



World Health Organization (WHO)

President's Letter

Oakland University's Model United Nations Conference

March 1<sup>st</sup>-2<sup>nd</sup>, 2019

Dear Delegates,

Welcome to the World Health Organization at the fourth annual OUMUN Conference!

My name is Ghazi Ghazi, and I will be your chair for the WHO committee. In this committee, we will be discussing ways of combatting barriers to vaccine access and increasing healthcare coverage. I have been a collegiate delegate of the OU Model United Nations team for two years now and have had experiences on both sides of the dais. I have participated in debates and I have also chaired two previous MUN committees. I am very excited to listen to the knowledgeable and engaging debate you are sure to have at our conference. I believe MUN should be looked at more of a learning experience, not a competition to win. When it comes to chairing, I am more relaxed when it comes to certain things as we are all part of this to learn more about the various delegations being represented. I hope that all delegates will be respectful of each other and treat everyone's views and ideas respectfully. Being disrespectful to other delegates and the dais, taking note of body language as well, will not be favorable.

I have a couple of expectations for incoming delegates. One, please research and know your country's policy and position concerning the topics. You should be knowledgeable about the topics, even ones you wish not to discuss, in case it is set as the agenda. Various UN websites include excellent information on our various topics, please learn how to use these resources and use them to your advantage. Second, please familiarize yourself and be comfortable with the Rules of Procedure. As I said before, this will be a learning experience for all, including me, so mistakes are inevitable. If mistakes are made in using the rules or procedures, I will respectfully explain why and lead you towards the correct way to use them. If at any time you are confused by a ruling during debate, please raise your placard or pass a note to the chair. Finally, my last expectation is everyone participates. One piece of advice I got when I first started MUN is always be on the speakers list, there is always something to say. The debate will be run by you all, the delegates, I am simply there to moderate.

It is important to understand the role and powers held within the WHO. We cannot infringe on a country's sovereignty or their respective domestic policies. Therefore, we must work together to recommend global policies and efforts to advance public health.

Model United Nations is all about learning about the world and various international issues that are at hand. WHO gives you the chance to discuss health related issues concerning various nations around the world. This conference is your chance to practice your public speaking, debate, and comprising skills. I hope you use this conference as an educational experience. I look forward to seeing you all in March.

## **TOPIC ONE: STRENGTHENING HEALTH CARE COVERAGE**

### **Introduction:**

As described in Article 1 of the World Health Organization's constituent, "the objective of the WHO shall be the attainment by all peoples of the highest possible level of health".<sup>1</sup> The main belief of the WHO is that the attainment of the highest degree of health care is one of the fundamental rights of every human being. Yet, many countries are still struggling to provide adequate health services to their citizens. Research has shown that weak health systems leads to drastic health epidemics, like the Ebola virus in Africa. In countries where war and conflict have ravaged the stability of the nation, there has been shown an overwhelming need for health care and aid. Approximately only 45% of WHO member states report to have less than 1 physician per 1000 population.<sup>2</sup>

The World Health Organization believes that primary healthcare coverage, often abbreviated as PHC, is rooted in a commitment to social justice, equality, and participation. In the World Health Organizations report on primary health care, the organization sets out three important reasons why there needs to be a focus on PHC now. The three reasons are the following<sup>3</sup>:

1. The features of PHC allow health systems to adapt and respond to a rapidly changing world
2. PHC has been an effective and efficient way to address main causes of poor health
3. United Health Care can only be achieved with a stronger emphasis on PHC.

It is believed that economic growth is related to improved health, but it has been unevenly distributed around the world in many states. As noted in the PHC vision report, more than 55% of the world's population now live in cities. This comes in to correlation when beginning to understand how addressing social, economic, and environmental policies lead to the health of citizens. Health policies in nations depends on state leadership, funding, health force, and quality of care.

