WHO

TOPIC GUIDE

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Chairs

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Hello delegates!
Welcome to AMUN! My name is Noor Kaur and I will be your co-chair along with Pravit for WHO this year. I am a junior here at Bergen County Academies in ABF. Through MUN, I've participated in hearty discussions, learned what it's like to approach issues diplomatically, yet still make my voice heard, and have always stepped out of a conference slightly more knowledgeable about the world. Most of the conferences I've attended and chaired have been virtual, so I am excited for an in-person conference! Besides MUN, I enjoy playing golf, basketball and piano. Finally, I want to thank you for your interest in involvement and I can't wait until our conference! If you have any questions or concerns, feel free to contact me through email.

Best,
Noor Kaur, WHO Co-Chair
nookau24@bergen.org

Hello delegates!
Welcome to AMUN! My name is Pravit Kochar and I will be your co-chair along with Noor for the WHO committee this year. I am a sophomore at Bergen County Academies in AAST. I started doing MUN in my freshman years with some of my friends and I have had the experience of understanding how to resolve issues, conflicts and disagreements diplomatically. Throughout my experiences in MUN not only have I enjoyed spending time with my friends at school but I have gained a new perspective on how the world works. Other than MUN, I enjoy hanging out with friends and playing golf. I want to thank all of you for showing interest in MUN and I am excited for the conference. If you have any questions, please feel free to contact me through email.

Best,
Pravit Kochar, WHO Co-Chair
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Introduction to Committee

Lack of access to healthcare is a primary concern of the WHO committee as it results in the progression of diseases and injuries, which ultimately leads to lives lost. Inadequate access to affordable healthcare can stem from a lack of government support and funds for programs. The lack of access to healthcare influences people's lives on a daily basis in many countries as many cannot afford the treatment, and their condition ends up worsening.

In countries where they have some form of healthcare for all systems, the taxes tend to skyrocket, leaving the citizens worse off. There are an estimated 400 million people without access to any form of healthcare worldwide, and millions more who have an insufficient form of healthcare that doesn't benefit them at all. It's crucial to ensure that there is both widespread and effective healthcare throughout the globe.

All countries need to improve their individual healthcare systems in some way, and working in unison to solve this issue will be superior to working individually. The WHO has been working with the World Bank and other organizations to address this problem, however, more needs to be done specifically by individual countries of the world.

Providing Affordable Treatment

Topic History

Having access to quality healthcare is a widely recognized right, however the sheer cost of healthcare forces many families into a position where they are forced to choose between financial stability and keeping their loved ones -- a truly impossible situation to be in. In prior years the WHO, the International Development Association and the World Bank have worked tirelessly to help the situation. However more action must be taken in order to resolve this problem, and ensure that families all around the world have access to affordable healthcare.

(2) In 2019, a World Bank report showed that people in developing countries spend half a trillion dollars annually out of their own pockets to access health services.(9) (These financial burdens hit the poor the hardest and threaten decades-long progress on health. The World Bank has done a significant amount to contribute to helping

to resolve the issue. In fact, they have Universal Healthcare Coverage(10) (UHC) which ensures that people have access to the health care they need without financial hardship. Not only does UHC help with physical illnesses, but they have recognized that mental health has become widely overlooked, and the UHC has helped to combat that as well, however due to the lack of resources this issue cannot be fully countered. Moreover, the Global Action Plan for Healthy Lives and Well-being for All (GAP) was launched in 2019 in order to further combat the issue. (2)

Furthermore Affordable healthcare has affected both developing countries and developed countries. In developing countries diseases like ebola, a disease that is not even thought of in developed countries, still affects the climate since it is on the rise again. Considering the differing perspectives developed and developing countries have is crucial in the matter.

Many countries have adopted a Universal Healthcare policy which essentially gives medicare to all sponsored by the government. Countries such as Argentina, Australia, Canada, Sweden, Norway, Switzerland and Belgium have all adopted this policy, and it essentially eliminates the cost of healthcare entirely. (3) There is a significant cost to adopting this in one country, let alone globally, and there are some flaws to this system such as the quality of care going down, and the shortage of doctors gets worse, however when looking at the countries that have such a system, a pattern emerges as most of these countries have a high quality of life.

