**Non-communicable diseases**

**Topic Background:**

According to the World Health Organization, non-communicable diseases (NCDs) are diseases that are not passed from person to person. [[1]](#footnote-1) The four main types of non-communicable diseases are cardiovascular diseases, cancers, chronic respiratory diseases, and diabetes. [[2]](#footnote-2) NCD related deaths are disproportionately more common in low and middle income countries in comparison to upper middle and high income countries.[[3]](#footnote-3) While NCDs are often associated with older age groups, numbers have shown that all age groups – children, adults, and the elderly- in all parts of the world are at risk of NCDs.[[4]](#footnote-4) 16 million of all deaths attributed to non-communicable diseases occur before the age of 70[[5]](#footnote-5). NCD related deaths are disproportionately more common in low and middle income countries in comparison to upper middle and high income countries.[[6]](#footnote-6) Out of the 38 million NCD related deaths each year, 28 million – almost three quarters – occur on low and middle income countries.[[7]](#footnote-7) To decrease the rates of non-communicable diseases in the world, there are different sub-issues to consider in the process of developing a solution.[[8]](#footnote-8) From the health perspective, it is essential to consider the four main risk factors of NCDs, which are tobacco use, physical inactivity, unhealthy diets, and the harmful use of alcohol.[[9]](#footnote-9) These harmful behaviors lead to the increased risk of NCDs by causing raised blood pressure, obesity, hyperglycemia, and hyperlipidemia.[[10]](#footnote-10) In addition to the health-related sub-issues to consider, NCDs also have significant socioeconomic impacts.[[11]](#footnote-11) By increasing the household costs associated with healthcare in low income countries, NCDs limit the progress that can be taken towards the UN Millennium Development Goals.[[12]](#footnote-12) Low income families and individuals also have limited access to healthcare services.[[13]](#footnote-13) Finally, education is another important sub-issue of NCDs. Cultural influences are often huge factors that influence an individual’s decision to perform the risk factors of NCDs. [[14]](#footnote-14)

**Past international action:**

To combat the growing issue of NCDs, more than 190 countries agreed in 2011 under the leadership of WHO on a *Global action plan for the prevention and control of NCDs 2013-2020.[[15]](#footnote-15)* The main goal of the plan is to reduce the number of premature deaths from NCDs by 25% by 2025.[[16]](#footnote-16) The plan addresses the issue through the lens of nine voluntary global targets, such as tobacco use, harmful use of alcohol, unhealthy diet, and physical inactivity.[[17]](#footnote-17) The plan focuses on a cost-effective approach to the issue, by offering high-impact and low cost interventions.[[18]](#footnote-18) Another international measure that has been taken to combat the growth of NCDs is the setting of national goals for individual countries to work towards.[[19]](#footnote-19) In 2015, countries set national targets and measured their progress on the 2010 statistics reported on the *Global status report on non-communicable diseases*.[[20]](#footnote-20) In 2018, the UN General Assembly will convene a meeting on NDCs to record national progress in attaining the voluntary global targets by 2025. [[21]](#footnote-21)

**Country Policy:**

China’s death rates are heavily affected by NCDs, with 87% of total deaths being caused by non-communicable diseases.[[22]](#footnote-22) Out of the four main categories of NCDs, cardiovascular diseases are the most deadly in the country, accounting for 45% of the total deaths, followed by cancers, chronic respiratory diseases, and diabetes being the least pressing of the NCDs.[[23]](#footnote-23) The two major forces responsible for the emergence of NCDs in China are the rapid transition of China’s population from a young to an aging population, and the rapid increase in high-risk lifestyle behaviors.[[24]](#footnote-24) China has already taken many measures to combat its growing issue of NCDs. Firstly, the Ministry of Health in China established an Office of Non-communicable diseases, affiliated with the Department of Disease Control in 1994.[[25]](#footnote-25) To improve the Office’s decision making, the Ministry of Health established the Expert Committee on Disease Control and Prevention (ECDCP) in 2010, in which one of the committee’s sub-committees is on NCDs.[[26]](#footnote-26) While these measures have contributed to the prevention and control of NCDs, their work is generally ineffective, with NCDs remaining very low on the nation’s disease control priorities.[[27]](#footnote-27) Communities in rural areas are left without proper access to healthcare, and the majority of patients with chronic conditions are not offered effective treatment. [[28]](#footnote-28)

**Possible solutions;**

With China’s progress towards combating NCDs remaining slow and ineffective, more operative measures must be taken in order to tackle the issue from an international approach. During committee, China will collaborate with countries with similarly high NCD related deaths, such as Kazakhstan, Mongolia, Russia, Algeria, and many other countries to discuss the most prominent issues within different states. China will then work with these countries to come up with a resolution that focuses on tackling the issue from the medical, economic, and cultural perspectives, with special attention to each of those three categories to ensure a thorough and effective solution that tackles the essence of the problem rather than its superficial effects. China will work with other delegations to address both the prevention of NCDs and the treatments available for people already affected with the diseases. China wishes to contribute to a resolution that works towards more accessible healthcare services for low/middle income families and families in rural communities, creating a culture of risk-free behaviors within different countries, and coming up with cost-effective methods to implement these procedures.

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**Global Pharmaceutical Development and Universal Access to Medication**

**Topic background:**

The system in which consumers purchase pharmaceutical products differs greatly from the traditional consumer system. This causes pharmaceutical prices to be varying and unpredictable, leading to abnormally high prices that hinder the accessibility of medical care to certain groups around the world. The high prices of pharmaceutical products usually have a bigger and more lasting effect on low and middle-income countries. A country with a poor government will usually be unable to afford the pharmaceutical products needed to fulfill the needs of its population. This low availability of pharmaceutical products in the public sectors of low to middle-income countries forces the population to turn to the private sector, were the prices are high.

