

# Vancouver Youth Model United Nations 2021



WHO

Background Guide





## VANCOUVER YOUTH MODEL UNITED NATIONS 2020

### **World Health Organization**

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Dear delegates,

Welcome to the World Health Organization (WHO) at Vancouver Youth Model United Nations (VYMUN) 2021. My name is Michel Collet and it is my honour to be serving as your director. Joining me on the dais are my chairs, Will White and Alyssa Lin, as well as my assistant directors, Connor Sage and Lucy Campbell. The dais team looks forward to making this year's conference an enjoyable, rewarding and truly memorable experience that will allow you to grow and further understand the world of Model United Nations. For this conference, WHO will focus on two pressing topics: The Global AIDS Recovery and Obesity.

Our first topic, Global AIDS Recovery, is a problem that has plagued multiple nations, and requires an effective global response to be fully stopped. In the past few decades, AIDS has taken the lives of millions of people, and while countries around the world are making progress in eliminating this disease, the transmission rates remain high. This topic is uniformly rooted within different subsets of stigmatized minority groups around the world, such as the LGBTQ community, illegal sex workers, and those who partake in polygamous relationships. As these are traditionally "taboo" topics, they have largely remained ignored. As such, recovery from AIDS is a nuanced subject which varies in each country. It is paramount that WHO implements a set of strategic solutions to halt the spread of AIDS globally.

Our second topic, Obesity, is a broad one. Even within a single country, the prevalence of obesity is drastically varied among different races, socioeconomic classes, and ages. As the powerhouse countries expand their economy, the global obesity rate is expected to increase sharply amongst developing and developed nations around the world. With food portions increasing in size every year, and physical activity becoming less and less of a necessity, the WHO has the responsibility to find solutions to halt the ever increasing global obesity rate to ensure global health.

I hope this background guide can serve as a foundation to guide you through these multifaceted issues. If you have any questions or concerns, please do not hesitate to contact me [who@vymun.com](mailto:who@vymun.com). Once again, the dais team is thrilled to welcome you to the World Health Organization at VYMUN 2021 and we cannot wait to meet you.

Sincerely,

Michel Collet,

Director of WHO | VYMUN 2021

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# Global Aids Recovery

## Questions to Consider

1. How are HIV cases documented and kept track of in your country? Do people usually report their sexual encounters to public health officials? Do public health officials even acknowledge that an HIV pandemic is ongoing?
2. What are the main causes that accelerate the spread of HIV around the world? How can WHO address these issues?
3. Are there any social structures that can be put in place to prevent the spread of HIV?
4. What demographic of people are most prone to HIV? What region in the world is being hit the hardest by the Global Aids Pandemic? Should WHO assist those countries?
5. How can WHO help countries with poor healthcare systems afford widespread HIV treatment?
6. In what ways can WHO work with other U.N. committees to find solutions to the Global Aids Pandemic?
7. What strategies can be employed to ensure HIV awareness?

## Overview

HIV continues to be a major global public health issue. Since 1959, the disease has already claimed 34.7 million lives, making it one deadliest sexually transmittable disease in history.<sup>1</sup> Furthermore, an estimated 1.5 million people around the world contracted HIV in 2020: of those who contracted HIV 1.3 million of them were adults, and another 160 thousand were children.<sup>2</sup> Although this marks a 30% decrease in annual HIV cases since 2010, HIV continues to be a top priority for public health policy makers around the world. While the first case of HIV was documented in 1959 in Congo, currently HIV is present in virtually every country in the world. Due to different national public health decisions, the outcome of the Global AIDS pandemic varies significantly across different regions. The WHO estimates that  $\frac{2}{3}$  of the 38 million people that are currently living with HIV are from African countries.<sup>3</sup>

Specifically, the *human immunodeficiency virus* (HIV) acts against humans by targeting the immune system and weakening individuals' defenses against infections that they otherwise, with healthy immune systems, could fight off.<sup>4</sup> Cells infected with the virus gradually become immunodeficient, leading to the eventual impairment or death of immune cells. The most severe stage of HIV infection is termed *acquired immunodeficiency syndrome* (AIDS), which results from undergoing an extended time period without

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<sup>1</sup> "HIV/AIDS." *World Health Organization*, World Health Organization, [www.who.int/news-room/fact-sheets/detail/hiv-aids](http://www.who.int/news-room/fact-sheets/detail/hiv-aids).

<sup>2</sup> Content Source: HIV.gov Date last updated: June 25, 2021. "Global Statistics." *HIV.gov*, 25 June 2021, [www.hiv.gov/hiv-basics/overview/data-and-trends/global-statistics](http://www.hiv.gov/hiv-basics/overview/data-and-trends/global-statistics)

<sup>3</sup> "HIV/AIDS." *World Health Organization*, World Health Organization, [www.who.int/news-room/fact-sheets/detail/hiv-aids](http://www.who.int/news-room/fact-sheets/detail/hiv-aids).

<sup>4</sup> Boasso, A, et al. "Immune Dysregulation in Human Immunodeficiency Virus Infection: Know It, Fix It, Prevent It?" *Journal of Internal Medicine*, U.S. National Library of Medicine, Jan. 2009, [www.ncbi.nlm.nih.gov/pmc/articles/PMC2903738/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2903738/).



HIV treatment.<sup>5</sup> AIDS, compared to HIV, is defined by the development of infections and other severe long-term clinical manifestations which are usually fatal to the patient. Transmission of HIV may only occur when a high enough HIV level enters the bloodstream of another person. This occurs most commonly during the first three to four weeks after the initial contraction of HIV when the HIV levels within the body are the highest.<sup>6</sup>

While there currently still is no reliable cure for HIV, the disease may become a manageable chronic health condition if patients can access early HIV prevention, diagnosis, treatment and care, eventually leading to a relatively long and healthy life.<sup>7</sup> The treatment for HIV involves combining several drugs and is known as highly active antiretroviral therapy (HAART)<sup>8</sup>. By taking appropriate treatments, patients can expect to see a severe decrease in their viral load of HIV, to the point of *viral suppression*.<sup>9</sup> Once viral suppression is obtained, HIV positive patients no longer pose a risk to their partners when it comes to spreading the disease.

## Timeline

**1959:** The first known HIV case is identified in Congo. The man later dies, and HIV is confirmed through collection of his blood samples.

**1982:** The term AIDS (Acquired Immune Deficiency Syndrome) is first used in a letter released by the Center For Disease Control and Prevention (CDC). AIDS is formally defined as “a disease at least moderately predictive of a defect in cell-mediated immunity, occurring in a person with no known cause for diminished resistance to that disease.”

**1984:** The U.S. The Department of Health and Human Services announces that researchers at the NCI (National Health Institute) have found the cause of AIDS, that being a retrovirus they have labeled HTLV-III.

**1986:** The International Committee on the Taxonomy of Viruses announces that the virus that causes AIDS will officially be known as “Human Immunodeficiency Virus” (HIV).

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<sup>5</sup> “The Stages of HIV Infection.” *National Institutes of Health*, U.S. Department of Health and Human Services, [hivinfo.nih.gov/understanding-hiv/fact-sheets/stages-hiv-infection](http://hivinfo.nih.gov/understanding-hiv/fact-sheets/stages-hiv-infection).

<sup>6</sup> Carter, Michael. “HIV Levels Peak in Semen 3 - 4 Weeks after Infection.” *Aidsmap.com*, 28 Aug. 2007, [www.aidsmap.com/news/aug-2007/hiv-levels-peak-semen-3-4-weeks-after-infection](http://www.aidsmap.com/news/aug-2007/hiv-levels-peak-semen-3-4-weeks-after-infection).

<sup>7</sup> “HIV/AIDS.” *World Health Organization*, World Health Organization, [www.who.int/news-room/fact-sheets/detail/hiv-aids](http://www.who.int/news-room/fact-sheets/detail/hiv-aids).

<sup>8</sup> “HIV Medication.” *Fraser Health*, [www.fraserhealth.ca/health-topics-a-to-z/sexual-health/hiv/hiv-medication#.YN-zOy296Rs](http://www.fraserhealth.ca/health-topics-a-to-z/sexual-health/hiv/hiv-medication#.YN-zOy296Rs).

<sup>9</sup> “Treatment.” *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 20 May 2021, [www.cdc.gov/hiv/basics/livingwithhiv/treatment.html](http://www.cdc.gov/hiv/basics/livingwithhiv/treatment.html).

**1987:** WHO launches *The Special Programme on AIDS* (later renamed *Global Programme on AIDS*) to: raise awareness; formulate evidence-based policies; provide technical and financial support to countries; initiate relevant social, behavioral, and biomedical research; promote participation by nongovernmental organizations; and champion rights of those living with HIV.

