Country: The Republic of Inda
Committee: World Health Organization
Topic Area: Global Pharmaceutical Development and Universal Access to Medication
Delegate: Alissa Furet

Access to medications is part of the wider issue of the right to health, which in turn is part of the global debate on equity and human rights. According to the ethical theory of consequentionalism, an action is ethical or not depending on its consequences.There are ethical issues related to access to existing medications, and also related to scientific research on new medications[1]. The human right to health is recognized in many international instruments, such as the founding documents of WHO, the Alma Ata Declaration and several treaties on human rights. Nevertheless, empirical data show that in most countries, access to medications is far from universal.

Cause

In low and middle-income countries, medication prices are high, especially in the private sector.

Availability in low and middle-income countries can be low, particularly in the public sector. Low availability in the public sector drives users to migrate to the private sector, where prices are high[2].

Treatments are often unaffordable. This problem is especially serious for chronic diseases needing long-term treatment.

Average per capita spending on pharmaceuticals in high-income countries is 100 times greater that in low-income countries. WHO estimates that 15% of the world's population consumes over 90% of global production of pharmaceuticals[3].

Government procurement systems can be inefficient, buying expensive brand-name medications instead of more economical generics.

Current Policy

In 2009, a joint declaration by Brazil and India criticized the European Union's policy aiming to restrict the entrance of generic drugs.

The number of purely Indian pharmaceutical companies is fairly low. Indian pharmaceutical industry is mainly operated as well as controlled by dominant foreign companies having subsidiaries in India due to availability of cheap labor in India at low cost[4].

The Public Health Foundation of India (PHFI) was appointed Secretariat by the Planning Commission of India to provide technical and administrative support to Universal Health Coverage. PHFI adopts a broad, integrative approach to public health, tailoring its endeavours to Indian conditions and bearing relevance to countries facing similar challenges and concerns. The PHFI focuses on broad dimensions of public health that encompass promotive, preventive and therapeutic services, many of which are frequently lost sight of in policy planning as well as

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[1] http://www.who.int/universal_health_coverage/en/

[2] http://www.who.int/medicines/mdg/MDG08ChapterEMedsEn.pdf

[3] http://www.medicc.org/mediccreview/articles/mr_204.pdf

[4] https://en.wikipedia.org/wiki/Pharmaceutical_industry_in_India#Product_development

in popular understanding. The Prime Minister of India, Dr. Manmohan Singh, launched PHFI on March 28, 2006 at New Delhi[5].

Solution

(1) In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries

(2) Promote adequate financing to meet national needs.

(3) Address the root causes of low public sector availability of medicines.

(4) Develop a system to assess medicine price data in developing countries to determine if access to medicine is equitable.

Health inequality between men and women continues to plague many societies today. Women are often restricted from receiving many opportunities, such as education and paid labor, that can help improve their accessibility to better health care resources.Differences in health outcomes between males and females may be biologically rooted but the inequalities to in terms of health care are manifestations of an interaction of economic, political, and social factors.

Cause

Cultural norms and practices are two of the main reasons why gender disparities in health exist and continue to persist. These cultural norms and practices often influence the roles and behaviours that men and women adopt in society. It is these gender differences between men and women, which are regarded and valued differently, that give rise to gender inequalities as they work to systematically empower one group and oppress the other. Both gender differences and gender inequalities can lead to disparities in health outcomes and access to health care. Harmful cultural practices such as female genital mutilation (FGM) also cause girls and women to face health risks. Violence against women is a widespread global occurrence with serious public health implications.

Current Policy

The inverse care law, whereby those with the greatest need for health care have the greatest difficulty in accessing health services and least likely to have their health needs met,23 is highly applicable in India. The country accounts for a substantial part of the global burden of disease, with 18% of global death. One-fifth of maternal deaths and one-quarter of child deaths in the world occur in India[6].

