

Committee: World Health Organization  
Topic: Non-Communicable Diseases  
Country: United States of America

Non communicable diseases are any disease that cannot be passed from person to person with a combined mortality of almost 38 million per year, yet around 80 percent of NCD risk factors can be prevented<sup>1</sup>. Though NCDs are showing promise to become the leading cause of death around the world, a vast majority of premature deaths due to NCDs are in low- middle income countries<sup>2</sup> (LMICs). LMICs are particularly at risk due to their underdeveloped and under resourced healthcare systems and research initiatives, as well as their global economic inferiority. Thus, showing a correlation between an underdeveloped economy and healthcare systems, to a large NCD mortality rate. In regards to the socioeconomic impacts regarding NCDs, the WHO has released that “the rapidly growing burden of NCDs in developing countries is not only accelerated by population ageing; it is also driven by the negative effects of globalization, for example, unfair trade and irresponsible marketing, rapid and unplanned urbanization”<sup>3</sup>, in their report on NCDs and Development, and has correlated societal inequity with a higher risk for premature deaths from NCDs.

The United States of America prides itself in its internal activity regarding the topic of non communicable diseases, but also realizes that much more must be done by each individual country to achieve progress towards reducing the prevalence of NCDs. The USA does not have a government agency that specifically focuses on non communicable diseases, rather we have focused our efforts through many subtopics that cause NCDs such as such as maternal, newborn, and child health (MNCH), HIV, and nutrition efforts. These risk factors are heavily focused on in numerous governmental organization such as the Centers for Disease Control and Prevention (CDC), the National Institutes for Health (NIH), the Department of State, the U.S. Agency for International Development (USAID), the Department of Health and Human Services’ Office of Global Affairs (OGA), and the Millennium Challenge Corporation (MCC). The CDC<sup>4</sup> has primarily focused on reducing the prevalence of NCDs by addressing epidemiology and causes of many prolonged and chronic diseases, and proposes many steps that the general public can take to reduce their risk<sup>5</sup>. The NIH has conducted an abundant amount of NCD research, including globally-focused initiatives, due to that fact that they are a member of the Global Alliance for Chronic Diseases<sup>6</sup>, which is an international public-private partnership that facilitates research collaborations focused on NCDs. In addition to conducting our own research and prevention plans, the United States highly supports many World Health Organization initiatives such as the The WHO Global Action Plan for the Prevention and Control of NCDs, 2013–2020<sup>7</sup>, which builds upon many previous goals presented in the 2003 Framework Convention on Tobacco Control (FCTC)<sup>8</sup>, the WHO Global Strategy to Reduce the Harmful Use of Alcohol<sup>9</sup>, and the 2004 WHO Global Strategy on Diet, Physical Inactivity, and Health<sup>10</sup>, along with many others. In regards to funding the research and treatment for the causes and risk factors attributed to NCDs, the United States has worked both domestically and internationally. From 2002 through 2012, NIH and CDC gave \$41 million to investigators to fund research related to tobacco use and its impact globally, and from 2008 through 2013, MCC provided about \$42 million to address NCDs in Mongolia over the five-year life of this country’s MCC compact<sup>11</sup>.

