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MUNUC 33

ONLINE



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CHAIR LETTER

Dear Delegates,

It is my pleasure to welcome you to the African Union. My name is Camille and I will be your chair for this committee. The AFUN staff has been hard at work to ensure that we impart on you a meaningful, educational, and fun experience. We all look forward to meeting you at MUNUC 33.

A bit about myself, I am currently a fourth year student at the University. I am originally from SOUTH Jersey (seceded from North/non-existent Central Jersey) and participated in Model UN and Varsity sports while I was in high school. Now, on campus I participate in the Newspaper, Food Magazine, Greek Life and Model United Nations. Foreign Affairs have always piqued my interest, and I have greatly enjoyed exploring humanitarian issues while I pursue degrees in English Literature and Creative Writing.

Drug trafficking and HIV/Aids are both topics that have been discussed extensively both within the context of the United Nations and outside of it. These are both issues that have an enormous impact across the African continent. Unfortunately those debating these issues have not yet come to concrete solutions to the health epidemic nor the insidious effects of narco-trafficking. This is where the work continues, and this is where our committee debate will prove so valuable. Delegates will have the unique opportunity to discuss and debate, looking at the complexities of the problems at hand and addressing them comprehensively and thoroughly. Together, you will be charged with collaborating with one another to address these issues and work to take the necessary steps to resolve them.

If you have any questions, feel free to email me. We cannot wait to see all the amazing work you will do and to share an unforgettable – and unprecedented – experience with you!

Love to all,

Camille Aguilar

HISTORY OF THE AU

The AU began in 1963 when the 32 African states that, at the time, reached independence agreed to establish the Organization of African Unity (OAU).¹ The main objectives of the OAU was to promote the unity and solidarity of African states, coordinate and intensify their cooperation and efforts to achieve a better life for the peoples of Africa, safeguard the sovereignty and territorial integrity of Member States, rid the continent of colonisation and apartheid, promote international cooperation within the United Nations framework, and harmonise members' policies among various sectors.²

During the 1990s, OAU's leaders believed they needed to amend their structure to reflect the new challenges of the new world. After numerous summits, the AU was officially launched in 2002.³ The large majority of the OAU's core commitments and strategies continue to frame AU and its policies, while also creating their own frameworks. For example, the AU developed new organs and created a range of new technical and subsidiary committees to help address problems that weren't as prevalent, or even present, from when the OAU was created.⁴

¹ US AID. "History: Africa Union." U.S. Agency for International Development, January 18, 2017. <https://www.usaid.gov/african-union/history>.

² Ibid.

³ Ibid.

⁴ Ibid.

TOPIC A: ANTI-NARCOTIC TRAFFICKING OPERATIONS

Statement of the Problem

There is not just one issue that explains why the drug trade and use in Africa has reached the level it has. Instead, this issue has only continued to worsen because of different areas that are lacking to help address the drug trade and use. In a 2019 Inter-American Drug Abuse Control Commission meeting, seven associated factors, or factors that were only aiding the drug trade and use problem in Africa grow, were listed. Those associated factors are: poverty, psychosocial problems, weakness in the health systems (expensive treatments, etc), current policies focusing on repression, limited rehabilitation facilities and treatment, limited trained professionals, and lack of research and an effective system for information about drugs⁵

Traffic in West Africa

Due to the rise of globalization within the last century, the movement of goods and people throughout the world has reached unprecedented figures. The world's trade **openness index**, the sum of total exports and imports divided by the world GDP, has reached a value of 0.60 when it was at a value of 0.2526 fifty years ago.⁶ The framework of a globalized planet has allowed for the expansion of many trades and industries. The transport and sale of illegal or controlled substances are no different. Criminal organizations have gone global and have devised different ways to move their product to different countries and even different continents. A slow decline in the use of **cocaine** in North America, combined with the rise of a cocaine market in Europe, has prompted many Central and South American cartels to take advantage of unstable governments in West Africa to transport their product to Europe.⁷

⁵ Bohm, Mawouena. "Africa's Best Practices in Drug Use Prevention, Treatment and Recovery." *Inter-American Drug Abuse Control Commission*. Speech presented at the Inter-American Drug Abuse Control Commission, n.d.

⁶ Beltekian, Diana, and Esteban Ortiz-Espinosa. "Trade and Globalization." *Our World in Data*. University of Oxford Martin School, 2018. <https://ourworldindata.org/trade-and-globalization>.

⁷ Destrebecq, Denis, Theodore Leggett, and Phillip Sewing. Rep. *Cocaine Trafficking in West Africa*. United Nations Office on Drugs and Crime, n.d. https://www.unodc.org/documents/data-and-analysis/West%20Africa%20cocaine%20report_10%2012%2007.pdf.

West Africans are oftentimes coerced to assist criminal organizations through threats and bribes. The remuneration is usually the drug being transported itself, primarily cocaine. The region is projected to see a sharp increase in the amount of illicit drug users due to how popular it has become as a drug trafficking hub.⁸ The disbursement of cocaine in these countries with low **human development indexes** worsens the social and economic situation. The presence of these drugs fuel criminal activity and drug use which in turn causes long standing negative effects within these regions which will be expanded upon later.

Weak security and regulations have allowed countries in West Africa to be seen as an opportunity by drug traffickers. For example, Ghana and Guinea-Bissau are the main targets for the shipment of drugs from Latin America because their insecure ports and airspace allows the entry of drugs that are later distributed throughout West Africa.⁹ Once the drugs are inside West Africa, they are then transported to Europe, typically through commercial air flights. In contrast, Nigeria has the highest amount of seizures of cocaine on commercial flights due to its greater amount of air traffic compared to its neighbors.¹⁰

Traffic in East Africa

Cocaine is not the only drug that pervades the African continent. Because of the accessibility of the East African coast, opioids have also taken a toll in various African countries. Sub-Saharan Africa is projected to see its illegal drug use double due to the influx of opioids from Asia.¹¹ Though there are lower drug seizure numbers than some countries in West Africa, these numbers are reflective of the lack of law enforcement and control within the region due to the lack of set protocols and the lack of resources. Djibouti, Tanzania, Kenya, and Eritrea are common landing spots for **opium** and cannabis coming from Southwest and Southeast Asia (mainly Pakistan, India, and Thailand). However,

⁸ ENACTAfrica.org. "Africa's Drugs Crisis Stimulated by Poor Policy." ENACT Africa, September 24, 2019. <https://enactafrica.org/press/press-releases/africas-drugs-crisis-stimulated-by-poor-policy>.

⁹ Leggett, Theodore, Philipp Sewing, and Thomas Pietschmann. Rep. *Drug Trafficking as a Security Threat in West Africa*. UNODC, 2008. <https://www.unodc.org/documents/data-and-analysis/Studies/Drug-Trafficking-WestAfrica-English.pdf>.

¹⁰ Ibid.

