

## **CLEIMUN19**

“Collaboration in a Polarized World: Hope for the Future?”

A Research Report

COMMITTEE: World Health Organization (WHO)

QUESTION OF: Expanding Access to Treatment and Reducing Stigmatization for HIV/AIDS Patients.

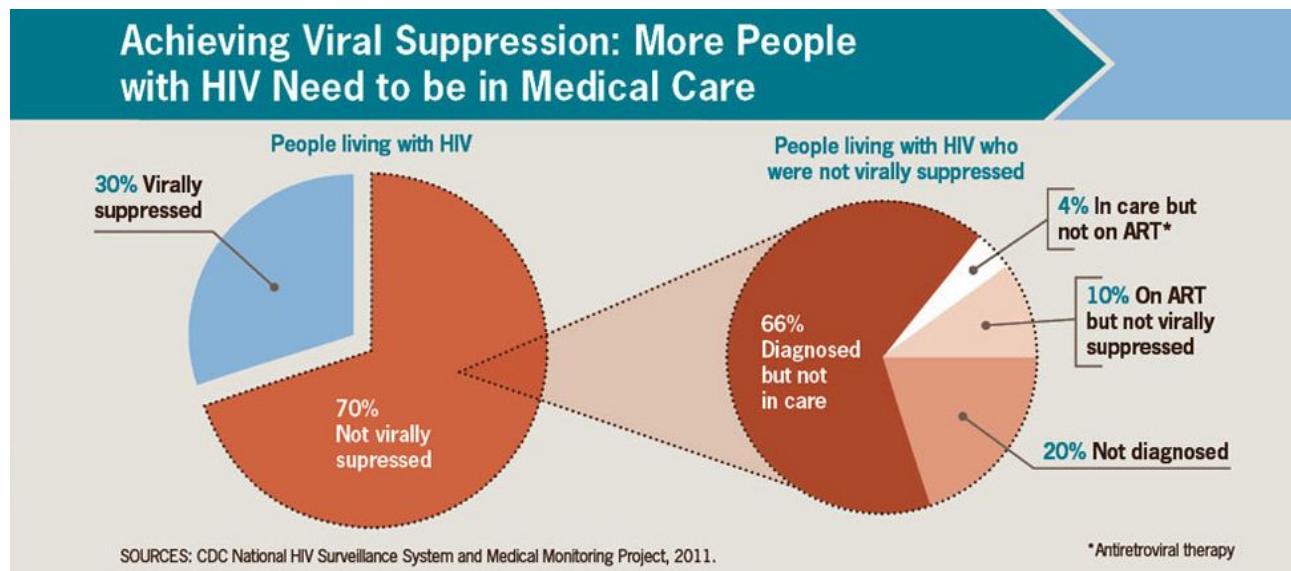
AUTHOR: Diana Lucic

### **Introduction & Background**

For decades, HIV/AIDS patients have been stigmatized and discriminated against for the disease that they carry: a disease that they have not been able to access the proper care to treat. The human immunodeficiency virus, otherwise known as HIV, is a relatively asymptomatic virus that attacks the body's immune system, specifically the CD4 cells, which are often called T cells.

Acquired immunodeficiency syndrome, also known as HIV/AIDS, is the final stage of HIV, in which the virus becomes highly symptomatic. No cure exists for HIV/AIDS, but strict adherence to antiretroviral therapy, which can also be called ART, can dramatically slow the progression of the disease, prevent secondary infections and complications, and extend the life expectancy of the patient. The virus can be transmitted through contact with infected blood, semen, or vaginal fluids; despite that, many are still misinformed on the different modes of contagion. This misinformation may lead to an increased amount of stigma. According to an AVERT.org, Over 50% of people report having discriminatory attitudes towards people living with HIV in a whopping 35% of a sample of countries that were willing to disclose this information. The amount of stigmatization may also lead to poor treatment for HIV/HIV/AIDS patients.

Nevertheless, most cases cannot even afford the treatment because without insurance, annual HIV/HIV/AIDS treatment can cost 14,000-20,000 USD, according to Michael Kolber, a professor at the University of Miami Miller School of Medicine. Each year, both the amount of people that discriminate against HIV/AIDS patients and the cost of HIV/AIDS treatment increases.



Many people who do have HIV/HIV/AIDS are not virally suppressed, therefore the virus still has the ability to multiply and function. 66 percent of the 70 percent that are not virally suppressed are not even cared for and 20 percent are not even diagnosed. This means that out of all of the people that have HIV/HIV/AIDS, only 30 percent are virally suppressed, and of the 70 percent that are not, 10 percent are on ART, but are not virally suppressed, and 4 percent are in care, but not on ART. This shows that 86 percent of the 70 percent are not in care, which exhibits the fact that many people do not have access to the treatment.

---

### **Why is the cost of medication so high?**

The cost of the daily HIV/AIDS and HIV medication is very steep because many nations, including most nations that have free market economies, lack a national spending price control for pharmaceutical drugs, which can cost drug prices to increase. This is because companies in free market economies generally have more mobility with the pricing of their products. In many nations, such as the United States of America, drug prices fluctuate because of the competition between pharmaceutical companies, not national spending regulations. In some nations, it is completely legal for pharmaceutical companies to sell their drugs at an significant price, even though most HIV/AIDS medications can be produced for as little as 100 USD per annual dosage of each drug. The cost of HIV/AIDS medication may be too high for some to afford because of their current financial status.