The United States recognizes the urgency regarding non communicable diseases and would like to propose the Treaty for Alternative and Herbal Treatment Research and Development, the Reduced Cost Initiative, the “Adaptive Planning for Coverage” action plan, and the “Slow and Steady Initiative” for Global Funding. The USA would like to create the Treaty for Alternative and Herbal Treatment Research and Development (TAHTRD), in which countries can participate in developing cheap herbal remedies that would help both people in lesser developed nation, as well as their own. The treaty will allow for international cooperation on the development of herbal remedies and alternative medicines in a cost effective and efficient manner. This treaty would have each country facilitate their own research, and then present it to a board of directors under the TAHTRD which will then use the research to present and start distributing this treatment option to LMIC governments, which can then allow for the distribution of this treatment option to the people that need it most. This treaty would also allow facilitate foreign aid to be accepted in many nations where western technology is not religiously endorsed, due to the fact that alternative and herbal medicine has been practiced in many tribal religions for centuries. This type of international cooperation and sharing of data, from research labs to international distributors, is exactly what the US believes would be successful, particularly in LMICs. In addition to this treaty, the United States would like to promote the Reduced Cost Initiative which would accept donations from NGOs, private corporations, as well as individual governments, and will allocate these funds to individuals who need treatment for their NCD, but because of the insufficient health care system they are currently under, they cannot afford it. The individuals can apply for a grant by providing the type of NCD they have, their annual income, proof of citizenship, a doctor’s signature approving the need for a grant, and other security protocols that would ensure that no corruption of false applications arise. With the Reduced Cost Initiative, the US believes that more people can have access to the treatment options they need. In regards to the “Adaptive Planning for Coverage”, this would provide countries with framework for developing their healthcare systems by teaming up with larger developed countries. The planning would involve applying for loans from developed countries, or from international monetary sources such as the IMF or World Bank, and using these funds to establish more medical centers, as well as increase the pay of medical staff in their country, which will incentivise more people to want to become medical professionals. The doctors and nurses on staff in that country can also apply for scholarships for higher education which would allow for better quality medical professionals. In regards to the pharmaceutical sector, drug companies from developed countries that participate in the Adaptive Planning for Coverage will receive individual tax benefits from their country, and in return will reduce the cost of their drugs internationally, which would allow LDCs to purchase advanced drugs at a reduced cost. Lastly, the United States would like to propose the “Slow and Steady” Initiative for Global Funding, which would have the World Bank, The Donor Assistance for Health, and the International Monetary Fund allocate a larger percentage of funds towards NCDs as a whole. It will also stimulate private donors to want to donate towards NCDs, compared to other diseases, by incentivising donors through increased publicity, as well as through campaigns that will demonstrate the urgency of the NCD problem at hand. The “Slow and Steady’ Initiative will compoundly increase the amount of money that is allotted to NCDs every two years until the amount is proportionate between the percentage of disease burden internationally, and money that is allocated toward NCDs, as currently it is widely disproportionate. With these solution, the United States believes that the international community can decrease the prevalence of NCDs.

Committee: World Health Organization

Topic: Global Pharmaceutical Development and Universal Access to Medication

Country: United States of America

The United Nations specifically mentions the right all humans have to health in Article 25 of the Universal Declaration of Human Rights<sup>12</sup>, yet it is estimated that around 5 billion people do not have access to essential medications, let alone developed pharmaceuticals<sup>13</sup>. The problem does not solely lie in the literal inability to reach a source of medication, but rather in the economic and politics of many areas that makes the prices of many pharmaceutical drugs too high for many to afford. The intense competition in the pharmaceutical sector, or lack thereof, is also a factor that contributes to the asymmetrical price of pharmaceuticals. Many governments' health care systems, particularly in developed nations, are allowed and encouraged to do research to find cures and other treatment options, and thus, create competition between them and the ones that are already established. In addition to the creating of many different treatment options for just one drug, there is often competition between patented medications and generic medications. Patented drugs are protected by their patent from any infringement by any other company to create that same drug, but the process to receive this patent is extremely time consuming, and can vary depending on the amount of clinical trials and research that is required for the patent<sup>14</sup>. The typical amount of time that a drug company is allowed a patent is fifteen to twenty years, and to reestablish this patent, the company must go through this process once again, and in this time, generic drugs can appear with no fear of infringing on patent<sup>15</sup>. Generic drugs are exactly or close to the bioequivalent to their brand name counterpart, but are significantly more cost effective due to the fact that they do not apply for a patent, and thus did not spend millions of dollars on clinical trials and research. Though this makes the brands cheaper, slight tweaks in the chemical makeup of some generic drugs causes speculation on whether these generic drugs are as effective and as safe as they say they are. To counter this theory, the World Health Organization defines generic drugs as "pharmaceutical product, usually intended to be interchangeable with an innovator product, that is manufactured without a licence from the innovator company and marketed after the expiry date of the patent or other exclusive rights", and advocates that generic drugs are as safe and as effective as the name brand, they just get around the patent system to make their product more cost efficient<sup>16</sup>. Patent laws are and always have been country specific, making it difficult for international community to create pricing regulations, but the World Health Organization did see the need for a resolution on the topics, thus resulting in the creation of the WHO's Health Action International, which addresses how "today's out of balance patent system is affecting access to new medications"<sup>17</sup>.

