



# **Pan American Health Organization Committee Bulletin**

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## **DIRECTORS LETTER**

Dear Delegates,

It is with great honor that I welcome you to the VIII Conference of DALE Nicaragua. My name is Sofia Sansón and this year I have the opportunity of being both Vice-President and Director of English Committees. This year the directors have worked like never before to give the delegates the best experience possible. From the moment the VII Conference ended, the DALE team has been working nonstop to provide an unforgettable conference. Even though we face uncertain times, these are the moments in which we grow and learn. DALE is a conference that has changed me in so many ways and has truly helped me improve as a person. DALE promotes leadership, creativity, and teamwork, skills that will prove necessary in all of our futures. Participating in this conference is both a risk and an adventure, whether you are a delegate or a director.

This year, delegates have amazing opportunities while choosing their desired committees. With new committees at DALE like Criminal Court and the Pan American Health Organization, a look towards the past to be part of Augusto Pinochet's Cabinet, and even debates on Femicides and GMO's, delegates have a wide variety of topics and committees to choose from.

I hope that all of you can come to this conference and leave with a different perspective of the world. Remember that DALE is not just a competition, but a place to grow and learn. Reading this bulletin is the first step of your DALE experience, and when the day comes, it will be an honor to see and meet you all as you finish your journey with DALE.

Sofia Sanson,

Director of English Committees

Hello delegates!

My name is Johan Petersmann and I will be acting as co-chair of the Pan American Health Organization (PAHO) this year. I was born in the US but live in Nicaragua where I am a junior at the German Nicaraguan School (Colegio Alemán Nicaragüense). I discovered a knack for debating a few years ago when I realized I had to give more valid ideas to prove points in discussions with friends. I attended DALE for the first-time last year and joined the UN security council, where I received the award for outstanding Delegate. Through DALE, I was able to confirm my passion for debating and improve my public speaking skills. I am enthusiastic about sharing this health topic that is part of the United Nations Sustainable Development Goals. By learning about this topic, I am confident that today's youth will be empowered and together with interdisciplinary cooperation, health inequalities and vulnerabilities can be overcome. In the meantime, the COVID-19 Pandemic PAHO is playing a transcendental role and maintains its SDG priorities intact. I hope you are as excited as I am for this year's upcoming DALE Conference. I can't wait to hear what you all have to offer to the debate, and the solutions you will provide to the problems we will give you.

Hello delegates!

Welcome to DALE. My name is Sofia Coen and alongside Johan Petersmann we will be your co chairs for this Committee. I am a rising senior at the American Nicaraguan School. I have been involved in debate since middle school, I have participated in HACIA Democracy, DALE, and Model United Nation. I have been passionate about debate and public speaking for as long as I can remember. In my free time, I enjoy playing soccer and reading. I have many other passions aside from debate, such as learning about global issues like climate change, access to safe medicine, and women's rights. I consider myself a social and outgoing person, who is eager to learn and make a difference.

We chose to do PAHO because we are passionate about these world issues, and would like to create conversation and debate about these important topics. We hope you are all as excited as we are for this upcoming DALE Conference. We have been working day and night to ensure that this is the best DALE experience yet. Please feel free to reach out to either of us if you have any questions! We are more than happy to help out.

Sincerely,

Johan Petersmann and Sofia Coen

PAHO Co-Chairs

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## **HISTORY AND POWERS OF THE COMMITTEE**

The World Health Organization (WHO) is a specialized agency of the United Nations responsible for international public health. Within the World Health Organization lies a smaller organization, the Pan American Health Organization (PAHO). PAHO is an international public health agency working to improve health and living standards of the people of the Americas. The Pan American Health Organization was founded in December of 1902, originally called the Pan American Sanitary Bureau. In 1949, PAHO and WHO signed an agreement that officially made the Pan American Health Organization the American regional office (regional office of the Americas) of the World Health Organization. The Pan American Health Organization. According to the PAHO website, PAHO works with countries in Latin America to improve and protect people's health. It also engages in technical cooperation with member countries to "fight communicable and noncommunicable diseases and their causes, to strengthen health systems, and to respond to emergencies and disasters." Additionally, the Pan American Health Organization website states that "PAHO is committed to ensuring that all people have access to the health care they need, when they need it, with quality and without fear of falling into poverty. Through its work, PAHO promotes and supports the right of everyone to good health." PAHO has multiple powers and can make health-related decisions with governments in Latin America. At the 2020 DALE Conference, the PAHO Committee will simulate the 10 Directing Council, in which many member states are represented.



