

Interclass 2026

Huntington Beach High School

World Health Organization

Topic: *Improving Outreach for HIV/AIDS Treatment*



Welcome from the Secretariat

Dear HBHS Delegates,

Welcome to Interclass 2026! We have done our very best to create a strong and diverse group of committees and topics to provide you with a great experience for your first conference, and we hope you are as excited as we are for you to begin exploring the world of MUN!

Model United Nations is more than just a simulation. It is an opportunity to challenge yourself and grow as a communicator, a negotiator, and global citizen. We hope that at this conference, you will not only gain experience in United Nations procedure and debate, but also strengthen your understanding of international issues that shape our world.

As Secretaries General, we would like to highlight the values that define a successful delegate: research, preparedness, and a commitment to representing your country's stance with integrity. Your ability to understand the perspectives of the country you represent, and to back your position with accurate, thoughtful research, is what supports meaningful debate and drives comprehensive resolutions. We also encourage you to approach each committee session with empathy, respect, and compassion. Diplomacy is about more than defending your position; it is about listening, collaborating, and finding common ground. The most effective delegates are those who not only speak well but also lead without losing sight of their goal: collaborating to find a solution to global issues.

We know that this is your first conference, so we are happy to support you through any confusion or nerves you may encounter throughout both the research stage and during the conference itself. You are free to reach out to us at any time should you have any questions. We would be happy to help! We sincerely wish all delegates the best of luck and we can't wait to see you in debate.

Sincerely,



Haley Dang, *Secretary General*



David Ivison, *Secretary General*



Abigail O'Rourke, *Secretary General*



Joleen Vansomphone, *Secretary General*



Zane Shaiyen, *Secretary General of Technology*

Introduction to the Dais

Mana Movahedi (she/her)

Hello delegates, my name is Mana, and I'll be one of your chairs for Interclass 2026. Some of you might recognize my last name, because my twin sister, Auva, is a senior teacher! Like her, this is also my fourth year in MUN. While the program can be demanding, it has given me a whole host of invaluable life skills regarding research, public speaking, and confidence. I strongly encourage all of you to push through the preparation/presentation phases of this conference – you guys can do it! Outside of academics, I do taekwondo and help teach lessons at my studio, volunteer for the Iranian American Women's Foundation, and participate in initiatives to clean/maintain our local wetlands. I also love listening to music, like to draw, and have recently taken up both embroidery and fabric painting.

Cashel Manner (He/Him)

Hello delegates, my name is Cashel (pronounced KASH-uhl), and I will also be one of your chairs for your very first conference of MUN: Interclass 2026! I am currently a Junior, so this will be my 3rd year doing MUN. Since the beginning of MUN, I have gone through many hardships in this course. But it allowed me to thrive as a better person overall. So definitely stick through all of MUN because you can even meet some neat lifelong friends along the way. Outside of studies, I enjoy playing Track (although I used to play soccer), watching shows such as JJBA, hanging out with friends, and doomscrolling. I am also the president of a club and I enjoy trying different sidehustles here and there. Overall, I like to be a well-rounded individual, and not too boring. Hopefully I can hear some funny hooks and good speaking from all of you!

Aki Aspas Royer (He/Him)

Hello delegates, my name is Aki, and will be one of your chairs for Interclass 2026! I am currently a senior and this will be my fourth year doing MUN. After several years of MUN, I have gained and improved skills such as public speaking, research, and communication while making so many new friends. I spend my time outside of MUN playing soccer for both club and high school, playing poker with my friends, watching Real Madrid on the weekends, and watching movies. I am excited for this upcoming conference and hope to see fun hooks and creative speeches. Good luck!

Submit Papers No Later Than **October 18th, 2026** at 11:59pm to

who.interclass@hbhsmun.com

Improving Outreach for HIV/AIDS Treatment

Background

Human Immunodeficiency Virus, or HIV, is among the deadliest infectious diseases. In 2025 alone, HIV-related illness caused the deaths of roughly 570,000 people, and there are currently 41 million people living with HIV globally¹. HIV is a virus that slowly destroys a person's immune system by targeting and killing their CD4 T cells, which are white blood cells that help the body fight disease². If left untreated, HIV can develop into Acquired Immunodeficiency Syndrome (AIDS). HIV is a sexually transmitted disease, though it can also be transferred through blood or from a mother to her child while pregnant or breastfeeding.

