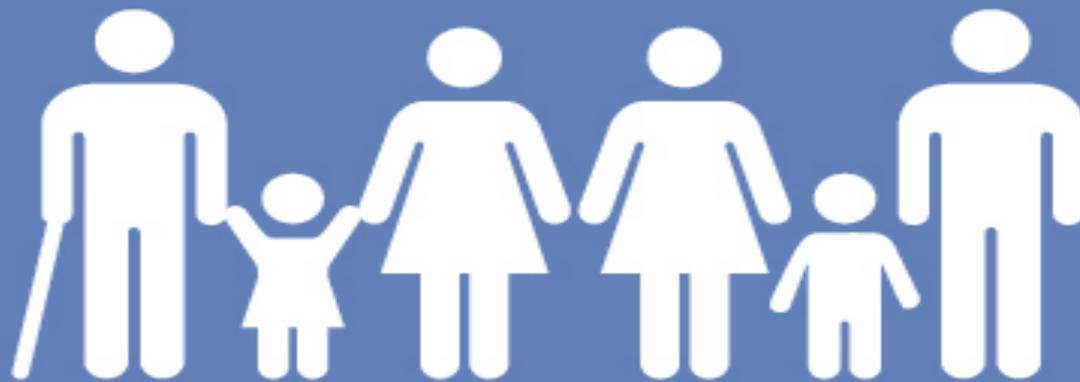


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**NO  
POVERTY**



MODEL UNITED NATIONS

**SOCOMUN  
XXVIII**

**FRESHMAN # 1**

TOPIC: PROVIDING HEALTH SERVICES TO THE  
POOR



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## Freshman #1

### Providing Health Services to the Poor

Hello MUNers! My name is Rameen Agharokh and I am a junior at SMCHS. When I first heard of MUN I was immediately fascinated. I loved to research and debate with my peers on current conflicts. I always followed the conflicts of the US throughout middle school, but my eyes were opened to expand my views throughout the world. I have seen a whole new world of problems waiting to be solved and it's fun to mimic the UN in finding ways to solve them. I am so excited to be your Vice Chair at SOCOMUN XXVIII! If you have any further questions, please reach out to me in advance, prior to the conference at [socomunfresh1@gmail.com](mailto:socomunfresh1@gmail.com)

Hi! My name is Nathalie Barnes and I will be one of your head chairs at SOCOMUN XXVIII! The SOCOMUN conference will mark the beginning of my third year in Model United Nations. Over the past couple years, MUN has allowed me to learn so much about researching, public speaking, international organizations, and the world issues we'll be facing in the future. Overall, MUN has made me a better student and a more globally aware citizen. Outside of MUN, I am a part of the SM varsity track team and a volunteer at Mission Hospital. I can't wait to hear all of your innovative solutions in committee!

Hello! My name is Katelyn Fosdick and I am sophomore in my second year of MUN. Being in MUN has already taught me so much and has helped me in other classes as well. For SOCOMUN 2019, I will be your Rapporteur and I can't wait to meet everyone and hear all your solutions. I hope this conference is an opportunity for you to learn and have fun!

### **Background**

Healthcare is not a luxurious privilege of the elite but a basic right of survival to all citizens of the world. It is defined as the services required to maintain/restore mental, physical, and emotional well-being through the care of licensed professionals, encompassing anything from psychological therapy treatments to complex anatomical surgeries. Throughout the past century alone, healthcare has advanced beyond our wildest dreams, allowing us to nearly eliminate once lethal diseases and surgically replace vital organs. However, half of the world's population must survive without essential health services. Of those, approximately 100 million citizens are currently immersed in extreme poverty, living on \$1.90 or less per day, solely due to exponentially increasing health expenses. About 5 million people each year face death due to poor-quality health care and another 3.6 million deaths per year have been caused by total inaccessibility to healthcare. These recent statistics by the World Bank and World Health Organization's (WHO) "Tracking Universal Health Coverage: 2017 Global Monitoring Report" led Dr. Tedros Adhanom Ghebreyesus to lament, "It is completely unacceptable that half the world still lacks coverage for the most essential health services. And it is unnecessary. A solution exists: universal health coverage (UHC) allows everyone to obtain the health services they need, when and where they need them, without facing financial hardship."