## Topic A: Women's health



## INTRODUCTION

Women's health has long been a major source of discussion especially among emerging countries and in Latin America, and one of the major concerns of the World Health Organization. The United Nations has organized four major Conferences on women since 1975 in Mexico City, 1980 in Copenhagen, 1985 in Nairobi and in 1995 in Beijing. This last world Conference convened in a global agenda for gender equality and women empowerment called "Beijing declaration and the Platform for Action" which was signed by 189 countries. In this declaration, Women and health is one of the 12 critical areas of concern in the strategic objectives and actions for the advancement of women and the achievement of gender equality. The World Health Organization states that biological and gender-related differences have an impact on health. The health of women and girls are a particular concern because in many societies they are disadvantaged by discrimination rooted in sociocultural factors such as A) vulnerability to HIV/Aids, B) unequal power relationships between men and women, C) social norms that decrease education and paid employment opportunities, D) exclusive focus on women's reproductive roles and E) potential or actual experience of physical, sexual and emotional violence. Amnesty International reports that in Latin American countries, basic rights such as contraception or safe abortions depend on the wealth of the patient or the religious view of the provider. Women's health is also of major importance, because women in Latin America are the dominant figure in the household. In many cases they are the sole providers for their children and household overlooking their nutrition, education and sustenance. Lack of proper healthcare for women would leave many orphaned children and create a social challenge. The most important aspects of Women's health are: A) birth control, B) sexually transmitted infections, C) gynecology, D) breast cancer, E)



ovarian cancer, F) mammography, G) menopause and hormone therapy, H) osteoporosis, I) pregnancy and childbirth, J) sexual health and K) heart disease.

(In addition to sexual and reproductive rights, women's health focuses on illnesses that affect only women such as uterine fibroids, polycystic ovary syndrome, Turner syndrome, Rett syndrome and ovarian and cervical cancers.)

The Pan American Journal of Public Health states that Women's health needs are not being adequately met by current social and health policies in the countries of the Americas. PAHO/WHO Director Carissa F. Etienne has conceded that even though women in the Americas and worldwide have gained ground over the past few decades in many spheres including health care, there is still uneven progress on many issues that affect women's health. Among the advancements are the decline in the number of preventable deaths and increased life expectancy among women, increased access to contraceptives, improved abilities to control fertility, better prenatal care, and earlier detection of breast and cervical cancer. However, research highlights that women of the region face multiple health problems, especially those with fewer resources and among indigenous and rural populations. Therefore, the Pan American Health Organization (PAHO) is calling on its member states to jointly develop a new women's health agenda for the Americas which will address unmet health needs such as A) maternal death, B) severe maternal morbidity (maternal near miss), C) femicide, D) physical and sexual violence, E) regional and ethnic inequalities, F) quality of care, G) mental health, H) traditional midwives, I) HIV, J) aging, K) adolescence, L) suicide, M) obesity, N) breast cancer, and O) alcohol abuse.

A large percentage of women in Latin-America are still bogged down in poverty and lack access to basic healthcare.

### **What is women's health?**

Women's health is an example of population health which focuses on the health of women, especially that which differs from men focusing on factors that enhance the health of a specific target group, in this case women by taking into account preventive, therapeutic and diagnostic services. In order to improve the health of the entire human population, population health aims to reduce health disparities in a given group by analyzing health outcomes, of health determinants such as social and economic environment, physical environment and the individual's characteristics and behaviors. For example- In the Rio de Janeiro Conference in 2017 on violence against women, it was highlighted that there has been a significant reduction in partner violence in Nicaragua in just one generation because of a coordinated effort among governments, civil society and donors.

### **Why women's health?**

Because the world health organization (WHO) and the Pan-American Health Organization (PAHO) have recognized that women especially in developing countries experience a disadvantage in their health because of their specific and unique risks caused by A) biological, B) gender and C) sociocultural factors. They have been targeted as a vulnerable group, so the Pan American Health Organization has committed to improve women's health and the integration of women in society, because health is defined as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".

### **Why are women more at risk?**

Studies have shown that even though poverty affects both men and women, women and children bear a larger burden affecting their health through malnutrition. Other factors include unequal power relationships between man and women, social norms that decrease education and paid employment opportunities, violence against women (be it physical or emotional) and women's reproductive roles.

### **What are the specialties included in women's health?**

Birth control, sexually transmitted diseases and gynecology; Breast cancer, ovarian cancer and other female cancers; Mammography; Menopause and hormone therapy; Osteoporosis; Pregnancy and Childbirth; Sexual health; Women and heart disease; Benign conditions affecting the function of female reproductive organs.

What are examples of preventive care?

Regular gynecological checkups, including a breast exam and pelvic exam, Pap smear and HPV testing, Bone density testing, Breast cancer screening, Discussions about colon cancer screening, Age appropriate immunizations, Healthy lifestyle risk assessment, Hormonal testing for menopause, Immunizations, Screenings for STI's.

### **What are examples of Breast care services?**

Breast biopsy, breast MRI scan, Breast ultrasound, Genetic testing and counseling for women with a family or personal history of breast cancer, Hormonal therapy, radiation therapy and chemotherapy, Mammography, Mastectomy and breast reconstructions.

