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Appleby College Model United Nations Conference 2024

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United Nations (UN) Women

Novice committee

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Topic 1: HIV and AIDS Awareness in Sub-Saharan Africa

Introduction

In 2021, it was estimated that the total number of inhabitants in **Sub-Saharan Africa** is 1.18 billion. In 2020, there were 25.4 million people affected by **AIDS (acquired immunodeficiency syndrome)/HIV (human immunodeficiency viruses)**. A disproportionate number of women were affected, representing 59% of all cases with the majority being between the ages of 15 and 24. This trend is caused by a multitude of reasons including but not limited to the lower socio-economic status of women, cultural influences, and lack of access to contraceptives.

History

According to a decade long research concluded in 2005, it has been found that Simian Immunodeficiency Virus (SIV) from chimpanzees in Cameroon is the origin of HIV-1. Humans first contracted SIV around 1930, and contracted HIV-2 in the 1940s from monkeys in Guinea-Bissau. By the 1960s, around 2000 people in Africa were estimated to be infected by the virus.

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The first AIDS **epidemic** occurred in the 1970s in Kinshasa, Democratic Republic of Congo. Before the emergence of this epidemic, there has been a drastic increase of infections such as tuberculosis and forms of pneumonia, which is a symptom of HIV as immune functions decrease. It is not until the 1980s that HIV became an epidemic in Eastern Africa, which was affected more than Western Africa. This was because of labor migration as well as infection amongst sex workers. By 1986, 85% of sex workers in Nairobi were carrying the virus. By the end of the 1980s', more than 30% of pregnant women in Kampala, Uganda was carrying the virus. At that time, local doctors thought that HIV was a wasting disease coined "slim disease", since cases of AIDS amongst homosexual white males in the United States (US) were thought to be irrelevant to the context of Uganda's transmission of HIV.

In the 1980s, the main focus of the government was to prevent, not treat the virus since the first **antiretroviral agent** was developed in the 1987 and was not made accessible in Africa until much later. Governments encouraged people to use condoms, have a regular sex partner, or abstain from sexual activities. However, measures such as using condoms were controversial amongst the Muslim and Christian community since they conflict with religious teachings. Religious controversy also discouraged some governments from pushing preventative measures. Uganda and Senegal are noted as countries that responded quickly to the epidemic, with Senegal having the lowest infection rate in sub-Saharan Africa. In the case of Uganda, an AIDS control program established a five year plan in 1987 in collaboration with the **World Health Organization (WHO)** to control HIV.

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However, other countries did not respond as promptly to the growing epidemic. For example, doctors were banned from listing AIDS as a cause of death in Zimbabwe. In 1996, **UNAIDS** was established to combat international AIDS epidemics. Worryingly, individuals with AIDS still faced stigma in sub-Saharan Africa. In 1998, 70% of people infected by HIV around the globe were in sub-Saharan Africa. It was not until the 21st century that antiretroviral therapy became more accessible in Africa. Recently, more activists began the process of de-stigmatizing the disease.

Current Situation

According to the UNAIDS 2023 report, 29.8 million of 39 million people infected by HIV are receiving treatment. Since the peak of AIDS infection in 2004, death rate has fallen by 69%. In 2022, 71% of people infected by HIV had **suppressed viral loads**, meaning that they are able to live a normal life with no risk of sexually transmitting HIV. The most apparent decrease in infection has been among children below the age of 14 and adolescents under 24, as seen in the 58% decrease in yearly new infections in children from the year 2010 to 2022.

This significant advancement in HIV prevention and treatment is attributed to governments' efforts to take down social factors that encourage HIV infection. This includes **de-stigmatizing** HIV by openly discussing its prevalence, providing access to treatment, and passing laws that protect human rights, especially those of women and children. However, access to preventative measures is still not a right in rural regions, which means that almost 10 million

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people globe-wide are not receiving the necessary treatments. As a result, 630,000 people died of HIV related causes in 2022.

HIV continue to pose a serious threat to sub-Saharan Africa due to cases of sexual assaults (17% of girls reported at least one case of sexual assault in the past year according to VACS), lack of treatments, and stigmatization surrounding prevention. Women and girls are especially vulnerable, as 63% of all new HIV infections in 2022 in sub-Saharan Africa were seen in women and girls. It is necessary to implement more prevention programs, since only 42% of high HIV infection rate regions are equipped with dedicated programs for young women. Individuals that are part of the LGBTQIA+ community and sex industry are still discriminated against. 168 countries **criminalize** sex work to some degree, 67 countries criminalize consensual same-sex sexual activities, 20 countries criminalize transgender individuals, and 142 countries criminalize exposure, hiding, and transmitting HIV cases. These policies continue to **stigmatize** HIV, which discourage individuals to seek aid and tests. They significantly decrease chances of managing HIV in these nations.

Important Actors

United Nations AIDS (UNAIDS)

UNAIDS is made of 11 UN organizations with the goal to end AIDS epidemic by 2030. It was established in 1996, and it works to provide strategic planning, advocacy, and technological assistant in preventing and treating AIDS. They work to analyze past and current cases to provide

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information on the epidemic and understand the progression of AIDS on a global and regional level. The UNAIDS has branches in 70 countries, and a budget of more than 200 million US dollars.

