



28-29 April 2018

## Goal 3: Good Health and Wellbeing

### **Head Chair**

Cindy Lee

### **Deputy Chair**

Daniel Choi

### **Deputy Chair**

Kai Yuan Mor

### **Head Chair**

Dylan Sun

### **Deputy Chair**

Evan Chiang

### **Deputy Chair**

Nicole Scheidel

<b>Forum:</b>	Goal 3: Good Health and Well-being
<b>Issue:</b>	Universal mandatory safety standards for transportation to reduce deaths and injuries from road traffic accidents
<b>Chair:</b>	Cindy Lee and Evan Chiang

---

## Introduction

Road traffic injuries have been a leading cause of mortality around the world since the rise of transportation. Despite this fact, most traffic crashes are predictable and preventable. Currently, 1.25 million people die each year on the world's roads. Organizations such as the Global Health Observatory (GHO) and the World Health Organization (WHO) have asserted that the majority of these traffic deaths originate from low income countries as opposed high income nations. Specifically, Africa had the highest road traffic fatality rate at 26.6 per 100,000 people, while the European region had the lowest rate at 9.3 per 100,000 people. Additionally, statistics relate the type of road user to the number of road casualties. Almost half of all deaths on the world's roads are among motorcyclists, cyclists, and pedestrians. At this time, universal mandatory safety standards are crucial to mitigate the number of casualties and road accidents worldwide. These regulations would work to provide a sustainable transport which focuses on: accessible, ecologically sound, economical transport. Universal and mandatory standards would guarantee the same standard of regulation and strictness in LEDC countries. Since current LEDC countries are struggling in terms of traffic standards, international cooperation would work to resolve the root causes of accidents in the area. The 2030 Agenda for Sustainable Development now aims to halve the global number of deaths and injuries from road traffic crashes by 2020, and to provide a sustainable transport system by 2030. Without sustainable action, road traffic crashes are predicted to become the seventh leading cause of death by 2030. Therefore, optimized universal mandatory safety standards for transportation to reduce deaths and injuries from road traffic incidents is crucial in ensuring good health and well-being to member nations.

## Definition of Key Terms

### Road traffic injury

Road traffic injury refers to the physical impact or the collision of automobiles with other vehicles, people, or public infrastructure. Though many countries use a different terminology for vehicle collisions, the WHO describes these collisions as a road traffic injury. Various factors, including vehicle and infrastructure designs as well as driver behavior, can affect the severity of a road traffic injury. To minimize the risks of a road traffic injury, the international community must reinforce road traffic standards to prevent road fatalities in vulnerable regions.

### **Collision migration**

Collision migration is the effect of potentially provoking road traffic injuries in areas by reducing vehicle collisions in another. Collision migration may occur when measures in dangerous areas, including the implementation of a speed limit or warning signs, cause drivers to drive with caution in such area, but lead to less care on the rest of the road. This may also disturb the attention to known areas on the road that are considerably more dangerous as more familiarity with the area may also lead to less care over time.

### **Crashworthiness**

Crashworthiness refers to the capability of a vehicle to withstand direct impact to protect the driver. Evaluated by crash tests, the crashworthiness of an automobile can be verified through computer models or conducted crash experiments to determine the probability of injury with human models.

### **Crash test**

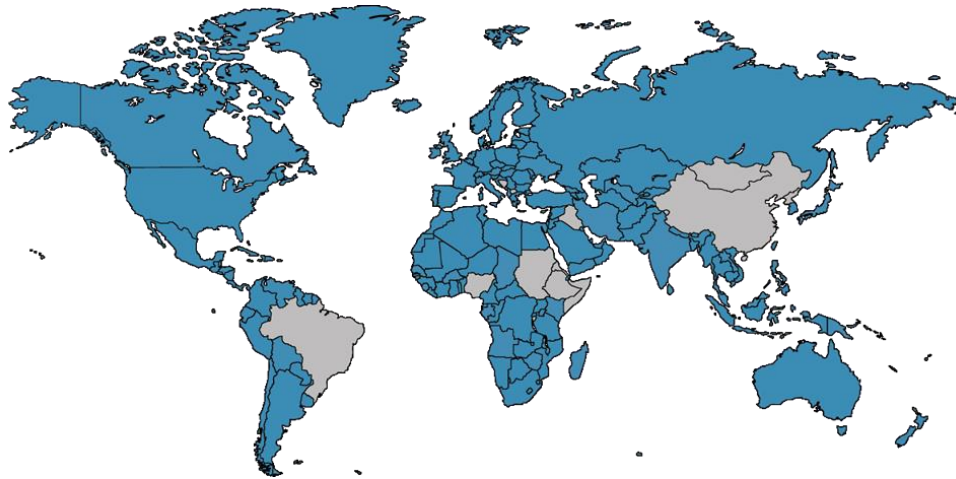
A crash test is an examination conducted by vehicle-manufacturing companies to ensure safe standards of respective vehicles for use. These tests can be broken down to the specific sides of a vehicle and to ultimately assess the crashworthiness of an automobile. Flaws in the engine or in other parts of a vehicle may induce road vehicle collisions, which can be reduced to a certain extent through authorized crash tests.

### **Road safety standards**

Road safety refers to the measures utilized by countries in traffic laws to prevent road traffic injuries. Safety standards can be implemented by analyzing the common types of vehicles on the road including cars, motorbikes, and trucks. According to the US National Highway Traffic Safety Administration, over 800 individuals were killed in the US as a result of insufficient road safety standards.

### **International driving permit (IDP)**

An international driving permit is a document that allows holders to drive a private vehicle. IDPs are used by over 100 countries that are party to the 1949 Geneva Convention and contain vital information to affirm a driver's license.



