Position Paper for World Health Organization Montenegro

*Topic 1: Non-Communicable Diseases*

Non-communicable diseases (NCDs) account for 63% of all annual deaths and by 2030 are predicted to be the largest reason for death in all countries in the world.[[1]](#footnote-1) Whereas communicable disease rates are dropping rapidly due to the access to vaccinations and sanitation worldwide, increased urbanization, and alterations in lifestyle, non-communicable disease rates rise rapidly as tobacco, alcohol, physical inactivity, and unhealthy eating habits become more common with urbanization. 38 million people are dying every year due to NCDs, with 28 million of these deaths occurring in low and middle-income countries.[[2]](#footnote-2) The continuing lack of support in LMICs for NCDs will cost 4% of the country’s total profit annually, and demands for a transition into a health system that provides high-quality long term and prevention care.[[3]](#footnote-3)

Montenegro is currently working to improve the level of health care nationally. There is a current lack of infrastructure as well as support for the Montenegro health care system. The private health care industry is supportive and great for long term, but the public system is majorly lacking funding and the ability to perform basic testing upon appointment. The new influx of refugees will only increase the strain on the system. Montenegro wants to work with other countries to support their health care systems as well as find ways to efficiently and cost-effectively improve their own. The partnership with NGOs as well as other country support can improve the conditions in Montenegro. The U.S. Department of State Bureau of PRM: NGO Programs Benefiting Refugees in the Balkans is preparing to put $1,100,000 into supporting Balkan countries, with a focus in Montenegro.[[4]](#footnote-4) Working with NGOs directly as well as restructuring the government allocation of funding through EU attention to the typical funding and NGO funding until a more permanent situation can be created.

Montenegro believes that the World Health Organization needs not only to invest in the now-situation as well as plan for the future, but also work to prevent the further growth of NCD rates in MEDCs and LEDCs. The longer the enormously high rates of NCDs continue the greater the spread of genetic tendencies for the NCDs will continue. Work to invest in awareness and health of everyone with solutions such as universal health care with P4H and on-the-ground preventative measures. MEDCs need to be exampling this behaviour and supporting countries without the ability to implement this work themselves. Furthermore, long term support needs to be invested in as with the help of MEDCs to develop LEDCs there will be increases in population and higher levels of non-communicable diseases. Working with governments and NGOs would enable these actions to be taken, and partnering with ones such as The Global Health Network and Wellcome Trust. Action on the ground by community workers and translators that work with organizations like Plan Canada would increase community education.

*Topic 2: Gender Based Inequities in Global Health*

Gender Based Inequities in Global Health for men and women is a serious issue. Inequalities of men are often unheard of, as most people are only aware of the issues for women. Many socially constructed gender normal influence how males behave when it comes to their mental health and seeking care for support with their mental health. This leads to a higher percentages of suicides being male.[[5]](#footnote-5) There are more basic issues of male health inequities, starting with genetic prevalence for risk-taking, competition, and aggressive behaviour. This leads to a shorter life expectancy, and a greater chance at juvenile death, with accident being the 4th leading cause of death in males. Finally, males have a lower resistance to infections, injury, stress, degenerative diseases and parasites.

While men experience many inequities women are dealing with a great level of inequity too. 358000 women die during pregnancy and childbirth due to preventable causes every year, and 99% of these deaths occur in LMICs, with 87% in sub-Saharan Africa and South Asia.[[6]](#footnote-6),[[7]](#footnote-7) The lack of skilled attendance during birth, maternal illiteracy, poor SES, and high fertility rates are all causing these numbers to rise. Many women who are pregnant or in the process of childbirth cannot access proper prenatal, antenatal, and delivery services due to systematic gender discrimination. This discrimination which leads to inequity is based upon lack of bodily anatomy, male dominance in relationships, and gender based violence. Patriarchal and discriminatory gender systems place women in subordinate roles that barricade access to safe and required healthcare support.[[8]](#footnote-8)

