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**Joint United Nations Programme on HIV and AIDS (UNAIDS)  
Program Coordinating Board**

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#### DESCRIPTION OF THE COMMITTEE

The Joint United Nations Programme on HIV and AIDS, or UNAIDS, is the main advocate for accelerated, comprehensive and coordinated global action on the HIV epidemic. UNAIDS' mission is to lead, strengthen and support an expanded response to HIV and AIDS that includes preventing transmission of HIV, providing care and support to those already living with the virus, reducing the vulnerability of individuals and communities to HIV and alleviating the impact of the epidemic. Established in 1994 by a resolution of the UN Economic and Social Council and launched in January 1996, UNAIDS is guided by a Program Coordinating Board with representatives of 22 governments from all geographic regions, the UNAIDS Cosponsors, and five representatives of nongovernmental organizations (NGOs), including associations of people living with HIV/AIDS.

#### TOPIC: PROTECTION OF ORPHANS & VULNERABLE CHILDREN

#### INTRODUCTION

Around the world, hundreds of thousands of lives, societies, and economies have been devastated by the **HIV/AIDS pandemic**. When disease strikes, children are one of the most vulnerable populations. Not only are they at risk of getting sick, but they also suffer if their parents are infected. As a result, increasingly, particularly in Africa, children are becoming the **head of the household**. Robbed of their childhood, they are forced to take on responsibilities that require a level of maturity that adults, not children, are expected to have. Children in this position often cannot go to school because they are providing for the surviving family members, and often live in dangerous areas without protection. Instead they take on the role of primary-care provider for sick parents and younger siblings.

In the year 2005, it is estimated that 38.6 million people were living with the human immunodeficiency virus (HIV), which then develops into acquired immune deficiency syndrome (AIDS). In many areas the number of new infections continues to grow. Approximately 64 percent of the world's population that has AIDS lives in sub-Saharan Africa. More women than men are infected<sup>1</sup>. Despite **antiretroviral** drugs—drugs that target the HIV virus and slow the progression of HIV into AIDS—AIDS remains a fatal disease. As a result, it is estimated that 13.4 million children have been orphaned by HIV/AIDS and millions more live in households



where at least one parent has the disease<sup>2</sup>. These children are the **orphans and vulnerable children (OVC)**,

“children whose care is compromised as a result of the illness or death of an adult who contributed to the care and/or financial support of the child,” of the HIV/AIDS pandemic<sup>3</sup>.

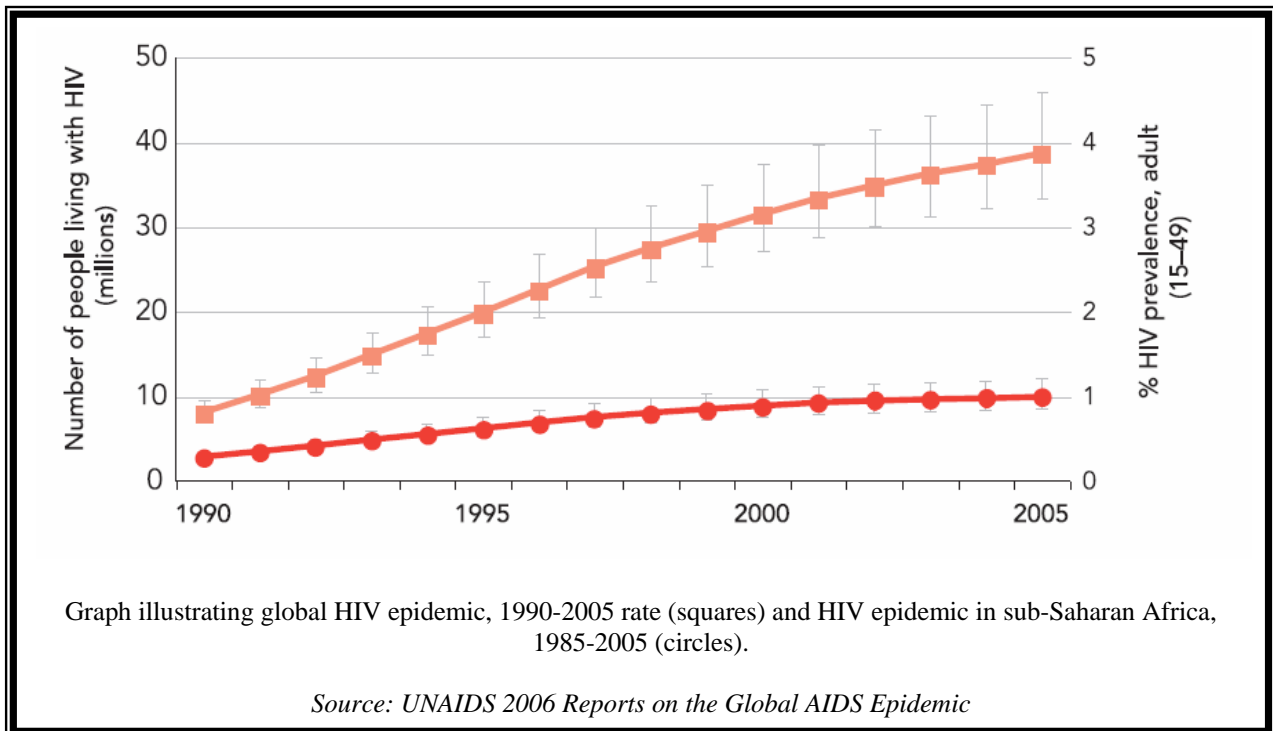
Traditionally, the extended family would take the orphaned children, but the AIDS epidemic has weakening the extended family support system. As a result, some children have no one to look to for assistance, particularly in rural or underdeveloped areas. In some communities they are ostracized. For others, they are taken as foster children or placed in orphanages which often face overcrowding and understaffing issues.

