# Research Report

## General Assembly 3

### Addressing inequalities in access to treatments of HIV and AIDS

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## INTRODUCTION

HIV and AIDS continue to be serious health challenges worldwide, affecting millions of people every year. Despite significant medical advancements, including the development of highly effective treatments like antiretroviral therapy (ART), many individuals still do not have equal access to these life-saving medicines and services. The issue of unequal access to HIV and AIDS treatment remains a major global health concern. This inequality is shaped by several factors, including socioeconomic status, where people live, gender, race, and access to healthcare resources. It is particularly severe in low-income countries, rural regions, and among marginalized groups, such as women, people living in poverty, racial minorities, and members of the LGBTQ+ community.

In areas with limited healthcare infrastructure, the availability of ART may be scarce or inaccessible, leading to significant health risks for those who cannot receive treatment. Even in wealthier nations, social stigma and discrimination against people living with HIV/AIDS can prevent individuals from seeking care. Fear of judgment, lack of education, and misconceptions about the virus contribute to the reluctance to get tested or treated. As a result, individuals may delay diagnosis, leading to more severe health problems, including the progression of HIV to AIDS, and an increased risk of transmission to others.

These disparities in access not only affect the health of individuals but also create broader social and economic challenges. People who cannot access treatment may face ongoing illness, which in turn limits their ability to work or care for their families, deepening cycles of poverty. In countries where healthcare systems are already under strain, the burden of untreated HIV and AIDS further weakens these systems and hampers overall public health efforts. Additionally, children born to mothers with untreated HIV have a higher risk of being born with the virus, creating generational impacts that exacerbate the issue.

The failure to address these inequalities also slows down the global progress in fighting the HIV/AIDS epidemic. While there has been significant progress in reducing new HIV infections and deaths in many regions, gaps in treatment access mean that millions of people are still at risk of poor health outcomes and preventable deaths. These gaps highlight the need for continued efforts to ensure that everyone, regardless of where they live, their economic status, or their background, has the same opportunity to receive HIV care and treatment.

## Definitions of Key Terms

HIV: Human Immunodeficiency Virus,virus that attacks the human immune system (especially T cells). HIV-1 are most HIV cases worldwide, while HIV-2 is mostly found in west africa (Healthline, 2021).

AIDS: Acquired Immunodeficiency Syndrome, a result of prolonged untreated HIV causing a weakened immune system resulting in major vulnerability to infections and cancers (Healthline, 2021).

Antiretroviral Therapy (ART): " which is the use of antiretroviral drugs to prevent HIV from progressing"(Healthline, 2021).

Viral Suppression: when a patient has under 200 copies of HIV/mL in their blood.Making them unable to transmit HIV during sexual activity(Healthline, 2021).

Pharmaceutical Patent Laws: Legal rights granted to pharmaceutical companies to exclusively produce and sell their product for a set period of time, hence limiting the access to ART in many locations (Healthline, 2021).

UNAIDS 90-90-90 Targets: the global target to make sure 90% of HIV patients know their status, 90% of patients to receive ART, and 90% of those taking ART to achieve viral suppression (Healthline, 2021).

Pre-Exposure Prophylaxis (PrEP): " With this strategy, people at an increased risk for acquiring HIV use daily medications in pill form to help prevent HIV transmission"(Healthline, 2021).

Post-Exposure Prophylaxis (PEP): " an emergency treatment. People who may have been exposed to HIV can reduce their risk for contracting it if they take a combination of pills within 72 hours of possible exposure"(Healthline, 2021).

U=U: a slogan from the prevention access campaign standing for Undetectable is Untransmissable, showing that a person with an undetectable viral load cannot transmit HIV (Healthline, 2021).

Stigma: the prejudice and discrimination aimed towards those with HIV and AIDS(Healthline, 2021).

Transmitted Resistance: when a person contracts a strain of HIV that is already resistant to the antiretroviral drugs (Healthline, 2021).

