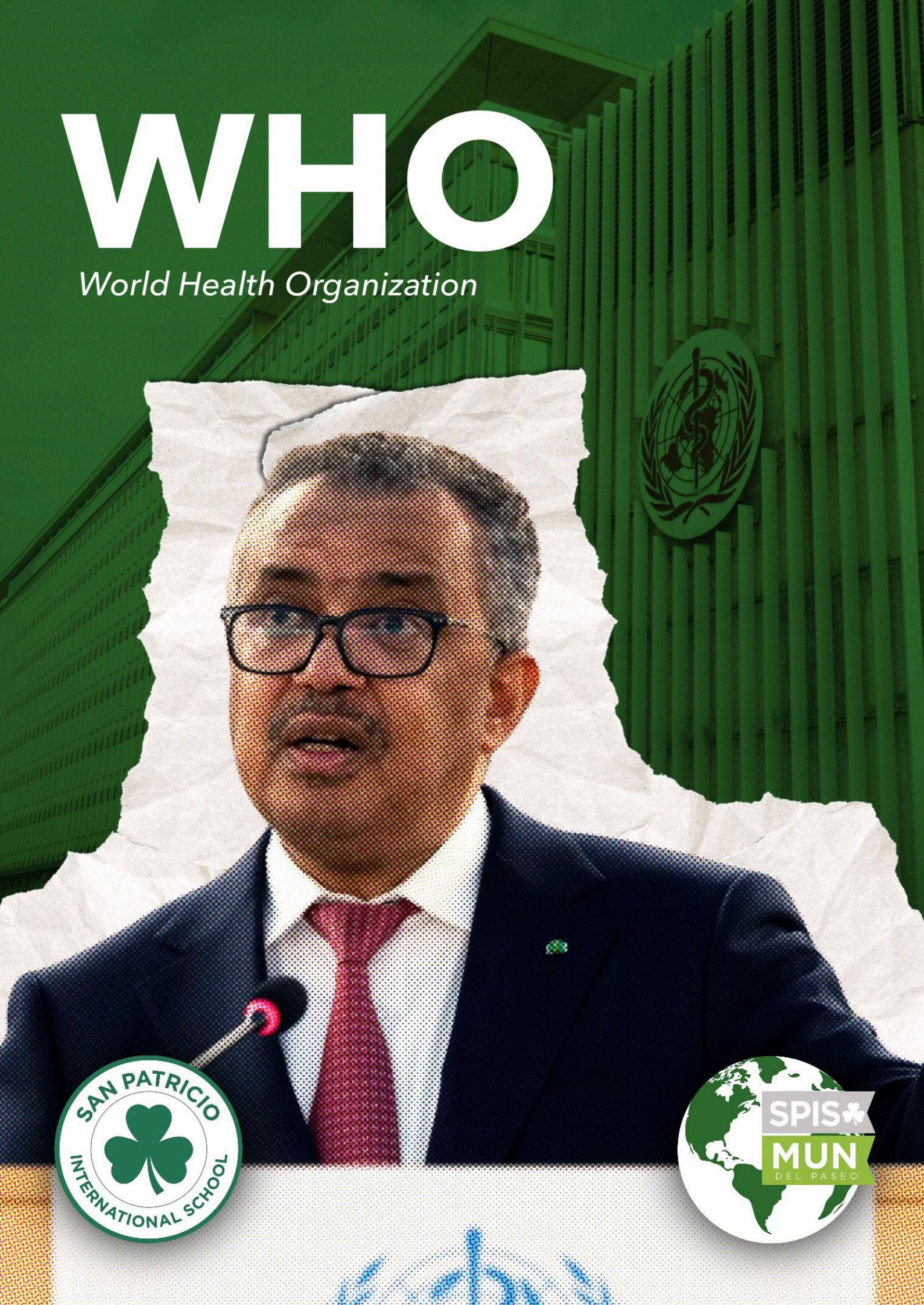
WHO

World Health Organization



Committee: World Health Organization (WHO)

Topic: Exploring Strategies to Tackle Chronic Diseases in Low-Income Countries

Written by: Hayul Woo

Dear Delegates,

Welcome to SPISMUN del Paseo 2024! Your amazing chairs will be composed of Danna Sanchez as your moderator, Alan Aceves Compean as your secretary, and Alan Dibildox as your director. As you step into the WHO committee, bring your unique ideas and enjoy the MUN experience. Remember that this debate's objective is to have a good time and learn. It is also important to remember your contribution is essential to reach a peaceful resolution.

It will be our pleasure to guide you through the event's following days. We expect you to always give your best.

We hope you enjoy and learn from the event!

