

# **IASMUN**

## **Background Guide**



**World Health  
Organization**



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# Welcome Letter From Dias

## CHAIR:

DEAR DELEGATES, I WELCOME YOU TO THE WHO (WORLD HEALTH ORGANIZATION) COMMITTEE FOR THIS YEAR'S INTERNATIONAL ACADEMIC SCHOOL'S MODEL UNITED NATIONS CONFERENCE. I AM REEM SALEEM, AND I AM HONORED TO BE CHAIRING AND GUIDING THIS COMMITTEE THROUGH PROMISING FRUITFUL DEBATE AND MEMORABLE MOMENTS. LEARN, TAKE PART, AND ENJOY THIS CONFERENCE!

SINCERELY, REEM SALEEM.

## Co-CHAIR:

DEAR DELEGATES,

I'M SHAURYA SHIVA GALRANI, YOUR CO-CHAIR FOR WORLD HEALTH ORGANIZATION (WHO), AND I'M HONORED TO BE YOUR CO-CHAIR FOR IASMUN '25. I HOPE TO MAKE THIS A MEMORABLE CONFERENCE FOR EACH AND EVERY ONE OF YOU, AND WISH YOU THE BEST OF LUCK!

BEST REGARDS,

SHAURYA SHIVA GALRANI

## PAGER:

DEAR DELEGATES,

# Welcome Letter From Dias



I'M ABDELHafeez Hafeez, THE PAGER FOR THIS COMMITTEE, AND I WELCOME YOU TO THE WORLD HEALTH ORGANIZATION. WISHING YOU THE BEST OF LUCK AND A REMARKABLE CONFERENCE AHEAD.

SINCERELY, ABDELHafeez.



# Committee Overview

THE WORLD HEALTH ORGANIZATION WAS ESTABLISHED IN 1948 AS A DEDICATED AGENCY THAT IS A VITAL PART OF THE UNITED NATIONS (WORLD HEALTH ORGANIZATION, N.DA). ITS MAIN GOAL IS TO ATTAIN AND PROVIDE ACCESS TO THE SAFEST AND MOST EFFECTIVE STANDARD OF HEALTH CARE FOR ALL INDIVIDUALS.

THE HEADQUARTERS OF THE WORLD HEALTH ORGANIZATION IS IN GENEVA, SWITZERLAND. LEADERS ALL OVER THE WORLD COME TO ESTABLISH GLOBAL HEALTH STANDARDS, PLAN PUBLIC HEALTH INITIATIVES AND IN CASE OF WORLDWIDE MEDICAL EMERGENCIES THEY CREATE RESPONSES AND ASSIST NATIONS THROUGH VARIOUS HEALTHCARE INFRASTRUCTURE. WHO WORKS IN VARIOUS FIELDS TO ENSURE OPTIMAL HEALTHCARE IS REACHED. FIELDS SUCH AS: CHILD HEALTH, MENTAL HEALTH, INFECTIOUS DISEASES, MATERNITY, ETC.

GLOBAL HEALTH AND STANDARDS HAVE SIGNIFICANTLY IMPROVED AND SHAPED SINCE THE ESTABLISHMENT OF WHO. IN ORDER FOR WHO TO CONTINUE TO SOLVE LONG TERM WORLDWIDE ISSUES. WHO ACTS TO BE AT THE FOREFRONT OF GLOBAL LEADERSHIP AND POLICY AS THE WORLD DEALS WITH CLIMATE CHANGE AND NEW PANDEMICS, RISE OF CHRONIC ILLNESS AND MANY MORE ISSUES.

WHO'S MISSION AND VISION TO ENSURE HEALTHCARE FOR ALL PEOPLE GOES TO PROMOTE A CONTINUOUS STANDARD OF CARE, SECURITY AND SAFETY. THIS PROTECTION ENSURES GLOBAL ISSUES ARE SOLVED AND VITAL MEASURES ARE TAKEN.



# Committee Structure

## CHAIR:

THE HEAD CHAIR IS RESPONSIBLE FOR MODERATING THE COMMITTEE THROUGH THE CONFERENCE. ENSURING THAT EACH DELEGATE UNDERSTANDS THE PROCEDURE, ANY QUESTIONS OR HESITATIONS TO BE ANSWERED AND HOLDING THE ACTIONS AND DIRECTION OF THE COMMITTEE. IT IS SIGNIFICANTLY IMPORTANT TO UPHOLD THE RULES AND PROCEDURE FOR ALL DISCUSSIONS TO BE PROPER AND RESPECTFUL.

## Co-CHAIR:

THE CO-CHAIR WORKS CLOSELY WITH THE HEAD CHAIR TO MODERATE AND GUIDE THE COMMITTEE THROUGH A SMOOTH PROCESS. GUIDING DELEGATES TO ENSURE THEY UNDERSTAND THE AGENDA, RULES, AND MUN PROCEDURE. THE CO-CHAIR WORKS TO ENSURE RESPECTFUL SESSIONS ARE BEING HELD AND DELEGATES ARE FAIRLY GIVEN OPPORTUNITIES. DO REACH OUT FOR ANY ASSISTANCE FROM THE DIAS.

