



# Southern China International MUN

*World Health Organization: On measures to mitigate treatment disparities for children with AIDS*

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## 1. Description of issue

### 1.1 History of the Issue

**AIDS**, or the acquired immunodeficiency syndrome is a life-threatening disease caused by **HIV**, or Human Immunodeficiency Virus. The virus has infected over 84 million globally and claimed over 40 million lives. The virus is spread through sexual contact but can also be spread through contact of infected blood during blood transfusions and sharing of needles during the consumption of illicit drugs. HIV is also passed during pregnancy, childbirth or breast feeding from mother to child. The virus impedes the human immune system's capabilities over the course of many years and develops AIDS, at which point the body is incapable of combating the most common infections and diseases. Unfortunately, there is no cure for HIV/AIDS, and patients will certainly die without medical intervention. Luckily, through medications that control the spread of the virus, HIV patients can expect to have a normal life expectancy (HIV/AIDS).

Though the exact origin of HIV remains a mystery, scientists believe that it most likely came from chimpanzees in Africa. The virus crossed species when their blood came into contact with hunters. Consequently, the virus proceeded to spread through Africa to the rest of the world, where it evolved into a major **public health crisis** in the 1980s. The disease was first discovered in the United States and was given the name of Gay Related Immunodeficiency Disease, causing the disease to become highly stigmatized. **HIV stigma** leads to negative attitudes and beliefs about people suffering from HIV, making people label an individual as part of a group that is believed to be unacceptable in society. While stigma refers to an attitude or belief, discrimination is the behaviors that result from those attitudes or beliefs. HIV stigma commonly led people into believing that only certain groups of people can get HIV, or feeling that people who were infected with HIV deserved their illness because of their choices. Often times, stigma evolves into behaviors that treat people living with HIV differently than those without, into discrimination. It was not uncommon for a health care professional to refuse care or services to a person living with HIV. Refusing casual contact with someone living with HIV, socially isolating a member of a community because they are HIV positive, and even name calling was commonplace for patients at the time. HIV stigma and discrimination was a detrimental factor to the emotional well-being and mental health of HIV patients, causing many to not only internalize the stigma they

experience and develop negative self-images, but also intentionally conceal their diagnosis out of fear of discrimination. Internalized stigma can make HIV patients apply the negative stigmas of HIV to themselves, leading to feelings of shame, fear of disclosure, isolation, and despair. These feelings can keep people from getting tested and treated for HIV (About HIV Stigma).

Misinformation about HIV/AIDS was also prevalent due to the lack of public information about the disease. The research process was also difficult and expensive due to the tenacious and difficult nature of the infection (History of HIV/AIDS). The social and medical complications combined made HIV/AIDS especially deadly in homosexual communities and poor communities out of fear of discrimination or lack of economic abilities (Fitzsimmons). Discussion of AIDS is even more difficult in countries practicing social conservatism, due to the difficulties of discussing other important topics related to the disease. For example, in many conservative cultures, Homosexuality is extremely taboo, and in some cases, illegal. Conversations about sex and reproductive health is largely absent, and women's health and rights are not considered a subject of importance. These are vital aspects of HIV prevention and treatment, yet these cultural norms create enormous challenges for open and candid discourse about the issue (Overcoming HIV).

## **1.2 Recent developments**

Among the demographic impacted by AIDS, it can be observed that disadvantaged racial and ethnic minorities are disproportionately impacted and experience **treatment disparities**. A 2010 study done in America showed that “85% of diagnoses of **perinatal HIV infection** were in blacks or African Americans (69%) or Hispanics or Latinos (16%). The average annual rate of diagnoses of perinatal HIV infection during 2004--2007 was 12.3 per 100,000 among blacks, 2.1 per 100,000 among Hispanics, and 0.5 per 100,000 among whites” (Frieden) While this is a study primarily focused on American society, the same conclusion can be applied to disadvantaged communities worldwide. Furthermore, treatment disparities children are even more evident in the aspect that, quoting from Shannon Hader, the UNAIDS Deputy Executive Director; “The inequalities are striking—children are nearly 40% less likely than adults to be on life-saving treatment (54% of children versus 74% of adults), and account for a disproportionate number of deaths (just 5% of all people living with HIV are children, but children account for 15% of all AIDS-related deaths) (New Report). Even after birth, there are failures for countries worldwide to provide life-saving treatment to children and adolescents living with HIV, with only 52% of children (0-14 years) having access to antiviral treatments.