¹¹ Larose, Timothy. "United Nations Office on Drugs and Crime." Drug Trafficking Patterns. <https://www.unodc.org/easternafrika/en/illicit-drugs/drug-trafficking-patterns.html>.

Somalia, a country which lacks a true central authority is the most likely a target though there are no recorded figures to measure it.¹²

Effects of the Drug Trade

The drug trade in Africa poses many threats to life within the continent. The first is that terrorist organizations and organized crime organizations within and outside of the continent obtain up to 90% of their wealth through the sale and transport of illicit drugs.¹³ Financing these organizations leads to a great loss of human life. They can also destabilize governments which then leads to even more threats to human life since the government's authority is challenged by groups of people with greater economic resources to do whatever they please, even if it's not in the citizen's best interests.¹⁴

The second problem is that the circulation of drugs leads to dangerous public health and socioeconomic conditions. Many drugs cause damage to different organ tissues that make people more susceptible to different diseases. With recreational drug use, there is also the risk of people taking lethal doses. Widespread drug use can lead to the over-taxation of healthcare systems, which then places an extreme burden on the already fragile healthcare systems in some African countries. Additionally, the addictive properties of these substances lead to financial issues and serve as a money drain. These drugs affect a person's capability to do work, oftentimes resulting in them getting fired from their job. However, even with that loss of a source of income, the addictive properties make it difficult, especially without proper resources and help, to stop using the drugs so more of them are bought- even after losing a job. Drug use can also lead to the breakdown of family units which carries consequences in the realm of mental health, education, and upward mobility for

¹² Ibid.

¹³ Trad, Ruslan. "How the Drug Trade Funds Terrorism," February 28, 2020. <https://eeradicalization.com/how-the-drug-trade-funds-terrorism/>.

¹⁴ UNODC "The Destabilizing Influence of Drug Trafficking on Transit Countries: The Case of Cocaine." *World Drug Report World Drug Report 2010*, 2010, 229–45. <https://doi.org/10.18356/54e2fc61-en>.

the spouses, children, and any other family members that may be living with someone using drugs.¹⁵ This is due to strained relationships when those afflicted by addiction prioritize their vice over their families as well as resist when loved ones try to provide help. The absence of a stable family has been correlated with worse performance in schooling and thus a person's ability to thrive in life.¹⁶

Current Situation

The current situation is quite dire because of how drug trade is continuously expanding. Part of the problem is the existence of lax or corrupt government officials who enable trade by taking bribes. It is possible for this to happen because the wealth of many crime syndicates often exceeds the wealth of local governments.¹⁷ Politicians are thus easily bribed by criminal organizations which leads to little consequences and a sense of apprehension with regard to these organizations' operations. To successfully address drug trade, this issue must also be addressed. While the rise of these criminal groups has been combated through local and international collaboration, it has just led to adaptation from the groups which means that their growth has remained unimpeded for the most part.¹⁸

¹⁵ US Department of Justice. "Impact of Drugs on Society." National Drug Threat Assessment 2010 (UNCLASSIFIED). United States Department of Justice National Drug Intelligence Center, February 21.. <https://www.justice.gov/archive/ndic/pubs38/38661/drugImpact.htm>.

¹⁶ Ibid.

¹⁷ Africa Center for Strategic Studies. "Interdiction Efforts Adapt as Drug Trafficking in Africa Modernizes – Africa Center." Africa Center for Strategic Studies, January 30, 2018. <https://africacenter.org/spotlight/interdiction-efforts-adapt-drug-trafficking-africa-modernizes/>.

¹⁸ Ibid.

History of the Problem

Introduction

The drug trade in Africa has come about and flourished due to several historical circumstances that have ripened the continent for exploitation. The history of drug trafficking in Latin American and South Asian countries is essential for understanding why Africa has become a hub for the trade. Through a better understanding of the history of the problem, delegates can devise fruitful solutions that do not repeat history and stay true to the mission of the African Union, to create a free, united Africa that is in command of its own destiny.

Colonialism and its Aftermath:

Following the abolition of slavery in most countries and territories in the mid-to-late 1800s, the loss of large amounts of profit generated from that unpaid labor was felt by European powers. The Industrial Revolution, which began around 1850, was in full swing so there was a renewed interest in sources for raw materials that drove many nations to look towards Africa as a potential answer to their problems because of explorers like Henry Stanley that pointed to Africa as a place to invest in industry.¹⁹ Also, the desire for political power in Europe, as well as the need to find a place for people that were not being properly assimilated into the industrial societies, made the acquisition of more territories favorable.²⁰ In the mid 1800s, the power of a country was linked to the number of colonies that the country had. Because of this, European countries looked towards Africa as a way to get more power, creating what is now known as the Scramble for Africa. In order to prevent conflicts between the European powers, the chancellor of Germany, Otto von Bismarck called for what is now known as the Berlin Conference in 1884 during which leaders created rules for their conquest of Africa. These rules and the borders were created without any input from African leaders.²¹

¹⁹ St. John's College. "The Scramble for Africa." University of Cambridge. Accessed June 26, 2020. https://www.joh.cam.ac.uk/library/library_exhibitions/schoolresources/exploration/scramble_for_africa.

²⁰ Iweriebor, Ehiedu E.G. The Colonization of Africa. Schomburg Center for Research in Black Culture, 2011. <http://exhibitions.nypl.org/africanaage/essay-colonization-of-africa.html>.

²¹ *ibid.*

By the time the First World War ended, all of Africa except Liberia and Ethiopia was colonized.²² After the Second World War, a broad international movement took place where imperial powers were surrendering control of many of their overseas territories whether through diplomatic discussions or revolutions because of powers like the United States and the USSR taking anti-colonial positions and created a greater awareness amongst the general public of the cost of colonialism.²³ Some nations were able to quickly obtain a stable government while others faced rules of authoritarian governments following their independence. The history of European colonization and the political instability that resulted from decolonization produced countries where diverse ethnic groups were forced together while other groups were separated by borders.²⁴

These factors led to the creation of many nations ripe for conflict as ethnic groups clashed and different people sought to take advantage of power vacuums.²⁵ It was these circumstances that inspired the creation of the Organization of African Unity in 1963. However, for many years, the African continent has been plagued by the aftereffects of colonialism.

Latin American Drug Trade

Drug trafficking in Africa can be tied to the history of the drug trade in Latin America and the United States. During the cultural shift in the United States during the 1960s, the demand for illicit drugs skyrocketed. Famously, Colombian drug cartels seized the opportunity to capitalize on the demand for these drugs.²⁶ While smugglers from Mexico had previously transported contraband in the United States, the War on Drugs saw the government target these groups and allowed Colombian cartels to take over the reins. Cartels like the Medellin Cartel, led by Pablo Escobar, created trafficking routes and invested in large-scale coca and marijuana production. They were able to generate a large

²² St. John's College. University of Cambridge, n.d.