### **What is included in Sexual Health Services?**

A) Birth control (contraceptives), B) preventions, diagnosis and treatment of sexually transmitted infections and C) Therapies to help with problems with sexual function.

### **What is included in Pregnancy and Childbirth services?**

Planning and preparing for pregnancy including information about proper diet, prenatal vitamins, and a review of pre-existing medical conditions and medicines used. Prenatal care, delivery and postpartum care as well as breast feeding and nursing.

In order to achieve a healthy population, all demographic groups should be addressed to procure an egalitarian health rate. By focusing on distinct groups such as women's health and involving policies and partnerships among all sectors of society the overall health rate can be improved. If a woman is healthy, so are her children and a population as a whole can benefit.

## TOPIC IN CONTEXT

In 2015 PAHO called for a women's agenda in order to focus and target vulnerable groups such as women and encouraging countries to work together to tackle issues such as equity for those who lack access to health. It stated that "A prioritized agenda would make it possible to sort out the problems, assess their real magnitude and develop research and health strategies to solve them." (8) Some of these problems are voiced by the Director of the Latin American Center for Perinatology, Women's and Reproductive Health (CLAP/WR) who said, "Women in our region are facing old challenges- like maternal mortality and violence- as well as new ones, like the increase of noncommunicable diseases such as cancer".

The Pan American Journal of Public Health has been reporting articles about topics and real life situations that relate to the reduction of maternal mortality, the relationship between maternal mortality and socio economic factors, femicide, domestic violence, sexual violence, HIV infections among adolescents, breast cancer mortality trends, the inclusion of midwives in the health systems and protection for the right to health in obstetric services. (9) The findings in these articles have set a guideline for the new women's health agenda and are evidenced in the article titled, "Women and health: Today's evidence, tomorrow's agenda" (10) The findings are as follow:

- Severe inequalities between men and women are still persistent, both between high- and low-income countries.

- Women represent an important burden of chronic diseases, injuries, and mental health disorders.
- Sexuality and reproduction are central aspects of women's health.
- Women's health must be understood from childhood.
- Health systems are not fulfilling their obligations towards women.

Among the areas that affect women's health are:

- Maternal death
- Severe maternal morbidity (near miss).
- Femicide
- Physical and sexual violence
- Regional and ethnic inequalities
- Quality of care
- Mental health
- Traditional midwives
- HIV, aging, adolescence, suicide, obesity
- Breast cancer
- Alcohol use

Previously, regional mandates and work related to the health of women was oriented by separate plans and resolutions. In September 2018, PAHO adopted a combined plan called The Plan of

Action for Women's, Children's and Adolescent Health 2018-2030. The idea of this plan is to build health and wellbeing over time and across generations, overcoming common challenges and barriers. Also, in September 2019, PAHO published the PAHO Strategic Plan 2020-2025 called "Equity at the Heart of Health" which includes the technical specification for the impact indicators. The impact indicators are studies collected that could guide government, health officials, PAHO, Ong's and civil society to come together to tackle vulnerable health issues. The following are some of these indicators:

- Reduction of within-country health inequalities (which aims to quantify social inequalities in the country and is based on Neonatal mortality rate, Adolescent birth rate, Tuberculosis incidence rate and premature mortality rate attributable to non-communicable diseases).
- Proportion of ever-partnered women and girls aged 15-49 years subjected to physical and /or sexual violence by a current or former intimate partner in the previous 12 months.
- Mortality rate due to homicide among youths 15-24 years of age.
- Proportion of children under 5 who are developmentally on track in health, learning, and psychosocial well-being.
- Under 5 mortality rates.
- Neonatal mortality rate.
- Mortality rate due to cervical cancer.
- Incidence rate of HIV infections.
- Rate of mother-to-child transmission of HIV.
- Incidence rate of congenital syphilis (including stillbirths).

- Mortality rate attributed to household and ambient air pollution (studies of specific population rates eg. Children under 5 etc.).

Among the United Nations 17 sustainable development goals, Good Health and Well-Being is the third goal. It focuses on increasing life expectancy and reducing some of the common killers associated with child and maternal mortality. Its goal is to have less than 70 maternal deaths per 100,000 live births by 2030. It also states that to achieve this would require improvements in skilled delivery care.

## **CRUX OF THE DEBATE**

Carissa F. Etienne, the Director of PAHO/WHO is calling upon the countries of the region to develop a new Women's Health Agenda post 2015 in order to achieve comprehensive care appropriate for the health problems that affect most of them. This new Health Agenda can only be achieved with the collaboration of its partners such as the Health Ministries in the different countries, other government agencies such as the police and judicial powers, international organizations, civil society groups, universities, community groups, ethnic groups, etc. as well as the **EVIPNet** which is the Evidence Informed Policy Network. This network attempts to improve public health, especially in developing countries by coordinating the efforts of policy makers and health researchers through evidence based data. This network is operated by forming country or regional level teams composed of policy makers, researchers and representatives from other sectors (e.g. science & technology, education, civil society organizations, patient advocates, topic experts, local networks, etc.). These



teams identify and address country priority topics where a perceived need to strengthen the systematic use of research evidence to inform decisions about policies for health. EVIPNet therefore includes components relevant to research and development (refers to developing new services or products, or improving existing services or products) and claims to help strengthen national health research systems.