Even though there has been a lot accomplished in regards to making healthcare more affordable, more needs to be done to eliminate this issue entirely. With various organizations and countries taking different stances in regards to the issue, finding a common solution to improve the issue is crucial for the WHO committee.

There are already a few policies in place to help combat this issue. For example, in 2015 the UN adopted the resolution on Transforming Our World: the 2030 Agenda for Sustainable Development which aims to give coverage to all by 2030. Also, in 2017 the UN passed a third resolution on Global Health and Foreign Policy: addressing the health of the most vulnerable for an inclusive society. The UN has already begun to work towards the goal, but without all countries heavily involved it is hard to achieve what is considered a basic right. (7)

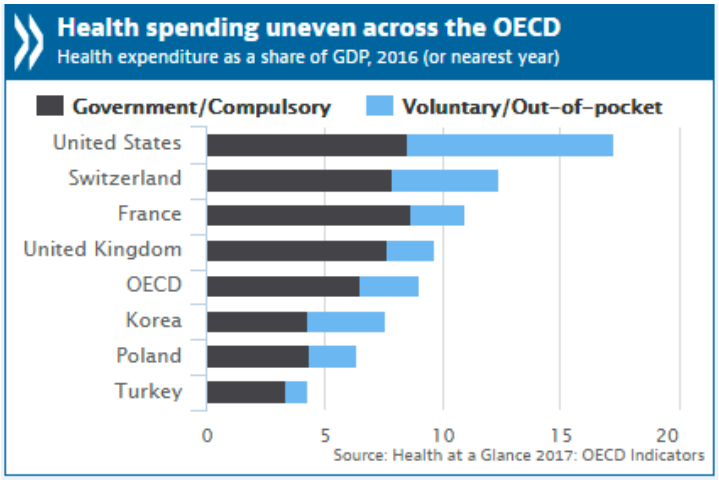
Current Situation

A report from the World Bank and the WHO has shown that at least half of the world's population cannot obtain essential healthcare services such as access to a doctor or access to medicine. Furthermore, within the USA in 2019, 73.7% of uninsured nonelderly adults had said the reason they were uninsured is because of the sheer cost of insurance and healthcare as a whole. (9)The healthcare system needs some form of an improvement due to not only the lack of accessibility to healthcare, but also the affordability of it.

One important thing to note is that there are currently many countries that do not view the issue of mental care as included in healthcare. Many countries share clashing viewpoints in this regard, some believe it is an extreme issue that should be included in healthcare while others do not. In the past, mental health was often disregarded, however in recent years it has become more prevalent. Coming to an understanding about mental health is crucial as it is one of the most important issues of the healthcare matter.(7)

Rural communities are also at a huge disadvantage in terms of healthcare. Oftentimes in developing nations the nearest doctors live in urban areas, and those in rural areas are forced to take transportation, oftentimes worsening their condition. Recently, distribution of the Covid vaccine had proven to be extremely difficult in these rural areas as transportation proved to be impossible. Resolving this issue is extremely important as well.(2)

As previously mentioned, the idea of universal healthcare is an idea that many believe would solve the issue of unaffordable treatment. However, there are many pros and cons to consider with this belief. For example, the costs of implementing universal health care would destroy many countries, figuring out a proper way to fund this is crucial. Furthermore, currently there is a doctor shortage, so many regions do not even have the professionals to administer treatment. On the other hand, many believe that by providing healthcare, what many believe to be a fundamental human right, will lead to more prosperous economies in the future, and it may better the economy with more job opportunities. As of 2022, many countries have implemented this system, such as Belgium, Switzerland, Denmark and more. One interesting thing to point out with this type of system is, usually the countries that have the system are classified as the countries with the best healthcare systems, and they have great qualities of life, which may be an important factor to consider when discussing the topic.



(12)Health has become a huge part of the budget for both people and countries. It currently accounts for 10% of global GDP, and although governments provide an average of 51% of a country's health spending, that leaves 35% of healthcare spending to come from out-of-pocket expenses. (1)Many claim that the current climate of healthcare is not where it should be due to the many that are left suffering.