*#1: Map of countries that recognize IDPs*

## General Overview

### Individuals at risk

More than 90% of road traffic deaths occur in low- and middle-income countries. Specifically, road traffic injury death rates are highest in the African region. However, even within high-income countries, people from lower socioeconomic backgrounds are more likely to be involved in road traffic crashes. Additionally, age plays a role in the number of casualties from traffic accidents. People aged between 15 and 44 years account for 48% of global road traffic deaths. As for gender statistics, males are more likely to be involved in road traffic crashes than females. Lastly, about three quarters (73%) of all road traffic deaths occur among young males under the age of 25 years, which makes them almost 3 times as likely to be killed in a road traffic crash as young females. Universal mandatory standards should consider factors (such as socioeconomic status, age, gender) which determine the number of injuries and death caused by traffic accidents. Simply acting to reduce the danger factors posed by the statistic could drop the casualty numbers.

### Major parties involved at current safety standards

#### *Libya*

According to the World Health Organization (WHO), Libya had the highest rate of road traffic deaths in the world in 2012, with 63.4 deaths per 100,000 people every year. The Libyan national budget does not fund the institutional framework of the Department of Traffic and Licensing, and has few vehicle standards for the safety of vehicles compared to other countries in the world.

#### *Africa*

Following Libya, other African countries dominated the “countries with the most road traffic deaths” list. Besides Thailand, which ranked second with 36.2 deaths per 100,000, Malawi, Liberia, DR of the Congo, Tanzania, Central African Republic followed respectively. These countries on

average had a rate of 32 deaths per 100,000 population. Thus, this statistic demonstrates that generally low income nations tend to have higher rate of road traffic deaths.

### **Sweden**

Sweden, a high income group, ranked second (following Micronesia) in the world for having the least road traffic deaths, with 2.8 deaths per 100,000 people. Their low rate of traffic accident partly lies on their emphasis toward a Safe System, which underpins successful speed management. Road safety regulations, which includes speed limit, drink-driving, motorcycle helmet, seat-belt, child restraint, drug-driving, mobile phone restriction was generally highly enforced.

### **United Kingdom**

The United Kingdom, also a high income group, ranked third in the world for having the least road traffic deaths, with 2.9 deaths per 100,000 people. The United Kingdom mandated laws for all the road safety regulations, which includes speed limit, drink-driving, motorcycle helmet, seat-belt, child restraint, drug-driving, mobile phone restriction. Their strict regulation and funding from the national budget has effectively reduced the number of road deaths in the past 10 years.

## **Factors to be Addressed by Universal Mandatory Regulations**

Regulations that may seem obvious may not be upheld in all countries in the world. Some LEDC countries loosely control factors such as cell phone usage when driving or regulations on safety equipments. Mandatory regulations that stricken the regulation of these factors will reduce traffic accidents globally.

### **Speeding**

An increase in average speed is directly related both to the likelihood of a crash occurring and to the severity of the consequences of the crash. An adult pedestrian's risk of dying is less than 20% if struck by a car at 50 km/h and almost 60% if hit at 80 km/h. Thus, regulation of speed limit in different roads would be crucial in decreasing the number of traffic accident casualties.

### **Driving under the influence of distracting influences**

Driving under the influence of alcohol and any psychoactive substance or drug increases the risk of a crash that results in death or serious injuries. In the case of drink-driving, the risk of a road traffic crash starts at low levels of blood alcohol concentration (BAC) and increases significantly when the driver's BAC is  $\geq 0.04$  g/dl. In the case of drug-driving, the risk of incurring a road traffic crash is increased to differing degrees depending on the psychoactive drug used. Distraction caused by mobile phones is a growing concern for road safety. Drivers using mobile phones are approximately 4 times more likely to be involved in a crash than drivers not using a mobile phone. Using a phone while driving slows reaction times (notably braking reaction time, but also reaction to traffic signals), and makes it difficult to keep in the correct lane and following distances. Hands-free phones are not much safer than hand-held phone sets, but texting while driving considerably increases the risk of a crash.

### **Vehicle Safety Equipment**

Wearing a motorcycle helmet correctly can reduce the risk of death by almost 40% and the risk of severe injury by over 70%. Wearing a seat-belt reduces the risk of a fatality among front-seat passengers by 40–50% and of rear-seat passengers by between 25–75%. If correctly installed and used, child restraints reduce deaths among infants by approximately 70% and deaths among small children by between 54% and 80%. Safety equipment help drastically reduce the risk of civilian death on the world's roads.

### **Road Infrastructure**

The design of roads can have a considerable impact on their safety. Ideally, roads should be designed keeping in mind the safety of all road users. This would mean making sure that there are adequate facilities for pedestrians, cyclists, and motorcyclists. Measures such as footpaths, cycling lanes, safe crossing points, and other traffic calming measures can be critical to reducing the risk of injury among these road users.

### **Safety of Vehicles**

Safe vehicles play a critical role in averting crashes and reducing the likelihood of serious injury. There are many UN regulations on vehicle safety that, if applied to countries' manufacturing and production standards, would potentially save many lives. These include requiring vehicle manufacturers to meet front and side impact regulations, to include electronic stability control (to prevent over-steering) and to ensure airbags and seat-belts are fitted in all vehicles. Without these basic standards, the risk of traffic injuries – both to those in the vehicle and those out of it – is considerably increased.

### **Inadequate law enforcement of traffic laws and post-crash care**

If traffic laws on drink-driving, seat-belt wearing, speed limits, helmets, and child restraints are not enforced, they cannot bring about the expected reduction in road traffic fatalities and injuries related to specific behaviors. Thus, if traffic laws are not enforced or are perceived as not being enforced it is likely they will not be complied with and therefore will have very little chance of influencing behavior. Delays in detecting and providing care for those involved in a road traffic crash increase the severity of injuries. Care of injuries after a crash has occurred is extremely time-sensitive: delays of minutes can make the difference between life and death.