The United Nations has identified the enhancement of women's involvement as way to achieve gender equality in the realm of education, work, and health. This is because women play critical roles as caregivers, formally and informally, in both the household and the larger community[7].

Inadequate access to appropriate maternal health services remains an important determinant of maternal mortality. Although the rates of institutional delivery have increased

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[5] http://uhc-india.org/about_us.php

[6] World Health Organization. Geneva: World Health Organization; 2010. World health statistics.

[7] http://www.un.org/womenwatch/daw/egm/enabling-environment2005/

over time, only 40% of women in India report giving birth in a health facility[8]. Among scheduled tribes, institutional delivery was 17.1% in 1998 with minimal improvement to 17.9% in 2006[9].

Solution

Achieving equity in access to health care requires overcoming several factors that challenge equity in service delivery.

(1) Increase levels of public financing and resource allocation.
(2) Promote quality in healthcare location, especially gynaecology and pre-natal care.
(3) Develop and open care facilities in rural areas, to allow access to all in need.
(4) Integrate equity metrics into all health system policies.
(5) Invest in public health and primary care.

As Communicable diseases are being prevented due to vaccination, Non-Communicable Disease prevalence rises reaching 63% of all annual deaths and killing 38 million people per year[10]. Non-Communicable disease mainly affect low to middle-income countries due to the poor health systems. These deadly diseases affect not only millions of families but also the development of countries as a whole as young, productive citizens are dying. NCD's include cardiovascular diseases, cancers, chronic respiratory diseases and diabetes and are not caused by infectious agents[11].

Cause

The Republic of India believes in the lack of discipline of several countries in ruling the health policies outlined by the Global action plan for the prevention and control of NCDs 2013-2020 implemented by the World Health Organization in 2011.

Current Policy

Every year, roughly 5.8 million Indians die from heart and lung diseases, stroke, cancer and diabetes. In other words, 1 in 4 Indians risks dying from an NCD before they reach the age of 70.

In 2011, the UN World Health Organization put forward a Global action plan for the prevention and control of NCDs 2013-2020[12]. India was the first country to develop specific national targets and indicators aimed at reducing the number of global premature deaths from NCDs by 25% by 2025[13]. A National Multi-sectoral Action Plan that outlines actions by various sectors, including the health department, to reduce the burden of NCDs and their risk factors, is in the final stage of development.

Even though the global action plan only involves nine targets, India has taken the unprecedented step of setting a tenth target to address household air pollution. The South-East Asian Region being very at risk due to burning of solid biomass fuel and secondhand smoke.

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[8] Das Gupta M, Shukla R, Somanathan TV, Datta KK. How might India's public health systems be strengthened ? The World Bank. 2009

[9] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3093249/

[10] http://www.who.int/gho/ncd/mortality_morbidity/en/

[11] https://en.wikipedia.org/wiki/Non-communicable_disease

[12] http://www.who.int/nmh/events/ncd_action_plan/en/

[13] http://www.who.int/features/2015/ncd-india/en/

The country has prohibited sales of tobacco products around educational institutions, restricted tobacco imagery in films and TV programmes, banned some smokeless tobacco products and developed tobacco-free guidelines for educational institutions

Solution

(1) The government of India, alongside others will push for a higher funding regarding NCD treatment and prevention. As NCDs stay to this day, almost completely underfunded compared to other health areas, receiving only 1.23% of health donations in 2011. Ensuring that all people have access to promotive, preventive, curative, and rehabilitative health services and medicines is essential to improving rates of NCDs and NCD outcomes.

(2) India's National Monitoring Framework for Prevention and Control of NCDs calls for a 60% relative reduction in household use of solid fuel.

(3) India's National Monitoring Framework for Prevention and Control of NCDs calls for a 50% relative reduction in prevalence of current tobacco use by 2025.

(4) Support other countries in the South-East Asia Region to reduce household air pollution as part of the Regional Acton Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020.

(5) Promote Universal Health Coverage, especially in low to middle income countries of the South East Asian Region