



*SHUMUN XXVII // February 7<sup>th</sup> - 8<sup>th</sup>, 2026*

# **African Union: Addressing HIV/AIDS**

## *Background Guide*

African  
Union



Chairs: Maribel Grasman & Chloe Lynch

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## Letter from the Chair

Dear Delegates,

Welcome to SHUMUN! We are so excited to meet you all and work with you throughout the weekend.

My name is Chloe Lynch, and I am a junior International Relations and Diplomacy major with double minors in Economics and German. Additionally, I am a part of Seton Hall's competitive MUN team, United Nations Associations, John Quincey Adams Society, American Sign Language Club, Alpha Omicron Pi, and the Sustainability Club.

This past summer, I interned with the American Foundation for Children with AIDS in Zimbabwe for a couple of weeks. I had two locations while in Zimbabwe— one working on a goat farm that had an educational program set up with the community, and the second in children's homes, specifically for children with HIV, where I dealt with making sure each kid was able to get the medication they needed to survive. I have continued interning with the organization during my fall semester from the U.S. side.

AIDS is not common knowledge anymore; a lot of people know its name, but not the facts behind it. So, when we were asked to chair a committee, I thought this would be the perfect opportunity to not only spread awareness but also to pursue a topic that we both know!

Can't wait for SHUMUN!

Chloe Lynch

[chloe.lynch@student.shu.edu](mailto:chloe.lynch@student.shu.edu)

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## Letter from the Co-Chair

Dear Delegates,

Welcome to SHUMUN! We are so excited to meet you and see what everyone brings to the committee.

I chose this topic after studying abroad in Sierra Leone last semester. I had the opportunity to analyze post-colonial reconstruction and its effects on women. Throughout the debate, we would like to see discussion about gender inequality in poverty and how it impacts healthcare. I am also an intern for the American Foundation for Children with AIDS, which works in five countries throughout Africa to combat the spread of AIDS and provide economic support for families. I look forward to hearing your ideas for tackling these pressing issues that countries across the world are facing today.

A little about myself, I am a sophomore Diplomacy and International Relations student with minors in Spanish and International Business. Outside of SHUMUN, I am a part of Consult Your Community, Women in Business, and Seton Hall's competitive MUN team. I also have the honor of serving as the USG of External Relations for SHUMUN XXVII.

I am excited to see what you bring to the conference and hope you learn something from this experience.

Look forward to meeting you,

Maribel Grasman

[maribel.grasman@student.shu.edu](mailto:maribel.grasman@student.shu.edu)

## Letter from the Vice Chair

Dear Delegates,

Welcome to SHUMUN 27! We are so excited to get to know you all and work with you over the course of the weekend.

My name is Raymond, and I am a freshman at Seton Hall University majoring in Diplomacy and International Relations and pursuing minors in both Arabic and French. I am a member of Seton Hall's competitive Model United Nations team, the Student Government Association, and the Buccino Leadership Institute.

A little bit about why this topic is so important for us to discuss: among the most pressing issues that continue to disproportionately affect Africa is the AIDS epidemic. In the United States, this issue can sometimes feel as if it has been forgotten. However, this epidemic continues to affect so many people globally, and a disproportionate number of cases exist in Africa alone. For our global community to be its healthiest, this problem cannot continue to be ignored. This committee is an opportunity to consider possible solutions and their limitations and to spread awareness about this ongoing crisis.

I look forward to seeing how each of you tackles this ever-changing issue and the thoughtful conversations that come with it.

Looking forward to meeting you all,

Raymond Clerihue

[raymond.clerihue@student.shu.edu](mailto:raymond.clerihue@student.shu.edu)