**1994:** AIDS becomes the leading cause of death for all US citizens between the ages of 25-44

**1995:** Highly active antiretroviral therapy (HAART) is developed. Within the short span of two years, death rates due to AIDS will have plummeted in the developed world.

**1997:** The International Aids Vaccine Initiative (IAVI) is formed to speed up the research for an effective HIV vaccine.

**1997:** French President Jacques Chirac calls upon the world's richest nations to create an AIDS therapy support fund to help Africa. Chirac invites other countries to create a fund that will help increase the number of AIDS studies and experiments. The idea was later proposed to the Group of Eight summit of the world's richest nations.

**1998:** Treatment Action Campaign (TAC) is formed to campaign for greater access to HIV treatment for all South Africans. This is done through raising public awareness and understanding about issues surrounding the availability and use of HIV treatments. Most importantly, TAC gives hope to AIDS patients, as they campaign against the notion that once individuals contract AIDS they are subject to an unavoidable death sentence.

**2000:** WHO estimates that between 15% and 20% of new HIV infections worldwide are the result of improper HIV blood screening of donors before blood transfusions take place.

**2007:** The first case of someone being cured of HIV is reported. Timothy Ray Brown is cured of HIV through a bone marrow transplant in Germany from a homozygous CCR5-Δ32 donor.

**2013:** A *New York Times* article reports on a clinical trial that resulted in 12 people of 75 patients who were prescribed antiretroviral therapy soon after becoming infected became "functionally cured" of HIV. A person who is functionally cured will not experience an increase in HIV pathogens in their bloodstream despite stopping treatment.

**2016:** An international study found that near 2,000 patients with HIV failed to respond to the antiviral drug known as Tenofovir disoproxil, indicating that HIV may have evolved into a more resistant strain.

**2016:** The UN holds its 2016 High-Level Meeting on Ending AIDS. The countries involved pledged to end the AIDS epidemic by 2030; however, there was significant controversy surrounding the event, as over 50 countries blocked the access of LGBTQ groups from participating in the meeting, resulting in the final resolution ignoring some of the population demographic most challenged by HIV/AIDS: men who have sex with men, transgender people, and sex workers.

## Historical Analysis

Ever since the first documented case of HIV found in Kinshasa, Congo in 1959, HIV has made itself known across the world, infecting 77.5 million people since the start of the epidemic.<sup>10</sup> Given that HIV is a Simian Immunodeficiency Virus (SIV), it is widely believed that the consumption of infected bushmeat was the original cause of HIV. The HIV pandemic has had various different social consequences which will be discussed in the context of historical analysis.

### Case Study 1: 1984 Cluster Study

A study published in *The American Journal of Medicine* in 1984 titled *Cluster of Cases of the Acquired Immune Deficiency Syndrome* set out to test the hypothesis that AIDS was caused by an infectious agent.

<sup>11</sup> The study consisted of a map, whereby all sexual encounters of Gaëtan Dugas, also known as “patient 0”, were tracked and plotted. The results clearly showed a nodal pattern, that suggested that all new cases of HIV in that area were linked to Dugas. Although newfound clarity was achieved through understanding the transmission process of HIV, it also led to homophobia and stigma in the HIV community.

The name of “patient zero” was leaked from the databases in the study, and before long, quickly everyone knew of Dugas’s identity. A movie and book were published the following year after the study and portrayed Dugas in a very poor light, depicting him as a sociopath who intentionally infected others with the virus for his own sexual desires. Once the case was made known to the public, increased stigma and violence against the LGBTQ+ community ensued as they were widely seen as the main perpetrators of the spread of the disease, given the specific nature of transmission.<sup>12</sup>

### Case Study 2: HIV and AIDS in East and Southern Africa Regional Overview

In 1999, researchers in Congo discovered the strain of virus SIVcpz in a chimpanzee that was almost identical to HIV in humans.<sup>13</sup> From the findings, geneticists hypothesized that the Chimpanzee must have eaten two smaller primates (red-capped mangabeys and greater spot-nosed monkeys), which contained two different strands of SIV. In a turn of events, the two strands joined together during the digestion process to form SIVcpz, the form of SIV that could be contracted by humans.

Given the bushmeat market is quite common in Congo, the disease is believed to have spread to humans due to faulty sanitary measures taken before the consumption of the chimpanzee.

HIV spread extremely quickly from its hearth of Kinshasa, Congo. In the early 1900’s, Kinshasa was a railway hub for the region surrounding it. The area around Kinshasa was full of transport links, such as roads, railways and rivers, and was an intermediate destination for many travellers. At that time, the sex trade was also a growing industry in Kinshasa, which was a major cause behind the quick spread

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<sup>10</sup> “Global HIV & AIDS Statistics - Fact Sheet.” *UNAIDS*, [www.unaids.org/en/resources/fact-sheet](http://www.unaids.org/en/resources/fact-sheet).

<sup>11</sup> “Gaëtan Dugas.” *Wikipedia*, Wikimedia Foundation, 5 June 2021, [en.wikipedia.org/wiki/Ga%C3%ABtan\\_Dugas](http://en.wikipedia.org/wiki/Ga%C3%ABtan_Dugas).

<sup>12</sup> “HIV and the LGBTQ Community.” *HRC*, [www.hrc.org/resources/hrc-issue-brief-hiv-aids-and-the-lgbt-community](http://www.hrc.org/resources/hrc-issue-brief-hiv-aids-and-the-lgbt-community).

<sup>13</sup> “Origin of HIV & AIDS.” *Avert*, 30 Oct. 2019, [www.avert.org/professionals/history-hiv-aids/origin](http://www.avert.org/professionals/history-hiv-aids/origin).



of HIV around the entire region. By 1937, HIV had reached Brazzaville, Congo and by 1980, half of all HIV infections were located outside of Kinshasa.

In the 1960's, many men from Haiti had come to the Democratic Republic of Congo to seek labour. They were initially subject to harsh criticism and stigma from the Congolese inhabitants who blamed them for the spread of HIV. Since there was a lot of cross transport between Haiti and the DRC, the HIV-1 subtype M was able to make a crossover to Haiti. This represented a major turning point within the HIV pandemic, as HIV was no longer a regional problem. By 2014, The HIV-1 subtype M became the most widespread subtype of HIV internationally, having caused over 75 million infections.

### **Case study 3: Understanding Global HIV Stigma and Discrimination: Are Contextual Factors Sufficiently Studied?**

Since the identification of HIV, social stigma has been one of the toughest challenges to face for those who live with this disease. A study published in 2017 by Anne Wagner reported high levels of discrimination and even overlapping stigmas held by health care providers in Canada towards patients with HIV.<sup>14</sup> Furthermore numerous other studies have shown that HIV-related stigma results in lower access to HIV treatment, low adherence to treatment, and worse health outcomes<sup>15</sup>. Lastly, the uncertainty surrounding HIV patients has also led to shame, anxiety, and a lower quality of life<sup>16</sup>. Historically the contextual factors of HIV have been disregarded by many national public health initiatives, perhaps even when treatment is accessible to HIV patients, it is underutilized due to fear of being judged.

## **Past Action**

### **The Global Fund**

In 2002, The Global Fund was created to Fight AIDS, Tuberculosis, and Malaria. Its role is to manage and invest the world's money to respond to three of the deadliest infectious diseases the International Community has ever known.<sup>17</sup> Each year The Global Fund invests more than four billion dollars in local experts from over 100 different countries. One of The Global Fund's founding principles is "smart investments", which they embody by supporting innovation through funding various governments, technical agencies, the private sector, and people affected by diseases.

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<sup>14</sup> Wagner AC;Girard T;McShane KE;Margolese S;Hart TA; "HIV-Related Stigma and Overlapping Stigmas Towards People Living With HIV Among Health Care Trainees in Canada." *AIDS Education and Prevention : Official Publication of the International Society for AIDS Education*, U.S. National Library of Medicine, pubmed.ncbi.nlm.nih.gov/28825863/.

<sup>15</sup> Stringer KL;Turan B;McCormick L;Durojaiye M;Nyblade L;Kempf MC;Lichtenstein B;Turan JM; "HIV-Related Stigma Among Healthcare Providers in the Deep South." *AIDS and Behavior*, U.S. National Library of Medicine, pubmed.ncbi.nlm.nih.gov/26650383/.

<sup>16</sup> Alexandra Marshall S;Brewington KM;Kathryn Allison M;Haynes TF;Zaller ND; "Measuring HIV-Related Stigma among Healthcare Providers: a Systematic Review." *AIDS Care*, U.S. National Library of Medicine, pubmed.ncbi.nlm.nih.gov/28599599/.