For other useful terms that can be used and discussed in debate: find the glossary site in the extra readings.

## General overview

### What is the issue about:

HIV (Human Immunodeficiency Virus) and AIDS (Acquired Immunodeficiency Syndrome) have been major global health issues since they were first identified in the early 1980s. HIV attacks the immune system, weakening the body's ability to fight infections, while AIDS is the final stage of HIV infection, where the immune system is severely damaged. Over time, medical advancements, particularly the development of antiretroviral therapy (ART), have allowed people living with HIV to live longer, healthier lives. ART can suppress the virus to undetectable levels, making it a critical treatment. Despite these advancements, access to treatment remains unequal across different regions, countries, and social groups, especially in low-income countries and among vulnerable populations, such as women, LGBTQ+ individuals, and people facing poverty.

### The history of HIV/AIDS:

The history of HIV/AIDS dates back to the early 1980s when the virus was first recognized in the United States, primarily among men who have sex with men. However, it soon spread to other populations, including heterosexual individuals, intravenous drug users, and children born to mothers with HIV. The global response to the epidemic included widespread awareness campaigns and the establishment of public health programs, but these efforts were not enough to address the underlying issues of treatment accessibility. The development of ART in the mid-1990s revolutionized HIV care, allowing many people living with the virus to manage it and avoid progressing to AIDS. However, despite these medical breakthroughs, unequal access to ART has remained a significant barrier, particularly in low-resource settings like sub-Saharan Africa, where the burden of HIV is highest.

Currently, global efforts have made significant progress in reducing the number of HIV-related deaths and improving the quality of life for people living with the virus. According to UNAIDS, as of 2023, approximately 39 million people are living with HIV globally, and about 28 million of them are receiving ART. In high-income countries, access to ART is widespread, and the number of deaths due to HIV-related causes has decreased dramatically. However, in many low- and middle-income countries, particularly in sub-Saharan Africa, millions still lack access to the treatment they need. Even when ART is available, challenges such as inadequate healthcare infrastructure, limited access to healthcare workers, and unreliable supply chains prevent many from accessing consistent and effective treatment.

### Causes for inequalities in HIV and AIDS treatment access:

Several factors contribute to the inequalities in HIV treatment access. One major barrier is the economic cost of healthcare. Even though ART may be provided for free in some parts of the world through international aid programs, the costs associated with healthcare services, such as transportation, doctor visits, and support services, can be too high for many people in low-income communities. In remote or rural areas, healthcare facilities are often far away, requiring long travel times and significant financial costs, making it difficult for people to seek care regularly. Furthermore, social stigma remains a major obstacle. In many cultures, HIV is heavily stigmatized, particularly among key populations such as women, LGBTQ+ individuals, sex workers, and people who inject drugs. This stigma, combined with a lack of understanding about HIV, discourages many individuals from getting tested or seeking treatment, even when it is available.

Gender inequality is another critical factor that affects access to HIV treatment. In many regions, particularly in sub-Saharan Africa, women face additional challenges when trying to access HIV care. Gender-based violence, lack of economic independence, and unequal power in relationships increase women's vulnerability to both HIV infection and difficulty accessing treatment. Women may have less ability to negotiate safe sex practices, which makes it harder for them to protect themselves from HIV. They may also have to care for children and family members, which limits their ability to access healthcare for themselves. Additionally, in some cultures, women are more likely to experience discrimination in healthcare settings, which may prevent them from receiving the treatment they need.

Political factors also play a significant role in limiting access to HIV treatment. In certain countries, laws criminalize the transmission of HIV or punish people who engage in high-risk behaviors, such as men who have sex with men or sex workers. These laws create barriers for these populations to access healthcare, as they fear being arrested or discriminated against by healthcare providers. Political instability or conflict can also disrupt healthcare services, making it harder for people to get treatment. In some regions, governments may not prioritize HIV care, leaving health systems underfunded or unable to meet the needs of those living with the virus.

