HASALMUN'25

HI-WHO

STUDY GUIDE

Under-Secretary General: Öykü Taş

Academic Assistant: Duru Oral

"Youth will shape the world"

TABLE OF CONTENTS

1. Letter from the Secretary General

Dear Delegates of the HI-WHO committee,

It is my utmost pleasure and honour to welcome each and every one of you to the 12th annual session of HASALMUN and specifically to the HI-WHO committee. I am proud to say, on behalf of our whole academic and organisation team, that every detail of this conference was devised with careful dedication and sincere enthusiasm so as to provide all of you with pleasant and unforgettable memories.

MUN is not just about building connections, the value of it goes much deeper; MUN is about bonding over world issues. It is about realising how all human beings are bound by different problems and understanding that the world is waiting for courageous, intellectual, kind-hearted leaders and individuals to heal the broken hearts, and rebuild the shadowed dreams.

HASALMUN has, since its day of foundation, been a stage where everyone is provided with the opportunity to express, debate, and negotiate. Every delegate is received with the greatest amount of excitement, happiness and pride; because, as young individuals ourselves, we know the importance of being recognized as worthy individuals. I assure you that HASALMUN'25 will be a place for growth, in every possible context.

This year, we have decided to add depth and dimension to the well-known WHO committee and turn it into a historical conference where a pressing issue of that day will be discussed: AIDS. The delegates of this committee will be tackling an issue that requires great technical knowledge, a versatile approach, deep thought processes and heated yet respectful debates. Luckily, our irreplaceable Under-Secretary General **Ms. Öykü Taş** has prepared this amazing study guide with invaluable efforts in order to ensure that all delegates receive every piece of information they need from this document alone. I thank her for being the greatest in her job and her marvelous commitments to the conference. Moreover, I also want to thank our academic assistant **Ms. Duru Oral** for her contributions to the study guide, committee and conference.

Last, but definitely not the least, I want to thank you delegates for making this conference truly meaningful. Without your words and actions, HASALMUN would not be what it is today.

Thank you to all the youthful minds for adding value into this conference and the world we live in. Youth will shape the world!

Best wishes & Yours sincerely,

Öykü Tekman

Secretary-General of HASALMUN'25

2. Letter From Under-Secretary General

Dear Esteemed Delegates,

My name is Öykü Taş, and I have the great pleasure of serving as the Under Secretary General of the HI-WHO Committee at HASALMUN 2025. It is truly an honor to welcome you all to what I believe will be one of the most engaging and thought-provoking committees of this year's conference.

To briefly introduce myself—I am currently studying Italian Language and Literature at Istanbul University, and this will be my 35th time serving on a chairboard. Although I've held the position of Under Secretary General before, this is my first time in this role for a historical simulation of the World Health Organization. That makes this experience especially meaningful for me, and I hope you are just as excited to take part in it as I am.

This year, we'll be stepping into a crucial moment in history: the III International AIDS Conference, held in 1987. During this time, the global response to the HIV/AIDS crisis was still in its early stages, and the world was only beginning to understand the urgency and complexity of the epidemic. Our committee will explore how countries, international organizations, and health experts navigated the scientific, political, and social challenges of that era—and how those decisions shaped the trajectory of global health.

As delegates, you'll be discussing not just medical and scientific facts, but also the human impact of delay, denial, stigma, and miscommunication. This topic demands both compassion and critical thinking, and I'm confident that you will rise to the challenge.

To support your preparation, we have put together a study guide that covers the historical context, major stakeholders, and relevant terminology. While working on it, I found it deeply meaningful to reflect on how public health, politics, and human rights intersected during such a pivotal time. I hope reading it sparks similar insight and curiosity for you.

If you have any questions or need help with anything, don't hesitate to reach out to me via email at oyku.tas@ogr.iu.edu.tr or by direct message on Instagram at @oykuxelysian.

Wishing you all the best of luck in your research and preparation. I look forward to seeing the energy, ideas, and empathy you'll bring to this committee.