The United States of America is one of the world's super powers regarding pharmaceutical development, and we have one of the most developed healthcare systems in the world and is in full support of increasing access to medication around the world and regulating the price gap due to pharmaceutical development. One of the most recent developments that the United States has reformed our healthcare system to be more universal, was through the Affordable Care Act, which forces large corporations to give full time workers insurance, encourages small corporations to provide insurance through temporary tax breaks, and prohibits corporations from inflating their insurance prices if some of their employees are sick<sup>18</sup>. In regards to government coverage, Medicare will increase their coverage on prescription drugs and other medications, making them more accessible, and Medicaid will cover more people with low

incomes, thus increasing their access to medications as well, even if they have preexisting conditions<sup>18</sup>. But, our Supreme Court has ruled that it is up to state legislature whether or not to support the Affordable Care Act, and if the state denies this expansion of Medicaid, people will still be left uninsured<sup>18</sup>. In regards to our patent system and pharmaceutical development, we have the most expensive system per person in regards to paying for prescription drugs, with 234.4 million dollars total, and a 7.1 percent annual growth rate in this already high number<sup>19</sup>. Our system is extremely influenced by a free market economy, due to fact that they drug companies can essentially set their own prices, especially in monopolies<sup>20</sup>. The pricing is set based on the demand for the drug, and how much people would be willing to pay for the drug's benefits<sup>21</sup>, which allows for prices to increase and access and affordability to decrease. The US's patent system also takes an extremely long time, and requires months of expensive research and clinical trials, which also incentivises drug companies to increase their prices in order to make up for the money they spent. Though the United States has a developed health care system, it is by no means perfect, and we recognize our own need to implement change.

In order to address the problem of global pharmaceutical development and universal access to medication, the United States would like to External Research Act, the Generic Drug Act, and the Price Cap Initiative. The United States would like to promote the External Research Act, which would allow researchers to conduct clinical trials and other research observations in lesser developed nations, and collect data on their pharmaceutical drug through people living in these lesser developed nations. The people in the LDCs can participate in these trials which would allow them to gain access to medications that would otherwise be unavailable to them. Having these trials take place in lesser developed nations will provide the researchers with cheaper means of getting data on these drugs and clinical trials which would disincentivize them to set a high price for their drug, due to the fact that they spent less developing and patenting it in the first place. In order to incentivise researchers to move their clinical trials to these LDCs, the US proposes that each individual country that takes part in The External Research Act, would create their own tax benefits for corporations that participate in external research. Lesser developed countries that allow external research to occur in their country will receive a discounted price on this drug, once it is put into the market, which would incentivise LDCs to accept foreign aid and to endorse access to medication through enteral research. To make sure that the pharmaceutical drug that is being trialled in these LDCs is safe, the home country's government must confirm that the drug is "prematurely patented" and safe for human consumption. In addition, the US would like to endorse the Generic Drug Act which would create an international committee to regulate the potency and efficiency of these drugs, to make sure that even though they did not get a patent, they are still safe for consumption and are still an effective treatment option. This act would also make the individual country's patent system requires less clinical trials and research observations, which would allow for the prices of pharmaceutical drugs to decrease. As for drug companies that already have a patent, and thus would not apply to these first two solutions, the US would like to implement the Price Cap Initiative, which would work the WHO's Health Action International. The Price Cap Initiative would provide monetary benefits for emerging generic that challenge monopolies, as well as make the maximum price that a drug company can charge be a 25 percent profit per prescription. With the External Research Act, the Generic Drug Act, and the Price Cap Initiative, access to medication and drug development will increase.

Committee: World Health Organization  
Topic: Gender Based Inequities in Global Health  
Country: United States of America

Gender based inequities in global health refers to different economic, political, biological, physiological, and social factor that influence health outcomes in males and females, which are almost always avoidable and unnecessary. These gender based inequities are almost always due to established gender roles in society, in both extreme and lenient cases. Gender roles are literally defined as “the role or behavior learned by a person as appropriate to their gender, determined by the prevailing cultural norms” and this type of confinement in society unfortunately has spread into global health as well<sup>22</sup>. Unfortunately the World Health Organization has proved the men are generally in worse health compared to women, through the The Global Burden of Disease study led by the Institute for Health Metrics and Evaluation in 2010, which proved the women have a longer life expectancy than men<sup>23</sup>. This is due to the gender norm that encourages men and adolescent boys to engage in more risk taking behavior. According to the WHO European Region’s review of the social determinants of health<sup>24</sup>, chaired by Sir Michael Marmot<sup>25</sup>, men’s poorer survival rates “reflect several factors – greater levels of occupational exposure to physical and chemical hazards, behaviours associated with male norms of risk-taking and adventure, health behaviour paradigms related to masculinity and the fact that men are less likely to visit a doctor when they are ill and, when they see a doctor, are less likely to report on the symptoms of disease or illness”<sup>26</sup>. It has also been proven that because of social norms, men feel that they cannot and should not receive mental help, due to theory that it is largely feminised<sup>27</sup>, yet men are 3.5 times more likely to die by suicide than women<sup>28</sup>. On the other hand, female health inequities rate largely centered around maternal death and prenatal care. In societies where women face discrimination, such as in patriarchal societies, that set a female gender role of inferiority, interfere with access to necessary prenatal care and healthcare treatment<sup>29</sup>. Globally, preventable deaths from unsafe abortion constitute 13% of maternal mortality, making it the leading single cause of maternal mortality worldwide<sup>30</sup>, and is centralized around developing countries due to the lack of qualified medical professionals during birth.

