

United Nations Development Programme

MetMUNC XLVIII

Topic: Access to Medical Supplies

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The UNDP works in 170 countries and territories, primarily to support country-led efforts to achieve the 2030 Agenda for Sustainable Development. UNDP supports countries in their efforts to successfully address diverse development challenges through each of their 17 Sustainable Development Goals (SDGs). Two of these goals are to eradicate poverty (SDG 1) and to improve the health and well-being of individuals (SDG 3). These two SDGs go hand in hand, as poverty causes a severe lack of access to health services and medical supplies, thus deteriorating people's health and well being. Procurement of affordable quality-assured health products is a key aspect of maximizing the quality and reach of essential health services, and improving lives. UNDP supports the procurement processes of public health institutions through reliable and timely delivery, quality-assured products, and excellent value for money.¹ At least half of the world's population cannot obtain essential health services, according to a 2017 report from the World Bank and WHO.² Additionally, each year large numbers of households in developing nations are being pushed into poverty because they must pay for health care out of their own pockets. Currently, 800 million people spend at least 10 percent of their household

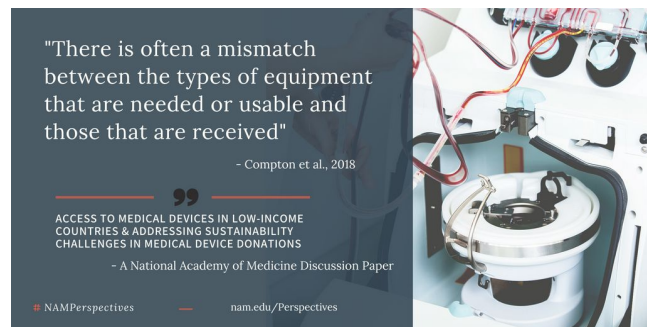
¹<https://www.undp.org/content/dam/ukraine/docs/DG/Health/Value%20Proposition%20in%20Health%20Procurement.pdf>

²<https://www.who.int/news-room/detail/13-12-2017-world-bank-and-who-half-the-world-lacks-access-to-essential-health-services-100-million-still-pushed-into-extreme-poverty-because-of-health-expenses>

budgets on health expenses for themselves, a sick child or other family member. For almost 100 million people these expenses are high enough to push them into poverty.³

Of the 5 billion people living in developing nations, 2.5 billion of them lack access to basic sanitation, let alone essential medical supplies.⁴ One of the main causes of this is the gap in the quality of medical devices between developing and developed nations. WHO estimated that 70% of medical equipment coming from the most developed nations does not work in developing world hospitals. This is because over 95% of medical equipment in developing nations' public hospitals is imported.

There is essentially no local production of medical equipment. Most of the imported equipment is of very poor quality, as 96% is not working just after 5 years of



donation and 39% never worked due to lack of training, manuals, or accessories.⁵ The reason that most imported equipment is low quality is because developing nations can only afford cheap equipment, and high quality is increasingly costly. Additionally, such nations do not have the resources or training to fix any malfunctions or quality issues, making equipment useless once a problem arises. Another issue behind this gap is a lack of spare parts in developing nations. Any device designed for the developing world will be likely to stop working as soon as the first replacement part is required. For example, if a filter needs to be replaced every 6 months, then the device will most likely only last for 6 months when placed in a developing world hospital.

³<https://www.who.int/news-room/detail/13-12-2017-world-bank-and-who-half-the-world-lacks-access-to-essential-health-services-100-million-still-pushed-into-extreme-poverty-because-of-health-expenses>

⁴ <https://www.who.int/news-room/fact-sheets/detail/drinking-water>

⁵ <https://www.tandfonline.com/doi/pdf/10.1586/17434440.4.6.759>

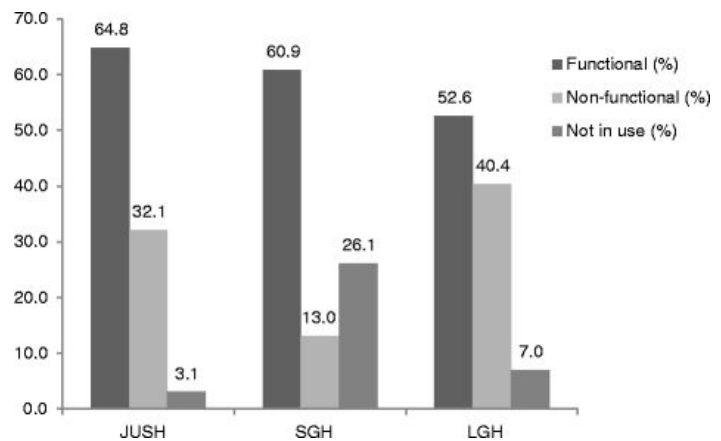
Additionally, another barrier is lack of training. Modern medical equipment often requires highly skilled technicians to operate and maintain them. The education and training for these skills are often lacking in the developing world, making some devices useless without proper training.

