

HIV/AIDS

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Preface

The purpose of this report is to inform and educate the reader about the global issue presenting itself in the Global spread of HIV/ AIDS. HIV/ AIDS is a serious issue presenting itself in our world today, as the spread continues to grow, so do many other harmful factors along with it. This report will focus on the Global spread of HIV/ AIDS and the devastation it brings upon our world. This disease has become a worldwide issue. HIV/ AIDS presents itself in many third world countries such as Somalia, Malawi, Yemen, or Zambia. However, the spread has now struck developed countries, among the list- there are many surprises people don't expect. This ranges from Canada and the U.S.A, to Germany and Australia. All these countries share the same devastating effects HIV/ AIDS can bring to ones home nation. Several countries will be analyzed in depth, and furthermore, to encourage the reader to learn more about this global issue. Through the conduction of in-depth research and presentation of information, the direction of this study is to present plausible solutions to this global issue. The reader is invited to focus and see the desolation occurring around us, and to bear witness to plausible solutions.

Summary

This report contains valid information presented from various online databases such as encyclopedias, newspaper articles, and some student written reports from previous years. Factual reports, documentaries, and media were also used to conduct this report. This report provides studies which state the importance of the issue, and strongly

present, why we as a nation, and individuals should care for this crisis. This report will cover the background of this issue; showing when HIV/ AIDS first became a problem on our globe, how it has progressed into a larger issue, and analyzes how previous attempts of resolution have not contributed to solving the problem. Plausible solutions, analysis, and contributions will be presented from renowned experts around the world; stating their opinions and achievements they have acquired with years of experience. The role of control will also be considered in this report: presenting globally recognized organizations. Who has this control? Who needs the control? Who cares about this world issue? Who should care? Various religions have their opinions on HIV/ AIDS, the report will cover their take on this pandemic. Three detailed case studies will be conducted, each country in separate parts of the world, each study formally describing what has happened, the impact of the issue on each society, and, if there is any, plausible solutions towards the renewal of nations. Various organizations will be analyzed; evaluated at to success or failure of their efforts to help, possible valid solutions will be described. Finally, the report returns to our home nation of Canada, where an analysis of HIV/ AIDS will be conducted. Analysis will also include the role Canada plays and the extent of us fulfilling it. The report will end with summarizing possible solutions for the issue: presenting what they are, how they can help, and necessary steps that would need to be taken. This analysis also provides information for why solutions haven't been attempted before, and the setbacks to some attempts at a solution to the pandemic of HIV/ AIDS.

Definition and Significance of Issue

Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome can be analyzed and defined into a dictionary definition as follows: “a worldwide spread pandemic and disease.” However, saying that, this worldwide issue goes much further than the typical dictionary definition. With over one million people dying of HIV/ AIDS in the past year, people must open their eyes to understand the harm and destruction going on around them. Many organizations have been formed for aid, but these organizations are simply not enough! With all these innocent people dying, individuals, and nations who can help, should help. HIV/ AIDS has become a globally spread issue; scientists expect that there is not one country who has not been affected by HIV/ AIDS. Among the infected, children have become more vulnerable to the disease:

According to UNAIDS (The Joint United Nations Programme on HIV/AIDS) at the end of 2003, an estimated 2.5 million children worldwide under age 15 were living with HIV/AIDS. Approximately 500,000 children under 15 had died from the virus or associated causes in that year alone. As HIV infection rates rise in the general population, new infections are increasingly concentrating in younger age groups. (“HIV Infection”)

As HIV/ AIDS continue to spread and infect, the general population does nothing to help. People need to unite, and come together as one, to conquer, and overcome this deadly world issue.

Background

HIV/ AIDS has been in our world for many years, although, it wasn't until the 1980s when it was first discovered. HIV/ AIDS originated from Central Africa, as the concentration of Acquired Immune Deficiency Syndrome is far higher in Africa than anywhere else. In Africa, HIV/ AIDS is not primarily a disease caught by homosexuals, or drug addicts. Africa's main population of HIV/ AIDS infected people is generally caused from venereal contact. Further back in history, Africa's green monkey was the first carrier of the disease:

It would appear that at some time a few years ago a green monkey bit a human being and its HIV virus entered the human's bloodstream. The virus invaded a T cell in this person's body, and the person, whoever he or she was, became the first AIDS victim. He or she, before dying, had contact with other humans, and the disease began. Whether it was transmitted by heterosexual or homosexual relations doesn't really matter. (Kurland 50)

In the early 1980s the first case of AIDS was discovered. Multiple gay men in California, and New York, began carrying stubborn infections that resisted any treatment. Soon later, the discovery of HIV was made. Human Immunodeficiency Virus was later found to be an early stage of AIDS. "HIV is a lentivirus, and like all viruses of this type, it attacks the immune system. Lentiviruses are in turn part of a larger group of viruses known as retroviruses. The name 'lentivirus' literally means 'slow virus' because they take such a long time to produce any adverse effects in the body" ("Origin of AIDS"). There are two

different types of HIV, being, HIV-1 and HIV-2. Although the two are very similar, they also have many differences. Both types of HIV are transmitted the same way, whether it is through sexual contact, sharing needles, etc. Another similarity between the two types is the way they affect the body, as both types weaken the immune system over time. With common similarities, the two also have many differences. HIV-2 weakens the immune system slower than HIV-1, however, as HIV-2 progresses, it becomes more infectious as time moves along. HIV-1 is the most common type of HIV, and when referring to “HIV” it is usually expected to be considered type 1. HIV-2 was discovered recently, as it is extremely rare and only found in certain parts of Africa. Recently, it was discovered that STD’s can increase the chances of acquiring HIV. People suffering from STD’s are three to five times more likely to acquire HIV during sexual intercourse. STD’s increase the risk of being infected with HIV in two ways; the first being lesions in the skin, causing it more likely for HIV to enter the human body. Syphilis causes the transmission of HIV through lesions in the skin. Syphilis was first found a problem in 1494; the STD became a pandemic that infected many people. High percentages of homosexual men spread HIV because of this common STD. HIV can also be spread through inflammation, which is triggered by the immune system. Since HIV infects immune cells, the chances of acquiring it become very high when having a STD which causes inflammation. Gonorrhea is an STD that can cause inflammation, as it affects, and targets the immune system. Gonorrhea was discovered as far back to the Napoleonic age, as it can date back to around the 1250’s. There has been much controversy towards the cure for AIDS. In some countries it is very common to find false advertisements; these advertisers swear

they have a cure for AIDS. In many cases these false cures only hurt the body and the way it functions:

Fake cures may also cause direct harm to health. Inventors often refuse to reveal their recipes. Some so-called cures have been found to contain industrial solvents, disinfectants and other poisons. The dangers posed by the virgin cleansing myth – which advocates sex with children as a cure for AIDS – are only too clear. (“Cure for AIDS”)

Although many people may want to believe there is a cure for HIV/ AIDS, the truth is, there is not. However, there is treatment, which can slow down the affects it has on one’s body. Antiretroviral drug treatment is the most common treatment used for HIV/ AIDS. It requires a person taking drugs everyday for the rest of their life, as these drugs keep the HIV levels low. With HIV levels kept to a minimum, the disease can not weaken your immune system, and the already weakened immune system begins to repair itself over time.