## BACKGROUND

### *HIV/AIDS: A Devastating Disease*

HIV is the virus that causes AIDS, a disease that attacks **T-cells**—white blood cells that are necessary to fight infection. AIDS is the final stage of HIV. HIV is not transmitted through everyday contact such as shaking hands or hugging, but through blood transfusion, sharing of needles, mother-to-child transmission when the mother is pregnant or breastfeeding, or through sexual intercourse.

Often, during the early stages of the disease, there are no symptoms. But as the disease progresses, the victim’s weakened immune system cannot fight off **opportunistic infections** that healthy people’s immune systems can easily overcome. For example, the common cold, shingles, and bronchitis aren’t lethal to a healthy person, but can be deadly for someone who has developed AIDS. However, because it can take up to a decade for someone who is HIV-positive to develop AIDS, people can pass on the HIV virus to others without knowing it.



Currently, there is no cure for HIV/AIDS. However, antiretroviral drugs can be used to slow the progress of the disease. Typically antiretroviral drugs are expensive, in limited supply, and need to be monitored closely when given to a patient. They are offered as “cocktails,” meaning a patient would usually need to take more than one pill a day, which is impractical for those who have no access to health facilities with HIV/AIDS expertise in underdeveloped areas. Additionally, children often cannot find work when they are sick, or cannot earn enough to support themselves and their families and pay for drug treatment

In the developed world, drug companies that hold the patents to HIV/AIDS drugs are often reluctant to sell the drugs at reduced prices to country governments who can’t afford the full-price drugs, which places access to these lifesaving drugs out of even further reach of OVC.

### *The Protection of Children’s Rights*

In 1989, the **Convention on the Rights of the Child (CRC)** was adopted into international law. In 54 articles, this document clearly establishes the basic rights of children everywhere. Children, defined as being under eighteen years old unless the country’s laws recognize the age of majority to be earlier, are guaranteed the right to survival, well-being and development. Generally the family has the primary responsibility of caring for and protecting the child. However, Articles 20 and 22 require that the state take on the responsibility of caring for and protecting the child in situations where the child has been deprived of the family environment. To fulfill its responsibility, the state must consider all the options to ensure that the decisions made are in the best interest of the child. They must also protect all children without discrimination and respect the opinions of the child on all issues affecting them<sup>4</sup>.

### *History of OVC*

In the last fifteen years, numerous steps have been taken to protect the rights and safety of OVC. The **Lusaka Declaration**, a declaration addressing many of the issues for children and families as a result of the growing AIDS epidemic, was adopted in 1994. In 1998 the United Nations became directly involved through the UN General Discussion on “Children living in a world with AIDS.” This discussion addressed the view that AIDS is often seen as primarily a medical problem but, in reality, it has a much more significant impact. The Lusaka meeting as well as a later meeting in Pietermaritzburg, South Africa became the framework for meetings in other regions of Africa<sup>5</sup>.

### *Who is an OVC?*

The majority of children orphaned by AIDS live in developing countries with 82 percent living in sub-Saharan Africa. However, as the infection continues to spread, the number of OVC because of AIDS in Asia, Latin America and the Caribbean, and Eastern Europe will increase.

Typically, the death of one parent at a young age is not linked with the death of the other parent. In other words, if a child loses a parent to cancer, it is unlikely that his or her other parent will die of cancer at around the same time. As a result, one event usually does not leave a child orphaned. However, because HIV/AIDS is a **sexually transmitted disease (STDs)**, there is a high likelihood that both parents will become infected. With a disease like cancer, one parent may be unable to work, but with HIV/AIDS it is highly probably that both parents will be ill at



the same time. Then, many children lose both parents within a relatively short period of time. Children who have lost both parents are referred to as **double orphans**<sup>6</sup>.

