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**Ensuring the provision of
pharmaceutical drugs
for LEDCs**

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Forum:	Full name of your committee
Issue:	Ensuring the provision of pharmaceutical drugs for LEDCs
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Introduction

The provision of pharmaceutical drugs to less economically developed countries (LEDCs) is an essential issue, due to the fact that in many LEDCs pharmaceutical drugs are items that are very hard to obtain when these countries often have relatively high infection and death rates of diseases such as malaria AIDS, by improving access to essential medicines, vaccines and other items used to prevent diseases in LEDCs, up to 10.5 Million lives could be saved every year worldwide, 4 million in Africa and South-East Asia alone. Whereas these items are often either free or easily accessible and affordable to the public in MEDCs.

Even though there have been many attempt in the past to resolve these issues of high death rates in LEDCs caused by easily treatable diseases, up to 50% of medicine in LEDCs are inappropriately prescribed dispensed or sold, leading to wasted resources, patient harm and resistance and further need of provision of mass amounts of these drugs.

Definition of Key Terms

Pharmaceutical Drugs

A substance used in the diagnosis, treatment, or prevention of a disease or as a component of a medication.

World Health Organization (WHO)

WHO is the directing and coordinating authority for health within the United Nations (UN) system. It is responsible for providing leadership on global health matters such as providing technical support to countries and monitoring and assessing health trends.

Millennium Goals: Goal 6

The sixth goal of the eight Millennium Goals: Combat HIV/AIDS, Malaria and other diseases, as this goal can be easily achieved by the distribution of mosquito nets and education about STDs. this goal that is supposedly achieved by 2015 could work as an incentive for countries for the provision of pharmaceutical drugs to LEDCs

General Overview

Many people living in LEDCs are exposed to diseases such as malaria, HIV/AIDS, Cholera, and other sexually transmitted diseases (STDs), diseases caused by malnutrition and bacterial infections. These diseases can either be easily treated or easily prevented, such as malaria can be easily prevented by using mosquito nets or insect repellent, bacterial diseases can often be easily treated with the correct amount of antibiotics and diseases caused by malnutrition can often be cured by injections of nutrients or special diets.

Possible Solutions

Since the provision of pharmaceutical drugs to LEDCs is not much of a money and time consuming issue, therefore MEDCs with advanced medical production systems would be the main target of sources of the pharmaceutical drugs when other member nations with relatively weaker medical productions would participate less. The WHO would ensure that all funding and drugs end in LEDCs. An alternative to this solution is that member nations can provide aid to fund other nations to produce and provide LEDCs with pharmaceutical drugs. This way member nations would have the incentives to ensure that each other are providing the sufficient amount of pharmaceutical drugs.

Country Positions

France

The public health insurance program in France established in 1945 and its coverage has had many changes and improvements since. In 2005 France spent about 11.2% of its GDP (US\$3,926/capita) on health care. Which approximately 80% of this money is from government expense. Due to the successful health program and the large amounts of money spent on the health in France it has been, proven by the WHO In 2000 assessment of world health care systems, that France provides the "best overall health care" in the world.

Turkmenistan

Due to the reduction of funding put into the health care system, the conditions of the Turkmenistan health system has gotten into very poor conditions. According to past research, in 2002 Turkmenistan's hospital population percentage is about 50:10,000. Since the 1990s many health care facilities have been closed. Making health care only available in urban areas, making it extremely hard for people in rural areas to get treated. Even though, physicians in these facilities are often poorly trained, and which have a great shortage in supply of many different basic medicines. In 2004 about 15,000 medical personnel were fired, replacing only some of these with military conscripts, making the problem much worse than before.

Zimbabwe

Zimbabwe has one of the lowest life expectancies on Earth (44years for men and 43years for women). This rapid drop of the life expectancy in Zimbabwe is mainly due to diseases such as HIV/AIDS and Cholera. In addition to the fact that the health system has collapsed due to the shutting of three of four major hospitals and the shutting down of Zimbabwe medical school at 2008. Even those there are some hospitals that are still open, they all are not able to obtain even the most basic drugs and medicine.

Mali

As one of the world's poorest nations Mali is greatly affected by poverty, it's development indicators show that Mali is one of the worst countries in the world. Medical facilities in Mali are extremely limited, where medicines are in a very short supply, also having a physician population ratio of 5:100,000 in the 1990, a hospital bed to population ratio of 24:100,000, in 1999 only 36% of Malian were estimated to have access to health services within a five-kilometer radius shows that Mali is in great need of medical aid. Malnutrition and hygiene is also a great problem, in 2000 only has about 63% of the population that has access to safe drinking water and only 69% has access to access to sanitation and only 8% have access to modern sanitation facilities.

UN Involvement, Relevant Resolutions, Treaties and Events

- World Summit on Sustainable Development Johannesburg, South Africa 26 August - 4 September 2002
Plan of Implementation of the World Summit on Sustainable Development
- United Nations General Assembly 19th Special Session New York, 23-27 June 1997 Resolution Adopted
By The General Assembly for the Program for the Further Implementation of Agenda 21

Timeline of Events

Date	Description of event
June 23-27, 1997	United Nations General Assembly 19th Special Session, New York
May 1 & July 27, 1998, 19-30 April 1999	UN Commission on Sustainable Development 7th Session, New York,
May 5, 2000	UN Commission on Sustainable Development 9th Session, New York
March 2, 2001	Report of the Secretary General on Health and sustainable development

April 16-27, 2001	UN Commission on Sustainable Development 9th Session, New York
August 16 - September 4 2002	World Summit on Sustainable Development Johannesburg, South Africa

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