Experts

Plenty of knowledge can be found among the topic of HIV/ AIDS. However, plenty of this knowledge goes unseen, as people find it across internet and books, but they never pay attention to the people who put their life into the work. Many of these individuals go without recognition, but the truth is they are true heroes of our society. Without these people, who dedicate their countless time towards the issue, we would be nowhere. Many people’s lives have been saved because of the countless research these

individuals place in their daily work, and it becomes more than their job, as it becomes their life and passion.

He is a Japanese Canadian, and perhaps one of Canada's greatest scientists of all time. Born on March 24th, 1936 in Vancouver, British Columbia, David Suzuki has become a world renowned name. Although many individuals know him as a zoologist, and someone who cares more for the environment than anything else, however, what many people don't know, is that David Suzuki is an internationally renowned geneticist as well. Studying at the University of Chicago, Suzuki gained his Ph. D for zoology in 1961. Two years later Suzuki became a professor at the University of British Columbia in the genetics department. Suzuki has contributed his life towards his job, but Suzuki does not see it as his job, rather more of a passion and love. Suzuki has had many television appearances, interviews, and written books on the topic of HIV/ AIDS. In 1987 Suzuki wrote a book that would provide people insight towards the global pandemic of HIV/ AIDS. "David Suzuki Talks About AIDS" was written by Suzuki and accompanying scientists Eileen Thalenberg and Peter Knudtson. It was one of the first books written on the topic that would provide people the future HIV/ AIDS had on our world. In the book, Suzuki covers the entire issue as a whole. Providing an insight on HIV/ AIDS virus, biology behind, where it originates from, and technology for vaccines. Suzuki shows the people who are more susceptible to acquiring the HIV virus and the stats behind this disease. Suzuki wants nothing less than to discover the cure for HIV/ AIDS, but even he knows the cure for it may take a while to conquer:

Although there have been a few small medical breakthroughs, progress is painfully slow. Each of the three approaches has its own attendant problems.

Developing drugs that will fight AIDS is an enormous task. Also there are ethical issues involving drug and vaccine testing that still need to be sorted out. How will new drugs be tested and on whom? (Suzuki 41)

Although Suzuki is reaching the end of his scientific life, he has provided a positive attitude towards an HIV/ AIDS cure. Scientists and Suzuki may not officially have a cure, but they do have a sight to what they want:

Every drug that has ever been used to combat any virus is being tried in the search for an anti- AIDS drug. New substances are being screened and tested. The best drug will be one that has few side effects and can preferably be taken orally, as opposed to being injected, since it will have to be taken over a long period of time. The evidence that AIDS infects the central nervous system also requires that the drug be able to pass through the blood-brain barrier. (Suzuki 42)

Suzuki is now 73, almost 74. He knows the cure for HIV/ AIDS is progressing at a steady rate, however, he doubts the cure will be discovered in his lifetime. He believes that by passing down his knowledge on the global issue, he will encourage other people to start off from where he ended.

He started off as the NDP leader for many years in the 1970s. He is a great leader and ambassador of Canada. Stephen Lewis was born on November 11th, 1937. Many people believe he is one of the greatest contributors towards the HIV/ AIDS solution. Throughout his life he has saved and extended the lives of many. In the mid 1980s Stephen Lewis was named Canada's United Nations ambassador. He later stepped down from the position in 1988. In the 1990s and into the 21st century he served in various United Nations agencies. This is when Stephen Lewis was named as the special envoy for

HIV/ AIDS in Africa. Throughout his terms served, Stephen Lewis has made many heavy decisions about HIV/ AIDS. His job was to help the people and villages in Africa suffering from HIV/ AIDS, and attend to the crisis stricken continent. “All I know is that every time I go to Africa, I am shaken to my core” (Stephen Lewis). When serving his term as the special envoy through 2001 until 2006, Stephen Lewis experienced many things he could have never pictured or imagined. “When people are dying by the thousands every day, unnecessarily, when we've had this horrendous pandemic unfold for two decades while the world stands by and watches - you'll do anything in your power to move the process” (Stephen Lewis). After leaving the United Nations Lewis stated, “I have to say that the United Nations doesn't seem to understand this truth”. In 2003 Lewis established a foundation called the “Stephen Lewis Foundation”, in which he planned on helping people suffering from HIV/ AIDS in Africa. Currently the foundation has funded over 300 projects in 15 different countries. Stephen Lewis had a dream, in which he could inform and protect the people of Africa suffering from HIV/ AIDS. Currently with his program, they focus on counseling to prevent HIV, medication and treatment, food distribution, and other supplies individuals may need. As Lewis continues to age, he believes the conflict in Africa will one day come to an end, “It gives one hope, this great strength of Africa”. Through many years of research and knowledge put towards the issue, Stephen Lewis continues to do larger quantities of work.

Role of Control

With an issue the size of HIV/ AIDS, where millions of people are infected with it, it begs to be asked- who has the role of control. However, it is actually difficult to point out who has control. Is it the United Nations, who funds projects all over the world to help people suffering from the disease? Maybe it is deeper than the United Nations, perhaps it is their World Health Organization? However, although these may be true, it is even deeper. It is the Global community itself who have control, but we continue to be bystanders to this global pandemic.

In 1945 the United Nations were formed. Almost immediately after World War II, multiple countries from around the world decided to form the United Nations. “More than ever before in human history, we share a common destiny. We can master it only if we face it together. And that, my friends, is why we have the United Nations” (Kofi Annan). Whether it be the responsibility they have for international law, international security, economic development, social progress, human rights, or world wide peace, the United Nations are responsible for keeping our world sane. During the 1980s when the AIDS pandemic first became reality, the United Nations acted immediately towards it. Providing help to those in need, the United Nations continues to be a strong contributor towards HIV/ AIDS. As the HIV/ AIDS scene continues to escalate, the United Nations keep the issue as a top Global priority.

Soon after the United Nations were formed in 1945, the World Health Organization was established in 1948. World Health Organization, or WHO, stresses in their constitution that their goal "is the attainment by all people of the highest possible

level of health". WHO is one of the original agencies with the United Nations, their area being responsible for infectious outbreaks such as SARS, malaria, swine flu, and AIDS. Over the years they have had many help projects around the world for areas suffering from extreme cases of HIV/ AIDS. The greatest area of concern is Africa. Former secretary general of the United Nations Kofi Annan stated, "Between 1999 and 2000 more people died of AIDS in Africa than in all the wars on the continent".

In our world the United Nations and WHO have the responsibility of keeping our world healthy, and protecting it from diseases such as HIV/ AIDS. However, when it comes down to ordinary people, there is very little effort put into the outbreak. Everyday people are bystanders, witnessing the horrors and tragedy associated with HIV/ AIDS. Many of them understand what is happening, they just figure, since it does not affect them, why should they care? The truth behind this is that the disease in its entirety will never completely vanish if people don't become totally pro-active. Millions of people continue to die, and people will not recognize the personal stake they need to have cure towards helping HIV/ AIDS. We have the ability to help, however, we do very little, and leave it to "other" people to figure out a solution.