Warm regards,

Öykü Taş

Under Secretary General of HI-WHO

3. Introduction of the Committee and the Agenda Item

The World Health Organization (WHO), established in 1948 as a specialized agency of the United Nations, has an underlying responsibility of leading and coordinating world health action. Its activities vary from providing leadership on matters related to health, formulating research agendas, framing standards, and the provision of technical assistance to member states. In periods of global health emergencies, WHO functions as a coordinating body for multilateral action, especially in regions with weak healthcare systems. In the late 20th century, WHO found itself increasingly at the vanguard of the fight against infectious diseases. In the early 1990s, when the extent of the HIV/AIDS pandemic became irrepressible, WHO moved from broad health promotion into crisis intervention, rallying international concern and launching strategic programs of disease surveillance, education, and prevention. But the complexity of HIV, coupled with political, social, and economic challenges, put to the test WHO's capacity to orchestrate an integrated, concerted international response.

By the early 1990s, HIV/AIDS had evolved from a mysterious disease to a full-blown pandemic. Some 8 million people were then estimated to be living with HIV worldwide, the majority unaware they were infected. The virus was not curable, and effective treatments like antiretroviral therapy were not yet developed and inaccessible to low- and middle-income countries. Sub-Saharan Africa suffered most heavily from the highest infection, but the disease was spreading rapidly in Asia, the Caribbean, and parts of the Americas as well. The emergency was aggravated by collective stigma and discrimination, particularly against populations such as the LGBTQ+ community, sex workers, and injectors of drugs. Public disinformation, panic, and weak health systems also limited prevention and care responses. AIDS-related deaths rose and became the leading cause of death for young adults in some regions of the world. The global health community eventually understood that HIV was more than a biomedical issue—it was a rich, complex crisis that would require an integrated response involving education, human rights, and global solidarity. The early 1990s were the watershed moment in global health history as organizations like WHO were pushed to reimagine how they worked and demand universal access to care.

4. Set-Up of the Committee and Suggestion Towards Delegates

In this committee, delegates are expected to address the HIV crisis from their assigned perspectives. This means they may choose to collaborate or take opposing stances, depending on their roles and objectives. Below, you'll find descriptions of the different types of representatives, along with what is expected from each. Reading all the descriptions is recommended, as this will help you better understand the various viewpoints and prepare for upcoming debates but regardless of their roles, all of the delegates should note that they all are expected to contribute to the resolution process.

a. Government Representatives

The government representatives are meant to be aligned with the official views and policies of their country. This includes taking directions from national bodies such as Ministries of Health or equivalent government ministries. Their primary function is to portray the interests of their government, which may include prioritizing political alliances or economic interests over certain matters of public health. Sometimes, government officials can be forced to downplay or disregard the health concerns of marginalized groups, including the LGBTQ+ community, in accordance with their country's stance.

b. Scientists

Scientist representatives are expected to make evidence-based contributions to the discussion. As credible practitioners—doctors, researchers, and professors—who have engaged actively in controlling the HIV/AIDS epidemic, their role is to share credible data, determine the current (which means for the historical context 1980s) public health and medical concerns, and propose scientifically grounded solutions. Scientists are free to advocate for patient health, public health interventions, and research-based policymaking, often putting ethical medical practice above politics, but also encouraged to work with government representatives for the sake of the public.

c. Journalists

Journalists have the duty of observing, documenting the committee sessions for the public. Their principal role is to ask questions to the government representatives and make public releases to cover the debates, decisions, and developing plotlines from an impartial perspective. Journalists should try to highlight decisive moments, reveal differing opinions, and question the motives of different delegates. As in the real world, by press releases, articles, and interviews, journalists shape public understanding of the crisis and hold other representatives accountable. In the committee, they must strive to be fair, objective, and factual in what they report, but also look for that one hit article for their newspapers or magazines. They can also work with representatives to start alliances to gain inside information.

5. Key Terms

HIV (Human Immunodeficiency Virus): A virus that attacks the body's immune system, specifically the CD4 cells (T cells), weakening the immune system and making it harder to fight infections and certain cancers.

AIDS (Acquired Immunodeficiency Syndrome): The final stage of HIV infection, where the immune system is severely damaged, leading to increased susceptibility to opportunistic infections and certain cancers.

CD4 Cells: A type of white blood cell that plays a major role in the immune system. HIV targets and destroys these cells, leading to weakened immunity.

