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**Topic 1:**

Long-term healthcare for non-communicable diseases remains dismally underdeveloped in low to middle income countries as the effects of industrialization drive more individuals to suffer from these diseases through increasingly sedentary lifestyles and poorer air quality. The majority of Spain’s citizens die from cancer, cardiovascular and respiratory diseases (WHO/Europe). Consequently, Spain takes NCDs very seriously and has worked towards reducing their impact through supporting WHO’s Providing For Health Initiative. These deathly dangers to public health are treated with the utmost desire to be prevented from becoming as severe an issue as they have become for industrialized countries.

Potential solutions that Spain wants to explore include raising global funds for medical research on finding cures for NCDs while simultaneously aiding LMICs to lower the number of instances of NCDs through creating healthier environments. This strategy would have several benefits, including cost-effective measures by attacking NCDs in LMICs on the cheapest front (prevention) while also increasing the speed at which NCDs become less dangerous. In terms of healthier environments, Spain firmly believes in the need to pursue more sustainable urban planning and intense development of public transportation, in order to negate some of the impacts of a sedentary lifestyle and improve air quality. Another potential solution revolves around educating donors in rich countries of the need to combat NCDs through funding for NCDs. To incentivize more support from developed nations, a rebranding of the problem of NCDs is needed. Currently, communicable diseases such as Ebola or HIV receive greater funding from wealthy donors because these diseases are considered terrifying problems that need to be stopped as quickly as possible. If the dangers of NCDs can be better realized for their impact on LMICs, then a combined effort of this new perspective and a focus on research and healthcare infrastructure development could work in a beautiful blend to save lives. Currently, the massive discrepancy between the funding NCDs obtain, and the burden they place on a healthcare system is a recipe for disaster. By pushing to break the conception that funding is less effective for dealing with NCDs due to a lack of a quick fix for the diseases, increased funding should be made available to improve LMIC’s healthcare systems which will result in positive results for the afflicted countries. This must also be paired with increased research as the idea of an ultimate solution makes potential donors more liberal with their contributions.

**Topic 2:**

Due to the reality of private drug development and the lucrative patents that result from said development, consumers get the displeasure of paying ridiculously inflated prices for name – brand drugs, especially those without any competition. Spain, like most other developed countries, spends a great deal on drugs and as a direct consequence suffers from inflated drug prices. However, Spain’s educated position allows its citizens access to generic drugs with the same chemical makeup as more expensive brand-name drugs, allowing its citizens to reduce their medical bills. Spain realizes the difficulties that LMICs suffer as a result of purchasing mostly brand-name drugs and the hardships that come with less wealth that makes medical purchases prohibitively expensive. Indeed, drug pricing can be so varied that in European countries the price of new cancer drugs can range from 28% to 388% (sciencedaily)

To potentially alleviate the issue, Spain wants to work towards an international agreement limiting the length of medical patents, which will help to hurry life-saving drugs towards open markets to reduce their cost. This would also teach the healthcare systems of LMICs to buy the chemical combination, not the name to help to reduce the cost of drug purchases.

This multi-plan approach, would work towards limiting the damaging cost of brand-name drugs by targeting their source and the misconceptions surrounding them such as that they are better than branded-off products with the same chemical formula. In addition, the plan would still leave patents legal and unquestioned so that the developments of new drugs are not discouraged by an inability to profit from them. Another potential solution would be to encourage public drug development around the world and in LMICs. If more drugs should be developed with a motive for public benefit behind them (such as Frederick Banting’s development of insulin as a treatment for diabetics). This would greatly reduce medical bills by taking the added costs private businesses add out of the equation, making the public drugs very cheap in comparison. The amazing ability of the private market to develop drugs should not be hampered past regulatory concerns for safety. Yet, governments should function as another level of competition so that they can help drive drug prices down by providing another level of competition, with cheaper alternatives available if drug prices become unaffordable. Government policies can help by keeping private markets as competitive as possible so the benefits of an open market are not tainted by the disadvantages of monopolies.

**Topic 3:**

Disparities in healthcare for men and women exist, and have hugely negative consequences. Indeed the whole world struggles with the issue (Boundless). The increased aggressive and careless behaviour that is expected of men mixes with biological reasons to conspire against an average male’s lifespan, making it shorter than a female’s. In addition, men are less likely to get therapeutic aid. Essentially, they take great risks and will not ask for help. Women, however suffer greatly too due to lack of access to proper care during childbirth, biases against them in some LMICs, and the lack of contraceptives. Spain firmly believes that the rights of women be equal to men and that individual well-being must come before culturally defined stereotypes. This means both men and women must be able to ask for help without being criticized or thought less of. What this means in practice is better healthcare for women and greater awareness of the struggle they face, as well as education for men about women being equal.

Possible solutions to achieve these end goals include using European medical teams sent in to rural areas, that are gender balanced (i.e. the teams comprise 50% men and 50% women). This approach would serve to demonstrate through the use of a real-life example how a woman can do anything a man can do. While biases would work against these teams in the short run, the undeniable evidence these teams would provide over the long term would serve to undermine long-established biases, much like recent changes seen in Spain over the past century. This may also positively affect how men are willing to come forward with mental health issues as they have started to question long-held beliefs. Another solution would be to launch ad campaigns in urban areas targeting men and their long-held beliefs over the implementation of their masculinity. This approach would serve to undermine male stereotypes so that dangerous ones are stopped, in turn reducing their negative impacts. Indeed, by getting men to question their own behaviour, significant inroads may be made into their treatment of women by making them question long-standing beliefs concerning gender roles. The ultimate goal with this plan would be to spearhead a quicker transition to gender equality and more fluid identities much like current day Spain.

References

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