Religious Views

HIV/ AIDS can be strongly affected by religious views, as many religious people look down on people suffering from the disease. Since the discovery of HIV/ AIDS, its original targets were has been the homosexual community. Christians have a strong belief

towards the punishment of homosexuals, and because of this, most of the time these people are not respected in the religion:

Do you not know that the wicked will not inherit the kingdom of God? Do not be deceived: Neither the sexually immoral nor idolaters nor adulterers nor male prostitutes nor homosexual offenders nor thieves nor the greedy nor drunkards nor slanderers nor swindlers will inherit the kingdom of God. (Corinthians 6:9-10)

Throughout the Bible, there is countless debate and controversy towards homosexuals. "If a man lies with a man as one lies with a woman, both of them have done what is detestable. They must be put to death; their blood will be on their own heads" (Leviticus 20:13). With homosexuality being a large weak spot in the Christian Religion, it can be easily seen why HIV/ AIDS is looked down upon. Over the last few years, however, there have been large quantities of debate towards if the Bible passages look down on homosexuals or just prostitutes:

While the scripture may sound clear, the debate actually surrounds the use of the Greek word that this particular version of the Bible translates as "homosexual offenders." The term is "arsenokoite." Some say that it is a reference to male prostitutes rather than to two committed homosexuals. Yet, others argue that Paul, who wrote the passage, would not have repeated "male prostitutes" twice. Even others argue that the two root words in arsenokoite are the same terms used to prohibit any premarital or extramarital sexual relations, so they may not refer to homosexual relations alone. ("What the Bible")

Although there is all this heated debate, the fact still stands that large amounts of religious individuals believe in the punishment of homosexuals. It is because of this that there are many people suffering from HIV/ AIDS who wont retrieve treatment or aid.

In other religions, such as Muslim, views on HIV/ AIDS are very different. Muslim faith has a strong belief towards the health of an individual's body. It is considered a great gift from Allah, and people are taught not to abuse it. Muslim faith has a strong compassion towards those suffering from HIV/ AIDS:

People with AIDS need our compassion, our love, and our affection, so do not be afraid to embrace them or touch them. The Prophet (pbuh) also said, "If you enter the house of a sick person, then only speak good words, for truly the angels will confirm what you say, and they will open up the way of heaven to him" (Nasa'i). There are many more sayings from the messenger of Allah about showing love and compassion to people in ill health. Therefore, we must remember what is expected from us by Allah. ("HIV/ AIDS and Islam")

These Muslim beliefs allow people suffering from HIV/ AIDS to receive a greater caring atmosphere.

Case Study- Zambia, "Former Worst HIV/ AIDS Infections in World"

Zambia continues to be one of the world's largest carrying countries of HIV/ AIDS. With Central Africa being a hotspot for the disease to grow and spread:

Most cases of AIDS are found in people from Central Africa. Zaire, Uganda, Rwanda, Burundi, Tanzania, Zambia are now called the AIDS belt. The World

Health Organization estimates that somewhere between three and eight million people are now carriers of the AIDS virus. In some major cities, one in five people has been infected. (Suzuki 10)

Zambia is right in the middle of the worst area for HIV/ AIDS in the world.

It has been believed that the AIDS virus originated in the Zambia vicinity. Zambia's first AIDS case was discovered in 1984, almost two years later, the National AIDS Surveillance Committee (NASC) and National AIDS Prevention and Control Programme (NAPCP) were created:

In the early stages of the epidemic much of what was known about HIV prevalence was kept secret by the authorities under President Kaunda. Senior politicians were reluctant to speak out about the growing epidemic (the President's announcement in 1987 that his son had died of AIDS was a notable exception), and the press did not mention AIDS. ("HIV and AIDS in Zambia")

In the early nineties the virus began to reach its peak of devastation, with multiple millions of people being infected by the virus in Zambia alone. After the issue began to spread, it caused many problems, during which, the World Health Organization decided they would place a National AIDS Advisory Council in Zambia. The health minister, however, disagreed with this idea. He thought Zambia was too preoccupied, climbing out of their destroyed economy and paying off their debts. As the 90's continued to pass by, Canada's own Stephen Lewis stated the Zambian government was "disavowing the reality of AIDS" and were doing nothing to help the problem. When the 21st century came upon us, there were new attitudes to fight this lingering epidemic. Stephen Lewis found that people began contributing and putting more efforts towards the idea of

fighting HIV/ AIDS. “In 2004, President Mwanawasa declared HIV/AIDS a national emergency and promised to provide antiretroviral drugs to 10,000 people by the end of the year. Having exceeded this target, he set another to provide free treatment for 100,000 by the end of 2005” (“HIV and AIDS in Zambia”).

Zambia is different in many ways from other countries, HIV/ AIDS is seen as a disease which infects many struggling people, who suffer from shortage in money, food, and care. However, in Zambia the percentage of infected wealthy and well educated people is very high. Throughout Zambia, women are severely affected by HIV/ AIDS. “Although the HIV epidemic has spread throughout Zambia and to all parts of its society, some groups are especially vulnerable - most notably young women and girls. Among young women aged 15-24, HIV prevalence is nearly four times that of men in this age category” (“HIV and AIDS in Zambia”). These women are affected more than men for multiple reasons. Women are told to never refuse intercourse from their husband, or to insist they use protection. This allows for the virus to spread easily among individuals. Another large contributor towards why women are heavily affected by HIV/ AIDS is because they engage in sexual activity before marriage to men. In Zambia the average women is five years younger than that of their partner. In these five years, the men may have been involved with other women, increasing chances of contracting HIV/ AIDS. Along with women being heavily affected by HIV/ AIDS, children also suffer heavily with the issue. During 2007, it was calculated that approximately 600, 000 children were AIDS orphans. “Many of the most tragic stories connected with HIV transmission involve the sexual abuse of children. Men are targeting increasingly younger sexual partners whom they assume to be HIV-negative, and the "virgin cure" myth (which

wrongly claims that sex with a virgin can cure AIDS) fuels much of the abuse” (“HIV and AIDS in Zambia”). Within three months in Zambia, there was more than 200 reported cases of child rape, Zambia has about one third of Canada’s population, but suffers from drastically worse child rape crimes. Along with the general population, HIV/ AIDS also deteriorates the Zambian economy. There are less workers to work in the agricultural economy, with many workers dieing because of AIDS, therefore food shortages have been noticed. AIDS is considered a large cause in Zambia’s food shortage in 2002, a national emergency.

In Zambia over the years, many people have provided help. United Nations and the World Health Organization have done plenty to help out Zambia in its attempts to conquer HIV/ AIDS. Whether it be these organizations sending them condoms from more developed countries, or whether it is sex education provided to them on the issue. Much has been done to help. However, it is not enough. Although Zambia continues to increase its success in eliminating HIV/ AIDS, there are still many people who are infected and ignorant of the nature of the spread of the disease. Zambia’s government has also not done much to help. Former president Frederick Chiluba stated, “I don’t believe in condoms myself because it is a sign of weak morals on the part of the user” (Frederick Chiluba). These morals refer to a loss of control the man has over a women. With government opposing one of the greatest protections against the disease, it can be easily seen why the issue is still so wide spread.

During 2002, Zambia’s three main churches began promoting the use of condoms between married couples only. In any other case, the church encourages abstinence. Experts think this to be a hopeless approach towards dealing with the prevention of HIV/

AIDS. “We do appreciate the crucial role the Church has continued to play in building good moral values in our society and its active role in home-based care; however, the Church could do even more if it stops treating the condom as an instrument of immorality but a life saving device” (Chris Zimba). In Zambian culture, it is seen as immoral for women to suggest the male to wear a condom; this largely contributes towards HIV/ AIDS infection through unprotected sex. Women are also taught to never refuse intercourse, and to provide sex when the male desires it. These factors harm the system experts are trying to create, a system where HIV/ AIDS is well educated and prevented.