<sup>17</sup> "Global Fund Overview." *The Global Fund to Fight AIDS, Tuberculosis and Malaria*, www.theglobalfund.org/en/overview/.

The fund initially began with 18 member countries, but rapidly attracted more than 80 countries pledging to make contributions to aid the Fund. Since its creation, The Global Fund has also been supported by both the United Nations and The G8<sup>18</sup>. The Global Fund has begun several initiatives to slow down the spread of HIV, most noticeably preventing the transmission of HIV from mother to newborns. In fact, in a recent study, it was found that in the countries where the Global Fund invested in 2019, 82 percent of HIV-positive mothers received treatment to stop the virus from infecting their babies.<sup>19</sup> Other effective initiatives undertaken by The Global Fund target specific communities such as underaged girls and sex workers, where in some countries they are 600% more likely to contract HIV. Lastly, increased public awareness of sexual protection, taboos, and circumcision have all been instrumental to fighting the HIV pandemic.

## UNAIDS

The joint United Nations Program on HIV/AIDS (UNAIDS) was established through the ECOSOC resolution 1994/24 of July 26, 1994 to undertake a joint mission with the United Nations on ending the AIDS pandemic.<sup>20</sup> UNAIDS serves as a junction committee to unify the efforts of eleven other UN organizations: UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO and the World Bank. Ultimately, UNAIDS is driven by its vision of having zero new HIV infections, zero discrimination, and zero AIDS-related deaths in the future.<sup>21</sup>

According to their Global AIDS Strategy 2021-2026, they have outlined three strategic priorities. Firstly, to maximize and equal access to HIV services and solutions. Secondly, to break down barriers to achieving HIV outcomes. Lastly, to fully resource and sustain efficient HIV responses and integrate them into systems for health, social protection, humanitarian settings and pandemic response. With these three goals in mind, the organization plans on reducing the annual HIV cases by 90% of what they were in 2010.

## Global Programme on AIDS

In 1987, WHO launched *The Special Programme on AIDS*, which was later renamed *Global Programme on AIDS (GPA)*. The goal of the program was to raise awareness, formulate evidence-based policies, provide technical and financial support to countries, initiate relevant social, behavioral, and biomedical research; promote participation by nongovernmental organizations that champion rights of those living

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<sup>18</sup> "The Global Fund to Fight AIDS, Tuberculosis and Malaria." *Wikipedia*, Wikimedia Foundation, 27 May 2021, en.wikipedia.org/wiki/The\_Global\_Fund\_to\_Fight\_AIDS,\_Tuberculosis\_and\_Malaria#Creation.

<sup>19</sup> "HIV & AIDS." *The Global Fund to Fight AIDS, Tuberculosis and Malaria*, [www.theglobalfund.org/en/hivaids/](http://www.theglobalfund.org/en/hivaids/).

<sup>20</sup> Content Source: HIV.gov Date last updated: August 06, 2019. "Global HIV/AIDS Organizations." *HIV.gov*, 5 Nov. 2020, www.hiv.gov/federal-response/pepfar-global-aids/global-hiv-aids-organizations.

<sup>21</sup> "Global HIV Targets." *Avert*, 12 Feb. 2021, www.avert.org/global-hiv-targets.

with HIV.<sup>22</sup> By 1989, the GPA was collaborating with groups in more than 160 countries to find preventions and cures for HIV.<sup>23</sup>

## Current Situation

### AIDS in Africa

Africa is the region most impacted by HIV. In fact, in 2018 just under half of the annual global AIDS cases were from Africa. While Africa only makes up 6.4% of the global population, it is home to over half of the world's total population living with AIDS (20.6 million people).<sup>24</sup> Although the HIV situation is still dire, several African nations have been making significant strides towards a world that is AIDS free.

Overall since 2010, the number of new infections in the African region has dropped by 28%, with an even more impressive 44% drop in the number of deaths due to HIV.<sup>25</sup> Botswana, Eswatini, and Namibia have all made tremendous progress in HIV care within the last few years and have all reached the 90% HIV patient care coverage. While other countries such as Madagascar, Mauritius, and South Sudan, report that fewer than 25% of people living with HIV are even aware of their status, even worse, eight countries in the region have yet to report data on viral suppression.

Efforts made to combat the HIV pandemic in Africa have been highly concentrated in four population demographics: young women, sex workers, and people who inject drugs (PWID).

### Young Women

In 2018, HIV prevalence among women 15-24 years of age in the African region was more than double that of young men.<sup>26</sup> The reasons behind this statistic is complex, but it is widely believed that the high levels of transactional sex and age-disparate sexual relationships in Southern and Eastern African countries are the primary factors that increase young women's HIV vulnerability.<sup>27</sup> In fact, studies from Zimbabwe and Uganda have shown that young married women with partners who were upward of 16 years older than them were at three times greater risk of HIV infection than those with partners less than 15 years older than themselves. The population's lack of information and awareness about HIV also proves to be a determining factor that differentiates countries that have had successful interventions with those who have failed. For example, Kenya, an African nation that has been successful in containing the HIV virus, estimates that upwards of 65% of its young people are aware of the virus's presence, whereas

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<sup>22</sup> G, Korber BT;Osmanov S;Esparza J;Myers. "The World Health Organization Global Programme on AIDS Proposal for Standardization of HIV Sequence Nomenclature. WHO Network for HIV Isolation and Characterization." *AIDS Research and Human Retroviruses*, U.S. National Library of Medicine, pubmed.ncbi.nlm.nih.gov/7888188/.

<sup>23</sup> Content Source: HIV.govDate last updated: June 25, 2021. "Global HIV/AIDS Overview." *HIV.gov*, 25 June 2021, www.hiv.gov/federal-response/pepfar-global-aids/global-hiv-aids-overview.

<sup>24</sup> "11 Facts about HIV in Africa." *DoSomething.org*, [www.dosomething.org/us/facts/11-facts-about-hiv-africa](http://www.dosomething.org/us/facts/11-facts-about-hiv-africa).

<sup>25</sup> "HIV and AIDS in East and Southern Africa Regional Overview." *Avert*, 25 Aug. 2020, www.avert.org/professionals/hiv-around-world/sub-saharan-africa/overview#footnote1\_rcf7yoz.

<sup>26</sup> "HIV Incidence Rates in Adolescent Girls and Young Women in Sub-Saharan Africa." *DEFINE\_ME*, www.thelancet.com/journals/langlo/article/PIIS2214-109X(19)30404-8/fulltext.

<sup>27</sup> "Children and AIDS Front Page: Children & AIDS." *Children and AIDS Front Page | Children & AIDS*, www.childrenandaids.org/.



Mauritius, an African nation that ranks the highest in per-capita HIV cases, estimates that roughly 30% of its young population are adequately informed about the virus.<sup>28</sup>

### **Sex Workers**

More than half of the sex workers in the African region are estimated to be living with HIV.<sup>29</sup> Given the nature of HIV's transmission, to varying extents, sex workers in all African nations are a major source of transmission for the virus. The percentage of sex workers carrying HIV ranges from 5.5% in Madagascar to more than 70% in Lesotho, and this is mostly due to varying accessibility to protection and cultures. In different countries, use of protection between sex workers and their clients varies greatly. It's common for sex workers to have no access to protection or have trouble negotiating with their clients to use them.

### **Persons Who Inject Drugs (PWID)**

Madagascar, Kenya, Mozambique, Mauritius, Tanzania, South Africa, and Uganda are all home to significant populations of people who inject drugs. It is estimated that just under a third of the PWID population in the respective countries live with HIV, and they accounted for 8% of the new infections in 2018.<sup>30</sup> The shared use of needles is the overwhelming reason as to why HIV is being transmitted so rapidly in the drug-using demographic of people in Africa. A 2015 study in five South African cities found that 32% of men and 26% of women who regularly inject drugs shared syringes and nearly half reused needles.<sup>31</sup>

### **AIDS in North America and Central America**

The responses to the AIDS pandemic in North America have been extremely successful in limiting the spread of HIV. It is estimated that 1.5 million adults and children are living with HIV in North America, with 70,000 new HIV cases, and 26,000 new deaths.<sup>32</sup> While the raw number of people living with HIV in North America may seem high, the overall adult prevalence is still relatively low at 0.5%.

Only 5 out of the 21 countries in North and Central America have HIV population infection rates above 1%, making HIV a secondary threat to public safety. The success North and Central American countries have is mostly due to their relatively high accessibility to protection for sex as well as access to technology.