---

### **Why is there stigma surrounding HIV and HIV/AIDS:**

There is a considerable amount of stigma that HIV and HIV/AIDS patients sadly have to face. AVERT.org mentions that the character-crippling stigma mainly exists because of a fear of contagion from the HIV/AIDS epidemic that emerged in the 1980s since many did not, and still do not know how HIV/AIDS spreads. People believe that HIV is only transmitted through sex, an act that some cultures disapprove of, which causes stigmatization, even though that claim is false. HIV/AIDS can also be spread through cuts and scrapes, from mother to child during childbirth, and many other manners. This stigmatization is also provoked by individuals who believe that HIV infection is the result of personal impetuosity or moral fault.

Misinformation has played a major role in the abundance of stigmatization and discrimination against HIV/AIDS patients.

---

### **What is the effect of discrimination against people who suffer from HIV/AIDS?**

Prejudice and stigmatization against HIV/AIDS patients can create lasting effects on the infected. For example, it can cause poor care within the health sector for HIV/AIDS patients, symptoms of depression, loss of income, refusal of health care, loss of marriage and childbearing options, loss of reputation, and withdrawal of caregiving in the home. As stated by Patience Eshun from Ghana, who lost her daughter to an HIV/AIDS-related illness, “My daughter refused to go hospital to receive medicines. My daughter died because of the fear of stigmatization and discrimination.” HIV/AIDS stigmatization has also had an impact on the amount of deaths via suicide for people suffering from HIV/AIDS as suicide accounts for 2% of deaths in people with the disease, twice the rate of the general population. The consequences of HIV/AIDS stigma can be very detrimental.

---

### **Past Efforts To Solve This Problem**

There have been many efforts to solve the issue at hand in the past, but many have proven to be ineffective. Organizations like UNAIDS, the Kaiser Family Foundation, the International HIV/AIDS Society, and the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria have all taken steps to solve this problem. Whether it be through spreading awareness about HIV/AIDS, providing funding to find a cure for HIV/AIDS, or attempting to end the HIV/AIDS epidemic,

these groups have tried their best to solve this issue. None have completely succeeded, however; in solving this issue.

---

### **Possible Solutions**

As of right now, there are no international regulations that control how expensive or inexpensive HIV/HIV/AIDS medications can be. Nonetheless, international pharmaceutical drug price regulations can not come about without a serious discussion about the profit the pharmaceutical companies will lack after said regulations are set in stone. Delegates must focus their attention to resolving issues such as expanding access to HIV/HIV/AIDS treatment as well as reducing the stigmatization that HIV/AIDS patients face and would be advised to form international campaigns to help formulate a proper solution to the issue. Delegates must also remember that some nations have cultural differences that may cause opposing viewpoints. Keeping said differences in mind, delegates must respect all other nations' perspectives in an attempt to solve the issue at hand, rather than creating a new one. All delegations must also remember that the United Nations can not force countries to comply with policies, as that would be an infringement upon their national sovereignty.

## Works Cited

- Bertozi, Stefano. "HIV/AIDS Prevention and Treatment." *Disease Control Priorities in Developing Countries. 2nd Edition.*, U.S. National Library of Medicine, 1 Jan. 1970, [www.ncbi.nlm.nih.gov/books/NBK11782/](http://www.ncbi.nlm.nih.gov/books/NBK11782/).
- Fatoki, Babatunde. "Understanding the Causes and Effects of Stigma and Discrimination in the Lives of HIV People Living with HIV/AIDS: Qualitative Study." *OMICS International*, OMICS International, 14 Nov. 2016, [www.omicsonline.org/open-access/understanding-the-causes-and-effects-of-stigma-and-discrimination-in-the-lives-of-hiv-people-living-with-hiv-aids-qualitative-study-2155-6113-1000635.php?aid=82582](http://www.omicsonline.org/open-access/understanding-the-causes-and-effects-of-stigma-and-discrimination-in-the-lives-of-hiv-people-living-with-hiv-aids-qualitative-study-2155-6113-1000635.php?aid=82582).
- Grossman, Cynthia I, and Anne L Stangl. "Global Action to Reduce HIV Stigma and Discrimination." *Journal of the International AIDS Society*, vol. 16, 2013, p. 18881., doi:10.7448/ias.16.3.18881.
- "HIV Stigma and Discrimination." *AVERT*, Avert, 9 Apr. 2018, [www.avert.org/professionals/hiv-social-issues/stigma-discrimination](http://www.avert.org/professionals/hiv-social-issues/stigma-discrimination).
- "HIV and AIDS Timeline | National Prevention Information Network." *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, [npin.cdc.gov/pages/hiv-and-aids-timeline](http://npin.cdc.gov/pages/hiv-and-aids-timeline).
- "HIV, Stigma & Discrimination - What Is Stigma?" *HIV & AIDS Information :: Taking Your HIV Treatment*, [www.aidsmap.com/stigma/What-is-stigma/page/1260706/](http://www.aidsmap.com/stigma/What-is-stigma/page/1260706/).
- Thompson, Melanie A., et al. "Antiretroviral Treatment of Adult HIV Infection." *Jama*, vol. 304, no. 3, 2010, p. 321., doi:10.1001/jama.2010.1004.

Valdiserri, Ronald O. "HIV/AIDS Stigma: An Impediment to Public Health." *American Journal of Public Health*, vol. 92, no. 3, 2002, pp. 341–342., doi:10.2105/ajph.92.3.341.

"Why Are HIV Meds so Expensive, and What Can We Do about It?" *BETA Blog*, 12 Nov. 2015, [betablog.org/why-are-hiv-meds-so-expensive-and-what-can-we-do-about-it/](http://betablog.org/why-are-hiv-meds-so-expensive-and-what-can-we-do-about-it/).