Progress in health care has been hindered in many nations for several reasons. State leadership has one of the most influence in creating health care policies, yet some fail to do so. PHC oriented health systems has produced better health care and equity, according to the PHC vision report.<sup>4</sup> The reluctance of leaders to create policies and provide funding for health care programs have hurt health systems. The PHC vision report discusses the idea of re-orienting focus on hospital-based care to a community-based system. It is up to the leadership of states around the world to initiate health care programs and work with their respective communities to create

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<sup>1</sup> [https://www.who.int/governance/eb/who\\_constitution\\_en.pdf](https://www.who.int/governance/eb/who_constitution_en.pdf)

<sup>2</sup> <https://www.who.int/gho/en/>

<sup>3</sup> <https://www.who.int/docs/default-source/primary-health/vision.pdf>

<sup>4</sup> <https://www.who.int/docs/default-source/primary-health/vision.pdf>

programs that cater to individual needs. State leaders need to be aware of the consequences low-quality health care has on their citizens, which can lead to epidemic and drastic disease outbreaks in their respective nation, and later become an international issue if it travels borders.

### **Implications of Low-Quality Health Care:**

It is common knowledge that low-quality health care can lead to many problems to state's citizens. The United Nations has recently published a report that details the increasing burdens and health costs globally due to low-quality healthcare.<sup>5</sup> The report, also compiled with the help of the WHO and the World Bank discusses the underlying issue of inadequate health care, that is prevalent in all nations in the world, some worse off than others. As stated by World Bank President, Jim Yong Kim, "Good health is the foundation of a country's human capital, and no country can afford low-quality or unsafe healthcare,". As stated before, this report suggests the idea that it is the respective government of nations to lead the way to strong health care. It is also important for citizens to be informed and engaged in their health systems, provided they are treated correctly and safely.

It is not surprising to see that low and middle-income countries suffer the most with inadequate health care services. 10% of patients hospitalized in low to middle-income nations are more like to gain an infection during their stay, compared to the 7% in high-income nations.<sup>6</sup> Low quality health care also effects the economic systems of nations because loss of productivity and long-term disabilities within citizens from health issues can accumulate to millions of dollars a year. There is also a large increase in disparities when it comes to race and health care. In the United States, African Americans represent 13% of the population, but also almost half of all HIV infections. Diseases, such as tuberculosis, are known as a "disease of poverty", given that around 95% of TB death are in the developing world (WHO, 2018). These diseases target the poor because of horrendous living conditions, that lead to health epidemics. According to the World Health Organization, it is estimated that 1 billion people in the world live in slum conditions.

### **Health in Human Rights:**

The World Health Organization believes that "the right to health is one of a set of internationally agreed human rights standards".<sup>7</sup> The organization goes on to state that the realization of other human rights is dependent to the right of health. In many cases, as discussed in the previous sections, certain diseases disproportionately affect certain populations around the world due to exigent circumstances such as poor living conditions, sexual orientation, or migration status. Violations of human rights only add on to poor health. Discrimination in health services can act as a serious barrier to health care and contributes to low-quality care. Reversing these inequalities in health care requires increasing accessibility. This is done by focusing on non-discriminatory policies, physical, economical, and information accessibility. To assess these challenges, nations needs to investigate the barriers and create a plan of solutions. There has

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<sup>5</sup> <https://www.un.org/africarenewal/news/low-quality-healthcare-increasing-burden-illness-and-health-costs-globally>

