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**ASSEN MODEL UNITED NATIONS 2020**  
**COMMITTEE GUIDE**  
GENERAL ASSEMBLY

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*Providing free medication for HIV, malaria  
and tuberculosis to the HIPC (Heavily  
Indebted Poor Countries) countries.*

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# CONTENTS

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**CHAIRS .....3**  
    **Eline Vianen .....3**  
    **Lysanne Hoen.....3**  
**WRITER .....3**  
**COUNTRIES IN THE COMMITTEE.....4**  
**INTRODUCTION AND TASK.....5**  
**HISTORY OF THE GENERAL ASSEMBLY .....5**  
**HISTORY OF THE PROBLEM .....6**  
    **The fundamental effect .....6**  
    **The cost of drug production .....6**  
    **What does the TRIPS Agreement say?.....7**  
    **The Doha Declaration .....7**  
**BLOC POSITIONS .....9**  
**QARMA’S.....11**

## CHAIRS

### **Eline Vianen**

Hi! My name is Eline and I am 17 years old. In the past, I have also undergone the endless tormenting and punishing of evil chairs, so no doubt you understand that I leaped at the opportunity to work through my past trauma by delivering others the same unfortunate fate. With that being said, I very much look forward to ASMUN and I hope you all do to. Let's have a fun day together!

### **Lysanne Hoen**

I'm Lysanne Hoen. I'm 17 years old. I participated in MEP, HSPMUN and OLMUN as a delegate, but this is my first time chairing. I really look forward to seeing this side of the story and hope to have a fun and productive conference!

Friendly greets,  
Lysanne

## WRITER

Dear Delegates,

I had a lot of fun researching this topic. I never realised that this issue was so big since I never looked into it before. To me this topic is very interesting, and I hope you all will have a good time reading this committee guide. Together with your own research, this committee guide will give you enough information to form a resolution through debating. I hope all of you have a great conference and good luck!

Kind regards,  
Julie Hunze

## COUNTRIES IN THE COMMITTEE

- Sudan
- Djibouti
- Côte d'Ivoire
- Japan
- Thailand
- Kuwait
- North Macedonia
- Dominican Republic
- Suriname
- Colombia
- Brazil
- The United States of America
- Norway
- Denmark
- Switzerland
- Philippines
- Russian Federation
- Belgium
- Syria
- United Kingdom
- Mexico
- Ukraine



## INTRODUCTION AND TASK

Welcome delegates of the General Assembly. The General Assembly is the largest committee within the United Nations. It consists of all 193 member states<sup>1</sup>. The responsibility of the General Assembly lies with coordination almost every international issue covered by the Charter of the United Nations. Example issues covered are:

- Development problems
- International law

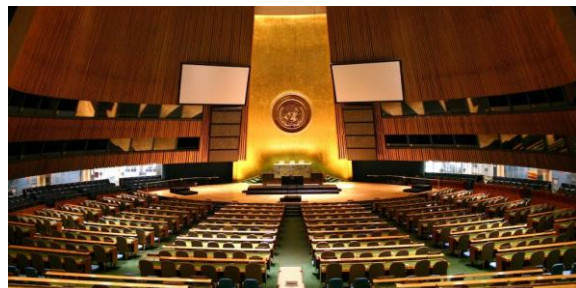
One of the specific goals of the General Assembly at the moment is to start providing free medication for the diseases HIV, malaria and tuberculosis to the HIPC (Heavily Indebted Poor Countries) countries. According to Professor Tijjani Muhammad-Bande (Nigeria) the problem of these illnesses should be taken seriously. He stresses the need of the support of the international community to help the HIPC countries. With that said, it is now time for you all to come up with solutions to this problem. Keep in mind to answer QARMA'S in your resolution.

## HISTORY OF THE GENERAL ASSEMBLY

All 193 Member States of the Organization are represented in the General Assembly - one of the six main organs of the UN - to discuss and work together on a wide array of international issues covered by the Charter of the United Nations, such as development, peace and security, international law, etc. The General Assembly was established in 1945 under the Charter of the United Nations.

The General Assembly today consists of a lot of different mechanisms and procedures. A few of these procedures and mechanisms are:

- Initiate studies and make recommendations to promote international political cooperation, the development and codification of international law, the realization of human rights and fundamental freedoms, and international collaboration in the economic, social, humanitarian, cultural, educational and health fields;
  - Consider and make recommendations on the general principles of cooperation for maintaining international peace and security, including disarmament;
  - Consider and approve the United Nations budget and establish the financial assessments of Member States;<sup>2</sup>



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<sup>1</sup> <https://www.un.org/en/ga/>

<sup>2</sup> <https://www.un.org/en/ga/about/background.shtml>

## HISTORY OF THE PROBLEM

The most dangerous and prominent diseases to have affected the developing world are HIV/AIDS, tuberculosis (TB), malaria, polio, sleeping sickness, blinding trachoma and leprosy. The focus right now is on the treatments for HIV, tuberculosis and malaria. Since a full analysis of the symptoms and effect of these diseases is too exhaustive for our purposes; our focus is not on the diseases but the treatments, the further reading section provides a number of useful links to information about HIV/AIDS, tuberculosis and malaria themselves to aid any background understanding. As such it is sufficient to appreciate that these are the main killer diseases and to move on to examine the humanitarian effect and what is being done to provide access to treatments.