## **Timeline of Events**

<b>Date</b>	<b>Description of event</b>
-------------	-----------------------------

August 31, 1869	Irish scientist Mary Ward becomes the first victim of a recorded traffic accident after falling out of a steam car.
August 5, 1914	The world's first electric traffic signal is installed on the corner of Euclid Avenue in Cleveland, Ohio.
September 19, 1949	The UN holds a Convention on Road Traffic at Geneva pursuant to Resolution 147B of the Economic and Social Council.
June 1952	The World Forum for Harmonization of Vehicle Regulations (WP.29) is established as a division of the UN Economic Commission for Europe (UNECE) to create designated UN regulations recognized by the international community.
November 8, 1968	The Vienna Convention on Road Traffic is signed and becomes effective on May 21, 1977. With 74 ratifications, the treaty is designed to facilitate road traffic standards amongst the international community.
November 1993	The first World Day of Remembrance for Road Traffic Victims is held by the British road victim organization RoadPeace. Additionally supported by the European Federation of Road Traffic Victims (FEVR), the event became recognized by the General Assembly in 2005. Since then, the day has been commemorated on the third Sunday of November annually.
May 10, 2010	The UN General Assembly proclaims the period 2011-2020 as the Decade of Action for Road Safety under Resolution 64/255

## UN Involvement, Relevant Resolutions, Treaties and Events

The status quo of the issue today closely revolves around international cooperation, environmental sustainability, and traffic safety regulations in order to reduce the number of deaths and injuries from road traffic accidents. The emphasis on international cooperation may be achieved through developing the universal mandatory safety standards for transportation. Universal mandatory standards would allow for a consistent regulation regarding transportation, which would be an effort to reduce the number of traffic casualties in both LEDC and MEDC countries. Followed by the proclaimed Decade of Action for Road Safety 2011-2020, the GA

Resolution (A/64/L.44/Rev.1) cosponsored by more than 90 countries expounds on the need for international cooperation to improve global road safety. Additionally, the Road Safety Week, which was jointly organized by the World Health Organization (WHO) and the UN Regional Commissions, focused on young drivers. The UNECE has also passed various resolutions to ensure traffic safety as seen in Resolution No. 61 passed in March 2006, which provided harmonized provisions on the recognition of ship's certificates, on the limitation of air, water and noise pollution as well as on minimum manning requirements and on working and rest hours of crew. In the UNECE's Road Safety Forum in January 2010, a passed resolution revised a set of best practices on the Consolidated Resolution on Road Traffic Safety (ECE/TRANS/211). The resolution also provided a unique set of road safety best practices contained in the Consolidated Resolutions on Road Traffic (ECE/TRANS/211) and on Road Signs and Signals (ECE/TRANS/212) in order to bring them in line with the dramatic developments in road safety and established a database that contains road traffic safety requirements in a number of UNECE countries, based on data transmitted by Governments. The database contains information on the legislation governing speed limits, permissible levels of alcohol in the blood and methods of control, seat belts and child restraints, wearing of helmets, use of lamps, periodic technical inspections and driving permits.

- GA resolution 64/L.44/Rev.1, 24 February 2010 (**A/64/L.44/Rev.1**)
- UNECE Resolution No. 61 on Harmonized Europe-Wide Technical Requirements for Inland Navigation Vessels, 16 March 2006 (**ECE-TRANS-SC3-172-Rev1**)
- UNECE's Road Safety Forum, January 2010 (**ECE/TRANS/211, ECE/TRANS/212**)

## Possible Solutions

To comprehensively reduce traffic collisions, the UN must take appropriate actions by collaborating with member states and vehicle-manufacturing companies. As the Global Forum for Road Traffic Safety remains the only permanent body in the UN system today, it is crucial for countries and non-state actors to hold meetings to gather intel regarding traffic collisions in respective member states to establish short term solutions. Representatives from member states can share intel on vulnerable regions and work towards developing international standards in considering of all countries. In the long term, the UN's recognition on traffic safety standards can be expanded by developing thorough action plans through proper supervision. This can be especially effective towards Less Economically Developed Countries (LEDCs) to ensure transparency and to monitor funds provided by the UN. By developing a comprehensive set of global targets, member states can collectively address traffic safety regulations in international law while taking into consideration of the factors that



induce traffic collisions. Countries can then adopt traffic standards as part of their legislation to ensure that traffic collisions in vulnerable areas can be inspected on the federal level and dealt with accordingly. In addition, both member states and the UN can raise awareness to promote the dangers on the road can also warn drivers to drive safely without physical and emotional constraints.