### Notes on Procedure

1. SHUMUN will be utilizing Google Docs and Gmail for the conference. For any questions contact our email: [shumun.sec@gmail.com](mailto:shumun.sec@gmail.com). Delegates will communicate in-room with paper notes.
2. SHUMUN uses Parliamentary Procedure (often abbreviated as Parli Pro) to run committees. A Google search will give you more than enough information on how this is used in Model UN, and any other questions can easily be addressed in committee.
3. SHUMUN has a **zero-tolerance policy regarding bullying, offensive remarks, harassment, discrimination, or anything of the sort**. Model UN should be a fun activity for delegates to participate in and no one should feel excluded at any point during the weekend. If at any point the Senior Secretariat is notified of any violation of this policy, the delegate and advisor will be contacted and the issue will be discussed, potentially resulting in expulsion from the conference or disqualification from awards. In general, if you think even for a second that something would offend someone, do not do, or say that thing.
4. **Position papers are required for General Assembly Committees.** You can find your chair's email on the website and in the background guides of each committee. Position Papers will be accepted until the beginning of Committee Session 1 on February 7<sup>th</sup>. Failure to turn in position papers will hurt awarding prospects. **For African Union, please email position papers to the chairs [chloee.lynch@student.shu.edu](mailto:chloee.lynch@student.shu.edu) and [maribel.grasman@student.shu.edu](mailto:maribel.grasman@student.shu.edu).**
5. Profanity is prohibited.
6. Pre-writing is defined as any notes or directives written outside of committee time and is strictly prohibited. Delegates are allowed to bring research into the committee, but not pre-written notes or papers. Engaging in pre-writing will result in immediate disqualification from award consideration.
7. **Technology is only permitted during unmoderated caucuses or at the discretion of the chair.** Research must be done prior to the beginning of committee sessions. Any usage of cell phones or laptops in the committee is grounds for disqualification.
8. If you need to use the restroom during committee, you do not need to raise your hand or ask permission.
9. The session will begin with a roll call followed by a primary speakers list to debate which topic will be discussed. Delegates will then vote on the motion to set the agenda after the chair decides enough debate has been conducted. After the agenda is set, a secondary speakers list will be created and delegates will have the opportunity to present motions at the chair's discretion.



## **Background**

### **African Union**

In May 1963, African States met in Ethiopia to sign a charter creating a post-independence institution called the Organization of African Unity (OAU). The goal of this organization was to rid the continent of remaining colonization and apartheid, increase unity amongst African states, coordinate development, safeguard sovereignty, and promote international cooperation.

In 1999, the OAU issued the Sirte Declaration calling for the establishment of the African Union to accelerate the process of Africa playing a role in the global economy. Today, the African Union consists of 55 member states across the African continent, officially launched in 2002 as the successor of the OAU. This launch refocused their mission towards increasing cooperation and integration of African states. The AU's vision is "an Integrated, Prosperous and Peaceful Africa, driven by its own citizens and representing a dynamic force in the global arena."

Currently, the African Union is struggling to reform its governing bodies and is playing an increasingly high-profile and important role in the peacekeeping between African countries. The AU has conducted multiple interventions, which have been notably successful. However, the international community believes that the AU requires extensive political and material support from the international community to deliver on its commitments to peace and security.<sup>1</sup>

### **African Union Context of Healthcare**

When the AU was created, its constitution noted its duty to "Work with relevant international partners in the eradication of preventable diseases and the promotion of good health on the continent" and "Ensure the effective participation of women in decision-making, particularly in the political, economic and socio-cultural areas."

In January of 2025, the United States cut USAID funding to international countries. These funding cuts have largely impacted recipients' healthcare systems. Without these funds, the African Union is facing challenges in finding alternative funding to provide healthcare across Africa.<sup>2</sup>

One of the most affected areas by the new funding cuts has been vaccines and treatments for diseases like HIV/AIDS. Without these funds, these diseases will continue to evolve and spread throughout Africa, making new variants and causing a greater health crisis. This crisis is disproportionately impacting women and children of poor socioeconomic backgrounds. This committee aims to tackle these disparities and encourage Africa to build its own financial

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<sup>1</sup> African Union. "About the African Union."

<sup>2</sup> Feldscher, Karen. 2025. "USAID shutdown has led to hundreds of thousands of deaths." Harvard T.H. Chan School of Public Health

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independence from the West. Examining issues such as infrastructure development, healthcare research, and policy in these areas can help analyze the pressing issues developing in the AU.





## **Topic A: African Union and HIV/AIDS Epidemic**

The healthcare industry in the African Union is suffering. For many of these countries, HIV/AIDS is increasing and mutating, becoming a growing health problem. Moving forward, the African Union needs to navigate how to distribute funds and mitigate the harms of HIV/AIDS within its community.