Antiretroviral Therapy (ART): A combination of HIV medicines taken daily to control the virus. ART helps prevent the progression to AIDS and reduces the risk of transmission.

Highly Active Antiretroviral Therapy (HAART): An intensive form of ART that uses a combination of at least three antiretroviral drugs to suppress HIV replication.

Viral Load: The amount of HIV RNA in a blood sample. Lower viral loads are associated with better health outcomes and reduced transmission risk.

Opportunistic Infections: Infections that occur more frequently or are more severe in individuals with weakened immune systems, such as those with HIV/AIDS.

Kaposi's Sarcoma: A type of cancer that often affects individuals with AIDS, characterized by the growth of abnormal blood vessels.

Pneumocystis Pneumonia (PCP): A fungal infection that is a common opportunistic infection in people with AIDS.

AZT (Zidovudine): The first antiretroviral drug approved for the treatment of HIV, introduced in the late 1980s.

Seroconversion: The period during which HIV antibodies develop and become detectable in the blood, typically occurring 2 to 8 weeks after exposure.

HIV-Positive: A term used to describe someone who has been diagnosed with HIV infection.

Asymptomatic Stage: The early stage of HIV infection where individuals may not show symptoms but can still transmit the virus.

AIDS-Related Complex (ARC): A term used in the 1980s and early 1990s to describe a set of symptoms that occur before the development of AIDS.

HIV Antibody Test: A test used to detect antibodies to HIV in the blood, indicating whether someone has been infected with the virus.

Condom Use: A preventive measure to reduce the risk of HIV transmission during sexual activity.

Needle Exchange Programs: Community-based programs that provide clean needles to individuals who inject drugs, aiming to reduce HIV transmission.

Universal Precautions: Infection control practices used to prevent transmission of HIV and other bloodborne pathogens in healthcare settings.

HIV Transmission: The process by which HIV is passed from one person to another, primarily through unprotected sexual contact, sharing needles, or from mother to child during childbirth or breastfeeding.

At-Risk Populations: Groups of people who are more likely to be exposed to HIV due to behaviors or circumstances, such as men who have sex with men (MSM), intravenous drug users, and sex workers.

Stigma: Negative attitudes and beliefs about people living with HIV/AIDS, often leading to discrimination and social exclusion.

HIV/AIDS Activism: Efforts by individuals and organizations to raise awareness, advocate for policy changes, and provide support for those affected by HIV/AIDS.

Global HIV/AIDS Awareness: International campaigns and initiatives to educate the public about HIV prevention, treatment, and the importance of reducing stigma.

ACT UP (AIDS Coalition to Unleash Power): A prominent activist group founded in the 1980s that used direct action to demand better treatment and research for people with AIDS.

HIV Vaccine Research: Scientific efforts aimed at developing a vaccine to prevent HIV infection, a major focus of research in the 1990s.

6. Historical Contexts of HIV/AIDS Crisis

6.1. The Beginning of the Crisis (Late 1970s – 1980)

Physicians in the United States and other places in the late 1970s started to diagnose unusual illnesses in healthy people. These included rare types of pneumonia and cancer, mostly in young men. At that time, doctors had no clue about what caused these diseases. In 1981, the U.S. Centers for Disease Control and Prevention (CDC) officially documented these unusual cases. This was the beginning of what would come to be known one day as the HIV/AIDS crisis.

At first, the disease seemed to affect gay men. Because of this, it was erroneously termed GRID (Gay-Related Immune Deficiency). This created a lot of fear and discrimination against the LGBTQ+ population. People were not aware of how the disease was spread, and they thought the sickness would only affect certain groups of people. This initial misunderstanding caused the public and governments to react more slowly. On the medical side, researchers and doctors worked quickly to find out more.

Researchers in America and France in 1983 and 1984 discovered that a virus, later referred to as HIV (Human Immunodeficiency Virus), was responsible for AIDS (Acquired Immunodeficiency Syndrome). It was a milestone. But neither cure nor treatment was available at that time, and affected people survived only for a few years.

