



## **Dear Delegates,**

It is a pleasure to welcome you to the 2016 Montessori Model United Nations Conference.

The following pages intend to guide you in the research of the topics that will be debated at MMUN 2016 in committee sessions. Please note this guide only provides the basis for your investigation. It is your responsibility to find as much information necessary on the topics and how they relate to the country you represent. Such information should help you write your Position Paper, where you need to cite the references in the text and finally list all references in the Modern Language Association (MLA) format.

The more information and understanding you acquire on the two topics, the more you will be able to influence the Resolution writing process through debates [formal and informal caucuses], and the MMUN experience as a whole. Please feel free to contact us if and when you face challenges in your research or formatting your Position Papers.

We encourage you to learn all you can about your topics first and then study your country with regard to the two selected topics. Please remember that both committee members need to be well versed and ready to debate both topics.

Enjoy researching and writing your Position Papers.

We look forward to seeing you at the Conference!

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## World Health Organization

### World Health Organization (WHO)

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The World Health Organization's Constitution came into force on 7 April 1948 – a date we now celebrate every year as World Health Day.

WHO supports Member States as they coordinate the efforts of multiple sectors of the government and partners – including bi- and multilaterals, funds and foundations, civil society organizations and private sector – to attain their health objectives and support their national health policies and strategies.

The WHO is the directing and coordinating authority on international health within the United Nations' system.

They accomplish this by:

- Providing leadership on matters critical to health and engaging in partnerships where joint action is needed;
- Shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge;
- Setting norms and standards and promoting and monitoring their implementation;
- Articulating ethical and evidence-based policy options;
- Providing technical support, catalyzing change, and building sustainable institutional capacity; and
- Monitoring the health situation and assessing health trends.

The World Health Assembly is the decision-making body of WHO. It is attended by delegations from all WHO Member States and focuses on a specific health agenda prepared by the Executive Board. The main functions of the World Health Assembly are to determine the policies of the Organization, appoint the Director-General, supervise financial policies, and review and approve the proposed program budget.

Source: <http://www.who.int/about/what-we-do/en/>

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# Access to Medicine in Developing Countries

## Topic Background

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The third sustainable development goal (SDG) is to “Ensure Healthy Lives and promote wellbeing for all at all ages”<sup>1</sup>. This is an enormously ambitious goal which, like every other SDG, has been broken down into various sub-goals. From child and maternal mortality to epidemic diseases being all the way down to road traffic accidents, every area of human mortality is covered.

Specifically regarding access to medicine in developing countries, the SDG’s structure of sub-goals offers us the following encouraging targets:

“3.7 by 2030, Ensure Universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.

3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all [...]

3.c Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States

3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks”<sup>2</sup>

Indeed, Access to medicine of different kinds – reproductive, basic health provision, epidemic resilience, medicament pricing and insurance – are all explicitly a part of SDG number three. Although the indicators used to measure progress on these targets and Goals have not yet been developed there is already a lot of political work to be done. Many questions need answering: What kind of insurance should be implemented? Which kinds of diseases should be covered? What kind of medicines should nation-states focus on controlling pricing for? What should be the goal of population/reproductive management? Which health risks should be focused on first? Any single one of these issues could individually be debated for months without reaching a consensus.

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<sup>1</sup> <https://sustainabledevelopment.un.org/topics>

<sup>2</sup> “Goal 6: Combat HIV/AIDS, Malaria and Other Diseases.” Millennium Development Goals. <http://bit.ly/15zVjB>

By region, Africa has the highest number of total preventable diseases related deaths, with 4,202,000 for 2008.<sup>3</sup> One of the main reasons for this problem is the number of children which are not vaccinated at birth. 30 million infants a year do not receive immunizations.<sup>4</sup> Although there are many programs in place, it is necessary to continue to provide the same level of service every year to these nations. The World Health Organization has many programs in place to provide immunizations to children in developing nations; they reach 75% of 130 million babies born every year.<sup>5</sup> However, in some regions of the world and in some countries they are reaching only 10% to 20% of all the people in need. In Kenya, the number of vaccinations being provided is on a downward trend.

### **Past International Action**

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Three of the eight Millennium Development goals (MDGs) were explicitly focused on health-related concerns – Child Mortality (4), Maternal health (5), and AIDS/Malaria prevention (6).<sup>6</sup> The World Health Organization, created in the postwar era, was the main holder of this agenda, pushing forward great increases in the welfare of humanity during the past 15 years within this framework. That being said, medicine broadly speaking is not the only factor affecting these topics – a doctor can deliver a baby and ensure it is healthy, but hunger is the world’s main source of stunted growth and child mortality. On the other hand, medicine can be nothing more than a crutch: AIDS will have you ingesting upwards of 20 pills a day for mere survival, at least until we finally find a cure for it. The MDGs mentioned above have certainly been met, if only technically – HIV has been “combated”, child mortality “reduced” and maternal health “improved” – but whether or not the real problems leading to them have been solved is an open question.