### **What is HIV/AIDS?**

There are currently 25.6 million people living with human immunodeficiency virus (HIV) in the African region; East and Southern Africa account for 20.8 million cases, while West and Central Africa account for 4.8 million. Over a fifth of people with HIV do not know they are HIV positive till it is too late. It is estimated that 79% of people with HIV know their status, but due to uneven health measures, the remaining 21% do not know their HIV status.<sup>3</sup> HIV targets cells that protect the human body against illness in the immune system. HIV weakens the body's ability to fight against infections, destroying the body's white blood cells. HIV has three stages of severity, with the most advanced state being acquired immunodeficiency syndrome (AIDS). An average of 4,500 South Africans are infected with the virus every week. Casualty and infection rates remain high among youth, especially young girls and women. An estimated 54% of new infections are due to new sexual partners.

There is currently no cure for HIV infection, but there are medications that manage symptoms, prevent transmission, and slow the progression to AIDS. An effective medication, called an antiretroviral (ARV) drug, controls the virus; those who have access can live healthy, long, and productive lives. ARV does not cure HIV infection, but suppresses viral replication in cells, allowing the immune system to strengthen and regain the capacity to fight infections. Once treatment begins, an HIV positive person must take the medication regularly, preferably daily, to suppress HIV.

### **USAID Cut Effects**

When the US cut nearly all foreign aid, sub-Saharan Africa was the most affected region. Most of these states depended upon supporting health, humanitarian, and development programs. The dissolution of USAID cut 90% of all foreign aid contracts from the United States, which has halted health care systems that help fight diseases like HIV.

Countries across Africa are dealing with the collapse of HIV treatment programs, with additional rises in malaria and polio. Historically, the US has been the dominant donor in many African humanitarian aid crises; a fourth of all aid was directed into sub-Saharan Africa (\$12.7 billion).<sup>4</sup> These cuts are also worsening state capabilities for disaster relief and peacekeeping.

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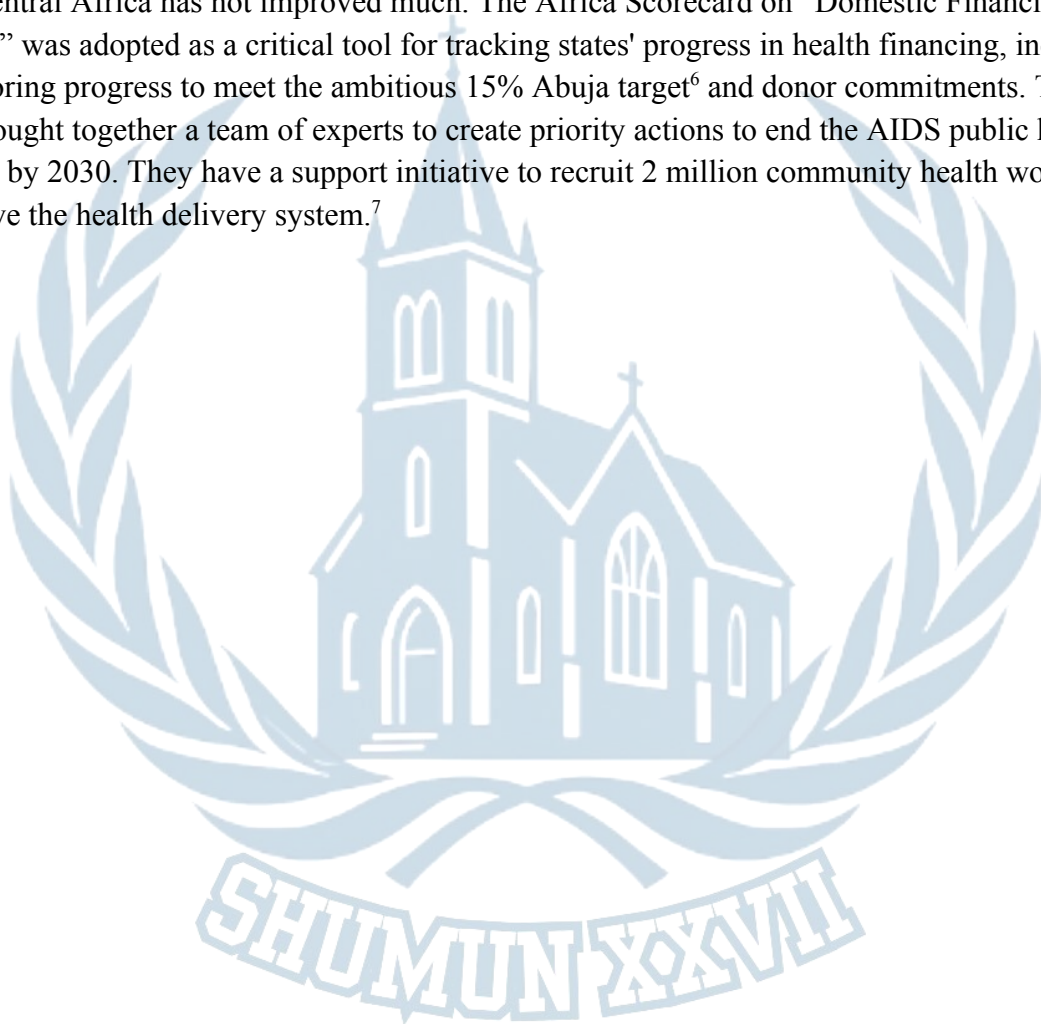
<sup>3</sup> World Health Organization African Region. 25. "HIV/AIDS | WHO | Regional Office for Africa." WHO Regional Office for Africa