### *Effects Before Parent's Death*

HIV/AIDS affects families long before the parents die. As the disease progresses, the household income can drop if one or both parents becomes unable to work. The income can drop by more than fifty percent. In agricultural communities, the area of land cultivated by a family can drop by over fifty percent if the head of the household becomes ill. Without this source of income and/or food, the family suffers economically. It can become difficult to meet even the basic needs of daily life on the reduced budget.

The cost of treating HIV/AIDS and opportunistic diseases also places a substantial economic burden on families. In Côte d'Ivoire, affected households pay four times as much on health care as unaffected households. Because of these financial burdens, as well as the funeral costs, which can be over one third of the family's annual income, AIDS can cause extreme poverty even before the parents' death<sup>7</sup>.

- Maternal Orphans: children whose mothers, and perhaps fathers, have died (includes double orphans)
- Paternal Orphans: children whose fathers, and perhaps mothers, have died (includes double orphans)
- Double Orphans: children whose mothers and fathers have both died

*The framework for the protection, care and support of orphans and vulnerable children living in a world with HIV and AIDS*

One of the first casualties of the disease for children is schooling. Economic pressures as well as the need to care for sick parents and younger siblings often force children to withdraw from school. In order to support their family, these children then take on adult responsibilities as well as adult jobs, many of which are dangerous. Children are more likely to be working in commercial agriculture, domestic service, or the sex trade<sup>8</sup>. These jobs often result in injury, sickness, and sometimes even death. Because these children are not receiving an education, they are unable to get other, less dangerous jobs which require additional training<sup>9</sup>.

Without education, these children also miss out on essential services<sup>10</sup>. Many services created to assist orphaned and vulnerable children are distributed through the local schools. Children who are not in school do not learn about the services they could be receiving. To change this, some organizations are using services, such as providing free food, as a means of encouraging OVC to attend school. Providing food to OVC in school takes some of the burden off of child heads of households so they can attend school instead of having to work.

One of the keys to protecting OVC is protecting and maintaining the health of the parents. Although there is no cure for HIV/AIDS, it is possible to slow the progress of the disease. However, the **stigma** of having the disease discourages people from getting tested. If the disease



is caught early, more can be done to slow the disease's progress. Even if antiretroviral drugs are unavailable, clinic and home care can provide those living with HIV/AIDS with life-prolonging treatments for common infections. With treatment, those with HIV/AIDS are better able to lead productive lives, reducing the strain put on their children<sup>11</sup>.

### *Effects After Parent's Death*

The death of a parent is devastating. For OVC, it also sets them up for a long trail of painful experiences. Often, after the death of a parent, the child will face economic hardship, withdrawal from school, loss of inheritance, malnutrition, illness, increased abuse and risk of HIV infection, and discrimination. In some cases, a child is left without consistent responsive care. This means they are without the love, attention and affection that they need to grow up healthy.

Children's survival skills suffer when a parent is not present in their life. Many survival skills are passed from generation to generation through parental guidance and support. Without parents to provide this safety net, children and adolescents must improvise because they are forced to take on responsibilities they are not ready to handle. As a result, they are more vulnerable. They are also more likely to become infected with HIV/AIDS, continuing the cycle. Training OVC to handle these responsibilities can greatly reduce the strain put on them. Vocational training and apprenticeships give them skills that allow them avoid working in dangerous occupations as well as enhance their ability to generate income. Often they also need to learn household management skills as well as childcare skills. Through programs that teach survival skills, children and adolescents can also learn skills to help protect themselves from being infected with HIV and improve their quality of life.

In the past, aid for OVC has focused on material needs. However, after the death of a parent, the children face significant social and psychological needs. These children go without one of the most crucial aspects of childhood: the love and nurturing of parents. This can result in depression and other psychological problems. In turn, this can lead to suicide because the situation may seem hopeless.

Discrimination is a significant problem for AIDS orphans. As a result of their parents' death, some children become homeless. Living as **street children**, they face significant discrimination. There is a stigma associated with the term "street children" because they are seen as a source of criminal behavior. Despite being one of the most physically visible groups of OVC, they are often the most invisible in terms of receiving assistance<sup>14</sup>. Even within their own communities, AIDS orphans are sometimes discriminated against. In some areas, there is a fear that these children are cursed by death so they are avoided.

### *Risks OVC Face*

Children whose parents are unable to care for them are more vulnerable. They are at greater risk of becoming victims of violence, exploitation, trafficking and other abuses. Parents provide a protective shield of life experience and authority that reduces the likelihood that a child will be victimized. For children living in regions of armed conflict, the risks are further increased.

Unaccompanied children are at greater risk of being coerced—forcefully encouraged—into participating in the violence as **child soldiers**. Girls without parents are at a higher risk of sexual



abuse. Often they do not have the skills needed to get a job that provides a sufficient income. As a result, many female OVC will trade their bodies for money, food, or other supplies to meet their basic needs<sup>12</sup>.

