

CLEIMUN20

“Diplomacy in a Challenging Global Environment”

A Research Report

COMMITTEE: World Health Organization

QUESTION: The Question of Access to Pharmaceuticals and Health Care

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Introduction and Background

Throughout the past century, pharmaceuticals have contributed to advancements in all fields of medicine, from vaccines preventing diseases such as polio or rubella, to more common medicines used to combat the effects of everyday illnesses, such as influenza or the common cold. These diseases have been easily lessened or even cured by pharmaceuticals, but in many parts of the world, such medical resources are not available to citizens. In previous centuries, these easily preventable diseases wreaked havoc through all nations, regardless of development or environment. However, advancements in technology and resources have allowed for better developments in medicine. Nevertheless, advancements often occurred solely in areas of larger wealth or power. Many smaller nations do not have the necessary resources for this level of progress, leaving an immense amount of people without proper medical attention. It has become evident that worldwide health care must be reformed to benefit all citizens from all nations for one, unified, global health.

Current Situation on Pharmaceuticals/Reliable Health Care

Clearly, the quality of health care is unbalanced across all nations, with many undeveloped states remaining with poor medical technology, while more developed nations tend to thrive with more advanced resources. Worldwide, nearly 2 billion people do not have sufficient access to pharmaceuticals and health care, causing frequent epidemics of easily preventable diseases.

Although health care is severely unbalanced across member states, suitable health care is an exceedingly costly expense for global wealth. Throughout its over 70 years of operation, the World Health Organization has struggled to achieve and improve access to medicines, because good health care depends on the quality of the pharmaceuticals, the expenses they cost, and the amount the nation receives. Many companies provide research to providing access to pharmaceuticals, but the quality of research is not always the same for all those companies. In a study of 20 of the leading global pharmaceutical companies, only 5 of them contributed to 63 percent of the total research. Furthermore, multiple studies show that there is an obvious correlation between countries' economy and quality of health care. Throughout the world, it is common for developing nations with a lower economic status to also have a lower health status, and likewise, a higher need for medicine. In 2002, more developed countries had a life expectancy rate 1.7 times the life expectancy in lesser developed nations (About 32 years more). In addition to this correlation, insurance is another major issue among lesser developed nations. Health insurance is often very poor in these lesser developed nations, leaving many citizens to pay for medicines out of their own pockets. Evidence in multiple sources has confirmed a correlation which states that the lower a nation's national income is, the higher the out of pocket expenses for branded pharmaceuticals. With families pouring their own money into costs for

medicines, surgeries, x-rays, etc., these families often find themselves more impoverished than when they originally were. However, this often isn't a problem in more developed nations, where health care typically more affordable for citizens.

Issues Regarding Property Rights

Many advancements in healthcare and medicine in these nations have contributed tremendously to the growth of treatment and cures for illnesses, but many countries often place Trade-Related Aspects of Intellectual Property Rights (TRIPs) upon them. TRIPs are essentially a legal agreement among all member states in the World Trade Organization (WTO). These patents prevent other countries from using their technology to benefit their own citizens. Many developed nations, notably the United States and Switzerland, strictly campaigned for TRIPs under their own interpretation, protecting them from developments that would be made to ruin them. These TRIPs resulted in a "Declaration on the TRIPs Agreement and Public Health," in Doha, Qatar, as one of the only legal developments made by the WTO at these meetings. However, no formal agreement has been established to help benefit the worldwide need for health care. The Declaration on TRIPs merely clarified what TRIPs were, and what they could or could not do. It is still in the best interest of all nations to attempt to form a balanced agreement among all nations, benefitting all citizens worldwide.

Effects on Global Diplomacy

Overall, the most optimal outcome for global wellness would include granting access to health care for citizens in every nation, giving each nation its own form of health coverage. The goal of

Universal Health Coverage (UHC) is to ensure that all nations can obtain the health services they require without suffering financial turmoil when paying for them. Access to medicines is a critical component of UHC, since having available medicines at an affordable rate helps promote peace and flourishing throughout all nations. The increase of development assistance for health (DAH) since 2000 has immensely benefited the health of nations worldwide, but DAH requires sufficient funding, which many nations cannot offer. Notably during the global financial crisis of 2008, low and middle income countries (LMICs) and non-governmental organizations (NGOs) faced pressure to continue to support these efforts for medical advancements. As seen in the following graph, DAH continues to grow, but remains a small fraction of the seven trillion dollar global health economy.