Politically, governments across the board, including the U.S. government, were late to react. President Ronald Reagan never publicly mentioned AIDS until 1985, four years after the first reported cases. This delay irritated doctors, patients, and activists. Little money was

allocated during the early years for research or public health initiatives, especially in comparison with other diseases. Meanwhile, in other parts of the world, HIV spread silently.

In Sub-Saharan Africa, it was primarily spread through heterosexual intercourse and came to inflict a broad majority of the population. Because the virus worked secretly in the body for years before symptoms arose, many didn't know they were infected.

By the end of this decade, HIV/AIDS was a serious public health crisis. Doctors were learning more about it, but governments were behind. Early years were marked by uncertainty, fear, and a lack of caring for those who needed it most.

6.2. Crisis and Awareness (1980s to Early 1990s)

HIV/AIDS was a full-scale international crisis by the mid-1980s. People were dying in significant numbers, and the disease was spreading quickly across large parts of the globe. But the response remained very sluggish, especially from powerful governments. Public health officials in the United States knew the disease was serious, but political officials did not act quickly. It wasn't until 1985 that President Ronald Reagan ever publicly mentioned AIDS, four years after the first patients were diagnosed. Some assumed that this delay was due to the fact that the majority of the first patients were gay men or drug addicts - already stigmatized groups. As a result of this silence, thousands demonstrated and called for action. Perhaps the most influential group was ACT UP, which used public demonstrations to build pressure on the government and drug firms to act. Their motto was straightforward: people were dying, and no one was doing anything sufficiently.

People were scared of the disease in hospitals, schools, and communities. People did not understand how it was spreading, so a great deal of stigma was being brought about. People felt HIV could be spread through casual contact like hugging or eating together, which is not true. The virus is transmitted through blood, sex, and from mother to child at birth or through breast milk.

Though governments were slow to respond, researchers and doctors worked to learn more. AZT (zidovudine), the first HIV treatment, was licensed in 1987. It saved some patients' lives, but it was prohibitively expensive and produced nasty side effects. Not everybody could afford it. Moreover, it was not a cure. However, this was a major breakthrough towards the medical management of the virus.

In the poorer countries, especially in Africa, the conditions were much more deplorable. HIV was spreading very fast through heterosexual transmission. Governments had no money to spend on education or healthcare. There were no major international programs helping them at that point in time, so people skipped testing and treatment. It was then that it became clear that HIV/AIDS was not merely a health issue—it was a human rights and political issue. The disease made it impossible not to talk about difficult topics like drug use, poverty, and sexuality. It also revealed the way in which inequality, both within and between countries, had fueled the problem.

By the early 1990s, more individuals were familiar with HIV/AIDS, yet there was still a large number of sufferers. Some authorities acted more firmly, yet much needed to be accomplished.

The medical profession was getting better, yet there was still no cure, and millions continued to die yearly.

6.3. Peak of the Crisis and Current Challenges (Early to Mid-1990s)

The early 1990s were the peak years of the HIV/AIDS epidemic across much of the world. Millions were infected, and death rates were growing alarmingly fast. AIDS was the leading cause of mortality among Americans aged 25 to 44 in 1994. In some African countries, whole communities were being wiped out by the disease. Hospitals were overcrowded, and it was every day a funeral. The epidemic could no longer be dismissed.

On the scientific side, researchers worked tirelessly to advance treatments. New drugs came out in 1995 that could decrease the viral load, or amount of HIV in the blood. Physicians then began using HAART (Highly Active Antiretroviral Therapy) in 1996—a combination of three or more drugs. This was a breakthrough. For the first time, people living with HIV had a genuine chance to live longer and healthier. But these treatments were extremely expensive and available only in more affluent countries.

In the political sphere, pressure grew. Governments were called upon by activists to be doing more, especially to support low-income groups and countries. World leaders started pushing back with better policies and more investments in public health. Most, however, didn't think it was quite sufficient. There were still laws that punished people for being HIV-positive, especially in places where being LGBTQ+ or being on drugs was already criminalized.

In poorer nations, things were just as atrocious. Many African nations were losing generations of educators, farmers, and healthcare workers. The illness wasn't just killing individuals—it was breaking down whole societies. Most people couldn't afford medication, and health systems were underfinanced and overwhelmed. There were few international programs to help them at this time.