### *The Question of Care*

Many orphaned children are cared for by older siblings or extended family but some enter into **institutionalized care**. However, orphanages are not the answer. Not only are they more expensive to maintain, they fail to provide children with the necessary attention and love essential to development. Children in these situations have a difficult time reintegrating into society. After studying the effects of orphanages, the governments of Ethiopia, Rwanda, and Uganda are moving away from long-term institutionalization<sup>13</sup>.

Studies have shown that **foster care** is a better option. The foster care system has created many different common living arrangements. Each situation has benefits and problems.

“They treat you badly. You don’t feel like walking in the street, they give you names. They whisper when you pass. They take it that when one person in the house is sick, all of you in that house are sick.” ~ A 16 year old girl, South Africa

*Africa’s Orphaned Generations*

Female-headed households are more likely to take responsibility of orphans and they generally assume the care of more orphans than male-headed households<sup>14</sup>. The number of grandparent-headed households is increasing. In the past, they have played an important role in caring for orphans but their role has noticeably increased. It has become more common for grandparents to take direct responsibility for the care of their grandchildren. There are also a small percentage of households headed by children under the age of 18. Typically, in these situations, extended family members watch over these households even if they are not providing day to day care<sup>15</sup>.

In some cases, adolescents feel more comfortable residing in a **group home** established and maintained by a **NGO** than becoming part of a new family. These group homes avoid many of the problems of institutionalized settings while continuing to provide support to these children and adolescents. Frequently, group homes will tend vegetable gardens and raise farm animals to supplement the home’s income<sup>16</sup>.

For many children, however, these solutions do not prevent them from being separated from their siblings. Siblings are split up to distribute the burden of care. In Zambia, nearly 60 percent of the orphaned children surveyed have been separated from their siblings.

## **PAST INTERNATIONAL ACTION**

### *NGOs at Work*

Around the world many different NGOs work together to provide assistance for children affected by the AIDS pandemic. Some, like United Nations Children’s Fund (UNICEF) work specifically with children. Education and food are crucial aspects of the protection of OVC. As a result, many NGOs, such as World Food Programme (WFP), have developed programs that use food



aid as a means of increasing access to education for OVC. Providing food for OVC at schools creates an incentive to stay in school. Otherwise, many of these children would have to drop out of school to work in order to have enough to eat. For those still able to attend school, poor nutrition greatly reduces their ability to learn and depresses a body's ability to fight off infection.

### *Convention on the Rights of the Child*

The Convention on the Rights of the Child (CRC) specifically establishes the human rights of children as international law. The document was adopted into international law in 1989 and implemented in 1990. For OVC, this document establishes their rights to protection, care, and identity as citizens of the country in which they were born. Children are any person under the age of eighteen. The United States and Somalia are the only two countries that have not ratified the document<sup>17</sup>.

### **RECOMMENDATIONS FOR CREATING A RESOLUTION**

Delegates should consider the problems that OVC face on a daily basis. With this in mind, delegates should address the following when creating draft resolutions:

- Prevention of HIV/AIDS transmission as a means of protecting children
- Supporting families affected by the AIDS pandemic
- Protecting OVC from exploitation, abuse, and neglect
- Creating programs to assist OVC meet their basic needs, including food, water, education, emotional care, and protection

### **SOURCES TO RESEARCH**

- UN AIDS, [www.unaids.org](http://www.unaids.org)
- UNICEF, [www.unicef.org](http://www.unicef.org)
- UNA-USA Hero Program, [www.heroaction.org](http://www.heroaction.org)
- World Health Organization, [www.who.org](http://www.who.org)
- United Nations Educational, Social, and Cultural Organization, [www.unesco.org](http://www.unesco.org)

**When researching your country policy, keep the following questions in mind so as to better understand your stance and possible solutions on the topic:**

1. How has the AIDS epidemic affected your country?
2. What potential problems does your country face in the future with the AIDS epidemic?
3. Does your country have a large OVC population?
4. What services does this population have access to? What percentage of the OVC population is able to use the services offered?
5. Has your country signed CRC? If it has, how well has it been implemented?



## TERMS AND CONCEPTS

**Antiretroviral:** drugs specifically targeted to slow the progression of the HIV virus. They do not cure the disease but the right combination can slow the progression of the disease.

**Double Orphan:** a child who has lost both parents. Children who have lost only their mothers are called maternal orphans and children who have lost their fathers are paternal orphans.

**Child Soldier:** a soldier under eighteen years of age. These children are often recruited with offers of food and shelter, or are made soldiers by force. International law prohibits the use of children as soldiers in armed conflict.

**Convention on the Rights of the Child:** the UN document making the human rights guaranteed to children international law.

**Foster Care:** care provided by another family to a child. It may be temporary or long term but the child is not adopted legally into the family.

**Group Home:** a home typically run by an NGO that is comprised of adolescents who are able to care for themselves but are not old enough to live on their own. This living arrangement provides them with supervision without forcing them into another family.

