



**SPC1:** Special Conference on Global Health Threats

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**Issue:** Ensuring Access to Preventative Healthcare

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Committee: Special Conference on Health (SPC1)  
Issue: Ensuring Access to Preventative Healthcare  
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## I. Introduction

Preventative healthcare consists of anticipatory measures taken for disease and disability prevention. The goal of preventative healthcare is to hinder diseases and impede the burden of the disease and risk factors. Sexually transmitted diseases (STDs), cancer, child mortality, and obesity can be prevented or reduced with the appropriate use of preventative healthcare.

The scope of preventative healthcare is wide, and thus includes topics such as education about healthy living, immunization against diseases, regular check-ups, sexual education, and more. The lack of access to such measures stems from two major issues: Some governments are unable to implement accessible preventative healthcare as the cost-effectiveness of that implementation is questioned and, secondly, individuals are unable to afford regular treatments such as check-ups, vaccinations, and tests. In less economically developed countries, accessing adequate and immediate healthcare may prove difficult. Whether it be rough environmental conditions, economic improbabilities of individuals, or lack of competent medical staff and equipment, urgent or preventative healthcare is inaccessible to the general population. Consequently, actions taken, before the need for urgent healthcare arises, can help create a more sustainable health care system by prohibiting potential outbreaks of diseases and lowering the preventable mortality rate of such crises.

The Americas have been in a state of uncertainty for over a decade. With continuous political, social and economic instability; the citizens in the Americas are longing for improvement. In every area, including health care, resilience has been shown; and should continue even stronger to achieve prosperity and stability.

## II. Involved Countries and Organizations

### World Health Organisation (WHO)

The World Health Organisation is the agency of the United Nations (UN) primarily responsible for public health. WHO has been promoting preventive health care through its policies, education of the general public, and research. It gathers information on preventative health care and leads the governments in making such health care as accessible as possible. The assistance of WHO is crucial for governments when



improving their preventative health care so they are more accessible. WHO has fundamental information and funds that can be used to assist governments not only to improve themselves but also to act as an inter-governmental binding agent that can help different countries to work together. One of the major focal points for WHO has been infection prevention and control; they have created many programs and campaigns to restrict the spread of infections through behavioural control and change.

## Argentina

According to the Global Health Security Index (GHS), Argentina is ranked second in “Medical countermeasures and personnel deployment”, 6th in “Infection control practices and availability of equipment” and with an index score of 48.2, 13th overall in “Healthcare access”. A big reason behind such high rankings is the overall health care system, which consists of nominal Universal Health Coverage (UHC) and a private system. While it has achieved a nominal system, meaning everyone theoretically has a right to public health care, the effectiveness of this coverage is still in need of improvement. The Argentinian government has been working on their healthcare system, having spent over 7% of their Gross Domestic Product (GDP) on healthcare in 2016. The provincial health system still should improve to be more accessible, and the social determinants and the inequality of access in relation to economic and social status are yet to be addressed. The effectiveness of this health care system can be enhanced with the adequate implementation of preventative medicine, inhibiting diseases in rural areas and for individuals who cannot economically access the health care system. Overall, the Argentinian health care system is, in theory, an exemplary one while, in practice, the effectiveness and accessibility of the system have to be improved.

## Guatemala

For many Guatemalans, healthcare is not a necessity but a privilege. The Guatemalan Government considers health care a universal right, however, they are not allocating nearly enough funds for the health systems. Guatemala is an economically struggling country, and they simply do not have the money to provide their citizens with an accessible and high-quality health care system. A 2017 Health Policy Report states that: “Limited public resources have inhibited the Government of Guatemala’s ability to meet the health needs of the growing population...”. With over half the country suffering from a lack of access to food, Guatemala has been rated the fourth highest country in malnutrition, causing many problems, such as stunted growth for many children, which will most likely lead to future diseases or illnesses. Moreover, the rural areas of Guatemala are less advanced in every respect, including health care. Not only is urgent health care not accessible to people living in rural areas, the education necessary for people to stay healthy is also lacking. They do not have the equipment to get tested for chronic diseases or get regular treatments. Almost 80% of the doctors work in the capital of Guatemala, meaning that people from rural areas have to