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This lofty goal provided by Dr. Tedros, Director-General of the WHO, is certainly not the first or last of its kind. In fact, concentrated efforts toward universal healthcare can be dated as early as the 1948 WHO constitution declaring health a “fundamental human right.” Universal Health Care endeavors were later reinforced throughout the 1950s when the WHO proposed numerous programs to promote international primary health care. During the next decade, the WHO launched a planetwide campaign to eliminate malaria-transmitting mosquitos. Then, in the 1970s and 80s, the WHO centered on small pox eradication, immunization, and HIV/AIDS treatment. Today, Health Services to the Poor is incorporated within the United Nations Sustainable Development Goals for 2030. This set of seventeen objectives aims to create a brighter future by eliminating economic, political, social, and environmental threats to global peace.

Despite decades of efforts by the United Nations and other international organizations, supplying high quality, affordable, and easily accessible healthcare to an ever-expanding global population remains an impossibility. Accessibility is affected by various factors such as the number of physicians within an area, transportation, literacy rates, quality/quantity of health facilities, and more. In many low-income regions such as Sub-Saharan Africa and South-East Asia, health services are utterly destitute due to a multitude of political, economic, and environmental factors. In fact, the most recent census reveals that several nations, including Sierra-Leone, Malawi, Myanmar, and Tanzania, only house 20 to 30 physicians per million people.

Often, even when healthcare is accessible to the public, low quality service perpetuates a cycle of poverty, disease, and death. Inadequate healthcare is the leading cause of deaths from treatable and preventable conditions and is responsible for half of maternal, tuberculosis, HIV and road injury fatalities. Experts estimate that 61% of neonatal condition deaths, 81% of vaccine preventable illness deaths, and 84% of cardiovascular deaths are results of deficient healthcare. Each year, approximately 3 million people die from preventable illnesses such as typhoid (222,000), pneumococcal infections (826,000), and hepatitis B (1 million). Another 5 million die due to treatable conditions such as heart or respiratory disease.

Poverty and healthcare are intricately dependent on one another. Injuries and illness may plunge one into debt and, simultaneously, economic destitution restricts access to proper treatment. However, each day, citizens strive to bring this seemingly endless spiral to a halt.

### **Possible Solutions**

One plan of action that could potentially resolve this ongoing crisis involves expanding the work of existing organizations. There are already infinite NGOs currently striving toward inexpensive universal healthcare. Sponsorship by the United Nations could realize many of the already in place solutions. Such NGOs include Doctors Without Borders, Project HOPE, Save the Children, Medical Teams International, the Stephen Lewis Foundation, Care International, Mercy Ships, ONE, and more. Doctors Without Borders, Medical Teams International, Mercy Ships, and Project HOPE both are leading worldwide programs that deliver emergency medical aid and supplies to regions afflicted by epidemics, conflict, or natural disasters. Others, like Save



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the Children, center on medical support for youth around the world. Meanwhile, various organizations such as the Stephen Lewis Foundation combat HIV/AIDS. Still more, like ONE and the African Medical and Research Foundation (AMREF) work to improve in poverty-stricken regions in south and central Africa. Finally, organizations similar to D-Tree International and Global Viral explore the research and technological aspect of health service, aiming to improve the quality of care for all. Evidently, a multitude of existing organizations already seek to provide impoverished citizens healthcare. Collaboration and funding by the United Nations would bring each program one step closer.

A second possible solution would act as a “big brother/little brother” partnership between developed and undeveloped nations. Higher income nations have far greater access to physicians, medication, and equipment. Therefore, an alliance program between high- and low-income nations could make an enormous difference in medical aid. The “big brother” must be compensated or incentivized by the United Nations, trade, or the Global Fund partnership. Trade of medical supplies for consumer goods or crops would incentivize a highly developed nation to invest in a developing nation. The Global Fund is an American based partnership between numerous governments, the private sector, implementers, and civil society that provides funds for the ongoing battle against HIV/AIDS, malaria, and tuberculosis. This coalition has salvaged hundreds of millions of lives through prevention and treatment care services, raising/investing almost \$4 million USD each year in local support programs. Funding by trade, donors, the World Bank, or the Global Fund partnership could, overtime, strengthen bonds between developed and developing nations and create a mutual reliance.