It is hypothesized that HIV was transferred to humans by chimpanzees around the late 1800s, when hunters in central Africa came into contact with their infected blood³. Since then, the disease has spread from Africa across the world. The virus tends to cause flu-like symptoms within 2-4 weeks after infection, with early symptoms typically lasting anywhere from a few days to several weeks. However, it is important to note that not all infected individuals will even experience symptoms during the early stages of infection, and the only way to know one's HIV status for sure is to get tested. If left untreated, HIV advances in three stages. The first stage is called acute HIV infection, in which the infected person may have the aforementioned flu-like symptoms and is contagious. The second stage is called chronic HIV infection. In this stage, the virus continues to reproduce throughout the entire body, and the infected host remains contagious. With proper care, most people with HIV never have to reach the third and final stage, which is referred to as AIDS. AIDS is the most severe stage of HIV infection, and those who have it are easily able to transmit HIV to others. By the time an individual reaches this stage, their immune system is badly damaged and they are highly prone to opportunistic infections and other serious illnesses, including cancer⁴. Tragically, without HIV treatment, the average life expectancy following an AIDS diagnosis drops to only three years. There is no effective cure for HIV/AIDS, so anyone who contracts the infection has it for life.

However, while the world is waiting for a cure, several therapies have been found to be successful in controlling the virus. Among these is antiretroviral therapy (ART). People on ART take a combination of HIV medicines every day⁵. These medicines work to stop the spread of HIV by preventing it from multiplying. Pre-exposure prophylaxis (PrEP) is also used to prevent the spread of HIV to those who haven't been exposed to it yet, and has been found to decrease the risk of contracting HIV from sex by almost 99%, and injection drug use by about 74%⁶.

But eliminating HIV/AIDS as a public health threat is an expensive endeavor. This means that the pandemic has especially affected third-world countries, as these nations have fewer resources to make HIV therapies readily available for everyone. As a result, the HIV/AIDS crisis is especially concentrated in Africa, with an estimated 64% of all people living with HIV located in Sub-Saharan Africa⁷. To successfully eliminate HIV as a public health threat – defined by UNAIDS as a 90% reduction in new infections and deaths compared to 2010⁸ – low and middle-income nations collectively require \$21.9 billion annually⁹. Across 130 heavily impacted developing countries, this

translates to an average national investment of \$150 million to \$200 million per country to achieve the 2030 elimination targets. However, current international funding cuts and waning global aid are threatening progress¹⁰. Thus, the economic burden of dispersing HIV treatment makes it particularly difficult for these developing nations to slow the spread of HIV. As such, funding and treatment efforts must be focused on specific fronts to maximize their effectiveness.

While ART and PrEP are highly effective treatments, they are both useless without robust outreach systems to distribute them. Globally, 32.1 million people are accessing antiretroviral therapy, but that figure still leaves around 9 million people living with untreated HIV¹¹. Regions where people lack close geographic proximity to HIV treatment and care are known as HIV health deserts. The largest HIV health deserts are located in Sub-Saharan Africa and rural regions in the Pacific, Eastern Europe, and Central Asia. In fact, across 47 African nations, over 90% of the total land mass is located more than a 10-minute motorized journey away from an HIV care facility, which has trapped roughly 7 million individuals in deep rural health deserts¹². These figures reveal that relying on a rigid, clinic-centric treatment model is unreliable for rural or economically depressed nations due to the high travel costs they entail. As such, programs utilizing community health workers and decentralized models have seen the best rates of treatment retention within regions like Sub-Saharan Africa. Furthermore, including HIV treatment in state healthcare plans alongside community distribution centers has also made treatment more accessible. For example, outreach that integrated PrEP into Brazil's universal public health system resulted in a 41% increase in preventative treatment uptake¹³.

Systemic gaps in secondary education, especially for vulnerable demographics like adolescent girls and young women, often restrict access to vital information regarding treatment options and prevention methods. Proper health education is largely considered to function as a “social vaccine”, since completing secondary education is strongly connected to a lower risk of acquiring HIV globally¹⁴. Therefore, providing accessible HIV education is necessary to curb the rate of new infections. Targeted research in sub-Saharan Africa demonstrates that each additional year of secondary school significantly lowers the risk of HIV infection¹⁵. Young women are most protected by such initiatives, as UNAIDS reports that expanded secondary schooling cuts the new infection rate among young women by up to one-third in severely impacted regions¹⁶. These schooling initiatives improve health literacy by providing reliable information on transmission, condom use, and prevention methods, and also serve as essential environments for decreasing the stigma associated with HIV/AIDS. Social stigma prevents affected individuals from testing themselves or seeking treatment, even when such measures are available. By making accurate, unbiased information more accessible in local languages, the stigma surrounding HIV/AIDS can be mitigated to encourage treatment use.

Ultimately, overcoming the modern HIV/AIDS crisis requires a well-rounded approach that bridges financial investment, decentralized medical infrastructure, and stigma-reducing education to ensure that life-saving treatments reach those who need them most.