**HIV/AIDS Pandemic:** the worldwide spread of the HIV/AIDS virus. A pandemic is an epidemic— the infection of a large number of people—that has spread of a large region or even worldwide.

**Head of Household:** the person who is in charge of the household.

**Institutionalized Care:** a living arrangement, such as an orphanage, that is provided by the state or a private organization to a large number of children. This type of care frequently lacks the nurturing and care that families provide.

**Lusaka Declaration:** the document produced at a regional meeting in sub-Saharan Africa. It addresses the needs of families and children affected by the AIDS virus.



**Millennium Development Goals (MDGs):** eight goals that the United Nations member states agreed upon achieving by 2015; universal access to primary education is one of them.

**Non-Governmental Organization (NGO):** an organization that has been created separate from any government to work for the better of society. NGOs work in many different areas including the rights and protection of children, AIDS, food relief, development, etc.

**Opportunistic Infections:** infections, such as tuberculosis, that attack the body when the immune system is weakened by HIV/AIDS.

**Orphans and Vulnerable Children (OVC):** children whose living situations have left them at risk for exploitation and abuse. Many children are left orphaned or vulnerable because of the AIDS pandemic.

**Sexually Transmitted Disease (STD):** a disease that is primarily transmitted through sexual intercourse. **T-Cells:** immune cells that fight infect. The HIV virus attacks these cells, reducing the body's ability to fight infection.

**Stigma:** social disapproval or negative attitudes towards a person because of one or more of their characteristics, such as weight, gender, financial status, or health to serve or highly encouraged to enlist because they can offer food and shelter and a sense of belonging. International law prohibits the use of children as soldiers in armed conflict.

**Street Children:** children who live on the street because they do not have a home to live in. Some have left their families, others are orphans.



## REFERENCES

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- <sup>1</sup> <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5531a1.htm>
- <sup>2</sup> [http://www.usaid.gov/our\\_work/global\\_health/aids/TechAreas/ChildrenAffected/index.html](http://www.usaid.gov/our_work/global_health/aids/TechAreas/ChildrenAffected/index.html)
- <sup>3</sup> Giese, Sonja, Helen Meintjes, Rhian Croke, & Ross Chamberlain. Health and Social Services to Address the Needs
- <sup>4</sup> <http://www.cdc.gov/hiv/topics/basic/index.htm>
- <sup>5</sup> The Framework for the protection, care and support of orphans and vulnerable children living in a world with HIV and AIDS p13
- <sup>6</sup> The Framework for the protection, care and support of orphans and vulnerable children living in a world with HIV and AIDS p35
- <sup>7</sup> Africa's Orphaned Generation. p15
- <sup>8</sup> The State of the World's Children 2006: Excluded & Invisible. p40
- <sup>9</sup> The State of the World's Children 2006: Excluded & Invisible. p47
- <sup>10</sup> The State of the World's Children 2006: Excluded & Invisible. p39
- <sup>11</sup> The Framework for the protection, care and support of orphans and vulnerable children living in a world with HIV and AIDS p18
- <sup>12</sup> The Framework for the protection, care and support of orphans and vulnerable children living in a world with HIV and AIDS p18
- <sup>13</sup> The State of the World's Children 2006: Excluded & Invisible. P40
- <sup>14</sup> The Framework for the protection, care and support of orphans and vulnerable children living in a world with HIV and AIDS p37
- <sup>15</sup> Africa's Orphaned Generation. p20
- <sup>16</sup> Africa's Orphaned Generation. p22
- <sup>17</sup> <http://www.ohchr.org/english/countries/ratification/11.htm>





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**TOPIC: AIDS CRISIS, SECURITY AND DEVELOPMENT CONCERNS IN SUB-SAHARAN AFRICA**

## INTRODUCTION

Since its appearance in 1981, acquired immune deficiency syndrome, more commonly known as **AIDS**, has claimed the lives of over 33.2 million people—over 4.3 million of them have been children.<sup>1</sup> According to the UN, AIDS “threatens development, social cohesion, political stability, food security and life expectancy and imposes a devastating economic burden that requires urgent action.”<sup>2</sup>

**HIV**, the virus that causes AIDS, and AIDS pose a serious problem for public health. However, HIV/AIDS also poses challenges to development and security. The illness is spreading throughout the world, and many millions of infected people do not receive treatment. Whole communities can be affected and entire workforces can die. In these communities, children are left without parents, often must leave school to take on jobs to support their families, and government services are stretched to their limits. When a government can no longer provide for its people, civil unrest and violence often follow.

Tackling HIV/AIDS means more than just funding research to find a cure. Today, the UN and member countries realize that to address the issue on a social context of an entire country, the world must focus on other aspects, especially the expansion of education and health services.

