



WORLD HEALTH ORGANIZATION



World Health Organization

DANIELA ROJAS SERRANO
SOPHIA BALLESTEROS

TOPIC: COLLAPSES IN
HEALTH SYSTEMS IN
COUNTRIES WITH THE
GREATEST
POPULATION DENSITY

WELCOMING LETTER

Respected delegates, we are honored to welcome you to the SMMUN XI model of the Saint Matthew school. We would like to introduce ourselves briefly, our names are Sophia Ballesteros and Daniela Rojas, the presidents of the WHO commission this year. We are both students of Saint Matthew School, we are very passionate about everything related to global issues, and we are very sure that SMMUN is a space that allows you to see what's happening in the world in a form in which you could analyze different perspectives from a situation, giving you the opportunity of developing new skills as well as knowing the world's current situation. This year for this committee we wanted all of you to feel interested in the topic and that wouldn't be something monotonous, something you'll feel curious about and have that interest in it. We wanted to highlight the situation of overpopulation in the world, especially on the Asian continent, in which this situation is obstructing the development and globalization all over the world.

From you, we hope you will enjoy this opportunity and for each of you to give the best of yourselves. Also, that at the end you will be able to develop your debate skills and find out your hidden skills and express your points as well as giving valid arguments, all while taking into account the topic we are discussing every time with confidence.

WELCOMING LETTER

We want you to enjoy this experience so if you have any questions or concerns please don't hesitate to contact us in our emails.

-Daniela Rojas Email: danielarojasserrano@csma.edu.co

Grade: 9th School: Saint Matthew school (Bogotá, Colombia)

-Sophia Ballesteros Email:

sophiaballesteros@csma.edu.co Grade: 8th School: Saint Matthew School (Bogotá, Colombia)

INTRODUCTION TO THE COMMITTEE

The World Health Organization (WHO) is a specialized agency of the United Nations founded in 1948, whose objective is to achieve the highest level of health for all peoples, defined in its Constitution as a state of complete physical, mental and social well-being, and not only as of the absence of affections or diseases.

WHO pays particular attention to tackling major health problems, especially in developing countries and in crisis contexts. The Organization's experts develop health guidelines and standards, help countries address public health issues and promote health research. Through the WHO, governments can jointly tackle global health problems and improve people's well-being.

GLOSSARY

Overpopulation: Refers to a population that exceeds its sustainable size within a particular environment or habitat. Overpopulation results from an increased birth rate, decreased death rate, immigration to a new ecological niche with fewer predators, or the sudden decline in available resources.

Communism: Is a political and economic system that seeks to create a classless society in which the major means of production, such as mines and factories, are owned and controlled by the public. There is no government or private property or currency, and the wealth is divided among citizens equally or according to individual needs.

Collapse: Destruction or ruin of a system, an institution, or a structure or itself Stoppage or significant slowdown of activity.

Globalization: Means the speedup of movements and exchanges (of human beings, goods, and services, capital, technologies, or cultural practices) all over the planet. One of the effects of globalization is that it promotes and increases interactions between different regions and populations around the globe.

GLOSSARY

Development: The process that creates growth, progress, positive change, or the addition of physical, economic, environmental, social, and demographic components. The identification of these traps enables relating to political – economic – social conditions in a country in an attempt to advance.



HISTORICAL BACKGROUND AND CONTEXT

Overpopulation is a phenomenon that occurs when a high population density causes a deterioration of the environment, a decrease in the quality of life, or situations of hunger and conflict. With 6,500 million inhabitants at the beginning of the 21st century, it has not been constant, it has changed throughout history, it grows at different rates with variations in different geographical spaces. The number of human beings, expressed in millions, has evolved as follows in the last twelve thousand years, from the year 10,000 before our era, until the end of the 20th century: Population growth is a reason of global concern as the human population has doubled since 1950.

The excessive growth of the population in the world is one of the many problems. According to the UN, the rapid growth of the human footprint on the planet has serious consequences in almost all aspects of life: issues related to health and aging, mass migration and urbanization, the demand for housing, and insufficient food, access to drinking water, and among many others.