travel to even see a doctor. Furthermore, there are apparent disparities specifically affecting minority groups which, despite being over 40% of the population, are more likely not to receive proper treatment or health education. Consequently, there is a higher maternal mortality rate for indigenous people, most likely caused by the language barrier. There are over 24 languages spoken in Guatemala, and most of the time, the medical staff speak Spanish while minorities and indigenous people tend to speak different languages, making communication more difficult. Understanding the situation in Guatemala is crucial as it faces almost all of the obstacles of the Americas, and this could give a deeper insight into the problem.

### International Labour Organisation (ILO)

International Labour Organisation (ILO) is a United Nations agency whose primary goal is to set labor standards in an effort to promote social justice for workers. ILO conducts research and publishes reports on labour standards in the healthcare industry which can be used as a guideline not only for individual workers but for countries to follow. ILO supports developments in working conditions. It has promoted preventative health care as a solution for the inaccessibility of urgent medical care. Additionally, previous ILO Executive Director Mary Chinery-Hesse has criticized Latin America and the Caribbean for the inaccessibility of its health care. ILO Executive Director Mary Chinery-Hesse has stated “ [in Latin America and the Caribbean] more than 140 million people, that is a third of the total population, do not have access to health services”. They are working to improve the standards for workers and thus increasing the overall quality of health care received.

### El Salvador

El Salvador's health care system is considered to be poor, with a huge portion of the country unable to access it. Those that can access it still consider the treatment they receive to be lacking, as most of the hospitals lack sufficient medical staff, equipment, and funds to give good service. While the country produces enough health care providers and medical staff, there is still a lack of adequate and accessible health care, especially in rural areas and, for those who are struggling economically. Only about half the population faced with an illness or accident receive the necessary health care. The country not only struggles with accessing healthcare but also lacks necessities such as drinking water and sanitation; it is facing problems such as malnutrition; all of which contribute to the steadily decreasing health of the nation. The government does not seem to be able to solve this problem and, on the contrary, has been worsening the situation by not allocating adequate funds to improve the health care system. The situation can be massively improved with the implementation of preventative healthcare as a starting place, which can be used in rural areas and does not require massive funding. El Salvador is still recovering from its recent



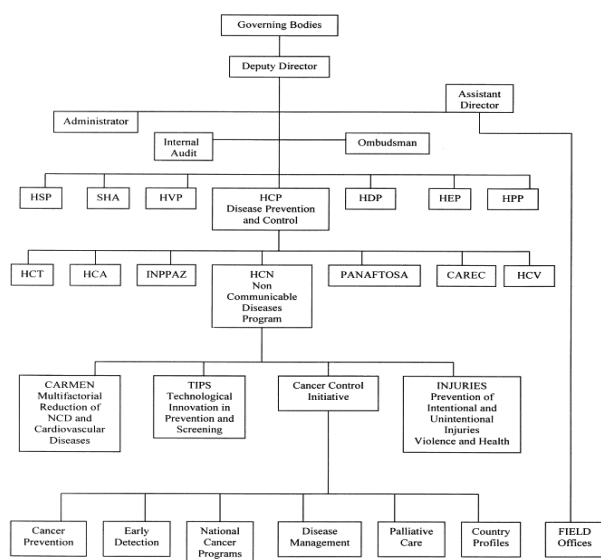


political issues and is on the path to political stabilization, however, they should be looking forward and working towards improving their health care system.

### Pan American Health Organisation

It is also important to mention the Pan American Health Organisation, an organization directly linked to WHO and specifically looking over the actions on health in the Americas. They oversee all healthcare policies and programs in the Americas, researching and publishing information to be guidelines for the member states, and they work with other United Nations organizations and various other organizations. PAHO has multiple international projects on disease prevention; a few of which are centered around Latin America and the Caribbean. The organization's efforts in disease prevention usually focus on the vulnerable part of the population such as people with disabilities and children.

