**World Health Organization of Kazakhstan**

**By Kevin Hu**

**Topic I: Non-Communicable Diseases**

Non-communicable diseases (NCDs) are diseases that are not passed from person to person. They include diseases such as diabetes, cancers, heart attacks and stroke. Countries have mostly been diverting their attention towards communicable diseases, NCDs have recently been becoming more of a problem, especially towards the low and middle income countries (LMIC). It is soon to be expected that NCDs will become the leading cause of death in LMICs. Globally, NCDs are relatively underfunded. Studies showed in 2011only 1.23% of all health donations went towards NCDs. The main reason why NCDs aren’t focused on is because they aren’t very easy to treat. In the past, the World Health Organization (WHO) signed the Global Act for the Prevention and Control of NCDs at the 66th World Health Assembly in 2011. This plan gave a variety of policy options for WHO, members of the state and many other organizations. This plan has a set of six goals for 2025. If they are all met it is expected that there will be a 25% reduction in premature mortalities from NCDs. The WHO’s Director General also wrote a progress report in 2013 that provided several cost-efficient policies that prevent and manage NCDs. These policies include reducing the affordability for tobacco and alcohol, reduction of salt intake and salt content in food, prevention of liver cancer through immunizations of hepatitis B replacing trans-fat with unsaturated fats and several other options that would help prevent NCDs. The UN has also intervened on this topic. In 2013 the UN Interagency Task Force (UNIATF) on NCDs was created. They met twice a year and were responsible for helping reduce NCDs world wide. NCDs are more frequent in LMIC countries, which makes Kazakhstan very susceptible to them. Therefore, it is in our best interest to prevent making NCDs a leading problem in Kazakhstan by implementing new changes. Kazakhstan has begun developing an NCD plan, although it is only at its primary stages. The government has begun funding for diabetes, which includes treatment and early diagnosis. A global monitoring framework for diabetes has been adopted, but still needs improvement. To help prevent cases of NCD in our country, we need to divert more funding towards the education and advertisement of NCDs. We also need to implement policies that discourage tobacco and alcohol. Having improved health benefits that provides better preventive care (screening, shots, etc.) will help prevent NCD cases before they happen. It’s imperative that we reduce NCD cases because they will soon become the leading cause of death in Kazakhstan.

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

The main issue of this topic is that medication is becoming to expensive for people in low and middle-income countries (LMICs) to afford. People in LMIC countries also have a very asymmetrical knowledge on the pharmaceutical market. Without information given by medical professionals, consumers don’t know when to use medication and when not to, or when to use brand name medication, or natural therapy. Being a medium-income country, very few people in Kazakhstan can afford patented medication with the money they have. One of the UN’s eight Millennium Development Goals is to improve the availability of affordable medicines to the poor. Unfortunately, not much action has been taken to help reduce the costs of medicine. Countries with high-incomes are generally the ones who manufacture high-end patented medication, and they are the main consumers as well. Availability of essential medication in low and medium-income countries is normally very low, especially in the public sector. According to the WHO availability of essential medication is at 35%. With low availability in the public sector, people are forced to buy from the private sector, which in most cases, extremely expensive. Kazakhstan needs accessible pharmaceuticals to be provided to families of every level of income. Since Kazakhstan is a middle-income country, patented medication is virtually inaccessible to most of their population. To help resolve this problem, Kazakhstan can reach out to non-government organizations (NGOs) (such as Red Cross) to help set up medical facilities in their country that would provide medication at a discounted price. Kazakhstan is very supportive of NGOs in their society because they will help build a modern progressive and democratic country. With the help of NGOs we’ll be able to provide better medical care to our people. Kazakhstan is not a third world country, regulations must be made so people won’t take advantage of the discounted medication. Regulations could include having discounts based of off the salary the patient made, or whether or not they are employed.

**Topic III: Gender Based Inequities in Global Health**

The level of medical care given to a human being should not be based off gender. The WHO constitution believes that the ability to achieve the “highest attainable standard of health as a fundamental right of every human being” is a goal that needs to be achieved. It is unacceptable to have any limitation in access to healthcare based off gender and can be deemed to be a violation of basic human rights. The UN developed a series of Millennium Development Goals. The fact that one of them appertains to promote gender equality and another is to reduce the rate of maternal deaths means that gender inequities in the health industry is still relevant. In the past, the Safe Motherhood Initiative of 1987 was created because the scope of maternal health was extremely limited. The WHO, World Banks and United Nations Population Fund (UNFPA) gathered stakeholders such as government officials, NGO representatives and health providers at a conference in Kenya. In this conference, they created strategies to promote better maternal health, which included improving referral level facilities that back up community level care and treat complicated cases. They also strengthened community based health care by improving the skills of community health workers and traditional birth attendants and screened high risk pregnant women for medical referrals. With these actions, pregnancy and childbirth death awareness gained traction and actions were finally taken to reduce maternal mortality. Kazakhstan is a country that is trying to achieve full equality for women and men. We are very supportive of women empowerment actions. Many laws of Kazakhstan are aimed at establishing equality. There are special measures to protect maternity, paternity and childhood. It is also very important to protect women in pregnancy and childbirth. Kazakhstan joined the UN Women’s executive council for 2013-2015. They implemented a national policy called the Gender Equality Strategy of the Republic of Kazakhstan. This policy helped promote female rights and helped achieve men and women equality. Kazakhstan also adopted the law on State Guarantees of Equal Rights and Equal Opportunities for Men and Women and on the Prevention of Domestic Violence in 2009. Kazakhstan has achieved a lot of awareness on women empowerment in general. We now need to focus our efforts more specifically towards preventing deaths during pregnancy and child birth. We need to divert funding in medical settings to provide improved healthcare to prenatal care. We could request help from third party organizations to help provide the necessary technologies to deal with pregnancy and childbirth. we are still in the process of accomplishing female equality, we need to be focused on the reduction of the mortality rate of women in pregnancy and childbirth.

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