(7) Strategic data can be obtained from health indicators such as the ones mentioned before.

Delegates must be aware that health priorities or perceived health priorities for others, many times, depend on the socio-cultural environment of the region in focus. Because many ethnic, social, economic or religious groups have distinct views regarding their sexual health, reproduction, domestic relationships, societal relationships, gender related issues, it is important to be understanding of different viewpoints and acknowledge with respect different opinions in order to debate and participate cordially to reach a consensus on a proposed women's health agenda.

PAHO's Plan of action for Women's, Children's, and Adolescent Health 2018-2030 was envisioned along the lines of the Astana Global Conference on Primary Health Care held in Kazakhstan in Oct. 2018 in which world leaders, government ministers, development partners, civil society and young people committed to a) affordable and accessible health, prevent illness and protect populations against outbreak of disease, b) empower people and engage communities, make health services accountable and be responsible for own health and c) input policies, actions and resources from all sectors that influence health and wellbeing, ranging from agriculture, education, water, sanitation, hygiene, transport, media etc. The four lines of action of the plan for Women's , Children and Adolescent Health are 1) Take actions to strengthen policies that reduce health inequities, 2) promote universal, effective, equitable health and well-being in families, communities, schools, etc. 3) expand

access to comprehensive, integrated and quality health for women, children and adolescents and 4) strengthen the use of strategic information.

Did you know that more than 90% of maternal deaths in Latin America and the Caribbean could be avoided? According to PAHO, more than 16 women die every day from complications related to pregnancy and childbirth in the Americas and that one out of three indigenous youth ages 15-19 years is a mother, limiting their life opportunities and that 30% of women in the America's have experienced physical and /or sexual violence by a partner.

Did you know that children of mothers' with some level of schooling are less likely to die in maternal childbirth and their children are healthier than those with no level of schooling?

Did you know the term gender-sensitive social protection recognizes and accommodates women's specific needs and priorities and the term social protection is a set of programs and policies to prevent or protect people against poverty, risks, vulnerabilities and social exclusion. An example of these are cash transfers, health insurance, etc.

## **Questions to consider/discuss/debate**

1. María Teresa Blandon, a nicaraguan feminist and sociologist has stated in the February 2, 2020 edition of La Prensa Magazine that at least 6 women were assassinated in the first month of 2020 due to citizen insecurity as well as the Nicaraguan mentality. Furthermore, she has stated, "Los femicidas no están locos, no se les metió el diablo. Salen de una Sociedad que se alimentaba del sexismo, el machismo, de la misoginia, una Sociedad que enseña a los

hombres a ser abusivos con las mujeres.” Debate and analyze this statement and propose what steps could be taken as a country to reduce femicides and what should be included in the new women’s health agenda.

2. The Millennium Development Goal target has been to reduce Maternal Mortality by  $\frac{3}{4}$  from 2010-2015. Only 11% reduction was achieved. The leading causes of maternal death are Hypertension and Hemorrhage and the third is linked with abortions. (10) Debate and analyze what solutions can be implemented to prevent this health risk and what should be included in new women’s health agenda.

3. Consistently, women, children and adolescents from lower socioeconomic levels, along with those living in rural settings, indigenous groups, Afro-descendants, and the less educated, have higher burdens of morbidity and mortality. For example, data shows that in 2010 maternal mortality ratios in rural areas were four times higher than in urban areas. Analyze and discuss this fact and propose what interdisciplinary cooperation can be taken to improve this health inequality in your country.

4. PAHO states that adolescent pregnancy remains unacceptably high. Latin American and Caribbean region is the only region in the world with rising trends in the estimated number of pregnancies among girls below 15. What measures can be taken to solve this problem and what are the causes and repercussions for this phenomena and what steps is your country taking to tackle this issue?

5. Analyze and debate whether women/adolescents face societal legal and health policy barriers in accessing confidential and quality sexual and reproductive health services. What actions can be taken to receive counseling on sexual and reproductive health including contraception and risks associated with early pregnancies?

6. Discuss and assess the possible impact on women and children by the COVID-19. CNBC launched an article titled “How women could be uniquely impacted by the coronavirus”.

The article states that even though more men are likely to die from COVID-19 than women, 70% of the global-care workforce is made up of women. This means women in the healthcare industry such as nurses are at a greater risk. Similarly, the article argues that the majority of caregivers are women (75%), which implies that the women in health care also have responsibility for caring for older parents and school aged children. A senior healthcare analyst from Buffalo State University argues that their lives are enormously impacted by worrying about caring for elderly relatives and school closures and we should support them with measures to help them and keep them safe.

