**Forum:** Economic and Social Council 2  
**Issue:** Improving awareness of AIDS in LEDCs in Africa and Southwest Asia  
**Student Officer:** Stefan Steiner  
**Position:** Deputy Assistant President of ECOSOC 2

---

**Introduction**

Since its emergence and first clinical observations in 1981, AIDS has grown to become a global pandemic affecting more than 4.8 million people in the Asia-Pacific region and close to 25 million people in Africa. Despite the steadfast approach that the United Nations has adopted in recent years towards preventing the disease from spreading, awareness on the topic still proves to be a challenging opponent to the efforts of the world’s governments. As of recent statistics, HIV continues to claim the lives of an estimated 1.5 million people annually.

And yet, however unfortunate the situation may seem as of now, it would be unfair to ignore the improvements that society has made towards reducing proliferation and the increased awareness of AIDS. Surely, solutions in the past have helped to solve the issue and have definitely helped to reduce the spread of the disease. Especially with the help of various organizations and increased responsiveness in heads of states, prevention methods have spanned from the issuing of free condoms to AIDS education in local schools. Nonetheless, with this said, there is still room for a lot of improvement that can be made—specifically in LEDCs.

With close to 2 million and 350,000 new infections each year, the developing societies of Africa and Southern Asia have some of the highest growth rates of the HIV/AIDS epidemic in the world. Without proper guidance now, these numbers could grow and potentially cause increased economic burden for various regions in Africa and Asia; which is why improving awareness of AIDS now is imperative for future economic growth in many of the world’s developing countries.

---

**Definition of Key Terms**

**HIV/AIDS**

An acronym, abbreviated for the *human immunodeficiency virus* infection and the *acquired immune deficiency syndrome*. Typically, HIV diagnosis results in a severe loss of immunity in the body’s cells, resulting in loss of resistance towards other harmful infections. The disease is primarily transmitted in three ways: sexual intercourse; direct contact with bodily fluids of an infected person; and from an infected mother to her child.
Pandemic

Related to any kind of disease, where the condition is prevalent over a whole country or the entire world. In the case of HIV/AIDS, borders do not limit its spread and the disease has continued to resurface worldwide. Note the similarity with epidemic, which refers to the widespread occurrence of a disease given a particular community and time.

Stigma

A mark of disgrace imposed by society on an individual associated with a particular condition or quality. This kind of ‘shame marking’ is present more so in developing societies, and most AIDS victims in Asia are often cast onto the fringes of society because of their infection.

Background

Although AIDS extends beyond borders, recent years have proven that the developed world has already taken the appropriate precautions in reducing prevalence rates of the disease. Unfortunately, much of the developing world still lags behind, and Africa and Asia are at the forefront of the issue. Mostly consisting of LEDCs, the repercussions of high prevalence have the capability to make or break emerging economies and societies, which makes the issue one that should be dealt with immediately.

Origins and development of the AIDS epidemic

HIV is believed to have originated from non-human primates in West Africa in the late 20th century, making it a relatively new disease in the global spectrum. In the coming years that it began to spread, the disease began to become heavily associated with homosexual communities and drug users. However, it was only after the disease had spread to heterosexual individuals of both genders that the problem began to get the attention that it truly deserved. By 1983 scientists were researching the topic heavily, and the term HIV was coined for the disease.

Since then, AIDS has claimed the lives of more than 39 million people and still infects close to 2 million individuals annually (although this number is slowly dwindling). With statistics like these, it’s not a surprise that one of the UN development goals is almost solely devoted towards completely reducing the spread of HIV. Unfortunately for the 2015 deadline, the progress that has been made so far has been too slow, and reaching some of the issued targets seem close to impossible.

Even so, progress is progress nonetheless, and the past millennium has given way to massive AIDS awareness initiatives, scientific breakthroughs, and slow stabilizing incidence rates. Improved access to antiretroviral drugs have prolonged countless lives in most MEDCs, and similar trends in the reduction of the disease are beginning to be observed in both Africa and Asia. But once again, advancement towards an AIDS-free world has proven insufficient as of yet, and deterrents ranging from social infringement and economic strain remain at the heart of the problem in many LEDCs.
Obstacles hindering progress in Asia

In Asia, AIDS is common among the urban slum, in places where drug users run rampant and sex workers line the streets. In the countries of India and China especially, political complacency and social stigma associated with having the disease continues to quietly kill more lives and infect more people.