<sup>4</sup> Coface. 2025. "Sub-Saharan Africa, the first victim of the USAID reduction." Coface.

Due to these cuts, an estimated half a million preventable HIV/AIDS deaths will occur in South Africa alone, not to mention countries with weaker infrastructure.

### **African Unions Response Thus Far**

In 2017, the AU adopted the AIDS Watch Africa Strategic Framework – a new strategy to promote joint action, advocacy, and accountability towards ending AIDS.<sup>5</sup> The AU recognizes the need for an urgent emergency plan to accelerate the HIV response. Successful progress has been made in the reduction of deaths from HIV throughout Africa; however, the situation in West and Central Africa has not improved much. The Africa Scorecard on “Domestic Financing for Health” was adopted as a critical tool for tracking states' progress in health financing, including monitoring progress to meet the ambitious 15% Abuja target<sup>6</sup> and donor commitments. The AU has brought together a team of experts to create priority actions to end the AIDS public health threats by 2030. They have a support initiative to recruit 2 million community health workers to improve the health delivery system.<sup>7</sup>



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<sup>5</sup> AfricaCDC. 2017. “African Union heads of state and government adopt new strategic framework to end AIDS, TB and malaria by 2030.” AfricaCDC

<sup>6</sup> Refers to the Abuja Declaration of 2001, where African Union governments pledged to allocate at least 15% of their national budgets to health to combat diseases like HIV/AIDS and improve healthcare

<sup>7</sup> AfricaCDC. “African Union heads of state and government adopt new strategic framework to end AIDS, TB and malaria by 2030.”

**Questions to Consider**

1. What are the ways the African Union can help mitigate the crisis impacts?
2. How can the African Union support homes affected by HIV/AIDS?
3. What research can be done towards the medical treatment of AIDS?
4. How can funding for healthcare be collected between Global South countries in the African Union?
5. How can the AU close the funding gap caused by the dissolution of USAID?
6. What policy can be put in place to prevent further crises relating to the HIV/AIDS epidemic?
7. How can we accurately measure how many people have HIV? How can we decrease the number of people who have HIV but do not know about it?



## **Topic B: Gender Discrimination in Healthcare**

Women face discrimination in healthcare globally, with many illnesses, both mental and physical, going unnoticed. In the African Union, research shows that it could take over 50 years to reverse the impact of gender-based violence arising out of the regional conflicts in the area, violence that targets women and generates an unequal gendered medical need.<sup>8</sup> There are many areas where women lack representation, such as education, maternal health, conflict reparations, and lack of medical treatment.