**Past international action:**

In 1995, the Trade Related Intellectual Property Rights Agreement (TRIPS) was created in order to establish standards of patent protection for pharmaceuticals.[[29]](#footnote-29) The main objective of TRIPS is to increase the possibility of new essential medicines to be obtained at affordable prices. TRIPS create standards and requirements for the protection of intellectual property rights, including trademarks, copyrights, and patents. However, some concerns have been brought up related to TRIPS, such as the higher drug prices that result from increased patent protection, and negative effects that the enforcement of WTO rules may have on local manufacturing capacities. While TRIPS is important as it was one of the first measures taken to decrease the prices of pharmaceutical products, it is unlikely that it will encourage Research and Development in developing countries.

**Country Policy:**

The issue of the high pricing of pharmaceutical products is extremely prevalent in China. In 2005, patent brands were 14 times more expensive that lowest priced generics in the private sector.[[30]](#footnote-30) Patients also paid an additional 75% of procurement prices for generics and 22% for innovator brands.[[31]](#footnote-31) The problem remains widespread and powerful in China, with no measures being taken to reduce the prices of pharmaceutical products in order to protect the average consumer seeking medical attention.

**Possible solutions;**

To address this problem, China would like to approach this issue in an internationally collaborative method. The pricing of pharmaceutical products are heavily dependent on a variety of factors that mostly international rather than national. This calls for a solution that incorporates both the high income countries that produce and consume most of the pharmaceutical products, and the low to middle-income countries that are in need of the pharmaceutical products the most. The delegation of China will investigate different standpoints on the issue and in collaboration with other delegations, create a solution that lowers prices without compromising other factors.

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**Gender Based inequities in Global Health**

**Topic background:**

Gender based health inequities are defined by the WHO as “the disparities between gender populations, traditionally male and female, which are avoidable, unjustifiable, and often unnecessary.[[32]](#footnote-32) Gender based health inequities affect both men and women in all parts of the world. With regards to females, the biggest gender inequity is the lack of access to proper prenatal, antenatal, and delivery services during the process of childbirth.[[33]](#footnote-33) This issue has often been linked to the lack of healthcare workers or the lack of contraception, which are both determined by the role of a woman in society. This includes bodily autonomy, male dominance in relationships, and gender based violence.[[34]](#footnote-34) With regards to males, the gender based medical inequities are the increased rates of suicide, and the lower life-expectancies. [[35]](#footnote-35)The increased rates of suicide in men are linked to the “femininity” of psychiatric health services and the tendency of men to lean away from mental health assistance in fear of challenging their “masculinity”. The lower life expectancies of men are due to their genes and sexual selection. The presence of genes that encourage the risk-taking and competitiveness of males lead to a male culture that is risky and aggressive.[[36]](#footnote-36) This culture of being less cautious is believed to contribute to the differences in rates of violence and use of alcohol and drugs, therefore increasing the chance of death. [[37]](#footnote-37)

**Past international action:**

Thus far, the international community has not taken any efforts to combat the medical gender based inequities relating to men. Measures have not been taken to decrease the elevated rates of suicide in men specifically, or to decrease the risky behavior in men and boys. On the other hand, the UN has taken considerable measures to combat the medical gender based inequities relating to women. In 1987, the Safe Motherhood Initiative was created to address maternal health and implement strategies to reduce maternal mortality.[[38]](#footnote-38) In 1997, the members of the Safe Motherhood Inter-Agency Group launched a program in commemoration to the tenth anniversary of Safe Motherhood Initiative in order to encourage action for safe motherhood, and combing existing knowledge on most effective interventions to create clear guiding programs and policies.[[39]](#footnote-39) This Tenth anniversary program is by far the largest effort taken towards maternal health in the international community.

**Country Policy:**

The Chinese government has taken significant measures to promote maternal health both nationally and internationally. The state has set goals for women’s health in the *Outline for the Development of Chinese Women,* as well as implementing the Law of the People’s Republic of China of Health Protection of Mother and Infants*.[[40]](#footnote-40)* In 2001, China initiated a project to lower the mortality rate of women in pregnancy and childbirth, covering 378 poor counties.[[41]](#footnote-41) Over the years, China allocated additional funds to the project, extending it to 1,000 counties and benefiting more that 300 million women in the country.[[42]](#footnote-42) The project has supported the safe delivery of children in poorer counties within the country. Thanks to the efforts of this project, the mortality rate of women in childbirth has been declining steadily in China – from 61.9 per 100,000 in 1995 to 48.3 per 100,000 in 2004.[[43]](#footnote-43) China has not taken any measures to address the increasing suicide rates in boys and men.

**Possible solutions;**

Gender based inequities in healthcare are usually a by-product of gender based inequities within a society. Gender norms that exist in a society emphasize values and attitudes about masculinity and femininity and who has the right to make different decisions, affecting the personal and political decisions that influence gender based inequities in health.[[44]](#footnote-44) Therefore, it is clear that in order to tackle the issue of gender inequities in Global Health, we are required to address the problem from both within and outside the health sector. In an ideal solution, social norms would be challenged without compromising a community’s culture and values in order to create opportunities for males and females to seek healthcare without dealing with social stigma. In addition to the social support, a government would be encouraged by international law and the lobbying of unions and organization to legalize any medical procedures relating to gender inequities that might not be already legal. Within the health sector, healthcare systems would be developed through advanced research and increased accessibility to allow males and females to easily seek medical assistance. With the collaboration of different states with varying extents of healthcare gender inequities, a resolution could be created that incorporates the social, political, and medical perspectives of the issue that effectively addresses the problem. The delegation of China is open to cooperate with different delegations to develop a resolution as such.

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