As of today, there are 38 million people living with HIV, 1.7 million are children (HIV). In the past two decades, there has been significant progress made in addressing the HIV/AIDS pandemic thanks to the collaboration of major global efforts. Efforts such as the United States' PEPFAR (the President's Emergency Plan for AIDS Relief) plan which made the United States government largest donor to **Global Fund to Fight AIDS, Tuberculosis and Malaria**. (Global AIDS Pandemic). Efforts such as **UNAIDS'** ambitious “**95-95-95**” goals, aiming to have 95% of all people living with HIV know their HIV status, receive antiviral therapy, achieve viral suppression by 2030 (Frescura). Furthermore, Numerous prevention interventions now exists to combat HIV, and new tools such as vaccines, are currently being researched. Effective prevention strategies include behavior change

programs, condoms, HIV testing, blood supply safety have also been since been developed. (Global AIDS Pandemic).

Today, although HIV infections are transmitted heterosexually. In some countries, men who have sex with men, people who inject drugs, sex workers, transgender people, and prisoners are disproportionately affected by HIV. Recently, the virus has led to a resurgence of tuberculosis (TB), particularly in Africa, and TB is a leading cause of death for people with HIV worldwide. 12 In 2020, approximately 8% of new TB cases occurred in people living with HIV.

### Key Terms

**HIV-** HIV (human immunodeficiency virus) is a virus that attacks the body's immune system. If HIV is not treated, it can lead to AIDS (acquired immunodeficiency syndrome). There is currently no effective cure. Once people get HIV, they have it for life.

**AIDS-** AIDS is a chronic immune system disease caused by the human immunodeficiency virus (HIV). HIV damages the immune system and interferes with the body's ability to fight infection and disease. HIV can be spread through contact with infected blood, semen, or vaginal fluids. There's no cure for HIV/AIDS, but medications can control the infection and prevent disease progression.

**HIV stigma-** HIV stigma is negative attitudes and beliefs about people with HIV. It is the prejudice that comes with labeling an individual as part of a group that is believed to be socially unacceptable.

**Treatment Disparities-** differences in health and health care between groups that stem from broader inequities

**public health crisis-** A health crisis or public health crisis is a difficult situation or complex health system that affects humans in one or more geographic areas, from a particular locality to encompass the entire planet. Health crises generally have significant impacts on community health, loss of life, and on the economy.

**UNAIDS-** formed in 1996 to serve as the U.N. system's coordinating body and to help galvanize worldwide attention to HIV/AIDS

**95-95-95-** UNAIDS released a new set of ambitious targets calling for 95% of all people living with HIV to know their HIV status, 95% of all people with diagnosed HIV infection to receive sustained antiretroviral therapy, and 95% of all people receiving antiretroviral therapy to have viral suppression by 2025.

**Global Fund-** established in 2001 by a U.N. General Assembly Special Session (UNGASS) on HIV/AIDS as an independent, international financing institution that provides grants to countries to address HIV, TB, and malaria

**perinatal HIV infection-** Perinatal, or mother-to-child HIV transmission happens when a pregnant person living with HIV passes HIV to their baby. It can happen during pregnancy, delivery, and through breastfeeding.

## 2. Emphasis of the Discourse

### **2.1 Right Wing Approach**

For the purpose of this topic, right wing politics will be defined as politics that supports social or economic conservatism. While no country in the world is absolutely conservative or liberal in policy making, some countries more than others are likely more conservative from cultural or religious influences. It is worthy to note that in conservative cultures, HIV prevalence rates are generally lower, cultures such as Muslim culture where studies have indicated a negative relationship between HIV prevalence and being Muslim. There are many speculations as to why, but mixed evidence has accredited the fact to strict sexual codes and practices of male circumcision (Gray).

In these cultures, open discussions of sex related topic are scarce and education on the topic even more so. Methods of protection such as condoms and especially abortion, are considered infanticide and are condoned. Due to the power difference between men and women in conservative cultures, important topics and decision regarding women's health are not viewed with importance. Instead of sex education educating young women and promoting safe sex, ideas of practicing sexual abstinence, modesty and obligatory innocence will be carried out. Advocates of abstinence educations claim that teaching abstinence to youth will delay teens' first sexual encounter and reduce the number of partners, and ultimately rates of teen pregnancy and STIs.

As a result, women are generally less informed about their bodies and, have less autonomy over their own reproductive health. One extreme example would be Afghanistan, where women are now banned from attending schools and receiving education. Consequently, children were never properly educated on the subject matter of AIDS prevention, putting children at risk as HIV is passed from mother to child during pregnancy. Although every other country in the world education for girls are not outright banned, conservative family values/gender roles usually deem education for females as unnecessary. This ultimately causes lower overall rates of education in female and impedes women's access to crucial knowledge in the prevention of AIDS for them and their children.