If you have any questions, feel free to contact us at:
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Sincerely,
Hayul Woo

I. COMMITTEE BACKGROUND

The World Health Organization (WHO), which was founded in 1948 by the United Nations, is dedicated to ensuring global health and safety for people. The organization connects nations, partners, and communities to promote health and serve the vulnerable. WHO is a powerful agency in health affairs, bringing together 194 countries to meet great obstacles. It has operations in over 150 places and manages illnesses, vaccinations, and medicines. Its persistence to continue enhancing the health of its members is depicted by its headquarters, which were constructed in 1966. One of their goals is to ensure universal health coverage, efficiently attend health emergencies and improve the health and well-being of billions of people.

WHO has been at the beginning of major worldwide health successes; most notably, 15 countries have eliminated mother-to-child transmission of HIV and/or syphilis as a result of efforts to scale up life-saving therapies guided by the organization's recommendations. In addition, it has been responsible for guiding approximately 1 million children toward the widespread use of the world's first malaria vaccine (RTS, S).

II. HISTORY OF THE TOPIC

Throughout many years, a variety of diseases have appeared, most of them being chronic. These are conditions that often last over a year and require medical attention, causing significant cases of death and disability in many countries.

Here are the prevalent chronic conditions among adults aged 65 and above, along with their corresponding percentages:

1. Hypertension (High Blood Pressure): 58%
2. High Cholesterol: 47%
3. Arthritis: 31%
4. Ischemic Heart Disease (Coronary Heart Disease:) 29%
5. Diabetes: 27%
6. Chronic Kidney Disease: 18%
7. Heart Failure: 14%
8. Depression: 14%
9. Alzheimer's Disease and Dementia: 11%
10. Chronic Obstructive Pulmonary Disease: 11%

Malawi, Myanmar, Nepal, and other countries have been reported to be highly prone to chronic diseases. These countries are either in a developing state or underdeveloped, implying that they have low incomes. Low income is defined as a family's adjusted income that is under 80% of the area's median income. Over time, chronic diseases have changed considerably in poor countries. Originating in the 20th century, attention was directed towards contagious illnesses while chronic ones were just secondary considerations. These countries

witnessed remarkable transformations in demography, sanitation, health standards, and quality of life, which culminated in a distinct shift.

Taking a closer look at the late 20th century provides a more detailed perspective on chronic diseases in poor nations. The process of urbanization reshaped lifestyles and created problems concerning healthcare infrastructure. The pace of population growth in urban regions exceeded the capacity of health facilities to handle rising cases of chronic illnesses. Other events that contributed included occupational changes in this era. The risk of these conditions was also augmented by lifestyle changes like migration towards sedentary jobs or exposure to occupational hazards. There were also high rates of workplace-related illness among the nascent industrial firms that came up during this period.

Globalization imposes another level of added complexity in the 21st century, thus bringing in complexity. Obesity is a major cause of cardiovascular and other associated chronic diseases. Such factors include the availability of more processed foods, resulting in a change in dietary patterns. Low-income countries face more environmental hazards, such as air pollution and poor sanitation, which worsen their already overwhelming health problems. WHO deals with chronic diseases from various angles in low-income countries. WHO also uses rigorous epidemiology surveillance and research to discover how they occur in the world to plan effective interventions and efficient resource allocation. Chronic diseases can be controlled through preventive measures such as creating awareness and promoting education about these conditions, including lifestyle-associated ones and vaccination programs.

Moreover, the company is involved in developing necessary healthcare infrastructure by increasing capacity, equipping healthcare professionals, and supplying essential medicines. To work closely at an international level, WHO works in collaboration with its various partners, governments, and NGOs, sharing information and pulling resources together for one cause against chronic diseases. Low-income countries are assisted through technical assistance on specialized initiatives developed for their specific needs. In this regard, WHO formulates policies towards social determinants of health, acting globally as an advocate of health equity.

This all-inclusive approach is meant not only to alleviate the burden of chronic disease but also to ensure that health systems are developed in a manner that is fair and sustainable while paying attention to the fundamental sources of inequity among low-income countries. Through such concerted actions, WHO aims to stimulate the development of a world environment supportive of research-driven measures as well as working together to combat non-communicable ailments.

III. CURRENT ISSUES

Illnesses seem to have blocked proper health care for oneself, creating this global concern that has hit our society like a storm; however, some illness epidemics are tougher to fight, especially with lower economies that can't sustain these health crises.

India

In low-income communities in India, there is an increasing level of chronic diseases that are on the rise. The incidence of conditions such as diabetes, cardiovascular disease, and respiratory illnesses is ever-increasing. However, urbanization comes along with lifestyle variations and increases inequalities to health problems. The management chronic is challenged by low-income rural areas being limited in terms of the health infrastructure. Notwithstanding its difficulties, India's public health system has embarked on some preventive healthcare-based interventions as well as public information campaigns. On the other hand, the magnitude of this problem requires continuous actions and investments.