There was also a cultural shift. Film, music, and literature began to speak more openly of HIV/AIDS, dispelling fear and myths. Public figures and celebrities who spoke of their diagnosis themselves, including Magic Johnson, changed public attitudes and encouraged people to discuss it more openly.

By the late 1990s, the globe had finally realized just how huge the HIV/AIDS epidemic was. Treatment was getting better, but not everyone received it. And even though people were becoming more aware, stigma and inequity regarding HIV/AIDS were still the gigantic problems they always had been. Most importantly, despite all the progress, there was no cure yet, and millions of lives were still at risk.

7. Different Governments' Reaction to the HIV/AIDS Situation in the 1980s

The international reaction to the HIV/AIDS epidemic in the 1980s was relatively varied among different governments. Reactions were based on political ideology, sexual attitudes in their societies, health systems, and levels of scientific awareness. Unfortunately, stigma, denial, and political complacency in most cases compounded the spread of the virus.

United States

The United States, being among the first to be affected, had a slow and criticized reaction. The federal government, under President Ronald Reagan, was criticized for its delay in publicly recognizing the crisis. Reagan himself did not mention AIDS until 1985 when thousands of people had already died. The reluctance of the U.S. government to respond to the disease was also due to its early association with gay men, which fueled public stigmatization and governmental inaction. Increased AIDS research funding by the mid-to-late 1980s nevertheless occurred despite this, as the Food and Drug Administration (FDA) approved the first HIV drug, AZT, in 1987.

United Kingdom

The British government under Prime Minister Margaret Thatcher was more interventionist than in the U.S. but generally conservative in its approach. The Health Department introduced public information campaigns in 1986, including the famous "Don't Die of Ignorance" leaflet sent to every household. While such campaigns were significant, funding and support for LGBTQ+ people remained limited, and moral panic continued to inform policy discussion.

France

France was one of the first European countries to invest in scientific research, indeed at the Pasteur Institute, where French scientists helped identify the HIV virus. There was debate, however, with the U.S. as to who discovered the virus first. At home,

France enjoyed strong public healthcare but, like most countries, had problems with social stigma and equal access to care.

Developing Countries

In the majority of African nations where heterosexual transmission was most prevalent, governments were either financially strapped or in denial. In South Africa, for example, the apartheid state left the epidemic in Black people largely unsupported by the government. In other nations, like Uganda, President Yoweri Museveni later adopted a more public approach that involved prevention and education and became a model to other nations.

8. Legal stands for the LGBTQ+ Community in the early 80s

In the early 1980s, the LGBTQ+ community faced a multitude of legal and social problems globally, specifically within the United States and other Western countries. Although these years saw the LGBTQ+ rights movement receive some international attention in the 1970s, the early 1980s were still an era marked by vigorous discrimination, minimal legal safeguards, and no government support. Being openly gay, lesbian, bisexual, or transgender at that moment in time was extremely risky. Homosexual relationships were illegal in the majority of U.S. states as well as in the majority of nations on the planet. Such laws were usually based on old-fashioned thinking and religious doctrine, according to which homosexuality was "wrong" or even a crime. Even suspected homosexuality in certain places was sufficient to lead to arrest, loss of employment, or worse. There were no federal laws in America that protected LGBTQ+ people from discrimination at school, in the workplace, or at home. That's why people were being fired from their jobs or kicked out of their homes based on their sexual orientation or gender identity. Some cities or states had some sort of protection, but even those received public opposition that was very strong.

The AIDS epidemic, having begun in the early 1980s, only grew worse. Since the disease was first found to be widespread primarily among gay men, many people inaccurately presumed that AIDS was a "gay disease." This generated more fear, hatred, and intolerance of the

LGBTQ+ community. Instead of helping, some politicians, religious leaders, and even doctors utilized AIDS as a reason to push for stricter anti-LGBTQ+ laws and to ostracize helping those who needed it. In reality, some government leaders wouldn't even say the word "AIDS" because it was so inexplicably linked to gay men.