## **2.2 Left Wing Approach**

Left wing politics are defined as politics that support social or economic liberalism. Liberal countries are usually more progressive and comprehensive regarding the response to the HIV pandemic. Unlike conservative cultures, liberal cultures are mostly secular or do not involve religion in policy making. Liberal cultures have generally higher HIV prevalence rates, stemming from the liberal views of sex and relationships.

Policies and measures taken against HIV in liberal cultures are a lot more progressive, with measure such as, implementation of comprehensive sex education curriculums that addresses many crucial information of HIV prevention. Progressive sex education goes in depth about female anatomy, safe sex, and STI prevention from a young age. Progressive societies also generally have less power distance between men and women, meaning more autonomy of women over their reproductive health.

Liberal approaches to HIV prevention in children will generally promote open dialogue on topics relating to HIV and improve woman's experience in healthcare and family planning to prevent the spread of HIV aids from mother to child.

## **2.3 Stance of international organizations**

The Joint United Nations Program on HIV and AIDS (**UNAIDS**) was a united nations effort to help strengthen the capacity of national governments to develop comprehensive

national HIV strategies and implement effective activities. To promote broad-based political and social mobilization to prevent and respond to HIV. Since its formation in 1996, the organization has been the leader in global strategic direction, advocacy, coordination and technical support needed to organize and mobilize governments, the private sector and communities to deliver life-saving HIV services. Furthermore, **UNAIDS** through its many years of operations, generates valuable data and analysis that aids in the understanding of the AIDS epidemic. Today, the organization holds the world's most comprehensive data collection on HIV epidemiology. In 2013, **UNAIDS** set out to achieve its newly "90-90-90" goal, though the goal was not met by the time of the deadline in 2020, the organization has stepped up its efforts and increased its original goal to "95-95-95" by 2030. With this initiative, **UNAIDS** plans to end AIDS as a public health threat by 2030 as part of the Sustainable Development Goals of the UN (90-90-90).

Another major international organization that is prominent in HIV relief efforts is the Global Fund to Fight AIDS, Tuberculosis and Malaria, or **Global Fund** for short. The **Global Fund** was established over twenty years ago where AIDS and its accompanying diseases like TB and malaria seemed rampant and unbeatable. With the United States government as its biggest contributor, the **Global Fund** is the largest donor of funds of the HIV/AIDS Response worldwide. The organization estimates that since its founding, its partnerships have invested more than 55.4 billion dollars, saved 50 million lives and reduced the death rate of these three diseases by more than half in the countries where it donated.

NGOs have made strong efforts in combating treatment disparities for children in HIV in many ways. The most common way for an NGO to assist this demographic is through financial support to make treatment more economically more accessible for children. One example of this would be the efforts of the Clinton Health Access Initiative (CHAI), which has an agreement with UNITAID that reduces the cost of HIV treatment for children in low- and middle-income countries (Milic).

by 75% Naturally, developing countries will have the most interest in receiving much needed aid from these organizations to assist in their pandemic response. Not only will these organizations help in financially supporting the efforts of these governments in purchase of equipment and hiring medical professionals but will also mobilize resources and people in countries where governments lack the abilities to do so.

#### **2.4 Stance of developed countries**

It is in the developed countries' interest to aid developing countries within reason in eliminating the HIV/AIDS pandemic for numerous reasons. Firstly, it would bolster the country's image as a part of international society with generous humanitarian efforts and improve its reputation. Secondly, helping MEDCs would strengthen economic and diplomatic ties between the LEDCs and MEDCs, providing a gateway for further cooperation in the future where both parties benefit. Lastly, these efforts would make the world safer to live in, as transmissions and deaths from HIV could be prevented (LDCs Important).

The MEDC most involved in the topic should be United States. Not only is the United States heavily involved in humanitarian efforts against HIV, but it is also the biggest donor of funds to the WHO, UNAIDS and the Global Fund. Other notable donors of these organization that holds influence in the committee are Japan, ROK, Australia, United Kingdom, and France. Overall, the interests and values of these countries overlap and align

with one another.

In this topic, the interests of LEDCs and MEDCs are not in conflict either. However, MEDCs often require protective measures taken from LEDCs to ensure the effectiveness of the investment, since problems such as corruption and embezzlement are common and unregulated in many LEDCs. Since humanitarian aid is not a long-term solution, the protective measures put in place make sure the funds go to the right people and establish long term infrastructure so that the MEDCs can handle the issue at hand without aid in the future.