HISTORICAL BACKGROUND AND CONTEXT

The truth is that there are more and more humans inhabiting the planet, but just as there are places where there are many people, there are also completely uninhabited places. To see how population growth has occurred and in which places the highest birth rate is concentrated in the world, Population Education made a video in which it is possible to see the excessive growth of the population.

PARTS INVOLVED ON THE CONFLICT

China: since the 70s China established demographic policies to control population growth and raise the quality of the population. The Chinese government encourages late marriage and childbearing and advocates that a couple have only one child and reasonably plan for the birth of their second child according to laws and regulations. In recent years, China's health system policy has undergone numerous reforms that have often led to new challenges, highlighting the need for further reform. The most recent reforms are aimed at finding a middle ground between public health services and commercial private insurance. In doing so, China is following in the footsteps of countries that initially strengthened the role of privatization in the 1990s and early 21st century, but are now reorienting towards public health services.

However, this constant reform process has led to a lack of transparency in the functioning of the health system, which has caused a loss of public confidence. There remains a considerable degree of uncertainty regarding how the situation in China will develop. However, a dual-financing approach to health services could still materialize, using both financial resources from taxes and social insurance; such an approach would offer a possible model to guide progress in other countries. a product of its precarious health infrastructure and the little access that its inhabitants have to the health system

PARTS INVOLVED ON THE CONFLICT

India: is the second-most populous country in the world behind China. One of the characteristics of the Indian population is its youth: the average age is around 28 years. Among the factors responsible for the population increase is the high birth rate of young women.

It has been recorded in recent years that health systems in India are generally of poor quality except in some large hospitals where it is possible to receive very sophisticated medical care. In 2018 the Indian government decided to launch the largest public health program in the world, with this they pretend to cover vulnerable or low-income populations to have access to a health system.

South Korea and Japan: These countries have one of the best health services in the world, being recognized for their excellent control in pandemics, for using technologies and holistic education of their medical community.

Bangladesh: This country has one of the highest population density rates in the world, the public health system is fragile with few intensive care services, as well as poorly equipped. Health services, especially in rural areas, are not prepared for the identification of cases and the follow-up of people who are positive for COVID-19. All countries have a different perspective about the greatest population density in their territories, some experts in the topic talk about a wrong distribution in the territory meanwhile the others researches in this topic had said that thanks it is thanks to the turning point that the Industrial Revolution marks it, but many small revolutions led to this numerical take-off of the human race that has led the planet to live today a threatening overpopulation.

