HIV/AIDS

Introduction

HIV/AIDS is a high-profile, global pandemic that kills at least two million people per year. It originated as a disease that first spread from chimpanzees into the human population sometime during the early 20th century. Since first being identified in 1981 (at the time, the nature of the disease was still unknown), HIV/AIDS has spread throughout the globe and has massively increased in

WORLDWIDE HIV PREVALENCE RATES



prevalence. HIV (Human Immunodeficiency Virus) is a contagious disease that can be spread through a variety of ways, including unprotected sex, the transfer of blood, and from mother to fetus.¹ It attacks and weakens the human immune system, causing AIDS (Acquired Immune Deficiency Syndrome). Due to a lack of quality healthcare infrastructure, stemming from a lack of funding, Sub-Saharan Africa is the region most afflicted by HIV/AIDS. That being said, HIV/AIDS is also a serious problem in many other countries, such as the USA and India. Because HIV/AIDS has been a serious issue for many years, and has spread throughout the world, the pandemic will not be solved by anything short of a comprehensive, multi-pronged solution, exploring avenues such as prevention, containment of transmission, treatment, curation, and education. Of course, the longer it takes for the world to reach a concerted, comprehensive resolution to the HIV/AIDS pandemic, the harder it will become to solve.

Timeline

1981 — 5 homosexual men in Los Angeles are afflicted by a mystery illness, later identified as the first case of AIDS in America

1982 — The acronym AIDS is coined

1984 — HIV is identified as the cause of AIDS

1984 — A middle school student in Indiana is diagnosed with AIDS and is expelled from school (due to the demands of parents and faculty)

1985 — The first International Conference on AIDS is held in Atlanta

¹ Sharma, Sat. "HIV/AIDS Causes, Symptoms, Treatment - HIV/AIDS Transmission on EMedicineHealth." *E-Medicine Health*. Web. 18 Sept. 2011. <http://www.emedicinehealth.com/hiv/AIDS/page2_em.htm>.

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1986 — 38,000 cases of AIDS confirmed in 85 countries

1987 — The first antiretroviral drug to treat HIV, AZT, becomes commercially available

1988 — World AIDS Day is established

1995 — UNAIDS is established

2000 — UNAIDS estimates that over 27 million people around the world are living with AIDS

2000 — The Millennium Development Goals are established and include a section about the combating of HIV/AIDS

2002 — The Global Fund is established

2007 — Timothy Ray Brown is the first reported case of HIV being cured

Historical Analysis

At some point in the early 20th century, it is believed that a strain of SIV (Simian Immunodeficiency Virus) in the Western African chimpanzee population was transferred to humans. There are several theories that attempt to explain how the disease subsequently mutated into HIV.² One theory guesses that because the African healthcare system at the time couldn't afford to use many needles, reuse of syringes led to the spread of SIV within hospitals, allowing a greater chance for its mutation into HIV.³ Another popular theory states that SIV was passed to humans in the harsh African labour camps that sprang up in the early 20th century. Due to a lack of sanitation in these camps, SIV was able to spread and eventually mutate.⁴ In these camps, labourers were injected with unsterile needles, engaged in sex with prostitutes, and were extremely malnourished: essentially, living in the perfect conditions for a contagious disease to spread and mutate, taking advantage of their weakened immune systems.⁵

AIDS first really came to the attention of the medical world in 1981, some time after the disease entered North America. Opportunistic diseases were spotted in groups of homosexuals and injecting drug users that, unknown to medical researchers at the time, were caused by the first Western cases of AIDS.⁶ In 1982, the term AIDS (Acquired Immune Deficiency Syndrome) was coined by the CDC as more cases sprung up. During 1982, over 500 cases of AIDS were identified in America and several others were identified in Europe, South America, and Africa. It was also observed that AIDS could transfer from

² "USATODAY.com - HIV's ancestry traced to wild chimps in Cameroon." *USA Today Online*. Associated Press, n.d. Web. 31 Aug. 2011. <http://www.usatoday.com/news/health/2006-05-25-hiv-cameroon_x.htm>.

³ Marx, P. A., Alcibes, P. G. & Drucker, E. (2001). Serial human passage of simian immunodeficiency virus by unsterile injections and the emergence of epidemic human immunodeficiency virus in Africa. *Philos Trans R Soc Lond B Biol Sci* 356, 911–920.