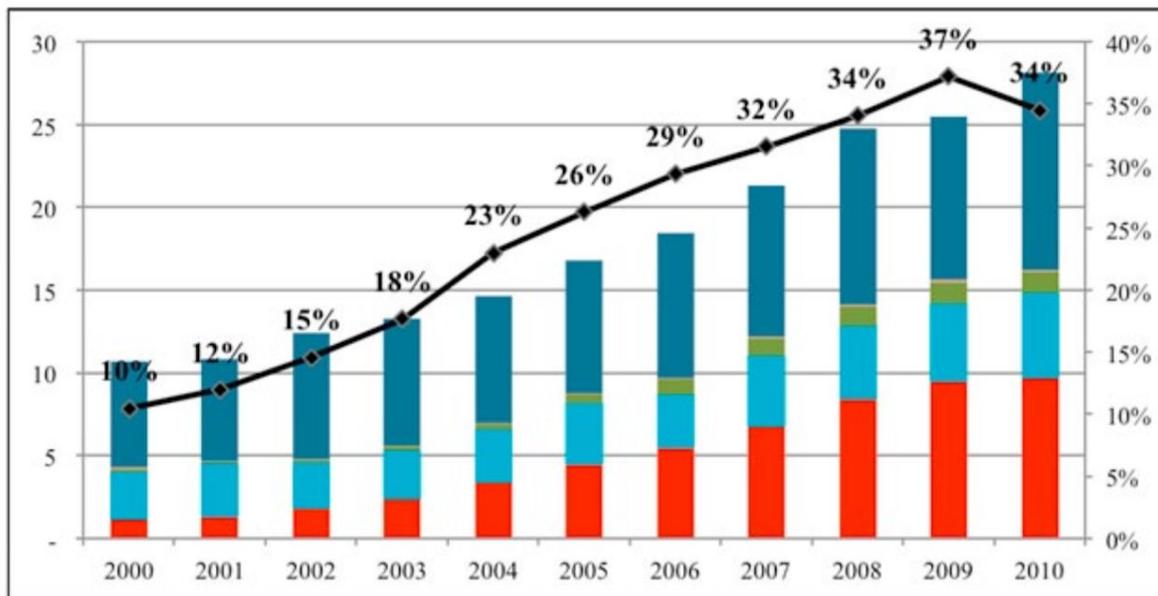


Figure 1. DAH by health area (bars, in billions USD) and HIV/AIDS, TB and malaria as a share of total DAH (line), 2000-2010, based on IHME data (2012).

◆ HIV/AIDS, TB and Malaria as % of Total DAH
 ■ Other
 ■ Noncommunicable Diseases
 ■ Health Sector Support
 ■ Maternal, Newborn, and Child Health
 ■ HIV/AIDS, TB & Malaria

Researchers in global health obviously have the correct tools to spread treatment to all corners of

the globe, but they often have very little power to do so. While governments continue to rule over international health negotiations, the leaders over the agreements between major global health conferences are often government representatives, not associated with the formal diplomatic corps, representatives from international organizations, NGOs, civil society, or the private sector. Essentially, this gives more power to non-government officials, leaving state officials, who fully realize these health issues, with very little input for consensus. Clearly, all nations must come together and take a diplomatic approach to granting access to health care. There are two sides to global pharmaceutical diplomacy. One argues a “break from the past,” which puts the needs of the global good over the national good, and the other side urges that traditional foreign policy interests push for health diplomacy initiatives. Both sides push for a better form of UHC, but a consensus must be reached before any action can ultimately take place.

Previous Efforts

While attaining UHC remains as a primary goal for the World Health Organization, progress has remained unsteady throughout the past few years. In 2017, a report entitled “Tracking Universal Health Coverage: 2017 Global Monitoring Report” was published in the Lancet Global Health. The report states that WHO, along with the World Bank are profoundly dedicated to to fund global health research. Furthermore, the report shows that the acquirement of key health services, such as immunization and family planning, have increased within the 21st century. In addition, poverty rates are even lower than what they were in the year 2000. Even with these hard fought efforts, progress remains unbalanced, as many health care benefits and services continue to be

unattainable for many nations. Most notably in areas such as Sub-Saharan Africa and southern Asia, the most basic forms of health care cannot be paid for within many households. The massive lack of financial aid in these areas leave many families in distress, having to pay for medical expenses out of their own pockets. Furthermore, this not only affects LMICs, since many households in eastern Asia, Europe, and Latin America also struggle to pay for such expenses. In an attempt to cease this constant struggle against medical insurance, the UHC Forum occurred in 2017, organized by the government of Japan. At the meeting in Tokyo, representatives from WHO, the World Bank, the United Nations International Children's Emergency Fund (UNICEF), Japan International Cooperation Agency (JICA), as well as ministers from over 30 nations were present to discuss possible solutions on this pressing issue. However, even with their valiant efforts to grant easier health care access, a more efficient solution must be reached, as changes have remained very subtle.

Possible Solutions

Pharmaceuticals continue to be a valuable resource, often needed to assist with the survival of certain diseases. Without certain types of healthcare, such as vaccines, or pharmaceuticals, there would be no option to help these ill citizens. Furthermore, high-income countries often continue to be blinded by greed and still place a form of patents upon their own technologies in an attempt to keep their advancements for the good of their own citizens. The only way to reach a better, more unified UHC for all citizens is to acknowledge a point of view from pharmaceutical diplomacy, and base an agreement around the idea. Health care can only succeed in less

developed nations if all UN members can reach a solution for how to obtain proper medical care for all nations.

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