

Committee: World Health Organization

Country: Republic of Madagascar

Topic One: Non-Communicable Diseases

In the past two decades, the rapidly expanding world has come face to face with a threat approaching the severity of smallpox. These diseases are called non-communicable diseases, or NCDs, consisting of cancer, cardiovascular diseases, diabetes, and chronic respiratory diseases. According to the World Health Organization, they account for 63% of annual deaths, with 38 million people dying from NCDs worldwide.

In Madagascar and similar third world nations,, NCDs have made up a large demographic of deaths over the years. 37% of deaths have been attributed to NCDs in lower income countries, and 57% of deaths in lower-middle income countries. These numbers are expected to grow so that NCDs will eventually become the leading cause of death in all lower-middle income countries. In these nations, the probability of dying from an NCD between the ages of 30 to 70 is around 60%. *All statistics found by WHO* Lower income countries, including the Republic of Madagascar, absolutely need to establish a proper health care plan if they wish to solve this impending crisis.

With malaria, a communicable disease, being one of the more known causes of death in African countries, the ever-looming threat of non-communicable diseases is growing silently. About 715,000 new cancer cases and 542,000 cancer deaths have been noted on the continent, according to the IARC, and these numbers are expected to double by 2030. Despite this, these demographics are nothing new. Similar numbers have been shown in first world countries. The real issue revolves around the fact that resources are limited in third world countries, and this is especially true in Madagascar. Although there are hospitals, they are mainly centered around the country's capital, Antananarivo. A cancer-treating hospital that specializes in cancer treatment has only seven doctors, as of 2009. To most of the Malagasy citizens, healthcare is out of reach and they resort to traditional healing methods consisting of medicinal herbs and plants.

Madagascar has a very low rate of HIV/AIDS compared to the rest of nations in Africa, due to educating the general public of the topic. Only about 0.2% of adults have the disease, compared to South Africa, where 15% of adults have contracted the virus. They have also received aid from international parties in the past. The education that was previously stated was provided by UNICEF, specifically targeting communities where HIV/AIDS was prevalent. This operation has had long lasting effects, which has been correlated to the very low rate of HIV/AIDS in the nation. If we could establish a similar form of education regarding NCDs in nations across the world, it is likely that the number of NCDs could decrease dramatically.

The Republic of Madagascar has been suffering from the effects of NCDs for too long. And we request aid from other nations to help us devise a solution to this impending threat.

Topic 2: Global Pharmaceutical Development and Universal Access to Medication

The human right to health is a basic human right that is already recognized by most other nations in article 25.1 of the Universal Declaration of Human Rights in 1948, which 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.”* Access to these essential medications and other pharmaceutical treatments are yet to be included in the norm of worldwide medical practices. It is part of the UN’s Millennial Development Goals for this to be implemented.

The cause of this issue revolves around the fact that outsourcing medication to poorer countries is simply not profitable for pharmaceutical developers. These private developers are used to the profit they receive by selling in western markets, and selling their products in poorer nations would hike up the costs. These companies, at their roots, are still companies, and their business strategy is to make money. There is no point on selling their products for the exact same price in other countries, due to multiple costs it takes to transport the medicine to this new country. They charge these new customers more money not only because they must turn a profit, but because they own a monopoly, so they can charge their abnormal prices on items because they are the only company you can get it from. For example, Unilever has been supplying medication to Kuwait, and selling them for up to 5 times more than they cost in more developed nations, due to them having a monopoly.

Though basic care is provided for free in state hospitals of the Republic of Madagascar, families must pay for the bedsheets, dressings, and food. These hospitals are poorly staffed due to minimal funding. For poor families in rural areas, there is little to no way for people to access the proper medication. With 90% of the population making less than \$2 a day, according to UNICEF, they aren’t even able to make the trip, much less buy the medication. The rural areas themselves lack trained staff, let alone specialized medication. Though some medical centers have opened up, most have been closed back down due to little government funding. These civilians rely on the abilities of medicinal plants and herbs instead of medicine.

The development of newer forms of treatment is also out of reach for many of the Malagasy. People across Madagascar have little to zero access to specialized treatment, and even chemotherapy is considered in the realm of science fiction. New and specialized treatment obviously costs more than over-the-counter pharmaceuticals, but with nations already showing that free healthcare in their own nation is possible, it’s likely that aid can be sent not only to Madagascar, but to other developing nations across the entire planet.

Topic 3: Gender Based Inequalities in Global Health

The concept of discrimination based on gender can be found on a multitude of levels, ranging from politics, to general treatment. Discriminating based on gender regarding health and medical treatment can be considered a violation of basic human rights, deemed unacceptable by many of the world's nations. The Republic of Madagascar is no exception.

Although it has been shown that women on average live a longer life than men, and the same is true in Madagascar, this does not translate to healthier lives. Many women going through childbirth or currently pregnant are unable to access proper prenatal, antenatal, and delivery services. There are many reasons as to why women are unable to access these treatments, ranging from male dominance in relationships to gender-based violence.

The whole concept of gender equality is distant in Madagascar, not only in health, but politics as well. In the case of a divorce, the woman is allowed to keep $\frac{1}{3}$ of the assets, while the man keeps the other $\frac{2}{3}$. According to CEDAW, the Convention on the Elimination of all Forms of Discrimination Against Women, men outnumber women by a vast majority on the subject of literacy.

Malagasy women have to deal with a multitude of medical conditions that do not pose as much of a severe issue for men. Anemia, syphilis, and other diseases have rather high rates. 36% of Malagasy women suffer from anemia, according to independent research by Ioana Kruse. Approximately, one third of women below the age of 19 have already had at least one child. Before the use of contraception, childbirth was a significant cause of death, with more than 99% of maternal deaths taking place in lower-income countries such as Madagascar. Although many Malagasy women have increasingly begun to use contraceptives, it is unknown whether it will actually affect the rates of maternal deaths in Madagascar.

Nations across the world have begun paving the way for gender equality in global health. The Safe Motherhood Initiative was created when maternal health was extremely limited. Since its foundation, they have done a series of feats, such as strengthening community based health care, creating an alarm and transport system to link community and referral care. Since the ten year anniversary, they have started objectives such as encouraging national and international commitment and action for safe motherhood among different demographics, and to amalgamate existing knowledge and research on the most important interventions.

We've seen what the WHO can accomplish when all of the delegates put their mind toward a topic. The Republic of Madagascar hopes we can reach a resolution regarding this topic.