## PAGER:

A PAGER HANDLES COMMITTEE COMMUNICATION THROUGH THE EXCHANGE OF NOTES, UPDATING CRUCIAL MESSAGES, AND ENSURING THE COMMITTEE IS IN A COMFORTABLE ENVIRONMENT. A PAGER ALSO NOTES DOWN ATTENDANCE, SPEECH TIME, AND CONVEYING MESSAGES.

# **Agenda 1: Mental Health Crisis: Addressing The Silent Epidemic in Marginalized Populations**



## **OVERVIEW**

GLOBAL HEALTH IS SILENTLY THREATENED BY CLIMATE CHANGE, ONE OF THE 21ST CENTURY'S MOST SIGNIFICANT CHALLENGES. WE WILL EXPLORE THE WIDE-RANGING EFFECTS OF THIS FREQUENTLY DISREGARDED "SILENT PANDEMIC" ON HUMAN HEALTH AND ARGUE FOR IMMEDIATE ACTION. THERE ARE SERIOUS REPERCUSSIONS IF THE RELATIONSHIP BETWEEN CLIMATE AND HEALTH IS IGNORED. IT IS IMPORTANT WE HIGHLIGHT HOW VULNERABLE COMMUNITIES ARE DETRIMENTALLY AFFECTED BY INFECTIOUS DISEASES, FOOD SHORTAGES, HEAT STRESS, AND MENTAL HEALTH ISSUES, EXPOSING THE UNEQUAL DISTRIBUTION OF HEALTH BURDENS.

THE DISPARITY BETWEEN THE PRIVILEGED AND THE FORGOTTEN IS WIDENED BY CLIMATE CHANGE, WHICH EXACERBATES ALREADY-EXISTING HEALTH IMBALANCES. IT IS CRITICAL TO INVEST IN RESILIENCE BUILDING FOR VULNERABLE POPULATIONS AND IMPLEMENT AGGRESSIVE CLIMATE MITIGATION POLICIES. ADDRESSING THE SOCIOECONOMIC DETERMINANTS OF HEALTH AND INCORPORATING CLIMATE CHANGE INTO PUBLIC HEALTH REGULATIONS.

PEOPLE ARE AT A HIGHER RISK OF MENTAL AND PHYSICAL HEALTH DISORDERS THAT LIVE IN RURAL AREAS AND SUFFER FROM POVERTY. THIS CAN BE HIGHLY SEEN IN RACIAL MINORITIES AND VULNERABLE POPULATIONS. BARRIERS OF ACCESS TO HEALTHCARE ARE LIMITED BECAUSE OF ASPECTS SUCH AS ECONOMICAL, GEOGRAPHICAL AND CULTURAL, LINGUISTIC BARRIERS.

THIS EPIDEMIC CAUSES GROWING ISSUES TO ADDRESS, PROPER MEDICAL CARE, ASSISTANCE IN MENTAL HEALTH AID AND SPECIAL ATTENTION NEEDS TO BE TAKEN. THE GROWING QUESTION OF HOW CAN WHO IMPLEMENT ACTION AND GATHER RESOURCES TO ATTAIN A PROMINENT RESOLUTION.

# **Agenda 1: Mental Health Crisis: Addressing The Silent Epidemic in Marginalized Populations**



## **HISTORY**

**1948 - ESTABLISHMENT OF THE WORLD HEALTH ORGANIZATION (WHO)**

**2013-2030 - COMPREHENSIVE MENTAL HEALTH ACTION PLAN. WHICH SETS OUT CLEAR ACTIONS FOR MEMBER STATES, PREVENTING THE RISK FOR MENTAL HEALTH CONDITIONS FOR THOSE AT HIGH RISK.**

**2019 - WHO LAUNCHED THE WHO SPECIAL INITIATIVE FOR MENTAL HEALTH (2019–2023): UNIVERSAL HEALTH COVERAGE FOR MENTAL HEALTH**

**2020 - MENTAL HEALTH ATLAS. WHICH SHOWS COUNTRIES ANALYSIS OF PERFORMANCES WHICH ILLUSTRATE PERFORMANCE AGAINST INSUFFICIENT ADVANCES AGAINST TARGETS.**

**2022 - UNICEF AND WHO JOINT PROGRAMME ON MENTAL HEALTH AND PSYCHOSOCIAL WELL-BEING AND DEVELOPMENT OF CHILDREN AND ADOLESCENTS**

# **Agenda 1: Mental Health Crisis: Addressing The Silent Epidemic in Marginalized Populations**



## **DISCOURSE**

### **THE CRISIS'S SCOPE -**

MENTAL HEALTH CRISIS AMONG MARGINALIZED GROUPS IS A HEAVY PROBLEM THAT IS CAUSED BY STRUCTURAL INJUSTICES RATHER THAN GAINED FROM A GROUP OF ISOLATED PEOPLE EXPERIENCING MENTAL DISCOMFORT. PTSD, DEPRESSION, ANXIETY, STRESS AND HARM ARE AMONG THE MENTAL HEALTH CONDITIONS THAT STRONGLY AFFECT MEMBERS OF THESE COMMUNITIES. THESE CONDITIONS TURN WORSE BY THE FOLLOWING FACTORS:

#### **- SOCIAL FACTORS AFFECTING HEALTH**

INDIVIDUALS' MENTAL HEALTH IS HIGHLY IMPACTED BY THEIR BIRTH, LIVING, WORKING, AND AGING CIRCUMSTANCES. THE LOW QUALITY OF MENTAL HEALTH IS NORMALLY CAUSED BY POVERTY, LACK OF ACCESS TO EDUCATION, UNEMPLOYMENT, AND SUBSTANDARD HOUSING IN MARGINALIZED AREAS. CHRONIC STRESS OCCURS WHICH IS KNOWN AS A CAUSE OF A VARIETY OF MENTAL HEALTH CONDITIONS THAT ARE BROUGHT ON BY THESE SOCIOECONOMIC FACTORS.

#### **- TRAUMA FROM HISTORY AND GENERATIONS**

RACISM, DISCRIMINATION AND HISTORIC COLONIZATION ARE EXAMPLES OF HISTORIC TRAUMA THAT STILL AFFECTS OPPRESSED POPULATIONS AND HAS A HEAVY INFLUENCE ON THEIR MENTAL HEALTH FOR DECADES. ANXIETY, DEPRESSION AND SEVERAL MENTAL HEALTH PROBLEMS CAN BE SYMPTOMS OF INTERGENERATIONAL TRAUMA. THESE COMMUNITIES FREQUENTLY LACK ACCESS TO PROPER HEALTH CARE. WHICH FEEDS THE CYCLE OF TRAUMA AND MENTAL HEALTH ISSUES.

# **Agenda 1: Mental Health Crisis: Addressing The Silent Epidemic in Marginalized Populations**



## **DISCOURSE**

### **- STIGMA AND DISCRIMINATION**

DUE TO PEOPLE'S RACE, GENDER, ETHNICITY, OR HANDICAP, MARGINALIZED GROUPS FREQUENTLY EXPERIENCE VIOLENCE, PREJUDICE AND DISCRIMINATION. BEING THE VICTIM OF DISCRIMINATION RAISES THE LIKELIHOOD OF MENTAL HEALTH PROBLEMS, COMMONLY IF IT IS WIDESPREAD OR ENTRENCHED. IN SEVERAL UNDERPRIVILEGED COMMUNITIES, MANY ARE ASKING FOR TREATMENT WHICH CAN BE SEEN AS CULTURALLY DISCOURAGED OR VIEWED AS A SIGN OF WEAKNESS, THE STIGMA AROUND MENTAL HEALTH IS ESPECIALLY SEVERE.

# **Agenda 1: Mental Health Crisis: Addressing The Silent Epidemic in Marginalized Populations**



## **LATEST DEVELOPMENTS:**

DURING MAY 2013, THE WORLD HEALTH ORGANIZATION ESTABLISHED 'COMPREHENSIVE MENTAL HEALTH ACTION PLAN 2013-2030' THAT WAS APPROVED BY THE SIXTY-SIXTH WORLD HEALTH ASSEMBLY. THE CONFERENCE WAS ATTENDED BY 194-MEMBER STATES' HEALTH MINISTERS. IN 2019, THE SEVENTY-SECOND WORLD HEALTH ASSEMBLY EXTENDED THE ACTION PLAN UNTIL 2030. THIS ACTION PLAN WAS THEN UPDATED IN 2021 BY THE SEVENTY FOURTH WORLD HEALTH ASSEMBLY WHICH ALSO APPROVED REVISIONS TO PLAN IMPLEMENTATION CHOICES AND INDICATORS.

IN ORDER TO PROMOTE THE WELL-BEING AND MENTAL HEALTH FOR EVERYONE, IT WAS NECESSARY TO PREVENT MENTAL HEALTH CONDITIONS FOR THOSE WHO ARE AT RISK AND TO BE ABLE TO ACHIEVE UNIVERSAL COVERAGE FOR MENTAL HEALTH SERVICES, MEMBER STATES, THE WHO SECRETARIAT AND INTERNATIONAL NATIONAL AND REGIONAL PARTNERS TO BE OUTLINED IN THIS UPDATED COMPREHENSIVE MENTAL HEALTH ACTION PLAN 2013–2030, WHICH BUILDS UPON ITS PREDECESSOR.

ANOTHER DEVELOPMENT IS THE MENTAL HEALTH ATLAS 2020. DURING WHICH, EVERY THREE YEARS, LEADERS FROM ALL AROUND THE WORLD CONTRIBUTE DATA ON MENTAL HEALTH POLICIES, LAWS, FUNDING, HUMAN RESOURCES, SERVICE AVAILABILITY AND UTILIZATION, AND DATA COLLECTION METHODS TO THE MENTAL HEALTH ATLAS. THIS ACTS AS A GUIDELINE FOR NATIONS LOOKING TO IMPROVE AND PLAN MENTAL HEALTH SERVICES.

