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As a country whose economy is technologically advanced by global standards, Israel believes that we will be able to contribute greatly in the meeting of the World Health Organization. Ranked eighteenth in the world on the United Nation’s Human Development Index, and the highest ranked in the Middle East, our country has become accustomed to an immensely high standard of living; comparable with those of France, Austria, and Finland. Moreover, Israel’s health system was ranked fourth in the world in 2013 in regards to efficiency, and in 2015 it was said to be the sixth healthiest country in the world. Although we have been accused in the recent past of “violating mental, physical, and environmental health,” Israel would like it to be known that what we have done is by no means a violation. Experimenting on Syrian and Arab prisoners with drugs and medicines is what we think and have come to find is the most civil and straightforward way of attempting to fix this terrible problem, and we as a nation do not mean to harm any more people in the process than is necessary. Just as most delegations, we would like to work towards equitable and accessible healthcare for all.

**Topic 1: Non-Communicable Diseases**

Killing upwards of 35,000,000 people annually, non-communicable diseases (NCDs) are a tremendous threat to society. This problem is considerably worse in low and middle income countries, and will likely be the dominating health challenge of the 2100s. NCDs account for 63% of annual deaths, a drastically high number for just one group of diseases. Recently, low and middle income nations have been undergoing an increase in NDCs. It is said that in 2030, non-communicable diseases will be the leading cause of death in low/ middle income countries (LMICs). That being said, this is clearly an issue that needs to be resolved promptly if we want to have any chance of saving ourselves from these diseases.

The best way to combat these hardships is to increase awareness and funding for NCDs. The World Health Organization has worked on this in the past and will continue to do so as adequately as possible. This will require a great deal of help from high income countries to raise money for non-communicable diseases in LMICs. We intend on passing a law that enforces governments needing to provide money based on their general income and the amount that they are able to spend on funding for non-communicable diseases in low/ middle income countries.

The delegation of Israel believes that balancing investments for short-term and long-term will be simple as long as the United Nation’s World Health Organization is smart and informed in terms of where they put their money. As a country that is generally well-off in reference to health care, we as well as many Westernized countries are able to provide factual insight when it comes to funding.

**Topic 2: Global Pharmaceutical Development and Universal Access to Medication**

One of the most pressing issues in global health today, the inability to access medication leaves millions of people annually on the very brink of sickness and death. Especially in developing countries, connections to reliable health care or any health care at all is conceivably next to nothing. This is indeed a violation of human rights, however the World Health Organization as well as other committees in the United Nations have been working incessantly to theorize a resolution.

Lowering costs of medication with generic competition was introduced in 2000, and in 2001 the World Health Assembly (WHA) advocated for a standardized method of assigning a value to pharmaceutical merchandise. This led to the start of the Health Action International, managed by WHO, that was devoted to improving communal well-being. Nonetheless, after a considerable amount of studies have been conducted and countless statistics found, the most vital piece of information is that in low/ middle income countries, counteractants are not nearly as accessible as they need to be.

Israel believes that these issues arose mainly from a lack of acknowledgement from the government, among many other things. For instance, it was decades before the nation of Africa recognized that H.I.V. was very much a real and substantial problem that did exist, and therefore could not begin to act or find medications until they came to this conclusion. Furthermore, in regards to mental health, stigma is a flourishing dilemma. It took measureless years for the world to finally attest to mental health being a problem, so much like H.I.V., it could not begin to be solved prior to the confirmation of this detriment.

In order to deal with the absence and refusal of understanding from governments, the delegation of Israel proposes that the United Nation’s World Health Organization ensures that governments are educated when it comes to matters such as these. In addition to that, we must continue to work towards lowering the prices of medication as well as heightening the accessibility to it in order for there to eventually be complete universal access. With the advancement of technology in the up-and-coming world, specifically in countries with ravishing technological standings, this will ultimately be able to happen.

**Topic 3: Gender Based Inequities in Global Health**

As goes for an abundance of issues in today’s society, there are many problems with gender inequities in global health. Accidents are the fourth leading cause of death in the United States for males, and seventh for females. In England and Wales, 75% of suicides are committed by men. There are more men in the US that meet the standard for a psychiatric diagnosis, yet only 1 in 3 receive treatment. This is because traditional expectations of male behaviour do not value health-seeking, as certain mental illnesses challenge their masculinity.

On the other hand, 358,000 women die every year during pregnancy and childbirth due to a lack of qualified health care professionals and emergency services. In fact, 99% of maternal deaths occur in LMICs, particularly in sub-Saharan Africa and South Asia. Deprivation of contraception also continues to be a pressing argument for females, as they are being withheld from preventing unwanted pregnancies.

It is clear that there are many inequities in global health for males as well as for females. All of the aforementioned issues lead to poor health outcomes for both sexes, yet there are frameworks we can use to address these matters. Israel has concluded that awareness must be increased, mostly in low/ middle income nations, of females and the potentially fatal obstacles that they face during pregnancy and childbirth. As for males, the United Nation’s WHO must advocate for men with mental illnesses. Stigma needs to be decreased in order for the suicide rates to reduce.

The nation of Israel recognizes that the World Health Organization has made changes and policies in the past to address these topics. However, more needs to be done and now is the time to act. Israel intends to do so.