

Forum: HYC 2

Issue: Providing protection and medical support for people living with HIV/AIDS

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Introduction

HIV/AIDS has been one of the most intractable and thorny issues of public health of our times. By the end of 2024, the global burden of HIV is projected to be approximately 40.8 million individuals with the burden unevenly spread across people and regions (UNAIDS, 2024a). Although the situation has improved over the decades, new infections are still being reported every year, and deaths caused by HIV are still high (WHO, 2023a). These statistics demonstrate that the biomedical solutions are insufficient only; people living with HIV/AIDS (PLHIV) need to be provided with the protection, medical attention, and the defense of their human rights to a sustainable solution (UNAIDS, 2023).

Protection in this context goes beyond medical care. It includes legal and social frameworks that guard against discrimination, stigma, and exclusion, while medical support involves access to testing, treatment, prevention tools, and mental health care (UNAIDS, 2023). Without both working in tandem, many individuals cannot fully benefit from available services. Stigma, in particular, remains one of the greatest obstacles. It often discourages people from seeking testing or treatment, isolates them from their communities, and reinforces cycles of silence and fear (UNAIDS, n.d.-b). For many, living with HIV is as much about confronting prejudice as it is about managing a medical condition.

The health needs of people living with HIV are also multifaceted. Beyond the virus itself, many face co-morbidities, mental health challenges, and social isolation. Depression and anxiety are common, and they can undermine adherence to treatment and overall well-being (UNAIDS, n.d.-a). Addressing HIV/AIDS therefore requires a holistic approach that integrates social support, education, and mental health services into medical programs.

Despite global efforts, access to treatment and prevention remains unequal. In wealthier countries, most people living with HIV have access to antiretroviral therapy (ART) and newer preventative technologies. Yet in low- and middle-income regions, gaps persist due to limited funding, weak health infrastructure, and political or cultural barriers (WHO, 2023b). In some parts of the world, infections are

even on the rise, particularly among vulnerable groups such as youth, women, LGBTQ+ individuals, and marginalized communities (UNICEF, 2024). These disparities show that HIV/AIDS is not only a medical issue but also one deeply tied to inequality, rights, and justice.

Definition of Key Terms

HIV (Human Immunodeficiency Virus)

A virus that targets the immune system of the body, particularly the CD4 cells (T cells), which are used to combat infections. HIV may cause AIDS disease without treatment (WHO, 2023a).

AIDS (Acquired Immunodeficiency Syndrome)

The highest level of HIV disease, which is the presence of an extremely weak immune system that exposes individuals to opportunistic infections and some cancers (WHO, 2023a).

ART (Antiretroviral Therapy)

Taking a combination of HIV drugs (antiretrovirals) to manage the virus. ART will allow HIV-positive individuals to lead healthier and longer lives and decrease the possibility of transmission (UNAIDS, 2024a).

PrEP (Pre-Exposure Prophylaxis)

A prophylactic agent used by individuals that are at risk of HIV. PrEP will significantly lower the risk of HIV acquisition when used regularly (WHO, 2023a).

Stigma

Preexisting negative attitudes, beliefs and stereotypes towards people living with HIV/AIDS. Stigma usually results in discrimination and people are not able to get testing, treatment, and support (UNAIDS, n.d.-b).

Discrimination

The discrimination or unfair or inappropriate treatment of individuals due to his/her HIV status, which may happen in the healthcare facilities, work places, schools or even within communities. One of the biggest hindrances to HIV prevention and treatment is discrimination (UNAIDS, n.d.-b).

Universal Health Coverage (UHC)

A health care system where everybody and every community can access the required health services without necessarily straining their finances. UHC is at the heart of making HIV treatment and protection accessible to everyone (United Nations, 2023).

Key Populations

Cohorts of individuals who are unequally impacted by HIV because of social, cultural or legal aspects. These are men who have sex with men, sex workers, injecting drug users, transgender and prisoners (UNAIDS, 2024a).

