



Press Corps/The Economist

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Topic: UNSC/Use of the Veto

Today marks the first day of the MMUN conference in New York City. Here come many young Montessori students, aiming to leave their mark on the program. At the conference, there are many organizations and committees, but here at the Economist, we chose to cover the World Health Organization. Specifically the A and B Middle School committees.

The topics of the organization are Universal Health coverage, and Pandemic Preparations and Response. Today, Day one of two, was about Universal health coverage. The first committee we went to was just starting their speeches when we first walked in. Immediately it was clear that this issue was truly worldwide. Countries from Mozambique to Mongolia were affected and it showed in their speeches. It also showed how broad this topic truly was, these countries' delegations spoke about the lack of medicine, loss of doctors, lack of hospitals, and many more issues. The Economist was truly shocked and was surprised as well as interested in the depths of this topic.

Many of the solutions provided were very different as well. Some delegations took an educational approach, with solutions about teaching people about what a good healthcare system looks like and making sure that doctors are educated about everything. Others took a funding approach, solutions like setting up funds and organizations for more affluent countries to help less affluent countries develop their healthcare programs. The diverse solutions allowed for very interesting and thoughtful conversations and compromises, which was very enjoyable to listen in on and observe..

We were fortunate enough to get two interviews from two participating delegations, Finland and Cote D'ivoire. These countries were on two very different ends of the spectrum, with Finland being a leader when it comes to the topic, and Cote D'ivoire being more on the improvement side. Starting with Finland, we asked about strategies for the less fortunate

countries and what they should do to improve their healthcare system. One of the delegates replied, “They should make sure to increase taxes on the wealthy, because they can fund the resources needed for the healthcare system. Also, more incentives for doctors if you are in a medical desert because they are extremely valuable.”

We also asked Finland about how they think they have made themselves one of the best and model countries when it comes to healthcare. They replied, “Making sure that the government-funded hospitals are public and accessible. We also made it a priority to implement healthcare into our economy as well as follow the infrastructure system.” We thank Finland for their time and appreciate the honest and detailed answers.

On the other end of the spectrum is Cote D'Ivoire. A small African country that has a relatively big economy based on its exports, the healthcare system is not very good, and having 40% of its population live under the national poverty rate doesn't help either. However, the delegation seemed relatively optimistic and had many good ideas. We asked them what they thought they needed to do to improve their healthcare, and they replied with, “So much of our population can't afford healthcare, so it is critical that the government needs to fund programs to help this issue, and maybe some help from more countries that are afloat and successful so that we can have an affordable and accessible healthcare system.” We thank Cote D'Ivoire for their time as well and were impressed by their responses.

So now that we completed both interviews and observed both sides of the topic. It is clear to see that this issue may be large but is entirely combatable. If a country like Finland starts a fund to help smaller countries like Cote D'Ivoire, this issue will become a whole lot better. Lack of materials is a huge part of the issue but unfortunately, it's not all of it. Healthcare is an intricate issue, with many sides to it. Another big part of this is the lack of personnel, noted by many in the WHO committee A, there are not nearly enough doctors, nurses, and medical personnel, and there is nothing without the doctors. Finland also noted in our interview that doctors need some sort of incentive to keep working in the industry when they are in medical deserts, places like Mozambique. There also needs to be incentives so more people become doctors because, without them, many of these regions will continue to fail. To teach these upcoming doctors, the education in these regions needs to improve as well.

If these things happen, safe, healthy, accessible healthcare will be more than possible, even for free. Even though at this point we can only hope things will improve, when we get to

the age where we can make these decisions, this issue will probably still be relevant, as it seems to be a huge issue that gets overlooked in today's politics.

All in all, this issue is incredibly important, but with the work being done today and the work that will be done tomorrow, there is more than a chance that healthcare will be globally accessible and affordable for all.