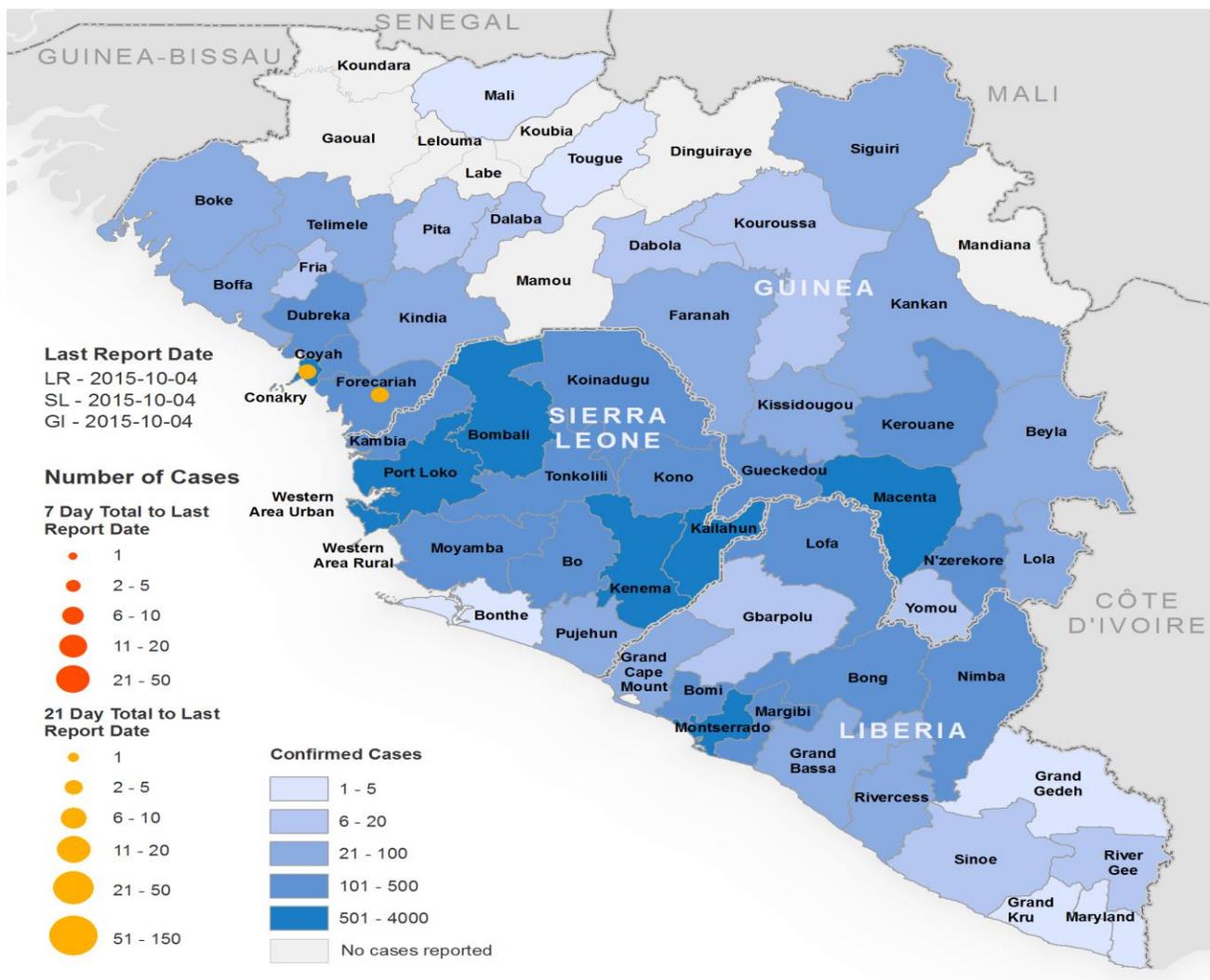
<sup>6</sup> <https://www.healtheuropa.eu/low-quality-healthcare-services/86972/>

<sup>7</sup> <https://www.who.int/news-room/fact-sheets/detail/human-rights-and-health>

been a long history of health epidemics that have emerged due to poor health care and sanitations.

### History of Health Epidemics:

We will look at two major health epidemics that have affected the international community in recent years. The first one will be the Ebola virus, which originally emerged in 1976 in the region of South Sudan and the Democratic Republic of Congo<sup>8</sup>. The 2014 outbreak in West Africa was the most severe health epidemic in the history of the world, and the virus itself. It transpired in the Guinea and moved between countries, into Sierra Leone and Liberia. The source of the outbreak was linked to the fruit bat family, which is a natural Ebola virus host. Then the Ebola virus spreads through human-to-human contact. The source transmission is believed to be linked to consumption and poor handling of raw meat in culinary. Below is a graphic which visualizes the spread of the disease through the West African region.



