Access to Medicine in Developing Countries

**Topic Background**

The third sustainable development goal (SDG) is to “Ensure Healthy Lives and promote wellbeing for all at all ages.”¹ This is an ambitious goal which, like every other SDG, has been broken down into various sub-goals. From child and maternal mortality to epidemic diseases to road traffic accidents, nearly every area of human mortality is covered. Specifically regarding access to medicine in developing countries, the SDG’s structure of sub-goals offers us the following encouraging targets:

“3.7 by 2030, Ensure Universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.

3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all […]

3.c Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in the least developed countries and small island developing States

3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks”²

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Indeed, access to medicine, and its subtopics—reproductive, basic health provision, epidemic resilience, medicament pricing and insurance—are all explicitly a part of SDG number three. Although the indicators used to measure progress on these targets and Goals have not yet been developed there is already a lot of work to be done. Many questions need answering including, but not limited to: What kind of insurance should be implemented? Which kinds of diseased should be covered? What kind of medicine should nation-states focus on controlling pricing for? What should be the goal of population/reproductive management? Which health risks should be focused on first? Any single one of these issues has the potential to produce substantive and fruitful debate.

By region, Africa has the highest number of total preventable diseases related deaths, with 4,202,000 for 2008. One of the main reasons for this problem is the number of children which are not vaccinated at birth. 30 million infants a year do not receive immunizations. Although there are many programs in place, it is necessary to continue to provide the same level of service every year to these nations. The World Health Organization has many programs in place to provide vaccines to children in developing nations; they reach 75% of 130 million babies born every year. However, in some regions of the world, and in some countries, they are reaching only 10% to 20% of all the people in need. In Kenya, for example, the number of vaccinations being provided is trending downward.

Past Actions

Three of the eight Millennium Development goals (MDGs) were explicitly focused on health-related concerns: Child Mortality (4), Maternal Health (5), and AIDS/Malaria prevention (6). The World Health Organization, created in the postwar era, was the main owner of this agenda, pushing forward great increases in the welfare of humanity during the past 15 years within this framework. That being said, medicine broadly speaking is not the only factor affecting these topics. For example, a doctor can deliver a baby and ensure it is healthy, but hunger, the world’s main source of stunted growth and child mortality, can prevent a child from having a healthy life. Additionally, medicine sometimes serves only as a temporary solutions. An AIDS diagnosis requires patients to take as many as 20 pills a day until the international community finds a cure. The aforementioned MDGs have technically been met—HIV has been “combated”, child mortality “reduced”, and maternal health “improved”. Whether or not the real problems leading to them have been solved is an open question.

International Non-Governmental Organizations (INGOs) are particularly important to this fight for increased access to medicine. The Red Cross, although not part of the UN system (it predates it by almost a century) is a worldwide medical juggernaut which works closely with the UN in humanitarian and emergency and non-emergency situations. The local, national and regional chapters of the Red Cross have been heavily involved in the distribution of humanitarian and development aid across the world.

Affiliated and non-affiliated NGOs and INGOs on the ground have also been known to fill in gaps left by the government’s lackluster provision of many medical services. They sometimes

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serve as the backbone of civil society in those countries. We must keep in mind such institutions and organizations when thinking of solutions.

**Possible Solutions**

It is not easy to come up with solutions to objectives as lofty as “everyone in the world should have access to family planning”. This is one of the reasons why the UN Department of Development and Social Affairs (UNDESA) is working hard to find specific indicators. The indicators measure progress and act as a management tool for both governments and international organizations to use while attempting to meet their targets and goals.\(^6\)

It is important to note, however obvious it might be, that an issue as basic as the people’s health has a direct impact on productivity and overall welfare. Needless to say, an unhealthy population will be much less productive and thus much less likely to escape poverty, a primary objective of development.

One relatively new solution to the problem of access to medicine is mobile health. In 2010, nearly 600 people died from dengue fever in Brazil. Preventing dengue fever depends on controlling mosquitoes. A mobile app developed in Brazil uses Twitter to track dengue fever outbreaks across the country.\(^7\) The idea of mobile health is proliferating quickly throughout the world, and more and more mobile-technology based solutions are coming to the forefront to track and even determine treatment for diseases. In doing research, think about the following question: how can the United Nations use mobile technology to lower the cost, raise the accessibility, and increase data collection on these critical diseases?

Furthermore, it is important to consider that the answers to these questions and more will be different across the international community, even varying on the regional level. Latin America, with the highest net emigration rates in the world, may wish to compensate for that emigration with higher birth rates. Higher birth rates in a place like China are being actively discouraged in part because of the strain on the medical infrastructure. As another example, countries with a higher proportion of doctors per capita, like Cuba, may not need to implement a doctor training program. Such a program would be much more appropriate for a place like the Philippines, where the brain drain of emigration has taken away most of their nurses.

**Guiding Questions**

- How can developing countries increase their workforce of doctors, nurses and medical technicians, given the deficiencies in public schooling and university education in many of those countries? (Goal 3.c)

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● How can we ensure that developing countries with precarious medical infrastructure will be ready for the next pandemic? (Goal 3.d)
● What should be the end goal of reproductive health in developing nations – population stabilization, reduction, or growth? Why?
● What Indicators should be measured to see if progress is being made on the Goals and Targets?

Further Research

● Millennium Development Goal 6: Combat HIV/AIDS, Malaria and Other Diseases
● World Health Organization: Vaccine-preventable Diseases

● UN Foundation: Global Health
● UNICEF- Preventing the World's Deadliest Diseases

Worksheet Questions

1. Which sustainable development goal directly tackles the issue of access to medicine in developing countries?
2. Which region has the highest rate and number of preventable disease deaths?
3. How can INGOs improve access to medicine in developing countries?
4. Which INGO is a prominent example of an organization improving access to medicine in developing countries?
5. What is the problem with lofty goals like “everyone should have access to family planning” and how is the international community dealing with said problem?

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9 https://www.who.int/immunization/monitoring_surveillance/en/
10 https://unfoundation.org/what-we-do/issues/global-health/