# **Agenda 1: Mental Health Crisis: Addressing The Silent Epidemic in Marginalized Populations**



## **LATEST DEVELOPMENTS:**

THE WHO'S COMPREHENSIVE MENTAL HEALTH ACTION PLAN AND THE GLOBAL HEALTH COMMUNITY'S 2020 MENTAL HEALTH TARGETS ARE INCORPORATED AND CREATED IN THE MENTAL HEALTH ATLAS 2020, WHICH PROVIDES DATA AND INFORMATION ON THE PROGRESS MADE TOWARD ACHIEVING THESE GOALS. IT CONTAINS INFORMATION ON RECENTLY INTRODUCED MEASURES OF SERVICE COVERAGE, THE INTEGRATION OF MENTAL HEALTH INTO PRIMARY CARE, READINESS TO PROVIDE PSYCHOSOCIAL AND MENTAL HEALTH SUPPORT IN EMERGENCY SITUATIONS, AND MENTAL HEALTH RESEARCH.

# **Agenda 1: Mental Health Crisis: Addressing The Silent Epidemic in Marginalized Populations**



## **POSSIBLE SOLUTIONS:**

### **1- ENHANCING MENTAL HEALTH CARE ACCESS**

INCREASE THE AFFORDABILITY AND COVERAGE OF INSURANCE WHICH ALLOWS MORE INDIVIDUALS IN UNDERSERVED AND MARGINALIZED AREAS TO GAIN ACCESS TO MENTAL HEALTH CARE. REGARDLESS OF SOCIOECONOMIC BACKGROUND, THEY CAN GAIN ACCESS TO CARE. IT IS ESSENTIAL TO EXPAND MEDICAID, PUBLIC INSURANCE PROGRAMS, AND OTHER LOW-INCOME PEOPLE'S ACCESS TO CHEAP INSURANCE ALTERNATIVES

### **2- CULTURALLY COMPETENT AND TRAUMA-INFORMED CARE**

TRAINING MUST BE UNDERGONE BY HEALTH CARE PROVIDERS IN CULTURAL COMPETENCY, WHICH INTEGRATES KNOWLEDGE OF THE VARIOUS REQUIREMENTS OF DIFFERENT RACIAL, ETHNIC, GENDER, AND SOCIOECONOMIC GROUPS. THIS MAKES IT POSSIBLE TO GUARANTEE THAT CARE FOR MEMBERS OF MARGINALIZED COMMUNITIES IS BOTH EFFECTIVE AND COURTEOUS.

### **3- PROGRAMS FOR COMMUNITY-BASED MENTAL HEALTH**

SUFFICIENT SUPPORT INITIATIVES AND COMMUNITY HEALTH WORKERS INVOLVE SUPPORT EXPERTS OR COMMUNITY HEALTH WORKERS WHO HAVE GONE THROUGH SIMILAR THINGS AS MARGINALIZED PEOPLE CAN OFFER VITAL MENTAL HEALTH SUPPORT. BY PROVIDING CULTURALLY APPROPRIATE INTERVENTIONS, REFERRALS, AND EDUCATION, COMMUNITY HEALTH CARE WORKERS CAN AID IN BRIDGING THE GAP BETWEEN COMMUNITIES AND HEALTH INSTITUTIONS. PEER SUPPORT GROUPS CAN ALSO BE QUITE SUCCESSFUL IN FOSTERING MENTAL HEALTH SINCE THEY OFFER A SECURE, ACCEPTING ENVIRONMENT FOR PEOPLE TO TALK ABOUT THEIR EXPERIENCES AND COPING MECHANISMS.

# **Agenda 1: Mental Health Crisis: Addressing The Silent Epidemic in Marginalized Populations**



## **POSSIBLE SOLUTIONS:**

### **4- COMBATING STIGMA AND RAISING AWARENESS**

THIS ALLOWS INDIVIDUALS TO NOT FEEL INTERFACED OR SCARED TO RECEIVE MENTAL HEALTH CARE THAT MAY BE SEEN CULTURALLY IMMORAL. THIS ALLOWS INDIVIDUALS TO GAIN ACCESS TO EDUCATION AND RECEIVE AWARENESS OF SEVERAL HEALTH PROBLEMS/INITIATIVES.

# **Agenda 1: Mental Health Crisis: Addressing The Silent Epidemic in Marginalized Populations**



## **SUBTOPICS**

### **1- BARRIERS TO MENTAL HEALTH CARE ACCESS**

A SILENT EPIDEMIC THAT SHOULD BE ACKNOWLEDGED AND REQUIRES ATTENTION IS THE MENTAL HEALTH CRISIS AMONG UNDERPRIVILEGED PEOPLE. MOST PEOPLE IN THESE COMMUNITIES LACK ACCESS TO MENTAL HEALTH CARE DUE TO FINANCIAL, ECONOMIC, CULTURAL AND MANY OTHER BARRIERS. THERE IS OFTEN A STIGMA ASSOCIATED WITH MENTAL HEALTH, WHICH IS EXACERBATED BY SYSTEMIC, SOCIAL, AND ECONOMIC OBSTACLES. THE IMPORTANCE TO ACCESS TO MENTAL HEALTH SERVICES, ADDRESSING SYSTEMIC INJUSTICES, AND FOSTERING A WELCOMING ENVIRONMENT SO THAT PEOPLE MAY SEEK ASSISTANCE WITHOUT WORRYING ABOUT PREJUDICE ARE ALL IMPORTANT COMPONENTS OF A MULTIFACETED STRATEGY TO ADDRESS THIS EPIDEMIC.