²³ Magdoff, Harry, and Charles E. Nowell. "Decolonization from 1945." Encyclopædia Britannica. Encyclopædia Britannica, inc., November 5, 2018. <https://www.britannica.com/topic/Western-colonialism/Decolonization-from-1945>.

²⁴ U.S. Department of State. "Decolonization of Asia and Africa, 1945–1960." U.S. Department of State Office of the Historian. Accessed June 27, 2020. <https://history.state.gov/milestones/1945-1952/asia-and-africa>.

²⁵ Ibid.

²⁶ Smith, David. "Overview of the Latin American Drug Trade, 1970s-Present." Recent Central American History. University of Vermont, 2019. <https://blog.uvm.edu/sosten-centralamerica/2019/04/11/overview-of-the-drug-trade-1970s-present/>.

amount of money by landing these drugs in cities like Miami.²⁷ The trade adapted to the threat posed by the United States's and Colombia's forces by moving it through the border with Mexico.



The fall of many Colombian kingpins came at the hands of cooperation between the American DEA and Colombian authorities. However, the trade persisted through Mexican cartels who then took control of cocaine and opium trades in the United States. While the Mexican government has taken a more active effort to combat the drug cartels, the United States has come into conflict with Mexico for the continued transport of contraband through the border. Gangs originating in other Central American countries also cut their own piece of the pie as they have worked to transport drugs, especially opioids, to the United States as well.²⁸ Additionally, many states within the United States have begun legalizing marijuana. These factors have combined to result in a decline of 50% consumption of cocaine from 2006 to 2010.²⁹ However, the amount of land being used in Colombia to produce coca, a main ingredient for cocaine, has still increased because organizations have

²⁷ Ibid.

²⁸ Ibid

²⁹ Kilmer, Beau, and Greg Midgette. "Mixed Messages: Is Cocaine Consumption in the U.S. Going up or down?" Brookings. Brookings, May 5, 2017. <https://www.brookings.edu/opinions/mixed-messages-is-cocaine-consumption-in-the-u-s-going-up-or-down/>.

diverted their efforts to places outside of the United States to sell cocaine. Europe is the second largest cocaine market in the world with an estimated value of 5.7 billion euros, or more than 6.75 billion USD.³⁰ The market is growing and as such, many criminal organizations have begun taking advantage of developing nations in West Africa to transport cocaine to Europe.

Drug Trade in the Indian Ocean

The countries bordering the Indian Ocean have become a hotbed for conflict in terms of armed conflict, piracy, terrorism and insurgencies, and, of course, drug trafficking.³¹ Opiates, amphetamines, and cannabis dominate the trade through the Indian Ocean. Because of this, opium use in East Africa has greatly increased as weak law enforcement has opened up a new market for Asian drug traffickers. While the land route to Europe has been previously preferred, the recent waves of immigration from Asia to the Schengen area in Europe has resulted in the tightening of many land borders.³² These attempts to curb immigration have disrupted drug trafficking routes as well which further contributes to crime syndicates targeting East Africa for its lax borders and large populations.

Current Situation

Weak, poor governments in both West and East Africa have allowed drug trafficking to take off on the continent. It is both used as a route to other continents and as a customer base. Both West and East Africa have seen their drug use increase substantially and the trend is projected to continue.³³

³⁰ Pirona, Alessandro, et al. Rep. *Recent Changes in Europe's Cocaine Market*. Lisbon, Portugal, 2018. <https://www.emcdda.europa.eu/system/files/publications/10225/2018-cocaine-trendspotter-rapid-communication.pdf>.

³¹ Herbert-Burns, Rupert. "Indian Ocean Rising: Maritime Security and Policy Challenges." JSTOR. January 2012. Accessed June 26, 2020. https://www.jstor.org/stable/resrep10840?seq=6#metadata_info_tab_contents.

³² LTD, Lankacom PVT. "Lecture on Drug Trafficking in Indian Ocean." The Island. October 2018. Accessed June 26, 2020. http://www.island.lk/index.php?page_cat=article-details&page=article-details&code_title=192212.

³³ Donnenfeld, Zachary, Julia Bello-Shünemann, and Lily Welborn. "Drug Demand and Use in Africa." Enact Africa. August 2019. Accessed June 26, 2020. <https://enact-africa.s3.amazonaws.com/site/uploads/2019-08-28-drug-demand-and-use-in-africa-reaseach-paper-cb.pdf>.

Past Actions

AU Plan of Action on Drug Control and Crime Prevention 2007-2013

After recognizing the threat that drug trafficking and use poses to the continent, the African Union launched the AU Plan of Action on Drug Control and Crime Prevention in 2007.³⁴ This plan allowed the **African Union Commission** to monitor and guide progress towards combating drug trafficking. The plan stipulated the creation of national anti-drug programs throughout the member states of the union aimed towards improving the health, security, and the socio-economic well-being of African citizens by limiting illegal drug use, trafficking of drugs, and other crimes linked to the drug trade and use³⁵. The Commission partnered with Regional Economic Communities to create these plans. These Regional Economic Communities were supposed to help adapt the plans to the regions that they were composed of.³⁶ National drug focal points, areas in most need of action, were operationalized in member states as part of the anti-drug trafficking initiative.³⁷

As part of the plan, efforts have been made to coordinate operations and streamline decision-making processes across departments and agencies. The plan also included an agreement to develop monitoring tools in order to inform policy-making in each country. Member states also compiled information into a centralized database in order to enable international cooperation.³⁸ The AU Commission reworked its Continent Early Warning System to include drugs and crime indicators as part of the conflicts it monitors. Finally, the plan called for the circulation of a newsletter relating to the state of the drug trade in Africa named “Drug News Africa”.³⁹

In 2012, the Conference of Ministers for Drug Control and Crime Prevention reiterated their commitment to cooperation and development of further measures to battle the drug trade. However, the plan itself was ineffective because of a lack of consensus on the most efficient

³⁴ African Union Commission. “AU Plan of Action on Drug Control (2013-2017).” African Union. African Union, 2013. https://au.int/sites/default/files/pages/32900-file-aupa_on_dc_2013-2017_-_english.pdf.

³⁵ Ibid.

³⁶ Ibid.

³⁷ Ibid.

³⁸ Ibid.