Kenneth Kaunda was born on April 28th, 1924. He was Zambia’s first ever president after they gained independence from Great Britain. Kaunda served for many years as president, from 1964 to 1991. In the late 80s Kaunda had lost his son to the AIDS virus, it was after this that Kaunda refused to talk about HIV/ AIDS as a problem, and tried to ignore it. This brought Zambia into a great struggle with the disease, and millions of people were infected. Years after, Kaunda became the first African leader to announce his family had been affected by AIDS. It was after this that a positive chain of events would take place in Zambia. He established the “Kenneth Kaunda Children of Africa Foundation” which helps pay for medical care, food and schooling for AIDS orphans. Kaunda is now featured in multiple advertisements for awareness against HIV/ AIDS, “I tell you, if we are to win the battle, we must confront this problem openly” (Kenneth Kaunda). Kaunda is still responsible for campaigning against HIV/ AIDS, informing many people how it can be prevented and how to live with it. He encourages people who know someone living with the infection, “that they will always be there for them” (Kenneth Kaunda). He is now one of the world’s largest contributors towards the

fight of HIV/ AIDS, and is very well respected by millions of people. In 2003, Kaunda was invited by George Bush as an honorary guest when the initiative to fight HIV/ AIDS abroad was signed, a paper providing the U.S. to provide money to countries highly infected with HIV/ AIDS. (“Zambia Country Report”)

Various strategies have been placed in Zambia to help eliminate the spread of HIV/ AIDS. Truck drivers have been discovered to spread HIV/ AIDS quite commonly. This is because of the high mobility truck drivers go through. In the year 2000 there were about 50% of truck drivers using condoms, however, in 2006 that percentage jumped to 70%. Music and drama groups have been formed to help spread awareness around Zambia about HIV/ AIDS. Media has also made a contribution towards the awareness of HIV/ AIDS. “Television, radio and the press have also proved to be influential in raising awareness, even though not all people have direct access to them. Some 71% of urban and 37% of rural youth saw at least some of the HEART television campaigns in 2000, and it seems that their behaviour was influenced as a result” (“Zambia Country Report”). Schools have also begun to create AIDS awareness clubs in Zambia; this is providing education towards many people who know little on the subject.

Case Study- China, “Largest Population in the World”

China continues to be the largest population in the world. With a population of 1.3 billion people, China contains 20% of the world’s population. This means that 1 in 5 people worldwide are residing in China. With numbers this high, it remains a constant issue to keep the spread of infection low in China:

There are currently an estimated 700,000 people living with HIV in China, including about 75,000 AIDS patients. During 2007 around 39,000 people died from AIDS. These large numbers must be considered in the context of China's extremely large population which is estimated at around 1,300 million. Although UNAIDS reports that China's HIV epidemic remains one of low prevalence overall (0.1%), there are pockets of high infection among specific sub-populations and there is danger of the epidemic spreading further into the general population. ("HIV and AIDS in China")

Even if the overall population of China is barely affected, it's continuing to grow at a steady rate. If HIV/ AIDS continues to grow at a steady pace, the infection will eventually take over the world's largest country.

China's first case of AIDS was discovered in 1985, when a traveler died in Beijing. Over the next five years there was little concern over the infection, because minimal numbers of people in China were being affected by the disease. During those five years, the people infected consisted mostly of people receiving imported blood from overseas. When HIV/ AIDS became a worry worldwide, China built a focus on preventing their students from acquiring the disease. China believed foreigners were carrying it into their country, and they wanted to protect their own. "During the early stages of the AIDS epidemic the Health Ministry concentrated its prevention efforts on the risk of infection from abroad. In 1987 it threatened to bar all foreign students from classes if they failed to comply with the mandatory AIDS screening programme" ("HIV and AIDS in China"). HIV/ AIDS continued to grow and affect China more as time went on, especially certain areas of China which were hit hard by the infection. "In 1989, 146

injecting drug users (IDUs) in Southwest Yunnan were identified as HIV positive. By the end of the year, the total number of infected people was reported as 153 Chinese and 41 foreigners” (“HIV and AIDS in China”). China began to see HIV/ AIDS as a drug abusing disease, which was easily contacted through the sharing of syringes. As 1996 came to an end, it was estimated that the amount of infections in China had jumped to approximately 100, 000. China began to see this as an epidemic, HIV/ AIDS had officially begun to infiltrate China, cases began to appear in many different regions and provinces. By 1998, China had reported cases of HIV/ AIDS in all 31 provinces (“HIV and AIDS in China”). During this time, HIV/ AIDS in China was still mainly caused through drug use, with 60-70% of reported cases accounting for the abuse. These jolting increases in the 90s were mainly caused from blood donations and drug users, along with heterosexual sex which rose to 7% of the infected (Zhang 341). As the year 2000 passed, China began taking a new approach towards the HIV/ AIDS issue. They began taking positive steps forward to eliminate HIV/ AIDS, realizing it could take a while to succeed, however, knowing they needed to start somewhere. Peter Piot, executive director UNAIDS stated, “I really feel that there is a change going on... I know that for top state leaders in China today, AIDS is on the agenda” (Peter Piot).

In 2003, it was expected that there was 830, 000 infected people in China, however, in 2007, UNAIDS expected there to be 700, 000 infected. These stats can never be confirmed, but it is thought that the number of infected individuals increases as time passes. This is because technology has been growing over the years and many researchers can better predict the numbers. Much of China is rural though, this causes massive under-surveying in those areas, throwing the estimations completely off. Director of China’s

Department of Disease Control ,Qi Xiaoqiu explains, “Exact figures are difficult to arrive at because government at local levels are very reticent to report on actual cases, a situation compounded by individuals who are reluctant to come forward because of discrimination” (Qi Xiaoqiu). In the beginning, HIV/ AIDS was thought to have infected mainly drug users, however, it is now more generalized than that. “The AIDS epidemic in China consists of several different sub-epidemics that often overlap and intersect with each other. High prevalence groups in China include injecting drug users, men who have sex with men, former plasma donors, commercial sex workers and migrant workers” (“HIV and AIDS in China”). Unlike drug abuse in the past, it is now sexual intercourse that HIV/ AIDS are most generally being transmitted through. Needle sharing is a common way to contract this infection, especially in China. During the 90s when this disease was vastly spread due to needle sharing, China was slow in preventing it. This was mainly because of China’s zero tolerance towards drugs of any type. Chinese government was in refusal to help because they wanted nothing to do with people breaking the law. This allowed the disease to continue spreading throughout China at rapid rates. With an expected 2-3 million injecting drug users in China, HIV/ AIDS became a major worry for the government. Blood donors and recipients are very susceptible to acquiring HIV/ AIDS in China, and in the mid 90s, paid blood donors began becoming infected with HIV/ AIDS. Stations began to open in poor rural areas where people were desperate for money, these stations would pay the donors needed money to support their families. As women stated from rural areas, “We all sold our blood to make money. We sold blood to pay the local taxes, to support our kids through school, and to make a living” (Rural Women). When collecting the blood, they used a

method called plasma collection which can be heavily blamed for the spread of HIV/AIDS through blood donors and recipients:

It is thought that the blood supply was initially contaminated with HIV by infected drug users. It then spread rapidly amongst paid blood donors due to methods used for plasma collection. Blood to be used for plasma collection was typically pooled and mixed together in a container from which the plasma was removed. The remaining blood was then injected back into the donors to speed recovery time. The exact number of individuals infected with HIV in this way is contentious, but is thought to number hundreds of thousands of people including both the paid donors and those who received blood transfusions. (UNAIDS)

By the end of 2003, all 31 provinces of China had been affected in this way. Blood donors and recipients are now responsible for 10.7% of China's HIV infections today. Over the past couple of decades, China's sex industry has boldly raised. With dramatic increases in the industry, openings have been created for HIV/AIDS to infect greater amounts of people:

Commercial sex is driving the heterosexual sub-epidemic in China, especially as it provides a bridge for transmitting HIV from drug users to the general population (a high number of female drug users are involved in sex work and male IDUs are more likely to frequent sex workers than non drug users).