### **2- IMPACT OF STRUCTURAL INEQUITIES ON MENTAL HEALTH**

RACISM, DISCRIMINATION, AND VIOLENCE ALL COME INTO PLACE WHEN LOOKING INTO THE STRUCTURE OF INEQUITIES ON MENTAL HEALTH. THEY HOLD A BURDEN ON SOCIETY THAT CREATES AN ENVIRONMENT OF STRESS AND TRAUMATIC EXPERIENCES FOR INDIVIDUALS DUE TO LACK OF EDUCATION, CULTURAL STEREOTYPES, THAT LEADS TO DISCRIMINATION. ECONOMIC INSTABILITY IS AN ASPECT THAT OCCURS DUE TO MENTAL HEALTH PROBLEMS. FOR INSTANCE, FINANCIAL INSATIABILITY AND HOUSING INSECURITY RESULT IN MENTAL HEALTH CRISES THAT LEAD TO POVERTY, HOMELESSNESS AND NOT BEING ABLE TO MEET BASIC NEEDS FOR SURVIVAL.

# **Agenda 1: Mental Health Crisis: Addressing The Silent Epidemic in Marginalized Populations**



## **SUBTOPICS**

**3- PSYCHOLOGICAL AND SOCIAL EFFECTS OF MARGINALIZATION ON MENTAL HEALTH IN SETTINGS SUCH AS WORKPLACE, INDUSTRIES AND HEALTHCARE.** WORKERS MAY BE SUBJECTED TO HARMFUL WORKING CONDITIONS THAT HEAVILY WEIGH ON THEIR MENTAL HEALTH. THIS MAY BE FINANCIAL SUCH AS THEIR WAGES/SALARIES, OR BEING DISCRIMINATED AGAINST DUE TO GENDER OR RACE OR DEALING WITH HARMFUL TOXINS WHILE MANUFACTURING PRODUCTS. THIS CREATES HIGH PSYCHOLOGICAL PROBLEMS AND INTERNALIZE OPPRESSION ONTO INDIVIDUAL'S. THE TERM "INTERSECTIONALITY" REFERS TO THE WAYS THAT GENDER, RACE, CLASS, AND OTHER MARGINALIZING TRAITS OVERLAP TO INFLUENCE SOCIAL IDENTITY AND HEALTH. IT IS KNOWN THAT SOCIAL PROCESSES INCLUDING PREJUDICE AND STRUCTURAL INEQUALITIES SUCH AS FEWER POSSIBILITIES FOR MONEY AND EDUCATION CAN CAUSE ADVERSE HEALTH OUTCOMES.

# **Agenda 1: Mental Health Crisis: Addressing The Silent Epidemic in Marginalized Populations**



## **QUESTIONS TO ADDRESS**

- **WHAT SPECIFIC MENTAL HEALTH ISSUES DO UNDERPRIVILEGED GROUPS FACE?**
- **WHAT MAJOR EFFECTS CAN CONDITION LIKE PAST TRAUMA, POVERTY, PREJUDICE, AND SYSTEMATIC RACISM HAVE ON MENTAL HEALTH OUTCOMES?**
- **WHICH MENTAL HEALTH CONDITIONS SUCH AS PTSD, DEPRESSION, AND ANXIETY ARE MORE PREVALENT IN MARGINALIZED COMMUNITIES?**
- **WHAT ROLE DO THE SOCIOECONOMIC DETERMINANTS OF HEALTH SUCH AS UNEMPLOYMENT, HOUSING INSTABILITY, AND POVERTY PLAY IN THE DIFFERENCES IN MENTAL HEALTH?**
- **WHAT IMPACT DO ELEMENTS LIKE COMMUNITY VIOLENCE, HEALTHCARE ACCESS, AND EDUCATION HAVE ON MENTAL HEALTH OUTCOMES?**

# **Agenda 1: Mental Health Crisis: Addressing The Silent Epidemic in Marginalized Populations**



## **RESOURCES**

- [HTTPS://ADVANCE.SAGEPUB.COM/DOI/FULL/10.22541/AU.171231233.36357561/V1](https://advance.sagepub.com/doi/full/10.22541/au.171231233.36357561/v1)
- [HTTPS://PSYCHIATRYONLINE.ORG/DOI/FULL/10.1176/APPI.AJP.2021.21060558](https://psychiatryonline.org/doi/full/10.1176/APPI.AJP.2021.21060558)
- [HTTPS://PMC.NCBI.NLM.NIH.GOV/ARTICLES/PMC5192088/#:~:TEXT=THE%20STIGMA%20OF%20MENTAL%20HEALTH,INHIBIT%20FAMILIES%20FROM%20SEEKING%20CARE.](https://pmc.ncbi.nlm.nih.gov/articles/PMC5192088/#:~:text=THE%20STIGMA%20OF%20MENTAL%20HEALTH,INHIBIT%20FAMILIES%20FROM%20SEEKING%20CARE.)
- [HTTPS://WWW.SCIENCEDIRECT.COM/SCIENCE/ARTICLE/ABS/PII/S0277953612006867](https://www.sciencedirect.com/science/article/abs/pii/S0277953612006867)
- [HTTPS://WWW.WHO.INT/ABOUT#:~:TEXT=FOUNDED%20IN%201948%2C%20WHO%20IS,THE%20HIGHEST%20LEVEL%20OF%20HEALTH.](https://www.who.int/about#:~:text=FOUNDED%20IN%201948%2C%20WHO%20IS,THE%20HIGHEST%20LEVEL%20OF%20HEALTH.)
- [HTTPS://WWW.WHO.INT/PUBLICATIONS/I/ITEM/9789240031029](https://www.who.int/publications/i/item/9789240031029)
- [HTTPS://WWW.WHO.INT/HEALTH-TOPICS/MENTAL-HEALTH#TAB=TAB\\_1](https://www.who.int/health-topics/mental-health#tab=tab_1)