³⁹ Ibid.

methods of how exactly to implement the actions agreed upon in the plan. This led to dysfunctional communication and a lack of cooperation between member states and associated agencies. Additionally, because the plan did not include any specific agreements on financial contributions, many initiatives failed to become fully realized.⁴⁰

AU Plan of Action on Drug Control and Crime Prevention 2013-2019

Due to the previous plan's failure, the African Union Commission renewed its efforts with a new Plan of Action on Drug Control in 2013. It was meant to last until 2017, but it was then extended to 2019.⁴¹ The plan seeks to improve upon cooperation and to integrate efforts of combating drug trafficking and drug use into existing institutions.⁴² Instead of a series of ideas, the plan was intended to be a framework for a greater universality to policymaking and implementation among member states. It also allies itself with the Strategic Plan of the Africa Union Advisory Board on Corruption and the Ouagadougou Action Plan to Combat Trafficking in Human Beings, Especially Women and Children.⁴³

The efforts of this plan were more fruitful than its predecessor as member states were able to begin offering treatment options for drug use and to more closely monitor drug smuggling routes. However, many vulnerable areas and communities have yet to feel the effects of the plan and thus have continued to feel the consequences of the drug trade.

Education and Prevention

Some countries have taken their own initiatives to combat the drug trade and use within their countries. A broader form of past actions that many African countries have already taken is education and prevention, especially aimed towards youth/teens and their families. Asides from

⁴⁰ International Drug Policy Consortium. "Recommendations for the African Union Plan of Action on Drug Control (2013-2017)." International Drug Policy Consortium, 2013. http://files.server.idpc.net/library/IDPC-Advocacy-Note_African-Union-ENGLISH.pdf.

⁴¹ Ibid.

⁴² Ibid.

⁴³ Ibid.

cocaine, illegal alcohol consumption is high among teens in Africa. As such, many African countries such as Kenya and Cabo Verde have used social media to engage with the youth⁴⁴.

By using social media, countries are able to spread campaign messages about alcohol, cannabis, and other illicit drugs and specifically target youth, students, and their parents. These campaigns have ranged from various types of messages. For example, some spread information about prevention programs that are available within their community and some may launch campaign messages that try to dissuade individuals from using these illicit drugs in the first place.



Treatment and Recovery

Another broader form of past actions that some African countries have taken is treatment and recovery. This is intentionally broad as not many have wide-spread initiatives that are specifically

⁴⁴ Mawouena, n.d.

addressed towards treatment and recovery. The biggest theme about the few initiatives is trying to take a less punitive approach to the issue and instead offering help to those who need and want it.

There are two notable pilot programs that were initiated in Egypt and Togo. In Egypt, they started a pilot initiative that offers credit to support recovery⁴⁵. Egypt has also created treatment facilities mapping, making it easier for individuals to know where they can get treatment, and also incorporated it into their primary health care. The combination of these initiatives within Egypt start the process of creating easier access to treatment.

In Togo, one of their pilot initiatives included screening, brief intervention, referral to treatment (SBIRT) and motivational interviewing (MI)⁴⁶. MI is “a technique in which you become a helper in the change process and acceptance of your client”⁴⁷. Essentially, the goal of MI is to eliminate any judgement that may be the reason someone refuses to seek help or be open about their drug use. This pilot program was created as an alternative to jail or other punishment for drug users.

⁴⁵ Ibid.

⁴⁶ Ibid.

⁴⁷ Center for Substance Abuse Treatment. Enhancing Motivation for Change in Substance Abuse Treatment. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 1999. (Treatment Improvement Protocol (TIP) Series, No. 35.) Chapter 3—Motivational Interviewing as a Counseling Style. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK64964/>

Possible Solutions

Targeting Corruption

Targeting **corruption** would be an effective way to reduce the efficacy of drug trafficking routes since policymakers have a central role in combating it. Creating frameworks for conducting internal investigations can help root out corrupt officials and then shift the focus back to the traffickers themselves. Additionally, by increasing overall transparency, a social conscience can be established such that corruption will be further affected. Newsletters and expense reports can assist with this goal. Increasing the severity of the punishment for corruption can also serve as a deterrent.⁴⁸ All of this complicates the relationship of crime syndicates' greatest ally: the government itself.

However, since it is the government that is making legislation, forcing them to increase their transparency-- especially if they are corrupt-- will be very difficult. If anything, it will take massive public pressure, or even international pressure, for officials to even consider such an option.

Decriminalization of and Treatment for Users

Empowering governments to reduce punishments for possession for personal use and instead providing resources for combating addiction has been shown to be an effective method to challenge the more harmful effects of drugs in societies.⁴⁹ It can break poverty cycles because recovering addicts are much more likely to become productive members of society compared to convicted felons. Additionally, violence over drugs is reduced while more funds and courts can be allocated to target traffickers (and other criminals) instead of users. Treatment can also reduce the customer base for these illicit substances thus weakening the strength of the trade as a whole.⁵⁰

However, before treatment can become effective, there needs to be something that addresses the possible stigma around using drugs. Especially as there is a negative stigma around those who use

⁴⁸ "Combating Corruption." World Bank, October 2018. <https://www.worldbank.org/en/topic/governance/brief/anti-corruption>.

⁴⁹ "Pros and Cons of Decriminalizing Drug Addiction." Foundations Recovery Network, February 10, 2020. <https://www.foundationsrecoverynetwork.com/pros-and-cons-of-decriminalizing-drug-addiction/>

⁵⁰ Ibid.

drugs, this may be a reason why drug users don't use what resources there may be available to them. Additionally, spreading treatment access and quality must be coupled with some way of spreading this information. Especially as drug use affects economic conditions of users, posting that information online may not be the most effective way to reach users.

Surveillance of the Atlantic Coast and the Horn of Africa's Waters

Africa's sea routes and borders have to be fortified in order to halt the entry of illicit drugs from other continents. Intelligence, Surveillance, Reconnaissance (ISR) technologies could be employed for a greater awareness of the situation in the seas. Some ISR technologies and strategies would include developing better law enforcement tactics near coasts and the use of Offshore Patrol Vessels.⁵¹

Creation of an Air Travel Authority

Airplane travel is problematic as it allows drug traffickers to sell their products to Africans and to travel to other continents. The standardization of airport security throughout the continent in order to monitor baggage more closely would greatly hinder the transport of illicit substances⁵². Additionally, a similar monitoring system as the one for sea travel could be implemented in order to stop drugs that arrive through airplanes. Many crime syndicates own their own jets that they use to transport drugs and illegal arms with ease.⁵³

However, even with an air travel authority, there once again is the possible issue of corruption among those that hold these positions. As previously discussed, the crime syndicates oftentimes have much more money than the government does. It is unlikely that the salary for those in these new positions will be high, meaning they could be easily susceptible to bribes and other forms of coercion from criminal groups.

⁵¹ ASD "Coastal and Maritime Surveillance Africa Summit." ASDNews, 2019.

<https://www.asdnews.com/news/defense/2019/05/21/coastal-maritime-surveillance-africa-summit>.

⁵² "Drug Trafficking by Air: The Lessons for Aviation Security." Aviation Security International Magazine, December 19, 2017. <https://www.asi-mag.com/drug-trafficking-air-lessons-aviation-security/>.

⁵³ Ibid.