Furthermore, the Pan American Health Organisation has specific departments for preventive health care (Figure 2). Disease Prevention and Control (HPC) takes countermeasures to the spread of the disease



and tries to reduce the risk of an infectious disease outbreak. The actions taken by this department include measures such as vaccines and the accessibility of appropriate information. The Non-Communicable Diseases Program (HCN) looks over illnesses that cannot be spread to one person from another. Diseases such as diabetes and obesity would fall under this department; which takes a multi-national approach to prevention. The Cancer Control Initiative works to prevent cancer by targeting those at risk, making early detection techniques available to the general public, and creating country profiles to give specific feedback to countries.

"Figure 1- Organisation of the Pan American Health Organisation"

## III. Focused Overview of the Issue

The word prophylaxis is the medical name for preventative medicine that was first used in 1863. "Phylax" is a Greek word that means "to guard"; consequently, the word "prophylaxis" is defined as a form of health care that focuses on the inhibition of diseases and illnesses.





In health reform, disease prevention and health promotion are crucial as they make up the starting point and are a very effective future investment. Preventative medicine is a must in a fully working health care system; however, it is inaccessible for many. Specifically, in Latin America and the Caribbean; healthcare remains inaccessible for a huge part of the population. According to an ILO report “An estimated 121 million persons are too poor to afford any kind of health care and another 107 million have no access to any kind of health service simply because they live in remote areas.”

## 1. Levels of Prevention

There are three generally accepted and two other levels of prevention in prophylaxis, all of which can be seen in Figure 2. The first level is “Primal and Primordial Prevention”, which can also be referred to by a different and simpler name: health promotion. “Primary Prevention” is the generally accepted first level of prevention, which focuses on avoiding the disease. “Secondary Prevention” consists of the early detection of diseases that the individual already has. “Tertiary Prevention” reduces the effects of a long-lasting or chronic disease and makes it more manageable. The last one is “Quaternary Prevention”, which aims to avoid over-medicalization.

Primal prevention refers to the earliest stage in life, which consists of a period of time after conception to approximately the first year of the baby’s life. The health care given in this early stage of life could potentially prevent the individual from getting illnesses and diseases later on in life. This form of prevention contains informing the parents about pregnancy, getting tests to make sure the unborn baby is healthy, and supporting them throughout this process, which may sometimes include necessary financial help. These actions are not on an individual level but on a population level, and they include all risk factors such as air pollution or food safety.

Primary prevention refers to disease prevention to prolong life expectancy by taking action prior to the disease. This is accomplished through the promotion of a healthy lifestyle and specific protection. Non-specific protection, also known as health promotion, increases the general well-being of the individual, thus reducing the risk of getting diseases. Health promotion is generally any non-medical intervention that increases wellness in general. Examples of this can be exercising regularly, and having a nutritious diet. Specific protection is a type of protection that is aimed at a group of diseases.

WHO recommends two main approaches for primary prevention: population strategy and high-risk strategy. Population strategy is aimed at a group of people rather than individuals. This strategy suggests the treatment of masses without consideration of the person’s individual risk levels. A high-risk strategy is individual-based rather than population. This strategy aims to find individuals who are more prone to get diseases and are at a higher risk of accidents. While a high-risk strategy is more effective in the short term, it



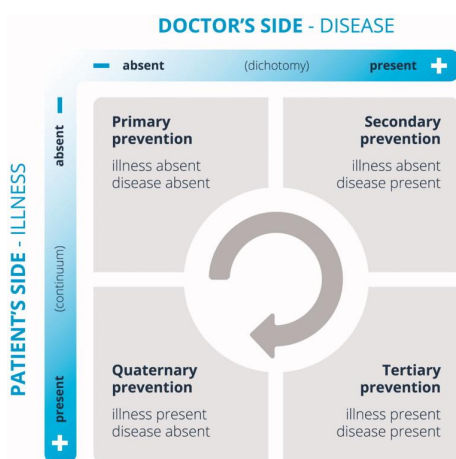


has a risk of targeting the wrong group, or the group that is not targeted is still at the risk of getting the disease. However, population strategies can be politically and economically hard to implement; despite being more effective in the long term.