## Bibliography

- “Consolidated Resolution on Road Traffic.” *United Nations Economic Commission For Europe*, United Nations Economic Commission For Europe, Jan. 2010, [www.unece.org/fileadmin/DAM/trans/roadsafe/publications/docs/Consolidated\\_Resolution\\_on%20Road\\_Traffic\\_RE1\\_e.pdf](http://www.unece.org/fileadmin/DAM/trans/roadsafe/publications/docs/Consolidated_Resolution_on%20Road_Traffic_RE1_e.pdf). ECE/TRANS/211.
- “Consolidated Resolution on Road Signs and Signals.” *United Nations Economic Commission For Europe*, United Nations Economic Commission For Europe, Jan. 2010, [http://www.unece.org/fileadmin/DAM/trans/roadsafe/publications/docs/Consolidated\\_Resolution\\_on\\_Road\\_Traffic\\_RE2\\_e.pdf](http://www.unece.org/fileadmin/DAM/trans/roadsafe/publications/docs/Consolidated_Resolution_on_Road_Traffic_RE2_e.pdf). ECE/TRANS/212.
- “Developing Global Targets for Road Safety Risk Factors and Service Delivery Mechanisms.” *World Health Organization*, World Health Organization, May 2016, [www.who.int/violence\\_injury\\_prevention/road\\_traffic/road-safety-targets/en/](http://www.who.int/violence_injury_prevention/road_traffic/road-safety-targets/en/).
- “Distribution of road traffic deaths by type of road user.” *World Health Organization*, World Health Organization, [www.who.int/gho/road\\_safety/mortality/traffic\\_deaths\\_distribution/en/](http://www.who.int/gho/road_safety/mortality/traffic_deaths_distribution/en/).
- “Global Status Report on Road Safety 2015.” *World Health Organization*, World Health Organization, 2015, [http://www.who.int/violence\\_injury\\_prevention/road\\_safety\\_status/2015/en/](http://www.who.int/violence_injury_prevention/road_safety_status/2015/en/).
- “Road Safety.” *World Health Organization*, World Health Organization, [www.who.int/gho/road\\_safety/en/](http://www.who.int/gho/road_safety/en/).
- “Road traffic injuries.” *World Health Organization*, World Health Organization, [www.who.int/mediacentre/factsheets/fs358/en/](http://www.who.int/mediacentre/factsheets/fs358/en/).
- “The Global Forum for Road Safety Legislators.” *Towards Zero Foundation*, 12 Apr. 2016, [www.towardszerofoundation.org/the-global-forum-for-road-safety-legislators/](http://www.towardszerofoundation.org/the-global-forum-for-road-safety-legislators/).
- “UN Crash Test Standards Would Make Cars Safer in India Says Global NCAP.” *Global NCAP*, 3 Nov. 2014, [www.globalncap.org/un-crash-test-standards-would-make-cars-safer-in-india-says-global-ncap/](http://www.globalncap.org/un-crash-test-standards-would-make-cars-safer-in-india-says-global-ncap/).

“United Nations Economic Commission for Europe Work in support of Sustainable development of transport May 2010.” *United Nations Department of Economic and Social Affairs*, 14 May 2010, [www.un.org/esa/dsd/resources/res\\_pdfs/csd-18/csd18\\_2010\\_bp15.pdf](http://www.un.org/esa/dsd/resources/res_pdfs/csd-18/csd18_2010_bp15.pdf). CSD18/2010/BP/15.

“United Nations Official Document.” *United Nations*, United Nations, [www.un.org/en/ga/search/view\\_doc.asp?symbol=A%2F64%2FL.44%2FRev.1](http://www.un.org/en/ga/search/view_doc.asp?symbol=A%2F64%2FL.44%2FRev.1).

**Forum:** Goal 3: Good Health and Well-being I & II

**Issue:** Methods to establish a comprehensive and effective healthcare system

**Chair:** Nicole Scheidel and Kai Yuan Mor

## Introduction

Healthcare, the efforts made to maintain or restore physical, mental, or emotional well-being especially by trained and licensed professionals, is important in everyday life for a person's health conditions and wellbeing. However, there are differences between a comprehensive healthcare system and an effective healthcare system. A



A comprehensive healthcare system is one that covers all people, no matter what status they belong in society. Additionally, it also means a thorough coverage of various elements. On the other hand, an effective healthcare system is one that achieves the goals of why healthcare was originally established. However, in the modern day, there are problems of healthcare that need to be eradicated in order for the system to be more comprehensive and effective.

## Definition of Key Terms:

### Healthcare System:

a complete system of all networks, organizations, and subsidiaries used to provide healthcare services to a specific geographical area.

### Statutory Health Insurance System (SHIS):

often called National Health Insurance, it is a system of health insurance which insures a population against healthcare costs, which may be operated by the public, private, or both sectors of the economy.

### Universal Coverage:

Healthcare system/systems which provide healthcare services to the entirety of the population of a state, or responsible geographical region.

## General Overview

### Problems in Healthcare Systems

#### *Lack of Understanding of Systems*

Though nations vary in their healthcare systems, the lack of transparency is an issue that all forms of healthcare systems may have. In countries that don't provide universal healthcare, the lack of transparency is a big problem as buyers are unable to understand the benefits of each type of healthcare system and which fits their own personal lives better. On the other hand, in countries that provides universal health care, an issue may be that citizens are unaware of who pays for their healthcare system. This can cause problems as citizens would not have a clear picture of what their systems contain, which would decrease the effectiveness of the system to the people.

#### *Unequal Access for All Citizens due to Affordability*

Unequal access to healthcare for all citizens is another major issue for nations that do not provide universal healthcare. Often times, if one cannot afford a healthcare system, then they would have little to no access to any form of healthcare. In addition, those who pay more for healthcare are able to gain access to hospitals faster and easier. Another major issue is that the system restricts access and doesn't give people care in a timely manner, this is a problem especially for people who have major problems that needs to be treated. Furthermore, if you pay more you could easily get access to healthcare easier. Furthermore, those who live in a different region or a rural area, may not have access to hospitals that provide timely and proper treatment for their needs due to their lack of development in their area. Overall, income equality results in unequal access to healthcare, which means that it fails to achieve the "comprehensive" aspect of a healthcare system. Furthermore, healthcare may often be too expensive for average citizens to pay for (especially in the U.S). Medical bills are often too expensive, resulting in ineffective healthcare systems that fail to cover all people of different statuses.

#### *Scarcity of Limited Resources*

There is a limited amount of resources in healthcare: including staff (nurses, doctors), medical equipment, and hospital utilities. This is a problem because when there is more people who need critical care, they may not receive it quick enough which is a big problem of the effectiveness of healthcare.