In 2017, a qualitative study was done on the experiences of nurses at a rural district hospital in South Africa.⁶ During this study, a professional nurse working as Quality Assurance Coordinator said, “Patient safety is at risk..... that is the core ... that is the biggest implication because when you look at patient safety you really need medical equipment for you to actually guarantee patient safety.” Another staff nurse working in a surgical ward stated, “Shortage of essential medical equipment compromise patients’ life and leads to poor diagnosis of patients. Sometimes patients lose their lives as a result education of this problem. Sometimes referral of patients for further management is delayed”. Aside from the immediate consequences on the health of patients due to the lack of medical supplies, training for nurses is affected as well. A professional nurse working as nursing school lecturer complained: “As a lecturer dealing with obstetric and newborn care, you find that delivery packs are not up to date ... the equipment is not really there. When you have to teach students it gives you a problem, you don’t have adequate of the relevant equipment to use to demonstrate to them, when they reach the clinical area in the wards they don’t have the same experience as they were taught, so you find that there is that challenge... the students don’t really do what they are being taught.” This goes back to the barrier with lack of proper training, because even if new, proper equipment is brought in, many nurses will not know how to properly use it.

⁶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5837176/>

Another case study was done in 2016 in Southwest Ethiopia.⁷ The study focused on 3 hospitals in the Jimma zone. One of the main findings was that the lack of proper management of medical equipment has limited the capacity of health institutions to deliver adequate health care. It is estimated that only about 61% of medical equipment found in Ethiopian public hospitals and other health facilities are functional at

any one time. The chart on the right shows that among the causes for non-functionality of the equipment, the type of equipment purchased such as available stethoscope and blood pressure



Percentage of functional equipment in each of the three Ethiopian hospitals which is purchased

needed since the equipment was purchased with bids that requested cheap price which in-turn affect the quality. This problem was mainly related with the system of purchasing/ procurement and the way bids are done. One female interviewee reported: “purchased medical equipments start functioning and they fail soon. Being in poor country should not be a reason for using medical device which is below the standard/of poor quality.” In countries where there is a shortage of access to medical supplies, diseases and sicknesses easily cured in developed nations can be the cause of death in developing nations. The average lifespan of people in developed nations can be double that of the life span for some of the most undeveloped nations, with lack of supplies being a major cause.

⁷ <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-016-1523-2>

Currently, the UNDP is providing global health procurement and capacity strengthening services in 30 countries, totaling USD 1.1 billion in signed agreements. In 2016, UNDP procured USD 224.3 million in health products for governments.¹ In Europe and Central Asia, UNDP has provided support for the procurement of HIV and TB products, diagnostics, vaccines, HIV testing kits and other health products for countries including Moldova, Ukraine, Tajikistan, Turkmenistan, Kazakhstan, the Kyrgyz Republic, and Uzbekistan. Janthomas Hiemstra, the UNDP Country Director in Ukraine stated, “Reducing premature mortality from non-communicable diseases through prevention and treatment is one of the targets for the SDG global goals, to which all the countries in the world have committed. Having access to quality medicines is key in this process and UNDP is helping Ukraine in getting high quality products for the best price, in a timely manner and through transparent procurement procedures.” He also stated, “ No one should be in a situation where they cannot afford life-saving medicines because they are too expensive, or simply not available in the country. We will continue our work to help the people of Ukraine have access to more, high-quality and, at the same time, affordable medicines.” While the UNDP has been making progress in ensuring the access of medical supplies in developing nations, the world still needs help creating a sustainable method to bring modern and essential medical devices into the developing world. It is your goal as a committee to create a plan to improve medical services and determine a long term, reliable system for providing sufficient medical treatment.

Questions to Consider:

1. Does your country donate medical supplies to developing nations? If so, how effective are these supplies in such nations?
2. Does your country have effective training and education programs for nurses to use medical equipment?
3. Is there a shortage of medical supplies in your country? If so, how have individuals been affected by this shortage?
4. How can medical supplies be brought into developing nations and be effective for a long period of time?
5. If your nation is in need of sufficient medical devices, what are the major causes behind this lack of medical devices?

Helpful Links:

- <https://link.springer.com/article/10.1007/s13243-018-0065-7>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5837176/>
- <https://www.undp.org/content/dam/ukraine/docs/DG/Health/Value%20Proposition%20in%20Health%20Procurement.pdf>
- <https://nam.edu/access-to-medical-devices-in-low-income-countries-addressing-sustainability-challenges-in-medical-device-donations/>