Thirdly, one may resolve to generate annual, national reports on health conditions as a baseline for prospective goals. Although the World Bank and WHO already index the global health status in their “Tracking Universal Health Coverage” reviews, formulating more extensive and analytical accounts for each individual country could prove paramount in the fight for equal healthcare. Further research can alert political leaders and NGOs to where/who needs the most intensive aid. These annual reports would eventually reveal trends in that individual nation’s health status and could help to establish future goals. Specialized reports stress the weaknesses and strengths of a nation’s medical system, putting a spotlight on the necessity for political change and allowing governments to strive for a minimum of 30% improvement coverage within the next ten years.

A final prospective solution could be establishing a worldwide baseline for health coverage around the world. Communication between member states of the UN could draft a bare minimum level of health care that each nation must provide every citizen. Although many Western European countries possess a full-coverage system, such an extreme shift contrasts the capitalist ideology of other nations. Therefore, a low universal standard would balance the need for inexpensive care without causing extreme changes to individual tax systems. Such a standard would include the very basics of medical care and, of course, would be completely optional to member nations.



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## Questions to Consider

The following questions have been chosen to guide you while writing your papers to formulate the most viable/relevant solutions pertaining to this topic. Please also use these questions throughout debate to open substantial discussions about your solutions and national policy.

1. Seeing as a large portion of insufficient health care derives from rural regions, how can you ensure access to facilities in areas with poor or no infrastructure?
2. How do you plan on compensating high-income nations for their support? What benefits could they attain by partnering with an impoverished country?
3. What is the leading health concern for your country and for those of your bloc? How do you directly combat the threats already facing nations with your similar economic or environmental status?
4. Which existing NGOs do you plan on incorporating in your solutions? How can the UN build on what they have already created?
5. What are some ways you could attract high class physicians to underdeveloped nations? How can you improve the proportion of doctors within a population?
6. What is your country's position pertaining to universal healthcare? What actions has your nation taken in the past?
7. How can you encourage further medical research to provide higher quality prevention and treatment?
8. In what ways will technological advancement aid medical support?
9. Is your nation in a position to financially support other, more desperate countries?

When researching, it is extremely important to use nonbiased sources to create an accurate description of your topic. Also, do not forget to address the financial means to your solutions. Try to fully develop all aspects of your solutions. Good luck with your research, and feel free to email the committee email with any questions or concerns. I'm super excited to read your papers and hear your discussions at SOCOMUN!



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## **Goal 1 Targets. End poverty in all its forms everywhere**

1.1 By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than \$1.25 a day

1.2 By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions

1.3 Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable

1.4 By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new technology and financial services, including microfinance

1.5 By 2030, build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters

1.a Ensure significant mobilization of resources from a variety of sources, including through enhanced development cooperation, in order to provide adequate and predictable means for developing countries, in particular least developed countries, to implement programmes and policies to end poverty in all its dimensions

1.b Create sound policy frameworks at the national, regional and international levels, based on pro-poor and gender-sensitive development strategies, to support accelerated investment in poverty eradication actions

## **MUN Impact**

We hope that you learn a lot about Model UN at our conference. We also hope that you learn about the world we live in and want to make that world a better place for everyone. Consider taking the next step and becoming a part of the MUN Impact Program <http://munimpact.org/>

To see what MUN Impact is doing related to SDG #1 look here <http://munimpact.org/sdg-page/sdg-1/>



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## Work Cited

“Access to Health Care | VitalSigns | CDC.” *Centers for Disease Control and Prevention*,  
Centers for Disease Control and Prevention,

[www.cdc.gov/vitalsigns/healthcareaccess/index.html](http://www.cdc.gov/vitalsigns/healthcareaccess/index.html).

**Summary:** This source shows the effects of lack of healthcare in areas of poverty. The source shows how lack of healthcare has long-term effects on people living in poverty. This source is not bias and shows an accurate scientific representation on the effects of lack of healthcare to people in poverty. This source could be used in background information and help create solutions.

Gwatkin, Davidson R. “Targeting Health Programs to Reach the Poor.” *The Current State of Knowledge About*, 2000, doi:10.1596/29585.

**Summary:** This source outlines guidelines for the establishing of health care throughout impoverished areas. It gives targets for different locations, types of cultures, and diseases that are in the area. This is an individual study done by Gwatkin; it does not state any data or actual proof of the method working. It just gives a guideline on how to start helping. This could be used as a form of a solution in which it could state his targeting research as the platform of improvement. His guidelines could be used and completed to help as a solution.