Kenya

Diseases co-infection, a complex problem that low-income areas in Kenya have to tackle is one of such challenges as these communities are faced with conditions of infectious as well as non-communicable types concurring. Therefore, healthcare strategies should be adapted to address the emergency needs for infectious diseases as well as chronic diseases requiring prolonged therapy. There is a general lack of strong rehabilitation facilities in Kenyan poor neighborhoods and this affects the provision of post-acute care in the management of chronic illness and ultimately results in unfavorable long-term health outcomes.

Strengthening rehabilitation services is vital. Health disparities exist among low-income Kenyan communities due to limited educational opportunities, which negatively undermine health literacy as well as impede effective preventive mechanisms.

Bangladesh

Migration contributes to several additional health problems for those who move from rural environments with poor health conditions and malnutrition in their bodies

and end up having an unhealthy lifestyle which increases vulnerability to chronic diseases. Health dynamics are changing in both settings and targeted interventions should consider this. Chronic diseases are not well detected in poor and remote areas of Bangladesh due to the lack of appropriate medical facilities. Improving diagnostic infrastructure Is crucial. Health disparity occurs due to social determinants such as poverty and lack of employment opportunities in Bangladesh. Chronic disease interventions should focus on addressing these determinants.

Nigeria

Lifestyle diseases increase among Nigerian youth in slums. There are many reasons for this escalation such as poor eating habits and lack of bodily exercise in a bid to control the prevalence of diseases like obesity and Type 2 diabetes mellitus. Lack of healthcare infrastructure, especially in rural low-income areas, hinders early diagnosis and management of chronic diseases. A critical requirement is health system strengthening. NGOs' collaborations are vital in addressing healthcare gaps. NGOs most of the time concentrate on creating awareness, provision of healthcare, and preventive measures amongst the Nigerians.

Haiti

Chronic disease management is impeded by limited health infrastructure in Haiti's lower-income regions, which limits access and quality of care. Healthcare access is also disrupted by susceptibility to natural disasters in poor communities, resulting in the need for dual-purpose systems that can address both short-term and long-term health issues. Chronic diseases and other associated health problems of food insecurity also exist and are more serious among the majority of low-income communities. Low-income communities also bring in specific MCH challenges

that emphasize the chronic disease approach which is aimed at improving overall health outcomes of different populations throughout life cycles. Engaging low-income communities in the management of health problems requires tailoring chronic disease interventions to fit within cultural expectations to be effective.

IV. UN ACTION AND RESOLUTIONS

These include the Sustainable Development Goals (SDGs) set by the United Nations. The third goal is all about “Good Health and well–being”. It aims at dealing with different health problems especially those involving NCDs, a very common challenge among most of the least developed countries. The WHO is one such specialized UN agency that is instrumental in influencing global health governance. WHO deals with chronic diseases via several programs, guidelines, and frameworks. For instance, the Global Action Plan for the Prevention and Control of NDCs sets measures to reduce diseases like cardiovascular disease, cancer, diabetes, and chronic respiratory disorders.

The UN periodically conducts high-level meetings and summits addressing world problems including HIV and Aids. Such forums may result in pronouncements or resolutions concerning chronic diseases about providing equitable health care coverage. Although its main aim is infectious disease, GHSA deals with universal health security preparedness and response competencies. Building a strong health system through the GHSA approach is an indirect measure of combating chronic diseases in LMICs. The UN works together with governments, NGOs, and other key

stakeholders for comprehensive measures against health problems. For instance, collaboration might entail campaigns aimed at chronic diseases in poor populations.

V. ESSENTIAL QUESTIONS

1. What are chronic diseases, and what are their symptoms?
2. Which chronic diseases occur frequently in these poor nations and which of them is predominant?
3. What impact does money or lack of it, and education, have on chronic diseases in poorer areas?
4. Why is it difficult to manage chronic diseases in a poorly developed healthcare setting?
5. What should we do to make people living in bad conditions stop developing chronic diseases?
6. How can we understand the disparity in health levels among individuals across different countries, considering the universal goal of optimal health for everyone?
7. Do diseases increase when people move into urban areas in poor countries?
8. How can we support people living in poor communities to develop self-care and remain healthy?

VI. CONCLUSION

Finally, WHO is leading efforts towards tackling the emerging trends of chronic diseases in low-income countries across the world. In countries like Malawi, Myanmar, and Nepal, urbanization, lifestyle changes,

and environmental effects now shape health concerns in the modern day. There is an added complication as regards globalization in particular, especially with increasing obesity. WHO tackles them through surveillance, research, and prevention measures as well as developing the healthcare infrastructure, with a focus on awareness and education.

The problem of chronic diseases in poor communities in India, Kenya, Bangladesh, Nigeria, and Haiti is pressing now. The UN has a major health governance role on the global stage through SDGs and WHO towards equitable health coverage. To multiply the power of interventions into the complexity of the health disparity problem in poor countries it is necessary to collaborate with government, nongovernmental organizations, and stakeholders. The management of chronic diseases requires a coordinated plan. involves a multi-sectoral, coordinated approach. involving many sectors and being coordinated.

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