⁴ Chitnis, A., and D. Rawls. "Origin of HIV Type 1 in Colonial French Equatorial Africa?" *The National Center for Biotechnology* (2000). *US National Library of Medicine National Institutes of Health*. [Http://www.ncbi.nlm.nih.gov/pubmed/10628811](http://www.ncbi.nlm.nih.gov/pubmed/10628811), 1 Jan. 2000. Web. 31 Aug. 2011.

⁵ *Ibid.*

⁶ Masur H., Michelis M.A., Greene J.B., Onorato I., Stouwe R.A., Holzman R.S., Wormser G., Brettman L., Lange M., Murray H.W. and Cunningham-Rundles S. (1981) 'An Outbreak of community acquired Pneumocystis carinii pneumonia: initial manifestation of cellular immune dysfunction' (1981), *The New England Journal Of Medicine*, vol 305:1431-1438, December 10, Number 24,

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mother to fetus during pregnancy, as well as to some hospital patients who were the recipients of blood transfusions.⁷ At the time, doctors were still working to discover what caused AIDS.

At a 1984 press conference of the U.S. Health and Human Services, it was announced that Dr. Robert Gallo had discovered that AIDS was caused by a retrovirus, which received its current name of AIDS two years later. Soon, in 1985, the first case of AIDS was reported in China, marking the point when AIDS had spread to every inhabited continent. At the beginning of that year, over one million Americans had contracted HIV.

By 1987 AIDS, had become a high-profile phenomenon and garnered much media attention. There were several lawsuits over “AIDS discrimination,” such as the case of Ryan White, a middle-school in Indiana who was expelled from school after being diagnosed with AIDS after pressure from parents and faculty. In May of that year, the WHO developed a global strategy for combating AIDS and included a provision for ensuring a “supportive and non-discriminatory social environment” in every country.⁸ Along with this, many prominent campaigns began to educate the public about the dangers of AIDS in countries such as America, Britain, Australia, and France. In the UK, the media declared an AIDS Week, in which several radio and TV programs about AIDS were aired. Equally importantly, antiretroviral therapy also began to come into use when the first antiretroviral drug to treat HIV, AZT, became commercially available.⁹

By 1990, it was estimated that 8 million people were living with HIV.¹⁰ The disease gained even more public attention in 1991, when famous musician Freddie Mercury died just hours after announcing he had been diagnosed with AIDS. A year later, the first combination antiretroviral drug therapies were introduced, and were shown to be much more effective in slowing the spread of AIDS than single drugs like AZT.¹¹ This method of treatment, known as highly active antiretroviral therapy (HAART), became much more popular and has established itself as the best means of combating HIV/AIDS. In 1996, UNAIDS was launched as the main and official group for action on the HIV/AIDS pandemic.

At the turn of the 21st century, it was estimated that over 22 million people were living with HIV.¹² Two years later, the Global Fund, a multibillion-dollar international organisation that funds resources for combating HIV/AIDS, tuberculosis, and malaria, began operations. Also, the WHO introduced the “3 by 5” campaign, which hoped to ensure access to antiretroviral drugs for 3 million people by 2005. However, despite the steps taken and victories won over the years, the HIV/AIDS pandemic has been escalating

⁷ Centers for Disease Control and Prevention. Morbidity and Mortality Weekly Report. *Epidemiologic Notes and Reports Possible Transfusion-Associated Acquired Immune Deficiency Syndrome (AIDS) -- California*. Centers For Disease Control and Prevention Online. CDC, 10 Dec. 1982. Web. 31 Aug. 2011. <<http://www.cdc.gov/mmwr/preview/mmwrhtml/00001203.htm>>.

⁸ Mann J.M (1989) ‘AIDS: A worldwide pandemic’, in *Current topics in AIDS*, Volume 2, edited by Gottlieb M.S, Jeffries D.J., Mildvan D., Pinching A.J., Quinn T.C. and Weiss R.A., John Wiley & Sons

⁹ “Timeline: HIV & AIDS,” John Pickrell, *New Scientist*, September 4, 2006

¹⁰ Chin, J. (1990) ‘Global estimates of AIDS and HIV infections: 1990, in AIDS 1990, a year in review’, Current Science Ltd. p. S277-S283 <<http://www.ncbi.nlm.nih.gov/pubmed/2152581>>

¹¹ Timeline. *New Scientist*.

