

Forum: Youth and Health Committee

Issue #YH-03: HIV and Young People

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Introduction

HIV (Human Immunodeficiency Virus) is a global health issue that has affected millions of people worldwide for over 35 years. This virus attacks and deteriorates the body's immune system, making it more susceptible to infections and diseases of all kinds. HIV is transmitted through the exchange of bodily fluids, which can occur during unprotected sexual contact, breastfeeding, sharing of needles, and other means. However, a common misconception is that it can be transmitted through saliva, tears or sweat, but these fluids do not carry HIV. This illness often progresses to AIDS (Acquired Immunodeficiency Syndrome), which can lead to life-threatening cancers and infections.

Despite technological and medical advances in treatment and prevention, HIV remains a major public health concern, especially among young people in underdeveloped countries or disadvantaged circumstances, due to a lack of resources and education.

Definition of Key Terms

HIV (Human Immunodeficiency Virus) A virus that attacks the immune system, causing the body to be more susceptible to illnesses, infections and diseases of all kinds. It is untreatable and, if not controlled, can advance into AIDS

AIDS (Acquired Immunodeficiency Syndrome)

A chronic, potentially life-threatening condition which is the late stage of HIV (human immunodeficiency virus), caused when the body's immune system is gravely and irreparably damaged due to the virus.

Immune System

A complex network of cells, tissues, organs and the substances they produce that contributes to the tackling of infections and other diseases.

Issue Overview

HIV (Human Immunodeficiency Virus), a viral infection that attacks the body's immune system, usually leading to AIDS (Acquired Immunodeficiency Syndrome), has been a global health issue for decades. According to UNAIDS (Joint United Nations Programme on HIV/AIDS), approximately 38 million people worldwide were living with HIV at the end of 2019, and around 1.5 million people were newly infected with HIV in that year alone. While HIV is an issue affecting people of all ages, young people aged 15-24 years old are particularly vulnerable to this virus.

There are various reasons why HIV is a major issue for young people. To begin with, a vast amount of teenagers engage in risky behaviors that may significantly increase their likelihood of contracting HIV. These include having unprotected sex, having multiple sexual partners, using drugs or alcohol, and engaging in illegal sexual work. People of young ages may also lack knowledge about HIV transmission and prevention, or feel ashamed or embarrassed about seeking information and resources, due to the fact that sex and HIV are a taboo in innumerable cultures.

Struggles when seeking HIV related resources

Young people may encounter barriers when trying to access HIV prevention and treatment services. Even if they are willing to seek and receive the correct treatment, stigma and discrimination, lack of access to healthcare services, or insufficient knowledge about available resources can present significant obstacles. Minors may also face challenges in accessing testing and treatment due to legal or logistical barriers, such as requiring parental consent, adhering to their country's sexual regulation norms and prohibitions, or needing to travel long distances to reach a healthcare facility. Another hardship young people encounter when seeking HIV treatments or information is the lack of adequate resources. People living in underdeveloped countries are often deprived of such resources and education, which can hinder their ability to lead a life that adheres to human rights standards. Additionally, the taboo surrounding HIV may cause affected individuals to feel ashamed of seeking resources or communicating with people in their circle who are at risk, such as sexual partners, significant others, and family members. Regular medical checkups are crucial for people living with HIV to keep the virus under control, but the shame and stigma surrounding HIV can prevent individuals from seeking the necessary care.

Impact of HIV and AIDS on young people

Moreover, HIV can significantly impact the health and wellbeing of young people, causing a wide range of physical and psychological health issues, including opportunistic infections, depression, and anxiety. Young people who are HIV-positive may also face social and economic challenges such as discrimination, difficulty finding partners, isolation, and obstacles in accessing education, employment, and personal growth opportunities.

HIV biological information

HIV is a retrovirus that targets immune system cells, particularly CD4+ T cells that are essential for fighting infections. HIV can also infect other cells, including brain cells, macrophages, and dendritic cells. The virus can evade the immune system by frequently changing its surface proteins, making it hard for the body to identify and eliminate infected cells. This results in a gradual decrease in the number of CD4+ T cells, weakening the immune system and increasing susceptibility to infections and certain cancers. HIV is transmitted through body fluids such as blood, semen, vaginal fluids, and breast milk, mainly through sexual contact, sharing of contaminated needles, or mother-to-child transmission during pregnancy, childbirth, or breastfeeding. Contrary to popular belief, HIV cannot be transmitted through saliva, sweat or tears. While there is no known cure for HIV, antiretroviral therapy (ART) can effectively suppress the virus, allowing people living with HIV to live longer, healthier lives. ART involves a combination of three or more drugs that target different stages of the HIV replication cycle, and can also help to prevent transmission of the virus to sexual partners and from mother to child during pregnancy and childbirth.

Historical Background

In 1981, the first cases of what would later be identified as HIV were detected among young gay men in Los Angeles and New York City. It was only two years later, around 1983, that the virus was identified and named HIV. Since then, this epidemic has rapidly grown, becoming a global public health crisis that was recognized as a pandemic by the World Health Organization (WHO) in 1987. In that same year, the first medication to treat it was approved by the US Food and Drug Administration (FDA).