### **Education**

An important factor largely missing throughout the African region, is education; of the 244 million children without education, 129 million are girls.<sup>9</sup> Without access to proper sexual education, many young girls fall victim to child marriage and rape. Women in poverty suffer these effects more drastically; young girls are at the mercy of arranged marriage and are subjected to the will of their husbands. In addition, without education, women cannot achieve their own financial independence. The World Bank notes that education for children in K-12 costs countries between \$15 trillion and \$30 trillion USD in lost lifetime productivity and earnings.<sup>10</sup>

### **Maternal Health**

Africa is one of the few continents with a higher fertility rate than all other continents. On average, African women have about 2.4 children per woman. Almost 10% of pregnancies in Central Africa involve girls between 15 and 19 years old, leading to unsafe abortion practices.<sup>11</sup> Some contributing factors are the lack of sexual education girls receive and the limited access to family planning resources. UNICEF says that about 712 women are dying daily due to complications in pregnancy and childbirth.<sup>12</sup> Many of these deaths are due to a lack of trained medical professionals assisting in the childbearing process.

### **Conflict Reparations**

After times of conflict, many organizations provide rehabilitation efforts to harmed communities. In the aftermath of African colonization, many countries went through intense civil war transition periods, many of which continue today. While these civil wars are taxing on the whole community, they harm women and children the most. Oftentimes, gender-based violence is manipulated in conflicts, making them much more gruesome. Rehabilitation efforts have not

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<sup>8</sup> African Union. "It Will Take 50 Years to Reverse the Risks of Gender-Based Violence Unless Progress Is Accelerated." African Union. Press Release, December 11, 2020.

<sup>9</sup> African Union. "African Union on Girls' Education and Empowerment as a Human Right." African Union. Press Release, February 15, 2024.

<sup>10</sup> African Union. "African Union on Girls' Education and Empowerment as a Human Right

<sup>11</sup> Statista. "Fertility Rate in Africa in 2021, by Country." Statista. Last modified October 20, 2023.

<sup>12</sup> UNICEF. "Maternal Mortality." UNICEF Data. Last updated September 2023.

provided the equivalent aid needed to support these women, instead focusing on demilitarizing and punishing war crimes. This has left women to suffer their stories in silence and leave treatment for these atrocities vastly unreported.<sup>13</sup>

### **Lack of Medical Treatment**

Women are more likely to die from communicable diseases such as HIV, tuberculosis, and malaria. Without access to trained medical professionals, women remain underdiagnosed and suffer higher mortality rates as a result.<sup>14</sup> Under poverty, many women are also facing malnutrition; combined with menstrual blood loss, they become more vulnerable to anemia and iron loss. Without the nutrients they need, women's health declines, affecting them and potential future children. Additionally, many women often seek help from community leaders as opposed to trained doctors. These community members rarely have proper training to offer help and can sometimes exacerbate the problem.

Another issue for women's health across Africa is cervical cancer. It is the second most common cancer worldwide, and without proper treatment, it can be fatal. Women living with HIV are six times more likely to develop cervical cancer.<sup>15</sup> With treatment facilities located in larger urban areas, the amount of untreated cancer is increasing. This lack of medical treatment is a growing issue that will only increase in severity over time.

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<sup>13</sup> African Union. "The AU's Continental Efforts to End Violence Against Women and Girls (AUCEVAWG)." African Union. Accessed November 12, 2025

<sup>14</sup> Fröhlich, Silja. 2025. "How hard are USAID cuts hitting Africa's health care?" DW 05/11/2025." DW

<sup>15</sup> World Health Organization African Region. 2025. "Eliminating cervical cancer in Africa– Dr Issimouha Dillé explains why Africa can win the fight against cervical cancer." World Health Organization African Region.



**Questions to Consider**

1. How can women be more accurately represented in the healthcare discussion? Are there ways to remedy the previous discrimination against women?
2. How can educating women help their physical health? How can education be implemented across Africa with regard to varying population distribution and economic status?
3. What are community-focused implementations that can aid women in seeking health within their communities?
4. How can family planning be safely implemented for girls and women? How can medical access be made more readily accessible to women?
5. What are some methods to bring more trained medical professionals into the regions and ensure their societal value?





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