¹² *Ibid.*

since the 1980s. Even in 2012, in HIV/AIDS, the World Health Organization faces as critical a pandemic as ever.

Current Situation

Currently, the HIV/AIDS pandemic kills more than 2 million people a year and over another 2.5 million are infected annually. The WHO also estimates that there are over 33.5 million people living with HIV/AIDS at the moment.¹³ HIV/AIDS is transmitted in a variety of ways, but the most high-risk groups are men who have sex with men (MSM), injecting drug users, people who engage in unprotected sex, and fetuses of HIV-infected mothers. One of the gravest problems surrounding the pandemic is a serious lack of access to preventative resources in low-to-middle income countries. In high-income countries, such as the United States, the introduction of highly active antiretroviral therapy has greatly reduced the death rate of HIV/AIDS.

According to the United Nations, at least 56 countries have their amount of new infections by over 25% over the past decade, and new infections worldwide have been reduced by 20%.¹⁴ Yes, increasing access to antiretroviral therapy has been one of the primary contributors to this slowdown, but huge strides in access still need to be made if the Millennium Development Goals are to be reached.

The area most greatly affected by HIV/AIDS is sub-Saharan Africa, which accounts for over 60% of all HIV-positive people in the world. In this region, ultimately due to extremely poor economies, there are a variety of reasons for the rampancy of the pandemic.¹⁵ Two key reasons are a lack of sex education and a lack of medical infrastructure. One particular group that must be targeted in order to reduce infection rates is HIV-positive mothers, who can pass on HIV/AIDS to their newborns. This group accounts for over half a million new infections yearly.¹⁶ The state of HIV/AIDS in this region has been undergoing slight improvement, due to the intense international focus on it, but the time for action is most certainly not over.

The second-most affected region is Southeast Asia, and in particular the country of India. Although the actual HIV prevalence rate is only around 0.3%, this statistic masks the chilling fact that Southeast Asia faces more AIDS deaths than any other region besides sub-Saharan Africa.¹⁷ Here, the sex trade and MSM account for a large number of infections due to the large amount of prostitution and human trafficking.

In both of these regions, poverty and a lack of quality medical infrastructure severely hinder the access to and spread of much-needed HAART, educational campaigns, testing, and other resources necessary to preventing and reducing the spread of HIV.

¹³ "United Nations Global Issues." *Welcome to the United Nations: It's Your World*. N.p., n.d. Web. 31 Aug. 2011. <<http://www.un.org/en/globalissues/aids/index.shtml>>.

¹⁴ *Ibid.*

¹⁵ UNAIDS. World Health Organization. *2007: Aids Epidemic Update*. UNAIDS, Dec. 2007. Web. <http://data.unaids.org/pub/EPISlides/2007/2007_epiupdate_en.pdf>.

¹⁶ *Ibid.*

¹⁷ UNAIDS. World Health Organization. *2010: UNAIDS Report on the Global Aids Epidemic*. UNAIDS, Dec. 2007. Web. <http://data.unaids.org/pub/EPISlides/2007/2007_epiupdate_en.pdf>.

Other key regions that delegates must pay close attention to are Eastern Europe and Central Asia. The number of infections is increasing in these areas, but the pandemic has not yet fully erupted there and is still in its early stages. If funding and resources can be targeted to these regions, the pandemic could potentially be slowed down and even reversed. This is largely because over 80% of the new infections are in people younger than 30 years old engaging in unsafe sex and drug use.¹⁸ The infections stemming from these activities could be prevented if education campaigns and resources such as condoms and needle exchanges were implemented.

Insufficient funding, medical infrastructure, and availability all pose a problem for the combating of HIV/AIDS. The regions that are most in need of antiretroviral treatment do not have enough access to it or the resources to support its widespread deployment. These same regions are often also unable to mount education and prevention campaigns. If the WHO wishes to pursue the UN's Millennium Development Goals, it will need to act quickly and decisively to implement a comprehensive strategy in these regions.