The United States recognizes and agrees that gender based inequities in global health is a multifaceted problem that must be addressed promptly. The United States, being a society that is based on the idea of equality in all aspects of society, we are neither a patriarchal or matriarchal society. However, our past history regarding the cult of domesticity, which spread the theory that women were only meant to do work in the home, has evolved a specific set of gender roles in our society<sup>31</sup>, there are some hints of inequality. As in many other societies, men in our country follow the common path of risk seeking behavior, which leads them to endorse gender socialization, which is the process of learning the social expectations and attitudes associated with one's sex<sup>32</sup>, that does not facilitate health seeking behaviors. Thus currently, in the United States, every 13 out of 100,000 males commit suicide, which is the highest recorded rate in 28 years<sup>33</sup>. In regards to maternal mortality according to the Centers for Disease Control and Prevention, is 17.8 deaths per 100,000 births, which is comparatively high for a developed country<sup>34</sup>. The United States fully supports the Safe Motherhood Initiative and other plans to improve maternal health, and some governmental organizations that the US has created on the

topic include the AMCHP, or the Association of Maternal and Child Health Programs<sup>35</sup>, the AWHONN or the Association of Women's Health, Obstetric and Neonatal Nurses<sup>36</sup>, and the CMQCC or the California Maternal Quality Care Collaborative<sup>37</sup>. Regarding both male and female gender based inequities in global health, the United States has taken action to reduce their prevalence by supporting global initiatives, as well as supporting and implementing our own.

In order to address the issue of gender based inequities in global health, from both the female and male perspective, the United States would like to implement the Reproductive Choice Campaign, the Motherhood Appreciation Project, the Economic Prosperity Through Equality Initiative, and Anonymous Treatment Centers. The Reproductive Choice campaign will be centered around spreading the idea of gender equality in society, and that women have a choice over their bodies, such as in cases of domestic violence, genital mutilation, marriage, and abortion. This campaign will advocate for the legalization of abortion through monetary incentives, and will help facilitate the distribution of contraceptives such as condoms and Levonorgestrel pill, more commonly known as the “day after pill”. With the reproductive choice campaign, we believe that women will have more access to preventative measures, as well as prevent physical injury as a result of social inferiority. In addition, The United States would like to Implement the Motherhood Appreciation project which would spread access to prenatal care through the “Motherhood Mobiles” which would systematically visit rural areas in lesser developed nations, specifically to give prenatal care to mothers who cannot afford it. These mobiles will also be called on to help with deliveries and care of the mother after birth, which would significantly decrease the maternal mortality rate in these areas. This project would run off of donations, and thus publicity would be essential to make sure that funding continues. In addition, the United States would like to create the Economic Prosperity Through Equality Campaign which would be implemented into governments where females are seen as inferiors, and will help guide them through the process of achieving economic prosperity through gender equality in business, the medical field, and education. Countries that participate in this campaign will receive trade and monetary benefits. With the Economic Prosperity Through Equality Campaign the United States believes that gender biased governments can realise the benefits that come with female equality in all sectors of economics. Lastly, the United States would like to implement Anonymous Clinics, which will accept people coming into the facility, or communicating through mail, or the internet, if available. These Anonymous Clinics will address the suppressed depression that many men face in society by providing medical services as well as psychiatric treatment. These clinics would also facilitate group activities such as sports and workout facilities would provide a safe place for releasing male risk seeking behavior in a non-violent and socially productive way. The clinics would be completely anonymous, and does not require physical attendance, so males of the society do not have to worry about judgement, and thus would be more likely to seek help through these clinics. With the Reproductive Choice Campaign, the Motherhood Appreciation Project, Economic Prosperity Through Equality Initiative, and Anonymous Treatment Centers, the United States believes that gender based bias will become less of an issue in the years to come.