Secondary prevention comes into effect after one has been diagnosed with a disease. The goal of secondary prevention is not preventing the disease but hindering its progress. Secondary prevention is the measures taken to make sure an asymptomatic disease does not evolve into an asymptomatic one to make sure to eliminate any future complications and restore health before it does irreversible pathological damage. Early diagnosis and prompt treatment of the disease are the measures taken to hinder the progression, avoiding any future complications for both the individual and the society.

Tertiary prevention is the medical intervention done to minimize the damage caused by asymptomatic disease. During this stage, the disease is not in its early stages and is usually irremediable. Pain management and prevention, avoiding complications, and adjusting living standards to their specific condition to maximize the capabilities of the disabled person are all done in tertiary prevention. Examples of this can be psychological help or adjustment in their homes and workplaces to accommodate the person's disability such as placing ramps for a person in a wheelchair.

Quaternary prevention aims to protect people from medical harm and over-medicalization. This form of prevention suggests ways for diseases to be solved without the need for medical intervention such as living a healthy life. Quaternary prevention tries to stop unnecessary medical procedures that may cause more harm than good. This is suggested to stop medical companies from offering unnecessary medical procedures for economic reasons or for the patient to accept unrelated procedures because of health insecurity. However, this method of prevention is controversial and is still being debated because it might stop patients from getting the help that they need.



"Picture 2: Model of different categories of prevention in the relational model proposed by Marc Jamoulle."





## 2. Preventative Methods

There are many forms of prevention. Educating kids on nutrition and living a healthy life by exercising hinders their risk of becoming obese in the future. Impeding obesity consequently hinders cardiovascular diseases, diabetes, and cancer. Educating young adults on sexual intercourse and providing protection protects them from receiving STDs. Making regular check-ups available and accessible, both physically and economically, not only allows the early detection and possible treatment but also allows individuals to get advice on how to live a healthy life and ask questions about their own health.

While most of the listed above are generally accepted, there are a few forms of preventive medicine that are more often topics of discussion. Getting vaccinated certainly protects people from the chance of getting infected or potentially dying from the infection. However, many are still protesting against getting vaccinated and believe that vaccination causes diseases such as autism.

Cancer has been one of the biggest worries in health for the past few decades. While there still is no cure for cancer, many preventive actions can be taken to prevent having cancer and decrease avoidable mortality. With the overwhelming industrialization, many low and middle-income families have been continuously exposed to cancerogenic materials and specific foods. Smoking and second-hand exposure are among the main causes of lung cancer. Prolonged sun exposure causes one of the deadliest forms of skin cancer. Cancers such as colorectal cancer can be prevented mostly by having a healthy and nutritious diet. Cervical and other types of cancer can be prevented with adequate testing and screenings.

Adjustments made for chronically ill people are also defined as preventive medicine. Adjustments to environments must be made so that people with disabilities and chronic illnesses can live their lives to the fullest extent.

## 3. Inaccessibility of Preventative Healthcare

While preventative health care is certainly effective; it is rather a privilege for most people than a basic right. This inaccessibility is sometimes related to the social standing of the individual. Many indigenous people and minorities have trouble accessing health care. Certain geographical obstacles make health care inaccessible. Many rural areas in the Americas are not nearly well equipped and are lacking medical professionals. The economical standing of many people is the main reason why health care is unaffordable. Low and middle-income families do not have the capability to maintain a healthy life or go to the hospital for whatever they may need.