India has over 5 million people living with HIV, and yet governments continue to place a blind eye on the issue, disregarding its importance and often times neglecting cases where the ill are mistreated by society. What most do not understand, or refuse to believe, is that the consequences of inaction will be long lasting and very costly. No or little action now will only provide fuel for the disease to continue to claim the lives of worthy individuals who would be of great economic value towards the economic powerhouses of India and China. However, unlike India, China has slowly begun to take action in the form of generating awareness on the issue. So as long as complacency does not seep into decreasing budgets in the future, it is possible for governments and organizations to increase AIDS awareness—hopefully before it is too late.

Another important obstruction to consider is the heavy social stigma that is widespread amongst the many traditional communities in southwest Asia. In most developing places, those associated with AIDS are often shunned by society, denied access to public services, and forced into hiding and away from help. For some, the pressures of being HIV-positive are so much, that the incidence of suicide is not uncommon. Reasons for this kind of disgrace often boils down to proper awareness on the topic that is not being taught correctly; which most members of the public refuse to consolidate to most of the time because many are already too buried in the societal norms that advocate how AIDS is absolutely unacceptable. If this deeply ingrained social stigma continues it would become extremely difficult to alleviate or even reverse the spread of AIDS.

Africa’s ongoing battle with AIDS

Africa remains quite similar to Asia when it comes to resolving the matter of AIDS, where poverty, myth, stigma, and gender inequality all collectively stand in the way of allowing solutions to follow through. Among the most heavily affected regions is sub-Saharan Africa, which occupies a 4.9% prevalence rate of adults tested HIV-positive. Home to some of the most impoverished societies in the world, it become quite clear that there this a direct link between poverty and AIDS—that poverty does indeed help to expand AIDS.

When it comes to Africa, poverty stands as one of the greatest discouragements to resolving the AIDS crisis once and for all. Estimates suggest that only a minority of the estimated population of people living with HIV in sub-Saharan Africa is receiving the life extending antiretroviral drugs made specifically for them. In addition to the poverty stricken conditions these individuals face, tradition continues to supersede western medicine in many of these areas, and the taboo of being tested positive with HIV often leads many into hiding. With insufficient aid from unstable governments, it becomes clear why sub-Saharan Africa has the highest HIV prevalence rate in the world.
In several African countries, sociopolitical upheaval and corrupt governments often compel non-governmental organizations to take the lead in combating the disease. The problem that makes Africa such a challenge for many organizations is the diluted target groups that exist across sparse landscapes. In contrast to Asia, widespread poverty makes it easy for the disease to spread to vast regions of rural areas as well as urban areas. Unfortunately, if AIDS diagnoses are unable to be reduced, the virus will affect the already ailing economies of many indebted governments, therefore halting progress in development and growth for many LEDCs in Africa.

**Major Parties Involved**

**Joint United Nations Program on HIV/AIDS (UNAIDS)**

This organization is in affiliation with the United Nations and was founded with the intention to completely eradicate the HIV/AIDS disease. They work extensively with other United Nations cosponsor organizations in various parts of the world, with heavy focus on parts of Africa and Asia. Their primary goals include revolutionizing HIV prevention in politics, improving access to antiretroviral and prevention drugs, advancing human rights and gender equity, and creating global partnership and ownership for future progress. Most of the goals that UNAIDS have presented for LEDCs have a 2015 deadline, although many targets appear far from being completed fully. But taking into consideration the progress that has been made in many MEDCs with the help of organizations like these, it would be hard to imagine where the world would be without the extensive aid of this group.

**Bill and Melinda Gates foundation**

Although not associated with the United Nations, the Gates foundation has also provided substantial aid to some of the worst HIV/AIDS affected regions in the world. As one of the leading priorities of the foundation, the organization focuses their efforts on the most poverty stricken areas in sub-Saharan Africa. In addition, the foundation has devoted more than $2.5 billion dollars in HIV grants to various other HIV/AIDS organizations. For the future, the Bill and Melinda Gates foundation looks to significantly reduce the incidence of HIV infection and extend the lives of people living with HIV.

**International AIDS Society (IAS)**

This group is an independent association of HIV professionals that are focused almost entirely on research and awareness of the HIV/AIDS epidemic. As part of the organization’s goals, the IAS frequently hold international conferences that aim to foster a greater sense of urgency with regards to the harmful implications of AIDS. However, this organization does not represent a group that would easily follow through with grass-roots movements, and expectations for the IAS to provide bottom-up work so would prove unfeasible.

**World Health Organization (WHO)**
Founded in 1948, the World Health Organization works towards achieving egalitarianism in healthcare. Some of their main priorities include issuing universal health coverage, improving access to medical products, and communicating health risks and factors efficiently on an international level. In collaboration with the United Nations, WHO has managed to create a solid foundation in many of the world’s most impoverished places, offering preliminary work and fiscal support where necessary. Although the organization is large, they have typically been generous in awarding help regarding HIV/AIDS related issues.