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## Topic B: Access to comprehensive health care and medicine



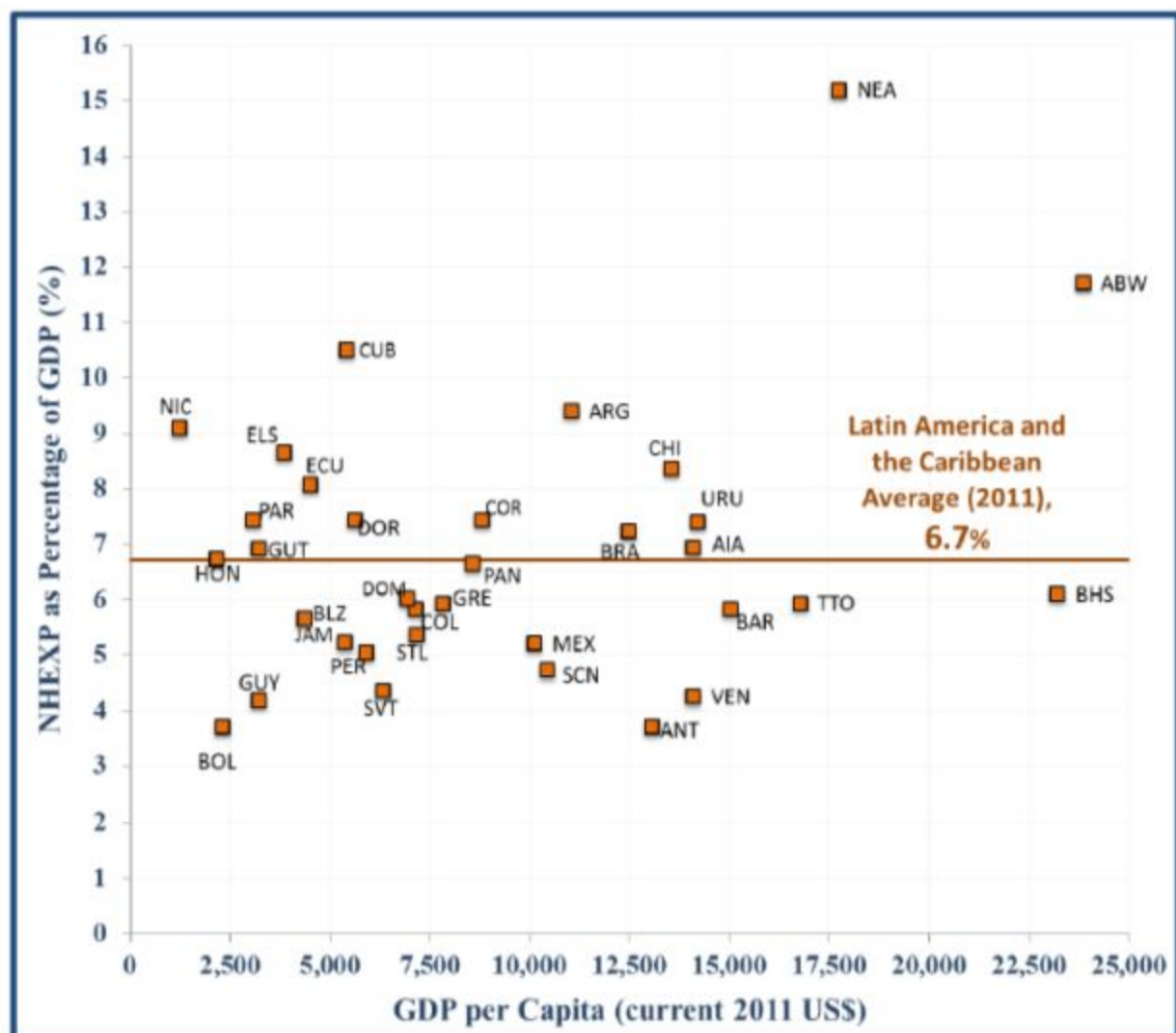
## INTRODUCTION TO THE TOPIC

According to the World Health Organization, nearly half of the world population does not have access to needed health services and about 100 million people are pushed into extreme poverty each year because of health expenses. In Latin America and the Caribbean, approximately 30% of the population does not have access to health care for economic reasons and 21% does not seek care because of geographical barriers. Additionally, very few countries in the Americas meet international standards, such as the number of doctors or nurses per inhabitants, and the amounts of hospital beds per inhabitants due to lack of resources. Comprehensive health care and medicine are still greatly lacking around the world, especially in Latin America. Comprehensive care is defined as “an approach that cares for the whole patient and all of their needs, not just the medical and physical ones” and medicine is defined as “a compound or preparation used for the treatment or prevention of disease, especially a drug or drugs taken by mouth.” Because of the lack of planning and resources in Latin America, the region has been facing extreme challenges in healthcare. There is a great lack of access to health service, and many countries still do not offer health insurance to those in need, even though the World Health Organization has urged countries towards health coverage. Additionally, Latin America has seen an increase in epidemiologic transition and chronic non-communicable diseases. “During the twentieth century, the region has experienced health issues seen in many developing countries, with high levels of infectious and acute diseases placing pressure on weak public health systems. Latin American countries have advanced economically, and along with increased globalization the lifestyles of the people have changed. Life expectancy is higher and with that comes an increased burden of disease resulting from chronic and NCDs such as hypertension, diabetes, cancer, and obesity” (World