LGBTQ+ people were also brutally harassed by the police at this time. LGBTQ+ people were regularly targeted in public places, gay bars, and clubs. Police raids of gay bars never ceased, and LGBTQ+ people in most areas had to hide their true selves in order to feel safe. Despite these challenges, LGBTQ+ activists did not give up. Groups like the Gay Men's Health Crisis (GMHC) and ACT UP started organizing in an effort to push for medical treatment, equal treatment, and legal action during the AIDS epidemic.

So, as can be understood, the early 1980s were difficult times for the LGBTQ+ community. Few to no legal rights, lots of stigma, and very little government assistance, especially as the HIV/AIDS epidemic began. But still, even in spite of it all, brave individuals rose up and started advocating for change.

9. Scientific Research in the 80s and Medical Access for the Patients of HIV

The 1980s marked the beginning of urgent scientific research on HIV/AIDS, but progress was slow and uneven. In the early part of the decade, doctors began noticing unusual illnesses in young men, especially in the gay community. These included rare infections like Kaposi’s Sarcoma and Pneumocystis Pneumonia (PCP). At first, scientists didn’t know what was causing these illnesses. It was not until 1983 that researchers isolated the virus now known as HIV (Human Immunodeficiency Virus) and, in 1984, it was confirmed as the cause of AIDS. This discovery was a major breakthrough that allowed researchers to begin working on blood tests and finding out how the virus is transmitted. By 1985, the first HIV test was licensed, whereby infected patients could be identified and stop transmission by donating blood. But as the information regarding the virus increased, treatments were far behind.

In 1987, the very first HIV drug was licensed, AZT (zidovudine). AZT slowed the virus, but with serious side effects like nausea, anemia, and liver problems. It was also extremely expensive, costing thousands of dollars a year, so most patients found it hard to access. Meanwhile, patients, especially from marginalized or poor communities, were unable to get the care they deserved. HIV/AIDS patients were often turned away from hospitals and denied health insurance. Physicians denied them admission as patients out of fear and prejudice, especially because the disease was already identified with gay men and drug addicts. This medical denial left thousands in pain and death.

They reacted by organizing activist organizations like ACT UP (AIDS Coalition to Unleash Power). They protested drug companies, government inaction, and the speed of medical research. These protests compelled the U.S. Food and Drug Administration (FDA) to hasten approval of new drugs and called for greater funding of AIDS research. While something was being done, by the late 1980s, decent treatment was still not there. There was no cure, and there was only one drug that was approved. Access to healthcare was still unequal, with communities of color, poor people, and citizens in developing countries still lagging behind. The scientists and activists' work at this time laid the foundation for the great medical advancements that would be felt in the 1990s.

10. Media's Influence on the LGBTQ+ Community and HIV/AIDS in the 1980s

In the 1980s, the media played a significant role in shaping public opinion about both the HIV/AIDS crisis and the LGBTQ+ community. Unfortunately, much of the early media coverage was hurtful, spreading fear, misinformation, and stigma that made the lives of those living with HIV/AIDS—especially LGBTQ+ community members—even more difficult.

When AIDS appeared in the early 1980s, it was described in newspapers as a baffling disease that attacked gay men exclusively. This gave the disease the title of "gay plague," and it conveyed the impression of the disease as punishment for homosexuality. The early news reports had the inclination to focus on the sexuality of the victims more than on the science of the

disease, thus inciting panic and promoting discrimination. A few people thought AIDS could be spread by casual contact, like hugging or drinking glasses, because the media did not explain clearly enough how the virus was actually spread.

Television and newspapers were slow to treat the AIDS epidemic seriously. From 1981 to 1985, the major news networks and newspapers in the United States gave little coverage to the growing number of deaths. This silence contributed to government inaction, since there was little public pressure to take action. When the media finally did start to cover AIDS, the coverage was often negative, reinforcing stereotypes and fear. This led to increased hostility toward the LGBTQ+ community, who were already legally discriminated against and socially ostracized.