**The consequences for inequalities in HIV and AIDS treatment access:**

The consequences of unequal access to HIV treatment are far-reaching and have serious implications for individuals, communities, and societies. Without access to ART, people with HIV are at greater risk of developing AIDS, which can lead to death due to infections or other complications. In regions with limited access to ART, such as sub-Saharan Africa, HIV-related deaths remain high, and the virus continues to spread. Untreated HIV increases the likelihood of transmission to sexual partners and newborns, contributing to higher rates of infection. This not only affects individuals but also has broader societal implications, as the ongoing spread of HIV creates an additional public health burden and makes it harder to control the epidemic globally.

The HIV/AIDS crisis affects different cultures and regions in distinct ways. In some areas, HIV is seen as a disease tied to poverty or certain high-risk behaviors, while in others, it is linked to stigma and fear. Global efforts to address these inequalities, such as PEPFAR (President's Emergency Plan for AIDS Relief) and the Global Fund, have contributed millions of dollars to combating the HIV epidemic. However, these efforts have not been enough to overcome the barriers to treatment access. The COVID-19 pandemic has further exposed the fragility of healthcare systems in many low-income countries, disrupting HIV care and highlighting the challenges that still remain.

## Major parties involved

There are many regions in the world where HIV and AIDS are more prevalent. Many areas of which need support in treatment and healthcare frameworks. Many countries and organizations excel or influence these processes to occur. Some of which are listed below:

### UNAIDS:

This party is the joint UN program on HIV and AIDS. UNAIDS are the leading organization to add to the global effort to end AIDS as a health threat by 2030 as part of the sustainable development goals (UNAIDS, 2024). UNAIDS claims to be a problem-solver, "providing strategic direction, advocacy, coordination and technical support" to increase the connectivity between leadership of governments for the improving of HIV patients' healthcare world wide (UNAIDS, 2024). UNAIDS encourages discussion between communities that are left out of HIV treatment plans and governmental decision making, to ensure that those struggling have their voice heard when policy and frameworks are made regarding their health (UNAIDS, 2024). For more detailed actions read the further readings on UNAIDS.

### WHO:

Having a leading role in global health, the World Health Organisation helps create and provide standards for HIV/AIDS prevention, treatment and care. Also encouraging global collaboration in research and strengthening healthcare systems, improving access to treatment such as ART and HIV testing (WHO, 2024). WHO also collects data and technical support to create informed choices on how to tackle outbreaks in different areas in the world (WHO, 2024). Furthermore aid needed to be provided to less developed and HIV struggling areas/nations, WHO supports financially and organizationally to reduce the number of HIV patients and especially focusing on the transmission of the disease to children (WHO, 2024).

### National Governments:

Especially national governments in high HIV burden countries, governments play an essential role in HIV/AIDS policy implementation, public health campaigns and

patient support. The national or international strategies implemented by these governments are what ensure structural change for those needing medical care for HIV or AIDS, and to encourage preventative measures for long term public health development.

### Pharmaceutical companies:

Pharmaceutical companies are  parties accountable for the development, production and distribution of antiretroviral medications for HIV treatment.. Often holding patents on HIV treatment drugs especially ART drugs, influencing the pricing and availability of  treatment drugs. While some of these companies partner with governments, NGO's or other organizations to aim to make treatment affordable, others make use of the need for these drugs to increase market price. However many companies face the pressure needed to lower drug prices or allow cheaper manufacturing to ensure higher accessibility.

Although there are many more major parties such as: The World Bank, Community health workers, UNICEF, Vaccine Alliances, the EU, PEPFAR, African Union and GFATM. Also major contributing and active countries such as the USA, South Africa, Uganda, United Kingdom, Brazil and Sweden all participate in the development of HIV and AIDS treatment.