### The fundamental effect

When these diseases hit the developing world, they took a strong hold due to the poor living conditions and lack of sanitation and access to healthcare. The statistics are startling. About 32 million have died since the first diagnosis of AIDS in 1981 and 38 million people are currently living with HIV<sup>3</sup>. Tuberculosis kills around 2 million people each year and between 2002 and 2020, it is estimated that 1000 million people will be newly infected<sup>4</sup>. 300 million people have acute malaria and with the increasing resistance to treatment one million more people die every year from which most occurred in African and Indian countries.<sup>5</sup>

### The cost of drug production

Perhaps it is understandable that medicines are so expensive when on average it costs \$2.6 Billion to introduce a new drug to the market.<sup>6</sup> Most of that cost comes in the research and development (R&D) stage; indeed, more than half the total cost is tied into the four trial phases in which new medicines are tested on people for safety and effectiveness. This means that without undergoing R&D, universal companies are able to reproduce drugs developed by other pharmaceutical companies and sell them at a markedly reduced price. India and Thailand are two of the countries that have, in recent years, allowed companies to produce generic versions of drugs patented in industrialized countries, using different production methods than the original manufacturer, this making it significantly cheaper.

The south African Health products regulatory authority approved Cipla's latest antiretroviral treatment for HIV in September 2018. This means Cipla can offer the treatments to African governments. The Cocktail will cost \$10000 a year per patient but Cipla has offered to sell the cocktail for only \$350 per patient.<sup>7</sup> This proves that

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<sup>3</sup> <https://www.who.int/gho/hiv/en/>

<sup>4</sup> <https://www.who.int/news-room/fact-sheets/detail/tuberculosis>

<sup>5</sup> <https://www.who.int/gho/malaria/epidemic/deaths/en/>

<sup>6</sup> <https://www.policymed.com/2014/12/a-tough-road-cost-to-develop-one-new-drug-is-26-billion-approval-rate-for-drugs-entering-clinical-de.html>

<sup>7</sup> <http://www.papamamanbebe.net/a4680-cipla-offers-cheap-aids-drugs.html>

generic companies are able to develop and provide medicines to countries for way less money than the original manufacturer would.

In the short term this provision of drugs to people who desperately need them is a great idea. In the long term, however, the production of medicines by generic companies may be problematic. The research and development of drugs is not encouraged when the risk and innovation are not guaranteed the financial benefits of their labour. Since the development of drugs is so expensive and it takes an average of 10 to 15 years to develop a drug and bring it to the market, many would rather not take the risk of copying the work of other companies and undercutting prices. There are a lot of pharmaceutical companies that argue whether or not accepting generic drugs in the market hinders the development of new drugs. Since the scientist in that specific area are focussing their efforts on other aspects the development of new drugs may indeed be hindered.

Certainly, there does seem to be some statistical evidence to support this in practice. In the decade after Italy's weak patent laws were strengthened (1995)<sup>8</sup>, pharmaceutical research and development increased significantly.<sup>9</sup>

## **What does the TRIPS Agreement say?**

The TRIPS (trade related aspects of intellectual property rights) agreement has been in force since 1995. This agreement is expected to have the greatest impact on the pharmaceutical sector and access to medicines. The TRIPS agreement was introduced to protect and enforce pretty much all forms of intellectual property rights by introducing global minimum standards. The TRIPS agreement requires all members of the World Trade Organisation (WTO), with some exceptions, to adapt their laws to the minimum standards of intellectual property rights (IPR) protection. International conventions before the TRIPS agreement did not require minimum standards for patents. The TRIPS agreement also imported accurate obligations for the enforcement of intellectual property rights.

There is, however, a certain amount of freedom in choosing regulations for every country, in terms of accommodating their own patents and intellectual property rights. There just has to be ensured that there is a proper balance between the goal of providing encouragements for prospect inventions of new drugs and the goal of affordable access to already existing medicines.<sup>10</sup>

## **The Doha Declaration**

Because of the growing concerns concerning the possibility of restricted access to affordable medicines for populations in third world countries in their efforts to control diseases like HIV, tuberculosis and malaria, the WTO adopted a special declaration. In 2001 during the WTO Ministerial conference in Doha this declaration was adopted. The declaration reacts to the concerns of third world countries about some obstacles

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<sup>8</sup> <http://apps.who.int/medicinedocs/pdf/s2251e/s2251e.pdf>

<sup>9</sup> <https://www.statista.com/statistics/958666/randd-investments-of-the-italian-leading-pharmaceutical-companies/>

<sup>10</sup> [https://www.who.int/medicines/areas/policy/wto\\_trips/en/](https://www.who.int/medicines/areas/policy/wto_trips/en/)

they faced during the implementation of measures to stimulate the access to cheap medicines while accepting the role of the intellectual property protection for the development of new medicines.