# **Agenda 2: Health Technology Access in Remote and Underserved Regions**



## **KEY TERMS**

**UNIVERSAL HEALTH COVERAGE (UHC)** - IS THE GLOBAL GOAL OF ENSURING THAT ALL INDIVIDUALS AND COMMUNITIES RECEIVE THE HEALTH SERVICES THEY NEED —RANGING FROM PREVENTIVE CARE TO TREATMENT AND REHABILITATION WITHOUT SUFFERING FINANCIAL HARDSHIP.

**HEALTH EQUITY** - IS THE STATE IN WHICH EVERYONE HAS A FAIR AND JUST OPPORTUNITY TO ATTAIN THEIR HIGHEST LEVEL OF HEALTH.

**TELEMEDICINE** - REFERS TO THE PROVISION OF HEALTHCARE SERVICES REMOTELY USING TELECOMMUNICATIONS AND INFORMATION TECHNOLOGY. THIS CAN INCLUDE VIDEO CONSULTATIONS, REMOTE MONITORING, AND ELECTRONIC TRANSMISSION OF MEDICAL RECORDS.

**PUBLIC-PRIVATE PARTNERSHIPS (PPPs)** - ARE COLLABORATIONS BETWEEN GOVERNMENTS AND PRIVATE ENTITIES TO FUND, DEVELOP, OR DISTRIBUTE HEALTHCARE SOLUTIONS. IN THE CONTEXT OF HEALTH TECHNOLOGY, PPPS CAN HELP BRIDGE FUNDING GAPS, INNOVATE COST-EFFECTIVE TOOLS, AND ENSURE THAT TECHNOLOGIES REACH REMOTE REGIONS.

**DIGITAL DIVIDE** - THE DIGITAL DIVIDE REFERS TO THE GAP BETWEEN INDIVIDUALS OR COMMUNITIES THAT HAVE ACCESS TO MODERN INFORMATION AND COMMUNICATION TECHNOLOGY AND THOSE THAT DO NOT.

# **Agenda 2: Health Technology Access in Remote and Underserved Regions**



## **INTRODUCTION**

"THE USE OF TECHNOLOGY GIVES US THE OPPORTUNITY TO BRIDGE THE GAP BETWEEN ACCESS TO HEALTHCARE AND THOSE WHO NEED IT MOST."

— DR. TEDROS ADHANOM GHEBREYESUS, DIRECTOR-GENERAL OF THE WHO

IN AN ERA WHERE ARTIFICIAL INTELLIGENCE ASSISTS IN SURGERIES AND HELPS DIAGNOSE AILMENTS IN PATIENTS AND INEQUITY PERSISTS, THE INACCESSIBILITY OF HEALTH TECHNOLOGY IN REMOTE AND UNDERSERVED REGIONS. FOR MANY LIVING IN SUCH REGIONS, ACCESS TO BASIC HEALTHCARE IS A DREAM LET ALONE VITAL TECHNOLOGY NEEDED TO SAVE LIVES. THIS IS NOT JUST A HEALTH CRISIS BUT A BROADER SOCIO-ECONOMIC CHALLENGE THAT ALSO STOPS US FROM ATTAINING THE GOAL OF UNIVERSAL HEALTH COVERAGE.

HEALTH TECHNOLOGY, ENCOMPASSING MEDICAL DEVICES, TELEMEDICINE, DIAGNOSTICS, AND DIGITAL HEALTH SOLUTIONS, PLAYS A PIVOTAL ROLE IN IMPROVING HEALTHCARE ACROSS THE GLOBE. THEY HAVE TRANSFORMED MEDICINE AND HAVE MADE MANY THINGS THAT SEEMED IMPOSSIBLE NOT SO LONG AGO NOW POSSIBLE. HOWEVER, AT LEAST HALF THE WORLD LACKS ESSENTIAL HEALTH SERVICES, AND YEAR BY YEAR MORE FAMILIES ARE BEING PUSHED INTO POVERTY BECAUSE OF THE UNAFFORDABLE COST OF HEALTHCARE.

THE BARRIERS ARE MULTIFACETED, LIMITED ELECTRICITY AND HIGH COSTS PREVENT THE DEPLOYMENT OF VITAL HEALTH TECHNOLOGY. AS WE ENVISION A FUTURE OF ACCESSIBLE AND EQUITABLE HEALTHCARE, BRIDGING THE HEALTH TECHNOLOGY GAP IS IMPERATIVE.

