

XIAMUN XI

United Nations Human Rights Council

Ensuring equitable access to quality healthcare to combat the HIV/AIDS crisis

Chair Report

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FORUM: United Nations Human Rights Council (UNHRC)
ISSUE OF: Ensuring equitable access to quality healthcare to combat the HIV/AIDS crisis
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POSITION: Deputy President

Introduction to Committee:

The Human Rights Council is an intergovernmental body within the United Nations system that was formed on March 15, 2006. It is responsible for strengthening the promotion and protection of human rights worldwide, addressing human rights violations, and making recommendations. It has the ability to discuss all thematic human rights issues and situations that require its attention throughout the year.

Introduction to Topic:

HIV/AIDS is one of the most serious public health challenges in the morden era. Even though it has already made significant medical progress, there were an estimated 40.8 million people that were living with HIV in 2024, of whom only 75% were receiving critical, life-saving antiretroviral therapy, also known as ART. The chance of getting prevention, testing, treatment, and care remains disturbingly unequal; only 79% of adults that were infected with HIV were receiving ART, compared to only 55% of children.

Additionally, many other social factors play a role in affecting the treatment that may be given some of the social factors include poverty, stigma, discrimination, gender inequality, limited healthcare infrastructure, and unequal access to affordable medicines. Many marginalize communities even face additional challenges to have equal health care, including fear of judgement, restrictive laws, and a lack of confidential or youth-friendly health services. in conclusion, only medical treatment won't solve the HIV and AIDS crisis, systems need to address the factors that play a role in limiting access to life-saving treatment, such as income, location, gender, religion, and age.

History of Topic:

1981 — The United States found the first cases of AIDS, symbolizing the beginning of the global health crisis that is not equitable for marginalized communities and has the most impact.

1983 — Scientists identified HIV as the virus that causes AIDS, allowing researchers to begin developing tests and treatments.

1987 — AZT became the first antiretroviral drug approved to treat HIV, but in many poorer countries, people could not access it due to its high cost and limited availability.

1996 — The introduction of combination antiretroviral therapy (ART) transformed HIV from a fatal disease into a manageable condition, but the treatment still remained largely inaccessible in low- and middle-income countries.

2001 — The World Trade Organization adopted the Doha Declaration on TRIPS and Public Health, affirming that countries could take measures to protect public health and improve access to essential medicines.

2002 — To finance HIV prevention, testing, treatment, and care programmes in countries with high disease burdens, the Global Fund to Fight AIDS, Tuberculosis and Malaria was created.

2003 — The United States launched the largest bilateral global health initiative, called "PEPFAR", while the WHO began its "3 by 5" initiative to expand ART access in developing countries.

2014 — The 90–90–90 targets were introduced by UNAIDS, aiming to ensure that most people living with HIV were diagnosed, treated, and virally suppressed by 2020.

2021 — UN Member States adopted a Political Declaration on HIV and AIDS, setting 95–95–95 targets and committing to end AIDS as a public-health threat by 2030.

2024 — Although 31.6 million people were receiving ART, there are still more than nine million people living with HIV who lacked access to treatment, showing that unequal access remained a major barrier.

Key Terms:

Human Immunodeficiency Virus (HIV) — A virus that attacks the immune system, weakening the body's ability to fight infections and diseases.

Acquired Immunodeficiency Syndrome (AIDS) — Fair access to healthcare based on people's needs, addressing avoidable barriers linked to income, location, gender, or other circumstances.

Quality healthcare — Healthcare that is safe, effective, and responsive to patients' needs, with one standard across different population groups.

Antiretroviral therapy (ART) — Treatment using a combination of medicines to suppress HIV, protect the immune system, and help people living with HIV lead healthier lives.

Universal health coverage (UHC) — A system in which everyone can access the quality health services they need without experiencing financial hardship.

Major Parties Involved:

1. Supranational Organizations

United Nations Programme on HIV/AIDS (UNAIDS) — UNAIDS leads the global response to HIV/AIDS by coordinating UN agencies, collecting data, setting targets, and advocating for equitable access to prevention, testing, and treatment.

World Health Organization (WHO) — The WHO develops global guidelines for HIV prevention, testing, and treatment, helping countries provide safe, effective, and accessible healthcare.

2. National Governments and Government Agencies

United States President's Emergency Plan for AIDS Relief (PEPFAR) — PEPFAR provides funds for HIV prevention, testing, treatment, and care programmes worldwide, which has helped save millions of lives.