Background Information

Global Overview of HIV/AIDS

The HIV pandemic has become one of the most lethal epidemics of the modern world as the virus has spread all over the world since its first discovery in the early 1980s. About 40.8 million individuals are living with HIV around the world by the end of 2024 (UNAIDS, 2024a). Although the introduction of antiretroviral therapy (ART) has turned HIV into more of a chronic disease with manageable symptoms, there are still problems. In 2024, over 1.3 million people became newly infected, and hundreds of thousands continue to die yearly of AIDS related illnesses (UNAIDS, 2024b). Even though the infection rates all over the world have decreased, compared to the time of the epidemic, the crisis is still powered by the inequality and imbalance in the region (UNICEF, 2024).

Regional Disparities and Vulnerable Groups

HIV/AIDS is not uniformly spread. Sub-Saharan Africa is the seat of the epidemic with almost two-thirds of all cases worldwide. Some of the heaviest loads are borne by countries like South Africa and Nigeria (WHO, 2023b). Conversely, Eastern Europe, Central Asia, and the Middle East are recording an increase in the number of infections since prevention and treatment services are inaccessible (UNAIDS, 2024a). Some people, commonly known as key populations are disproportionately affected. These are men who have sex with men, sex workers, drug injectors and transgender persons. Another group that is highly susceptible is that of youth and women particularly those in low-income areas because of lack of education, economic reliance as well as gender

disparities (UNICEF, 2024).

Stigma, Discrimination, and Human Rights

In addition to health care obstacles, stigma and discrimination have been some of the most significant hindrances to effective HIV prevention as well as treatment (UNAIDS, 2024b). HIV patients tend to be discriminated within their communities, they are not allowed to work in their areas or to get medical care. In certain nations, discrimination laws abuse same sex relationships or drug use which isolate crucial populations even more and deny them access to lifesaving care (WHO, 2023a). Stigma is not an individual or social problem but a systemic one because it prevents governments and health organizations from reaching out to affected populations (UNAIDS, 2024b).

Progress in Medical Treatment and Prevention

In the last 40 years, the medical contribution towards HIV/AIDS has been enormous. Millions of people can now enjoy long and healthy lives thanks to antiretroviral therapy (ART) and transmission is also decreased through treatment (UNAIDS, 2024a). Prevention initiatives like Pre-Exposure Prophylaxis PrEP, condom distribution and mother-to-child transmission prevention programs have been highly successful when put in place (WHO, 2023b). Nevertheless, the availability of such treatments and prevention methods is also not uniform, particularly in low and middle-income nations with a weak infrastructure and budget concerning healthcare (UNAIDS, 2024b).

International Efforts and Policy Frameworks

The United Nations, governments, and international organizations have worked together to ensure that the world is responding to HIV/AIDS. The provision to eliminate AIDS as a form of public health threat by 2030 is headed by UNAIDS in accordance with the Sustainable Development Goal 3.3 (United Nations, 2023). Efforts like the Global Fund to Fight AIDS, Tuberculosis and Malaria and the U.S. President Emergency Plan to Fight AIDS (PEPFAR) have put in contributions of billions of dollars into prevention and treatment. The aims and goals set by the UNAIDS 95-95-95 are lofty but can be met with dedication in the long term by having 95 percent of the population living with HIV know their status, 95 percent of those diagnosed to undergo treatment, and 95 percent of those treated to be virally suppressed (UNAIDS, 2024a). Funding gaps, political resistance, and increasing inequalities in healthcare access are threats to progress, though.

Major Countries and Organisations Involved

South Africa

South Africa has the most significant HIV epidemic in the world where more than 7 million individuals are living with HIV (WHO, 2023b). The state has been very successful in terms of implementing antiretroviral therapy (ART), with the largest treatment program in the world. Nevertheless, it has remained a burden to the national response because of challenges like stigma, poverty, unequal access to healthcare, etc. Being one of the most significantly impacted countries, South Africa will be at the center of influencing the policies of the region and pushing it toward closer cooperation with other countries (UNAIDS, 2024b).