### Healthcare Systems in Different Nations

## *USA*

The idea of healthcare in the United States was first promoted in 1912 and was brought to attention when Theodore Roosevelt campaigned on the issue. The US has a Health Expenditure: 17.10% of GDP. One major problem the US healthcare system has is the prices that citizens have to pay. Since large amounts of citizens have a low income, medical bills often cause them to become bankrupt. The number of people without medical insurance in the United States is dropping each year, it still remains very high as in 2016, 29 million people (about 8.9% of population) were not covered by health insurance.



## *Japan*

Japan has health expenditure 10.20% of GDP. Japan's government controls almost all aspects of the universal Statutory Health Insurance System (SHIS). The national and local governments makes a system to create good-quality medical care. The healthcare system covers services, cost-sharing and out-of-pocket sharing, and safety nets. It also offers primary care at clinics and hospitals and physical checkups to ensure diseases are discovered in an earlier stage.

## *Uganda*

Uganda has a health expenditure of 7.2% of their GDP. Their hotel bed density is 0.5 a bed per 1,000 of their citizens. Uganda is considered to have one of the worst healthcare systems of the world (186th out of 191 nations), and healthcare continues to be major challenge to Uganda. However, they have made some gradual improvements throughout the years. For example, they established The Ojom Health Centre, which allowed more than 15,000 people to access life-saving diagnostic tests for diseases such as HIV, malaria, and tuberculosis.

## *Afghanistan*

Afghanistan has a health expenditure of 8.2% of their GDP. They have 0.5 beds for 1,000 of their citizens, and 0.3 doctors for 1,000 of their citizens. Vulnerable groups in Afghanistan (such as disabled people) have reported

the insufficient quality of healthcare in Afghanistan. Overall, healthcare in Afghanistan has been declining and hasn't been providing their citizens with equal access to healthcare.

## Timeline of Events

1978	Declaration of Alma Ata (international commitment to healthcare, and health is now a human right)
1981	W.H.O Action Programme on determining essential drugs
1987	The Harare Declaration and Bamako Initiative pioneer healthcare systems in Africa
1989	International Network for Rational Use of Drugs (INRUD) founded
1980s-90s	World Bank promotes use of fees to finance struggling health systems
1994	WTO TRIPS agreement make minimum standards for intellectual property rights (including 20 year patents on products like medication)
1997	First International Conference on Improving Use of Medicines (ICIUM)
2000	WHO World Health Report (Named Health Systems) urged for the creation of quality and equal health care systems
2000	UN Millennium Declaration creates 8 Millennium Development Goals (Relating to health)  Goal 4: Child Mortality

	<p>Goal 5: Maternal Health</p> <p>Goal 6: HIV/AIDS, malaria and other diseases</p> <p>Goal 8: provide access to affordable essential drugs in developing countries through cooperation with pharmaceutical companies</p>
2001	Through the Report of the Commission of Macroeconomics and Health, WHO recommends substantial investment into healthcare
2003	First Edition of WHO/HAI medicines pricing survey
2005	Member states of the WHO made a commitment to work towards universal healthcare coverage
2008	WHO 2008 World Health Report entitled "Primary Health Care (Now More Important than Ever)" published
2009	High Level Task Force on Innovative International Financing for Health Systems recommended the creation of a platform to coordinate aid to health systems
2012	IFPMA Directory of Global Health Partnerships released to strengthen health systems

## UN Involvement, Relevant Resolutions, Treaties and Events

On April 7th, 1948, the United Nations created the World Health Organization (WHO) to focus on global health issues, and promote international cooperation within such issues. The WHO continues to promote the betterment of world health, and encourage and foster activities which may benefit the health and wellbeing of a nation. The establishment of such a organization marked a key step in the United Nations, as it strived to unify the globe through health, which may be classified as one of the most important aspects of human life.

- Global health and foreign policy: addressing the health for the most vulnerable for an inclusive society, 15 January 2018 (A/RES/72/139)
- UN Security Council Resolution 2286, 3 May 2016 (A/RES/2286)
- Global health and foreign policy, 12 December 2012 (A/RES/67/81)
- Health as an integral part of development, 29 November 1979 (A/RES/34/58)
- Political declaration on Africa's development needs, 8 October 2008 (A/RES/63/1)
- The role of the United Nations system in implementing the ministerial declaration on the internationally agreed goals and commitments in regard to global public health adopted at the high-level segment of the 2009 substantive session of the Economic and Social Council, 28 June-23 July 2010 (E/RES/2010/24)

## Possible Solutions

Though there are multiple key factors attributed to the creation of a comprehensive and effective healthcare systems, the improvement of health status, equal access, and adequate leadership for all individuals are three underlying factors that can lay a strong foundation for the creation of such a healthcare system. One major flaw with many modern day healthcare system is the lack of overall improvement of health for their users, this may cause multiple problems within a government's and country's structure such as massive epidemics and the rapid spread of diseases. A solution towards this problem ties into the other two factors of this solution. With adequate and responsive leadership who should assume total control over proposed healthcare system, and be provided with the necessary fundings, a nation's government can dramatically increase the health of many if not all of their citizens. This further coincides with the final factor of equality towards all individuals, as epidemics and diseases can spread further and faster if the entirety of the country is not well suited to protect its people from such outbreaks.

Furthermore, other factors shall come into play when searching for a possible solution towards a viable healthcare system. These factors may include pricing, universal definitions on fundamental terms, and a well regulated pharmaceutical and health industry. Affordability towards all citizens is a must, and key factor in bridging the gap between many failed and successful healthcare systems. When a citizen is unable to afford healthcare, they risk increased possibilities of diseases, and even death, so affordability towards all citizens should be one of the first steps taken to assure the success of such a system. Universal definitions on terms relevant to the health and wellbeing of a nation's citizens should be created to ease confusion about any aspect of this system, and further simplify the process for a nation, its government, and more importantly, its people. Lastly, a well regulated pharmaceutical and health industry with the capability to advance along with recent technological advancements is a crucial step in the right direction. with a controlled supply and demand chain in the industry, no company no matter how big or small would be able to hold monopolies over certain fields allowing for the surge in prices of many pharmaceutical items, which would greatly benefit citizens of a state.