PARTS INVOLVED ON THE CONFLICT

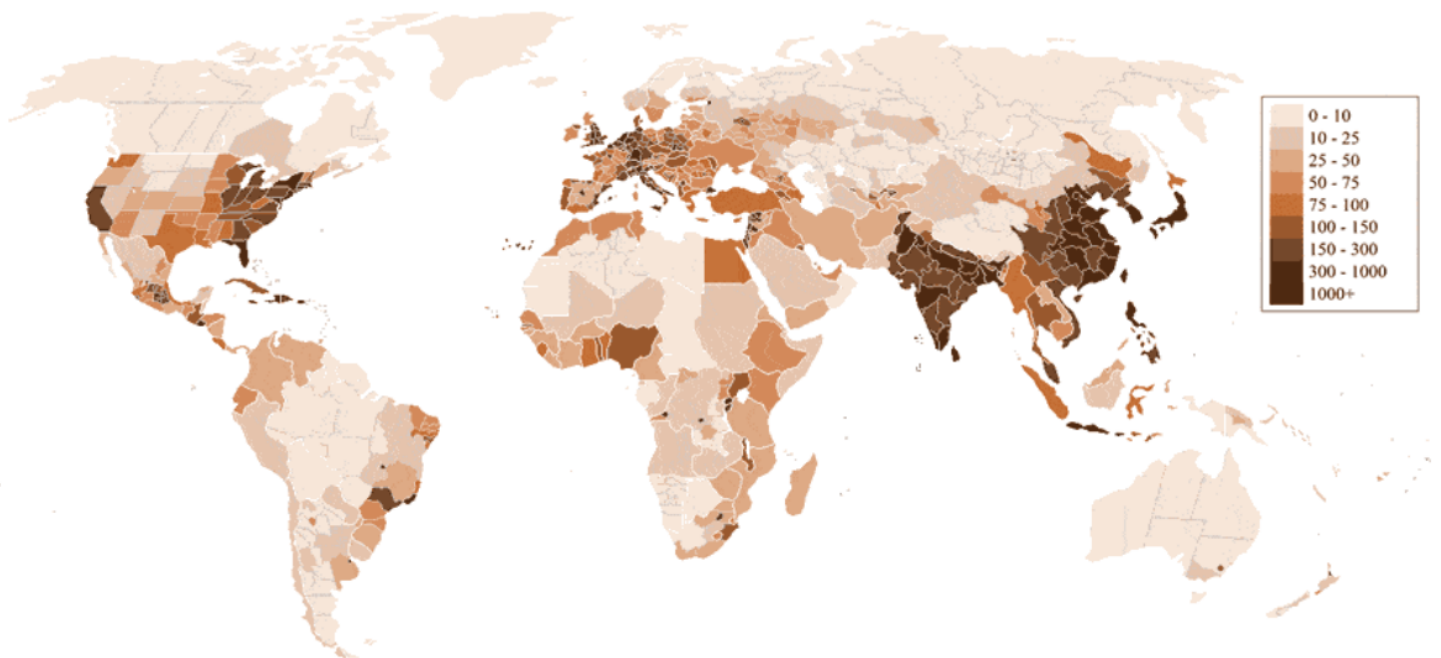


Image: World Population Density Map

WORLD POPULATION. (s. f.). [IMAGE]. WORLDOMETER. <https://www.worldometers.info/world-population/>

DESCRIPTION OF THE CONFLICT

Sustainable development and health are closely related and both influence each other. Among the common elements are the so-called "Determinants of Health" which in turn are determinants of sustainable development, the conception of need or problematic condition that affects both health and development, and finally, is social and community participation and its impact on local development. It is then about describing the common elements and the keys to achieve effective social and community participation through Social Networks for Local Development as an adaptive process and social adjustment to the various conditions that society is faced with. Concepts such as Identity, Social Cohesion, Social Needs, and social adaptation, as well as levels of social participation, are taken into account for the development of local networks for local development and organized social responses.

One of the main challenges faced by health systems is the persistence of inequities in income and health outcomes. As was mentioned previously under inequities and barriers in health systems, these are important issues for social protection systems and, therefore, must be addressed if conditions of inequity in the Region are to be reversed

DESCRIPTION OF THE CONFLICT

This perspective assumes that conditions of economic growth do not suffice to address the challenges of inequity. On the contrary, far-reaching changes must be made in the institutional structures of the health systems (the financing model, how health services are organized, human resources, technology, and social determinants of health) to ensure that they have an impact on health equity.

Southeast Asia contains about 600 million people, or 9 percent of the world's population, with Indonesia having the region's largest population (and fourth-largest in the world) and Brunei the smallest.

Forty-three percent of the region's population live in urban areas, but there is much variation between countries (from 15 percent in Cambodia to 100 percent in Singapore). Population densities range from a low of 27 people per square kilometer in Laos to a high of 7,022 per square km in Singapore. Further, although population sizes may be similar, greater sprawl can mean that cities like Manila and Jakarta are less densely populated than Mumbai and Delhi.

DESCRIPTION OF THE CONFLICT

Although urbanization is expected to continue to rise in the region, urban slum populations seem to be less deprived than they are elsewhere, with about a quarter living in extreme shelter deprivation (defined by UN-Habitat as a slum household lacking three or more of the following conditions: access to water, access to sanitation, access to secure tenure, a durable housing structure and sufficient living space).