Nigeria

Nigeria has one of the greatest burdens of HIV/AIDS in Sub-Saharan Africa with millions of people living with the virus and high rates of new infections being reported. Although the treatment access has been improved, social and cultural stigma, as well as underfunded health care systems, restrict the advancement. The practice of Nigeria is particularly significant due to the high population and power it has in the African Union (UNAIDS, 2024b).

United States

The U.S is a key donor nation and a leader in the current global funding of HIV/AIDS. Its Presidential Emergency Plan on AIDS Relief (PEPFAR) was introduced in 2003 and has contributed billions of dollars in donations, saved millions of lives and funded treaties programs in over 50 countries. The U.S. also remains on the frontline in biomedical innovation, prevention plans and funding decisions, thereby becoming one of the most significant international players in the HIV/Aids response (UNAIDS, 2024a).

Brazil

Brazil is known to have been a progressive country in terms of its HIV/AIDS policies. The country has been offering ART universally since the 1990s, and serves as an example to other developing countries. In Latin America, Brazil also takes the lead as a promoter of affordable medicine by means of local production and assisting powerful public-health campaigns against stigma (UNAIDS, 2024b).

UNAIDS (Joint United Nations Programme on HIV/AIDS)

UNAIDS is the central UN organ which organizes the global response to HIV/AIDS. It collaborates with the governments, civil society and other UN agencies to ensure that the objective of AIDS as a public health threat is ended by 2030. UNAIDS encourages the 95-95-95 goals and promotes human rights-based treatment and prevention (UNAIDS, 2024a).

World Health Organization (WHO)

The WHO defines international health standards, gives technical advice, and assists nations in enhancing their health care systems to be in a better position to respond to HIV/AIDS. It also oversees the progress and provides global health sector strategies, and hence it will be at the heart of the consistency in prevention and treatment (WHO, 2023a).

The Global Fund to Fight AIDS, Tuberculosis and Malaria

Global Fund is among the biggest global financing institutions in the response of HIV/AIDS. It offers essential funds in prevention, treatment, and health infrastructures especially in the low-income and middle-income nations. Its resources are crucial in supporting national programs in areas in which domestic funds do not suffice (Global Fund, 2023).

Viable Solutions

One of the initial moves towards tackling the global HIV/AIDS issue is enhancing universal access to treatment, prevention and testing (UNAIDS, 2024a). Although numerous nations already implement the antiretroviral therapy (ART) initiatives, the shortcomings still remain in low-income areas. Proposed solutions included regional medicine manufacturing centers, to save money; mobile clinics, to access rural communities; and increased access to Pre-Exposure Prophylaxis (PrEP) and HIV self-testing kits, to empower communities (WHO, 2023b).

To address the issue of regional inequalities and safeguard vulnerable groups, international collaboration must focus on the specific interventions. In Sub-Saharan Africa, the worst affected area, it is important to scale up funding and infrastructure. The governments might collaborate with NGOs and

donors to initiate the youth-oriented education campaigns and the establishment of the safe areas where women and the marginalized groups can access care (UNICEF, 2024). Digital health platforms and telemedicine are technology-based solutions that can help the underserved communities find medical assistance (UNAIDS, 2024a).

Stigmatization and discrimination cannot be erased without legal and cultural transformation. Anti-discrimination laws with successful practice in Brazil and South Africa could be suggested by delegates to provide equal rights in the workplace and healthcare (UNAIDS, 2024b). Testing and treatment can be normalized through public awareness campaigns that are conducted by trusted community leaders to eliminate myths. The UN could also monitor the progress of countries by introducing a global HIV Human Rights Index that would keep countries accountable (UNAIDS, 2023).

Lastly, there is a need to have stronger policy frameworks and long-term funding. The targets of 95-95-95 proposed by UNAIDS are to be nationalized in the policy and linked to developmental aid (UNAIDS, 2024a). The representatives might suggest the establishment of a global HIV/AIDS Solidarity Fund within the UN to ensure resources even in times of a crisis such as the COVID-19. International collaboration in the form of data exchange, training and collaborative research would further enhance international coordination and flexibility (WHO, 2023a).

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