The Doha declaration enshrines the principles of the WHO namely, to make full use of the TRIPS agreement in order to protect public health and enhance the access to medicines for poor countries. The Doha declaration also affirms that the TRIPS agreement should not prevent members from taking regulations to protect public health.<sup>11</sup>



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<sup>11</sup> [https://www.who.int/medicines/areas/policy/doha\\_declaration/en/](https://www.who.int/medicines/areas/policy/doha_declaration/en/)



## **BLOC POSITIONS**

### **Asia and the pacific**

Nine out of the world's 22 'high burden' tuberculosis (TB) countries are in the Asia and Pacific region which is home to more than half of all people living with TB globally. Many countries are also facing alarming epidemics of multi-drug resistant TB. TB and HIV programmes have improved in these regions. The region of Asia and the pacific are aware of the issue that is being covered. Even though the programmes have improved, there still are a lot of people in need for treatments. Asia and the pacific would profit a lot from free Epidemics for the specific illnesses.<sup>12</sup>

### **Middle- East and North Africa**

Since 2005, the number of people receiving antiretroviral treatment (ART) in the middle East and North Africa (MENA) has increased dramatically. The World Health Organization's promotion of the 'treat all' approach, whereby people testing positive for HIV are immediately offered treatment regardless of the level of virus in their body. Tuberculosis (TB) is present, although the number of TB-related deaths among people is decreasing. The proportion of people with active TB who start ART differs between countries but is highest in Tunisia and Sudan at around 11%, and lowest in Lebanon and Oman at around 1%. Studies highlight the urgent need to better HIV and TB treatments. Due to high numbers of migrants from TB endemic areas, TB is a particular problem in Saudi Arabia. It is also an issue in Somalia, which reports the highest prevalence of MDR-TB in the region.<sup>13</sup> MENA would definitely benefit from free drugs.

### **Western Europe and North America**

Western Europe and North America (WENA) have the greatest access to HIV treatments due to the high level of income and the great prosperity. A 6% increase was achieved from 2010 to 2016. Since WENA do not have a lot of issues concerning malaria and TB, they, themselves, would not benefit a lot from free medicines. Even though they would want to achieve this, it would cost them way more than that they would benefit from it since these countries are most likely to develop medicines and do the research.<sup>14</sup>

### **Southern and East Africa**

Southern and East Africa (SEA) suffer the most from all illnesses discussed. It has over half of the people living with HIV in the world. South Africa alone has a quarter of all the people living with HIV in the world. In 2016, ten countries in the region were classified as being among the 30 countries with the highest TB burden. The number

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<sup>12</sup> <https://www.avert.org/professionals/hiv-around-world/asia-pacific/overview>

<sup>13</sup> <https://www.avert.org/professionals/hiv-around-world/middle-east-north-africa-mena>

<sup>14</sup> <https://www.avert.org/professionals/hiv-around-world/western-central-europe-north-america/overview>

of HIV/TB deaths is decreasing due to the expansion of ART.<sup>15</sup> In 2017, SEA had about 92% of all the malaria cases, making this one of the greatest causes of death. Even though the amount of cases and deaths are decreasing, due to the low level of income and bad hygiene, there still has to happen a lot. Countries from this region would definitely benefit from any type free medicine for these diseases.<sup>16</sup>

### **Latin America and the Caribbean**

In comparison to any other region, Latin America and the Caribbean (LAC) are far behind on ART treatments. LAC would benefit a lot from extra treatments for HIV.<sup>17</sup>in terms of TB, it is not as big of a problem than it is in for example Africa, but there all still some countries that suffer from severe TB cases. In Suriname and Colombia Malaria is still a severe issue. In some parts of LAC malaria is not even in order. Due to the lack of treatments and the slow progress that is being made by this region, we can assume that they would benefit from any type of free medicine.<sup>18</sup>

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<sup>15</sup> <https://www.who.int/news-room/fact-sheets/detail/malaria>

<sup>16</sup> <https://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/overview>

<sup>17</sup> <https://www.avert.org/professionals/hiv-around-world/latin-america/overview>

<sup>18</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3665683/>

## QARMA'S

There are a few issues that may form a backbone to the direction your resolution takes.

1. A resolution should address what the role would be of the international community and pharmaceutical companies in providing this free medication.
2. Who will provide the means necessary to compensate the pharmaceutical industry?
3. How will this be monitored?
4. How will illegal trade in the freely provided medication be curbed?
5. What could or should be done to further encourage research and development into the diseases affecting the developing world, especially if the pharmaceutical companies stop developing the necessary medication?
6. How could problems such as education in relation to health care and diseases be addressed and who is the most appropriate party to take this responsibility?
7. What standards will be expected of pharmaceutical companies? And of state governments?
8. How will these standards and any other controls be enforced?