Bloc Positions

Improving Law Enforcement:

Arguably the area with the most potential growth for most countries is improving the security of its borders. As previously discussed, African countries are oftentimes targets for smuggling drugs in because of their lax security at borders. Specifically with countries that border the sea, like Ethiopia, Algeria, Egypt, Tanzania, Senegal, and Tunisia would support this bloc⁵⁴. Making these entrances more expensive and harder for crime syndicates to get through will dissuade those groups from transporting drugs through Africa. This is because, as previously discussed, these groups make the majority of their money by selling their products in European and Asian markets-- they mainly use Africa as an easy way to get the products to those profitable markets⁵⁵.

Domestic Aid

Since every solution will have some sort of costs associated with it, solutions must make sure that they can be funded. It's a natural conclusion that the first countries to look towards for domestic aid would be the richest countries, as they have the most capital that can be spent to help other African countries. However, measuring the definition of "richest" can vary between countries and people. Yet, the African countries with the highest GDP and primary exports, such as South Africa and Algeria.⁵⁶ However, these countries would most likely accept giving aid if there was something beneficial for them. This could take several different forms, but one possibility is that these countries would be open to giving domestic aid to countries that border them, as that potentially lowers the number of drugs that enter their own country.

⁵⁴ Eligh, Jason. "The Evolution of Illicit Drug Markets and Drug Policy in Africa." Enact Africa, June 2019. <https://enact-africa.s3.amazonaws.com/site/uploads/2019-06-30-continental-report-3.pdf>

⁵⁵ International Drug Policy Consortium. "Sub-Saharan Africa." IDPC. International Drug Policy Consortium, 2020. <https://idpc.net/policy-advocacy/regional-work/sub-saharan-africa>

⁵⁶ Raihaan. "List: Top 10 Richest African Countries [2020] Ranked by GDP & Exports: Wealth in Africa." A RAI OF LIGHT. <https://www.araioflight.com/richest-african-countries-wealthiest-economy/>, August 2, 2020. <https://www.araioflight.com/richest-african-countries-wealthiest-economy/>.

Foreign Aid:

The opposite of domestic aid is, of course, foreign aid. Africa is no stranger to receiving foreign aid. As of 2016, Africa had the highest net Official Development Assistance (ODA) by receiving 49,954 million USD⁵⁷. Countries that have in the past, and are largely dependent on foreign aid, will support blocs that have funding coming from foreign aid. Such countries would be: Ethiopia, Nigeria, Tanzania, Egypt, Democratic Republic of Congo, Morocco, Uganda, South Sudan, and Mozambique.⁵⁸

Decriminalization:

In order to create a safer Africa as the African Union has sought out to do since its inception, ending the drug trade can be done by less drastic means that can reduce the violence by still being effective against the issue. Countries such as South Africa, Morocco, Nigeria, Sierra Leone, Ghana, Mozambique, Zambia, Togo, Kenya, Eswatini, Lesotho, and Zimbabwe have implemented or created plans to implement drug liberalization policies.⁵⁹ Through decriminalization and creation of support programs for users and their families, the states would be able to strike at the heart of the drug trade by taking away its customer base in Africa. Additionally, this would require less cooperation between the nations which has been an issue in past drug control plans.⁶⁰ However, this does not address the continent being used as a launching point for other parts of the world. For as long as these routes exist, drugs will be able to encroach on African communities.

⁵⁷ OECD. Rep. *Development and Aid at a Glance Statistics by Region*. 2018 Editioned. OECD, n.d. <https://www.oecd.org/dac/financing-sustainable-development/development-finance-data/africa-Development-Aid-at-a-Glance-2018.pdf>.

⁵⁸ Ibid.

⁵⁹ International Drug Policy Consortium, 2020.

⁶⁰ International Drug Policy Consortium, 2013.

Glossary

African Union Commission: Decision-making body of the Africa Union that meets semi-regularly to discuss policy.

Cocaine: Highly addictive stimulant characterized by its wide use and its euphoric effects. Derived from the coca plant in South America.

Corruption: Any sort of dishonest action taken by those in power to further goals outside of their role.

Decriminalization: The process of changing the treatment of certain offenses as punishable illegal actions.

Human development index: Statistic that takes into account factors such as life expectancy, education levels, buying power, and others in order to quantify the overall development of a country and thus its quality of life.

Methamphetamine: Synthetic stimulant with highly damaging effects when used in high doses. Produced throughout the world due to its relatively simple chemistry.

Openness index: The sum of total exports and imports divided by the world GDP.

Opium: Derived from poppy seeds commonly found in Asia. Used to produce many drugs with medical and/or recreational uses like heroin, morphine, codeine, oxycodone, etc.

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TOPIC B: HIV/AIDS

Statement of the Problem

Human Immunodeficiency Virus (HIV)

Human Immunodeficiency virus (HIV) is a pathogen that targets immune cells, the cells that are in charge of fighting foreign agents and diseases.⁶¹ By weakening the immune system, the virus makes the infected person more susceptible to other infections. Therefore, diseases that would often have mild effects-- such as the common flu-- could become life-threatening when also infected with HIV. HIV, while there are treatments available, is thought of as being as incurable and fatal. It becomes even more deadly the longer a person goes without receiving treatment⁶². The virus spreads through bodily fluids, primarily through unprotected sex and through sharing of drug injection needles.⁶³ At later stages of the disease, a person may develop acquired immunodeficiency syndrome (AIDS). This occurs once the immune system has suffered extensive damage which leads to the greater probability that the patient will suffer infections as well as develop cancer.⁶⁴

The Disease in Africa

Each part of Africa is affected by HIV/AIDS to varying degrees. For example, as of 2019, East and South Africa is the most affected by HIV and AIDS where nearly 7% of the adult population lives with HIV.⁶⁵ While East and South Africa only make up 6.2% of the world population, it has over half of the world's HIV patients.⁶⁶ To compare to the rest of Africa, while East and South Africa have 19.6 million citizens living with HIV, only 6.1 million citizens in West and Central Africa live with HIV.⁶⁷ The yearly infections in the countries where the epidemic has taken control are as follows: South Africa,

⁶¹ HIV.gov "What Are HIV and AIDS?" HIV.gov. HIV.gov, June 18, 2020. <https://www.hiv.gov/hiv-basics/overview/about-hiv-and-aids/what-are-hiv-and-aids>.

⁶² UCSF. "Comprehensive, up-to-Date Information on HIV/AIDS Treatment and Prevention from the University of California San Francisco," August 3, 2011. <http://hivinsite.ucsf.edu/hiv?page=basics-00-14>.

⁶³ HIV.gov, 2020.

⁶⁴ Mayo Clinic Staff. "HIV/AIDS." Mayo Clinic. Mayo Foundation for Medical Education and Research, February 13, 2020. <https://www.mayoclinic.org/diseases-conditions/hiv-aids/symptoms-causes/syc-20373524>.

⁶⁵ Ibid

⁶⁶ Ibid.