Economic Forum). On another note, there is a lack of training and distribution of human resources. Very few countries in Latin America meet international indicators and human resources are usually concentrated in big cities leaving rural areas out of the picture. Furthermore, Latin America has huge levels of inequality for people in lower social classes. A large part of the population with a lower income is at a higher risk of health problems due to societal factors. For example, according to the World Economic Forum, maternal mortality rates are worse in indigenous and rural populations when in comparison to the urban and higher-income citizens. Additionally, there is a huge issue with the cost of health care. The current system in Latin America is unsustainable because it encourages sickness instead of health, therefore health systems finance their services based on illness meaning resources must increase as people get sick. As a committee we must take action to meet these challenges through democracy.

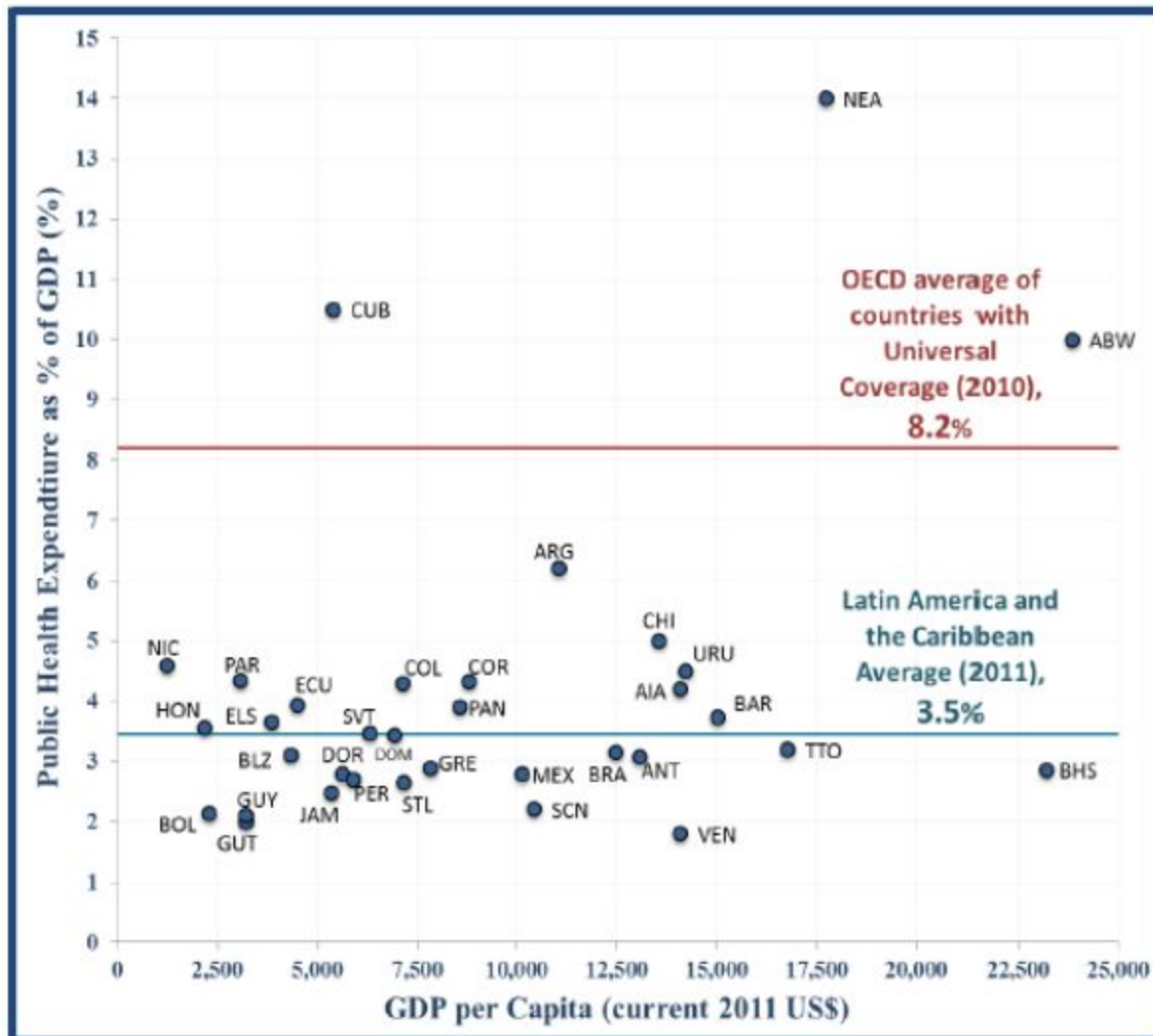


**Figure 1. Per capita income and National health Expenditure (NHEXP) as a % of GDP, LAC 2011**



**Source:** Healthcare expenditure and Financing in Latin America and the Caribbean, Panamerican Health Organization, 2012