### HIV/AIDS

AIDS is caused by HIV, which stands for *human immunodeficiency virus*. HIV destroys the body's immune system—its ability to fight infections and cancers. HIV progresses to AIDS when too many immune cells in the body have died, or when the person contracts an infection, such as pneumonia, that would not as severely affect a healthy person.

Without drug treatment, HIV usually takes about a decade to progress to AIDS. With HIV medicines, called anti-retroviral drugs, and modern medical services, a person can live normally with HIV for a very long time. Although there is no cure, these modern therapies can make HIV a manageable disease. However, these expensive therapies are not available to millions of people around the world.

Source: [www.avert.org](http://www.avert.org).



Although AIDS is a deadly problem in every country, developed nations use their resources to make drugs available to people with HIV and AIDS. Medical treatments can prevent mothers with AIDS from passing the disease into their babies. Modern therapies can help people with HIV live long lives, and can alleviate the suffering of people dying of AIDS. These developed nations also run campaigns to educate people about how to avoid contracting HIV.

Limited access to medication for HIV/AIDS patients is a large problem in developing countries. These countries do not have the means to distribute AIDS drugs or to provide expensive medical services to people with HIV/AIDS. They often cannot even afford to educate their populations about proper HIV prevention. Poverty, ignorance and poor **government infrastructure** make HIV especially disastrous for people in the developing world, and a devastating phenomenon for developing countries.

Of the many regions affected by the AIDS epidemic, sub-Saharan Africa has suffered the most. Sub-Saharan Africa comprises 41 countries and occupies most of the African continent. This region has over twice the number of people with HIV/AIDS as every other country in the world, combined. Of the 2.1 million people who died of AIDS in 2007, 1.6 million—a staggering 76 percent—occurred in sub-Saharan Africa.<sup>3</sup>

## BACKGROUND

The exact origin of HIV/AIDS is highly disputed. Although the first known case of HIV infection was in the United States in 1981, it is usually linked to a rare virus found in chimpanzees from Western Africa.<sup>4</sup> HIV/AIDS is classified as a sexually transmitted infection (STI). However, the virus can also be transmitted through blood transfusions, intravenous drug use and even from a mother to her unborn child.

According to the Joint UN Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO), the number of people living with HIV in 2007 was 33.2 million people, a reduction of almost 16% from the 2006 estimates of 39.5 million people. In 2007 alone, 2.5 million people were newly infected with HIV, of which 68% occurred in sub-Saharan Africa. Ninety percent of all children infected with HIV live in sub-Saharan Africa.<sup>5</sup>

Even though millions of people die of AIDS every year, and millions of people become infected by it, the spread of HIV/AIDS can be slowed. With a little education, HIV transmission can be easily prevented, and with access to the right treatments, people who have HIV can live normally for a very long time. People with HIV can take **anti-retroviral drugs** (drugs that stop the progression of certain viruses). Since HIV has the ability to mutate very quickly, it is best to take a combination of anti-retroviral drugs as prescribed by a doctor or nurse. These drugs do not cure HIV, but they help control the virus.

WHO estimates that less than seven percent of people in developing countries who urgently need anti-retroviral drugs actually have access to them.<sup>6</sup> In many cases, the drugs are too expensive. In addition, taking anti-retroviral drugs is a complicated process; people must be able to understand how to take the medicines and must visit their healthcare center for frequent check-ups. But in developing countries, people living with HIV may live too far away from a clinic to visit



regularly. Also, if they cannot read, healthcare workers must explain in person how to take the drugs. But many developing countries do not have the resources to provide these drugs and medical services.

With HIV/AIDS creating large populations of orphans and weakened adults, the infrastructures of developing countries fall apart. In addition to failures in health and education systems, the military and police suffer. Many times, rates of infection in the military are higher than rates of infection in the rest of the population. Because of this, the ability of a military or police force to protect citizens is impaired. Without health and educational services and without sufficient defenses, people become dissatisfied with the government. Communities compete for services, causing rifts in the nation. These countries are very vulnerable to political instability and conflict.

#### AIDS AND THE MILITARY

“Troop strength in Malawi has already reportedly fallen to 50 percent of the minimum capacity needed to guarantee state security. In 2004, the Zimbabwe Ministry of Defense admitted that the military’s HIV infection rate was about three percent higher than that of Zimbabwe’s civilian society, which was then just above 26 percent. In Mozambique, police recruits cannot be trained fast enough to replace those dying of AIDS.”

“HIV infection occurs when rape is used as a weapon. A recent study of women who were raped during the 1994 Rwanda genocide shows that today nearly 80 percent of them are HIV positive. Similarly, a survey of pregnant women in parts of northern Uganda where the rebel paramilitary group the Lord's Resistance Army has committed atrocities, including rapes, for two decades finds that female infection rates are double those in the rest of Uganda. About half of the rape victims who survived the Sierra Leone civil war are also infected.”

Source: Laurie Garrett, “The Lessons of AIDS,” *Foreign Affairs*, July/August 2005, [www.foreignaffairs.org](http://www.foreignaffairs.org).