⁶⁷ Avert. "Global HIV and AIDS Statistics." Avert, February 18, 2020. <https://www.avert.org/global-hiv-and-aids-statistics>.

240,000; Mozambique, 150,000; Tanzania, 72,000; Uganda, 53,000; Zambia, 48,000; Kenya, 46,000; Malawi, 38,000; and Zimbabwe, 38,000.⁶⁸

Treatment and Its Shortcomings

HIV is what is known as a retrovirus which uses RNA instead of DNA to store information, but translates this RNA into DNA to insert into the genetic material of the host cell. Therefore, scientists have produced what is known as antiretroviral therapy (**ART**) which targets the specific processes of viruses of that kind.⁶⁹ This medicine has long allowed HIV patients to live normal lives without developing AIDS. However, without treatment, those with AIDS live around three years after developing it.⁷⁰ Similarly, without treatment, it takes an average of 10 years for someone with HIV to develop AIDS.⁷¹ In contrast to that, someone diagnosed at 25 and who receives good medical care is predicted to live 40 more years.⁷² Because of this, the World Health Organization (WHO) and other similar organizations have made continued efforts to combat it throughout the world with the main group being UNAIDS whose goal is to end AIDS as a public health threat.⁷³

One issue with treatment is the availability of it. A UNAIDS report showed that in at least 14 African countries, 80% or more of those who were eligible for treatment did not receive treatment.⁷⁴ This means that one of the larger issues with treatment is not the actual treatments themselves, but them not being accessible or affordable for patients with HIV. However, like the epidemic itself, access to treatment greatly varies across the different parts of Africa. For example, the regional gaps in antiretroviral therapy for children is: 63% in East and South Africa, 89% in West and Central Africa, and 94% in North Africa.⁷⁵

Even though there are some treatments available, the problem is far from solved because of several factors that must be addressed. As previously mentioned, there is currently no cure for HIV/AIDS. A

⁶⁸ "UNAIDS Trend of New HIV Infections." AIDSinfo. UNAIDS Info, 2018. <http://aidsinfo.unaids.org/>.

⁶⁹ HIV.gov, 2020.

⁷⁰ Ibid.

⁷¹ UCSF, 2011

⁷² Ibid.

⁷³ UNAIDS. "About UNAIDS: Who We Are." UNAIDS, 2020. <https://www.unaids.org/en/whoweare/about>.

⁷⁴ UNAIDS. Rep. *Access to Antiretroviral Therapy in Africa: Status Report on Process towards the 2015 Targets*. Geneva, Switzerland: UNAIDS, 2013.

⁷⁵ Ibid.

cure means a person can be infected and then have the disease gone while treatment simply means it helps prolong the deadly effects of the disease while one has it. Also, an HIV patient is likely to have four **opportunistic infections**, infections that take advantage of the weakened immune system, per year. The cost of treating these infections can sometimes make care inaccessible which causes deaths earlier than the three year average.⁷⁶ The average patient infects 1.05 people due to a lack of education and of diagnosis.⁷⁷ Those who die of AIDS often leave children behind whose care costs the government for orphan care, which takes away more resources for other social programs such HIV prevention and treatment.⁷⁸

Another issue that is indirectly linked to treatment is that many are unaware that they have HIV before it evolves into AIDS. Estimates indicate that up to 20% of patients are unaware of their condition.⁷⁹ Because of this, they are unable to receive early access to care, they unknowingly spread it to others, and don't take extra precautions that may avoid getting some opportunistic infections.

⁷⁶ "HIV: Problem." CARE for AIDS. CARE for AIDS, 2020. <https://www.careforaids.org/problem-1>.

⁷⁷ Ibid.

⁷⁸ Ibid.

⁷⁹ Avert. "HIV and AIDS in East and Southern Africa Regional Overview." Avert, October 31, 2019. <https://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/overview>.

History of the Problem

Origin of HIV:

Members of the scientific community have concluded that humans acquired the virus from chimpanzees when in 2005 they found simian immunodeficiency virus (SIV) in certain colonies of chimpanzees in Cameroon.⁸⁰ SIV is nearly identical to HIV and has not been found in other continents which further points to HIV originating in Africa.⁸¹ The most accepted theory of the virus crossing species is that hunters either hunted and ate chimpanzees or that chimpanzee blood was exposed to hunter's wounds.⁸² Either path would allow SIV to enter humans. However, their immune system would have been able to handle the infection most of the time, but in the cases that it does not, HIV arose as a new strain that adapted to infect humans and can then spread through bodily fluids. HIV-1 is the most common strain in the world which is the one that is thought to originate from chimpanzee SIV.⁸³ Meanwhile, HIV-2 is thought to have been acquired from sooty mangabeys in a similar manner as how HIV-1 was passed on from chimps.⁸⁴ Both strains have similar symptoms, but HIV-1 more easily transmits through intercourse compared to HIV-2.⁸⁵

Beginnings of HIV:

The first confirmed case of HIV was found in 1989 from a 1959 blood sample of an unnamed man in Leopoldville (now known as Kinshasa), Democratic Republic of Congo.⁸⁶ This is likely not the earliest case, but it is the earliest blood sample that confirmed infection. However, Kinshasa does have its importance as the likely origin site of HIV. Computer models place the first infections of HIV in 1930

⁸⁰ Editorial Team. "The History of Aids in Africa." Black History Month 2020. Black History Month, October 18, 2016. <https://www.blackhistorymonth.org.uk/article/section/real-stories/the-history-of-aids-in-africa/>.

⁸¹ Ibid.

⁸² "Origin of HIV & AIDS." Avert. Avert, October 30, 2019. https://www.avert.org/professionals/history-hiv-aids/origin?gclid=CjoKCQjwsuP5BRCoARIsAPtX_wHccIO2UMvBOFx2gh4rVpPEEnzLAEIBgSQLzOKLx1w3vNm1FM2JXYoaAqjIEALw_wcB.

⁸³ "HIV Statistics & Resources: Damien Center." Damien Center: Leaders in HIV/AIDS Prevention and Care. Damien Center: Leaders in HIV/AIDS Prevention and Care, 2020. http://www.damien.org/resources-and-statistics?gclid=CjoKCQjwsuP5BRCoARIsAPtX_wGh8JXvqFABRNT-KMnsVB_3gNVJN_5iloGakvcVjkdq12glw77r7FMaAmDwEALw_wcB.

⁸⁴ Ibid.

⁸⁵ Weatherspoon, Deborah. "HIV-1 vs. HIV-2: Differences and Similarities." Medical News Today. MediLexicon International, December 5, 2018. <https://www.medicalnewstoday.com/articles/323893>.