There are many things happening in the modern world that drastically affect the cost of healthcare, however ensuring that healthcare is accessible to all is crucial despite the current situation. The situation

has only gotten worse over the years due to inflation and the doctor shortage, and it is time to break this cycle. The members of the WHO must work with one another to find solutions to this issue, and ensure that all have access to not just healthcare but affordable healthcare.(5)

Country Policy

Affordable healthcare is a global issue that affects the lives of the people in every country. Every country faces difficulties and challenges while living up to the United Nations Third Sustainable Development Goal, “Ensure healthy lives and promote well-being for all ages.” All countries have different goals and routes they may want to take to address the issues regarding healthcare. In addition, delegates may consider how national sovereignty will play into any stance countries take. This section of the topic guide will provide one with a brief regional standpoint on the issue. This should be used as a starting point for your research into your country's policies in regard to the issue.

Asian

Dense populations in Asia can occasionally make healthcare less affordable. In addition,, in rural areas, people cannot find healthcare and when they do it is usually very expensive. According to the World Bank, these countries have on average fewer than two hospital beds per 1,000 people, while in India this figure is 0.7 beds per 1,000 people. (5)

Additionally, the cost of treatment can be a significant deterrent to seeking care. Both access to care and affordability of care are significant factors to worry about for Asian countries. Health at a glance in Asia and the Pacific region in 2014 reveals that life expectancy at birth across 22 Asian countries reached 73.4 years on average in 2012. There, however, is a large regional divide with healthcare. The longest life expectancy is found in Hong Kong, then China with 83.3 years for both men and women. Japan, Australia, Singapore, New Zealand, the Republic of Korea and Macau, China also exceeded 80 years for total life expectancy. On the other hand, eleven countries in the Asia/Pacific region had total life expectancies of less than 70 years, and in Papua New Guinea and Myanmar, a child born in 2012 can expect to live an average of less than or equal to 65 years of life. The life expectancy of countries is a direct result of the healthcare systems there. Primarily one may find countries that are more economically stable will tend to have a stronger life expectancy, since they can afford to make their healthcare systems better.

African

Countries in Asia and Africa have the highest number of people without affordable healthcare. In this region, healthcare is only the bare minimum, and to get more than the minimum, one must be economically prosperous. Healthcare in Sub-Saharan Africa remains the worst in the world, with only a few countries able to spend the $34 - $40 a year per person on basic healthcare,(5) which the World Health Organization considers to be the minimum. People are unable to seek out treatment for themselves because they have little money, since the government does

not provide enough. It is estimated that 50% of the payment of healthcare is sponsored by out-of-pocket expenses, an astronomical amount compared to the international rate of PERCENT. Based on the research in a new report, International Finance Coorporation (IFC) estimates that over the next decade, $25-$30 billion in new investment will be needed to meet Africa's health care demand. (5)

In Africa today, the private sector is sometimes the only option for health care since government facilities are underfunded. A poor woman in the region is as likely to take her sick child to a private hospital or clinic as to a public facility.

American and European

When compared to Asia and African countries, North American and European countries would have a slightly different stance in regards to the issue of affordable healthcare. Many North American and European countries have a universal healthcare system, thus eliminating the cost of healthcare. Countries such as Argentina, Australia, Austria Belgium, Brazil, Canada, Chile, Costa Rica, Croatia, Cuba, Czech Republic, Denmark, Finland, France, Germany, Greece, Italy are just a few of the many countries that have a (3)universal healthcare system. Although all of these countries have a universal care system, the quality of the care, and where resources are allocated varies by the country. Furthermore, in European countries specifically, it has been found that although they have universal coverage, the private sector still plays a role. Often people go to the private sector because it is better than the public, despite it being more expensive. When people do choose to go through the private sector in Europe, or where they are forced to in the United States, healthcare can get very expensive. The United States has one of the most expensive healthcares in the world, forcing many to make financial decisions solely based on the quality of care they may get. Countries like Brazil however have a flawed but fair universal programme that is used by 70% of the population, this is due to healthcare being available for all, but there are a lack of doctors and inadequate funding; (8) Argentina however has one of the best healthcare systems in Latin America with their universal health care system. The quality of care and the ideals and goals of countries also varies by country.