UNAIDS estimated that in 2005 there were 127,000 sex workers and their clients living with HIV in China. ("HIV and AIDS in China")

China's government was also reluctant to help stop the spread of HIV/ AIDS due to sex workers. China still looks down on this business, and finds it hard to understand why they should waste time and money on educating these people.

Over the years, citizens of China have been receiving much assistance from their government. Although in many cases, the government started by withholding help, in the end they provided helping hands to those in need. When research showed that many HIV/ AIDS cases lead to injection through needles, the government opened their first needle exchange in Guangdong. "After initial positive results showed that participants were almost three times less likely to have shared needles in the past month, the programme was scaled up to approximately 92 sites in high prevalence regions. China now has more drug replacement clinics and needle social marketing programmes than any other country in Asia" (Detels). The Chinese government also developed intervention centers for drug abusers; this caused heroin usage to drop along with needles preventing worsening of HIV/ AIDS. Peter Piot, executive director of UNAIDS expressed, "I'm seeing a sea change in the policies and the leadership at the central level in the fight against AIDS... Frankly, two years ago I could not have dreamt that there would be close to 300 methadone-providing clinics for injecting drug-users across the country" (Peter Piot). Chinese government has also closed down illegal blood agencies, hence making the system much safer. When it comes to the sex industry, China has had great success in educating and building awareness about HIV/ AIDS. They have placed the needed time and money to teach uneducated people about the infection and how to prevent it. Some areas of China have placed a 100% condom rule, after the success Thailand had in reducing their infectious numbers.

Chinese culture is very different from that of Western culture in that sex is a controversial topic to be discussed. When brought up, it tends to bring a lack of comfort for the Chinese. It is because of these traditions that the Chinese lack in knowledge of sexual issues. “Recently a couple married for many years went to see a doctor for infertility. Both were in good health, but to the doctor's surprise, the couple had never made love. This is one of the extreme cases, but it shows some people really have no knowledge about sex” (“Sex”). Many young women in China become pregnant, and do not bother trying to protect themselves. This leads to many abortions. Chinese culture and religion causes unfamiliarity with sex issues, which in turn causes them to know little, or nothing about diseases such as HIV/ AIDS.

Gui Xi'en is one of China's leading experts on HIV/ AIDS. Gui has treated many patients suffering from this infectious disease, and has contributed a large part of his life towards the issue. Gui resides in Zhongnan Hospital of Wuhan University, where he has made many bold statements and discoveries for HIV/ AIDS. He believes that HIV/ AIDS can be contracted off of ignorance. It is not a disease you can catch from insects, contact in work, or ordinary daily contact. Gui states, “I'm one of the doctors that come in contact with the most number of HIV/AIDS patients. I treat HIV/AIDS patients daily, come in contact with them on a daily basis, and personally draw blood from them, but each time I'm tested the results come back negative” (Gui Xi'en). In 2003 Gui was awarded the Barry and Martin's prize, an award given to one person every year in China who has done exceptional work in care, treatment, and prevention of HIV/ AIDS:

Our 4th prize, in 2003 was awarded to Dr Gui Xien of Zhongnan Hospital, Wuhan University for a lifetime devoted to the treatment of infectious diseases, especially

in Qinghai and in recent years with Aids infection in Hubei and Henan. Dr Gui reached out especially to patients who had contracted HIV through blood donations, and he first drew the attention of the authorities to this problem and consistently cared for the victims. (“Barry and Martin’s Prize”)

Gui continues to devote his life towards the global issue of HIV/ AIDS, putting insight and a positive attitude towards the disease.

As the threat of HIV/ AIDS continues to linger in China, they continue their attempts at resolving the problem. Many steps have been taken to try and prevent the spread of HIV/ AIDS to worsen. One of the first steps taken was to educate the Chinese on basic health issues. In the 90s, China made it necessary to teach students about self discipline and sexual morality, this was created in order to prevent HIV/ AIDS and STD’s. Large arrays of education campaigns began occurring to educate people on the prevention of HIV/ AIDS. Mass screenings for HIV also became common, as many people would get tested to prevent the further spread of HIV/ AIDS. In the past, condom commercials were banned because they were seen as inappropriate and comical, instead of educational:

This ban was lifted on World AIDS Day 2002, and condoms were reclassified by the Ministry of Health as “a medical device” rather than a sexual commodity. The State Family Planning Commission also changed the Chinese term for “condom”, from biyuntao, literally meaning “sheath to avoid pregnancy”, to anquantao, or “safety sheath”. (Chihua)

The Chinese population now knows more about HIV/ AIDS than they used to, however, the infection still continues to affect many people.

Case Study- Brazil, “Coming Together”

Brazil continues to be one of the world’s largest countries. With a population of just over 190 million people, Brazil is the fifth most populous country in the world. Brazil is also the largest country in South America, and along with it HIV/ AIDS has become a large concern for Brazilians. “By the end of 2007, 730,000 Brazilians were living with HIV” (UNAIDS). Brazil continues to have staggering numbers in HIV/ AIDS, and although they are doing better than expected in control, they still have current struggles facing the disease. If the disease ever reaches an outbreak in Brazil, numbers could be so high it could begin to destroy the country.

In 1982, the first ever case of AIDS was discovered in Brazil. Over the next few years HIV/ AIDS had affected few people in Brazil. As those years continued, Brazil was approaching democracy, where they encouraged social solidarity. This caused open discussion on HIV/ AIDS:

We were living under the dictatorship, so little groups formed but not just political ones. They were responding to larger, deeper issues of repression, with worldwide implications. We were trapped in a symbolic prison; homosexuals had to hide, to live in very closed circles. The right to the body was bound up with the issue of democracy. (Wildenay Contrera)

In 1985 Brazil’s democracy was restored and the government created the National AIDS Program (NAP). This program dealt with delivering information to people highly affected by HIV/ AIDS, such as homosexual men. Groups were also formed with the intent to pressure governments into placing more research for HIV/ AIDS. “Several similar groups

were set up in the following years, including Grupo Pela Vidda ('Group for Life'), the country's first self-identified group for people living with HIV. Groups such as this put pressure on politicians to improve treatment and care for people living with HIV" ("HIV and AIDS in Brazil"). In 1988 a new constitution was formed in Brazil, people suffering from HIV/ AIDS were in favor of this because it had a huge focus on human rights.

People who were infected with HIV/ AIDS had protection against discrimination and free health care. "The important thing was solidarity, full participation by everyone based on respect for differences, fighting for full citizenship, not just for HIV-positive people, but for everyone facing a situation of vulnerability" (Veriano Terto). Despite all the effort being placed into HIV/ AIDS prevention, Brazil still suffered from a great raise in infected victims. In the mid 90s, antiretroviral drugs (ARVs) were discovered to have great health benefits to people suffering from HIV. As many people continued to suffer from the effects of HIV/ AIDS, there was a strong proposal to have the Brazilian health plan give ARVs to anyone in need for free. Brazil was later faced with horrid predictions of their future regarding HIV/ AIDS:

Campaigns to prevent new people becoming infected with HIV were also expanded throughout the 1990s. In the early 1990s, the World Bank had predicted that 1.2 million people in Brazil would be living with HIV by the year 2000. Due to the effectiveness of prevention campaigns, though, the actual figure was around 600,000. ("AIDS: the Brazilian experience")

Brazil proved to be a strong believer in HIV/ AIDS prevention by cutting the predicted numbers in half.