Trends in mortality and fertility are also varied. Although life expectancy in all countries in the region has improved, there have been significant variations in the rate of progress. Most countries have enjoyed continuous rises in life expectancy since the 1950s. In some cases (Myanmar, Cambodia) political regimes and history of conflict have affected progress, as has HIV in Thailand.

Population age structures of countries in the region vary widely as a result of past differences in fertility, mortality, and migration trends.

DESCRIPTION OF THE CONFLICT

The pressures placed on national healthcare systems by the recent demographic and epidemiological transitions are amplified by the growing demands of an increasingly educated and affluent population for high-quality healthcare. Many traditional health practices persist alongside the use of new medical technologies and pharmaceutical products, presenting regulatory problems in terms of safety and quality. Countries in Southeast Asia and their health system reforms can thus be categorized according to the stages of development of their healthcare systems. A typology of common issues, challenges, and priorities are generated for the diverse mix of health systems at different stages of socio-economic development.

DESCRIPTION OF THE CONFLICT

The 1990s began with the opening up of socialist states and rapid growth among market economies in the region. Before the East Asian financial crisis in 1997–98 and the recent global economic recession, an expanding middle class in the urban populations of the larger cities pushed their demand for high-quality care into a booming private sector. As a result, market forces have turned many aspects of healthcare into a new industry in countries such as Singapore, Malaysia, and Thailand, contributing to labor-force distortions for the production and distribution of health workers both within and across countries.

Following the lessons learned from the past financial crisis, most countries have strengthened their social protection mechanisms and essential health services. Throughout the region, many innovative pro-poor financing schemes were implemented, such as the Health Card and 30-baht Schemes in Thailand, the Health Fund for the Poor in Viet Nam, Health Equity Funds in Cambodia and Laos, and, even in affluent Singapore, the Medicine, a subsidy scheme for indigent patients.

DESCRIPTION OF THE CONFLICT

So far, the healthcare systems with dominant tax funding are fairly stable, given the strong role of governments and effective controls by health agencies to overcome inequality problems. However, crucial issues involve rising costs, future sustainability of centralized tax-financed systems, efficiency, and quality of the public services, and higher public expectations.

Some of the most innovative and advanced forms of the public-private mix in health services have developed within the region — for example, the restructuring or corporatization of public hospitals in Singapore from as early as 1985 and the later Swadana (self-financing) hospitals in Indonesia.

With the anticipated rise in the aging population and future problems of intergenerational funding through pay-as-you-go mechanisms, there are experiments with new healthcare financing, such as compulsory medical savings and social insurance for long-term care.

DESCRIPTION OF THE CONFLICT

Some countries, such as the Philippines, Vietnam, and Indonesia, have radically decentralized their healthcare systems with the devolution of health services to local governments — a restructuring that has affected aspects of systems' performance and equity, even though the impetus for decentralization was mainly political. Consequently, to ensure increased financial coverage and affordability, many governments have passed laws to establish national health insurance systems and mandated universal coverage, although the implementation is problematic. With existing policies of decentralization and liberalization, equity issues and poor infrastructure will continue to challenge the development of the health sector.

CAUSES AND CONSEQUENCES

Of the total world population, about 61% live in Asia, this being the most populous continent. The People's Republic of China alone is home to more than 1.44 billion inhabitants and India approximately 1.39 billion, which represents 19% and 18% of the total population, respectively. Over the years, the population density has increased considerably, causing a negative impact on health systems, causing in the worst cases the collapse of these systems.

Due to the pandemic caused by the COVID-19 virus that we have experienced in recent months, this situation has been recurrent throughout the world, generating a negative impact in Asia, causing various populations, especially the most socially and economically vulnerable, cannot go to a health system.

CAUSES AND CONSEQUENCES

Health services were affected by the COVID-19 Virus, as mentioned above, due to this pandemic, the vast majority of health systems collapsed in the Asian Continent; countries such as Indonesia, China, Iran, Japan, among others, had serious problems in their health systems. Population density has been an important factor in the detriment of health services; unfortunately, the speed of population growth is not a crisis.