UN Involvement

The United Nations has been front and centre in the battle against the pandemic, and HIV/AIDS has been one of the most highly discussed topics in the UN. The UN's efforts on the issue have largely been guided by the Joint United Nations Programme on HIV/AIDS (UNAIDS), which was established in 1996. Additionally, HIV/AIDS was the target of one of the eight Millennium Development Goals and the focus of a special UN Session. Of course, these are just some of the countless examples of UN involvement in the pandemic, including many reports, conferences, and studies commissioned by the UN.

UNAIDS was created with the purpose of being an organization that “unites the efforts of the United Nations system, civil society, national governments, the private sector, global institutions and people living with and most affected by HIV” and “leads and inspires the world in achieving universal access to HIV prevention, treatment, care and support.”¹⁹ UNAIDS is funded through a variety of sources, including many governments and corporations. In 2010, UNAIDS released its strategy for 2011-2015, in which it aims to, among other things, reach zero new infections, zero AIDS-related deaths, and zero HIV/AIDS discrimination by 2015. UNAIDS also hopes to achieve universal access to antiretroviral therapy.²⁰ Essentially, UNAIDS was created to engage a diverse array of groups worldwide and coordinate their efforts to better combat HIV/AIDS.

In 2000, the UN established the Millennium Development Goals, intended to be achieved by 2015. Goal Six focuses primarily on “halting and reversing the spread of HIV/AIDS by 2015” as well as “achieving

¹⁸ UNAIDS. World Health Organization. 2007: *Eastern Europe and Central Asia Aids Epidemic Update Regional Summary*. UNAIDS, Dec. 2007. Web.

<http://data.unaids.org/pub/Report/2008/jc1529_epibriefs_eeurope_casia_en.pdf>

¹⁹ “UNAIDS.” *UNAIDS Home Page*. Joint United Nations Programme on HIV/AIDS. Web. 31 Aug. 2011.

<<http://www.unaids.org/en/>>.

²⁰ United Nations Joint Programme on HIV/AIDS. *Getting to Zero: UNAIDS 2011-2015 Strategy*. Dec. 2010. Web.

<http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2010/JC2034_UNAIDS_Strategy_en.pdf>.

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universal access to treatment for HIV/AIDS for all those who need it by 2010.²¹ Unfortunately, it is evident that the latter has not been achieved in many regions; at least 50% of people who need antiretroviral therapy are still not receiving it. Delegates must consider what can be done to salvage the progress of the HIV/AIDS Millennium Development Goal.

Another major response by the UN to HIV/AIDS was the 2001 special session of the GA focused solely on HIV/AIDS. By the end of the session, the “Declaration of Commitment on HIV/AIDS” had been created.²² In 2006, another session was held to monitor the progress made towards the aforementioned declaration. Some of its goals are very similar to those of the MDGs, and include such things as achieving universal access to treatment and educating the public on HIV/AIDS. The 2006 progress report acknowledged such issues as the need for constant funding to provide resources to combat HIV/AIDS.

In 2002, the Global Fund to Fight AIDS, Tuberculosis and Malaria was established and now acts as the world’s largest funder of programs combating HIV/AIDS, TB and malaria. Governments and several philanthropists have donated significant sums of money to the fund. The Global Fund is an autonomous partnership separate from the United Nations, but was initially highly tied to the World Health Organisation.

Possible Solutions & Controversies

As mentioned, there is without a doubt no single, unifying solution to the HIV/AIDS pandemic. Any comprehensive strategy adopted by the WHO will need to consider the multiple aspects of the problem in a multifaceted solution. The elusive cure and vaccine to the virus must of course be sought, but even without them we can and must slow the spread of the pandemic and combat the disease. In developing countries, medical infrastructure and access to trained medical professionals need improving. We have not yet achieved our goals relating to widespread or universal access to treatment, HIV/AIDS education, and dissemination of HIV/AIDS-prevention resources like the condom. At the moment, there is a huge gap in HIV/AIDS medicine between the developing and developed world that needs thinning.

So far, all attempts at finding a vaccine or cure to stop HIV once and for all have failed. However, in 2007, Timothy Ray Brown, who had been tested HIV positive in 1995, was “cured” of HIV after a bone marrow transplant.²³ This procedure, however, is a very expensive, complex operation that is not currently viable on a large scale. Nevertheless, many scientists do not believe that finding a vaccine or a cure for HIV/AIDS is impossible, and believe that it will eventually happen. Therefore, funding and research cannot cease in this area, but immediate attention must also be focused on halting and reversing the spread of the current pandemic.

