**Position Paper**

Committee: World Health Organization   
Country: The United Republic of Tanzania

Topic I: Non-Communicable Diseases

There is undoubtedly a growing burden of on-communicable diseases. Rapid urbanization of rural areas and migration from rural to urban areas have contributed significantly to the diseases burden. Urbanization population are more exposed to sedentary lifestyles and unhealthy diets. Low and middle income countries, such as The United Republic of Tanzania are facing a massive issue as they are developing quickly but lack the significant funding to sustain the risks that come with urbanization. In Tanzania, between 18 and 24 % of deaths are attributable to non-communicable diseases and injuries. The most common non-communicable diseases call under the category of chronic diseases. These contribute most to overall mortality in Tanzania, the major ones being cardiovascular diseases, cancer, central nervous system diseases, diabetes and chronic respiratory disease. WHO projected that about 20% of all deaths in Tanzania in 2005 were attributable to chronic diseases; CVD 9%, cancer 4%, chronic respiratory disease 2%, diabetes 1% and other chronic disease 4%. However, it’s important to note that despite the rise in non-communicable diseases, communicable diseases particularly HIV and AIDS still take a large toll on the population.

The factors that most affect chances of developing non-communicable diseases are Overweight and obesity, unhealthy diet, tobacco use, alcohol consumption, high blood pressure, high cholesterol levels, and lack of physical activity. In reference to these factors Tanzania currently stands as the following; the prevalence of overweight and obesity is estimated to be around 22% in males and 26% in females, the prevalence of current smokers in Tanzania is estimated at 17.7% in males and 2.5% in females and of current alcohol users is reported to range from about 23% to 37% in males and 13% to 23% in females. Hypertension was found to range from 27.1% to 32.2% and 28.6% to 31.5% in men and women. There aren’t as many reliable results for lack of physical activity.

Tanzania is certainly in support of a formulating a fully comprehensive plan of action to combat this issue in the future, particularly addressing the factors listed above. Tanzania wishes to focus on preventative measures associated in the duration of the SSUNS committee session. Over 95% of the population is between the ages of 0-64, the majority being very young. Tanzania is rapidly growing and its major concern is not only efficient solutions, but sustainable ones.

Topic #2: Global Pharmaceutical Development and Universal Access to Medication

Despite the major advancements in development many Tanzanians still live in poverty, something that does not seem to be subject to change anytime soon. This therefore results in many Tanzanians with a lack of access to medication and Tanzania as country stunted in global pharmaceutical development. The Ministry of Health in Tanzania conducted an assessment to determining the status of public and private sector access—in terms of geographical accessibility, availability, quality, affordability, acceptability—to essential public health medicines and health commodities. They came to the following conclusions; (1) geographical access to drugs does not appear to be a problem and is not perceived as a problem by the public; (2) availability of drugs is a problem at the Medical Stores Department (MSD), especially, but not exclusively, (3) availability issues exist in public sector primary health care facilities and also in many hospitals, (4) availability does not seem to be a significant problem at mission health facilities; and (5) in respect to quality of drugs and services, data from districts surveyed revealed that the public cannot be assured of the drug quality for a significant proportion of drugs in the Tanzanian market.

Currently the Ministry of Health has implemented a variety of strategies in hopes to improve the current state of global pharmaceutical development and universal access to medication in Tanzania. Their first strategy was to establish a network of credited drug dispensing outlets in rural areas of the country to provide an increased range of products similar to those approved for primary health care facilities. This however became a challenge as Tanzania is not at a surplus in their economy and this takes a large financial toll. The second method was to establish a highly regulated pharmaceutical product quality assurance program. This however again was expensive both to create and monitor. Lastly, the Ministry of Health was looking into establishing an alternative, private sector supply system to supplement the medical stores department supply system for the public sector and possibly rural retail drug outlets by providing quality, competitively priced health commodities. But as you can guess this faced the same challenges as the previous strategies.

We hope to build on our methods and discover new ones with the help of other delegates during the duration of this conference. It’s truly an issue that affects Tanzania deeply and is necessary to be addressed.

Topic #3: Gender Based Inequities in Global Health

There are many gender based inequities to explore in this conference. To truly combat these issues we have to work examining how biological and sociocultural factors interact to influence health behavior, outcomes and services and how gender inequality affects health and well-being. The issues that were discussed in the background guide are loosely as follows; male psychiatric health/suicide rates and maternal mortality with shorter mentions about HIV and AIDS related problems and abortions. These are all issues that are prominent in Tanzania as we are a (rapidly) developing country with one of the poorest economies in the world. With a broad issue such as gender based inequities, it’s much harder to allocate funding and think of solutions.

There are currently 1.4 million people in Tanzania living with HIV and AIDS. Out of these 6.2% of these are women and 22.2% of these are MSM (men who have sex with men). Although the MSM percentage is much higher it is said that this number is quite stable and is actually set to decrease due to an increased with of contraception whereas the women percentage is set to increase and has shown little improvement.

The main issue in Tanzania regarding mental health is the lack of mental health professionals. This issue needs to be addressed before moving forward with a plan to end gender inequity. Only if there are a sufficient amount of doctors can people get the help they need. In 2014 Tanzania was recorded to have one of the top 10 highest suicide rates in the world, the majority of them men. This is an issue that desperately needs to be tackled. The world health organization created a mental health plan for Tanzania that was most recently revised in 2005.

The mental health plan had components including a “shift of services and resources from mental hospitals to community mental health facilities and an “integration of mental health services into primary care”. We should continue to follow in these footsteps.

The United Republic of Tanzania hopes to improve health outcomes for both female and male populations, regardless of age, ethnicity, religion and socioeconomic status. We would look to work cooperatively with the other members in the WHO to tackle these gender based equities as efficiently and effectively as possible.

**Citations**

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