### **2.5 Stance of developing countries**

The HIV/AIDS pandemic is one of the most serious public health crises experienced by LEDCs, and they are in desperate need of assistance from MEDCs and other organizations to prevent the disease from causing any more damage. The reason heavy hit LEDCs are incapable of handling the HIV/AIDS pandemic by themselves is due to the lack of infrastructures, low level of education, high poverty rates and rampant corruption, which are long-term issues. Children contract HIV through their mothers during pregnancies, and often contract the virus through unhygienic medical practices, that exposes them to contaminated blood. Through cooperation with MEDCs and organizations, LEDCs can form strong and lasting economic and diplomatic ties with MEDCs while the HIV/AIDS pandemic is relieved from the funds, equipment and professionals supplied.

The LEDC most involved in the topic should be south Africa, as well as other sub-Saharan African nations such as Eswatini, Libia, Kenya, Mozambique and Uganda, as the region accounts for more than 69% of the HIV population in the world. South Africa in particular has the highest number of HIV patients in the world with seven million confirmed cases. In this topic, the interests of LEDCs and MEDCs align. However, MEDCs must make sure that the funds procured must be protected from embezzlement. Furthermore, LEDCs with predominant right-wing politics could come into ideological conflict with liberal MEDC ideals regarding religion and the role of women.

## **3. Possible solutions**

### **3.1 In favor of developed countries**

First and foremost, to eliminate treatment disparities for children with aids, MEDCs will push for laws and legislations that introduce equity to disadvantaged communities impacted by AIDS. Additionally, MEDCs will also be in favor of expanding the existing infrastructure of women's healthcare benefits, providing access to more contraception, testing kits and other reproductive health services to protect the child from contracting HIV through pregnancy. Furthermore, MEDCs will support further cooperation with LEDCs and organizations to provide humanitarian aid.

For a long-term effect, developed countries would likely support the implementation of more comprehensive sex education curriculums to educate children on the dangers and prevention methods of STIs. Since money is not a major constraint for MEDCs, the majority of MEDC countries will not have trouble paying for the expensive measures combating HIV. Solving the HIV/AIDS pandemic issue is in the interest of MEDCs because use it not only improves the general health of people, but it also improves household and community happiness, alleviates fear and confusion, and boost development and economic growth.

However, these solutions cannot be pragmatic and implementable on a global scale without the support of MEDCs and organizations due to the number of economic resources required for such an undertaking.

### **3.2 In favor of developing countries**

Developing countries would likely support resolutions that mandate the provision of humanitarian aid in the form of money, supplies or medical professionals from MEDCs, since they lack the economic capabilities to fund effective projects against HIV. Additionally, to ensure the secure movement of funds, developing countries should support the establishment of a monitoring authority for the transaction of funds. LEDCs will also likely support policies that educate women and children on the importance of hygiene and dangers of STIs as it is an effective long-term solution in reducing HIV prevalence. Finally, LEDCs will also support solutions that involve the improvements of medical infrastructure to provide a more hygienic medical environment to curb infections.

LEDCs are the countries that are most affected and most powerless from the destruction of AIDS, and it is in their interest to work with MEDCs and organizations to solve the issue at hand. With lowered HIV prevalence rates, countries will have lowered death rates, lower poverty rates, and a more productive working population, moving the country towards a positive direction in the long run.

These solutions are mostly pragmatic but must be done with support and funding from MEDCs, increasing foreign influence in domestic politics, which will be opposed by many. Additionally, overseeing and monitoring behaviors of embezzlement and corruption will be extremely difficult.

### **4. Keep in mind the following**

When researching the stance of the country you represent, be sure to gather information about the current status of HIV in your country and to what extent does it affect your country. Furthermore, investigate the cultural and political climate of your country. Find out what communities are most disproportionately impacted by AIDS and what has been the government approach towards them so far? Also, find out the current policies and actions taken against HIV/AIDS, and how effective it has been for your country. Lastly, do not forget that the topic is to mitigate the treatment disparities for **children** with aids, so make sure not to go on a tangent and always tie your topic back to children. Some questions that can guide you through your research are the following.

- 1. What are some anti-discriminatory practices/laws that your country currently employs to protect children from treatment disparities?*
- 2. What is the most disadvantaged community in your country and what has the government done thus far to help them?*
- 3. What is the status and power of women in your society, and what has women's health looked like in your country?*
- 4. What is the stance of your country's people on foreign aid?*
- 5. How dependent is your country on foreign aid for its HIV/AIDS pandemic?*

## **5. Evaluation**

Your approach to this topic should be mainly determined by your status as a MEDC or LEDC, as the status and needs differ significantly with one another, and one would pose economic sway over the other. Be clear on your exact measures that your country deems appropriate and wishes to take. Consider the stances of most members of this committee and try to find a middle ground. Steer clear from explicit, controversial and outrageous proposals. Good luck.

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