## Bibliography

“Health Care.” Merriam-Webster, Merriam-Webster, [www.merriam-webster.com/dictionary/health%20care](http://www.merriam-webster.com/dictionary/health%20care).

Fabius, Raymond, et al. “Vocabulary of Healthcare Reform Glossary.” *Truven Health Analytics*, Health Analysis, Jan. 2012, [truvenhealth.com/portals/0/assets/VocabHealthReformGlossary.pdf](http://truvenhealth.com/portals/0/assets/VocabHealthReformGlossary.pdf).

WHO. “World Health Organization.” *Key Components of Well Functioning Health System*, May 2010, [www.who.int/healthsystems/EN\\_HSSkeycomponents.pdf?ua=1](http://www.who.int/healthsystems/EN_HSSkeycomponents.pdf?ua=1).

Ratnikas, Algis. “Timeline United Nations.” *Online Directory of Historical Timelines*, [timelines.ws/countries/UN.HTML](http://timelines.ws/countries/UN.HTML).

Garabedian, Laura, et al. “Medicines in Health Systems: Advancing Access, Affordability and Appropriate Use.” *Alliance for Health Policy and Systems Research Flagship Report 2014*, Annex ed., vol. 2, WHO, 2014, pp. 1–12. *World Health Organization*, [www.who.int/alliance-hpsr/resources/FR\\_Ch2\\_Annex.pdf](http://www.who.int/alliance-hpsr/resources/FR_Ch2_Annex.pdf).

“COUNTRY COMPARISON :: HEALTH EXPENDITURES.” *Central Intelligence Agency*, Central Intelligence Agency, [www.cia.gov/library/publications/the-world-factbook/rankorder/2225rank.html](http://www.cia.gov/library/publications/the-world-factbook/rankorder/2225rank.html).

“Sick Around The World.” *PBS*, Public Broadcasting Service, [www.pbs.org/wgbh/frontline/film/sickaroundtheworld/](http://www.pbs.org/wgbh/frontline/film/sickaroundtheworld/).

“International Health Care System Profiles.” *Home : International Health Care System Profiles*, [international.commonwealthfund.org/](http://international.commonwealthfund.org/).

“Definition: Continuum of Care.” *HIMSS*, 2 Aug. 2017, [www.himss.org/definition-continuum-care](http://www.himss.org/definition-continuum-care).

“Glossary.” *HealthCare.gov*, [www.healthcare.gov/glossary/](http://www.healthcare.gov/glossary/).



<b>Forum:</b>	Goal 3: Good Health and Well-being II
<b>Issue:</b>	The question of mitigating the impact of HIV/AIDS on socio-economic development
<b>Chair:</b>	Dylan Sun and Daniel Choi

---

## Introduction

First discovered in the 1920s in the Kinshasa Region of the Democratic Republic of Congo, the Human Immunodeficiency Virus, or HIV, was believed to have originated when it crossed species from chimpanzees to humans. By the 1980s, due to increases in the sex trade and immigration characteristic of the Kinshasa region at the time, an estimated 50% of the virus's victims were outside of the Kinshasa region, eventually spreading to another French colony, Haiti, and subsequently, the United States. After its discovery in the US, particularly among homosexuals and drug addicts due to the lack of a safe way to transmit bodily fluids, the term Acquired Immunodeficiency Syndrome (AIDS) was coined, giving the virus and official disease name. Anywhere from 100,000 to 300,000 people were already infected in the 1980s, marking it as a global health epidemic. As of now, there are around 65 million people that are infected with the HIV virus, 22 million of which are projected to die from AIDS.

Because of the nature of the virus, HIV spreads most prolifically amongst teenagers and working-age adults, especially in rural areas that have a primitive healthcare system, failing to identify the symptoms of AIDS at an easily treatable step. The demographic it targets bring severe repercussion to the private sector, specifically, the agricultural and mining sectors, which rely solely on the hard-labor of mostly uneducated young adults to provide profit. The commercial and education sectors also experience losses: apart from spending the time and resources replace and train staff that have died from AIDS, they face a generation of uneducated, orphaned children as a result of HIV. This loss of adults fit for work fluctuates the HDI (Human Development Index) of countries most affected by 5-10% and puts additional stress on their already primitive healthcare systems.

As of now, treatment of HIV is still fundamentally inept. No clear vaccination has been given, which means that most treatment relies on massive awareness campaigns on ending unsafe practices and taking AREs. The lack of resources for families most affected often force those families into poverty, segregating them from the local healthcare systems and making it even harder for them to find effective treatment.

## Definition of Key Terms

### HIV/AIDS

Human Immunodeficiency Virus, otherwise known as HIV, is a virus that attacks the CD4+ white blood cells of the body's immune system, which gradually destroys the body's ability to defend against other diseases or infections. The final stage of HIV, or when the body has less than 200 CD4+ cells left (the healthy adult has 1000), is called Acquired Immunodeficiency Syndrome, or AIDS. People that have contracted AIDS have a life-expectancy of 1-3 more years, resulting in death. HIV spreads primarily through the transfer of bodily fluids.

### **Antiretroviral Treatment (ART)**

Antiretroviral Treatment, otherwise referred to as ART, is a treatment that effectively hinders the progression of HIV into AIDS and prevents future transmission of the disease. The most common form of ART is by distributing Antiretroviral Drugs (ARVs), especially in areas that do not have access to decent healthcare. ARVs are the primary way for the WHO to prevent HIV in Africa.