“Health.” *United Nations*, United Nations, 2019, [www.un.org/en/sections/issues-depth/health/](http://www.un.org/en/sections/issues-depth/health/).

**Summary:** This source has a steady explanation of the WHO’s mission against disease; it offers a timeline of WHO initiative’s against popular diseases. It also provides important information from the World Health Statistics 2018: Monitoring health for the SDGs. This is a useful source that describes the background of the WHO operations in the past and in the present. Since it is presented by the WHO it’s data can be reliable. You can use this in your research as a reference to the operations. This can also serve as a source for a further research into the more pertinent operations from the WHO. This source shows many facts and figures of healthcare and how it varies around the world. This source is not bias and shows simple and complex facts about healthcare across the globe. This source could be used in UN involvement. This source could also aid possible solutions.

Herman, Mary W. “The Poor: Their Medical Needs and the Health Services Available to Them.”  
*The ANNALS of the American Academy of Political and Social Science*, vol. 399, no. 1,  
1972, pp. 12–21., doi:10.1177/000271627239900103.



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**Summary:** Herman mainly wrote about how providing affordable healthcare is needed in the US population. She writes on how the problem for many is the costs of healthcare and calls for a affordable healthcare plan. This is only made for the US and not the world population, it also was written in 1972. These are obstacles that wouldn't relate it to today's world but it still shares some universal ideas that have not changed. This could be used in the background research as it provides reasons and examples of the problem. It also helps establish that the problem has been persisting for a long time and is in dire need to be fixed.

“How Can Healthcare Technologies Help the Poor, the Forgotten Billion?” Dr. Hempel Digital

Health Network, 15 Mar. 2018, [www.dr-hempel-network.com/health-policies-in-india/healthcare-technologies-help-the-poor/](http://www.dr-hempel-network.com/health-policies-in-india/healthcare-technologies-help-the-poor/).

**Summary:** This article gives background information on which countries are in need of health services the most, and where its needed. It also gives valuable information on what technologies can be used to help give the health services. Its written in two parts, the first gives true data brought on from other sources that could be used. It also gives ideas that have been proven to help. It could be used as background with its information and data taken in from the World Bank. It could also be used as a solution with its different types of plans for technological health care.

“How Is Poverty Related to Access to Care and Preventive Healthcare?” *UC Davis Center for*

*Poverty Research*, <https://poverty.ucdavis.edu/faq/how-poverty-related-access-care-and-preventive-healthcare>

**Summary:** This source shows some very interesting facts and figures about how poverty in rural areas is affecting people's healthcare, and their overall health. Because this source is mainly facts and figures, the source is not bias. This source could be used to help write background information, or to help create a handout for delegates to read during a speech.

Lin, Kenneth. “Providing Health Care to the Poor: It's Time to Get Creative.” *KevinMD.com*,

KevinMD.com, 2 Aug. 2017, [www.kevinmd.com/blog/2015/03/providing-health-care-poor-time-get-creative.html](http://www.kevinmd.com/blog/2015/03/providing-health-care-poor-time-get-creative.html).

**Summary:** This source covers how different groups of people react to and act on finding health care to the poor. This source is bias towards people who want people of wealth to help supply funds for healthcare. The source suggests that poor people with lack of health care should



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receive help from people with the money to do so. This source could be used in background information, or solutions.

“Poverty, Poor Health and Access to Healthcare.” *The Borgen Project*, 20 Mar. 2017,

<https://borgenproject.org/poverty-poor-health-access-healthcare/>

**Summary:** This source shows how poverty levels relate to loss of healthcare and how NGO’s can help. This source is an NGO looking to help aid the poverty levels and lack of healthcare to get better. This source has a bias to the United States, because this NGO is run out of the United States, but similar NGO’s have worked globally. This source could go under non-UN involvement (NGO’s) and help formulate possible solutions.

World Health Organization, 2018, *World Health Statistics 2018: Monitoring health for the SDGs*, World Health Organization.

**Summary:** This source provides all of the WHO research and data for the year of 2018. It includes how the SDG’s relating to world health were implemented and used by the WHO throughout their different expeditions. Since it’s the complete data derived from the WHO own missions, it is useful. The WHO publishes the journal to the public yearly as it shows its successes and failures. In research, this can be used as a source for citations. If a certain fact or SDG relation is needed, the WHO report can give it.