Two exceptions to Europe's main model of a hybrid system between the private sector and the public care is Switzerland and the Netherlands. These two countries rely on a largely employment-based private care system which is essentially when the employer provides healthcare. Although it is a private system, in both countries the government still heavily regulates the system, and has control over the healthcare regulations, prices, quality and more.

Potential Solutions

In order to solve the issue of the lack of access to affordable healthcare, delegates must work with one another and determine an effective yet efficient solution. Delegates with similar interests and goals can work alongside one another to find a solution that benefits their countries.

Delegates should pay close attention to all factors that contribute to the lack of care, as well as countries that have been successful within their own healthcare systems. A lack of resources is the greatest reasoning behind the issue of a lack of care when there is a lack of money, this ultimately leads to a poorer healthcare system. (7)

Furthermore, looking at both countries with successful and flawed healthcare systems is important as determining successes and flaws in other countries will help to create stronger solutions. Looking at universal healthcare for instance is important as it gives all access to care, but there are flaws within this system that need to be established, and altered.

Countries with similar interests in the realm of healthcare should work with one another in order to create a plan that effectively tackles this issue. Some solutions that the committees of the WHO could implement range from a healthcare for all system, where the government provides all forms of healthcare. With this the financial aspect would need to be considered.

Another potential solution is simply raising funds for the countries that need it. Targeting specific countries would also be helpful. Overall, this issue should be addressed and countries should work with one another to address it.

Questions to Consider

What has the country being represented done in previous years to make healthcare more affordable and accessible for its population?
How is the country being represented affected by a lack of access to affordable healthcare? What challenges does the country being represented specifically face?
Considering the high prices of healthcare currently, is the country being represented able to afford this high cost of care? If not, where will funding be drawn from?
What issues has the COVID pandemic exposed about the international supply chain when it comes to healthcare and the vaccine rollout?
How was the COVID pandemic revealed about the country being represented specifically to its dependency on others internationally regarding healthcare?

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refugees outside of refugee camps are still at high risk of poverty and have limited access to basic services, education, and job opportunities. Racism and xenophobia contribute to the difficulty of reintegration. Delegates should look at the support structures that are available for refugees in their country and international standards, and find solutions for successful long-term reintegration. In doing so, delegates should also address issues unrelated to quality of life that continue to affect forcibly displaced peoples, such as the existence of harmful trafficking gangs that exploit refugees and migrants.

Resettlement is also recognized as one of the three durable solutions for refugee crises, and it involves the transfer of refugees from an asylum country to another State that has agreed to admit them and ultimately grant them permanent residence (39). However, it has only been provided to refugees considered most vulnerable by the UNHCR. As of 2020, less than one percent of all refugees are resettled each year. Delegates should discuss what policies are necessary to increase this number and extend this safe option to more refugees.

Finally, delegates should frame these considerations in the context of currently ongoing refugee crises. Notably, the current Russo-Ukrainian conflict should be a main topic of contention and delegates should consider what their countries can do to improve asylum conditions and the migration process for the refugees displaced by this crisis.

Questions to Consider

What existing legislation does your country have regarding refugee status and refugee camps?

Is your country part of any international agreements pertaining to refugees?

How did your country respond to the Ukrainian refugee crisis, or other previous refugee crises?

How do refugee crises in your region affect your country?

What is your country's stance on accepting refugees?

What kind of new legislation might help refugees gain access to basic necessities and services in their new societies?

How can countries provide more employment opportunities and facilitate the reintegration process for refugees?

What can be done to overcome the effects of COVID-19 on refugee crises?

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Implementing Healthcare Policies for Patients with Dementia

Topic History

With 55 million people living with dementia worldwide and 10 million new cases per year, it is key for world leaders to focus their healthcare systems towards improving the quality of life of their population affected by dementia [12]. Dementia is the gradual weakening of the brain's ability to process thought, and the 7th leading cause of death among all diseases [4]. Many neurons stop functioning, lose connection with other neurons and die because they no longer serve the purpose of transmitting information to the brain [16].

