**Reducing disparities in medical**

**advancements between MEDCs and LEDCs**



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# Meet the Chairs

**Sahana Farileen - Chair**

Hi everyone, I am Sahana Farleen and I am 17 years old and I’m from Singapore, studying in UWC ISAK Japan. I have been in the MUN circuit for the past three years now wherein I have accumulated several laurels as a delegate while chairing a couple conferences. My passion for MUN was first fueled by my keen interest in discussing and deliberating various global issues and conflicts. Apart from Debate and MUN, I am very passionate about assisting nonprofits and will take any opportunity to provide for the underprivileged. I believe that MUN is a platform for one to not only improve their public speaking abilities but also comprehend and engage in policy-making regarding the overcharging, globalized world we live in today. I look forward to fruitful debates and productive deliberation on the issue at hand!

**Danish Anaqi - Co-chair**

Hello Delegates! My name is Danish Anaqi; you can call me Danish and I'm from Singapore. It is my pleasure to be serving as your co-chair for theWHO Committee. Some facts about myself, I am currently in 12th grade in high school in UWC ISAK Japan and I'm passionate about community services, volunteering, and discussing diplomacy. I have been involved in several MUN conferences since 2017 when I was in secondary school both national and international either as a delegate, chair, or a secretariat member. With no signs of stopping I still keep my MUN career going for as long as I can, where I aspire to continuously bring tangible positive impacts to the world around me, however small it may seem. I am more than excited to welcome all of you and I cannot wait to meet you in this edition of WJMUN!

# **Overview**

The World Health Organization (WHO) recognizes the unequal distribution of medical resources as a significant global issue. MEDCs (More Economically Developed Countries) possess advanced medical technologies and resources, while LEDCs (Less Economically Developed Countries) struggle to provide adequate medical care to their populations. This disparity in medical advancements can result in a range of health issues, from a lack of basic medical care to poor treatment outcomes. Reducing these disparities in medical advancements between MEDCs and LEDCs is a critical goal for the WHO.

In addressing this issue, the WHO works to identify the factors that contribute to disparities in medical advancements. These factors include limited funding, inadequate infrastructure, and a shortage of trained healthcare professionals. Additionally, many LEDCs face challenges such as political instability, economic crises, and natural disasters that further exacerbate their already inadequate healthcare systems.

To reduce disparities in medical advancements, the WHO advocates for several strategies. These strategies include increasing funding for medical research and development in LEDCs, providing education and training opportunities for healthcare professionals, and investing in infrastructure improvements to support the delivery of medical care. Furthermore, the WHO emphasizes the importance of partnerships and collaboration between MEDCs and LEDCs to share knowledge, resources, and best practices.

The impact of reducing disparities in medical advancements would be significant. Access to advanced medical technologies and resources would increase in LEDCs, leading to improved health outcomes and quality of life for their populations. Additionally, reducing disparities in medical advancements would contribute to achieving the United Nations Sustainable Development Goals related to good health and well-being.

However, reducing disparities in medical advancements between MEDCs and LEDCs is not without challenges. Many factors contribute to the unequal distribution of medical resources, and resolving this issue requires a comprehensive, coordinated effort on a global scale. Despite these challenges, the WHO continues to prioritize reducing disparities in medical advancements as a critical goal to improve health outcomes worldwide.

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# **Definitions of important terms**

**Reducing disparities** is a term that refers to the efforts aimed at minimizing or eliminating the differences or inequalities between two or more groups. In the context of the World Health Organisation's topic of reducing disparities in medical advancements between MEDCs and LEDCs, reducing disparities means narrowing the gap between the medical resources and capabilities of MEDCs and LEDCs. This involves making medical resources and technology accessible and affordable to populations in developing countries.

**LEDCs** is a term that stands for "less economically developed countries." These countries are often characterized by low levels of economic development, high poverty rates, and limited access to basic services, including healthcare. The term LEDCs is used to differentiate these countries from more economically developed countries, such as the United States, Japan, and Western European countries.

**MEDCs** is a term that stands for "more economically developed countries." These countries are often characterized by high levels of economic development, low poverty rates, and better access to basic services, including healthcare. The term MEDCs is used to differentiate these countries from less economically developed countries, such as many countries in Africa and Asia.