Image: The collapse of the health systems due to the actual situation and the over population in India.

HEALTH CRISIS .(s.f.). [IMAGE]. dW.com. <https://www.dw.com/en/coronavirus-in-india-bihars-healthcare-system-faces-risk-of-collapse/a-53055679>

Directly proportional to the development of health systems; states do not invest enough resources, thus generating poor quality health services in several Asian areas with poor sanitary conditions.

CAUSES AND CONSEQUENCES

In Asia, we can also find underdeveloped countries, in these, it is not possible to attend to the entire population due to the few medical resources that they contemplate compared to developed countries. Four years ago the World Health Organization, WHO, recorded 19.3 million deaths in underdeveloped countries, a truly alarming figure. Experts in the material emphasize that the problem is to achieve universal health coverage as an ideal for underdeveloped countries, where thousands of deaths could be avoided, but achieving that coverage means investing many more resources, economic resources that for these countries is very difficult to obtain. American universities like Harvard and Stanford ensure this fact. This study, based on data from the last Global Burden of Disease in 2016, revealed that 80% of the deaths that occurred in 137 countries could have been prevented at the hands of health systems, a conclusion that should alert world authorities to take actions that mitigate and reduce these numbers.

DESCRIPTION OF THE TOPIC AND HOW IT IS RELATED

The main topic of the model is based on globalization and development, taking into account that health is a crucial issue for achieving this objective; taking into account that the effects of globalization on health are summarized in increasing inequities, changing forces of power in health, sanitary and epidemiological impact, environmental deterioration and transnationalization of health services. Countries like China and India have large population densities in their territory. Thanks to this pandemic, health centers collapsed around the world, although in Asia due to this problem, also countries like Indonesia in months ago had collapsed in their health centers. In underdeveloped countries, it is more difficult to get high-quality service and coverage for the entire population. Generally, people with greater purchasing power are served and this should not be in this way since all should be attended without any excuse. According to the WHO, About 130 million people don't have access to health services in Southeast Asia.

The committee's relationship with the topic is mainly the fact that the situation is causing a collapse in health systems, these being basic for development, whose main purpose consists of helping to address the social causes of poor health and social problems. Avoidable health inequities as well as promote health and alleviate the charge of worldwide diseases.

DESCRIPTION OF THE TOPIC AND HOW IT IS RELATED

To advance toward universal health and health equity and guarantee the right to health, it is necessary to make organizational, institutional, and policy changes, with additional efforts to invest in human resources and public financing. The shift toward a people- and community-centered care model (recognized by a majority of countries in the Region), should be the focus of health system transformations in the 21st century.

This section presents the strategic lines of action for transforming health systems to advance toward universal health, in light of the policy changes needed to strengthen the stewardship of the health authorities. It includes a social dialogue with a broad array of stakeholders, institutional changes related to reducing segmentation and fragmentation, and the need to increase public investment in human and financial resources.

GUIDE QUESTIONS

1. Which are the most affected countries and how?
2. What are some of the challenges to solving this problem presented in the guide?
3. According to what is stated in the guide, is the world overcrowded?
4. Which mechanisms could the WHO and its member countries use to assess this situation?
5. How is the committee related to its topic and the general committee of the model?

QARMAS

INVESTIGATIVES

1. What are the countries with higher population density?
2. What are the countries with a lower population density?
3. From your delegation point of view there is overpopulation in the world
4. How is the health system organized in your country?

RESOLUTIVES

1. How does this situation affect your delegation?
2. Propose two solutions to solve the conflict
3. How does your country could contribute to solving the situation?
4. What profit could your delegation gain by solving this problem?

INFORMATIVES

1. What is the situation of the health systems in your country?
2. What is the population density of your country?
3. What is the economic situation of your delegation?
4. Your country is facing a collapse of the health system?

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