Previous Attempts to Resolve the Issue

After its outbreak, HIV/AIDS incidence rates have fallen quite dramatically in some of the worlds more developed societies due to MEDCs having ample resources to deal with the issue. Funding has proven itself to be one of the most important resources towards resolving AIDS. For many epidemiologists, poverty has been at the forefront of deterring success in LEDCs, as stated earlier. But with the help of some of the aforementioned organizations in grass-root movements and generous donations, along with efficiently managed monetary transactions, progress has been made in several sub-Saharan African communities. Where once antiretroviral drugs proved to be far too expensive for many rural citizens, a few countries in Africa now actually issue free drugs to those citizens who are in need of it.

Similarly, the use of media in generating awareness on AIDS has definitely been beneficial, although should be carefully considered. In recent years, a number of African countries adopted western media etiquette in several HIV prevention advertisements. Not long after, the campaigns received a critical response from various scholars in Africa, claiming that the advertisement’s messages were working to abolish African ethics and provoke Western ideals. In situations like these, foreign aid imposes an important concern when it comes to media and international collaboration, where specific attitudes of the region must be considered. In spite of that and regardless of the criticism that may arise from the use of media and propaganda, many HIV/AIDS campaigns like the significant red ribbon have been effective on a global scale.

Another useful attempt that has been adopted includes HIV/AIDS education in local schooling systems. In many Asian countries, particularly in China, the causes and impacts of AIDS have been successfully implemented into many curriculums, teaching students about the ‘do’s’ and ‘do not’s’ of how AIDS is transmitted. Not only would this kind of education decrease the likelihood of spreading the disease, but the social stigma associated with the disease would also begin to slowly disintegrate in the long run, as people are finally seeing the disease for what it really is.
Possible Solutions

- In many LEDCs, gender inequity affects progress in reducing HIV. As women continue to be neglected and treated as subordinates, not only do they lose out on the opportunity of proper schooling and a chance to lead their own lives, but they also miss out on valuable information about HIV transmission and education. Unaware of how the disease may spread and its possible implications, most women rely on the guidance of their husbands or other male figures to inform them; but it is often these individuals who are often misguided on the topic as well. Add into the picture the high probability of infected mothers giving birth to an entirely new generation of AIDS victims, and it becomes clear that gender equity must be achieved in these regions to help prevent the spread of HIV. Possible solutions could include offering sexual education in local schools to foster a greater sense of urgency at younger ages.

- Altering social stigma is an important consideration that may be able to be achieved if communities can successfully implement integration programs and improved education on aids. Even if organizations are able to bypass poverty and offer the appropriate aid in issuing antiretroviral drugs, infected persons are often left to the support of the community that they live in. With a deeply ingrained social disgrace already linked to AIDS, the kind of support that AIDS victims should be receiving is often not enough, and thus in the long term, the likelihood for the disease to spread gradually increases. By right, AIDS victims should not feel the obligation to hide in the dark and be neglected of public services. As an ethical factor, and for long-term control over the spread of the disease, many societies must work together to put an end to AIDS disgrace.

- In order to holistically approach the issue, member states and organizations must shift their focus on easily susceptible target groups. In most cities, whether in Asia or Africa, drug users and sex workers rank as the most likely victims to HIV. Even though solutions like education in local school systems improve awareness for future generations, in the short run, the disease is more likely to spread amongst the groups of people that are most probable to getting infected. By using media effectively and increasing access to prevention means like the appropriate drugs and condoms, it may be possible to eliminate AIDS in large cities and industrial areas of LEDCs.

- Political complacency is another issue that cannot be tolerated when it comes to funding any reasonable solution that arises. In other words, budgeting for AIDS awareness must be tightly controlled for the near future in order to completely limit AIDS from spreading. As a pandemic, if AIDS awareness becomes the opportunity cost for LEDCs that are seeking to develop rapidly too soon, there is a large possibility that governments will not be able to reach their full economic height. As a disease that can infect the masses, the lives of economically active citizens of a country become increasingly more valuable to governments as AIDS continues to kill lives and decrease life expectancy. That said, it would be in LEDCs best interest, with the help of other organizations and MEDCs, to control AIDS awareness until research says otherwise. However, with a solution like this, monetary incentives are vital in gaining the support of member states and should be clearly stated.
Continued research and attention towards AIDS must be maintained. Unless cures can be acquired from research, there is no say in how long the HIV pandemic will haunt the millions of people infected. Research firms should be heavily subsidized by MEDCs in the hopes that a cure can be obtained for HIV, since only though a definite cure can this issue truly be put to an end.

Bibliography