## Timeline of Key Events

**Approx. 1900:** a hunter killed a chimpanzee  in West  Central Africa, where the animal's blood somehow entered the hunter's body (most likely via an open cut). Where the blood carries the virus, the virus is harmless to chimps but lethal to humans. (NOTE: This is a predicted cause, but some other causes get the blame.) (Sheikh, 2024).

**1981:** In Los Angeles 5 young homosexual men reported life-threatening pneumonia, to men with previously healthy  immune systems. Further reports of unusual skin cancer were noticed killing along previously young healthy men in New York and California. AIDS and HIV were started to be investigated (Sheikh, 2024).

**1982:** AIDS gets its name, Acquired immune deficiency syndrome. Noticeably in men who have sex with men, and people with hemophilia. This convinced doctors that AIDS are spread through blood (Sheikh, 2024).

**1983:** Scientists discover HIV after isolating the virus from the swollen lymph gland from someone with AIDS (Sheikh, 2024).

**1987:** Princess Diana shook hands with an AIDS patient. Proving at the time to some people that the disease does not spread by casual contact (Sheikh, 2024).

**1985:**

**March:** Testing starts after ELISA, the commercial blood test for HIV, was approved. Blood banks start amplifying blood screening from donations (Sheikh, 2024).

**December:** First baby, Dwight Burk, dies of AIDS at 20 months old. The father was unaware of having the disease, passed it on to his wife, as well as Dwight (Sheikh, 2024).

**1986:** International Steering Committee for People with HIV/AIDS (ISC) created (Global HIV/AIDS Timeline. 2018).

**1996:** HAART (highly active antiretroviral therapy) can cut HIV loads to levels that are undetectable. US AIDS deaths drop by more than 40% (Sheikh, 2024).

**1998-2000:** HAART is found to have serious side effects. There is still no cure for AIDS, but new classes of drugs are tested to make HIV treatment safer (Sheikh, 2024).

**2003:** "Launch of the President's (Bush) Emergency Plan for AIDS Relief (PEPFAR) by the United States, aiming to provide funding for ART in low-income countries."(Sheikh, 2024).

**2012:** PrEP becomes available, as a daily pill for people at high risk for AIDS, to reduce chances of catching the virus. reduces the changes approximately 99% of getting HIV via sex (Sheikh, 2024).

**2013:** "the first well-documented case of an HIV-infected child who appears to be cured of HIV goes public. The child begins antiretroviral treatment at birth and shows no levels or signs of the virus."(Sheikh, 2024). The baby showed no symptoms and the virus did not return. More research was started on how the virus behaves differently in infants and adults.

**2014:** UNAIDS launches the 90-90-90 targets, establishing concrete global treatment goals for 2020(Global HIV/AIDS Timeline. 2018).

**2016:** Sweden is the first country to meet the 90-90-90 targets (Global HIV/AIDS Timeline. 2018).

Multiple countries over time at different years/periods have hosted HIV/AIDS conferences and made steps forwards in research and availability of treatment. To read about more events linked to AIDS research and treatment see the further readings section.