In 1996, the Joint United Nations Programme on HIV/AIDS (UNAIDS) was created to collaborate in the development of therapy to mitigate the symptoms of HIV, resulting in a significant decrease in AIDS-related deaths in developed countries. In the year 2000, the United Nations established the Millennium Development Goals, which included a goal to combat and mitigate the adverse consequences of HIV/AIDS, malaria, and other diseases. Three years later, the US President's Emergency Plan for AIDS Relief (PEPFAR) was launched, providing billions of dollars in funding for prevention, treatment, and care programs for the virus in low- and middle-income countries.

In 2011, the UN General Assembly adopted the Political Declaration on HIV/AIDS, which set new targets for reducing HIV transmission and increasing access to HIV prevention, treatment, and care. However, the COVID-19 pandemic disrupted HIV testing, treatment, and prevention services in many countries.

Major Parties Involved

Various parties are involved in addressing the HIV crisis, including underdeveloped countries, health organizations, young people living in underprivileged conditions, and non-political associations.

The countries with the highest number of young people affected by HIV are located in Africa, although some Asian states are also affected by this global pandemic.

According to UNAIDS data from 2021, the countries most affected by HIV in terms of the number of people living with the virus are South Africa (7.6 million people living with HIV), Nigeria (1.8 million people living with HIV), Mozambique (1.4 million people living with HIV), India (2.1 million people living with HIV), Uganda (1.4 million people living with HIV), Tanzania (1.4 million people living with HIV), Kenya (1.5 million people living with HIV), Zambia (1.2 million people living with HIV), Zimbabwe (940,000 people living with HIV), and Malawi (1.0 million people living with HIV).

These states lack the resources to provide all of their young inhabitants with the proper education and treatments regarding HIV, as their governments either need more funds to do so or are dealing with a grave overpopulation problem.

Other major parties involved in this issue are health organizations responsible for providing young inhabitants with the proper resources and education to manage and tackle HIV. Examples include the United Nations Programme on HIV/AIDS (UNAIDS), the World Health Organization, and non-political parties responsible for their respective countries' health management.

Timeline of Events

Date	Description of Event
June 5, 1981	First cases of what would later be known as Acquired Immune Deficiency Syndrome (AIDS) reported in the United States.
May 20, 1982	The term Human Immunodeficiency Virus (HIV) coined by the Centers for Disease Control and Prevention (CDC).
April 8, 1985	Ryan White, a teenager with hemophilia, becomes a public figure in the United States after being diagnosed with HIV, leading to greater awareness of the disease among young people.
March 19, 1987	The first antiretroviral drug, AZT, is approved by the United States Food and Drug Administration (FDA) for the treatment of HIV/AIDS.

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June 5, 1981	First cases of what would later be known as Acquired Immune Deficiency Syndrome (AIDS) reported in the United States.
May 31, 1990	The United Nations General Assembly adopts the Global Programme on AIDS, later known as UNAIDS, to coordinate global efforts to combat the HIV/AIDS epidemic.
January 1, 1994	The Joint United Nations Programme on HIV/AIDS (UNAIDS) is established to provide leadership and support to the global response to the HIV/AIDS epidemic.
June 25-27, 2001:	The United Nations General Assembly Special Session on HIV/AIDS is held, leading to the adoption of the Declaration of Commitment on HIV/AIDS, which sets ambitious targets for the global response to the epidemic.
December 1, 2004	The World Health Organization (WHO) launches the "3 by 5" initiative, with the goal of providing antiretroviral treatment to 3 million people living with HIV/AIDS by 2005.
June 10, 2010	The United Nations General Assembly adopts the Global Plan to Stop the Spread of HIV Among Young People, which sets targets for reducing new HIV infections and increasing access to HIV prevention and treatment services for young people.
September 25, 2015	The United Nations General Assembly adopts the Sustainable Development Goals (SDGs), including SDG 3, which aims to ensure healthy lives and promote well-being for all, including ending the AIDS epidemic by 2030.
2021	Despite progress made, young people continue to be disproportionately affected by the HIV/AIDS epidemic, with an estimated 1.7 million young people living with HIV and over 400 new infections occurring among young people every day. Ongoing efforts

Date	Description of Event
June 5, 1981	First cases of what would later be known as Acquired Immune Deficiency Syndrome (AIDS) reported in the United States. are needed to ensure that young people have access to HIV prevention, testing, treatment, and care services.

Possible Solutions

While it is true that there are challenges in preventing and addressing HIV among young people, there are several strategies that have proven to be effective. One of the most important strategies is comprehensive sex education, which should include information about HIV transmission, prevention, and testing, as well as discussions about healthy relationships, consent, and gender norms. This education can be delivered through a variety of channels, including schools, healthcare facilities, community organizations, and online platforms.

Another key strategy is to increase access to HIV testing and treatment services. This can be achieved by removing barriers to testing, such as the requirement for parental consent, expanding access to testing in community settings, and offering self-testing options. In addition, making treatment more accessible can be accomplished by providing free or low-cost medication, offering counseling and support services, and reducing stigma and discrimination against people living with HIV.

Peer support and community mobilization are also effective strategies for addressing HIV among young people. Peer-led interventions, such as peer education and counseling, can help to reduce stigma and discrimination, increase knowledge and awareness about HIV, and promote healthy behaviors. Community mobilization, such as engaging young people in advocacy and activism, can help to create supportive environments and reduce barriers to prevention and treatment services. By implementing these strategies, we can work towards reducing the number of new HIV infections among young people and improving their overall health and well-being.

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