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<sup>28</sup> "HIV and AIDS in East and Southern Africa Regional Overview." *Avert*, 25 Aug. 2020, [www.avert.org/professionals/hiv-around-world/sub-saharan-africa/overview#footnote14\\_omgfdz6](http://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/overview#footnote14_omgfdz6).

<sup>29</sup> Lyons, Carrie E., et al. "The Role of Sex Work Laws and Stigmas in Increasing HIV Risks among Sex Workers." *Nature News*, Nature Publishing Group, 18 Feb. 2020, [www.nature.com/articles/s41467-020-14593-6](http://www.nature.com/articles/s41467-020-14593-6).

<sup>30</sup> Asher, Alice K, et al. "People Who Inject Drugs, HIV Risk, and HIV Testing Uptake in Sub-Saharan Africa." *The Journal of the Association of Nurses in AIDS Care : JANAC*, U.S. National Library of Medicine, 2013, [www.ncbi.nlm.nih.gov/pmc/articles/PMC3800507/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3800507/).

<sup>31</sup> Scheibe, Andrew, et al. "HIV Prevalence and Risk among People Who Inject Drugs in Five South African Cities." *International Journal of Drug Policy*, Elsevier, 18 Jan. 2016, [www.sciencedirect.com/science/article/abs/pii/S095539591600027X](http://www.sciencedirect.com/science/article/abs/pii/S095539591600027X).

<sup>32</sup> "HIV/AIDS in North America." *Wikipedia*, Wikimedia Foundation, 17 Jan. 2021, [en.wikipedia.org/wiki/HIV/AIDS\\_in\\_North\\_America](https://en.wikipedia.org/wiki/HIV/AIDS_in_North_America).

## **AIDS in Asia and Pacific Regions**

There has been a large variation in the scale of national responses to the pandemic across Asia. 75% of people living with HIV throughout Asia and the Pacific Regions are aware of their condition, 60% are on HIV medication, and 55% have attained viral suppression.<sup>33</sup> The high proportion of individuals that are on HIV medication is due to the increased progress in testing in Asian countries. Progress differs across Asian countries with Thailand, Malaysia, and Cambodia all reporting that more than 85% of people living with AIDS are aware of their ailment. At the other end of the spectrum, just 37% of people living with HIV in Bangladesh and 14% of people in Pakistan were aware of their status.

Over time, some countries in the region have seen a steep decrease in HIV cases with Nepal, Cambodia, Singapore, Thailand, Vietnam, Sri Lanka all experiencing at least a 50% reduction in new infections since 2010. In contrast, infections have increased by 56% in Bangladesh, 57% in Pakistan, and 203% in the Philippines. In aggregate, the entire Asian and Pacific Region is making steady progress in reducing new infections with a 9% decline between 2010 and 2018.

Use of contraceptives has shown to be a great preliminary indicator for HIV infection rates, as the countries with comparatively lower HIV rates report high levels of protection used among sex workers with 91% in India, 93% in Sri Lanka and 81% in Thailand. On the other hand, countries with higher HIV rates such as the Philippines observed that only 33% of males who engage in sexual intercourse and transgender women used a condom in the previous twelve months – the primary reason for a lack of condom use being that one was “unavailable”.<sup>34</sup>

## **Possible Solutions**

### **Increased Social Awareness**

Persistent new HIV infections and risky behaviors underscore the need for a multifaceted HIV prevention plan. Many means of HIV transmission may be eliminated by improving social awareness on this issue. The goal of the campaigns will be to promote safe sexual behaviors, increase HIV testing uptake, and promote safe injection behaviors. In a recently published study, researchers aimed to determine whether a social media intervention regarding the AIDS pandemic would be effective by analyzing Australia’s highly effective two-part social media intervention to promote sexual health and condom use. The first part used Facebook advertisements and the second part involved producing episodic videos based on social media feedback.<sup>35</sup> An integrated social awareness campaign targeting the demographic of people most at risk of spreading the virus could be effective in solving the problem.

### **Increased Access to HIV treatment**

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<sup>33</sup> “HIV and AIDS in Asia & the Pacific Regional Overview.” *Avert*, 7 Aug. 2020, [www.avert.org/professionals/hiv-around-world/asia-pacific/overview](http://www.avert.org/professionals/hiv-around-world/asia-pacific/overview).

<sup>34</sup> “The Fastest Growing HIV Epidemic in the Western Pacific.” *DEFINE\_ME*, [www.thelancet.com/journals/lanhiv/article/PIIS2352-3018\(18\)30182-6/fulltext](http://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(18)30182-6/fulltext).

<sup>35</sup> Tso, Lai Sze, et al. “Social Media Interventions to Prevent HIV: A Review of Interventions and Methodological Considerations.” *Current Opinion in Psychology*, U.S. National Library of Medicine, 1 June 2016, [www.ncbi.nlm.nih.gov/pmc/articles/PMC4620570/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4620570/).

Universal access to antiretroviral treatment (ART) has become the global standard for treating people living with HIV and achieving epidemic control.<sup>36</sup> As part of the UNAIDS goal to end the HIV pandemic, they released a 90-90-90 target, whereby 90% of PLHIV know their status, 90% of people diagnosed with HIV receive ART, and 90% of those on ART are virally suppressed. At the end of 2020, 73% of people living with HIV were accessing antiretroviral therapy (ART), while another 10.2 million were left waiting for the treatment. The accessibility of treatment varies drastically from country to country and continues to be a global issue yet to be solved.

### **Legitimized Prostitution**

Sex work is a major transmission pathway for the spread of HIV. In some places in the world, sex workers are 13 times more likely to contract the virus, making them a demographic especially prone to HIV infections.<sup>37</sup> Economic vulnerability, inconsistent condom usage, violence, criminalisation, and marginalisation are all reasons behind the high rate of infection among sex workers. As mentioned earlier, sex worker protection usage varies heavily across different countries, and in some places, it is common for clients to refuse them. Since the prostitution industry is sometimes illegal, and often unregulated, clients often have more leverage in refusing to wear protection. A solution to this would be to create more structure around prostitution and enforce the usage of protection.<sup>38</sup> The status quo in many countries is large unofficial prostitution rings, where workers have very little leverage over their choice to wear protection. A potential idea that could be discussed, is the legalization of prostitution, where the government provides oversight on the sex-trade industry.

### **Safe Injection Sites**

Persons who inject drugs (PWID) are among the demographics the most vulnerable to HIV infection, as it is estimated that PWID are 22 times more likely to acquire HIV than the general public.<sup>39</sup> Given the nature of HIV transmission, needle sharing is the major factor contributing to the increased likelihood of contracting HIV.<sup>40</sup> Similar to prostitution, drug usage is illegal in most countries, which leads individuals to engage in these activities in secret without proper government oversight. Safe injection sites and sterile syringes are not always readily available to drug users, leading to multiple people reusing the same syringe. Cultural norms in various countries also prevent the establishment or access to safe injection sites due to the stigma surrounding the negatively seen drug addicted population.

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<sup>36</sup> Myburgh, Hanlie, et al. "Implementing 'Universal' Access to Antiretroviral Treatment in South Africa: a Scoping Review on Research Priorities." *OUP Academic*, Oxford University Press, 8 May 2021, [academic.oup.com/heapol/article/36/6/923/6272130](https://academic.oup.com/heapol/article/36/6/923/6272130).

<sup>37</sup> "Sex Workers, HIV and AIDS." *Avert*, 10 Oct. 2019, [www.avert.org/professionals/hiv-social-issues/key-affected-populations/sex-workers](https://www.avert.org/professionals/hiv-social-issues/key-affected-populations/sex-workers).

<sup>38</sup> Jin X; Smith K; Chen RY; Ding G; Yao Y; Wang H; Qian HZ; Chang D; Wang G; Wang N; "HIV Prevalence and Risk Behaviors among Male Clients of Female Sex Workers in Yunnan, China." *Journal of Acquired Immune Deficiency Syndromes* (1999), U.S. National Library of Medicine, [pubmed.ncbi.nlm.nih.gov/19730110/](https://pubmed.ncbi.nlm.nih.gov/19730110/).

<sup>39</sup> "Sharing Needles to Inject Drugs, and HIV." *Avert*, 24 Feb. 2021, [www.avert.org/hiv-transmission-prevention/injecting-drugs](https://www.avert.org/hiv-transmission-prevention/injecting-drugs).