When HIV/ AIDS was first discovered in Brazil, the disease was mostly viewed as a disease contracted from men having sex with men. Many of these homosexual men resided in some of Brazil's largest cities such as Rio de Janeiro. However, in 1993 the percentage of heterosexual transmission was greater than that of homosexual. "Among adult males (13 years and over), 17% of AIDS cases were due to heterosexual sex from 1980 to 1995, compared to 35% in 2000 and over 46% in 2007" (HIV and AIDS in Brazil). Another large reason why Brazil is so highly affected by HIV/ AIDS is because of used needles. Brazil is one of the largest drug business countries in the world, and among the greatest cocaine producers. This creates a strong drug atmosphere in Brazil, leading to many people injecting liquid cocaine straight in their veins. With the combination of bad economy and large quantities of drugs, many people use the drugs, but not properly. As they continue to use needles previously injected, it can be understood why this is a common way of contracting HIV/ AIDS. "From before 1995 until 2007, the share of injecting drug use as the exposure category in new AIDS cases declined from 27.5% to around 10% among adult males, and 21.9% to just over 4% among adult females" ("HIV and AIDS in Brazil). Although the percentage had a strong drop, it has recently escalated again over the past couple of years. Experts believe this was due to the recent stock market crash, which lead to substance abuse and shortage of money. Lately there has been positive insight regarding HIV/ AIDS in Brazil, however, it also brings negative insight:

Since 2000, the number of Brazilians living with HIV has stabilized around 600,000. However, the overall AIDS incidence rate has increased, possibly due to the delayed effect of HIV infections in previous years. The rise in AIDS incidence

has not led to an increase in the AIDS mortality rate, which significantly declined since the introduction of treatment in 1996 from 9.6 annual deaths per 100,000 people, to 5.1 in 2006. It should be noted, however, that the North and North-East regions of Brazil have seen increases in AIDS mortality over the course of the decade. (“HIV and AIDS in Brazil”)

HIV/ AIDS still strongly affects the men, but lately there has been increasing cases of women victims. Many poor people in Brazil are also more susceptible to attaining HIV/ AIDS, many of these people consist of young adults and teenagers. These young adults and teenagers are lacking the knowledge needed to prevent HIV/ AIDS, some because they can not afford to receive education and others just in refusal of learning.

Success began to start in 1985 after the creation of NAP and GAPA. GAPA was created for people suffering from HIV infection, it is a group of people who can discuss and provide information on the infection. It was the first NGO of its type. Brazilian government is a large contributor towards the extreme success Brazil has been through over the past few decades as well. In 1988 the new Brazilian constitution was created, giving people equal treatment who suffered from HIV/ AIDS. This included free health care and zero tolerance for discrimination. Later in 1996 when ARVs were discovered to provide health benefits to those suffering from HIV, the Brazilian health minister decided to send ARVs to anyone in need for free. This was a bold movement by the government, as it cost 260 million dollars to provide ARVs to these people who have been victimized by HIV. This strong statement not only provided help to citizens of Brazil, but it also showed other countries possibilities to help their HIV/ AIDS issue. Brazilian government also built awareness through media, as this media provided prevention methods and areas

you could find an HIV screening area. HIV screening is now available in most hospitals and clinics throughout Brazil. Voluntary screening centers have also opened all within Brazil (“HIV and AIDS in Brazil”).

Many of the people living in Brazil are of Roman Catholic descent. With over 70% of Brazil’s population claiming to be Roman Catholic, much of the country follows the same religious beliefs. In the Roman Catholic religion the current pope sees homosexuality as a moral sin; because Brazil’s homosexual population is fairly low. Another belief in the Roman Catholic religion constitutes no sexual activity before marriage. This leads to carelessness and excitement building up for new couples. Roman Catholic views sex as a tool to create a family:

Since sex is meant for procreation purposes, married Catholic couples should always be open to the possibility of a pregnancy. While family planning is allowed, the use of contraceptives, both hormonal and barrier, are not. Likewise, tubal ligations and vasectomies for purposes of contraception and sterilization are not acceptable, although they may be done out of medical necessity.

(“Catholicism and Family Planning”)

These beliefs lead to many sex issues, including various STDs and HIV/ AIDS. Roman Catholics view the condom as immoral. Unprotected sex is the leading cause of HIV/ AIDS, and the Roman Catholic beliefs encourage it:

Barrier methods of birth control, such as the condom and the cervical cap, along with hormonal contraceptives, like the birth control pill and Depo-Provera, are thought to interfere with the act of conception. Specifically, they prevent the egg from being fertilized by a sperm and in some cases may inhibit a pregnancy

further by preventing the implantation of an egg. To Catholics, purposely stopping the joining of an egg and sperm is thought to be a sin, therefore these forms of birth control are not accepted. (“Catholicism and Family Planning”)

Many Roman Catholics fear using condoms because they can be banned from their church. This fear is common around Brazil, and because of it very few people use condoms. This lack of safe sex in Brazil leads to many people being infected with HIV/ AIDS.

Jose Gomes is one of Brazil’s greatest names regarding HIV/ AIDS. Jose was born on October 20th, 1951 in Portugal. When he was one month old, Jose’s family left for Brazil. It was during his time living in Brazil, Jose decided to go for schooling in the field of medicine. Jose later obtained his PhD in social medicine, where many opportunities appeared for him. In 1991 Jose was assigned Sub-Secretary of Health for the State of Rio de Janeiro, where he began to handle many HIV/ AIDS cases. In 2007 Jose became Brazil’s Minister of Health. Even though Gomes was a Roman Catholic, he insisted that Brazil’s government encourage birth control. However, his mother disagreed with him. When Pope Benedict visited Brazil, Gomes ignored the issue of HIV/ AIDS, informing the pope nothing. This was because Jose’s mother asked him to leave the issue alone. In 2008, Gomes informed the people suffering from HIV, that SUS would be able to serve people Raltegravir. Raltegravir is an ARV that is used for people who build resistance to more common treatment. Jose continues to be Brazil’s Minister of Health.

Brazil has been a success story when it comes to HIV/ AIDS, proving accurate predictions wrong, and keeping their HIV/ AIDS infections lower than experts believed. Much of this success is do to fast reaction on the issue. When the infection first hit Brazil,

groups were created to defend rights of people suffering. This was the first step taken in a very effective change of events:

In 1996 HAART was developed, revolutionizing HIV treatment. Once again, the drugs were made available for free throughout the public sector. In following years the national AIDS mortality rate began to decline due to the effectiveness of the treatment. By 2002 the Ministry of Health estimated that the availability of ARVs had prevented around 358,000 HIV-related hospitalizations, resulting in a saving of more than US\$1.1 billion. (“HIV and AIDS in Brazil”)

Another advancement that Brazil has made and many countries have not, is Brazil’s ability to talk about sex openly. Many countries see sex as a shady topic, however, in Brazil they see it as something to celebrate. Brazil is considered as a worldwide success when it comes to HIV/ AIDS.

Women Affected from HIV/ AIDS

Women around the world are falling victims to this horrible infection. Out of the estimated 32 million people living with HIV/ AIDS about half are women. Many people view this as unfair because women are twice as likely to acquire HIV through sexual activity compared to men. With about 16 million women victims, 98% of these women are from developing countries.