The media were not entirely negative, however. As the crisis escalated, activists and celebrities began to utilize the media to draw attention to the problem. One of the turning points in 1985 came when basketball legend Magic Johnson announced he was HIV-positive (in reality, it was in 1991, but it was quoted repeatedly afterward to demonstrate how the media might be used to transform public opinion). Earlier, celebrities like Rock Hudson, a famous actor who died of AIDS in 1985, helped humanize the disease. His death received widespread media coverage and showed that HIV/AIDS could affect anyone. Activist groups like ACT UP and GMHC also figured out ways to harness the media to their advantage. They organized protests that grabbed headlines in the news, and created posters, ads, and documentaries that demanded compassion and change. These helped to shift public sentiment, especially by the late 1980s.

The media in the 1980s had a double-edged impact. It was responsible for spreading fear and stigma in the initial years, yet it also became a tool for activism and information as the crisis deepened. Its impact was seen in both the way the world viewed the LGBTQ+ community and the way society responded to HIV/AIDS.

11. NGOs' Role for International Community and Raising Awareness in the early 80s

In the early 1980s, when the HIV/AIDS epidemic began to sweep across the globe, NGOs were at the forefront of raising awareness, caring for patients, and pushing governments to act. Whereas most governments were behind the curve—and some even refused to see the epidemic—NGOs stepped in to fill the void. They were among the first to grasp the seriousness of the disease and respond in the best interest of afflicted communities.

One of the oldest and most effective NGOs in the United States was the Gay Men's Health Crisis (GMHC), which was created in New York City in 1982. It was organized by LGBTQ+ volunteers who were seeing their friends and lovers getting sick and dying without anything being done by the local and national governments. GMHC began by offering counseling, legal aid, food delivery, and hospital visits to AIDS patients. They also created pamphlets and community workshops to offer accurate information about the disease and how to prevent it.

In San Francisco, another such organization called the San Francisco AIDS Foundation (SFAF) also emerged in the early years of the crisis. It operated on the principles of harm reduction, such as advocating for safe sex and clean needles among drug users. These early interventions helped to decrease the transmission of HIV as well as make the populations at risk more aware of the disease. The foundation also operated hard to help stop the stigmatization of the disease by encouraging open discourse regarding sexuality and public health.

Outside the United States, NGOs began to develop in Europe, Africa, and Latin America as the virus spread worldwide. The governments of most developing countries, especially in Sub-Saharan Africa, lacked the resources and political will to address the growing epidemic. Foreign NGOs like Médecins Sans Frontières (Doctors Without Borders) and the International Planned Parenthood Federation (IPPF) stepped in to provide basic health care services, education, and testing assistance. One of the most significant contributions that NGOs made during this period was raising awareness on a worldwide basis. NGOs made use of public demonstrations, artistic expressions, media campaigns, and partnerships with celebrities to inform people about the AIDS epidemic. Through this, they were able to pressurize governments

as well as institutions like the World Health Organization (WHO) and the United Nations (UN) to begin doing something against the epidemic.

NGOs were also instrumental in dispelling misconceptions. The majority of people in the early stages thought that HIV/AIDS only assaulted gay men or drug users. NGOs assisted in changing their point of view and disseminating information that anyone was at risk of contracting the virus, regardless of gender, race, or sexual orientation. This message was especially important in traditionally conservative countries where public debate about sex and disease was minimal.

By the mid-to-late 1980s, NGOs were at the forefront of fighting HIV/AIDS. Through their activities, they formed the foundation for global cooperation, stronger public health initiatives, and increased awareness of the crisis. With no money and no political clout, but through their grassroots activism, their work left a lasting impact on how the world viewed and responded to HIV/AIDS.

12. Questions to be Answered

- What are the main challenges your country is facing in recognizing and responding to the HIV/AIDS epidemic at this stage of the epidemic?

- What is your country doing about public misinformation regarding HIV transmission, and what kind of international support would improve communication activities?

- How is stigma against affected groups (e.g., gay men, drug users, sex workers) influencing your country's health policy—and how should global policy respond to these challenges?

- Should the WHO formally declare HIV/AIDS a global health emergency today, and what particular global actions would follow such a declaration?

- What recommendations can your delegation provide to strike a balance between public health security and human rights respect in decision-making?

- What funding or strategies does your country need to provide early detection, testing, and education programs—especially among vulnerable or remotest-of-all groups?

- What is the role of richer or more medically advanced countries towards assisting countries with poor health care systems? Is medicine or finance to be redistributed?