<sup>40</sup> "People Who Inject Drugs, HIV and AIDS." *Avert*, 10 Oct. 2019, [www.avert.org/professionals/hiv-social-issues/key-affected-populations/people-inject-drugs#footnote1\\_ppz5s3a](https://www.avert.org/professionals/hiv-social-issues/key-affected-populations/people-inject-drugs#footnote1_ppz5s3a)



## **Bloc Positions - Minimum 500 Words**

### **North America and Western Europe (Canada, France, United Kingdom, Mexico)**

With the exception of a few countries, there is generally a very low HIV prevalence in countries across North America and Europe. Many countries within this region are currently providing treatment to more than 80% of those in need of treatment. Access to contraceptives and sexual education is also noticeably higher in North America and Europe. Virtually every country in North America and Europe either heavily subsidizes or provides contraceptives for free.<sup>41</sup> Due to this fact, North America and Europe combined only have a 0.2% HIV population prevalence for those between the ages of 15-49 years old.<sup>42</sup> Given that North American and European countries are more economically and technologically advanced, they have the ability to highly impact the world through pharmaceutical research and foreign aid targeted at solving the HIV crisis. Given their infrastructure, they may serve as the economic backbone of the solution to end the AID pandemic.

### **Latin America and the Caribbean (Uruguay, Argentina, Colombia)**

The rate of new HIV infections in Latin America and the Caribbean has remained stable between the years 2010 and 2015. The responses differ from country to country, however, they have generally been positive. A majority of the funding for the HIV response in this region comes from domestic sources or the national governments, demonstrating the region's commitment to ameliorating the AIDS pandemic. But high levels of discrimination, homophobia, and stigma act as barriers for progress in some areas of the region. An alarming trend in the region is the disparity between adult and children access to antiretroviral treatment, as 63% of adults living with HIV are currently medicated compared to the 44% of children living with HIV that are medicated.

### **Eastern Europe and Central Asia (Russia, Czechoslovakia, Pakistan)**

Eastern Europe and Central Asia is the only region in the world where the HIV epidemic continues to rise rapidly, with a 29% increase in annual new HIV infections between 2010 and 2018. The epidemic is predominantly concentrated within the demographic of people who inject drugs due to shared syringes and a lack of government-provided clean needles. In contrast to other regions that are also in the midst of the AIDS pandemic, the Eastern European and Central Asian region has demonstrated lackluster initiatives in addressing this concern, as only 43% of individuals living with HIV are on antiretroviral treatment (ART). It is of utmost importance that this region addresses its increasing HIV concerns.

### **African Countries (Sudan, South Africa, Angola)**

Among all the countries in Africa, Eastern and Southern African countries have had the least success in containing the AIDS pandemic.<sup>43</sup> In recent years, many countries in that region have been making sustained progress in controlling the spread of HIV, but they still rely heavily on donor funding to finance

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<sup>41</sup> Beauchamp, Zack. "Here's a Map of the Countries Where the Pill Is Fully Subsidized (It Includes Iran)." *Vox*, Vox, 30 June 2014, [www.vox.com/2014/6/30/5857904/where-the-pill-is-free](http://www.vox.com/2014/6/30/5857904/where-the-pill-is-free).

<sup>42</sup> "HIV and AIDS in Western Europe, Central Europe and North America." *Avert*, 20 Aug. 2019, [www.avert.org/professionals/hiv-around-world/western-central-europe-north-america](http://www.avert.org/professionals/hiv-around-world/western-central-europe-north-america).

<sup>43</sup> "HIV and AIDS in the Middle East & North Africa (MENA)." *Avert*, 7 Aug. 2020, [www.avert.org/professionals/hiv-around-world/middle-east-north-africa-mena](http://www.avert.org/professionals/hiv-around-world/middle-east-north-africa-mena).

their HIV response. Countries such as Kenya and South Africa have made great strides towards meeting UNAIDS' 90-90-90 goal, while other countries in the region such as Lesotho and Eswatini have shown little progress.

In sharp contrast, Northern Africa and the Middle East is the region that has the lowest HIV prevalence in the world (less than 0.1%). However, the region faces another set of challenges: less than half of the people living with HIV in the region are aware of their status, and only a third of HIV positive people are on treatment. As a result, there has been an increasing amount of deaths in that region due to inaccessibility to antiretroviral treatment (ART), with only 38% of those needing ART having access – far below the global level of 59%.

### **Asia and The Pacific**

Similarly to Africa, Asia is very divided in terms of progress with regards to HIV containment. For example, data suggests that new HIV infections in South and South-East Asia are decreasing, whereas in East Asia, they are rising.<sup>44</sup> However, across all countries, HIV vulnerable populations are often overlooked when considering solutions to the pandemic. 18 countries across the region still criminalise same-sex activities, while governments in those countries also fail to provide safe injection sites as well as monitored prostitution for their citizens. The main issue in this region are the punitive laws that prevent at risk communities from seeking help. Many governments in the region have already started offering assistance to sex workers, in providing them with necessary protection.

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<sup>44</sup> "HIV and AIDS in Asia and the Pacific." *Avert*, 23 Aug. 2016, [www.avert.org/professionals/hiv-around-world/asia-pacific](http://www.avert.org/professionals/hiv-around-world/asia-pacific).

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## Addressing Obesity

### Questions to Consider

1. What measures have your country taken to fight against the rise of obesity?
2. What are the main causes that accelerate the spread of obesity around the world? How can WHO address these issues?
3. Are there any social structures that can be put in place to prevent rising obesity rates?
4. Which demographics are most prone to obesity? What region in the world is most affected by obesity? Should WHO assist those countries?
5. In what ways can WHO work with other U.N. committees to find solutions to rising obesity rates?
6. What strategies can be employed in your country to ensure there is heightened obesity awareness?

### Overview

Obesity, defined by the World Health Organization (WHO) as an excessive fat accumulation that presents a risk to health, is usually marked a body mass index (BMI) of over 30. Obesity has been a pressing issue that the World Health Organization has been monitoring for years. In 2016, the WHO estimated that 650 million adults and 150 million children suffered from obesity.<sup>45</sup> Furthermore, worldwide obesity has nearly tripled since 1975, with the obesity rate in Western countries expected to rise 60-80% by 2050.<sup>46</sup>

More alarmingly, the rise in obesity has impacted developing and newly developed countries the most thus far. The sudden rise in low cost international trade opened the door to the global importation of cheap unhealthy foods. Due to this, the eating regimens of locals from developing countries have massively changed in a short period of time, resulting in younger generations becoming the demographic that is the most prone to obesity in developing countries. As obesity has been impacting all age ranges, the rate of childhood obesity has been growing incredibly rapidly and has become a forefront issue that the WHO has been trying to solve.

The consequences of childhood obesity are twofold. Firstly, obesity in general is known to lead to many illnesses that decrease the general wellbeing of people, including type two diabetes, cholesterol problems,

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<sup>45</sup> "Obesity and Overweight." *World Health Organization*, World Health Organization, [www.who.int/news-room/fact-sheets/detail/obesity-and-overweight](http://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight).

<sup>46</sup> *Adult Obesity Rates Predicted to Rise to 60-80% by 2050*, [www.cabi.org/nutrition/news/12612](http://www.cabi.org/nutrition/news/12612).

and plaque buildup within arteries. The WHO estimates that over 2.8 million people die from obesity related illnesses. Secondly, childhood obesity may lead to a multitude of psychological consequences such as anxiety, depression, eating disorders, and low self esteem – which are all closely related to the onset of obesity at an early age.

The impacts of childhood obesity also extend far into adulthood, whereby children who show early signs of obesity are more likely to become obese adults.<sup>47</sup> Not only are obesity disease risk factors in adulthood likely to be more severe, but also, unemployment is found to be strongly associated with unhealthy weight status.<sup>48</sup> Thus, it's plausible to infer that increasing levels of adulthood obesity may have a significant impact on the workforce and the economies of countries as a whole.

## Timeline

**1866:** California becomes the first US state that mandates physical exercise in schools.

**1925:** A tax on oleomargarine (butter) was passed by the US senate to decrease it's consumption.

**1928:** The 31st President of the United States, Herbert Hoover, uses the slogan “a chicken in every pot” in his election campaign. The slogan refers to the rapid increase in the available amount, quality, and variety of food, which enabled humans to increase their average longevity and body size, further aiding the industrial based economy.

**1997:** WHO declares obesity to be a major public health problem and a global epidemic.

**2006:** The top 44 fast food companies spend almost USD 2 billion in marketing targeted towards children.

**2008:** The Metabo law was passed in Japan, whereby employers are required to pay a fine if their employees exceed a certain waistline measurement threshold at their annual medical check ups.

**2010:** The then-First Lady, Michelle Obama funds the “Let's Move!” public health campaign in the United States. The campaign is aimed to reduce childhood obesity and encourage healthy lifestyles for children.