**Figure 2. Per capita income and public health expenditure in Health as % of GDP, LAC 2011**



**Source:** Healthcare expenditure and Financing in Latin America and the Caribbean, Panamerican Health Organization, 2012

## **AIMS OF THE COMMITTEE**

In this committee, we will attempt to find comprehensive and appropriate solutions to solve the growing problem of the lack of comprehensive health care and medicine. Delegates will have to work together in order to find solutions that can be implemented in each country and have the citizens best interest. Delegates will need to be creative, and take into account real-world issues relevant to countries such as economy, location, political situation, and the laws of each country. Delegates are expected to step into their role and learn their countries position in order to accurately represent them in this committee. Delegates must also see their position in previous Pan American Health Organization decisions. We will come to these educated and creative solutions through debate, democracy, and decision making by all delegates. Everyone is expected to participate and contribute because each country has an equally important role in this committee.



**Pan American  
Health  
Organization**





**World Health  
Organization**

## **HISTORY OF THE TOPIC**

For a long time, Latin America faced an even bigger issue when it came to access to medicine. Due to prices and different factors, the majority of the population was unable to gain access to medicine and was left helpless. Especially in rural areas of Latin America, people have had a very difficult time accessing medicine, vaccines, and hospitals which has created a huge issue in the nation. Currently, according to Aetna, the countries with the best healthcare in Latin America are Brazil, Chile, Argentina, and Mexico. However, this does not mean that the healthcare in these countries is accessible to all. Additionally, it does not guarantee the right to medicine. Regardless, many Latin American countries have had huge leaps in healthcare and have supported better access to care. We must continue this trend before it becomes a huge problem. As populations grow, diseases spread. Through the help of vaccines and free clinics, our citizens can get the care they deserve.

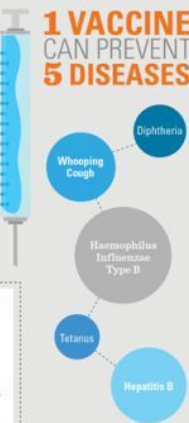
**1 CHILD DIES**  
EVERY **20 SECONDS**  
from vaccine-preventable diseases





**unicef**  
united states fund

**1 VACCINE**  
CAN PREVENT  
**5 DISEASES**




**VACCINATING  
ONE CHILD  
SAVES A LIFE**

UNICEF AND  
ITS PARTNERS  
SUPPORT  
IMMUNIZATION  
PROGRAMS  
IN OVER  
**100**  
COUNTRIES  
WORLDWIDE


**THINK  
BIG**  
UNICEFUSA.ORG/IMMUNIZATION

IN 2012, UNICEF  
PURCHASED CLOSE TO




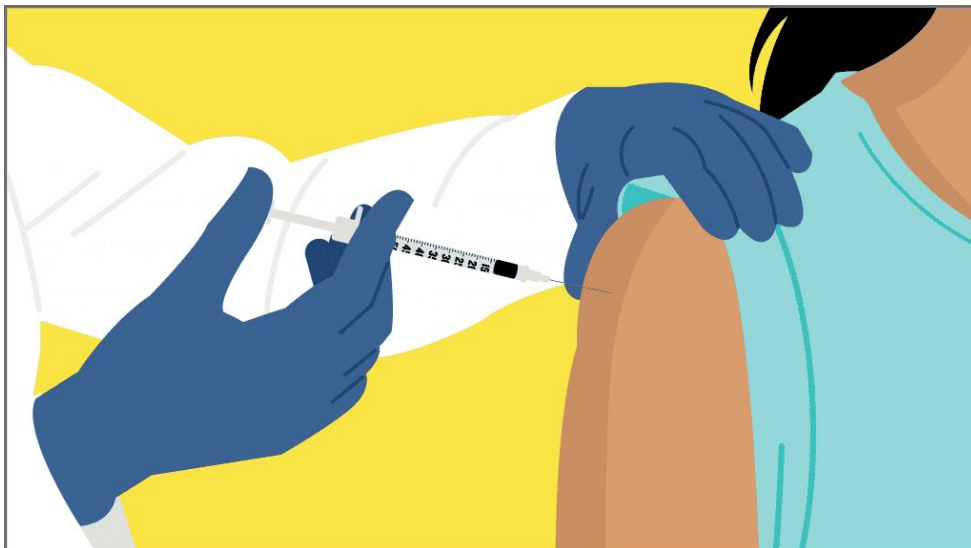
**2 BILLION**  
DOSES OF VACCINE  
AND OVER  
500 MILLION SYRINGES

