1 NO POVERTY

SOCOMUN XXXIII

MODEL UNITED NATIONS

FRESHMAN #1
TOPIC: PROVIDING HEALTH SERVICES TO THE POOR

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Providing Health Services to the Poor

Hello delegates! My name is Clara Cestone, and I will be the head chair of Freshman #1 committee for SOCOMUN 2024. I am starting my senior year at Santa Margarita Catholic High School, and third year in the MUN Program. Through MUN, I have been granted the opportunity to enhance my public speaking and enrich my awareness of geopolitics while traveling to colleges such as UCSD and UC Berkeley. The community of MUN is flooded with curiosity, potential kinships, and a unique passion for learning, making each conference a new, and unexpected experience. In my spare time, I enjoy dancing, programming, reading, going to the beach, and spending time with my friends and family.

Hi! My name is Samantha Rock, and I will be your vice chair for the Fresh Committee #1 for SOCOMUN 2024. I am a current junior at Santa Margarita Catholic High School, and this is now my third year in MUN. I like to hang out with my friends, and I love listening to music and drawing. I am so excited to be your vice chair and I cannot wait to meet you all!

Hello delegates! My name is Ava Agarwal, and I am your rapporteur for the SOCOMUN conference. I am a current sophomore at Santa Margarita Catholic High School, and this is my second year in MUN. In my free time I love to hang out with my friends and go to the beach. I can't wait to meet you all!

We are very excited to meet you and are looking forward to our committee session. We will begin committee with attendance, where delegates will be called on and answer with "present" or "present and voting" depending on country policy. We will then enter into debate and open a speakers list; default speaking time is two minutes, but amendments to speaking time are acceptable. Concentrated research and policy awareness are vital to success at the conference, so take advantage of UN databases and online information to become an expert in this topic. Delegates can motion for formal consultations, where shorter, specialized debate will take place. Informal consultations can also be motioned for, where delegates will discuss ideas, create resolutions, and engage in further group debate in a free and open manner. As we explore the topic of providing health services to the poor, we encourage delegates to ask questions prior to and during committee. Please use the email socomunfresh1@gmail.com to contact us.

Background

  Financial restrictions and limited medical resources prevent impoverished communities globally from receiving the care they seek. Financial instability has produced a plethora of medical issue for centuries, but after the modernization of hospitals and healthcare systems, these concerns have only been amplified. Initially built to serve the poor, hospitals have transformed into costly care centers due to medical prestige, insurance, private and public funding, wealth incentives, and profit opportunities for providers (Thomas). Construction factors, such as the location of hospitals and staff in facilities indirectly discriminate against impoverished populations. Recent studies suggest that healthcare workers concentrate in areas and treat patients based off of affluence; communities of those with severe medical needs are subjected to ignorance. While hospitals grew throughout the 1980s, their devotion to areas of equal socioeconomic status has declined as "fewer than 9 percent of the nation's hospitals accounted for 40 percent of the nation's total care to the poor" (Feder).

  The costs and effects of medical care reaches farther than the poor communities, indirectly affecting nations on an international level. As of 2021, the countries with the highest poverty rates are located in regions in Africa and the Pacific Islands, yet developed nations possess fault through unjust economic structures and wealth gaps (Arnold). Poverty creates inequitable living conditions; accessibility to education, nutrition, housing, and health services plummet under the limitations nurtured by poverty (Swinnerton). These conditions directly contribute to the health and wellbeing of individuals, creating a cycle of instability.

  Dilemmas concerning public wellness, disease spread, mortality rates, and other issues arise as the number of ill and unaided individuals threatens community health. "AIDS, malaria, starvation, and other deadly diseases are common… The rate of child mortality in poor nations is 135 per 1,000 children, meaning that 13.5% of all children in these nations die before age 5…" (UMN). Without adequate sanitation, millions of residents in poor and middle-income nations are subject to fatal diseases, with over 40 million people suffering from parasitic infections and diarrhea (CDC). Injuries and fatalities resulting from natural disasters, such as earthquakes, volcano eruptions, floods, landslides, tornados, tsunamis, and other catastrophes require treatment that cannot be sufficed.

  Many countries have implemented universal health systems to improve a nation's overall health and equity, but due to funding and political issues, many cannot create these programs (Kwame). The World Health Organization defines universal health care as, "individuals and communities that receive the health services they need without suffering financial hardship. It includes the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation, and palliative care across the life course" (WHO). Without these healthcare systems, impoverished individuals struggle to afford care using out-of-pocket money, with many spending a significant percent of their income and livelihoods on medical costs.

