

Forum:	Economic and Social Council
Issue:	Evaluating the global accessibility of medication and treatments to prevent epidemic outbreaks
Student Officer:	Brian Tsang
Position:	Deputy Assistant President of Economic and Social Council

Introduction

Over the course of the past century, the mortality rates of most developing and developed countries have dropped dramatically. Many claim that the increasing availability of a healthy diet as well as the raising of poverty thresholds have been major contributors to lowering the crude death rate of the world. However, the increasing availability of medication and treatments for disease is undoubtedly the main reason behind the low death rates of today. The discovery of Penicillin as well as other technological innovations has facilitated the suppression of major diseases such as cholera and influenza.

Yet in the 21st century of high living standards, it is often easy to forget the danger that epidemics pose to human health. Recent epidemics such as the SARS and H5N1 influenza outbreaks have forcefully reminded us the importance of disease prevention. The outbreak of diseases previously thought to be under control, such as drug-resistant strains of malaria and tuberculosis, has also demonstrated the ineptitude of current health authorities to understand the true scope of situation, especially in LEDCs. In recent times, severely underdeveloped regions have seen the collapse of public health infrastructures in the case of sudden outbreaks - the AIDS outbreak in the 1980's caused widespread panic and confusion amongst the African population, with many misconceptions about the true nature of the disease exacerbating the situation. In order to ensure that medication and treatments are readily available to the general population, one must conduct a thorough investigation and evaluation of issue at hand.

Definition of Key Terms

Epidemic

The occurrence of more cases of a disease than would be expected in a community or region during a given time period.

Vaccine

Any preparation used as a preventive inoculation to confer immunity against a specific disease, usually employing an innocuous form of the disease agent, as killed or weakened bacteria or viruses, to stimulate antibody production.

Neglected Tropical Diseases (NTD's)

A group of tropical infections, which are especially endemic in low-income populations in developing regions of Africa, Asia and Americas, and traditionally receive less recognition and attention than other publicized diseases (such as AIDS and tuberculosis). The WHO includes Cysticercosis, Dengue/dengue haemorrhagic fever, Echinococcosis, Fascioliasis, Rabies, Yaws as part of their list on NTD's.

Background

As of today, around 2 billion people have limited or non-existent access to basic medication and treatments. The World Health Organization estimates that over 10 million people could be saved each year had they had access to such pharmaceuticals. Before universal access can be achieved, though, one must define and assess the obstacles that have prevented us from doing so already.

Lack of personnel

The distribution and administration of medication and treatments to combat diseases such as AIDS have been poorly conducted and coordinated due to the lack of personnel available - the under-developed economy of countries such as Uganda is a disincentive for medical professionals and expatriates to come to the countries such as these for work. This, in addition to the lack of funding allocated by failed nations to their health programs, forces LEDC nations to rely on charity organizations to supplement their needs. As a result, health organizations such as the World Health Organization (WHO) and United Nations Children's Fund (UNICEF) are stretched thin in these areas.

Affordability of medication and treatment

As expected, the general poverty threshold of LEDC's in general is quite high - most of the population in African countries face malnutrition and lack of potable water. Thus, it seems logical to state such people, who cannot even afford food, will not be able to afford the latest medication and treatments available to them. Industrial mass production of vaccines is particularly limited in LEDCs, and thus medication may need to be imported via boat or plane. As vaccinations require cold storage, these transportation services are far from inexpensive, and only serve to exacerbate the problem of unaffordable medication.

Trade-related Aspects of Intellectual Property Rights (TRIP) is another obstacle to the easy access of medication. Patent holders to new forms of treatment have the right to sell their products at a price of their

own choice. Usually, the price that is set is far beyond the financial capabilities of those suffering from diseases in LEDCs, thus hindering the ability of LEDC populations to access medication and treatment.