Even if people are individually capable of accessing preventive health care, the governments might have problems with providing the necessary service. This may be caused by the fact that governments do



not pay a lot of attention to their health care system or the medical staff. Usually, in cases like this, the government highly depends on the private sector to cover most of the country's health care. While this may not cause a problem for citizens with higher economic standings, the rest of the population suffer immensely. In a capitalistic way of thinking, in the private sector, the hospitals are usually built in the places where the most profit can be made, which is almost always the most populous and popular cities, making it less accessible to those living in more rural areas regardless of their economical standing. With such thinking, the prices of even the most basic tests and vaccinations can be raised immensely; as there is no alternative for healthcare, which is the base of the issue. With only the private sector being dependable in terms of adequate health care, the government has no way of regulating the prices as they cannot offer their citizens a more accessible alternative. As such, the less prosperous citizens of said countries usually have to save a lot of money, which they cannot always afford to do, or go without being treated. In these cases, Universal Health Coverage should be fully implemented by the government to make sure that the citizens don't entirely depend on the private sector.

On the other hand, the government may simply not have the economic standing to offer people health insurance or affordable health care, as in El Salvador. In such cases, it does not matter how capable the medical staff the country has or can deploy are; as there is almost no budget to sustain preventive health care. In countries such as this, urgent medical care is more of a priority than preventive health care, and with barely enough money for urgent health, the governments usually overlook preventive health care. However, the paradoxical problem that governments experience is this: because they cannot invest in long-term solutions such as preventive health care; the diseases continue to surface and preventable mortality still occurs. In this case, it is the government's responsibility to either look for help from other countries or organisations or allocate the funds necessary by making certain changes in their budgeting, as short-term solutions by themselves have proved to be inefficient.

Other than governmental reasons, some are unable to access preventive health care for individual reasons. The main individual reason why people are unable to afford preventive healthcare is their economical problems. Low and middle-income families are sometimes unable to afford a single trip to the hospital, especially if the country does not provide acceptable insurance. Therefore, it is out of the question for many people to regularly visit the hospital for procedures like tests and vaccinations. This, in turn, leaves them more vulnerable to diseases. Moreover, if they have diseases that require early detection for a higher chance of healing, this lowers their chance of recovering fully. Those that get such diseases are usually unable to afford secondary prevention as well; and when their disease becomes symptomatic, they might be unable to pay for the medicine. Certain diseases, without proper treatment, can cause people to become disabled, which makes life even harder.





Living a healthy lifestyle is a good way to prevent diseases; however, it is unaffordable for most. Economic instability is the reason why many are unable to afford organic and healthy foods necessary to sustain a healthy life. Those who cannot afford such foods because they are overpriced usually turn to less healthy fast foods. This poses a huge risk factor for diseases such as cancer, obesity, and diabetes. Moreover, if they are in a very economically challenged situation they might not be able to afford food at all. Food insecurity and malnutrition is a crucial issue, especially in South America. In a research study conducted and published by PAHO, it stated that almost 7.5 % of Latin America is facing the issue of hunger. If food security does not improve, it will be almost impossible for Latin America to reach the Second Sustainable Development Goal, “Zero Hunger”, by 2030.

The geographical situation in where someone lives could be why they are unable to access the necessary health care. It is quite common that remote areas do not have hospitals and medical staff. If there are any, there may not be any equipment or medicine to treat or detect diseases. Usually, people living in rural areas have to travel to the more populated parts of the country; which, in some cases, takes over a day. To travel for that long, people need to take a day or two off work, and for those living paycheck to paycheck, it might not be possible to miss a day's pay. Moreover, people with diseases and disabilities might not be able to travel for that long or that far to get treatment. Such lengths also make it impossible for people living in rural areas to get checked regularly, making it less likely that any diseases they have will be detected and treated early.