**2011:** Denmark introduces a fat tax on butter, milk, cheese, pizza, meat, oil and processed food containing more than 2.3% saturated fat, but later abolishes the tax in 2012.

**2016:** The Indian state of Kerala's regional government proposes a 14.5% 'fat tax' on burgers, pizzas and other junk food served in branded restaurants.

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<sup>47</sup> “Childhood Obesity Facts.” *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 5 Apr. 2021, [www.cdc.gov/obesity/data/childhood.html](http://www.cdc.gov/obesity/data/childhood.html).

<sup>48</sup> Monsivais, Pablo, et al. “Job-Loss and Weight Gain in British Adults: Evidence from Two Longitudinal Studies.” *Social Science & Medicine* (1982), Pergamon, Oct. 2015, [www.ncbi.nlm.nih.gov/pmc/articles/PMC4610948/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4610948/).



**2016:** The Chinese National Health and Family Planning Commission issues the Healthy China 2030 Planning Outline, which includes a detailed plan regarding how China will restructure itself to create a healthier population in the future. Part of the plan is to reduce the national consumption of junk food, as well as increase the national life expectancy to 79 years of age.

**2020:** The NHS finds that post pandemic, almost two-thirds (63%) of adults in England are overweight or living with obesity – and 1 in 3 children leave primary school overweight or obese.

## Historical Analysis

### Rise in Obesity

The WHO determined that the fundamental reason behind the sudden rise in obesity in recent years has to do with an energy imbalance between calories consumed and calories expended.<sup>49</sup> This imbalance is created by the increase in global per capita calorie intake combined with the decrease of physical activity due to the sedentary forms of work, changing modes of transportation, and increasing urbanization.

Data shows that the daily intake of dietary energy (calories) has been steadily increasing on a worldwide basis. The global per capita intake of calories per day has increased by 450 calories, and in developing countries has increased by 650 calories.<sup>50</sup> The growth in global calorie intake is highly correlated with rising incomes. This is because the rise in income allows for households to alter their dietary schedules, such as eating more protein and meats, which was previously not possible for them. Due to this trend, global food demand is expected to increase by anywhere between 59% to 98% by 2050.<sup>51</sup>

Another reason behind the spike in obesity has to do with food portions becoming gradually bigger. A study conducted by the University of North Carolina concluded that in the past 20 years, food portions across the US, including homemade food, have become larger: “hamburgers have expanded by 23%; a plate of Mexican food is 27% bigger; soft drinks have increased in size by 52%; snacks, whether they be potato chips, pretzels or crackers, are 60% larger”.<sup>52</sup>

Additionally, technological advancements in transportation and the increasingly sedentary nature of jobs have greatly increased the rate of obesity around the world. While the mechanization of farm work has had large scale benefits with regards to productivity, its potential effects on risks for heightened rates of obesity must be recognized.<sup>53</sup>

### Free Trade Impacts

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<sup>49</sup> “Obesity and Overweight.” *World Health Organization*, World Health Organization, [www.who.int/news-room/fact-sheets/detail/obesity-and-overweight](http://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight).

<sup>50</sup> *Global and Regional Food Consumption Patterns and Trends*, [www.fao.org/3/ac911e/ac911e05.htm](http://www.fao.org/3/ac911e/ac911e05.htm).

<sup>51</sup> “Global Demand for Food Is Rising. Can We Meet It?” *Harvard Business Review*, 26 Apr. 2019, [hbr.org/2016/04/global-demand-for-food-is-rising-can-we-meet-it](http://hbr.org/2016/04/global-demand-for-food-is-rising-can-we-meet-it).

<sup>52</sup> *ABC News*, ABC News Network, [abcnews.go.com/WN/food-portion-sizes-grown-lot/story?id=129685](http://abcnews.go.com/WN/food-portion-sizes-grown-lot/story?id=129685).

<sup>53</sup> Pickett, William, et al. “Farmers, Mechanized Work, and Links to Obesity.” *Preventive Medicine*, Academic Press, 28 Nov. 2014, [www.sciencedirect.com/science/article/pii/S0091743514004551](http://www.sciencedirect.com/science/article/pii/S0091743514004551).

Free trade and globalization has had a major impact on global obesity rates. Within the last half-century, the volume of merchandise traded globally has increased by 17 times, resulting in companies like Coca Cola and McDonalds establishing a presence in even the poorest countries in the world. As such, the sudden influx of trade has substantially influenced the dietary patterns of communities around the world.

### **Case study 1: NAFTA (Free Trade)**

The North American Free Trade Agreement (NAFTA) is an agreement signed by the United States, Canada, and Mexico, that forms a trilateral trading block in North America. Since its conception in 1988, the dietary patterns of citizens from these three countries have all changed drastically, with Mexico bearing the largest burden. In 1980, before the signing, 7% of Mexicans were obese; that figure tripped to 20.3% as of 2016. Opponents of NAFTA claim that Mexico's dietary landscape is beginning to resemble that of the US more and more since the signing of the free trade agreement, and that Mexico has lost their economic independence. Free trade is often blamed as a causal factor for the rise in obesity in Mexico given that it has enabled the spread of low-nutrient, highly processed foods from the US. The WHO reports that currently, diabetes has the highest mortality rate in Mexico, claiming 80,000 lives a year—with the rate set to increase in the future.

### **Case study 2: Samoa Turkey Tail Crisis**

Industrial-scale livestock production evolved rapidly after World War II. With new scientific advances such as growth hormones, antibiotics, and artificial insemination, commercial farming of livestock was made possible. Turkeys, as well as other livestock, can be found abundantly in grocery stores across developed nations around the world. In fact, in 2017, the U.S. produced half a billion pounds of turkey. However, like many other types of livestock, some pieces of the turkey are removed during the processing and never make it to Western consumer markets. Many of these unused turkey cuts are unhealthy or unpleasant to humans, so they are used for alternative products, such as animal food, oils, and vitamins. However, in this specific case, the poultry industry saw an opportunity in selling turkey tails along with chicken backs to the Pacific Islands, where protein is scarce. Soon enough, turkey tail became engraved in Samoan culture, and by 2007, the average Samoan was consuming more than 44 pounds of turkey tails every year – a food that is widely regarded as a waste product in Western nations. Although turkey tail became a staple in Samoan culture, public health officials grew concerned about the adult obesity rate, which was 75% at that time. In 2007, the import of turkey tails was banned in Samoa.<sup>54</sup> While international trade serves as the link for companies around the world to offer many goods that were previously accessible, it also serves as a median for exploitation.

### **Obesity Impact**

By reducing productivity and life expectancy and increasing disability and health care costs, obesity has already had an enormous impact on national economies. Obesity presents two costs to society: firstly,

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<sup>54</sup> Michael Carolan Professor of Sociology and Associate Dean for Research & Graduate Affairs. “The Strange Story of Turkey Tails Speaks Volumes about Our Globalized Food System.” *The Conversation*, 29 Apr. 2021, [theconversation.com/the-strange-story-of-turkey-tails-speaks-volumes-about-our-globalized-food-system-86035](https://theconversation.com/the-strange-story-of-turkey-tails-speaks-volumes-about-our-globalized-food-system-86035).

direct costs, such as medical expenses and secondly, indirect costs, such as the forgone number of hours of labour an individual could have performed if they were healthy. In 2013, a microsimulation model was created to predict the 5-year and 10-year total economic burden per capita attributable to obesity, and the results from the study showed US \$33,900 (5 year) and US \$70,200 (10 year) of loss, respectively. Given that obesity trends are on the rise, it is reasonable to expect obesity to cause more significant economic damage in the future.

## Past Action

### World Health Assembly Resolution 74.4

The World Health Assembly (WHA) Resolution 74.4 was endorsed in May of 2021 and focused on reducing the burden of noncommunicable diseases by strengthening prevention and control of diabetes. The resolution outlined the importance of increasing healthcare access for those with diabetes or obesity and overall minimizing the economic impact of obesity around the world. The primary goal mentioned in the resolution was to progressively provide 1 billion additional people with quality essential health services, medicines, diagnostics and health technologies by 2023 in hopes of achieving universal health coverage by then. The secondary goal was to promote prevention of risk factors that underlie diabetes, such as unhealthy diets, tobacco use, physical inactivity, and environmental determinants of health.