United Nations Involvement

The UN has specifically targeted HIV/AIDS since the 1980s, addressing the issue with agencies, programs, and resolutions. The most comprehensive action taken by the UN is the UNAIDS program that unified 11 different UN organizations in order to fight against HIV/AIDS.¹⁷ First starting in 1996, UNAIDS aims to eliminate AIDS as a public health threat by the year 2030. UNAIDS collects data from around the world in order to evaluate where the epidemic is growing, where funding is needed, and where treatment is working effectively. The program also pushes governments to mold laws and policies in order to facilitate the treatment of HIV, as well as scaling up the response to AIDS on a level no other organization has achieved. It also places people who have AIDS and are affected by AIDS to be able to have a say in the discussions taking place for the future. UNAIDS is the backbone of the UN in the fight against HIV, as it has set the global targets along with outreach strategies across agencies.¹⁸

Most recently, the General Assembly adopted the Political Declaration on HIV/AIDS: United to End AIDS by 2030 (A/RES/80/268). The resolution aims to spread HIV prevention, including PrEP inclusiveness. It also works toward the 95-95-95 target, which is at least 95% of people living with HIV know their HIV status, at least 95% of people who know their HIV status are on treatment, and at least 95% of people on treatment have virological control.¹⁹ This also includes adolescents as well as pregnant women, as these groups of individuals are known to have been underrepresented in the past. The resolution also includes a call for funding and to discuss discrimination and policies or laws that prevent the treatment of HIV. It further calls for a deeper integration of HIV services to universal health coverage and primary health care. A/RES/80/268 also calls for improved coordination, limiting sexual transmissions, access to affordable primary health care, and the transparency of markets that carry HIV-related health technologies. Finally, the resolution calls to end inequalities and maintain international monitoring in order to reach the 2030 target. A/RES/80/268, created in the 80th session of the UN General Assembly, is the newest resolution leading to the goal of diminishing HIV in the public.²⁰

Case Study: Drone Delivered HIV/AIDS Supplies

In developing nations across Africa, HIV/AIDS medical care can be difficult to access for millions of inhabitants. In Kenya alone, over 1.3 million people have been living with HIV since 2020 and about 42% of new cases are among younger individuals aged 15-24.²¹ The issue lies in the poor transportation services that require considerable time or cannot reach rural areas.²² The Ugandan islands of Lake Victoria have increased rates up to 25% annually due to poor ferry services and only seven present healthcare facilities that make access to HIV prevention extremely strenuous.²³ Furthermore, large environmental factors like heavy wind and rain only make the journey more dangerous for healthcare workers.²⁴

To combat this, groups such as the Elton John AIDS Foundation, Johnson & Johnson, and Zipline have begun to use self regulating drones to deliver HIV/AIDS medical supplies and enroll younger people into such programs to place orders.²⁵ These drones carry about 2 pounds of supplies and can make multiple trips a day.²⁶ They also can transport blood samples from rural villages that can be tested in mainland research and hospital facilities. The drones fly about 64 miles per hour and over 400 feet above the air and reach most delivery facilities in under 30 minutes.²⁷

While drones are a revolutionary technology to improve accessibility to HIV/AIDS supplies, significant challenges such as economic cuts and computing restrictions limit the effectiveness of drones. The little weight drones can carry means that only critical supplies can be transported and reduces the availability of other medical supplies. In 2025 the United States announced a \$150 million grant to aid Zipline's work in African nations but also cut \$200 million for food and health aid organizations for rural areas in Rwanda.²⁸ Some African nations have been forced to redistribute resources in order to maintain healthcare services.

Questions to Consider

1. How close is your country to meeting the UNAIDS 2030 elimination targets, and what specific funding gaps or international aid cuts are currently impacting your local response, if at all?
2. How can infrastructure in HIV health deserts be improved for mobile clinics, community health workers, and local distribution centers to more easily transport resources to vulnerable populations?
3. How does relying on local languages and community leaders better encourage people to get tested for HIV?
4. How can current international efforts be improved or scaled to maximize their effectiveness in heavily impacted regions?
5. What UN organizations have contributed the most to the HIV/AIDS epidemic, and how exactly have they contributed/ what has worked, and what has not?
6. Where is HIV most prevalent in the world, and why is that?
7. Which countries were able to diminish the amount of HIV/AIDS infections, and how exactly were they able to achieve that?
8. How can current transportation services of HIV medical supplies be improved to meet the standards of patients?
9. How do environmental factors impact the access of HIV medical supplies for rural areas and what solutions can be implemented to reduce these impacts?

Endnotes

1. <https://www.who.int/news-room/fact-sheets/detail/hiv-aids>
2. <https://www.mayoclinic.org/diseases-conditions/hiv-aids/symptoms-causes/syc-20373524>
3. <https://www.cdc.gov/hiv/basics/whatishiv.html>
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