The disease has a progressive nature, meaning that it can have a long-lasting, devastating impact on patients, families, and the society they live in. However, this also means that there is opportunity for early diagnosis, and thereby significant improvement for affected people.

Policy aimed to protect and care for dementia patients and their caretakers, including treatments, therapies, and most importantly, strategies for early diagnosis, help to slow or stop cognitive decline for the patient. Due to the lack of a complete cure as of yet, it is the WHO's responsibility to improve the quality of life of dementia patients by employing existing strategies, and devising new plans.

Topic History

Dementia cases have been recorded since early civilizations but it wasonly recognized as a disease that could cause deterioration in the brain in the early 1900s [7].

In the mid-1800s, the Western world was slacking in terms of knowledge of clinical-pathological correlations, or the link between a symptom and a specific mental condition, and two German scientists sought to improve it. Their names were Emil Kraepelin and Alois Alzheimer, and they studied whether senile dementia or similar symptoms at younger ages could constitute a disease [2]. Alzheimer and Kraepelin were reluctant to give the condition the extreme title of “disease” because they, like the general public, considered it to be a normal phenomenon.

Around the same time of this research in Germany, the US began to get overwhelmed with afflicted patients at state mental hospitals. Ironically, in the US, the general public had the same layman view toward dementia, but state mental hospitals were motivated to label older people as insane so that they could reap the profits of more institutionalized patients [2].

Then, from the 1930s to the 1950s, American psychiatrists attributed the condition to social factors and behavior, instead of just a predictable result of aging [2]. This idea seemed to make more sense as it accounted for the fluctuation in brain pathology discovered in an autopsy. People began to grasp the concept that afflicted patients, due to their environment, function with the disease in different ways. It was deduced that dementia is not one disease, but an umbrella term describing many different conditions that relate to the weakening of the brain’s ability to process thoughts and information over time. Alzheimer’s disease is the most common out of more than 50 dementia-related diseases.

Now that people had crossed over from viewing dementia as a normal part of aging to recognizing it as a distinct disease, the general public was more aware and medical research attracted funding. Some negative yet natural effects of this shift, however, were an increased level of stigma and reduced emphasis on caregiving as compared to medical research [2]. That's why in the late 1970s, family members and caregivers were struggling with a greater burden to deal with, now that the disease was officially recognized as a brain condition.

Current Situation

Addressing dementia on a national healthcare scale can be difficult because of the large number of preexisting conditions that can cause it and its societal impact. Causes of dementia often have to do with an altered or damaged brain. Some factors that can contribute to this are lifestyle related, like a lack of adequate diet and exercise or extreme alcohol use and smoking. Others are less in the control of the patient -- depression, diabetes, and head trauma. The most common symptom is memory loss, unbeknownst to the patient themselves and usually noticed by someone else at first.

Patients also tend to have difficulty remembering familiar routes, finding words, problem-solving, planning ahead, and becoming oriented to their surroundings. The disease often leads people to lose their ability to process thought like they used to, resulting in fluctuation in behavior. This disability has a devastating social cost because of the nature of the disease. As the life expectancy for countries around the world is increasing, so too is the number of people affected by dementia. There is still no direct, complete cure for any form of dementia [19].

Alzheimer's Disease International, an WHO-affiliated federation of more than 100 dementia associations defines Dementia Plans as government led actions in which the government holds itself accountable to measurable objectives, whilst Dementia Strategies are collaborative partnerships usually between governments, non-government organizations and health and social care sectors [1] About 32 countries, with only four low and middle income countries (LMICs), around the world have developed national Dementia Strategies [18].