  With the newly fatal and widespread COVID-19 pandemic, poverty rates have surpassed predicted trend estimates and have increased the total number of individuals in extreme poverty as economic opportunities and medical availability become scarce. The pandemic has reversed efforts to minimize individuals experiencing poverty as a more viral and prevalent spread of COVID-19 is present in densely populated areas, which typically have higher poverty rates

(Kharas). With compromised medical and financial assistance, the poor population suffers more than ever in their attempt to support themselves and improve their situation. If left unaddressed, inhabitants of developing countries and areas will face economic and medical hardships, with an alarming rise in mortality rates, a decline in public health, and an unrepairable wealth gap.

Potential Solutions

Delegates are responsible for analyzing the current issues surrounding this topic and creating innovative and realistic solutions that abide by their country policies. Delegates should note the root cause of this issue, as well as secondary problems that contribute to the totality of this dilemma. A dual focus can be used to assess solutions for helping to end poverty and solutions concerning medical services and healthcare. To combat this issue at its core, investigate the impact of universal healthcare systems, medicine distribution, prevention treatments, infrastructure plans, and combatting medical and pharmaceutical inflation. Other minor factors contributing to this are trade, data collection, patient diagnosis, transportation, public sanitation, and workforce concentration (OASH).

Explore how patient diagnosis and specialized treatment influence the quality and pace of illness and injury recovery. Preventative treatment remains crucial in preserving individual and public health; consistency and frequency of treatment alter the severity of illnesses. Furthermore, the distribution of medical supplements and healthcare professionals fluctuates based on location and affluence. Delegates' solutions should seek to increase accessibility and implement efficient methods of initiating and maintaining the distribution of medical resources. Adequate infrastructure also greatly impacts accessibility, as healthcare facilities, water irrigation, sanitary measures, transportation, and supply routes rely on this factor (WHO).

The inclusion of specific non-governmental organizations (NGOs) and UN Bodies with missions aligning to healthcare and poverty are vital to ensuring a solution's success. The World Health Organization (WHO), United Nations Educational, Scientific, and Cultural Organization (UNESCO), and United Nations Development Programme (UNDP) implement measures to fulfill this SDG and contribute to discussions and resolutions concerning such issue. Methods of implementing solutions can include, yet are not limited to UN-organized conferences, NGO action, country sponsorships, trade agreements, national funding re-allocation, and healthcare forums.

Please note that funding should not be viewed as an obstacle to solutions or hinder the development of ambitious ideas. The UN Fifth Committee, NGOs, other UN agencies, and individual countries manage finances. Instead, focus on the distribution and scale of solutions.

Questions to Consider

Questions in this section do not need to be formally answered but should be used to guide research and provide structure in committee discussions.

1. How does geographic location impact medical distribution? Does climate and/or cultural practices inhibit access to or quality of medicine?
2. How does the rise of AI effect medical procedure and diagnosis. Does this create greater inequalities, or is a tool for overcoming them?
3. How does the COVID-19 Crisis impact healthcare prices and accessibility?
4. What factors most hinder medical accessibility?
5. How does the economic system of a country affect the cost of medicine and healthcare?
6. What is the significance of private sectors and pharmaceuticals in healthcare?
7. What disease and medical issues are most prevalent among developing nations? Does this differ from developed nations?
8. How are healthcare workers trained and distributed? Is there a certain level of qualifications one must meet to treat a patient or prescribe medicine?
9. How does healthcare quality and accessibility differ throughout a country's population? What groups are most susceptible to poverty?
10. Can your solution be applied to all nations? Is it scalable? Is it feasible?

SDG #1 Targets

1.1 By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than $1.25 a day

1.2 By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions

1.3 Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable

1.4 By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new technology and financial services, including microfinance

1.5 By 2030, build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters

1.A Ensure significant mobilization of resources from a variety of sources, including through enhanced development cooperation, in order to provide adequate and predictable means for developing countries, in particular least developed countries, to implement programs and policies to end poverty in all its dimensions

1.B Create sound policy frameworks at the national, regional and international levels, based on pro-poor and gender-sensitive development strategies, to support accelerated investment in poverty eradication actions

MUN Impact

We encourage delegates to further integrate themselves into international relations and global issues. Through the MUN Impact Program, delegates can enrich their learning while venturing to pursue the SDGs through local communities and individual involvement. To gain a broader understanding of MUN Impact, please visit this website: http://munimpact.org/. To investigate opportunities and participate in MUN Impact specific to SDG #1, please visit this website: http://munimpact.org/sdg-page/sdg-1

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