### Global School Health Initiative

The Global School Health Initiative was established by the World Health Organization in 1995 with the goal of promoting good health through education at the local, national, and global level. At this point, health officials recognized the potential for schools to become places where basic health education could be provided to students. The Global School Health Initiative aims to provide healthy lifestyle education, daily physical activity programs, and nutritional lunches. To accomplish this, the program will utilize a combination of national policies, and the creation of sub-committees to discuss healthy eating habits. Given that classrooms are the perfect setting to reach children, the goal of the Global School and Health Initiative is to promote a healthy lifestyle within schools in order to facilitate the early prevention of various non communicable diseases such as obesity.

### WHO Strategy on Diet, Physical Activity and Health

The WHO Global Strategy on Diet, Physical Activity and Health, launched in 2004, is the founding document for international action on noncommunicable diseases, including obesity. The Global Strategy urges all Member States to develop, implement, and evaluate the action it recommends; to promote individual and population health by improving diet and increasing physical activity; and to reduce the risk and incidence of noncommunicable diseases. Additionally, it requests that WHO provides technical advice to Member States while mobilizing support for implementing the Strategy and monitoring and evaluating implementation. The goals of the Strategy are to improve diets, increase the population's level of physical activity, forge partnerships for public health, build national capacity for obesity treatment, and measure progress with regards to the rates of noncommunicable diseases in member countries.<sup>55</sup>

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<sup>55</sup> "FIFTY-SEVENTH WORLD HEALTH ASSEMBLY." *World Health Organization*, [https://apps.who.int/gb/ebwha/pdf\\_files/WHA57/A57\\_R17-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA57/A57_R17-en.pdf).

## Current Situation

### Adulthood Obesity

Data reported by WHO from 2016 suggests that globally, 39% of adults aged 18 years and over were overweight in 2016, and 13% were obese.<sup>56</sup> Numerically, more than 1.9 billion adults around the world were overweight, and of this population, over 650 million were obese. An alarming trend noted in a 2012 study was the strong positive correlation between a country's development and its obese population.<sup>57</sup> It was observed overall that developing countries with a medium per capita income were most prone to a high level of obesity within their population, while developing countries with a low per capita income boasted low obesity rates. The researchers hypothesized that this observation was due to food access, as citizens in more developed countries were more able to access junk food than in less developed countries.

In recent years, obesity has had consequential impacts on a wide range of regions globally, with the Pacific Islands, North America, Europe, North Africa, and South America all being regions with countries that rank amongst the highest in population rates of obesity. On the other hand, Central Africa, Sub-Saharan Africa, and Asia (Pacific Islands excluded) have fairly low rates of adulthood obesity.<sup>58</sup> It is a commonly held belief that the wealthiest and most developed countries in the world suffer the most from obesity, but this isn't always the case. For example, the United States and the United Kingdom are two of the most economically prosperous and developed countries globally. However, they are only ranked 12th and 36th, respectively, in population obesity rates.

### Childhood Obesity

In 2019, the WHO estimated that over 150 million children in the world struggle with obesity, and that number will increase to 206 million by 2025.<sup>59</sup> In comparison with adulthood obesity, childhood obesity is associated with premature death and disability. In addition to increased future risks, obese children experience hypertension, breathing difficulties, cardiovascular disease, insulin resistance and psychological effects. Moreover, children from poorer countries face a greater risk of becoming obese, as the food they consume is lower in cost as well as lower quality. These children are exposed to high-fat, high-sugar, high-salt, energy-dense, and micronutrient-poor foods, which pose serious consequences to their health.<sup>60</sup>

The Commission on Ending Childhood Obesity was established in 2014 to review, build upon and address gaps in existing mandates and strategies. In 2017, the WHO welcomed its six recommendations to address

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<sup>56</sup> "Obesity and Overweight." *World Health Organization*, World Health Organization, [www.who.int/news-room/fact-sheets/detail/obesity-and-overweight](http://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight).

<sup>57</sup> Dinsa, G D, et al. "Obesity and Socioeconomic Status in Developing Countries: a Systematic Review." *Obesity Reviews : an Official Journal of the International Association for the Study of Obesity*, Blackwell Publishing Ltd, Nov. 2012, [www.ncbi.nlm.nih.gov/pmc/articles/PMC3798095/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3798095/).

<sup>58</sup> *Most Obese Countries 2021*, [worldpopulationreview.com/country-rankings/most-obese-countries](http://worldpopulationreview.com/country-rankings/most-obese-countries).

<sup>59</sup> World Health Organization. *Commission on Ending Childhood Obesity*, 2015.

<sup>60</sup> "Obesity and Overweight." *World Health Organization*, World Health Organization, [www.who.int/news-room/fact-sheets/detail/obesity-and-overweight](http://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight).

the obesogenic environment and childhood obesity problems. In the comprehensive package of recommendations to address childhood obesity, the Commission calls for governments to take leadership and for all stakeholders to recognize their moral responsibility in acting on behalf of children. The recommendations were created to target six core aspects of obesity prevention, weight management, promotion of healthy foods, promotion of physical activity, in school education, early childhood diet, and preconception education.

There is a wide spectrum of countries around the world that have varying levels of childhood obesity. The region with the highest childhood obesity levels recorded is the Pacific Islands, where states such as Nauru and Palau both have childhood obesity rates that are greater than 30%. On the opposite side of the spectrum are the countries with rates of childhood obesity under 5%, which are amongst the lowest in the world. The majority of these countries are situated in the poorest regions in the world, such as Sub-Saharan Africa, South-East Asia and Central Asia, where malnutrition is still a bigger problem than obesity.

### **International Corporations**

Globalization—the spread of knowledge, technology, and capital from country to country—has been both a positive and negative force, especially when it comes to health.<sup>61</sup> It has brought a new set of problems for many low and middle income countries. For the first time, countries have the dual burden of controlling increasing obesity rates while also managing underweightness. Trade liberalization has made it possible for large Nestle’s supermarket barges to travel through to the Amazon River Delta, as well as countless MacDonald billboards to be placed all around Mumbai. The outcomes of this movement were an increase in access to different types of food and, often, more high-calorie processed foods. Additionally, international trade paved the way for the removal of barriers that originally made foreign investment in the food sector impossible, and ultimately allowed the many multinational food companies and fast-food chains to be able to expand into new countries. Given that the cost of food severely influences the diets of people, international trade allowed for cheap and unhealthy food to be sold in poor countries, thus changing the regiments of the locals.

As shown by the high amount of turkey tail consumption in Samoa, free trade driven by globalization may be a detriment to the health of citizens. The poultry industry saw an opportunity in selling the fat concentrated turkey tails to the Pacific Islands, where protein was scarce, in order to make profit. Private companies effectively control the food landscapes in countries around the world by influencing individuals to choose the cheapest food option. Even where healthy food is plentiful, the cost of it makes it unattainable for many families.

## **Possible Solutions**

### **Integration into School System**

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<sup>61</sup> “Globalization.” *Obesity Prevention Source*, 11 Apr. 2016, [www.hsph.harvard.edu/obesity-prevention-source/obesity-causes/globalization-and-obesity/](http://www.hsph.harvard.edu/obesity-prevention-source/obesity-causes/globalization-and-obesity/).



It is crucial for adolescents and children to recognize the preventative measures they can take with regards to obesity. Though many developed countries have already integrated health classes into the national curriculum, it has still not become standard practice to include lectures on healthy diets and the importance of physical activity in classrooms. Finland is a prime example of a country that has integrated some basic health care to their educational system by offering free yearly physical examinations for students to create personalized eating and physical activity plans.

Compulsory physical activity at school may also be a measure that countries can take to reduce their obesity rates. For example, to combat the rising levels of childhood obesity, the UK House of Commons passed legislation that made PE a required course for all students to take during their elementary and secondary education.<sup>62</sup>

### **Restricting Access to Unhealthy Foods**

The problem with the status quo in most countries is the high level of accessibility for unhealthy food. It's understandable as to why junk food is a consumer staple: it's cheap, fast, and highly advertised. In fact, researchers found that in 2010, the fast food industry spent \$4.2 billion on advertising to encourage frequent visits to their franchises.<sup>63</sup> A 2013 study conducted by Healthy Food America determined that an astounding 84% of ads viewed by children promote foods that are high in saturated fat, trans fats, sugars, or sodium.<sup>64</sup>

Many forward thinking cities, such as Quebec, Canada took action against the fast food industry's aggressive advertising scheme towards children. In 1980, a law was passed in Quebec that restricted junk food marketing targeted towards kids. It effectively banned all fast food marketing aimed at children under 13 in print and electronic media.<sup>65</sup> Other cities such as London, England have passed policies that prohibit new fast-food restaurants from opening within a quarter-mile of primary and secondary schools. The policy also requires all new fast-food outlets to adhere to minimum nutrition rules.<sup>66</sup>

### **Prioritize Physical Transportation**

Many cities in the world have already begun developing infrastructure and policies that would prioritize more physical transport. Physical transportation such as walking or biking has been proven to correlate negatively with obesity rates in a given country. A study conducted in 10 cities throughout North America

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<sup>62</sup> "Statutory Curriculum." *Education*, 2 Nov. 2020, [www.education-ni.gov.uk/articles/statutory-curriculum](http://www.education-ni.gov.uk/articles/statutory-curriculum).

