**Committee:** World Health Organization منظمة الصحة العالمية

**Representative Nation:** Iraq العراق

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Our Struggle - صراعي

Today, the Republic of Iraq is faced with grave difficulty. In the past 30 years, our healthcare infrastructure has been eroded and essentially crippled. Iraq has been subjected to punitive treatment at the hands of the international community: embargoes, sanctions and not to mention—an invasion. The United Nations have made it very difficult for our nation to continue it’s development in numerous areas, specifically healthcare. Sanctions have prevented Iraqi medical infrastructure from developing as they ban essential medicines from being brought into the country. 12 percent of our hospitals were destroyed in 2003 due to the United States invasion, and there has been a mass exodus of medical professionals due to the war torn state of our medical infrastructure. Our government is now unable to provide healthcare to our population: only 3.6% of Iraqis are covered by health insurance. There are also consequences for a lack of resources to fund proper health procedures, which has resulted in 73 percent of cases of HIV and AIDS originating from blood transfusions. As is quite evident, the situation is dire. However, in the nature of diplomacy and global progress, the delegation of Iraq does not wish to dwell on the past by scrutinizing and behaving with hostility towards other nations, but to build a future which is beneficial to everyone. It is the nation’s belief that through mutual understanding, and cooperation, we can

Topic One: Non Communicable Diseases

As of late, the rise of non-communicable diseases (NCDs) has been a very serious issue in Iraq. Being both a low-middle income country (LMIC) and a post conflict country, Iraq is in a uniquely challenging position regarding NCDs. A World Health Organization study indicated that 80% of all NCD related deaths occurred in LMICs. Our nation has been suffering from increasing in NCDs among the populous, mainly, the rise of cancer. The cancer rate has drastically increased from 40 per 100,000 people in 1991 to 1,600 people per 100,000 in 2005. Diagnosed cancer patients are forced to seek medical treatment in countries outside of Iraq which have better developed healthcare systems. A key resolution which our delegation hopes to discuss in the coming council session is the development of uses centers in LMICs, with assistance from countries with well established medical systems to establish, train, and operate tests centers. Additionally, higher income countries will develop programs to share in the training of new medical professionals, and help with the costs of evolving the healthcare systems of LMICs. To convince higher income countries that providing aid to LMICs is in their best interest, the delegation of Iraq would strongly stress the investment opportunity in the health sector of LMICs. Due to the lack of infrastructure in the medical system, there is opportunity for higher income countries to expand their healthcare sectors into other nations. This would strengthen economic ties between nations, and support a unified world economy, and healthcare system.

As is the case with many post conflict nations, the population of Iraq suffers from numerous war induced NCDs such as hypertension, PTSD, and depression. Due to Iraq’s weak medical infrastructure, Iraqis were not adequately healed from the wounds of war, both mental and physical. There is a necessity to not only develop both the physical and mental health professions in order to effectively heal Iraq, but also to build infrastructure. It is essential that the government undertakes initiatives to emphasize the importance of a healthy lifestyle, particularly pertaining to exercise and diet. Studies have shown that in LMICs, NCDs are increasingly rapidly due to largely nonchalant views towards nutrition and fitness. NCDs such as cardiovascular diseases, diabetes, and respiratory issues are resultant of a lack of exercise, good diet, and excessive smoking and alcohol consumption. It is essential that the international community (specifically LMICs) place focus on building a healthy mindset among their citizens.

Topic Two: Global Pharmaceuticals and Universal Access to Medication

First and foremost, Iraq believes that the current international pharmaceutical market is dominated by western multination corporations, who hold the resources (both economic and intellectual) to monopolize the drugs and medicine market. There is little room for LMICs to develop themselves as “players” in the pharmaceutical market. At the end of the day, the pharmaceutical companies are a business with a goal of financial gain, not global healthcare development. Because of this, the delegation of Iraq would absolutely recommend UN regulations on pharmaceutical businesses in how they price, and license their property. In order to develop the healthcare sectors of LMICs, Iraq would advocate for the globalization of the pharmaceutical market. If multinational corporations first, lower their prices of sale to LMICs (proportional to economic well-being of the nations) and develop branches or subsidiaries in LMICs, the world would benefit. By expanding their sphere of influence to different countries, the pharmaceutical companies expand their target market, and potential customer base. The LMICs in which they establish new roots will also benefit economically. There will be new jobs, better access to cheaper pharmaceutic goods and services, and flourishing of health sectors.

Topic Three: Gender Based Inequities in Global Health

There is no denying the complexity of Iraq’s relationship with the issue of gender equality. Between 1960 and 1980, gender equality was on the rise with women gaining access to education, employment, and equal rights in political and economic participation. However, in the aftermath of Iraq’s numerous fairly recent wars, many women have become widows who bare the sole burden of supporting their families. Iraq’s post 2005 constitution outlines that all Iraqis are equal before the law, and prohibits discrimination between the sexes. We are striving to make steps towards equality, yet there are still challenges at hand. These challenges can be explored through the implementation of equalizing healthcare policy to eliminate health inequities and inequalities between men and women.

Firstly, the delegation of Iraq would highlight the influence of traditional gender roles on healthcare gender inequity. It is obvious that in societies where men feel the need to act as the “protectors” of the family, and view mental health issues as unimportant, there is significantly higher levels of male suicide. This also explains underreporting of mental health issues amongst men. Reaching a public consensus that men should be allowed to display vulnerability, and be unafraid to reach out for help will be an essential part in lowering suicide rates. Additionally, many individuals (both male and female) in post conflict nations will greatly benefit from psychological counselling, which would come as a result of the development of LMIC healthcare systems with aid of higher income nations. In the United States, where a greater focus is being placed on mental health services, there is statistical evidence to show that suicide among veterans is 50% more likely than among regular citizens. Many US veterans were involved in wars in which Iraq also deployed troops, and thus it is reasonable to assume that Iraqi veterans are more prone to suicide than regular Iraqi citizens.

Secondly, more must be done to support women’s health during pregnancy and childbirth. This emphasis on the importance of having children has led to high birth rates in developing nations worldwide. In Iraq however, our health system cannot currently ensure low mortality rates of women in childbirth. The maternal mortality rate doubled between 1989 and 2004 and reached 292 deaths per 100,000 in 2004. The previously mentioned revitalization of the healthcare systems of not only Iraq, but other LMICs (particularly those who are post conflict) will drastically reduce this figure, as it has in first world countries. This eliminates one of the largest gender based health inequalities in existence: risk of death or injury during childbirth.

Conclusions: The Next Steps

Given the severity of the medical crisis in many LMICs, the Republic of Iraq calls for the immediate repeal of UN embargoes and sanctions against our nation which inhibit importation of medical necessities. This is essential to begin the revitalization of our medical system. Next, we would suggest alliances between LMICs and higher income countries to develop healthcare systems. Thirdly, this delegation would highlight the importance of regulating pricing and licensing on the worldwide pharmaceutical market, in order to prevent the powerful corporations in existence from exploiting and dominating the developing world. Lastly, this delegation calls for the aid of other LMICs, and post conflict countries in passing resolutions which benefit the developing world. We as a global community have the opportunity to ensure the improvement of quality of life for future generations, and that investments in the health of our nations will have massive returns. It is essential that we don’t squander this opportunity.

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