⁸⁶ Avert. "HIV Timeline.. Avert, 2016. <https://timeline.avert.org/?28/First-case>.

where it was allowed to spread to the rest of the world because of Kinshasa's active sex trade and many roads for transportation.⁸⁷

In the 1960s, many Haitian health professionals visited the Democratic Republic of Congo and returned with the virus, beginning its spread in the Americas.⁸⁸ This led to Haitians facing discrimination as the supposed point of origin for the virus when it later spread in the 1980s when it reached the United States and spread amongst men sleeping with men and heroin users. The disease was named in 1982, while the virus itself was isolated in 1983.⁸⁹



HIV in Africa:

In the 1970s, HIV made its way to East Africa from the Congo. It also believed that a subspecies of chimpanzees where HIV originated from are native to west equatorial Africa.⁹⁰ There it reached

⁸⁷ Avert, 2019

⁸⁸ Ibid.

⁸⁹ Ibid.

⁹⁰ AIDS Institute. "Where Did HIV Come from?" Where did HIV come from? | The AIDS Institute, 2011. <https://www.theaidsinstitute.org/education/aids-101/where-did-hiv-come-o>.

epidemic levels in the 1980s. It was more devastating in East Africa because of large scale migration as well as a general prevalence of sexually transmitted diseases.⁹¹ Uganda, in particular, was hit by a wave of a disease known as “slim disease” (characterized by rapid weight loss and diarrhea) along with other opportunistic infections.⁹² Despite cases in the US having similar effects, the two epidemics were not linked until later on which meant that research on the disease in the US did not immediately aid the African countries that were being torn through by the same disease. In the 1980s, West Africa also saw the encroachment of HIV, but not to the levels it did in East Africa, because of the large distances between cities and the absence of large sex networks.⁹³

The virus also traveled southward facilitated by truck drivers, migrant workers, and soldiers that carried it with them and spread it in the places that they visited. In 1988, southern Africa almost became the new focal point of the epidemic, nearly overtaking East Africa. By the end of the decade, nearly all African countries had HIV cases with the prevalence among sex workers reaching around 40%.⁹⁴

⁹¹ Editorial Team, 2016. <https://www.blackhistorymonth.org.uk/article/section/real-stories/the-history-of-aids-in-africa/>.

⁹² Ibid.

⁹³ Ibid.

⁹⁴ Ibid.

Past Actions

Prevention:

Due to the unknown nature of HIV in its initial outbreak, many governments had to focus primarily on prevention rather than treatment.⁹⁵ This consisted primarily in campaigns that pushed for people to revise their sexual practices and to use condoms.⁹⁶ However, the latter action was somewhat thwarted by Muslim and Christian leaders that opposed the use of any contraceptives as they supposedly promoted premarital sex despite the fact that abstinence is not as widespread as they believed.⁹⁷ Additionally, many politicians feared to declare an epidemic in their respective countries for fear of a panic and a decrease in tourism. These factors combined to create a great silence in the public sphere surrounding the disease. The global stigmatization was highly detrimental to detection and diagnosis of cases.

The pattern of silence and stigmatization continued into the 1990s. However, Uganda and Senegal strayed from the pack as they more rapidly responded to the crisis by not denying the existence of the disease.⁹⁸ The prevalence of HIV in adults actually decreased in the 1990s for these two countries.⁹⁹ WHO collaborated with Ugandan officials in order to create education and prevention programs. Meanwhile, Senegal worked with religious officials and ran a condom marketing campaign coupled with the distribution of millions of condoms.¹⁰⁰ Evidently, these two countries were the exceptions to the rule. The continent continued to be rocked by political instability which further inhibited their ability to adequately respond to the crisis.

⁹⁵ Editorial Team, 2016.

⁹⁶ Ibid.

⁹⁷ Ibid.

⁹⁸ Goliber, Thomas. July 26, 2002. Africa's Political Response to HIV/AIDS. Retrieved August 26, 2020, from <https://www.prb.org/africapoliticalresponsetohiv aids/>

⁹⁹ Ibid.

¹⁰⁰ Unaid.org. June 03, 2020. Lessons learned from HIV for COVID-19 in Senegal. Retrieved September 04, 2020, from https://www.unaids.org/en/resources/presscentre/featurestories/2020/june/20200603_senegal

In South Africa in 2000, the International AIDS Conference was held in an African country for the first time.¹⁰¹ Along with the establishment of UNAIDS four years prior to the conference, the world was finally seeing HIV/AIDS as the serious problem that it was, especially in Africa. However, ART was too expensive for many Africans and the prevention campaigns were not being effective enough.¹⁰² In 2000, pharmaceutical companies reached agreements with African countries to steep the prices of AIDS medications in order to increase accessibility. Eventually, the patented drugs were only slightly more expensive than generic ones that would be approved and released much later.¹⁰³ The weak health infrastructure in some countries was often overcome by direct deliveries of medication and by the patients' own adherence to the treatments, but it did not mean it was fully sustainable.

National ART treatment:

Botswana became the first country to launch a national antiretroviral treatment project in 2001 named MASA which was funded by the government, the Gates Foundation, and a pharmaceutical company named Merck.¹⁰⁴ Other countries followed in its footsteps as well and widespread treatment programs have had varying degrees of success.

One of the biggest reasons for varying degrees of success is due to the cost of increasing ART treatment availability. Studies have shown that the South Africa national public-sector ART programme is not only the largest in the world but continually sees its costs increase.¹⁰⁵ The number of people on ART is projected to increase by 31-133% over the next seven years and the costs will increase by 84-175%.¹⁰⁶ However, while the initial costs of creating a robust treatment system is high, it is predicted that once it is fully established, costs will decrease.¹⁰⁷

¹⁰¹ Ibid.

¹⁰² Editorial Team, 2016.

¹⁰³ Ibid.

¹⁰⁴ Ibid.

¹⁰⁵ Meyer-Rath, Gesine et al. "Changing the South African national antiretroviral therapy guidelines: The role of cost modelling." PloS one vol. 12,10 e0186557. 30 Oct. 2017, doi:10.1371/journal.pone.0186557

¹⁰⁶ Ibid.

¹⁰⁷ Ibid.

AWA:

For their part, the African Union created the Strategic Framework for AIDS Watch Africa (AWA) in 2001.¹⁰⁸ AWA's goal is to galvanize heads of state and government officials to take action as well as to try to gather resources in order to facilitate said action. They also extend partnerships throughout the continent as well as global partners.¹⁰⁹ The ultimate goal of AWA is to create a robust response to end AIDS by 2030.¹¹⁰ However, it is not concrete enough to quell the current crisis.¹¹¹

Antenatal Care:

An increase in antenatal care services have shown a decline in mother-to-child transmission. While antenatal care has been slowly growing throughout Africa, one of the most notable countries doing this is Malawi. Along with testing pregnant women for HIV, they provide all pregnant women living with HIV with ARVs for life.¹¹²

¹⁰⁸ AIDS Watch Africa. (2016). Strategic Framework (2016-2030). Retrieved August 26, 2020, from https://au.int/sites/default/files/pages/32904-file-strategic_framework_en_hires.pdf

¹⁰⁹ AWA. "About Us." AIDS Watch Africa AWA, n.d.. <https://aidswatchafrica.net/>.

