***Position Paper for the World Health Organization***

**Topic I: Non-Communicable Diseases**

Non-communicable diseases (NCDs) have had an alarming impact on global mortality rates, especially in the European Region where 86% of deaths are attributed to NCDs. In Italy alone, an estimated 573,000 deaths were attributed to NCDs by the World Health Organization (WHO) in 2014. This number does not account for people who are currently combatting illnesses. Not only do NCDs have a substantial impact on life expectancy but they also influence economic and social development on both a national and worldwide scale. A study conducted in 2011 by the Harvard School of Public Health found that NCDs will cost more than $30 trillion USD over the next 20 years, causing millions of people to fall under the poverty line and stunting economic growth. NCDs also decrease productivity in the workplace and cause severe limitations on resources due to the many people affected by NCDs. Italy’s healthcare system, Servizio Sanitario Nazionale (SSN), provides universal healthcare coverage, making annual doctor appointments feasible. However, the system is plagued by long wait times when it comes to seeing a specialist, unless one wants to visit a private doctor and pay the difference—a luxury that not everyone can afford. As the commonality of NCDs grows with the world population, wait times will further increase, delaying the delivery and lowering the quality of care while increasing the urgency for it. This will both strain Italy’s healthcare system while further limiting resources. There are many other countries that face similar problems thus, it is imperative to find not just a national but also a global solution to the NCD crisis. WHO has already established several strategies including: the Global Strategy for the Prevention and Control of NCDs; the WHO Framework Convention on Tobacco Control; the Global Strategy on Diet, Physical Activity and Health; the Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases; and Global Strategy to Reduce the Harmful Use of Alcohol.

Italy itself has established several strategies and departments to combat the problem of NCDS. The country monitors NCDs but does not possess a national cancer registry. In May of 2016, Sicily hosted the National Meeting of Italian Healthy Cities Network and focused on migrant health, noting that NCDs are a large problem that migrants face. They also reintroduced a labelling law for nutritional products, increasing consumer transparency and promoting healthier choices. The delegation for Italy recommends taking action on the problem of obesity and poor nutrition, a problem that can lead to several NCDs including diabetes and cardiovascular disease. In OECD countries, obesity rates went from 8.6% to 10.4% between 2000 and 2012. It is also recommended that WHO instates stronger global regulations for alcohol manufacturers to discourage alcoholism, another contributing factor to many NCDs.

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

The global competition for developing medicine has never been tougher. However, Italy has been a great contributor to the growth of the European pharmaceutical industry. Several papers and news articles have ranked Italy in the top 5 of pharmaceutical industries based on innovation. In 2014, the European Federation of Pharmaceutical Industries and Associations reported that Italy contributed 1.35 million EUR through research and development and 20.12 million EUR through pharmaceutical exports. PricewaterhouseCoopers predicted that Italy will contribute to 10.3% of the global generics market share by 2020, even though the Italian population only makes up a small fraction of the overall global population.

The national monopolization of pharmaceutical companies is a great cause for concern in many countries. Because several companies hold patents on specific treatments, they can raise the price while also stunting competition due to their legal rights. The company Pfizer that creates PCV13, a pneumonia vaccine, recently faced public backlash recently when the non-profit organization Medecin sans Frontieres (MSF) brought their acumen to the public eye: The price of a single dosage varies extremely by country, from $63.70 in Morocco to around $136 in the UK. And because of their patent, they are able to have fluctuating prices because no other company can legally produce a pneumonia vaccine. However, one way to combat the exploitation of medicine is through increasing the production of generics. As stated previously, Italy is projected to contribute a sizeable fraction to the production of generics on a global scale.

Due to the nature of the Italian healthcare system, residents usually do not have to pay for prescription medicines. Therefore, the effect of the monopolization of medicine impacts Italy as a whole because the country shares their costs. While this may lower the fees paid by each individual, the sum is still a large problem. As a large endorser of constant innovation, Italy recommends looser patent protection on high-demand medications. The delegation also recommends a global ranking scale for demand of medication, and increased transparency on dosage pricing per country.

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

There has long since been a stigma against different genders in healthcare. Societal norms have lashed out against men seeking help for mental illnesses such as depression; women have had to fight for the right to abort a fetus and purchase birth control; and transgender people are still fighting compulsory sterilization laws should they seek a legal gender change. However, Italy has made progress in bridging the gap between genders in terms of quality healthcare. In May 1978, Law 194 was passed and legalized abortion in the first 90 days following conception. However, performing abortions is covered by the right to conscientious objection. This makes it hard for many women to find a doctor willing to help them terminate a pregnancy. Additionally, females have also been denied access to emergency contraceptives, even though providing medication such as the morning-after pill is *not* covered by the right to conscientious objection. In July of 2015, the Italian Supreme Court declared that mandatory sterilization is no longer required for anyone who wants to legally change their gender. This is taking a step toward a more accepting environment for people of all genders, a step that several countries in the EU have yet to take. Italy has also established several programs that focus on awareness of gender-based medicine, such as the Italian Health and Gender Group and a national watchdog for women’s health. Many regions such as Tuscany, Puglia, Piedmont and Emilia-Romagna have already favoured gender-based medical practices into their regional regulations.

While Italy has proven to be progressive in improving healthcare equality, many countries have not. Recently, gay men in Uganda have reported that they were tortured by forced anal examinations to prove their homosexuality. Homosexuality is still illegal in 36 African countries, a continent where the majority of people infected with HIV/AIDS live. By illegalizing a specific sexuality, proper education regarding safe sex practices for same-sex couples is extremely difficult to find. However, it is not just homosexual populations that face disparities in healthcare. Encouraging men to seek help for poor mental health has proven to be a challenge as well, due to societal norms that pressure men into believing they are weak if they choose to seek help. Moreover in many countries, both developed and developing, women face challenges in terminating pregnancies. Due to being denied the right to abortion, desperate women may attempt to carry out a home abortion or follow through with a dangerous, unwanted pregnancy. These home-borne solutions can lead to grave consequences for the mother’s health.

The inequities that the different genders face in healthcare are very different, but they are all preventable and should be mended. Italy believes that female education will take a large step forward in reducing HIV rates and childbirth mortality. Italy also recommends an increase in both research and awareness of preventative healthcare that is gender-specific; by directly targeting gender-based problems, it will be easier to formulate gender-based solutions. One method to promote gender-based health care is the creation of a Committee for Gender Health in all member state’s Ministries of Health, an action that we have already undertaken. Furthermore it is important to not just ensure that gender-based studies are taking place, but both the public and health care workers receive up-to-date training on gender inequity issues in health.

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