In areas that are developed such as Europe, Canada, and Australia etc. the amount of infected women account for a very small percentage of overall infected. However, in

places such as Central Africa and the Caribbean, the percentage of infected women is more than twice as high:

In 1985 in sub-Saharan Africa there were as many HIV infected men as there were women. However as the infection rate has increased over the years, the number of women living with HIV and AIDS has overtaken and remained higher than the number of infected men. In 2007 there were around 12 million women living with HIV and AIDS, compared to about 8.3 million men. UNAIDS have estimated that around three quarters of all women with HIV live in sub-Saharan Africa. (“Women, HIV and AIDS”)

These numbers continue to grow, not shrink. With millions of women alone being affected in just Africa, most of these women do not even understand what HIV/ AIDS is. They continue to struggle on top of already harsh living conditions.

Another disadvantage women suffer from is that women must carry children.

Many HIV positive women can pass HIV onto their children (MTCT):

MTCT occurs when an HIV positive woman passes the virus to her baby during pregnancy, labour and delivery, or breastfeeding. UNAIDS say that at the end of 2007 there were an estimated 2 million children (under 15 years) living with HIV, most of whom were infected by their mothers. A large number of these children will not live to adulthood. (UNAIDS)

Medication can be used to lower the chance of MTCT; however, in most cases this medication is not available in struggling areas.

Steps can be taken to lower the amount of infected women. Education could be provided to help prevent the infection. Most of these women who suffer tend to be

uneducated in sex issues. Lots of these women can not receive ARVs either, this causes HIV to destroy their immune system quicker. All these occurring problems can be fixed. However, people need to act towards these problems immediately. Women affected from HIV/ AIDS continues to grow at staggering rates.

GAPA

GAPA was founded in Brazil after HIV/ AIDS was first discovered in Brazil. During 1982 when AIDS was first found in Brazil, panic began to surface. Many people began to worry about the devastating spread an infection of HIV/ AIDS could produce in Brazil. In 1988 volunteers were quick to jump on the issue; they founded GAPA in order to weaken HIV/ AIDS. These people thought HIV/ AIDS to be a serious threat to everyone, unlike many people who believed it affected certain types. GAPA analyzed future problems that may happen with the infection, and make conclusions towards how they can help. GAPA also fights for the human rights of people suffering from HIV/ AIDS, providing service to those infected:

The GAPA office in Florianópolis, capital of Santa Catarina state in southern Brazil, operates an orphanage for 72 children, a hospice for adults, a psychological support hotline for people with HIV, a condom distribution programme, and AIDS prevention training for sex workers, whether men or women, says Mary Almeida, coordinator of the NGO. (Lama)

There are now currently 20 GAPA centers throughout Brazil. Many people have looked up to GAPA and see the success it can bring to a country. Brazilians believe this was the

first step taken to defeat HIV/ AIDS in Brazil. GAPA is extremely successful in Brazil, providing helping hands to those in need.

Elizabeth Glaser Pediatric AIDS Foundation

The Elizabeth Glaser Pediatric AIDS Foundation was founded by Elizabeth Glaser. She formed it out of the love of her children. Glaser was infected with HIV during a blood transfusion in 1981, later having her daughter. Her daughter Ariel was later infected with HIV during breast feeding. During this exact time, her son Jake had also contracted HIV. During this time, there was only treatment for adults suffering from HIV. She lost her daughter to the infection in 1988, her son Jake was still suffering. Glaser decided there needed to be a change, people needed to start doing research towards children's treatment. In 1988 the foundation was created, with one goal in mind; they wanted to help with treatment and research for children suffering from HIV/ AIDS. Many changes have been made since this foundation has been created. There are now multiple groups of researchers on pediatric AIDS. After this foundation was created there have also been fewer children born with HIV. The Elizabeth Glaser Pediatric AIDS Foundation has three main focuses in trying to accomplish what they believe is needed. These three fighting goals include funding critical research, launching global health programs, and advocating for children's health. EGPAF focuses most of their work in developing countries, specifically in Africa. They have donated large sums of money towards research regarding pediatric AIDS. EGPAF has been a significant factor in

reducing HIV/ AIDS in children. EGPAF's headquarters currently reside in Washington, D.C. (Elizabeth Glaser Pediatric AIDS Foundation)

UNAIDS

UNAIDS was created in 1996. After the outbreak and spread of HIV/ AIDS around the world, the United Nations felt pressured to create a sector specializing in the care of HIV/ AIDS. UNAIDS was designed with five goals. Their first goal is to bring leadership for action and control over the epidemic. UNAIDS second goal is to provide information and technical support to direct hard work worldwide. Their third goal is to track, and evaluate the epidemic along with the help it is receiving. UNAIDS fourth goal is being partnerships with the society; and their last goal being mobility of resources to areas in need. It is evident why UNAIDS is so successful. UNAIDS main office is in Geneva, Switzerland, where it shares some facilities with the World Health Organization (UNAIDS). UNAIDS works by setting goals over a certain period of time, and then attempts to achieve them. During the turn of the millennium, UNAIDS created eight different Millennium Development Goals (MDGs). One MDG UNAIDS set was to eliminate severe world poverty and stop the spread of HIV. “(The MDGs) also embody basic human rights- the rights of each person on the planet to health, education, shelter and security. The Goals are ambitious but feasible and, together with the comprehensive United Nations development agenda, set the course for the world's efforts to alleviate extreme poverty by 2015” (Ban Ki-Moon). The creation of these MDGs has allowed a

new view towards HIV/ AIDS. UNAIDS has provided hope to those victimized from the disease, and finally the issue is beginning to calm.

Case Study- Canada, "Bring it Home"

AIDS was first discovered in 1981; in 1982 Canada diagnosed their first case of AIDS. In 1983 the person died and Canada saw it as an issue. Since 1983 an expected 21,000 people have died in Canada due to HIV/ AIDS. Even though homosexual males continue to be the leading citizenry infected- it has become just as common to contract HIV/ AIDS through heterosexual activity.

In Canada's history, they have never been greatly affected by HIV/ AIDS. After their first case discovered in 1983, there was fear placed among the Canadian population. Many people began to worry about a possible outbreak of HIV/ AIDS across Canada. When HIV/ AIDS first appeared in Canada, the gay community was the majority affected. Many groups were created to support the affected. AIDS Vancouver and AIDS Committee of Toronto were two voluntary organizations created in the early 80s. As the 90s approached, Canada's position of handle on HIV/ AIDS worsened. More people began getting infected, specifically the gay population. Over the past decade, Canadian Aborigines have been hit hard from the disease. Many Aborigines are not taught education regarding sexual relations. Another reason the Aboriginal groups continue to be affected is because their culture and spirituality differs from that of many people. Living on a reservation, individuals have relations with many people at a time. This causes a higher rate for HIV/ AIDS to affect. In a country where they hold a small

percentage of the population, they account for more than 10% of infected HIV/ AIDS in Canada (“Canada”). However, after the turn of the millennium Canada was accounted with many positives facing HIV/ AIDS. Mother to child transmission has almost been eliminated in Canada. With the technology, Canada was able to protect many children from getting HIV passed on to them from their mothers. Another positive Canada accomplished at the turn of the millennium, was their ability to cut out the HIV infection through blood transmission. Canada has among the best blood screening in the world, many safety precautions have been taken to achieve minimal chance on infection (“Brief History of HIV/ AIDS”).