¹¹⁰ Ibid.

¹¹¹ AIDS Watch Africa, 2016.

¹¹² Martin, Juliette. "Africa's New Strategies to Defeat HIV/AIDS | Africa Renewal." United Nations. United Nations, March 2017. <https://www.un.org/africarenewal/magazine/december-2016-march-2017/africas-new-strategies-defeat-hivaids>.

Possible Solutions

Expanding Partnerships

Many NGOs and biomedical companies have been crucial collaborators in the fight against HIV/AIDS. However, if partnerships were made to assist all members of the African Union, then treatment can become more accessible for people no matter where they are in the continent. The world has slowly shown a willingness to help Africa with the epidemic and to capitalize on that aid would certainly help improve the lives of many Africans and extend life expectancies.

However, sometimes expanding partnerships mean governments can go into debt or lose control and power they have in their country. Because of this, some countries and governments are unwilling to accept help from NGOs, medical companies, or sometimes even countries.

Prevention Campaigns

In its initial stages, ignorance played a large role in the spread of HIV. By creating standardized education about the spread of HIV, its effects, and the development of AIDS, it would be possible for people to be more cognizant of sexual practices as well as to combat the ongoing stigma of those living with HIV/AIDS which sometimes prevents them from seeking out treatment. Additionally, the dissemination of condoms at low or no costs to at-risk communities would also be helpful in containing the spread of the virus. This would require working with education requirements and news organizations for the former as well as businesses and manufacturers for the latter.

A possible issue with this though would be figuring out what is the best way to reach the highest number of people. For example, would releasing these campaigns on television and newspapers ads be sufficient? Should the campaign messages appear on just social media? Should governments pursue a combination of releasing them all over? Answering questions like these are a must for prevention campaigns to be successful and reach the highest number of people.

Increasing Testing

Along with educating the public about the spread of HIV, its effects, and the development of AIDS, another big cause of the spread was people didn't know they had HIV and, as a result, unknowingly spread it to others. By increasing testing, people will be more likely to know if they have HIV. The benefits of this are numerous. For one, several studies show that the earlier one can get treatment, the longer they are able to live with HIV. Secondly, by knowing they have HIV combined with improved education on how HIV spreads, they will know what precautions to take to limit the spread. However, testing costs money and creating new facilities for people to get tested also cost money. Also, by increasing testing, countries must ensure that they have the infrastructure capable of increasing testing so results can be efficient.

Targeting Women and Children

Oftentimes, women who are pregnant and are HIV positive inadvertently pass the virus on to their children which is something that they need to live with their whole lives. Curbing virus cases at the root could be an effective method for eliminating HIV from the continent in future generations. There is prenatal care that offers treatment to reduce the likelihood of women passing the virus to their children. Additionally, making it a standard practice to test pregnant women for HIV so that they know to seek out this treatment would be highly effective in accomplishing this goal.

ART Distribution

ART has been shown to allow AIDS patients to live relatively healthy lives. While governments on the continent have sometimes struggled to acquire the treatment, the bigger problem can be sustaining distribution networks such that those who require the treatment can obtain it with ease. Forming networks across borders might help alleviate the scarcity in some countries (especially in East Africa).

Along with ART distribution, there are two other factors that must be considered for this possible action: cost and awareness. Just because there's an increase in treatment, people have to know that these tests are available, what symptoms mean they are likely to have HIV and should go tested, and

they need to be able to afford the test. Not only do they need to be affordable, but the cheaper they are means people would be willing to get tested if they even think they could have HIV, not just when they start experiencing symptoms. However, these costs still very much still exist, and someone must cover them.

Bloc Positions

Resistance to continent-wide solutions

The countries of North Africa such as Tunisia, Egypt, Algeria, Morocco, Libya, Chad, and others have some of the world's lowest rates of HIV prevalence amongst adults due to the cultural norms enforced by Islam that discourage sexual activity outside of marriage.¹¹³ Therefore, while these countries recognize the importance of assisting their neighbors that have been ravaged by the disease, it is not within their interest to create continent-wide networks that would drain more financial resources than they would if they just addressed their own patients themselves.

Use of mass media create awareness in more communities

Senegal, Uganda, Botswana, Ethiopia, Tanzania, and Zambia are countries where preventative efforts have shown great success.¹¹⁴ By creating media about the dangers of HIV and AIDS, as well as providing information about resources, the spread of HIV can be further curbed. Of utmost importance is to take care to overcome cultural and language barriers especially in more remote communities. The cost of providing treatment to the entire continent could be quite costly and would be harder logistically than prevention campaigns which these countries would definitely support.

Establish transnational treatment through cooperation between countries and NGOs

Namibia, South Africa, Zimbabwe, Malawi, and others have rejected the cooperation with corporations in order to avoid greater dependency on other countries and the creation of greater debts.¹¹⁵ Through the creation of some sort of pooled resource organization, the creation of a working treatment obtainment and distribution network should be in reach. Collaboration with

¹¹³ AIDS in Africa. July 12, 2013. Retrieved August 31, 2020, from <https://www.medwiser.org/hiv-aids/around-the-world/aids-in-africa/>

¹¹⁴ Shah, Anup. November 29, 2009.. AIDS in Africa. Retrieved August 31, 2020, from <https://www.globalissues.org/article/90/aids-in-africa>

¹¹⁵ Ibid.

UNAIDS and other NGOs like WHO would also contribute to the cause by having experts advise in the creation of the plans.

Making deals with pharmaceutical companies

Companies such as Johnson & Johnson, Novartis, Sanofi, GSK, and Merck KGaA have made efforts to distribute life-saving medication like ART to the world, even going as far as to sue the South African government when one of its former presidents denied the connection between AIDS and HIV and refused to buy treatment for his citizens.¹¹⁶ Côte d'Ivoire, Senegal, Rwanda, and others have been among those that have found success by negotiating lower treatment prices for their citizens, a philosophy which could be applied to the entire continent.

¹¹⁶ Mcneil, D. (2019, June 24). Drug Companies Are Focusing on the Poor After Decades of Ignoring Them. Retrieved August 31, 2020, from <https://www.nytimes.com/2019/06/24/health/drugs-poor-countries-africa.html>

Glossary

AIDS: acquired immunodeficiency syndrome; condition where a weakened immune system allows for what are dubbed as opportunistic infections.

ART: antiretroviral treatment; drugs that target the molecular processes of retroviruses like HIV in order to minimize their effects.

HIV: human immunodeficiency virus; retroviral pathogen that targets immune cells which leads to the development of AIDS.

Opportunistic infections: infections caused by pathogens that can more easily infect a person with HIV/AIDS due to the weakened state of the immune system.

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