**In the context of the World Health Organisation's topic of reducing disparities in medical advancements between MEDCs and LEDCs,** the aim is to reduce the gap between the medical resources and capabilities of these two types of countries. This involves implementing solutions such as increasing funding for healthcare in developing countries, improving medical infrastructure, providing training and education for healthcare workers, and increasing access to medical technologies and treatments. The ultimate goal is to ensure that people in developing countries have access to the same quality of healthcare as people in developed countries, regardless of their socioeconomic status or geographic location.

# Timeline of key events

### September 1977 International Conference on Primary Health Care

The WHO holds the International Conference on Primary Health Care in Alma-Ata, Kazakhstan, which emphasizes the importance of providing universal access to essential health care services for all individuals and communities.

### **1978 Expanded Program on Immunization**

The WHO establishes the Expanded Program on Immunization, which aims to provide vaccines for six preventable diseases to children in developing countries.

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### 1986 Global Polio Eradication Initiative

The WHO launches the Global Polio Eradication Initiative, which seeks to eliminate polio from the world through vaccination campaigns.

### 1990 World Health Report

The WHO launches the World Health Report, which focuses on the growing disparities in health between developed and developing countries.

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### 1994 Global Alliance for Vaccines and Immunization

The WHO launches the Global Alliance for Vaccines and Immunization, a public-private partnership aimed at increasing access to immunization in developing countries.

### 2000 UN Millennium Development Goals

The United Nations Millennium Development Goals are established, which include targets related to improving maternal and child health, combating infectious diseases, and reducing poverty and hunger.

### 2001 Doha Declaration

The Doha Declaration on the TRIPS Agreement and Public Health is adopted, which clarifies the ability of countries to use intellectual property rights to promote access to medicines.

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### 2005 Commission on Social Determinants of Health

The WHO launches the Commission on Social Determinants of Health, which aims to understand and address the root causes of health inequities.

### 2015 UN SDGs

The Sustainable Development Goals are adopted, which include targets related to improving health and well-being, reducing inequality, and achieving universal health coverage.

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### 2020 COVID-19

The COVID-19 pandemic highlights the ongoing disparities in health and access to medical advancements between developed and developing countries. The WHO works to coordinate a global response to the pandemic, including efforts to ensure equitable access to vaccines and treatments for all countries.

# **Position of key nations**

MEDCs such as the United States, Japan, Belgium, France, and Australia have generally been at the forefront of medical research and development, with significant investment in healthcare infrastructure and innovation. These countries often advocate for sharing knowledge and resources to help reduce global health disparities and improve health outcomes in LEDCs.

LEDCs such as Haiti, Ethiopia, Cambodia, Afghanistan, Nigeria, Eritrea, and the Democratic Republic of the Congo face significant challenges in providing adequate healthcare to their populations due to a lack of resources, infrastructure, and funding. These countries often advocate for increased funding and support from the international community to help address these disparities and improve access to healthcare.

Singapore, China, and India are countries with rapidly growing economies and expanding healthcare sectors. These countries are investing in research and development, and have the potential to become major players in the global healthcare industry. They often advocate for increased investment in healthcare infrastructure and innovation, as well as the sharing of knowledge and resources to help reduce global health disparities.

### Haiti:

A country that has struggled with economic and political instability for many years, and as a result, their healthcare system is severely underdeveloped. While the government has made efforts to improve healthcare access, the country still faces significant challenges in reducing disparities in medical advancements between MEDCs and LEDCs.

### Ethiopia:

Another country that has also faced challenges in providing adequate healthcare to its citizens, particularly those living in rural areas. The government has made efforts to expand access to healthcare, but there is still a significant need for increased resources and medical advancements.

### Afghanistan:

A country that has faced significant challenges in providing adequate healthcare to its citizens, particularly in rural areas where access to healthcare is limited. The government has made efforts to improve healthcare access, but there is still a significant need for increased resources and medical advancements.

### Uganda:

A country that has struggled with economic and political instability, and as a result, their healthcare system is severely underdeveloped. The government has made efforts to improve healthcare access, but the country still faces significant challenges in reducing disparities in medical advancements between MEDCs and LEDCs.

### Nigeria:

A country that has a relatively underdeveloped healthcare system and faces significant challenges in reducing disparities in medical advancements between MEDCs and LEDCs. The government has made efforts to improve healthcare access, but there is still a significant need for increased resources and medical advancements, particularly in rural areas.