<sup>63</sup> "Fast Food FACTS in Brief." *Fast Food FACTS - Fast Food Facts in Brief*, [www.fastfoodmarketing.org/fast\\_food\\_facts\\_in\\_brief.aspx](http://www.fastfoodmarketing.org/fast_food_facts_in_brief.aspx).

<sup>64</sup> "Limits on Marketing to Kids." *Healthy Food America*, [www.healthyfoodamerica.org/limits\\_on\\_marketing\\_to\\_kids](http://www.healthyfoodamerica.org/limits_on_marketing_to_kids).

<sup>65</sup> Klabin, Simone, et al. "Eight Countries Taking Action Against Harmful Food Marketing." *Food Tank*, 17 Apr. 2020, [foodtank.com/news/2016/06/eight-countries-taking-action-against-harmful-food-marketing/](http://foodtank.com/news/2016/06/eight-countries-taking-action-against-harmful-food-marketing/).

<sup>66</sup> Dewey, Caitlin. "Why One Major City Will No Longer Let Fast-Food Outlets Open near Schools." *The Washington Post*, WP Company, 29 Apr. 2019, [www.washingtonpost.com/news/wonk/wp/2017/12/01/why-one-major-city-will-no-longer-let-fast-food-outlets-open-near-schools/](http://www.washingtonpost.com/news/wonk/wp/2017/12/01/why-one-major-city-will-no-longer-let-fast-food-outlets-open-near-schools/).

and Europe concluded that the cities in which active travel is common had the lowest obesity rates, whereas the countries with the highest rates of car use for travel had the highest obesity rates.<sup>67</sup>

In 2018, London committed to its Walking Action Plan, which is aimed at reaching a goal of one million walking trips per day. The plan includes redesigning streets to better support people through improved signposting maps and more pedestrian crossings.<sup>68</sup> Many European cities are also taking inspiration from Copenhagen where bikes are prioritised. The infrastructure in Copenhagen allows for bikers to have separated and raised lanes as well as physical barriers between the cars and cyclists. In fact, in an effort to prioritize physical transport, bikes have their separate traffic lights, which turn green ahead of those for cars, allowing them to move off first.<sup>69</sup>

### **Increasing access to healthier food options**

To increase the accessibility of healthier food options, the CDC released a plan of action: Healthier food retail (HFR) initiatives<sup>70</sup>. This program has been set in place in several communities in the United States, and aims to increase access to healthier food options in deprived areas. The program's mechanism of action involves carefully planning and encouraging the placement of new healthy stores, improving transportation access to healthier food retailers and, and implementing comprehensive in-store markets and promotions. Sub Projects within the HFR initiative include Healthy Corner Store Initiative, whose goal is to increase access to fresh fruits and vegetables in corner stores by linking small stores with produce distributors on a year-round basis. Community tailored initiatives to increase healthy food options, may be a potential solution to addressing underserved areas.

## **Bloc Positions**

### **Developed nations**

Obesity rates differ across all developed countries. An interesting trend observed is the uniformly low rates of childhood obesity amongst the Nordic nations; in contrast to the 12% global childhood obesity rate, only 3.5% of children in the Nordic region suffer from childhood obesity. Their relative success in obesity prevention can largely be explained by their higher incomes, efficient healthcare systems, and access to healthy foods.

However, obesity's presence can be strongly felt in North America and some regions in Europe. A combination of the easy access to unhealthy foods and low physical activity makes it easy for children and adults to become overweight. According to the Center For Disease Control and prevention, 80% of

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<sup>67</sup> <http://www.cycle-helmets.com/walk-bike-obesity-rates.pdf>

<sup>68</sup> LDN\_gov. "London Set to Become the World's Most Walkable City." *London City Hall*, 19 July 2018, [www.london.gov.uk/press-releases/mayoral/mayor-launches-londons-first-ever-walking-plan](http://www.london.gov.uk/press-releases/mayoral/mayor-launches-londons-first-ever-walking-plan).

<sup>69</sup> "UK Health Body Calls for Copenhagen-Style Bike-Friendly Streets." *The Guardian*, Guardian News and Media, 4 Jan. 2019,

[www.theguardian.com/society/2019/jan/04/uk-health-body-calls-for-copenhagen-style-bike-friendly-streets](http://www.theguardian.com/society/2019/jan/04/uk-health-body-calls-for-copenhagen-style-bike-friendly-streets).

<sup>70</sup> Centers for Disease Control and Prevention. (2020, October 29). *Nutrition: Strategies and resources*. Centers for Disease Control and Prevention. Retrieved September 20, 2021, from <https://www.cdc.gov/nccdphp/dnpao/state-local-programs/nutrition.html>.

Americans don't get enough exercise, and this is mostly due to better transportation technology and an increasing number of service jobs.<sup>71</sup> As mentioned previously, the culture set in place in many countries also promotes the consumption of unhealthy foods through aggressive advertisement and increased accessibility. In fact, according to the Rudd Center for Food Policy and Obesity at the University of Connecticut, the United States fast food industry regularly targets individuals of specific demographics such as Black and Hispanic youth.<sup>72</sup> Food deserts, defined as an urban area in which it is difficult to buy affordable or good-quality fresh food, are also common phenomena in rapidly growing areas.<sup>73</sup>

### **Developing nations**

Obesity is much more prevalent in developing nations than it is in developed countries. The disparity is huge, as shown by the Lancet Journal's recent finding that as much as 62% of the obese population around the world live in developing countries.<sup>74</sup> A contributing factor to such high rates of obesity is the strong Western influence that sways consumers to purchase processed foods from American chain stores. In the growing absence of trade tariffs, and an increase in international trade, developing countries around the world are importing more and more food from the West. This results in locals in those regions rapidly shifting their dietary patterns from local produce to processed goods.

In conjunction with the obesity pandemic, developing countries also have high levels of malnutrition and underweightness. The dual burden of underweightness and obesity pose a significant challenge for nutrition interventions, since programs targeted at underweight individuals may conflict with those targeted at the overweight. To be fully effective, interventions should promote nutritious foods that improve health outcomes at both ends of the nutrition spectrum.

### **Pacific Islands**

Without a doubt, the Pacific Islands is the region that is most affected by the obesity pandemic. According to the WHO, 9 out of the 10 countries with the highest obesity rates are situated in this region. In fact, up to 95% of the adult population are overweight or obese in some of these countries. Scientists believe that the epidemic began when locals started replacing their traditional diets of fresh fish and vegetables with highly processed and energy-dense food such as white rice, flour, canned foods, processed meats and soft drinks imported from other countries. Similar to most places in the world, poor quality and highly energy-dense food is the cheapest and most accessible for the global poor. The obesity pandemic seen in the Pacific Islands regions correlates well with the rise of international trade, as junk food became both

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<sup>71</sup> Writers, Staff. "Why Are Americans Obese?" *PublicHealth.org*, 8 July 2021, [www.publichealth.org/public-awareness/obesity/](http://www.publichealth.org/public-awareness/obesity/).

<sup>72</sup> UConnRuddCenter. "New Study Finds Fast-Food Companies Spending More on Ads, Targeting Black and Hispanic Youth." *EurekAlert!*, [www.eurekalert.org/pub\\_releases/2021-06/urcf-nsf061021.php](http://www.eurekalert.org/pub_releases/2021-06/urcf-nsf061021.php).

<sup>73</sup> "Food Deserts: Definition, Effects, and Solutions." *Medical News Today*, MediLexicon International, [www.medicalnewstoday.com/articles/what-are-food-deserts](http://www.medicalnewstoday.com/articles/what-are-food-deserts).

<sup>74</sup> Friedman, Uri. "Two-Thirds of Obese People Now Live in Developing Countries." *The Atlantic*, Atlantic Media Company, 29 May 2014, [www.theatlantic.com/international/archive/2014/05/two-thirds-of-the-worlds-obese-people-now-live-in-developing-countries/371834/](http://www.theatlantic.com/international/archive/2014/05/two-thirds-of-the-worlds-obese-people-now-live-in-developing-countries/371834/).

cheaper and more accessible to locals. Countries in the Pacific Islands are in most dire need for a solution to their growing problem.

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