²¹ “United Nations Millennium Development Goals.” *Welcome to the United Nations: It’s Your World*. United Nations Millennium Development Goals: HIV/AIDS. Web. 31 Aug. 2011. <<http://www.un.org/millenniumgoals/aids.shtml>>.

²² United Nations Global Issues.” *Welcome to the United Nations: It’s Your World*. N.p., n.d. Web. 31 Aug. 2011. <<http://www.un.org/en/globalissues/aids/index.shtml>>.

²³ <http://www.dailymail.co.uk/health/article-1387837/Berlin-Patient-Timothy-Ray-Brown-cured-AIDS-getting-bone-marrow-transplant-donor-HIV-immune-gene.html>

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The overall quality of medical institutions in developed countries and regions such as America and Europe far outstrips that of places such as sub-Saharan Africa, and this is the underlying reason why HIV/AIDS is so rampant there. The average physician-to-population ratio in the USA is 1:390, while in sub-Saharan Africa it is 1:8000.²⁴ In countries such as Malawi, the number stands at a staggering 1 per 50,000.²⁵ Along with this, the equipment used to monitor and test for HIV/AIDS and technicians required to operate these machines are very expensive and hard to afford in low-to-middle income countries, so they are much less prevalent in the places that need them the most. Without this medical infrastructure, it is extremely hard for antiretroviral drugs to be distributed and for patients to receive the treatment and support they need.

Highly active antiretroviral therapy is the most common and effective treatment of HIV/AIDS, but for it to truly make a difference, it must become universally accessible. Currently, many regions have extremely insufficient access to these drugs. In sub-Saharan Africa, the coverage rate of people who need antiretroviral therapy is only 37% out of the over 10 million people who need it. Other regions, such as southeast Asia, only have a 31% coverage rate.²⁶ Universal access is needed to treat the current HIV-positive and reduce the disease's death rate. Treatment would also reduce the infection rate; it has been proven in studies that reducing the levels of HIV in a community significantly reduces new infections as well. Universal access must involve provisions for patient support and ensuring that patients stick to their treatment. If patients stop taking their treatments, which can occur for a wide variety of reasons, the effectiveness of HAART and other methods obviously drops precipitously.

Another important aspect in HIV/AIDS prevention is the presence of education and advertisement campaigns that educate the public about the basic facts of the disease, how to prevent it, and its consequences. While HIV/AIDS education can begin at an early age in schools, it should not stop after schooling. To sufficiently educate populations about HIV/AIDS, it may be necessary to encourage workplaces, advertisers, and social media to distribute educational information. Potentially, HIV/AIDS education could be largely targeted on the high-risk groups in each region.

While education teaches prevention, this is only useful if the methods used to help prevent HIV/AIDS are readily available. UNAIDS states that "The male latex condom is the single, most efficient, available technology to reduce the sexual transmission of HIV and other sexually transmitted infections."²⁷ As well, it is also the cheapest, easiest to distribute method of prevention. Currently, while the amount of condom usage worldwide is on the rise, in the most affected regions such as sub-Saharan Africa, it is estimated that

²⁴ Mills, Edward J. "Should Active Recruitment of Health Workers from Sub-Saharan Africa Be Viewed as a Crime? : The Lancet." *TheLancet.com - Home Page*. The Lancet, 28 Feb. 2008. Web. 28 Aug. 2011. <[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(08\)60308-6/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(08)60308-6/fulltext)>.

²⁵ Ibid.

²⁶ "WHO | Universal Access to HIV/AIDS Prevention, Treatment and Care." *World Health Organization: Universal Access to HIV/AIDS Treatment*. WHO. Web. 31 Aug. 2011. <<http://www.who.int/hiv/topics/universalaccess/en/index.html>>.

²⁷ "WHO | Volume 82, Number 6, June 2004, 399-478." *The World Health Organization Media Centre*. Ed. WHO. World Health Organization, 1 June 2004. Web. 31 Aug. 2011. <<http://www.who.int/bulletin/volumes/82/6/en/>>.

there is a lack of around 5 billion condoms.²⁸ If condoms become readily available and information on their proper usage is distributed, it will be a significant step towards the reduction of HIV/AIDS. Unfortunately, there are religious and cultural traditions that discourage many in the most affected regions to shy away from contraceptives, although progress has been made on that front. For example, the Catholic Church, which historically vehemently opposed condom use, now condones their usage to prevent HIV/AIDS.²⁹

Broadly speaking, HIV/AIDS must be dealt with through a multi-pronged attack, focusing on several different areas in prevention and treatment. Universal access and the growth of medical infrastructure in low to middle income countries are two key avenues to bringing about the reduction of HIV/AIDS, but delegates should research other aspects of the pandemic and bring more solutions to the table.