International community of Women living with HIV Eastern Africa (ICWEA)

An international network serving HIV positive women. Its mission is to provide information, service, support, and advocacy for HIV positive women. This include promoting voices of women and adding their input in policy development.

Questions to Consider

- What are cultural factors that impact the stigmas surrounding HIV/AIDS?
- To what extent does socio-economic status impact HIV/AIDS cases?
- How are policies limited surrounding marginalized groups with HIV/AIDS?

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regions have experienced violence from an intimate partner. In addition, gender-based violence is also prevalent in the forms of femicides (killing of women), child marriage, sexual harassment, human trafficking, sexual exploitation, and female genital mutilation. In MENA, 18% of girls are married before the age of 18. Amongst those that are subjected to GBV, forcibly displaced and migrant individuals are particularly vulnerable to GBV.

History

Historically, it is important to note that women and men have distinct roles, but that does not equate to inequality. On the contrary, in the MENA region, affluent women often have more rights in terms of marriage than modern-day men. In addition, it is problematic to attribute GBV to popular religions in the region, such as Islam, because the presence of Islam in the area originally gave women more rights than they had before. An example of this would be the right to consent to marriage. However, skewed interpretations of religious teachings are often used to justify and perpetuate acts of violence.

Modern-day GBV can be traced to systemic gender inequality that puts women and girls in a position lower than men. These inequalities are perpetuated by government policies that deny women a platform to voice their opinions and create a system that favors their abusers. For example, women's suffrage (right to vote) has only recently become the norm in the MENA region. The United Arab Emirates (UAE) allowed women's suffrage in 2006, Kuwait in 2007, and Saudi Arabia in 2015. However, it is also important to note that in many countries, there has been an increase in women's representation in parliament, which has a positive effect on creating policies that consider

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the rights of women and girls. For example, 50% of all parliament seats in the UAE are reserved for women.

Despite an increase in policy changes and women's representation in parliament, it is also important to note that women continue to face backlashes in political activities. It is commonly perceived that women are not as adequate in a leadership role when compared to their male peers. In Kuwait from 2005–2009, four women faced severe online judgments after their election to the parliament, and in the Arab region as a whole, 80% of women in parliament were exposed to threats and acts of violence.

Another historical root of GBV in MENA is the presence of a patriarchal society. Both cultural and political factors contribute to this. Culturally, men are believed to be the head of the household. This implies that the man has the right to punish or discipline the wife if she is not behaving in a culturally acceptable way. In addition, the culturally embedded idea that wives should obey their husbands extends to acts of violence such as sexual abuse between intimate partners, emotional manipulation, and physical abuse since women are seen as subordinate to men.

Finally, it is important to note that Western society often attributes GBV to Islam; however, that is not true. Islam as a religion does not perpetuate GBV and disadvantage women, but there are people who manipulate religious teachings and hold a skewed interpretation of teachings to justify certain actions.

Current Situation

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While there have been significant progresses regarding GBV in MENA, the issue is still prevalent in many countries. Women and girls continue to face normalized violence, and the government often fails to enforce laws and provide women's agency. This can be seen in November 2020, when Hanan al-Barassi, a Libyan lawyer, was shot in Benghazi after speaking out about the corruption of armed groups in the eastern part of Libya. The government in the MENA region does not provide adequate platforms where women can safely speak out against various inequalities. In addition, women experiencing sexual abuse are discouraged from seeking support from authorities since they face the risk of arrest and criminalization for acts of adultery. This is especially prominent among migrants and refugees.

Furthermore, harmful cultural practices are still being practiced and overlooked by law enforcement agencies. This can be seen in the failure of the government in many cases to prevent femicide under the guise of honor killings. This is especially apparent among marginalized groups such as migrants, displaced individuals, women and girls in rural areas, and those with disabilities. For example, 28% of Syrian refugee women experienced psychological abuse in Jordan, and 29% experienced physical abuse. Reports of abuse have increased during the pandemic. This is due to issues such as a lack of resources allocated for specialized programs and a lack of government support.

Important Actors

[The United Nations International Children's Emergency Fund \(UNICEF\)](#)

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UNICEF is an UN organization that works toward delivering support and providing strategies to help vulnerable and disadvantaged children. They are relevant in the case of GBV as they offer strategic plans that work toward helping the girls affected. This includes establishing educational programs as well as programs that work toward abuse prevention.

United Nations Women (UN Women)

UN Women is an UN organization dedicated to gender equality and providing women with a platform to advocate for change and their needs. Their main objectives are to promote women's involvement in government, prevent all forms of GBV, and secure financial stability. They do this by doing research and reports to better strategize for the future and coordinating local programs that work to achieve their objectives.

Questions to Consider

- How does culture influence governments' stances on this issue?
- What are unique characteristics of MENA that pose challenges to preventing and eliminating GBV?
- How should resources be allocated to benefit marginalized groups?

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