There are some disparities and inequalities in the system, even if someone can get to a well-equipped hospital. Most medical staff have a bias for plus-sized people, discarding their health concerns and attributing them to their weight, which sometimes ends up with important diseases remaining undetected and untreated. For minorities living in the Americas, it is less likely that they will receive the same treatment. This might be caused by racial discrimination in the medical field; or the misinformation of the medical staff in the treatment of minorities. Examples of this can be seen in how some procedures change for black people; even though there is no difference in the way they should be treated. Such biases could hinder minorities from getting the treatment they deserve. Also, in many countries in Latin America; there are many languages spoken, and usually, the languages spoken by the medical staff are not the same as those spoken by minorities. Such a language barrier might cause the patient to express themselves wrong, causing them to get a different treatment than what they are supposed to. Moreover, there is a bias in the medical field not only towards race but gender. Women's problems are more likely to be overlooked than men's. This bias could hinder the detection process and could lead to misdiagnosis. These biases may show themselves in the dismissal of women's pains. While women overall go through higher rates of chronic



pain than men, they are more likely to be dismissed as too sensitive or have their problems be attributed to psychological problems rather than physical ones.

## IV. Key Vocabulary

**Preventive Healthcare:** A type of medical specialty that focuses on preventing infections, diseases, and illnesses before they start by taking anticipatory measures. These include educating people on living a healthy life, regular testing to detect illnesses as soon as possible, getting vaccinations, and adequate sexual education.

**Avoidable Mortality:** Deaths that could have been prevented had there been a prior response, proper education, or adequate testing. Deaths caused by obesity, accidents, cancer, and those stemming from alcohol consumption can be given as examples of avoidable mortalities.

**Universal Health Coverage:** Universal Health Coverage (UHC) refers to every individual getting the health care needed. This health care must be available anywhere, anytime, and without regard to the person's financial and social standing. This care must include any and all forms of health care, including prevention, detection, and treatment.

**Sexually Transmitted Diseases (STD):** Sexually Transmitted Diseases (STD) are diseases that are generally spread through sexual intercourse. STDs can be potentially lethal however in most illnesses, they can be treated with antibiotics. These kinds of diseases can be avoided by sexual education and the correct use of protection. These diseases can be detected early through regular check-ups.

The human immunodeficiency virus (HIV) is a sexually transmitted disease that weakens the immune system and allows life-threatening infections to thrive. If untreated, HIV can lead to AIDS (acquired immunodeficiency syndrome). As it is one of the most lethal STDs, numerous research studies have been conducted. While a cure has not been found, there are treatments to ensure the disease is not transmitted. Pre-Exposure Prophylaxis (PrEP) is a medicine taken to prevent HIV while Post-Exposure Prophylaxis (PEP) is a medicine taken after contact with the virus in the upcoming 72 hours.

## V. Important Events & Chronology

Date (Day/Month/Year)	Event
1796	The first vaccine ever was developed
The 1900s	Preventative Health Care started to gain importance





The 1900s	X-Rays were used in the diagnosis of a disease
The 1920s	Sexual education was first introduced in schools
1936	Obesity was declared a disease by WHO
The 1940s	The name “Primary Prevention” was first used
June 1981	AIDS was announced as an epidemic
11 June 2009	H1N1/09 virus was declared a pandemic

## VI. Past Resolutions and Treaties

- [Infection prevention and control of epidemic- and pandemic-prone acute respiratory infections in health care](#)

WHO has published guidelines on how to deal with certain infections; which, if put into effect fully would prohibit the progress and spread of the disease. Unfortunately, these guidelines were published worldwide and therefore failed to take into consideration the specific problems of the health care systems in the Americas. On the other hand, these guidelines have helped many countries prevent epidemics.

- [CE154/12 Strategy for Universal Health Coverage](#)

Pan American Health Organisation and the World Health Organisation Regional Office of the Americas have collaboratively published this strategy for Universal Health Coverage. The document proposed is well written and could potentially change the healthcare industry in the Americas. The strategy takes into account individuals and focuses on the Americas in general. However, the strategy has yet to be fully implemented, leaving most of this document in theory.