The issue of women’s health, especially during pregnancy, only became truly known in 1987 with the launching of the Safe Motherhood Initiative.[[9]](#footnote-9) This program is a joint effort between groups such as WHO, World Bank, and UNFPA, to get stakeholders such as government officials, NGOs, and health providers to understand the issue at hand. Multiple initiatives were planned to improve facilities, referral care, transportation systems, and community based health care. On the 10th anniversary there was an extensive program launched to encourage international commitment and increase of research. This program has to date been the single largest effort to advance the protection of maternal health in the international community.[[10]](#footnote-10)

Currently, there are few solutions besides the Millennium Development Goals and the Safe Motherhood Initiative. The Millennium Development Goals were aligned with the United Nations to target social inequalities, reduce poverty, and improve the standard of living internationally by 2015. One of their specific goals was to reduce maternal mortality rates by 75% by 2015, which they have not been successful at.[[11]](#footnote-11) Work towards the MDGs has been slow and the work to make people more aware of certain issues such as contraception has back-fired in countries such as the Ivory Coast and Niger. There is a profound lack of international collaboration and funding for male and female health inequities. With the issue of males there is an extreme ignorance towards the topics of suicide and mental health. In countries such as England, 75% of people committing suicide are male, and on average there are more men committing suicide than women.[[12]](#footnote-12) There is no system designed for screening men of suicidality in primary care and public awareness is far lower than awareness of other health disparities for males such as HIV/AIDS. With Montenegro and countries near Montenegro having people who commit suicide this is clearly an important issue that Montenegro believes should be addressed. Women’s health care, especially during maternity, is going to be an issue that will be focused on in the future by educating community workers through government support, as while currently there is a lack of funding there is an allocation and priority towards funding tests for women’s health care. Montenegro in the future will be continuing and prioritizing women’s prenatal and maternal healthcare. A male suicidality test is needed, and there should be a World Health Organization funded team to create such a test for everyone in the world. As the world is 50.45% male, there is clearly a huge population to use this test and many people that could use it.[[13]](#footnote-13) While educating community workers on female issues and support, at the same time they can be taught about male testing and how to teach proper social normal. This should be a priority that is government funded through the health care system already in place.

*Topic 3: Global Pharmaceutical Development and Universal Access to Medication*

The human right to health is recognized by many international instruments, such as the founding documents of WHO, the Alma Ata Declaration and several treaties on Human Rights.[[14]](#footnote-14) In countries such as Canada health care is defined as a right and provided for all people, but for most of the world and especially the developing world, health care is a dream and long-term goal. Access to required medications are included in the UN's Millennium Development Goals, and over 100 countries include health provisions in their constitutions.[[15]](#footnote-15) Clearly there is an international knowledge surrounding the need to focus on the human right to health care, but a huge road block due to the issues surrounding pharmaceutical pricing.

Pharmaceutical's value is based upon the monetary value that went into developing it, but can be altered depending upon relationships between doctors or health care professionals and their suppliers.[[16]](#footnote-16) Furthermore, the prices of medication are decided by the supplier, and if the drug is patented and therefore a medication "where no alternative medicine or intervention can provide the same therapeutic outcome" they are very valuable.[[17]](#footnote-17) It is only with pricing policies that a government or international organization could limit the producer's power to alter the pricing. Generic medicines are often used instead of the patented ones as they are identical but a fraction of the cost as they only copied the patented drug after the patent expired instead of performing the research. This is a positive because it allows people to get the same drug for cheaper, if they are aware of it, and gives more people access to health care. Currently 15% of the world’s population is consuming 90% of the world’s medications, largely due to the unaffordability of these medications.[[18]](#footnote-18)

The issue of high prescription drug costs arose from the reality that it costs a lot of money to create drugs that can help so many people, and intellectual property of the creators has to be respected. It is not possible to create one universal solution that works for every country as there are too many with too many differences to solely rely upon one solution, but there are ways. Encouraging companies to manufacture their medication in low- and middle-income countries brings access to the medicine and information about health care to these countries. For neighbouring countries it can at least increase access and trading. The international community should have the right to intervene in the pharmaceutical markets so that the individual can be protected and helped, as often they are not when the government and corporations are left with this responsibility. Policies can drastically help improve the access and affordability of essential medications by funding generic drug creation and increasing distribution to all parts of the world. Montenegro would strongly support all initiatives to bring down the prices of pharmaceutical drugs and encourage the production of medication to be globalized.

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