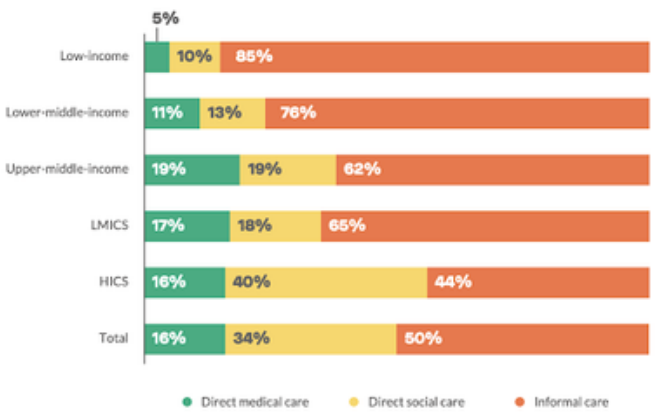
There are two main lines of strategies to address dementia: the first is bio-medically driven to prevent the disease, and the second emphasizes risk reduction and rights for people living with dementia. Some of the rights dementia patients tend to lose are autonomy, self-determination, independence, participation, equity and choice. A culmination of both strategies in a potential plan is optimal for the most positive impact on people living with dementia [18].

Medically, the Lancet Commission said in 2020 that 40% of dementia cases could be prevented or postponed by addressing "modifiable risk factors". One such way to delay the worsening of Alzheimer's disease is a commercially available blood-based biomarker test for a disease-causing protein called amyloid.

These biomarkers help detect signs of dementia before symptoms start to emerge in a patient's day-to-day life, and they cost about $1,250. This is helpful for many because it can help people do research, access resources and support, as well as plan ahead, while making most of their current capabilities. Early diagnosis gives a person the opportunity to live their lives more consciously while getting support through talking to others. Another strategy has been disease-modifying therapies (DMTs) that can help with cognitive impairment during the beginning, mild, stages of dementia.

Due to the scarcity of DMTs (including aducanumab, lecandemab, docanemab, and gantenerumab -- the latter three of which are all currently in phase III clinical trials), they are not easily accessible to all parts of the

FIGURE 7
Percentage of costs associated with different types of dementia care, by World Bank income level



world largely due to healthcare system capacity constraints, with the wait time in Europe being 5-19 months. The wait time in the US is 12 months for the blood-based biomarker test [6].

To monitor progress on dementia policies, WHO has also launched the Global Dementia Observatory (GDO), GDO Knowledge Exchange platform, various guidelines and handbooks as well as provide a database of "good practices" that help countries increase the chances of efficacy of implemented legislation [13]. Some of these include "to facilitate mutual learning" and "promote the exchange of knowledge in the area of dementia" [17].

The need for care is urgent, with most countries (89%) reporting to WHO's Global Dementia Observatory say they provide some community-based services for dementia, but provision is higher in high-income countries than in low- and middle-income countries. In low- and middle-income countries, two-thirds of dementia care costs are attributable to informal care as opposed to 40% in richer countries (14).

WHO's Western Pacific Region has the highest number of people with dementia (20.1m), followed by the European Region (14.1m), the Region of the Americas (10.3m), the South-East Asia Region (6.5m), the Eastern Mediterranean Region (2.3 m) and the African Region (1.9m). Alzheimer's Disease International warns that if the issue is left unaddressed, increasing dementia cases would significantly undermine social and economic development globally [14].

WHO acknowledges the health security dangers that can arise if dementia care is not adequately addressed and the main piece of legislature that affirms this and sets the blueprint is the Global Action Plan on the health response to Dementia (GAPD) [9]. The World Health Assembly has endorsed the GAPD, which is the authoritative blueprint for governments aiming to improve life for those affected by dementia. This plan has a greater focus on dementia patients' and carers' rights and protections, as well as ease of communication through spreading awareness and increasing the reach of information systems.

This plan identifies seven priority areas (1) public health priority, 2) awareness and friendliness, 3) risk reduction, 4) diagnosis, treatment care and support, 5) support for dementia carers, 6) information systems, 7) research and innovation) and lists parallel goals for countries to strive towards (4). It sets specific benchmarks for each of these areas, as goals to achieve by 2025, and committed Member States must report their progress three times over the seven years.

Some of the plan's strengths are the WHO's pledge to provide logistical advice to countries reconstructing their national plans against dementia. This pledge aligns with the goals of the GDO and is especially helpful to individual carers, and even whole healthcare systems. However, the GAPD has some shortcomings, including its particularly ambitious 7th priority area, which aims for research output to be doubled by 2025, especially in low and middle income countries.