UNICEF BELIEVES  
**ZERO CHILDREN**  
SHOULD BE DENIED  
**LIFESAVING  
VACCINES**



**VACCINATING  
EVERY  
CHILD  
STOPS DISEASE  
IN ITS TRACKS**





## **CRUX OF THE DEBATE**

The biggest problem in Healthcare currently is how disproportionate rural and urban areas are. The majority of quality healthcare is in private facilities and urban areas, leaving people in rural areas to take care of themselves with inadequate methods. Additionally, there is a huge gap between the quality of care at private versus public health care facilities. Private health facilities often have way better care and more options for patients because these clinics and hospitals are for profit. Government-run health facilities are often run down and lacking resources and properly trained staff. As a committee we must address this and see how we can balance the two. Additionally, delegates are expected to find solutions for the lack of vaccines in each country and how to make these accessible to everyone. Vaccines are essential to the health and wellbeing of entire countries. We need to ensure access. Furthermore, over the counter medications should be accessible to all; however, Latin America has long been plagued by the problem of prescription medication being too accessible and possibly creating superbugs. If prescription medicine is too accessible, people will abuse it. Therefore, we need to find a balance between access and excess. Another problem plaguing Latin America is the lack of access to safe, well-timed surgery and procedures. People often delay surgeries or don't have access to them which wreaks havoc in countries. Additionally, the healthcare laws in Latin American countries are outdated and the ministries of health are not taking action.



## QUESTIONS A RESOLUTION PAPER MUST ANSWER

Resolution papers are crucial to debate and these must address how to solve the problems in each country. The PAHO resolution papers have several questions that they must answer.

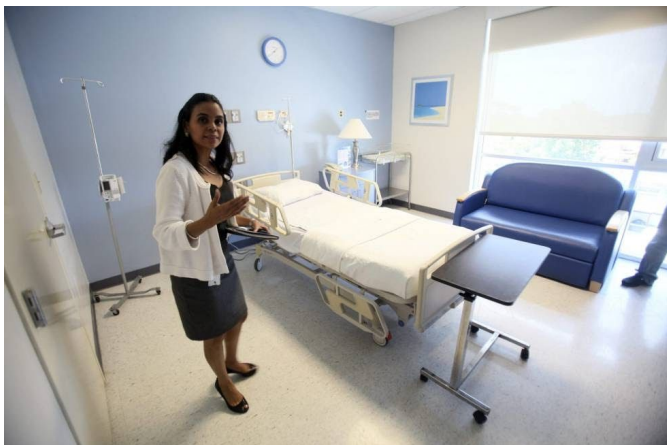
The questions a resolution paper must answer (QARPMA) are as follows:

- How can we bring good healthcare to rural areas around Latin America?
- How can we match/balance the health care quality or public facility to the quality of private ones?
- How will everything be funded, who will pay for it?
- Where will health facilities be located?
- How will expensive vaccinations be provided to people around rural areas or to those who can't afford them?
- How will we limit the sale of over the counter medications/prescription medications (superbugs)
- How can we provide access to well-timed, safe medical procedures such as surgeries?



- What laws or policies will be implemented in order to solve these problems?

These questions are simply guiding points and the resolution paper will be shaped by the course of the debate. Delegates do not need to feel restricted and are free to go beyond these questions to whatever their minds desire. Delegates should be creative and stick to their countries perspectives when creating resolution papers and finding solutions. The most important part of creating resolution papers is to stick to your countries ideas and policies. This could mean that you are completely alone with no support in your resolution paper and that is okay. Delegates must remain true to their position. Delegates will come to solutions through debate and democracy.



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## CLOSING REMARKS

Thank you for taking the time to read our bulletin. We hope you were able to gain more insight on the topic and are ready to continue your research. Remember, Johan and I are always available to help, just send us an email and we would be more than happy to answer any questions you may have. We are very excited about this upcoming DALE Conference, about PAHO especially. We are looking forward to meeting every one of you, and I hope you will become as passionate about this topic as we are!

While doing research, don't be afraid to contact me ([scoen@ans.edu.ni](mailto:scoen@ans.edu.ni)) about this topic. Make sure you stick to your countries actual up to date perspective. We recommend you research the laws and policies of your country and become familiar with how your assigned country has dealt with past issues. We would also recommend you familiarize yourself with the Universal Declaration of Human Rights (<https://www.un.org/en/universal-declaration-human-rights/>) and we recommend you know your countries medical systems and strategies they have in place. Most importantly; **STICK TO YOUR COUNTRY'S PERSPECTIVE**. You must remain true to what your country believes. Additionally, be up to date with current world health crises, it will help you during the debate! My biggest advice is simply: Research research research! If you come to DALE well prepared, it is more likely that you will be able to excel! Best of luck!

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