<sup>8</sup><https://www.who.int/en/news-room/fact-sheets/detail/ebola-virus-disease>



## **What's Been Done:**

On December 12<sup>th</sup>, 2011, the United Nations General Assembly adopted Resolution 66/115 “Global Health and Foreign Policy”.<sup>10</sup> This resolution focuses on member states adopting policies to increase health care coverage in their nations, as well as maintaining high quality health care systems. The resolution calls for member states to pay more attention to health as an important policy issue on the international agenda. Not only should be of domestic importance, but also just as important on an international scale. We have seen how domestic health epidemics can transcend borders and spread to neighboring nations, sometimes even internationally.

Some United Nations to research that pertain to improving health care in nations, and health care coverage, are included below. Feel free to research these and see what has already been done, which helps with creating precedence during debate. It is important to see what past resolutions have passed, to provide ideas of what your respective delegation has done at the UN, and what stance it has taken. These are the resolutions that have been passed on global health and foreign policy, all within the last 10 years:

- I. **UNGA resolution A/RES/71/159** – Adopted on January 18, 2017
- II. **UNGA resolution A/RES/68/98** – Adopted on February 7<sup>th</sup>, 2014
- III. **UNGA resolution A/RES/67/81** – Adopted on March 13<sup>th</sup>, 2013
- IV. **UNGA resolution A/RES/66/115** – Adopted on February 24<sup>th</sup>, 2012
- V. **UNGA resolution A/RES/65/95** – Adopted on February 10<sup>th</sup>, 2011
- VI. **UNGA resolution A/RES/64/108** – Adopted on February 19<sup>th</sup>, 2010
- VII. **UNGA resolution A/RES/63/33** – Adopted on January 27<sup>th</sup>, 2009

To combat poor-health care and increase health care coverage around the world, states must focus on domestic policies and national plans. These plans must focus on how to improve health care in their own nations but focusing on international relations is just as important. Health care transcends borders.

## **How Can We Improve Health Care Quality?**

The purpose of our committee is to discuss health issues occurring or that have occurred in the world and creating policies to combat them. All nations have different health care issues that need to be addressed and combatted, some more than others. There is no one nation that has a perfect health care system, most have work that needs to be done. There many dimensions that we need to concentrate on when trying to combat these issues. These dimensions include

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<sup>10</sup> [http://www.un.org/en/ga/search/view\\_doc.asp?symbol=A/RES/66/115](http://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/66/115)

government systems, health systems and health care workers, and citizens. Here some examples of what these dimensions can work on.

### **Governing Bodies;**

- I. Create a national quality policy and strategy
- II. Ensure that health systems are capable of measuring and reporting the quality of care;
- III. Establish health professional workforce with the capacity for high-quality care;
- IV. Finance health care improvement research.

### **Health Care Systems & Workers;**

- I. Ensure that all people with long-lasting disease are cared for and minimize its impact on their life
- II. Promote significant cultural systems and practices and reduce harm to patients
- III. Increase abilities of prevention, detection and response to health security threats
- IV. Improve infrastructures for health care education
- V. Offer quality care to their patients

### **Citizens;**

- I. Actively engage in health care practices to improve their health status;
- II. Be informed that it is their undeniable human right to have access to care that is at the modern standard of quality
- III. Receive high quality care for long-term conditions

### **WHO Health Statistics:**

Provided here are some international health statics published by the World Health Organization in the World Health Statistics report in 2018:<sup>11</sup>