United States Food and Drug Administration (FDA) — The FDA approves and regulates HIV medicines, ensuring that antiretroviral treatments meet safety and effectiveness standards.

3. Independent Entities and Non-Government Organizations (NGOs)

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The Global Fund to Fight AIDS, Tuberculosis and Malaria — The Global Fund finances HIV programmes in heavily affected countries, providing 28% of all international HIV financing for those countries to expand access to care.

Problems Raised:

Unequal access to ART — More than nine million people living with HIV were not receiving treatment in 2024 even though ART can treat HIV effectively, often because medicines, clinics, or trained health workers are unavailable or unaffordable.

High cost of medicines and healthcare — Due to the struggle to afford enough antiretroviral drugs, diagnostic tests, and prevention supplies, many low- and middle-income countries leave their patients with unequal access to care.

Stigma and discrimination — Because of the fear of abuse, judgment, or punishment, many people with HIV/AIDS didn't seek treatment, which is often very common in marginalized communities

Weak healthcare systems — Shortages of clinics, medical staff, and laboratory equipment make it difficult for some countries to provide consistent HIV care, particularly in rural areas.

Previous Attempts to Resolve the Issue:

Affordable generic medicines — The WTO's 2001 Doha Declaration allowed developed countries greater opportunity to access generic medicines, helping lower the cost of antiretroviral therapy and expand treatment access.

International funding programmes — There are many International funding programmes, such as the Global Fund(created in 2002) and PEPFAR(launched in 2003), which provided billions of dollars to fund HIV prevention, testing, treatment, and care in low- and middle-income countries.

Global treatment targets — UNAIDS drew up and introduced the 90–90–90 targets in 2014, and the UN adopted 95–95–95 targets in 2021, which help encourage countries to give equal opportunity to everyone.

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Timeline:

Date	Event
5 June 1981	The first cases of AIDS were reported in the United States, marking the beginning of the global HIV/AIDS crisis.
1983	Scientists identified HIV as the virus that causes AIDS, enabling the development of tests and treatments.
1987	AZT became the first antiretroviral drug approved to treat HIV, although its high cost limited access for many patients.
1996	Combination antiretroviral therapy (ART) was introduced, transforming HIV into a manageable condition in countries where treatment was affordable.
14 November 2001	The WTO adopted the Doha Declaration on TRIPS and Public Health, allowing countries greater flexibility to access affordable generic medicines, which is called "generic medicines."
2002	The Global Fund to Fight AIDS, Tuberculosis and Malaria was created to finance HIV prevention, treatment, and care programmed.
2003	The United States launched PEPFAR, and the WHO began its "3 by 5" initiative to expand ART access in developing countries.
2014	UNAIDS introduced the 90–90–90 targets to increase HIV diagnosis, treatment, and viral suppression by 2020.
8 June 2016	The UN General Assembly adopted a Political Declaration on Ending AIDS, committing countries to the 90–90–90 targets.
9 June 2021	UN Member States adopted a Political Declaration on HIV and AIDS, setting 95–95–95 targets and committing to end AIDS as a public-health threat by 2030.
End of 2024	31.6 million people were receiving ART, but more than nine million people living with HIV still lacked treatment, showing that unequal access remained a major problem.

Possible Solutions:

1. Expand affordable access to antiretroviral therapy (ART) — The UN can encourage countries to reduce the cost of HIV medicines while producing more generic drugs, open

licensing, purchasing huge amounts at the same time, and international cooperation, which give more people the opportunity to receive continuous treatment.

2. Strengthen healthcare systems — Creating funding programs to support setting up more clinics, laboratory testing, trained healthcare workers, and building up medicine supply chains, particularly in rural areas.
3. Increase funding for prevention and testing —Promote wider access to condoms and increase people's awareness of PrEP, voluntary HIV testing, and counselling, with a focus on underserved communities.
4. Reduce stigma and discrimination — Encourage developing countries to reform discriminatory laws, protect the rights of patients, and train healthcare workers to also provide mental health support.
5. Support community-led healthcare services — Fund local organizations and peer-support networks that can reach marginalized groups, provide education, and connect people to testing and treatment services.
6. Improve international cooperation and sustainable financing — Encourage governments, UN agencies, and NGOs to coordinate funding and share resources so that HIV programmes are not disrupted by short-term funding cuts.

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