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World Health Organization (WHO)

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Topic 1:

“Countries for many reasons, are sometimes hesitant to admit they have a problem” Margaret Chan. There is nothing more devastating than the mislabeling of an issue, sometimes our downfall could be right in front of our eyes, and we wouldn’t recognize it. Non-Communicable diseases will not be a problem of the future, rather the pinnacle of a global health pandemic in the here and now. 37 Million individuals are obligated to pay the ultimate price[[1]](#footnote-1), many more will suffer indescribable pain living with a NCD or tending to a loved one with a one. The UK isn’t afraid of calling this problem for what it is, a pandemic. One of the common misconceptions of the phenomenon is the idea that, NCDs are inevitable to the human aging process and that as our bodies unavoidably deteriorates, often times in the form of developing an NCD. What this attitude perpetuates is the impending feeling of defeat, when in large most forms of NCDs are completely preventable. If not dealt with, this issue will increasingly affect the youthful members of society, which has been charted at the staggering number of 9 million deaths[[2]](#footnote-2). This delegation condemns this dangerous narrative, and the dissemination of misinformation. In order to address the issue, we must accept that there is one, NCDs generate 37 million deaths annually and accounts for 63% of deaths, worldwide[[3]](#footnote-3). The dire circumstance simply cannot be ignored any longer.

The United Nations implemented a variety of different solutions in order to tackle the issue, although they are far from being considered as failures. None of them are projected to have the results desired. What is perhaps the two most successful plan of actions, was the United Nations convention On Tobacco control (FCTC) where for the first time, the international community officially waged war on tobacco products[[4]](#footnote-4). And countries wishing to adopt the convention and implement it, yielded positive results very quickly. The success of the convention can be largely credited to the urgency of which the document poses, a lackluster factor in both the global strategy on diet, physical activity and health (2008)[[5]](#footnote-5), as well as the Global strategy to reduce harmful use of alcohol (2010)[[6]](#footnote-6).

The prevention of NCDs are fair more cost effective than the actual treatment. To put things in perspective, the average cancer patient has to pay upwards of $50,000 USD per year to suppress and treat the illness[[7]](#footnote-7). Yet we expect individuals living in countries being paid wages less than $10 to $15USD to pay for their expenses. It is simply mathematically impossible for LMICs to provide quality treatment plans[[8]](#footnote-8). Instead, the U.K believes we need to strengthen our course of action to prevent NCDs, namely the “best buy” set of solutions[[9]](#footnote-9) which has been proven to significantly decrease NCDs, through simple yet effective steps. To raise awareness, the U.K wants to establish an international “NCD awareness week” where countries could launch aggressive advertisement campaigns, and workshops or even townhalls on healthy living and maintaining healthy diets. Moreover, the U.K supports the full implementation of the framework convention on tobacco content (UNFCTC) adopting the MPOWER framework[[10]](#footnote-10). We must also push for governments from around the world to open dialogue with all sectors of the economy for a truly multisectoral approach. The food industry has an especially important role to play, and governments around the world should be encouraged to implement a system to monitor the level of sugar and sodium in processed foods, and incentivizing potential customers of making health conscious decisions, by giving tax credits to companies well and below the average of sodium or sugar in their product, but also imposing a health tax on food products above and beyond the industry mean. Ideally, a threshold should be drawn and consulted with each specific food in each specific food group. Lastly, we believe in facilitating open dialogue in a regional setting, to support each other in mutual growth, as well as tracking progress and brainstorming more regional and culturally specific actions. Finally, the UK recognizes the importance of studying “blue zones”[[11]](#footnote-11) which are regions and communities of the world, where it’s constituents live a measurably longer lives, mainly due to healthy lifestyles and attitudes towards life.

Topic 2

There is a fundamental problem, when producers are expected to create essential drugs critical to healthy living. The business module dominates a society which prioritizes the maximization of profit. Surely, this is to be expected in a free market liberal economy. But what happens when regulations fail and loopholes are abused and patients of horrific illnesses are exploited?[[12]](#footnote-12) If medicine is unilaterally agreed to be a basic human necessity, similar to food and shelter. Then how come, there is no attempt for the universalization and access of medicine in a substantial amount of countries regardless to economic strength? Every year, a handful of the same pharmaceutical companies find themselves as one of the most wealthy firms on the Fortune 500 list[[13]](#footnote-13), the wealth and influence they amass should not go unchecked and unregulated.