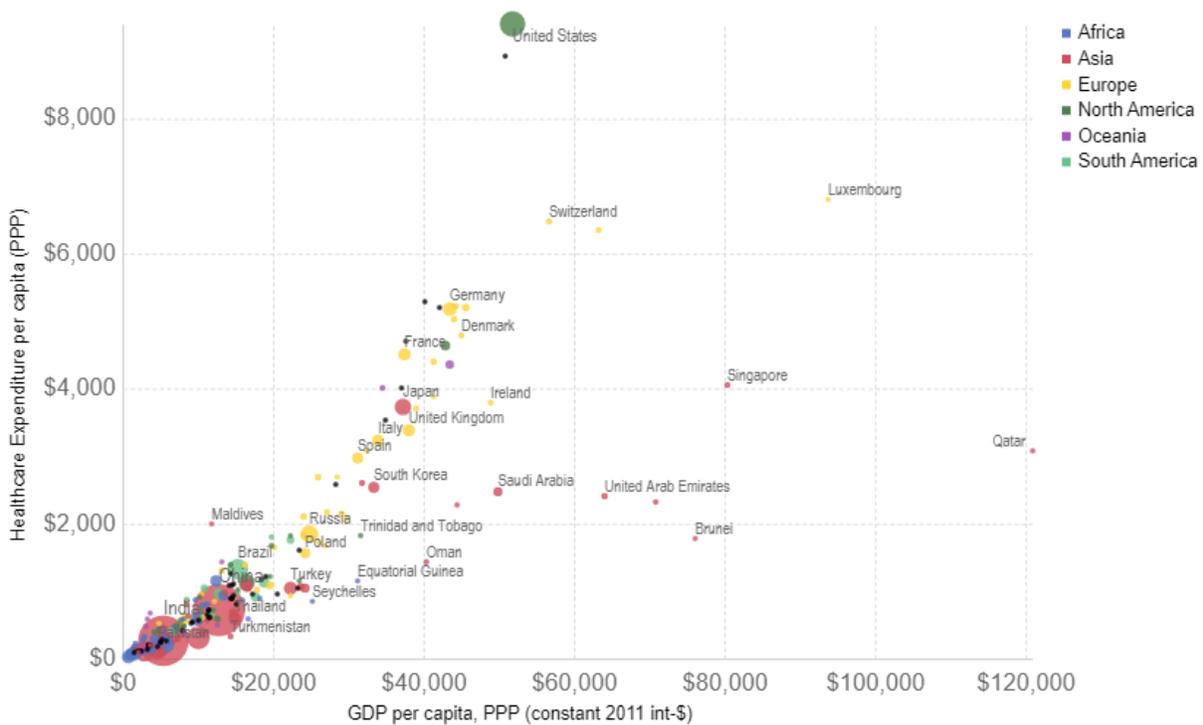
- 303, 000 women died due to complications of pregnancy or childbirth in 2015. Almost all these deaths occurred in low- and middle-income countries (99%).
- After unprecedented global gains in malaria control, progress has stalled. Globally, an estimated 216 million cases of malaria occurred in 2016, compared with 237 million cases in 2010 and 210 million cases in 2013. The main challenge that countries face in tackling malaria is a lack of sustainable and predictable funding.
- In 2010, an estimated 808 million people – 11.7% of the world’s population – spent at least 10% of their household budget paying out of their own pocket for health services. An estimated 97 million people were impoverished by out-of-pocket health-care spending in 2010.
- In 2016, outdoor air pollution in both cities and rural areas caused an estimated 4.2 million deaths worldwide
- Unsafe water, sanitation and lack of hygiene were responsible for an estimated 870 000 deaths in 2016.

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<sup>11</sup> <http://apps.who.int/iris/bitstream/handle/10665/272596/9789241565585-eng.pdf?ua=1>

# Healthcare Expenditure vs. GDP, 2014

Total healthcare expenditure per capita and GDP per capita in PPP-adjusted constant 2011 international dollar.



Source: World Bank – WDI

OurWorldInData.org/health-meta/ • CC BY-SA

## Guiding Questions:

1. Does your country provide free health care to its citizens? And in what way?
2. Have there been health epidemics in your country that have made it necessary for health care coverage?
3. What should countries do eradicate life threatening diseases?
4. In what ways should countries be making sure that their citizens receive adequate health care?
5. What are ways the World Health Organization can influence countries to provide adequate health care coverage for their citizens?