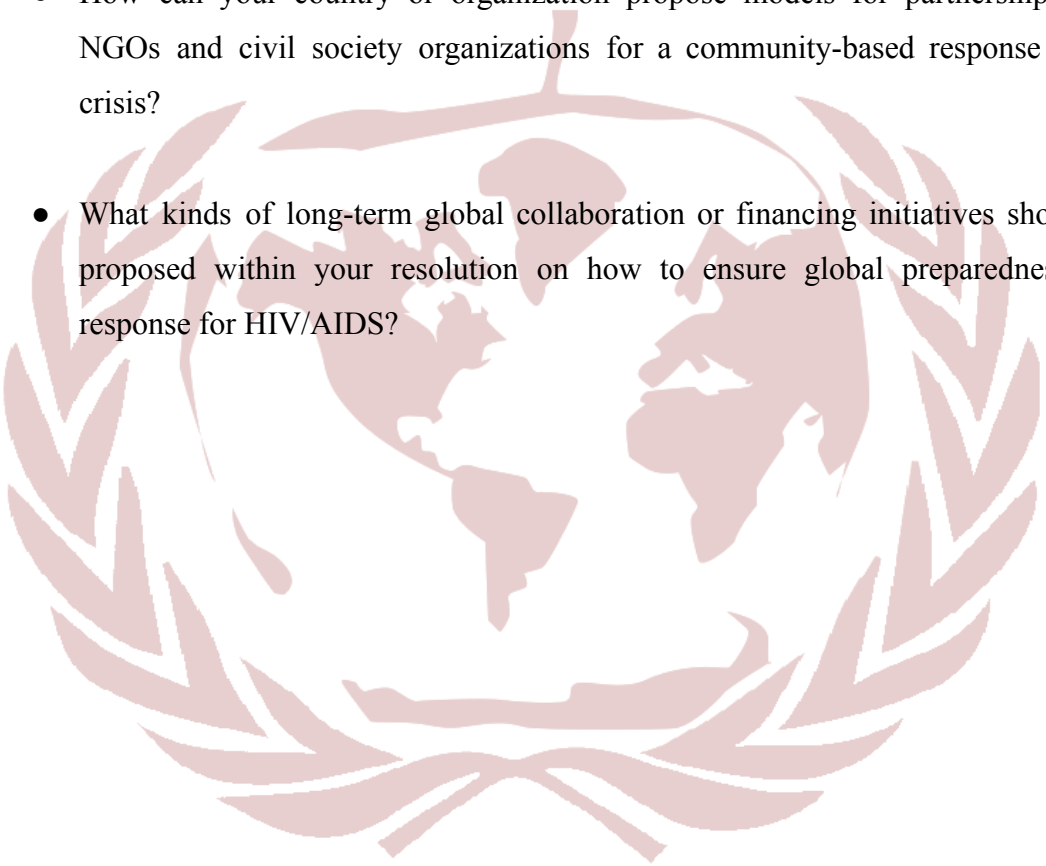
- What are some international mechanisms for placing systems in place to spread medical research and knowledge more efficiently, specifically for developing cures or vaccines?

- How is access to initial treatments by pharmaceuticals (like AZT or test drugs) to be made more balanced between countries and groups?

- What is the contribution of media companies in your country towards shaping public opinion against HIV/AIDS, and how must misfacts be corrected internationally?

- How can your country or organization propose models for partnerships with NGOs and civil society organizations for a community-based response to the crisis?

- What kinds of long-term global collaboration or financing initiatives should be proposed within your resolution on how to ensure global preparedness and response for HIV/AIDS?



13. Further Reading

If you wish to learn more about the AIDS crisis in general, you can use the paper below:

1. **"The HIV/AIDS Epidemic in the United States: The Basics" – *KFF***

- https://www.kff.org/hivaids/fact-sheet/the-hiv-aids-epidemic-in-the-united-states-the-basics/

2. **The History of AIDS Exceptionalism - *Journal of the International AIDS Society***

- https://jiasociety.biomedcentral.com/articles/10.1186/1758-2652-13-47

3. ***UNAIDS* – "The First 10 Years"**

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