Over the preceding decades, Non-Communicable Diseases (NCDs) have become an ever worrisome issue in low- and middle-income nations. Seeing that substandard healthcare infrastructure is already incapable of providing adequate care to patients who suffer from such NCDs, they are becoming increasingly fatal, affecting more people than ever before. The Republic of Uganda, being an emerging nation in the heart of Sub-Saharan Africa with a very weak healthcare system, is deeply concerned by these revelations.

On average, 40% of Ugandan adults risk increased blood pressure, and death rates of strokes and of ischemic heart disease have been trending upwards during the past few years.¹ Despite agreeing to the Abuja Declaration of 2001, the Republic of Uganda spent only 7.2% of its GDP on health care in 2014², missing the target of 15% set by the members of the African Union. The nation's healthcare system is thus both underfunded and underused, with a significant portion of the population lacking access to public health facilities, especially in rural areas.

The Republic of Uganda strongly urges the WHO to reach out to non-governmental organizations (NGOs) to provide education for citizens regarding the severity and dangers of NCDs, as well as to train new medical staff in the nation. Furthermore, the Republic of Uganda firmly believes that the WHO must invest in long term healthcare infrastructure over immediate, cost-effective solutions to the issue of NCDs, as the country must be able to act more independently in the future. The Republic of Uganda suggests that such funding come from higher-income members of the WHO, as, ultimately, these nations who are regularly asked for aid by lower-income members of the WHO for assistance will not have to do so as much in the future, if countries such as the Republic of Uganda can, one day, be self-sustaining, for the most part.

¹ United Nations World Health Organization

² United Nations World Health Organization

The Republic of Uganda is deeply concerned by the exponential increase in the market price of medications. When the nation spends a measly USD \$133 per capita on healthcare³, expensive medications are almost never a feasible treatment for patients. The Republic of Uganda is greatly disappointed in the WHO's ignorance of this issue, seeing that Article 25.1 of the Universal Declaration of Human Rights states, "Everyone has the right to a standard of living adequate for the health of himself and of his family, including food, clothing, housing and medical care and necessary social services." By permitting the cost of crucial medications being far out of the reach of citizens, the WHO actively condones the denial of a constitutional right, which is unacceptable. The Republic of Uganda calls on the WHO to mandate that generic versions of all patented medications be made acceptable to all its members, on the cost basis of their ability to pay for them. This way, all Ugandans will have access to the same medications as their counterparts in higher-income nations.

³ United Nations World Health Organization

The Republic of Uganda, as one of the poorest nations of the world, is deeply concerned by gender-based inequalities in the realm of global health.

Men in the Republic of Uganda face various adversities regarding their health. Notably, violence, sexually transmitted diseases, including HIV, and other non-communicable diseases of are concern. Fortunately, however, the nation is considered to be a success story amid the HIV epidemic in Africa, having reduced its infection rates of over 30% in the 1980s to just 6.4% in 2008.⁴ This progress has been attributed to the widespread sexual awareness education, which appears to be quite effective. The Republic of Uganda thus encourages the WHO to implement sexual awareness campaigns in regions where HIV epidemics are problematic. Ugandan woman face high rates of mortality during childbirth and deaths related to complications of pregnancy. A 2006 study by the Uganda Demographic Health Survey (UDHS) suggests that this could be improved by implementing a voucher scheme and providing transport to clinics where need be.⁵ However, the Republic of Uganda is not in a financial position to bring this suggestion to fruition.

The Republic of Uganda does not see that there is unjust treatment towards one gender in the eyes of the healthcare system; the supposed inequalities are merely biological in nature, thus, they are not inequities. However, the wage gap could put women in less of a financial position to seek medical assistance when they need it; this is an inequity. Ultimately, current healthcare infrastructure is simply unable to provide adequate care to both men and women, and their specific ailments, and the WHO must act quickly to ensure the current trends do not continue.

⁴ Kelly, Annie (1 December 2008), "Background: HIV/Aids in Uganda". *The Guardian*.

⁵ "Improving Access to Safe Deliveries in Uganda". Future Health Systems.