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World Health Organization

Panama

The issues before Panama are

1. Non-Communicable Diseases
2. Global Pharmaceutical Development and Universal Access to Medication
3. Gender Based Inequities in Global Health

[[1]](#footnote-2)The leading cause of death in Panama is Coronary Heart Disease with the rate of 65.55%, followed by stroke with the rate of 48.73%. Heart disease and stroke falls under cardiovascular disease, which is one of the four main types of non- communicable disease. The other types of non- communicable diseases are cancers, chronic respiratory diseases and diabetes.

[[2]](#footnote-3)Panama an upper-middle country spends only 8% of their GDP as a health expenditure. 90% of the population in Panama has access to the health services , and public health care is free. Although, public health care is free the system itself needs a lot of work, since most of the public hospitals do not have enough medications or even beds for the patients. [[3]](#footnote-4)Most public hospitals also have an outdated technologies. Right now, Panama does not have the funding to provide it’s population with the quality , and long term care needed to prevent or cure NCD”s. Panama currently has 4.5% of unemployment rate (est. 2015) and it’s population cannot afford out-of-pocket healthcare so they rely on the public health care provided.

In 2011 during the 66th World Health Assembly, The World Health Organization signed the Global Action Plan for the Prevention and Control of NCDs 2013-2020. The plan provides a variety of options that are cost-affective to prevent NCDs, that included options like reducing the salt intake and the salt content in food, or drug therapy for people living with diabetes.[[4]](#footnote-5) Panama currently has a 26.5% rate of obesity in it’s population with diabetes as number four in top causes of death with a rate of 5.90%.

Therefore Panama:

1. Acknowledges that the health expenditure of 8.6% is not enough and that increase funding should be given and that further awareness of non-communicable disease will be helpful.
2. Supports investing into prevention of NCDs, but also into caring for the people already living with NCDs.
3. Calls upon, higher income countries and fellow upper-middle income countries to support and raise awareness for NCDs.

II.

The Republic Of Panama recognizing Article 25.1 of the Universal Declaration of Human Rights, tries to make sure that all it’s citizen have access to healthcare, by having public hospitals and the access to medicine for everyone. Although, healthcare in Panama is not free the government, do try to make the medicines affordable.

[[5]](#footnote-6)Legislation in Panama has required their pharmacists to suggest the generic medicines if it is therapeutically equivalent. Doctors in panama are also required to write the generic name of the medication provided and also to inform the patient about the generic alternative. Pharmacies in Panama are also required to have a 81-page list of the generic medications that are available. In Panama, there has also been a push for national use of generic medicines as a cost containment strategy, guided by suggestions that has proven that the most effective way of lowering the prices of some medicines is by introducing generic competition.

Therefore, Panama:

1. Emphasizes that it recognizes Article 25.1 and is trying to provide a solution for it’s citizen.
2. Expresses its hope that we can find a universal solution and despite previous attempts we will succeed.
3. Believes that the international community should have the right to intervene in the pricing strategies
4. Reminds everyone that the legislature mention above is helping lower the prices of medicines.

III.

[[6]](#footnote-7)Panama as of 2016 has a sex ration of 1.01male/female on its total population. The life expectancy for female and male as of 2016, has a very wide gap with women having a life expectancy of 81.6 years while men only have 75.8 years. Males not only have a lower life expectancy but they also have a higher suicide rates at any age group in Panama. [[7]](#footnote-8)In 2008, the suicide rate for male is 154 compared to 32 in females. These may be due to men not seeking help. [[8]](#footnote-9)The Ministry of Health in 2010, reported that 39,943 outpatients were visiting the facilities for depression, The Ministry also reported that 54.3% of the outpatients are women.

[[9]](#footnote-10)As a Roman catholic country, abortions is illegal but there are a few exceptions, if the pregnancy threatens the life of the mother or the pregnancy is a health risks is one of the exceptions. Pregnancy due to incest or rape is also an exception but only in the first trimester.[[10]](#footnote-11) The maternal mortality rate in Panama as of 2015 is 94 deaths/100,000 deaths.

[[11]](#footnote-12)As of 2015, the HIV/AIDS in Panama is only at the rate of 0.69, while the people living with aids are 17,100 people. Deaths due to HIV/AIDS as of 2015 is 500 people.

Therefore, Panama:

1. Acknowledge that there are health inequities and also health inequalities between males and females
2. Expresses its hope to remove health inequities, in hopes that it would lower the suicide rates in men and the deaths due to pregnancy for females.
3. Further recommends that males and females be educated about their health and given a series of policies that fits them.

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