Lack of Research Incentive

Currently, there is a disincentive to conduct research on diseases that are deemed as financially unprofitable. Pharmaceuticals companies are reluctant to spend their resources and time developing vaccinations or cures for populations with low purchasing power. In the past 30 years, less than 1% of the newly developed medicines are used for the tropical diseases found in many LEDCs. Instead, most of the research is directed at more financially capable populations; over 90% of the research is conducted to treating the 10% of the total amount of diseases, many of which are found in MEDCs. The other 90% of the diseases are mostly tropical, and are neglected purely due to the lack of potential profit they possess.

Lack of International Aid

With the 2011 H1N1 influenza outbreaks, one can see that certain health authorities take the responsibility of implementing timely and effective treatments to the general population in the case of sudden epidemics in MEDCs. However, the international community has been relatively slow in responding to epidemics that occur frequently in LEDCs; AIDS remains a problematic issue that plagues most of the African population. As many under-developed nations and states do not place a priority into funding their health programs, many LEDC populations rely primarily, if not solely, on the little assistance given by other nations. However, while it is known that many MEDCs have claimed to dedicate at least 0.7% of their Growth Domestic Product into international development, few have followed up on their promise. The lack of international aid, as well as the poor coordination of it, has contributed to the failure of providing easy access of medication and treatment to citizens of LEDCs.

Major Parties Involved

World Health Organization (WHO) and the World Health Assembly (WHA)

A leading authority on matters concerning health, the WHO is responsible regulating and facilitating the distribution of medication and treatments around the globe. Since its formation in 1948, the WHO has, in conjunction with member states, provided humanitarian assistance to many developing nations in the hopes of improving public welfare. The organization, in its agenda, plans to address the current issue of "neglected tropical diseases" as well as poverty-related health problems in the near future.

United States Agency for International Development (USAID)

The United States Agency for International Development (USAID) is an independent federal government agency of the United States. Its programs in global health aim to prevent suffering and save lives on an international scale;

currently, USAID tackles the problems of improving the quality, usage and most important of all, accessibility of essential health services. Its American Schools and Hospitals Aboard (ASHA) program provides opportunities for students to gain medical experience in developing countries.

World Trade Organization (WTO)

World Trade Organization (WTO) is an NGO with the sole purpose of resolving international trade-disputes and regulating trade on a global scale. Established in 1995, the organization now consists of 153 member states with the role of monitoring the abidance to "WTO agreements" as outlined in the ratification of the Marrakesh Agreement Establishing the World Trade Organization. At times, the strict and inflexible rules and regulations surrounding global trade can be a hindrance to the easy accessibility of medication and treatment.

The European Federation of Pharmaceutical Industries and Associations (EFPIA)

An association consisting of 69 members - 35 leading pharmaceutical companies and 31 national associations - aiming to provide a forum in which the researching, developing and distribution of medication and treatments can be improved.

Previous Attempts to Resolve the Issue

Organizations worldwide have mounted several attempts in tackling the issue at hand. Below is a brief description of several of the key documents and actions.

Increasing access to health workers in remote and rural areas through improved retention (2009)

A program formulated by WHO in 2009, the focus of increasing access to health workers in remote and rural areas through improved retention is to, based on previous and ongoing research into the effect of health workers on the health of the local population, make effective strategies for improving the quality of life in rural areas. The program consists of three primary objectives: "building and sharing the evidence base on effective strategies that increase access to health workers in remote areas; supporting countries to evaluate, adapt, and implement such strategies; developing and disseminating evidence-based recommendations on this topic." These goals effectively address the inequitable distribution of medical professionals in under-developed regions. Since the program's implementation in mid-2009, there has been a significant rise in maternal, child and infant survival rates, especially in Sub-Saharan countries.

