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Committee: World Health Organization

Delegation: Mexico

Topic 1: Non-Communicable Diseases



Non-communicable diseases (NCDs) are chronic illnesses, typically cardiovascular diseases, cancers, diabetes, and respiratory diseases, that kill about 38 million a year.[[1]](#footnote-1) Though they exist worldwide, non-communicable diseases have the greatest impact on lower and middle income nations.[[2]](#footnote-2) These diseases are not contagious but they typically last for a duration of time.[[3]](#footnote-3) Non-communicable diseases usually result from risk factors including, tobacco and alcohol use, lack of physical activity, and unhealthy diets.[[4]](#footnote-4) As stated by the World Health Organization (WHO), “These behaviours lead to four key metabolic/physiological changes that increase the risk of NCDs: raised blood pressure, overweight/obesity, hyperglycemia (high blood glucose levels) and hyperlipidemia (high levels of fat in the blood).”[[5]](#footnote-5) NCDs, though they affect the health of people the most, also have a negative impact on social and economic structure of a nation.[[6]](#footnote-6) For instance, poverty often results from non-communicable diseases due inaccessible and unaffordable health care.[[7]](#footnote-7) The World Health Organization has worked and continues to do so preventing and controlling these illnesses and their effects.

The threat of non-communicable diseases, despite developments in the medical and technology world, is still prevalent today. Non-communicable diseases are responsible for 60% of the deaths world-wide and 80% of the deaths in lower and middle income nations.[[8]](#footnote-8) The World Health Organization predicts that the number will increase by 17% within the next decade.[[9]](#footnote-9) As stated, non-communicable diseases result from environmental factors, alcohol and tobacco use, unhealthy diets, physical inactivity, as well as genetics.[[10]](#footnote-10) Non-communicable diseases have the greatest impact on disadvantaged nations typically in the African, Eastern Mediterranean, South-East Asia, and Western Pacific regions, which negatively affects their economic development.[[11]](#footnote-11) The World Health Organization created a global strategy to tackle major non-communicable diseases including diabetes, cancers, respiratory diseases, and cardiovascular diseases.[[12]](#footnote-12) However, some, such as the WMA, fear that tackling these four categories doesn’t do enough to eliminate the causes and effects of non-communicable diseases and doesn’t tackle all non-communicable diseases.[[13]](#footnote-13) It is important to recognize that only tackling the risk factors, though they will have a long-term and future effect on the threat, doesn’t solve issues involving economic impact or those currently living with NCDs. The World Health Organization must work to tackle both short term and long term effects of NCDs.

The Delegation of Mexico proposes a plan that will solve the issue of non-communicable diseases both in the short and long term. Mexico, though the impact of non-communicable diseases on the nation is relatively low, has worked with the World Health Organization to create a plan that tackles the issue elsewhere. As detailed in a document regarding Mexico’s involvement with the UN in tackling NCDs, the delegation plans to reform public health, public and fiscal policies, and medical attention.[[14]](#footnote-14) The Mexican government was worked to tackle non-genetically linked risk factors such as tobacco use, implementing the Law of Tobacco control to make all restaurants smoke-free.[[15]](#footnote-15) Mexico has implemented the distribution of vaccinations for diseases that have them to prevent the development of cancer in a child’s adult life.[[16]](#footnote-16) In order to gain an understanding of the threat at hand, the Delegation of Mexico has implemented numerous statistical studies on obesity and diabetes, one of the main non-communicable diseases.[[17]](#footnote-17) In addition, Mexico has implemented care centers for diabetic citizens and promoted healthy lifestyles by printing nutritional labels on food and requiring a higher tax for junk food.[[18]](#footnote-18) The Delegation of Mexico will continue to work in improving these regulations and implementing new reforms.

Many of the reforms implemented by the World Health Organization or the Delegation of Mexico have involved tackling the risk factors. Although attacking the source of the issue, it is important to implement regulations and reforms on the effects that have already taken place. In low and middle income nations, poverty is often a result of income being spent on medical attention. In order to reduce poverty rates and make medical care more accessible, the Delegation of Mexico proposes a public health care system that provides medical aid to those in need, especially regarding non-communicable diseases. This public health care system would be funded by taxes and donations from public and private corporations or organizations. Many low and middle income countries don’t have the necessary medical technology to treat NDCs. In order to provide the highest quality medical care, governments should provide an incentive for medical technology corporations to establish branches and provide equipment in low and middle income nations, allowing for job opportunities and the distribution of up to date medical technology. To alleviate the funding requirement for these reforms, governments should implement higher taxes on tobacco and alcohol products as well as unhealthy foods, which would also influence a healthy lifestyle. The Delegation of Mexico looks forward to working with other delegations to create and implement new reforms.

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Topic: Global Pharmaceutical Development and Universal Access to Medication



The development of pharmaceutical products and medication in recent years have allowed for the decrease in mortality and longer, healthier lives. In developed first-world countries, access to medication, though not always universal, is much easier than that of low and middle income nations. Universal health coverage, as defined by the World Health Organization, is for all people to have, “the quality services they need, and are protected from health threats, without suffering financial hardship.”[[19]](#footnote-19) The World Health Organization believes that access to universal health care and medication is a human right.[[20]](#footnote-20) However, this is almost never achieved. Brand-name medications often take priority in government spending over generic brands, increasing the price of medication.[[21]](#footnote-21) As a result, medication accounts for about 25-70% of healthcare spendings in lower to middle income nations compared to 15% in higher income nations.[[22]](#footnote-22) Providing universal health coverage to low and middle income nations has become an increasing issue within the past twenty years.