# **Agenda 2: Health Technology Access in Remote and Underserved Regions**



## **HISTORY**

**1948 - ESTABLISHMENT OF THE WORLD HEALTH ORGANIZATION (WHO)**

**1978 - THE INTERNATIONAL CONFERENCE ON PRIMARY HEALTH CARE IN ALMA-ATA, KAZAKHSTAN, (AT THE TIME USSR) EMPHASIZED "HEALTH FOR ALL" AND CALLED FOR EQUITABLE ACCESS TO HEALTHCARE.**

**1990s - THE 1990s SAW THE EMERGENCE OF TELEMEDICINE, WITH EARLY EXPERIMENTS CONNECTING HEALTHCARE PROVIDERS TO REMOTE REGIONS THROUGH TELEPHONE AND SATELLITE COMMUNICATION.**

**2015 - SUSTAINABLE DEVELOPMENT GOALS SET TARGETS TO BE ACHIEVED BY 2030.**

**2016 - WHO INTRODUCED A GLOBAL STRATEGY TO INTEGRATE DIGITAL HEALTH INTO HEALTHCARE SYSTEMS.**

**2019 - MEMBER STATES ADOPTED A RESOLUTION RECOGNIZING DIGITAL HEALTH AS A CRITICAL ENabler FOR ACHIEVING UHC AND CALLED FOR STRATEGIES TO IMPROVE ACCESS TO DIGITAL TECHNOLOGIES IN UNDERSERVED REGIONS.**

**2020 - COVID-19 PANDEMIC UNDERSCORES IMPORTANCE OF TELEMEDICINE.**

**2023 - WHO LAUNCHES A NEW GLOBAL INITIATIVE ON DIGITAL HEALTH SUPPORTED BY THE G20 PRESIDENCY**

# **Agenda 2: Health Technology Access in Remote and Underserved Regions**



## **POSSIBLE SOLUTIONS**

### **1. TELEMEDICINE AND DIGITAL HEALTH**

- THE RISE OF TELEMEDICINE AND MOBILE HEALTH APPLICATIONS OFFER A COST-EFFECTIVE WAY TO DELIVER HEALTHCARE IN REMOTE REGIONS. THESE SOLUTIONS ENABLE REMOTE CONSULTATIONS, DIAGNOSTICS, AND MONITORING, REDUCING THE NEED FOR PHYSICAL INFRASTRUCTURE.

### **2. PUBLIC-PRIVATE PARTNERSHIPS (PPPs)**

- COLLABORATION BETWEEN GOVERNMENTS, NON-GOVERNMENTAL ORGANIZATIONS, AND PRIVATE COMPANIES CAN POOL RESOURCES TO FUND HEALTH TECHNOLOGY DEPLOYMENT, BUILD INFRASTRUCTURE, AND ENSURE EQUITABLE ACCESS TO HEALTHCARE TECHNOLOGY.

### **3. COST REDUCTION**

- SUBSIDIZE MEDICAL DEVICES AND INCENTIVIZE PRIVATE PHARMA COMPANIES TO DEVELOP LOW-COST TECHNOLOGIES. THESE SUBSIDIES CAN BE DIRECTED TOWARD MAKING ESSENTIAL TECHNOLOGIES, SUCH AS DIAGNOSTIC TOOLS, SURGICAL INSTRUMENTS, AND MONITORING DEVICES, MORE AFFORDABLE FOR HEALTHCARE SYSTEMS THAT STRUGGLE WITH RESOURCE LIMITATIONS.

# **Agenda 2: Health Technology Access in Remote and Underserved Regions**



## **SUBTOPICS**

### **ROLE OF GOVERNMENTS AND PRIVATE SECTORS IN BRIDGING THE TECHNOLOGY GAP**

- GOVERNMENTS AND PRIVATE SECTORS PLAY A CRUCIAL ROLE IN BRIDGING THE TECHNOLOGY GAP AND REDUCING THE DIGITAL DIVIDE BETWEEN THOSE WHO HAVE ACCESS TO LIFE SAVING TECHNOLOGY AND THOSE WHO DO NOT. BY PARTNERING WITH EDUCATIONAL INSTITUTIONS, AND PRIVATE ORGANIZATIONS, GOVERNMENTS CAN PROVIDE TRAINING ON BASIC DIGITAL SKILLS, ONLINE SAFETY, CYBERSECURITY, AND ADVANCED TECHNICAL SKILLS TO ENSURE INDIVIDUALS CAN LEVERAGE TECHNOLOGY TO ITS MAXIMUM POTENTIAL.

### **IMPACT OF TELEMEDICINE AND DIGITAL HEALTH PLATFORMS**

- TELEMEDICINE AND DIGITAL HEALTH PLATFORMS HAVE REVOLUTIONIZED HEALTHCARE DELIVERY BY BRINGING MUCH-NEEDED QUALITY HEALTHCARE CONSULTATIONS TO REMOTE AND UNDERSERVED COMMUNITIES. DURING THE COVID-19 PANDEMIC, THESE PLATFORMS BECAME A CRITICAL TOOL, ENABLING CONTINUED ACCESS TO MEDICAL SERVICES WHILE MINIMIZING THE RISK OF VIRUS TRANSMISSION.