#### *Sub-Saharan Africa and AIDS*

Sub-Saharan Africa remains the most affected region in the global AIDS epidemic. More than two thirds (68%) of all people HIV-positive live in this region where more than three quarters (76%) of all AIDS deaths in 2007 occurred. It is estimated that 1.7 million people were newly infected with HIV in 2007, bringing to 22.5 million the total number of people living with the virus. Unlike other regions, the majority of people living with HIV in sub-Saharan Africa (61%) are women. In 2007, 12.1 million children in the region were **AIDS orphans**.<sup>7</sup>

As in other regions, HIV/AIDS in sub-Saharan Africa kills people in the work force and government, raises the cost of health care and shortens life expectancy. But here, other factors like government instability, corruption and war, already create some of the worst poverty levels in the world. HIV/AIDS only worsens developmental problems, making it more difficult for sub-Saharan African countries to pull themselves out of poverty.

Poor communities are more likely to be affected by the AIDS epidemic, and they suffer more severely. The poor cannot afford proper AIDS treatments, and their hospitals are quickly



overwhelmed by people with AIDS. People with HIV/AIDS require expensive medication, and in the advanced stages of AIDS, they cannot work or provide for their families. Whole societies suffer as a result.

In Burkina Faso 20 percent of rural families have reduced their agricultural work or even abandoned their farms because of AIDS. At one company in Botswana the number of employees who could no longer work because of AIDS-related sickness rose 75 percent.

In addition, children are often taken out of school so that they can help care for family members and to avoid paying school fees. Increasing numbers of children are not receiving a basic education. The number of children enrolling in primary school in Africa in 2001 was 20 percent less than the number that enrolled in 1998.<sup>8</sup> Even gender equality suffers. Because families are more likely to withdraw their female children from school, fewer women are educated enough to find high-status jobs.

Without proper education, many people will not know or understand the relatively easy ways to avoid **contracting** HIV. Ignorance and fear of AIDS leads to discrimination. In Nigeria, for example, a study revealed that one in 10 healthcare workers refuse to treat people with HIV/AIDS, for fear of catching the illness.<sup>9</sup>

“By overwhelming Africa’s health and social services, by creating millions of orphans, and by decimating health workers and teachers, AIDS is causing social and economic crises which in turn threaten political stability,” Peter Piot, Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), said during a Security Council discussion of the issue.<sup>10</sup>

#### **CRITICAL THINKING**

*AIDS makes many problems—poverty, poor education, gender inequality, instability—worse. How do these same problems make the AIDS epidemic worse?*

#### **PAST INTERNATIONAL ACTION**

In the *Declaration of Commitment on HIV/AIDS*, adopted by the General Assembly in 2001, the UN established global prevention targets, including the worldwide reduction of AIDS by 25 percent by 2010.<sup>11</sup> However, this goal now seems unattainable as the number of HIV/AIDS cases continues to rise. Actions outlined in the resolution include working with local and regional organizations to educate youth on methods of protection, distributing safe sex materials, leading open discussion on the facts and fears of HIV/AIDS, and addressing political commitments. But many nations have not yet begun to run HIV/AIDS programs because they are expensive and time-consuming to set up.

The World AIDS Campaign (WAC) began in 1997. WAC seeks to educate people about the disease and make sure that social groups, such as homosexuals and Africans, are not unfairly discriminated against. They also mobilize governments in the fight against AIDS. Currently,



WAC urges governments to act on their commitments to help developing nations receive the resources they need to fight AIDS.<sup>12</sup>

UNAIDS and WHO ran the “Three-by-Five Initiative.” This program intended to treat three million people living with HIV/AIDS by the end of 2005.<sup>13</sup> Some strategies included starting education programs about HIV/AIDS, increasing developing countries’ access to anti-retroviral drugs, promoting information-sharing among nations so that all can benefit from international research and creating new funds so that nations can afford HIV/AIDS programs. Although the Three-by-Five Campaign did not reach its goal, it did reach nearly almost a million people. 500,000 people in sub-Saharan Africa alone were being treated with anti-retroviral drugs by June of 2005, more than three times the number who had been treated in 2004.

### CRITICAL THINKING

*Why do you think the Three-by-Five Campaign did not reach its goal? Why do you think the World AIDS Campaign must urge governments to act on their commitments? There are medicines and education programs that can help end the AIDS crisis, but the problem continues to worsen? Why do you think this is the case?*

The rates of success vary throughout sub-Saharan Africa. East Africa is showing gradual decline in the number of people with AIDS. The prevalence of AIDS in southern Africa has declined very slightly, and prevalence in west and central Africa does not appear to have declined at all.