## **TOPIC TWO: INCREASING ACCESSIBILITY TO VACCINATIONS**

### **Introduction:**

Immunization is one of the most cost-effective public health interventions, averting an estimated 2 to 3 million deaths every year.<sup>12</sup> A global 2017 Universal Health Coverage (UHC) monitoring report shows, that more than 800 million people spend at least 10% of their household budget to pay for health care and as a result 100 million people are pushed into poverty due to medical cost.<sup>13</sup> With global health care lacking the UHC had recognized December 12 as International Universal Health Coverage Day. And recognizing the two resolutions of UHC2030. Universal Health Coverage is defined as “Securing access to adequate healthcare for all at an affordable price” by the World Health Organization (WHO). This including the access to vaccinations. Working with the World Bank (WH) the WHO has developed frameworks to monitor the progress of UHC.

Together with the World Bank and various partners, WHO has developed a framework to track the progress of UHC by monitoring the accessibility and financial protection to all the people who need vaccinations. As WHO had noted that rights of millions of people living in poverty and children, the accessibility of the medication is limited due to the cost of health care.<sup>14</sup>

Research in eight high-mortality countries in the Caribbean and Africa had found that effective, quality maternal and child health services are fall less prevalent. 28% of antenatal care, 26% of family planning services and 21% of sick-child care across these countries qualified as effective.<sup>15</sup> Along with 15% of hospital expenditure in high-income countries are due to the mistakes in care of patients or patients being infected while in the hospital.

Initiative for Vaccine Research also known as (IVR) facilitates vaccine research and development (R&D) against pathogens with significant disease and economic burden, with focus on low and middle-class countries. This research is to aid optimizing public health impact where existing vaccines are underutilized. And monitor, improve and evaluate the vaccines in use for the immunization programs. IVR also align with objective 6 of the Global Vaccine Action Plan. “Country, regional and global research and development innovations maximize the benefits of

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<sup>12</sup> <https://data.unicef.org/topic/child-health/immunization/>

<sup>13</sup> <https://www.uhc2030.org/news-events/uhc2030-news/article/the-un-recognises-universal-health-coverage-day-447752/>

<sup>14</sup> <http://healthforall.org/un-resolution/>

<sup>15</sup> <https://www.un.org/africarenewal/news/low-quality-healthcare-increasing-burden-illness-and-health-costs-globally>

immunization” along with the fifth goal of the Decade of Vaccines “Develop and introduce new and improved vaccines and technologies”.<sup>16</sup>



**International response to the UHC and Diseases prevented by Vaccination:**

With the resolution of UHC, supported by a near unanimous adoption and passing of the Universal Health Coverage.<sup>17</sup> Various countries have taken steps in providing and developing goals for better health.

Universal health care coverage is possible, with Thailand having pioneered their healthcare package, ranging from prevention to hospitalization due to traffic accidents, along with radiotherapy and antiretroviral therapy for people with HIV. It had launched in 2002. Indonesia, the Philippines and China having followed suit with their own insurance-based health coverage that almost their entire population has.<sup>18</sup>As for the cost, the middle-class countries would be able

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<sup>16</sup> <https://www.who.int/immunization/research/en/>

<sup>17</sup> [https://www.who.int/universal\\_health\\_coverage/un\\_resolution/en/](https://www.who.int/universal_health_coverage/un_resolution/en/)

<sup>18</sup> <https://www.theguardian.com/global-development/2012/dec/13/un-momentous-resolution-universal-healthcare>

to follow Thailand example and the poorer countries would have to rely on external help for affordable healthcare. For it is a human right to have healthcare coverage.

Since with vaccinations children receiving the diphtheria, tetanus and pertussis vaccine (DTP) are a measure of how well a country is providing its citizens the routine immunization services. With the vaccines there would be a significant drop of cases of polio, nearly eradicating it, with only three countries remaining; Afghanistan, Nigeria and Pakistan. Along with measles that had also showed a decline with the vaccinations provided.