### **World Health Organization (WHO)**

The World Health Organization, otherwise referred to as the WHO, is an intergovernmental organization founded on April 7, 1948, dedicated specifically to preserving the health of all people in the world. It is governed by the World Health Assembly, and has commissioned multiple programs that aim towards eradicating the HIV/AIDS epidemic.

### **UNAIDS**

UNAIDS is an organization founded in 1996 that is built specifically to gather data regarding the development of AIDS, acting as an advisory board to the WHO in HIV/AIDS operations. It is the only UN inter-agency dedicated to this specific purpose, and has no personnel fit for direct missions on implementing their suggested plans.

## **General Overview**

### **Affected demographic**

Although Africa is the continent hit hardest by the HIV epidemic, with 17 million deaths and 70% HIV related diseases from that continent alone, it is important to evaluate the epidemic's impact on other non-African nations to have a wholesome understanding of the issue. The varying circumstances in non-African nations and African nations on the HIV epidemic makes it impossible to evaluate simultaneously.

## Affected demographic

### *Non-African Nations*

The HIV situation in non-African nations is one that is best characterized with high HIV infection rates but low deaths from HIV related diseases. Due to a better healthcare system and improved HIV treatment, HIV rarely has the opportunity to progress into AIDS, and in the rare opportunity that it does, it is still easily identifiable and preventable. In the US alone, 76% of confirmed HIV victims were infected through unprotected sex, with an estimated one out of eight people that are unaware of their infection, totalling nearly 1.2 million people living with HIV. Of the 1.2 million people infected with HIV, only 12,960 have died from AIDS, only 0.01% of the infected population. The primary causes of HIV in these nations are unprotected sex, especially amongst male heterosexuals and minority women because of the lack of emphasis and development of safe sex. In Thailand alone, 450,000 of the 60 million people are estimated to have HIV, 6,400 of which have died from AIDS. The increase in percentage of AIDS deaths can be contributed to the bustling sex trade in Thailand, characteristic of its early development in the late 20th century and early 21st. Because of this widely illegal sex trade, many of its participants engaged in unprotected sex, eventually making Thailand a hotbed for HIV infections. With approximately 9% of all infants in Southeast Asia, Thailand was facing a migrant issue, spreading that disease both domestically and internationally. However, a study has shown that its HIV prevention programme since 1990 has helped 10 million avoid HIV transmissions, reducing the number of AIDS-related deaths by almost two thirds by 2016.

While HIV-related diseases have spread in South America, increasing by 2.4% in Brazil alone, generally speaking, countries outside of the African continent have less deaths by AIDS due to better identification and treatment, despite having high infection rates.

### *African Nations*

HIV related diseases in Africa are characterized best with extremely unstable infection rates and little to no effective treatment, making it the center of the HIV problem. Due to relatively better health services in North Africa, countries like Algeria and Egypt experience much lower infection rates than those in sub-Saharan Africa. Generally speaking, sub-Saharan Africa experiences infection rates have increased 5 to 10 fold in recent years, anywhere from 10-20% of the total population of people aged 20-49. Infection rates have been shown to correlate loosely with the average age of a country; the older the country, the smaller the infection rates. However, there has been some success in recent years. Starting from 2010, Kenya decreased the amount of people that died from AIDS-related diseases from 51,000 to 36,000. This is largely attributed to the increase in HIV treatment, specifically, through the use of ARTs. Because of these efforts, HIV prevalence in Kenya has reduced by 4.6% since its first official records in

1996. On the other hand, other African states lack the resources necessary to end HIV. In South Africa, an estimated budget of 1.5 billion dollars dedicated specifically to HIV infectants must be allocated each year to bring effective ART to its citizens. This budget varies from region to region; certain regions such as Kwazulu Natal experience a 40% infection rates, while other regions such as the Northern and Western capes experience a 18% infection rate. This makes it extremely difficult to provide effective treatment throughout the country, raising infection rates by nearly tenfold since its inception in the early 1990s.

HIV in the African continent, specifically sub-Saharan Africa, still remains an unsolved problem.

### *Impact on the Working Demographic*

Perhaps the greatest impact HIV has is on the working class. HIV spreads most prolifically amongst sexually active homosexuals and women, targeting people aged 20-49 the most. In certain regions, HIV is already widespread from the age of 15, affecting mostly females in the Africa and vice versa in other parts of the world. Sex workers and drug addicts are at risk the most, due to their unsafe methods of transferring bodily fluids.

Another major problem regarding HIV/AIDS is the fact that it creates a host of orphaned children and single mothers, creating 660,000 orphans in Kenya alone. There is currently no effective way to support those many orphans, forcing many to stay in underfunded and dangerous orphanages.

## **The Socio-economic Impact**

Given the age-group that HIV targets, the socio-economic impacts are mostly implicit. A lack of working class people and a generation of uneducated orphans are all expected effects from HIV. Still, a full analysis into socio-economic impact of HIV is required to fully understand the issue.

### *The social impact*

Perhaps the greatest social impact caused by HIV is its impact on women and children. Traditionally, especially in more conservative places such as Southeast Asia or India, women get less favorable terms when negotiating for sex, resulting in many people practicing unsafe sex, affecting the health of the women. As a result, women that contracted HIV are viewed as subpar and unfit for being a mother, resulting in their discrimination. This makes it extremely difficult for women to get treatment for HIV.

As a matter of fact, everyone who has been infected with HIV have an extremely difficult time finding treatment. The weak public healthcare systems often results in the segregation of people with HIV and other patients because the HIV will likely spread to other patients receiving the same health services.

### *The economic impact*

Family income dropped between 52-67% in families affected by AIDS. This is largely because families that have a member with HIV severely restricts their financial independence, considering that the family member that has HIV is likely already working and providing money for the family. Additionally, when a family has a member that contracts HIV, spending on education is often decreased if not completely abandoned to support the family member of that has HIV. This creates a generation of uneducated children, especially when the orphans are factored into this generation of uneducated children. Since HIV impacts mostly working class people, it also kills specialization of labor in the private sector and manual labor required in the agriculture and mining industries, bringing severe repercussions for the sustainability of commercial farming and mining.