Progress on global access to HIV antiretroviral therapy (2006)

In December 2003, the World Health Organization (WHO) and the Joint United Nations Program on HIV/AIDS (UNAIDS) launched a collaborative strategy in combating the issue the AIDS epidemic. The purpose of such a project was to increase the access of antiviral therapy as quickly and effectively as possible. However, in this progress report of 2006, the organizations have discovered that their original

objective of providing 3 million people with antiretroviral treatment had not been met. However, the report did show that access to such medication has "increased by more than 800%", and that "1.3 million people are currently receiving treatment". The progress report also evaluates previous methods in tackling the issue and recommends different strategies, such as strengthening drug procurement and supply systems to ensure the uninterrupted supply of drugs. Consequent reports on the project to provide easier access for HIV medication and treatment have been produced, but this report is often considered the most important as it was the first document to evaluate the strengths and weaknesses of solution implementations in the AIDS epidemic.

Possible Solutions

There have been many problems and obstacles surrounding the easy access of medications and treatments worldwide. Although there has been much effort in correcting this issue, many of the resources are directed at increasing availability of pharmaceuticals in developed regions. Under-developed areas will need to be taken into consideration as well.

Lack of personnel

It is a known fact that rural areas suffer from severe understaffing at their local hospital, thus preventing the effective administration of treatments and medication. Ironically, there have been reports of medical employment issues in urban areas recently. Research is needed to determine the unbalance and the measures required to oversee a successful relocation to the rural areas.

The promotion of organizations such as Doctors Without Borders (MSF) can generate the influx of medical workers into developing nations. Delegates may suggest conventional incentives such as financial supplements or benefits, but perhaps a heavy emphasis of opportunity would be sufficient in convincing people to work in LEDCs.

Affordability of medication and treatment

One way of lowering the costs of essential medication and treatment is by partially subsidizing the costs with charity funds. A second, much more viable option may be to promote the development of the economy in the nation as a means to raise the purchasing power of individuals so that they can afford the drugs. This method is slightly long term, however. A final method can be to mass-produce the drugs in the area that they are need, as a means to minimize the cost of the final product. A downside is that this will be largely dependent on the resources available. All three methods have potential in providing easier access to medication, but all of them also have their respective disadvantages, and thus delegates need to evaluate and assess the different methods before they can be effectively applied into LEDCs.

Lack of Research Incentive

There are several reasons behind why pharmaceuticals are reluctant to conduct research into tropical diseases. However, each and every reason must be analyzed and evaluated before solutions can be found to solve them. Delegates may consider the collaboration of nations with major pharmaceutical companies in associations such as the EFPIA to negotiate on the issue.

Lack of International Aid

International aid has been clumsy and uncoordinated in the global attempt to provide easier access to medication and treatment. It is possible that the formation of a new panel with the task to oversee the easier access of medications and treatments can be posed as a solution. This would certainly solve the issue of many general health care organizations each trying to mount its over-ambitious plan in increasing accessibility.

Bibliography

- "About EFPIA: Who We Are." *European Federation of Pharmaceutical Industries and Associations*. EFPIA. Web. 14 Jan. 2012. <<http://www.efpia.org/Content/default.asp?PageID=319>>.
- "Launch of WHO Programme on Increasing Access to Health Workers in Remote and Rural Areas through Improved Retention." *World Health Organization*. WHO. Web. 14 Jan. 2012. <http://www.who.int/hrh/migration/expert_meeting/en/>.
- "Progress on Global Access to HIV Antiretroviral Therapy: A Report on 3 by 5 and beyond." *World Health Organization*. WHO. Web. 15 Jan. 2012. <<http://www.who.int/hiv/pub/2006progressreport/en/index.html>>.
- "Reducing the Threat of Infectious Diseases of Major Public Health Importance." *USAID*. US Government, 1998. Web. 2012. <http://www.usaid.gov/our_work/global_health/id/idstrategy.pdf>.
- "USAID Health: Overview." *U.S. Agency for International Development*. USAID. Web. 15 Jan. 2012. <http://www.usaid.gov/our_work/global_health/>.
- "WHO Guidelines for Epidemic Preparedness and Response to Measles Outbreaks." *Global Alert and Response (GAR)*. WHO, 1999. Web. 16 Jan. 2012. <http://www.who.int/csr/resources/publications/measles/WHO_CDS_CSR_ISR_99_1/en/>.