## Previous attempts to solve the issue

1. **Global Fund and PEPFAR (President's Emergency Plan for AIDS Relief) Programs:**
    - **What was done:** These large programs aim to provide funding and resources for HIV treatment and prevention, especially in high-risk areas like sub-Saharan Africa.
    - **Why it was unsuccessful:** Despite billions of dollars invested, many groups, like people in rural areas or those facing discrimination, still have trouble getting access to treatment. The programs don't always address deeper issues like poverty, gender inequality, or weak healthcare systems, which make it harder to reach everyone.
2. **Mobile Health Clinics and Outreach Programs:**
    - **What was done:** Some countries have set up mobile clinics that travel to remote or underserved areas to offer HIV testing, education, and treatment.
    - **Why it was unsuccessful:** These programs often struggle with a lack of resources and funding. They also have trouble reaching people in far-off locations, and some individuals may not trust these services due to cultural or social stigmas surrounding HIV.
3. **Community-Based HIV Treatment Programs:**
    - **What was done:** Some regions have trained local health workers to provide HIV treatment in community settings, making it easier for people to access care close to home.
    - **Why it was unsuccessful:** These programs often lack enough resources or skilled workers to handle more complex HIV cases. In some areas, there isn't enough ongoing support for patients, which makes it hard to provide consistent care.
4. **Price Reductions and Generic Drugs:**
    - **What was done:** Efforts have been made to reduce the cost of HIV medications, including introducing generic versions of ART, to make treatment more affordable.
    - **Why it was unsuccessful:** Even though medications may be cheaper, there are still other costs that people face, like travel and clinic visits. In some places, generic medications may not always be available or of good quality, making it hard for people to get the treatment they need.
5. **Targeted Programs for Vulnerable Groups (e.g., Women, LGBTQ+ Communities, and Sex Workers):**
    - **What was done:** Special programs have been created to reach groups at higher risk for HIV, such as women, LGBTQ+ individuals, and sex workers, who face greater challenges accessing treatment.
    - **Why it was unsuccessful:** These programs often fail to address the deeper social and legal issues these groups face, such as discrimination, violence, and legal barriers. Even if treatment is available, fear of judgment or punishment can prevent these groups from seeking help.

## Possible solutions

There is a vast possibility of solutions for possible methods to increase accessibility to HIV/AIDS treatments, most of which have social, economic and political actions and implications. Some of the possible examples to incorporate within resolutions are stated down below:

### Promoting education and reducing HIV/AIDS stigmas:

- Community-led awareness campaigns and incorporating HIV education into school curriculums: Trust lies in community leaders and figures of loyalty and representation, if these individuals are encouraged to speak it encourages the stigma around AIDS/HIV and to correct HIV misconceptions. Educating people on HIV can ensure people understand the retrovirus and avoid misconceptions about the virus.

- Public health campaigns focusing on " Undetectable = Untransmittable" : to reduce the stigma that HIV is not transmissible if the patient is undetectable, to reduce the stigma and misinformation. Also to encourage those who have not undergone treatment to make use of ART.

### Policy reform and legal protections to improve access:

- Anti Discrimination laws for HIV and AIDS patients: implementing laws to protect individuals living with HIV/AIDS from discrimination in schools, workspaces, healthcare and other situations, to encourage those to seek ART without prejudice and stigma, and be open to talk about what it's like to live with HIV and AIDS.

- Expanding universal health coverage to include ART: adding HIV treatment to healthcare to ensure that treatment costs are covered for low-income individuals when backed up by government coverage. Micro-insurance plans to allow for treatment without out-of pocket expenses

- Global partnerships and multilateral support: a stronger commitment from international bodies such as the UN, G20, and the world bank can boost funding for political support for ART access. specifically if frameworks are created to support LICS where treatment of HIV lacks comprehensive healthcare and funding although cases are more abundant and left untreated.

### Incentivizing lower prices for ART:

- Pharmaceutical subsidies and incentives to reduce the cost of ART. Such as tax breaks, subsidies for research or grants/donations for ART production in LIC's.

- Reform of drug production and patenting drugs: producing generic ART drugs can reduce prices and increase accessibility. This asks for the patent reforms or voluntary licensing agreements that allow LMICs to produce generic versions of ART drugs, and make them affordable.

## Further Readings

Glossary of HIV and AID related terms:
https://www.healthline.com/health/hiv-aids/words-you-should-know#tas-p

Timeline of AIDS and HIV research and treatment:
https://www.kff.org/global-health-policy/timeline/global-hivaids-timeline/
https://www.hiv.gov/hiv-basics/overview/history/hiv-and-aids-timeline
https://www.webmd.com/hiv-aids/ss/slideshow-aids-retrospective

UNAIDS: https://www.unaids.org/en

WHO and HIV/AIDS: https://www.who.int/health-topics/hiv-aids#tab=tab_3

Feel free to use the sources in the bibliography as further readings as well

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