Additionally, there are an estimated 21.8 million people requesting HIV and AIDS treatment services. This puts too much stress on the public healthcare system, increasing the infection rate of their workers by 400% and forcing many countries to spend over 2% of the GDP purely on combating HIV and AIDS. This means that the government can't invest in anything else, limiting the economic growth of the country as a whole.

## Timeline of Events

<b>Date</b>	<b>Description of event</b>
1920s	HIV virus mutates to cross species in Kinshasa, DR Congo
1959	First confirmed case of HIV virus in a human
July 3, 1989	First confirmed HIV infection in America
January 1996	UNAIDS established
2002	AIDS becomes the biggest mortal disease in Africa
2011	Antiretroviral Drug created

2015

WHO announce their Antiretroviral program

## UN Involvement, Relevant Resolutions, Treaties and Events

Resolutions passed in the UN, until now, have been mostly pertinent to gathering data on the statistics of HIV and general discussion on how to solve the issue. Only recently has the UN passed a resolution specifically enforcing the WHO's role in treating HIV and AIDS, expanding their ART operations to other countries.

- UNAIDS drafted in 1994, created in 1996
- UNSC Resolution of AIDS, 17 July 2000, (S/RES/1308)
- Eradication of AIDS added as a Millenium Development Goal, 14 December 2000
- 2001 UNGA on AIDS
- 2006 UNGA on AIDS
- Joint United Nations Programme on HIV/AIDS, 24 July 2009, (E/RES/2009/6)
- 2011 UNGA on AIDS
- UNSC Resolution on AIDS, 7 June 2011, (S/RES/1983)
- 2016 eradication of AIDS included on SDGs
- 2015 WHO begins their antiretroviral treatment
- Political Declaration on HIV and AIDS, 8 June 2016, (A/RES/70/266)

## Possible Solutions

The important distinction to make when considering possible solutions is the difference between AIDS and HIV. While HIV is an observable virus, AIDS is an actual deficiency syndrome. In other words, although AIDS is a direct result of the HIV virus, the HIV virus does not always lead to AIDS, so simply eradicating AIDS will not be sufficient to address the problem. With that in mind, one solution would be to find an effective prevention method for AIDS, such as the antiretroviral treatment by the WHO. Effective organization of such treatment is also a possible solution, which can be achieved by incorporating multiple intergovernmental and non-governmental health organizations into an existing healthcare framework. Additionally, endorsing and subsidizing research for a cure against AIDS would provide enormous benefits for working-class young adults that have already contracted HIV.

Solutions specific to social and economic discrimination would include a strong government healthcare and benefits system that does not discriminate against people that have contracted HIV, be it through UN recommended policies or internal government reform. Increased access to such systems would also allow drug-



addicts and women to have access to safe methods of transmitting bodily fluids, which would decrease the infection rate amongst them.

## Bibliography

Gallagher, James. "Aids: Origin of pandemic 'was 1920s Kinshasa'." BBC News, BBC, 3 Oct. 2014, [www.bbc.com/news/health-29442642](http://www.bbc.com/news/health-29442642).

Siddegowda, Dr. Roopa, and Dr. Rani M.s Dr. Rani M.s.

"[Http://Theglobaljournals.com/ljsr/File.php?Val=September\\_2013\\_1377957583\\_9ce62\\_104.Pdf](http://Theglobaljournals.com/ljsr/File.php?Val=September_2013_1377957583_9ce62_104.Pdf)." International Journal of Scientific Research, vol. 2, no. 9, Jan. 2012, pp. 200–203., doi:10.15373/22778179/sep2013/104.

Kasirye, Ibrahim. "HIV/AIDS Sero-Prevalence and Socio-Economic Status: Evidence from Uganda." African Development Review, vol. 28, no. 3, 2016, pp. 304–318., doi:10.1111/1467-8268.12207.

"2016 High-Level Meeting on Ending AIDS." UNAIDS, UNAIDS, [www.unaids.org/en/aboutunaids/unitednationsdeclarationsandgoals/2016highlevelmeetingonaids](http://www.unaids.org/en/aboutunaids/unitednationsdeclarationsandgoals/2016highlevelmeetingonaids).

"AVERT HIV timeline • UK awareness campaign." Avert HIV Timeline, AVERT, [timeline.avert.org/?70%2FUK-awareness-campaign](http://timeline.avert.org/?70%2FUK-awareness-campaign).

"HIV & AIDS." Southern African Development Community, SADC, 2012, [www.sadc.int/issues/hiv-aids/](http://www.sadc.int/issues/hiv-aids/).

"HIV and AIDS in the United States of America (USA)." AVERT, AVERT, 29 June 2017, [www.avert.org/professionals/hiv-around-world/western-central-europe-north-america/usa](http://www.avert.org/professionals/hiv-around-world/western-central-europe-north-america/usa).

"[Http://Ljournal.ru/Wp-Content/Uploads/2017/03/a-2017-023.Pdf](http://Ljournal.ru/Wp-Content/Uploads/2017/03/a-2017-023.Pdf)." POLICY, 7 July 2000, doi:10.18411/a-2017-023.

UNAIDS. "III. Socio-Economic Impacts of HIV/AIDS." TheBody.com, UNAIDS, 16 Feb. 2001,  
[www.thebody.com/content/art825.html](http://www.thebody.com/content/art825.html).

WHO. "Treatment and care." World Health Organization, World Health Organization,  
[www.who.int/hiv/topics/treatment/en/](http://www.who.int/hiv/topics/treatment/en/).