Eritrea is a country that has struggled with political and economic instability, and as a result, their healthcare system is severely underdeveloped. While the government has made efforts to improve healthcare access, the country still faces significant challenges in reducing disparities in medical advancements between MEDCs and LEDCs.

### India:

Another country that faces significant challenges in providing adequate healthcare to its citizens, particularly in rural areas where access to healthcare is limited. The government has made efforts to improve healthcare access, but there is still a significant need for increased resources and medical advancements.

### Belgium:

A country that has a well-developed healthcare system but faces challenges in reducing disparities in healthcare access and outcomes among minority and lower-income populations.

Cambodia is also a country that has made progress in improving healthcare access, but there is still a significant need for increased resources and medical advancements, particularly in rural areas.

### China:

is a country that has made significant progress in healthcare development, particularly in urban areas, but there are still significant disparities in healthcare access and outcomes in rural areas.

### Mexico:

another country that faces significant challenges in reducing disparities in medical advancements between MEDCs and LEDCs, particularly in rural areas where access to healthcare is limited.

### France:

is a country that has a well-developed healthcare system but faces challenges in reducing disparities in healthcare access and outcomes among minority and lower-income populations.

### Singapore:

is a country that has made significant strides in healthcare development and is considered one of the most advanced healthcare systems in the world. While the country has a relatively low disparity in medical advancements between MEDCs and LEDCs, there is still room for improvement, particularly in reducing the cost of healthcare for lower-income individuals.

### The United States:

has one of the most advanced healthcare systems in the world, but it also has significant disparities in healthcare access and outcomes, particularly among minority and lower-income populations. While the country has made efforts to reduce these disparities, there is still a significant need for further action to ensure that all individuals have access to quality healthcare.

### Japan:

is a country that has a well-developed healthcare system but faces challenges in reducing disparities in healthcare access and outcomes among minority and lower-income populations.

### New Zealand and Australia:

Both have well-developed healthcare systems, but there are still significant disparities in healthcare access and outcomes among minority and lower-income populations. The governments of both countries have made efforts to reduce these disparities, but there is still room for improvement.

# **Suggested solutions**

The World Health Organisation (WHO) suggests several solutions to reduce disparities in medical advancements between MEDCs and LEDCs. One approach is to increase investments in health systems in LEDCs to improve infrastructure, healthcare delivery, and access to essential medicines. This can be achieved through partnerships between

governments, international organizations, and private sector entities. Additionally, WHO recommends promoting research and development in health technologies specifically tailored to the needs of LEDCs, such as affordable and accessible diagnostics, vaccines, and medicines.

Another solution is to strengthen health systems in LEDCs through building the capacity of health workers and improving the distribution of healthcare resources. This can be done through training programmes, better salaries and incentives for health workers, and improving the distribution of healthcare resources in remote and rural areas. WHO also advocates for greater collaboration between countries to share knowledge, expertise, and resources to address global health challenges.

Furthermore, WHO emphasizes the importance of addressing the social determinants of health, such as poverty, education, and social inequality. By addressing these underlying issues, it may be possible to improve health outcomes and reduce disparities in medical advancements between MEDCs and LEDCs. Finally, WHO calls for greater political will and commitment from governments to invest in the health of their citizens and to work towards achieving universal health coverage, which would ensure that all people have access to essential health services without facing financial hardship.

**QARMAS (Questions a resolution must answer)**

1. How can MEDCs assist LEDCs in building their healthcare infrastructure and increasing access to medical technologies and advancements?
2. What measures can be taken to increase research and development in LEDCs and ensure that medical advancements are accessible and affordable to all?
3. How can funding for healthcare in LEDCs be increased and better allocated to address disparities in medical advancements?
4. What role can international organizations and partnerships play in reducing disparities in medical advancements between MEDCs and LEDCs?
5. How can intellectual property rights be balanced with the need for access to medical advancements in LEDCs?
6. How can policies and regulations be implemented to ensure that medical advancements are used in an ethical and equitable manner in both MEDCs and LEDCs?
7. What measures can be taken to address the brain drain of healthcare professionals from LEDCs to MEDCs, which exacerbates disparities in medical advancements?
8. How can education and training be improved in LEDCs to increase healthcare capacity and reduce disparities in medical advancements?
9. What steps can be taken to address cultural and social barriers to healthcare access and utilization in LEDCs?
10. How can emergency response systems be improved in LEDCs to increase access to life-saving medical care during crises and disasters?

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