In 2000, the Security Council passed **Resolution 1308**, which focused on maintaining international security in regions affected by the AIDS crisis, preventing AIDS among UN peacekeepers and encouraging member states to cooperate in AIDS prevention and treatment strategies.<sup>14</sup> As the number of AIDS victims continues to grow, the Security Council has shown increasing concern for international security. The UN Security Council has convened about the issue of HIV/AIDS and its threat to security four times in the year 2005 alone.<sup>15</sup>

### RECOMMENDATIONS FOR FORMULATING A RESOLUTION

Despite the staggering mortality rates and geographic spread of the AIDS epidemic, the international community has made great strides not only in establishing HIV/AIDS as an important focus, but also in formulating methods to educate individuals about the disease. However, a great deal of progress has yet to be made.

Delegates should consider the following:

- Promote AIDS as a social challenge. Members states must be encouraged to confront with policies addressing its impact on children and adults, the rule of law and the economy, politics and international security.
- How AIDS inhibits efforts of members states to strengthen human rights. What steps must member states take to prevent AIDS from exacerbating the social, political, and economic obstacles that prevent the realization of the rights defined in the Universal Declaration of Human Rights?



- How AIDS can be viewed as a threat to what former Secretary-General Kofi Annan defined as 'human-security'.<sup>16</sup>

### QUESTIONS TO CONSIDER

1. What is the relationship between your country and the countries in sub-Saharan Africa? Has your country addressed the HIV/AIDS problem in sub-Saharan Africa?
2. What does your country believe should be done about the threat of conflict caused by the HIV/AIDS crisis?
3. What does your country believe the international community can do to address the issue globally?
4. Did your country ratify the 2001 Declaration of Commitment on HIV/AIDS?
5. What was your country's position on Security Council Resolution 1308?

### TERMS AND CONCEPTS

**AIDS**: acquired immune deficiency syndrome, a severe disease that destroys the immune system. AIDS eventually makes the body vulnerable to diseases like pneumonia or cancer, which leads to death.

**HIV**: human immunodeficiency virus, the virus that causes AIDS.

**Government infrastructure**: a system of government services, facilities and institutions, such as an education system, a healthcare system, a sanitation system, a communications system, and postal system.

**Anti-retroviral drugs**: drugs that stop the progression of certain viruses.

**AIDS orphans**: children whose parents have died of AIDS.

**Contract**: to become infected, to acquire

**Resolution 1308**: a UN Security Council resolution passed in 2000, which focuses on preventing civil unrest in developing countries affected by AIDS. Resolution 1308 encourages international cooperation in peacekeeping and security efforts, and cooperation in AIDS prevention and treatment programs.

### SOURCES FOR FURTHER RESEARCH

Joint UN Programme on HIV/AIDS (UNAIDS) [www.unaids.org](http://www.unaids.org)

World Health Organization [www.who.org](http://www.who.org)

UN Population Fund (UNFPA) [www.unfpa.org](http://www.unfpa.org)



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- <sup>6</sup> "The World Health Report, 2004," WHO, 2007.
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- <sup>8</sup> "The Impact of HIV and AIDS on Africa," AVERT, [www.avert.org/aidsimpact.htm](http://www.avert.org/aidsimpact.htm)
- <sup>9</sup> "Focus: AIDS and Human Rights—The Need for Protection," 2004 Report on the Global AIDS Epidemic, UNAIDS, [www.unaids.org/bangkok2004/report.html](http://www.unaids.org/bangkok2004/report.html).
- <sup>10</sup> "AIDS Now Core Issue at UN Security Council," The Body, [www.thebody.com/unaid/newyork.html](http://www.thebody.com/unaid/newyork.html)
- <sup>11</sup> "Declaration of Commitment on HIV/AIDS," *United Nations Population Fund*, [www.unfpa.org/aids/docs/hiven.htm](http://www.unfpa.org/aids/docs/hiven.htm).
- <sup>12</sup> "World AIDS Campaign 2002-2003," UNAIDS. <http://www.unaids.org/en/events/campaigns/world+aids+campaign.asp>
- <sup>13</sup> "The 3 by 5 Initiative," World Health Organization, [www.who.int/3by5/en](http://www.who.int/3by5/en).
- <sup>14</sup> Security Council Resolution 1308 (2000) <http://daccessdds.un.org/doc/UNDOC/GEN/N00/536/02/PDF/N0053602.pdf?OpenElement>
- <sup>15</sup> "AIDS Now Core Issue at UN Security Council"
- <sup>16</sup> See the following search on the phrase 'human-security'  
[http://secap480.un.org/search?q=human+security&Submit=Search&ie=utf8&site=un\\_org&output=xml\\_no\\_dtd&client=UN\\_Website\\_English&num=10&proxystylesheet=UN\\_Website\\_English&oe=utf8](http://secap480.un.org/search?q=human+security&Submit=Search&ie=utf8&site=un_org&output=xml_no_dtd&client=UN_Website_English&num=10&proxystylesheet=UN_Website_English&oe=utf8)