Achieving this goal requires an average of 15 new plans each year, which is not very feasible given that only one new plan has been adopted since the GAPD was first created in May 2017. The 4th priority, with a target of at least 50% of the estimated numbers of people with dementia diagnosed in half of all member countries, has been tough considering only 3 out of 21 countries have provided data on diagnostic rates for the Global Dementia Observatory. Given that feasibility in low-income countries has been a recurring issue in dementia policies, it's important to make sure people living with dementia are cared for in those places by analyzing and improving upon the GDO's strategies.

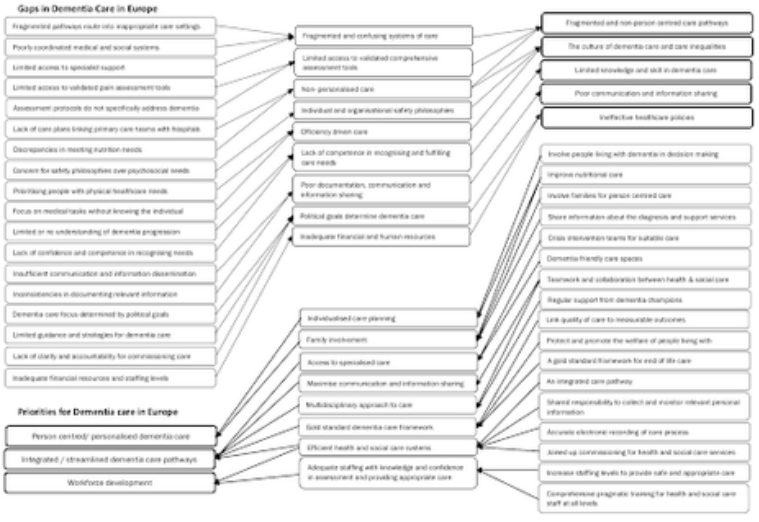
Country Policy

North America & Europe

The US introduced their AD (Alzheimers' disease) national plan in 2011, which has since been updated annually. Their most recent revision more specifically targets risk reduction, most notably by using interventions like the National Aging Network. The CDC (Centers for Disease Control and Prevention) gives funding to BOLD (Building Our Largest Dementia) public health initiatives in the US to spread awareness about brain health and the importance of identifying dementia risk early on. Canada and the US have recently allocated more funding towards research into AD, increasing annual investment from $631M in 2015 to $2.8B in 2020. In 2018, the US issued guidance about drug development for early AD, defined as "before the onset of overt dementia". The UK has the ACT NOW campaign, which uses its National Health Service Health Check system to distribute helpful information to people aged 40-74 to encourage a lifestyle that sets you up for lower risk of dementia.

In contrast to the US and the UK, Germany was one of the European countries that had less of an emphasis on communicating and materializing the benefits of early diagnosis. However, in 2020, the country began to make strides towards advancing research and knowledge about ADRD by examining at-risk groups and detecting the earliest indicators of the disease. There still exist public health programs like Germany's "dementia partners" program which is funded by the Federal Seniors and Health Ministry and works to educate the public about ADRD.

In September of 2007, Members of the European Parliament (part of the EU) met to launch the European Alzheimer's Alliance. The alliance crosses nations and political parties to 1) promote dementia prioritization in nations and in the continent and 2) politically advocate for the prevention, diagnosis and treatment of Alzheimer's [5].



East Asia

China and Japan have some of the fastest growing older populations, with fewer young people to take care of them, even if they are willing. China's aging rate, elderly dependency ratio, oldest-old coefficient and median age of population will increase 13.24 percent points, 24.21 percent points, 8.33 percent points, and 8.47 years, while the same four indicators of Japan will increase 8.38 percent points, 22.52 percent points, 8.29 percent points, and 6.20 years, respectively, as per a recent study [3].

According to an Alzheimer's Association study (shown in the chart below), the US, the UK, China, Japan and the Republic of Korea have had better success and generally more comprehensive dementia plans than others, with at least 3 out of 4 criteria met [6].