One of the main drivers of profitability in the industry, is the usage of patents. Certain drugs or even chemical compounds can be patented which becomes “off-limits” to competing companies trying to create a more effective and price competitive model. Patents were originally designed to moderate a fair level of competition. But it’s proven to be the opposite of healthy competition, it forbids and condemns experimentation thus discouraging progress in the realm of a ingenuity and self improvement[[14]](#footnote-14). Governments around the world, has tried to enforce universality of medication. Cuba is famously known for their phenomenal healthcare and affordable drugs, pharmaceutical producers in Cuba are all nationalized which eliminates the incentive to maximize profit[[15]](#footnote-15). The United Kingdom and other free market economies has tried to enforce stricter regulation to break up monopolies and oligopolies, where unfortunately there is still a long way to go, evaluating the nature of western economic paradigms and the status of our industries, the UK remains confident in negotiation strategies with global pharmaceutical powerhouses.

As the birthplace of esteemed liberal economists, the U.K believes the only fair approach is the introduction of pricing regulation. Profit margins of drugs shouldn’t exceed a specific percentage. Granted, the costs from the actual creation of the drug up until being put up on the shelves of a drug market is quite expensive, pegged at 2.8 Billion USD. Profitability of a ground shattering drug can yield returns ten times of the initial investments at the very least. Government officials needs to step in when firms abuse what is already a lucrative market to enhance their profits even more[[16]](#footnote-16). Lipitor, a drug created by Pfizer as a means to control high cholesterol, raked in more than 13 Billion USD in a single year. Which is a perfect example of why the government needs to intervene where there is a market oligopoly. Furthermore, no country should be entirely dependent on another country for food security, so why should they be for medicine? WHO needs to play a role in assisting LMICs in the development of their own pharmaceutical endeavours. Thus creating a baseline level of security and adding a more accurate depiction of market demand. The international community has an obligation to push the financial sector into committing and executing more social duties. And we need to mobilize all countries part of the WHO, to understand that medicine is as crucial of a life necessity, comparable to nourishment and even shelter. If you have a patented medicine “Medicine where alternative drugs will not achieve the same therapeutic effects”[[17]](#footnote-17) then the drug price will be set by the inaugural International pharmaceutical regulatory Agency (IPRA) a non-partisan pharmaceutical price monitoring network to set fair and equitable prices. Corporate greed will always prevail unless we take a hard stance for what is morally just and feasibility sound.

Topic 3

By virtue of statistics, women tend to live longer than men. On average, 3 Years to be more precise. Through a variety of reasons, the gap of life expectancy has been more and more drastic. An extra emphasis must be placed on LMICs, In the United Kingdom, women live on average 4.5 years longer than men[[18]](#footnote-18). Statistics also indicate that developing nations have a long way to go for a campaign to equalize the gap, and the overall increase on longevity. This daunting task simply cannot be done unless governments, in unison with powerful economic sectors, work together to ameliorate living standards, which by in-large will influence the average life-span in a positive way.

What must be noted, is that men and females have a different issues in specific domains, and it is up to the World Health Organization to launch comprehensive studies in order for a better understanding of these gross inequalities. Typically, LMICs have a difficult time dealing with childbirth and the complications which quickly ensues. In fact, it is expected for more than 300,000 child bearing women to die from direct complications of pregnancy[[19]](#footnote-19). From the help of modern science developing country moves quickly towards eradicating child birth deaths from complications. The globe in large, should be looking at innovative ways to introduce more pragmatic and medicinally sound procedures to LMICs. Moreover, Men are more prone to HIV/Aids, Within the (MSM) community[[20]](#footnote-20), STDs tend to run rampant and the general trend has grown to be relevant in communities around the globe. Past efforts have been made to address the issues of childbearing mothers, the world witnessed the introduction of the Global Safe Mother Initiative (SMI)[[21]](#footnote-21). A compilation of solution, which the international community have seen some impacts, but not by a satisfactory margin.

The reality is, something as natural as conceiving a human life remains a challenge of which often jeopardizes the health of both the mother and child. The process requires an enormous amount of energy and diagnostics, but it doesn’t have to be this dangerous. From the help of modern science, developing country can move quickly towards eradicating maternal deaths from complications. Some rural communities, continue to uphold traditional medicinal practices which we must address but approach with sensitivity, seeing how we should not patronize or brush off the symbolic and cultural ties to their practices. That being said, there needs to be a push for scientifically proven modern medicine, and the education of it’s usage. On the topic of education, the reduction and prevention of HIV/Aids[[22]](#footnote-22), which is a lifelong illness can be prevented if incorporated with the right dosage of awareness. There still tends to be a stigma of STDs[[23]](#footnote-23), and the unwelcoming sentiments of various governments and legislators of the LGBTQ+ communities contribute towards an overall negative attitude disincentivizing individuals to learn and prevent this highly contagious disease from being spread. What is also noteworthy, is the usage of harmful products between males and females. In a country like China, as of 2011, 47% of males used tobacco regularly, in relation to their counterparts at 2%[[24]](#footnote-24). A discussion is in dire need to be had over the causes and societal pressures on both men and women, and it’s up to the highest platform of public health policy forum to rectify these pressing issues.

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