1. <http://www.who.int/gho/ncd/en/>
2. <http://www.who.int/mediacentre/factsheets/fs355/en/>
3. <http://www.who.int/global-coordination-mechanism/poverty-and-development/en/>
4. <http://www.cdc.gov/globalhealth/healthprotection/ncd/index.html>
5. <http://www.cdc.gov/globalhealth/healthprotection/ncd/>
6. <http://www.gacd.org/about/history/howeare>
7. [http://www.who.int/nmh/events/ncd\\_action\\_plan/en/](http://www.who.int/nmh/events/ncd_action_plan/en/)
8. [http://www.who.int/fctc/text\\_download/en/](http://www.who.int/fctc/text_download/en/)
9. [http://www.who.int/substance\\_abuse/activities/gsrhua/en/](http://www.who.int/substance_abuse/activities/gsrhua/en/)
10. <http://www.who.int/dietphysicalactivity/strategy/eb11344/en/>
11. [http://kff.org/global-health-policy/fact-sheet/the-u-s-government-and-global-non-communicable-diseases/#endnote\\_link\\_194688-21](http://kff.org/global-health-policy/fact-sheet/the-u-s-government-and-global-non-communicable-diseases/#endnote_link_194688-21)
12. <http://www.un.org/en/universal-declaration-human-rights/>
13. <http://www.un.org/apps/news/story.asp?NewsID=50230#.WB1xA4UWUnI>
14. [http://www.wipo.int/sme/en/faq/pat\\_faqs\\_q4.html](http://www.wipo.int/sme/en/faq/pat_faqs_q4.html)
15. <http://www.news-medical.net/health/Drug-Patents-and-Generics.aspx>
16. <https://www.sciencebasedmedicine.org/generic-drugs-are-they-equivalent/>
17. <http://haiweb.org/>
18. <http://obamacarefacts.com/obamacare-facts/>
19. <http://www.commonwealthfund.org/publications/issue-briefs/2010/jun/prescription-drug-accessibility-and-affordability-in-the-united-states-and-abroad>
20. <http://www.nytimes.com/roomfordebate/2015/09/23/should-the-government-impose-drug-price-controls/end-patent-monopolies-on-drugs>
21. <http://blogs.wsj.com/experts/2016/07/01/how-competition-can-bring-down-drug-prices/>
22. [https://en.oxforddictionaries.com/definition/gender\\_role](https://en.oxforddictionaries.com/definition/gender_role)
23. [http://www.who.int/healthinfo/global\\_burden\\_disease/gbd/en/](http://www.who.int/healthinfo/global_burden_disease/gbd/en/)
24. <http://www.euro.who.int/en/publications/abstracts/review-of-social-determinants-and-the-health-divide-in-the-who-european-region.-final-report>
25. [http://www.who.int/social\\_determinants/thecommission/marmot/en/](http://www.who.int/social_determinants/thecommission/marmot/en/)
26. [http://www.who.int/healthinfo/global\\_burden\\_disease/gbd/en/](http://www.who.int/healthinfo/global_burden_disease/gbd/en/)
27. <https://www.boundless.com/psychology/textbooks/boundless-psychology-textbook/treating-psychological-disorders-19/introduction-to-the-treatment-of-psychological-disorders-99/influences-of-culture-and-gender-in-psychotherapy-380-12915/>
28. <https://afsp.org/about-suicide/suicide-statistics/>
29. <http://www.who.int/mediacentre/factsheets/fs348/en/>
30. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2709326/>
31. <http://americainclass.org/the-cult-of-domesticity/>
32. <http://www.chegg.com/homework-help/definitions/gender-socialization-49>
33. [http://www.nytimes.com/2016/04/22/health/us-suicide-rate-surges-to-a-30-year-high.html?\\_r=0](http://www.nytimes.com/2016/04/22/health/us-suicide-rate-surges-to-a-30-year-high.html?_r=0)
34. <http://www.cnn.com/2015/12/01/health/maternal-mortality-rate-u-s-increasing-why/>
35. <http://www.amchp.org/pages/default.aspx>
36. <http://www.pphproject.org/>
37. <https://www.cmqcc.org/>