Bloc Positions

United States and Canada

While HIV/AIDS is a large problem in the United States, with over 1 million people currently infected, it is generally overlooked in comparison to other nations because of the quality of healthcare and amount of resources available. The introduction of HAART in the US and in Canada made the amount of deaths drop drastically and therefore HIV/AIDS is not an extremely pressing issue. Generally, the US, because of its economy, is looked at a leader in the world of HIV/AIDS in terms of funding and support.

Sub-Saharan Africa

Sub-Saharan Africa is the most affected region. There are over 20 million people living with the disease and therefore it is the region most in need of support. Economies in this region are in a very poor state, and as mentioned previously, medical infrastructure is vastly insufficient. While this region has been the most heavily targeted area for funding, the battle here is hardly over. More funding, and better allocation thereof, are called for.

Southeast Asia

In Southeast Asia, there are over 4.5 million people living with HIV/AIDS. It is the second most affected region behind sub-Saharan Africa. India accounts for around half of these infections, which, having spread to all parts of the country, poses a serious problem there. The sex trade is one of the driving causes of this.

Caribbean

Heterosexual sex is a leading cause of the high amount of HIV/AIDS in this region. Around 2.7% of the people in this region are affected and is a serious problem. UNAIDS estimates 75% of deaths will be caused by the disease by 2020 here.³⁰

²⁸ "The Donor Gap (2009)." *Reproductive Health Supplies Coalition*. N.p., n.d. Web. 31 Aug. 2011.

<www.rhsupplies.org/working_groups/resource_mobilization_and_awareness/the_donor_gap_2009.html>.

²⁹ "Catholic church tries to clear confusion over condom use." *The Guardian* [London] 23 Nov. 2010: n. pag. *The Guardian Online*. Web. 31 Aug. 2011.

³⁰ UNAIDS. World Health Organization. *2010: UNAIDS Report on the Global Aids Epidemic*. UNAIDS, Dec. 2007. Web. <http://data.unaids.org/pub/EPISlides/2007/2007_epiupdate_en.pdf>.

Eastern Europe, Central Asia

As mentioned previously, HIV/AIDS is a growing problem in these regions and therefore delegates may have a golden opportunity to quash things before they get out of hand.

Western Europe

Western Europe, like America, is viewed as a leader in providing funds to low and middle-income countries. HIV/AIDS is less of a serious problem here and infection rates are declining because access to treatment is readily available.

Delegates of high income countries such as the UK, America and other western European countries should work with low- to middle-income countries in the most afflicted regions to understand where their funding and resources are most needed and can be best put.

Research Questions

1. Should achieving the Millennium Development Goals be a higher priority than planning for an overall solution?
2. Why did the WHO's "3 by 5" initiative fail?
3. How can information about HIV/AIDS be effectively spread through to all groups of society?
4. Should the brunt of all the funding be placed upon western countries such as America or should each country be required to contribute a certain sum?
5. What impacts does HIV/AIDS have on children?
6. How will HIV/AIDS discrimination affect the implantation of new policies and programs?
7. Should medical students in Africa be required to practice there?

Additional Resources

<http://www.avert.org/>

AVERT: HIV/AIDS Information Site

http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2010/JC2034_UNAIDS_Strategy_en.pdf

UNAIDS 2011-2015 Strategy

<http://www.cdc.gov/hiv/>

HIV/AIDS: Centres for Disease Control and Prevention

<http://www.who.int/features/factfiles/hiv/en/index.html>

WHO 10 Facts on HIV/AIDS

Sources

<http://aids.gov/>

<http://www.aidsinfo.nih.gov/>

<http://www.un.org/millenniumgoals/aids.shtml>

<http://www.unaids.org/en/aboutunaids/universalaccesstohivtreatmentpreventioncareandsupport/>

<http://www.who.int/hiv/topics/universalaccess/en/index.html>