Of particular import is the role of International Non-Governmental Organizations (INGOs) such as the Red Cross, which although not part of the UN system (it predates it by almost a century) is a worldwide medical juggernaut which works closely with the UN in humanitarian and emergency situations. The local, national and regional chapters of the Red Cross have been heavily involved in the distribution of humanitarian and development aid across the world. Affiliated and non-affiliated NGOs and INGOs on the ground have been known to fill in gaps left by the government’s lackluster provision of many medical services and is indeed the backbone of civil society in those countries. As it has worked well so far, we must keep in mind these institutions when thinking of solutions.

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<sup>3</sup> “Estimates of disease burden and cost-effectiveness.” World Health Organization. <http://bit.ly/ohkFZL>

<sup>4</sup> “Vaccine Preventable Diseases Still Take Toll in the Developing World.” World Bank. April 6, 2006. <http://bit.ly/VFgdd2>

<sup>5</sup> Ibid.

<sup>6</sup> “Pneumonia and diarrhoea: Tackling the deadliest diseases for the world’s poorest children.” United Nations Children’s Fund. June 2012. <http://uni.cf/KnhBsw>

## Possible Solutions

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It is not easy to come up with solutions to objectives as largely writ as “everyone in the world should have access to family planning”. This is one of the reasons why the UN department of Development and Social Affairs (UNDESA) is working hard on finding specific indicators which can measure progress and act as a management tool for both governments and international organizations to use while attempting to meet the targets and goals<sup>7</sup>.

It is however obvious that an issue as basic as the people’s health is an important one – needless to say, an unhealthy population will be much less productive and thus much less likely to escape poverty, which is the main objective of development.

As such, you should focus on the following strands of debate when thinking about the issue:

- 1) How can developing countries increase their workforce of doctors, nurses and medical technicians, given the deficiencies in public schooling and university education in many of those countries? (Goal 3.c)
- 2) How can we ensure that developing countries with precarious medical infrastructure will be ready for the next pandemic? (Goal 3.d)
- 3) What should be the end goal of reproductive health in developing nations – population stabilization, reduction, or growth? Why?
- 4) What Indicators should be measured to see if progress is being made on the Goals and Targets?

In 2010, nearly 600 people died from dengue fever in Brazil. Preventing dengue fever depends on controlling mosquitoes. A mobile app developed in Brazil uses Twitter to track dengue fever outbreaks across the country.<sup>8</sup> The idea of mobile health is proliferating quickly throughout the world, and more and more mobile-technology based solutions are coming to the forefront to track and even determine treatment for diseases. How can the United Nations use mobile technology to lower the cost, raise the accessibility, and increase data collection on these critical diseases?

Furthermore, it is important to consider that the answers to these questions may be different for some countries than for others, even varying between whole regions. Low-population Latin

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<sup>7</sup><http://unsdsn.org/wp-content/uploads/2015/01/150116-Indicators-and-a-Monitoring-Framework-for-SDGs-working-draft-for-consultation.pdf>

<sup>8</sup> Keiran, Monique. “New apps help virus information go viral.” Times Colonist. January 12, 2013. <http://bit.ly/VZzjYz>

America, with the highest net emigration rates in the world, may wish to compensate for that emigration with higher birth rates. The Gulf countries on the other hand, with very small native populations may not be ready for a stark increase in populations, particularly regarding the strains that puts on the medical infrastructure of a country. Countries with a higher proportion of doctors per capita such as Cuba may not need to implement a doctor training program much more appropriate for certain Oceanian nations where the brain drain of emigration has taken away most of their nurses (the Philippines is a stark example of this).

### **Further Research**

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- [Millennium Development Goal 6: Combat HIV/AIDS, Malaria and Other Diseases](#)
- [World Health Organization: Vaccine-preventable Diseases](#)
- [UN Foundation: Global Health](#)
- [UNICEF- Preventing the World's Deadliest Diseases](#)

### ***Questions:***

1. How many infants per year go without necessary immunizations?
2. Which MDGs pertain to access to medicine?
3. Which country developed a mobile app to track Dengue Fever outbreaks?
4. What is the main international organization that sets global health policy?
5. What percentage of infants does the WHO help ensure receive vital medical care worldwide?

### ***Answers:***

1. 30 million infants a year do not receive immunizations.
2. Millennium Development Goals 4, 5 and 6.
3. Brazil
4. The World Health Organization (WHO)
5. 75%