Canada continues to be one of the least affected countries in the world by HIV/ AIDS. Over time, Canada has educated and built awareness for their people. However, the devastation HIV/ AIDS brings to ones nation is still prevalent in Canadian community. Currently the HIV/ AIDS infection is affecting people who are less educated and more secluded:

In the 2001 census, aboriginal and black people accounted for 3.3% and 2.2% of Canada's population respectively. In the same year, these groups respectively reported 6.4% and 15.2% of AIDS cases with known ethnicity. In 2007, these proportions were 15.0% for aboriginal people and 5.4% for black people.

However it should be noted that in many cases ethnicity is not reported. In 2007 ethnic status was not provided in 55% of AIDS cases reported. (“Canada”)

Aboriginals continue to be highly affected by the HIV/ AIDS virus in Canada. As they continue to practice old traditions, many refuse to practice safe sex. This allows the HIV/ AIDS infection to spread around reserves, and other areas highly populated with

Aboriginals. As cases of Aboriginals grow, the amount of white people affected began to shrink. “The proportion of AIDS cases with known ethnicity reported among white people declined from 91% in 1988 to 58% in 2007. Over the same period, there were steep increases in the proportions attributed to aboriginal and black people. These two groups are now highly overrepresented” (“Canada”). Over time Canada has been affected by HIV/ AIDS, and there has been fairly low numbers of infections. There are many reasons that contribute towards the success Canada has seen:

Since the beginning of the epidemic in the early 1980s, there have been 20,993 AIDS diagnoses reported to CIDPC. The number of annual diagnoses peaked at 1,827 in 1993 and has since declined to fewer than 300. A major factor in the initial, dramatic decrease in cases was the delayed or prevented onset of AIDS due to highly active antiretroviral therapy (HAART). Such treatment has become widespread since 1996. (“Canada”)

With the many positives Canada has experienced, there have also been some negatives. Overtime the percentage of men affected has lessened as the percentage of women affected has risen:

In recent years the most notable trend has been the increase in diagnoses among young women. Prior to 1996, females comprised 14% of HIV diagnoses in the age group 15-29, whereas in 2007 this proportion was 36%. There are also increases in the number of HIV positive tests and AIDS diagnoses among older Canadians, now accounting for 15% of the total. (“Canada”)

In an entirety, however, as the years pass, the numbers continue to decline. For the past three years, Canada's AIDS diagnosis has hovered around 100-200, which is extremely low compared to many places.

Canada is a large contributor towards technological research regarding HIV/AIDS. This is a large reason why Canada has minimal cases of HIV/AIDS. In 2007 Canada along with the Bill and Melinda Gates foundation started the Canadian HIV Vaccine Initiative (CHVI). Their goal was to begin research to create a vaccine that would fight the HIV infection. In 2008 a manufacturing facility was created, this was the first large movement towards creating the HIV vaccine. These groups continue to speed the process, and show no evidence of slowing down:

Moving forward, the Government of Canada and the Gates Foundation will continue to work together to fund HIV prevention and remain committed to the previously announced funding levels over five years - up to \$111 million from the Government of Canada and up to \$28 million from the Bill & Melinda Gates Foundation. Both parties remain committed to accelerating the development of safe, effective, accessible and affordable HIV vaccines, as one of our key priorities. ("Canadian HIV Vaccine")

Canada contributes to large amounts of campaigns that build awareness as well. Not only in Canada, but worldwide, providing education and prevention methods to developing countries.

Solutions

Over the past few decades, people worldwide have put their lives into presenting possible solutions on defeating HIV/ AIDS. HIV/ AIDS is a complicated virus that is hard to defeat, it takes time and money to discover new treatment and education. HIV/ AIDS virus is unlike that from any other disease. Recently there was a demand to increase production rate on awareness for HIV/ AIDS. World leaders have also placed money into the research for cures. While these solutions are taking place, demand in current ARVs is building, along with the effectiveness of them. Treatment for pregnant women continues to grow as well, with many infected women lowering the chances of passing HIV/ AIDS to their new bourns. Drugs continue to become stronger, however, they continue needing larger sums of money to move on in research.

In 2003, President Bush created the President's Emergency Plan for AIDS Relief (PEPFAR). PEPFAR was created with the intention of providing money worldwide to areas suffering from HIV/ AIDS. Ideally, PEPFAR was to spend 15 billion dollars US over five years to places in need. Later in 2008, PEPFAR was renewed and had larger amounts of money to spend. Through 2008-2013 the United States government had more than tripled their previous amount donated, with an expected 48 billion dollars being spread worldwide. The UK also has a program like PEPFAR called the Department for International Development (DFID). It is the world's second largest contributor towards building HIV/ AIDS initiative. Foundations such as these donate huge amounts of money worldwide. Individuals need to realize this, and begin fighting against HIV/ AIDS instead of standing back ("Funding").

When looking at HIV/ AIDS, you must realize the large picture. HIV/ AIDS is deadly worldwide, but it especially effects developing countries. A possible solution to helping these developing countries in need would be building awareness. This solution is the easiest way to lowering the amount of infected. The US spends over one trillion dollars a year on military expenses. Simply building awareness in developing nations would cost a fraction of that. This awareness would provide the nations with an understanding towards HIV/ AIDS, an understanding towards the devastation it brings to ones community. Indigenous people continue to follow dangerous, old traditions and beliefs. This could bring more than one disadvantage, on of them being the refusal of sex protection. People may be able to inform the indigenous people about safe sex, however, in the end, it is the individual's choice whether to listen or not. This could bring uproar to certain communities, causing harm to innocent people. Building awareness is strongly used in continents such as Africa and South America, it has been effective in lowering the percentage of infected.

Another solution to treating HIV/ AIDS is vaccination. This is a solution that has been proposed by many people for many years. However, it was not until recently people began providing research towards it. So far, the vaccination has been unsuccessful in its journey to curing HIV/ AIDS. Insufficient amount of money has been a large reason why research has been moving at a slow pace. Many countries provide little money towards the vaccination; they feel HIV/ AIDS is to complicated to cure through a simple vaccination. With views like this on vaccination, it can be seen why the process of creation is so slow. Other frustrating reasons for the vaccination being delayed are because of testing. Many scientists find it hard to test the vaccine on other animals, this is

because they believe the virus affects humans only in a specific way. Although all these negative views slow production down on the vaccines, many experts believe it is the only direct cure to HIV/ AIDS.

Since HIV/ AIDS is most prevalent in Africa, focus should be directed towards the countries suffering. Countries in Africa face different rules than developed countries; one major difference is marriage laws. Many men in Africa practice polygamy, which allows the men to have more than one wife. Men practice this because it shows the power they have over women. This polygamy leads to HIV/ AIDS being spread easier across Africa. If laws were placed to avoid polygamy, Africa would see a reduced rate of HIV/ AIDS infections. However, this law would be difficult to attain. Old traditions of Africans continue to rule the land. Many indigenous people would view the emplaced law as a disgrace to their community.

Solutions are possible to cure HIV/ AIDS; however, every solution requires a few key elements. The first being money, without money being contributed, HIV/ AIDS will never be cured. It requires people's time and research, which is not free. Another element required is world care, without world care there would be no reason to solve the global issue. Many people see HIV/ AIDS as something that does not affect them, so these people continue to sit back and watch the disease kill people. With all the money and people in the world, solutions should be easy to come by. As a world we should united, and this unity will bring us together in times of trouble. HIV/ AIDS is causing the world trouble, and we can stop it.

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