Mexico, though typically classified as a middle income nation, has been successful in implementing universal health care in a short time.[[23]](#footnote-23) Prior to 2002, only half the population in Mexico had health care, all of whom obtained it through their employer and those without health care had to pay for medical expenses with their own money, which was often limited if they were unemployed.[[24]](#footnote-24) As a result, the Mexican government reformed Seguro Popular, and its expansion was supported by the Social Protection System in Health Project.[[25]](#footnote-25) Seguro Popular’s expansion provided healthcare to those who were unemployed or self-employed.[[26]](#footnote-26) The number of individuals, including poor, who benefited from Seguro Popular increased two-fold and insurance coverage gaps, specifically between indigenous and non-indigenous peoples, were eliminated.[[27]](#footnote-27) Seguro Popular is split to provide basic health care to cover essentials and then specialized health care for more advanced treatment.[[28]](#footnote-28) This allows for families and individuals to purchase the health insurance package they need. Providing universal healthcare in Mexico has proven to be successful, despite limited resources and its middle income classification.

The Delegation of Mexico proposes a similar program to provide basic healthcare for low and middle income nations. One of the major issues of universal access to medication is with using name brand products over more economical generic brand products.[[29]](#footnote-29) Access to medication is often more difficult in low and middle income nations due to companies unwilling to fund research and development in these nations, forcing them to turn towards more expensive methods.[[30]](#footnote-30) Each nation’s government should first and foremost provide universal healthcare for their citizens paid for by taxes, specifically for those unemployed or self-employed. In order to provide high quality and cheaper products, an incentive should be given to generic name companies to implement research in underdeveloped nations and provide easy access to their products. In doing so, each country will be able to provide universal healthcare for a more affordable price and stimulate biotechnological developments for some corporations. Granted, each nation is allowed to implement any of these policies at their choosing. The Delegation of Mexico looks forward to debating and resolving the issue of universal access to medication and healthcare.

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Topic: Gender Based Inequities in Global Health



In addition to the social impacts, gender and sexual inequality can have a negative impact upon medical treatment and global health. Gender equity in global health refers to, as stated by the World Health Organization, “a process of being fair to women and men with the objective of reducing unjust and avoidable inequality between women and men in health status, access to health services and their contributions to the health workforce,” and recognition of different needs and interests of men and women’s health.[[31]](#footnote-31) Though there is a push for universal healthcare, it is important to recognize that different sexes require varying methods of healthcare based on biological differences. Women often require health care that appeals to maternal health care while men require health care recognizing male psychiatric differences and mental health.[[32]](#footnote-32) The lack of coverage and health care on these topics is often the result of systemic sexism and ingrained ideology. It is important to recognize the necessity of gender based inequities in global health.

Mexico and its government have taken multiple strides to incorporate gender based inequity into their health program. In terms of women’s health, Mexico has legalized abortion in its first trimester or in cases of unintended pregnancy.[[33]](#footnote-33) Though controversial, the decriminalization of abortion and push towards further reproductive rights has saved the lives of thousands of Mexican women and improved pre and postnatal health. Although Mexico has made major strides with the legalization of abortion and sparked the start of reproductive rights, Mexico hasn’t done enough to recognize gender based inequity in health.[[34]](#footnote-34) Mexico has one of the lowest suicide rates in the world, with a total of 4.0 per 100,000 but 6.7 men per 100,000 and 1.3 women per 100,000.[[35]](#footnote-35) Despite this low rate, there’s still a major gap between the rates of men and women, which shows that Mexico hasn’t done enough to recognize the mental health needs that exist in their population, specifically regarding the men. In essence, it is time that Mexico begins to take further action to close the gender inequity gap in global health.

The Delegation of Mexico proposes the implementation of health clinics throughout the world, especially in low and middle income nations where healthcare is hard to come by. Separate sectors of these clinics would be created, each specializing in male health and female health. In doing so, this provides equal healthcare for every sex. Within the male sector of the health clinic would be implemented the National Male Health Policy in order to properly educate males of their health risks and what can be done to prevent future health problems. In addition, screenings for diseases, such as NCDs or HIV/AIDS, would be provided to those, both male and female, that request them. Mental and psychiatric screenings would be provided to both males and females and care would be provided to those diagnosed with mental illnesses. This would help in addressing suicide rates and decrease the stigma that exists behind mental health. In terms of women’s health, these clinics would provide information on health risks for females, either expecting or not. In addition, medical professionals would provide screenings and checkups for women carrying to maintain both pre and post natal health. Safe abortions would be provided at these clinics for women who cannot carry to term due to unexpected pregnancy or health risks. Easily accessible clinics should provide men and women with equal health care from medical professionals and reduce health risks and issues, both mental and physical. The Delegation of Mexico looks forward to discussing and resolving the issue of gender inequities in global health.

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