## VII. Failed Solution Attempts

Generally implemented in the Americas along with an alcohol and tobacco tax, “The Sugar-Sweetened Beverage excise tax (SSB)” aimed to raise the taxes on sugary beverages to discourage consumers from over-consuming. The strategy seems to have somewhat worked; as consumption slightly decreased, but



the difference it will make in the future on public health has yet to be seen. This form of health prevention could potentially be useful but it has to be mass-implemented.

“National Diabetes Prevention Program” was formed to help people at risk of type 2 diabetes live a healthier life by promoting a better standard. While this individual-based program did reduce the risk of the members getting diabetes; overall it didn’t have much of an effect on the general population. The program has very vague definitions of those at risk, meaning those that are members do not have such high risks of getting diabetes anyway. Unless the program can be implemented on a bigger scale, the effects of the program are inconsequential.

## VIII. Possible Solutions

Preventive healthcare starts first and foremost with the patient itself. The situation being as it is, the most applicable and effective solution would be to help individuals improve their lifestyles. This could easily be accomplished by education. Starting from a young age, people should learn how to live healthier lives to minimize their risk of getting diseases. Topics such as sexual education, nutrition, exercising, and the negative effects of alcohol and smoking should be taught to children. On the other hand, there are certain parts of the population that cannot live a healthy life-style even if they have such information because they are unable to afford such a lifestyle. It is the government’s responsibility to ensure that these people have the means to live healthy lives; which would also decrease the need for imminent health care in the future. The delegates are encouraged to write clauses that encourage governments to make healthier life styles more accessible.

Moreover, delegates must come up with solutions to ensure the healthcare systems of countries are not entirely dependent on the private sector. Whether this be through the governments regulating the private sector to ensure its accessibility, or making sure the governments are able to allocate the required resources for healthcare; solving this sector of the issue will de-escalate the health care crisis. While producing resolutions, the delegates should keep in mind the reasons why the healthcare systems become dependent on the private sector. This might be caused by the lack of actions taken by the government, the lack of proper insurance by the government, healthcare funds being mistakenly allocated, the lack of medical staff and equipment, and the overall economy of the country itself. In such cases, proposing solutions without taking into account the reasons as to why such problems arise will only create short-term solutions; so the delegates are encouraged to find solutions for the causes of the problems, as well as the problems themselves.





Overall, the delegates must come up with solutions while taking into account the governments that they are proposing the solutions to. Solutions that are not cost-effective will not help the most suffering countries. While primary prevention is generally cost-effective it doesn't have immediate results; secondary prevention is generally expensive but presents good results in the short term, therefore, focusing on only one of the above will not produce effective results.

## IX. Useful Links

World Health Organisation's Guidelines on "Infection prevention and control of epidemic- and pandemic-prone acute respiratory infections in health care":

- <https://apps.who.int/iris/bitstream/handle/10665/112656/97892?sequence=1>

World Health Organisation's Country Case on El Salvador's Healthcare (Annex 11)

- [https://www.who.int/workforcealliance/knowledge/resources/MLHWCountryCaseStudies\\_annex11\\_ElSalvador.pdf](https://www.who.int/workforcealliance/knowledge/resources/MLHWCountryCaseStudies_annex11_ElSalvador.pdf)

Levels of Prevention explained by the "Universiti Malaysia Pahang (UMP)"

- [https://www.ump.edu.pl/files/8\\_483\\_epidemiology\\_and\\_prevention.pdf](https://www.ump.edu.pl/files/8_483_epidemiology_and_prevention.pdf)

Information on "Health promotion and disease prevention through population-based interventions, including action to address social determinants and health inequity" from the World Health Organisation

- <http://www.emro.who.int/about-who/public-health-functions/health-promotion-disease-prevention.html>

ILO Press Release on the topic of Healthcare in Latin America

- [https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS\\_007961/lang--en/index.htm](https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_007961/lang--en/index.htm)



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