South Africa: World Health Organization(WHO) Position Paper.

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Health can be referred to as the condition of the body, especially concerning illness and disease. Therefore, health problems in Sub-Saharan Africa relate to physical, mental and social instability. The proposal for national health insurance (NHI) is part of a welcome resurgence in public discourse about poverty, health and access to health services in South Africa.  South Africa comprises almost 17% of the world’s population living with HIV/AIDS. The country has the largest antiretroviral treatment program in the world, yet only 40% of eligible adults are receiving treatment.

Non communicable diseases (NCDs), is an increasing problem in low- and middle income countries(LMICs)around the world. In recent years, LMICs have experienced increasing NCD load, and it is expected to continue increasing, so that by 2030 they will be the leading cause of death in all the LMICs. Though the World Health Organization (WHO) has advocated a set of targets and policy options aimed at reducing global NCD burden by 25% by 2025. However, progress is highly uneven, and many countries are not on track to meet them, particularly LMICs. The World Health Organization(WHO) signed the Global Action Plan for the Prevention and Control of NCDs at the 66th World Health Assembly. The plan aims to strengthen health systems as well as address the social determinants of NCD burden through strengthened primary health care and universal health coverage. Preventing NCDs in LMICs is one of the most effective ways to reduce mortality. Policies that discourage alcohol, tobacco, unhealthy lifestyle and encourage a more active lifestyle can provide preventive care. Screenings can even prevent NCDs before they happen. In order to provide long term care, it would require more healthcare workers, and a strengthened health infrastructure. Funding also plays a key role. NCDs receive little attention and funding. To improve this, donors must be convinced funding NCDs will lead to progress and find the economic argument to tackle NCDs compelling. WHO has been increasing the focus on NCDs, which is also important to increase donations.

Pharmaceuticals have different traits from other consumer products and this causes the interaction b in pharmaceutical markets to differ from the traditional responses in the demand and supply of a market. The value of the medication isn’t in the resell value of the medication, but in the research that went into developing it. Also, the consumer of a pharmaceutical good are often directed to a third party, either a doctor, or healthcare professional before the medication is purchased. In 2001, the World Health Assembly advocated a resolution calling for developing the standardized methods for measuring and monitoring pharmaceutical prices. Since then, several studies have been conducted by the WHO on the affordability and accessibility of essential medications in countries worldwide. In LMICs, medication prices are high, reaching in over 80 time the international reference price. The availability is also very low and on Average per capita, spending on pharmaceuticals in high- income countries is 100 times that in low-income countries. The primary cause of the inequalities in affordability and access to medications are in politics and in socio-economic divides. It was found that over 90% of the value of the world’s pharmaceuticals is produced in high-income countries, more than 70% is produced in just five countries, and more than 45% by the top ten companies. It is also estimated that 15% of the world’s population in these countries consumes 90% of medications. WHO recommends that governments eliminate taxes and tariffs. WHO estimates that high tariff structures in selected low-income countries increase the price of medicinal ingredients by 23% and the price of finished medicines by over 12%. Taxes and tariffs effect on the pharmaceutical industry reduces affordability and consequentially the access of essential medicines for citizens around the world.

Gender based health inequities refers to disparities between gender populations. Many gender norms socially made, influence how males behave with their partners, families, and children on various issues. These expectations often create inequitable conditions that lead to poorer health outcomes. It was observed in different time period and countries that there is a big difference in life expectancy and mortality rates between men and women. Research has shown that men are far less likely than women to seek help with mental health programs. Many men end up over-represented in medium and maximum-security hospitals, and fail to report psychological problems. Men commit 75% of the suicides in England and Wales, and although rates vary across age groups in the US, males outnumber females in all categories. The dis-portioned rates found in male psychiatric health has been related to the problem of socialization. WHO estimated that every year, 358,000 women die during pregnancy and childbirth due to preventable causes. Due to the lack of access to skilled healthcare workers and emergency services, pregnancy could be fatal. Nearly 99% of maternal deaths occur in LMICs. More than half of those deaths occur in sub-Saharan Africa (SSA) and a third in South Asia. HIV is estimated to be more prevalent in males who have sex with males (MSM). Home based testing (HBT) was shown to be very successful. A meta-analysis indicated that there is a 70% acceptance rate among people offered an HIV test at home. Studies from South Africa show that HBT has increased HIV testing in more rural settings where stigma against sexually transmitted infections is high. Through the Global Fund, many developed countries have also increased funding support for HIV and AIDS in the Sub- Saharan Africa countries.