Country	Number of categories met (out of four total)	National plan focused on early action (5/7)	Public health initiatives that promote risk reduction, prevention, and early detection (6/7)	Research efforts on enabling early detection and risk reduction (6/7)	Programs that enable early and regular brain health screening (1/7)
United States	3	x	x	x	
Germany	2		x	x	
Sweden	1			x	
United Kingdom	3	x	x	x	
China	3	x	x	x	
Japan	3	x	x	x	
Republic of Korea	4	x	x	x	x

As a part of broader responses to health issues, the Chinese and Japanese governments promote regular health check-ups. The Korean government funds the research of the Ministry of Health and Welfare, and the Ministry of Science and Information and Communication Technology, both of which work to develop new technologies aimed to recognize signs of dementia before its onset.

Africa

The middle class population of the continent has tripled in the last three decades, now representing more than 34% of Africa's population. An increase in wealth corresponds to an increase in demand for better health care [8]. In Africa, the percentage increase of the elderly population is faster than any other continent, and there is little awareness, as dementia is usually dismissed as a part of aging. This means that lack of awareness, and consequently, lack of diagnosis is a prevalent issue in the continent. Age demographics of affected populations are generally similar across the continent with the main risk factors being age, female sex, and cardiovascular disease [8].

Some community based studies to try to increase awareness. But those that have been conducted report a low incidence of dementia, which is likely untrue and comes from the population's biased response to the study. Most likely, these studies don't reflect the truth because of the population's (i) poor access to or reluctance to seek medical care; (ii) belief that an elderly person has completed their useful life; (iii) differential survival rates; (iv) hiding of cases by relatives concerned about the stigma of mental disease; (v) defective case finding techniques; and (vi) belief that dementia is a normal part of aging [15].

South Asia

A synthesis of qualitative evidence surrounding awareness and understanding of dementia in South Asians concluded that the people, in general, were explicit in

stigmatizing dementia. Some believe dementia to be a normal part of aging, while some South Asian caregivers even viewed dementia as demons or God's punishments [10].

In contrast, some studies concerning the diaspora of Bangladeshi carers in England show that these South Asian caregivers have the complete opposite perspective, viewing dementia as the medical condition it is, instead of associated with religious spirits or stigma [11].

Potential Solutions

To address the issues outlined, delegates must be focused on designing specific medical care-based solutions. With 75% of people with dementia globally not diagnosed, a large emphasis should be placed on early diagnosis as a way to detect and treat dementia before its onset. Whether it be through the use of modifiable risk factors and DMTs (as mentioned above), polygenic risk scores, retinal scanning, or any others, specific preventative strategies must be employed. Young onset dementia should also be accounted for in national policy.

As for structural change to medical systems in place, delegates should research their current policies and their efficacy. If there exists a primary care system that accounts for patients with dementia, then effort should be made towards making it flexible and adaptive, as to remain reliable even with future challenges facing the primary care system.

Medicare recipients with dementia currently account for 34% of spending, despite constituting only 13% of total Medicare beneficiaries. The high cost means that emotional and economic burdens for families with an affected patient should be considered. As for psychiatric needs, dementia patients and their informal/formal caregivers will need more financial, educational and social resources to fight through struggles. These therapies will serve to slow or stabilize cognitive decline for dementia patients.

Finally, delegates should reflect on which mental health programs and medical treatments for AD and other dementias have been implemented or considered by their country's regulatory agency, and decide which they plan to move forward with.

Questions to consider

Does the country being represented have strategies that are based on bio-medicine, or risk reduction and rights, or both, and how do these strategies compare to other countries internationally?

What is the age breakdown of affected dementia patients in the country being represented?

What legislation exists, and are there any ineffective programs contributing to a worsening medical, emotional or financial condition for dementia patients and affected parties?

How has COVID-19 affected your country, especially in regards to primary care providers ability to provide healthcare, and has that affected their coverage for dementia patients?

What techniques and metrics can you use to ensure and monitor whether dementia care is being adequately covered under primary care programs?

If the country being represented lacks an adequate program, has your country implemented any broader programs addressing primary care issues, and can it incorporate dementia care into its initiatives? (Consider whether the primary care program's sources of funding can be applied to dementia care.)

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