### **CULTURAL AND SOCIAL BARRIERS TO TECHNOLOGY ADOPTION**

- CULTURAL AND SOCIAL NORMS OFTEN SHAPE OUR CHOICES AND IN THE CASE OF THIS AGENDA THEY SIGNIFICANTLY INFLUENCE HOW TECHNOLOGIES ARE VIEWED AND ADOPTED IN UNDERSERVED REGIONS. A LACK OF TRUST IN TECHNOLOGY AND GENDER INEQUITIES ALSO LIMIT WHERE THESE TECHNOLOGIES CAN BE DEPLOYED AND WHO HAS ACCESS TO THEM. ADDRESSING THESE BARRIERS IS CRUCIAL TO ACHIEVE UNIVERSAL HEALTH COVERAGE.

# **Agenda 2: Health Technology Access in Remote and Underserved Regions**



## **QUESTIONS TO ADDRESS**

- 1. HOW CAN INTERNATIONAL ORGANIZATIONS AND GOVERNMENTS COLLABORATE TO PROVIDE HEALTH TECHNOLOGIES IN UNDERSERVED REGIONS?**
- 2. WHAT ROLE SHOULD THE PRIVATE SECTOR PLAY IN DEVELOPING LOW-COST, SUSTAINABLE HEALTH TECHNOLOGY?**
- 3. HOW CAN INFRASTRUCTURAL BARRIERS LIKE ELECTRICITY AND INTERNET ACCESS BE OVERCOME?**
- 4. WHAT POLICIES CAN ENSURE EQUITABLE DISTRIBUTION AND AFFORDABILITY OF HEALTH TECHNOLOGIES?**
- 5. HOW CAN LOCAL COMMUNITIES BE EMPOWERED TO ADOPT AND SUSTAIN HEALTH TECHNOLOGIES?**

# **Agenda 2: Health Technology Access in Remote and Underserved Regions**



## **RESOURCES**

**A COMPREHENSIVE REVIEW ON EXPLORING THE IMPACT OF TELEMEDICINE ON  
HEALTHCARE ACCESSIBILITY**

[HTTPS://PMC.NCBI.NLM.NIH.GOV/ARTICLES/PMC11009553/](https://PMC.NCBI.NLM.NIH.GOV/ARTICLES/PMC11009553/)

**WORLD BANK AND WHO: HALF THE WORLD LACKS ACCESS TO ESSENTIAL HEALTH SERVICES, 100 MILLION STILL PUSHED INTO EXTREME POVERTY BECAUSE OF HEALTH EXPENSES**

[HTTPS://WWW.WHO.INT/NEWS/ITEM/13-12-2017-WORLD-BANK-AND-WHO-HALF-THE-WORLD-LACKS-ACCESS-](https://WWW.WHO.INT/NEWS/ITEM/13-12-2017-WORLD-BANK-AND-WHO-HALF-THE-WORLD-LACKS-ACCESS-)

**TO-ESSENTIAL-HEALTH-SERVICES-100-MILLION-STILL-PUSHED-INTO-EXTREME-  
POVERTY-BECAUSE-OF-HEALTH-**

**EXPENSES#:~:TEXT=AT%20LEAST%20HALF%20OF%20THE,OUT%20OF%20  
HEIR%20OWN%20POCKETS.**

## **HISTORY OF WHO**

[HTTPS://WWW.WHO.INT/ABOUT/HISTORY#:~:TEXT=GLOBAL%20HEALTH%20ORGANIZATION,-](https://WWW.WHO.INT/ABOUT/HISTORY#:~:TEXT=GLOBAL%20HEALTH%20ORGANIZATION,-)

**WHEN%20DIPLOMATS%20MET&TEXT=GLOBAL%20HEALTH%20ORGANIZATION  
.-%20WHO's%20CONSTITUTION%20CAME%20INTO%20FORCE%20ON%207%20APRIL%201948%20E2%80%93%20A, YEAR%20AS%20WORLD%20HEALTH%20DAY.**

# **Agenda 2: Health Technology Access in Remote and Underserved Regions**



## **RESOURCES**

### **DECLARATION OF ALMA ATA**

[HTTPS://WWW.WHO.INT/PUBLICATIONS/I/ITEM/DECLARATION-OF-ALMA-ATA](https://www.who.int/publications/item/declaration-of-alma-ata)

### **WHO LAUNCHES A NEW GLOBAL INITIATIVE ON DIGITAL HEALTH SUPPORTED BY THE G20 PRESIDENCY**

[HTTPS://WWW.WHO.INT/NEWS/ITEM/19-08-2023-WHO-LAUNCHES-A-NEW-GLOBAL-INITIATIVE-ON-DIGITAL-HEALTH-AT-THE-G20-SUMMIT-IN-INDIA](https://www.who.int/news/item/19-08-2023-who-launches-a-new-global-initiative-on-digital-health-at-the-g20-summit-in-india)