### **Poliomyelitis (Polio):**

Polio is an infection leading to irreversible paralysis and can lead to 5% to 10% death in those who are paralyzed. If a single child remains infected, children in all countries are at risk of contracting polio, leading to 200,000 new case each year, and within 10 years all over the world if it is not eradicated.<sup>19</sup>

With the eradication of polio, the economic benefit would save \$40- 50 billion USD in low income countries. Along with no child having to suffer the lifelong effects of polio-paralysis. As there was a nearly 99% decrease once the WHO adopted the resolution for worldwide eradication of polio. The Global Polio Eradication Initiative (GPEI) showed the WHO Region of the Americas to be polio-free certified in 1994 And WHO Western Pacific Region in 2000, followed by WHO European Region in June 2002 to be polio-free certified as well.<sup>20</sup>

The costs of fully immunizing a child in low-income countries is \$18 USD per child, which has decreased from \$24.5 USD in 2013. With countries who struggle of funding and resources for the vaccines are assisted by the Vaccine Alliance, Gavi.<sup>21</sup>

### **Yellow Fever:**

Concerning the case of yellow fever, Nigeria had launched a mass vaccination campaign, with the support from WHO and partners.<sup>22</sup> Since forty-seven countries in Africa and Central and South America are either endemic or have regions that are endemic for yellow fever.<sup>23</sup> If it is not treated with vaccines it had caused large outbreaks and, in some cases, decimated populations. In response to the 2016 yellow fever outbreaks in Luanda and Kinshasa the Eliminate Yellow Fever Epidemics (EYE) strategy was developed in response, supported by WHO and other various partners.

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<sup>19</sup> <https://www.who.int/en/news-room/fact-sheets/detail/poliomyelitis>

<sup>20</sup> <https://www.who.int/en/news-room/fact-sheets/detail/poliomyelitis>

<sup>21</sup> <https://data.unicef.org/topic/child-health/immunization/>

<sup>22</sup> <http://www.afro.who.int/news/nigeria-set-vaccinate-25-million-people-its-biggest-yellow-fever-campaign-ever>

<sup>23</sup> <https://www.who.int/news-room/fact-sheets/detail/yellow-fever>

## **Pneumonia and diarrhea:**

The Integrated Global Action Plan for the Prevention and Control of Pneumonia and Diarrhea (GAPPD) by WHO and UNICEF recognize that the only way to combat these two preventable diseases is to fight them together, since pneumonia and diarrhea together account for 29% of all child deaths globally. 2 million children living in poor or remote communities are at most at risk to dying from the preventable diseases. They are prevented through various methods like exclusive breastfeed for up to six months; handwashing, drinking water and vaccines. The goals being to see a drop-in death from pneumonia to fewer than 3 children in 1000 live births, and 1 in 1000 from diarrhea by 2025.<sup>24</sup>

Pneumonia accounts for 16% of deaths of children under five years old. Prevalent in South Asia and sub-Saharan Africa, children can be protected from pneumonia by interventions, treated with low cost, low tech medication, adequate nutrition, addressing environmental factors and immunization. Only one third of children with pneumonia receive the antibiotics they need. The cost of the antibiotic treatment for all children with pneumonia is estimated around \$109 million USD per year the price including the antibiotics and diagnostics for pneumonia management. This being in 66 of the countdowns to 2015 countries for maternal, newborn and child survival of pneumonia.<sup>25</sup>

## **Measles**

In 2001 the Measles & Rubella Initiative (M&R Initiative), a global partnership led by American Red Cross, United Nations Foundation, Centers for Disease Control and Prevention (CDC), UNICEF and WHO launched the initiative to ensure that no child dies from measles or is born with congenital rubella syndrome. Since the measles vaccine is often incorporated with rubella and/or mumps vaccine. Later in 2017 due to unvaccinated children an outbreak occurs due to low health coverage. Resulting in WHO Strategic Advisory Group of Experts on Immunization (SAGE) to conclude that measles elimination was a must due to the resurgence of it in countries that were close to achieving the elimination of measles. The Global Vaccine Action plan has the objective of eliminating measles in four WHO regions by 2015, and in five by 2020. About 8.1 million of the 20.8 million infants were not vaccinated with at least one dose of measles vaccine in 3 countries like India, Nigeria and Pakistan. The cost of \$1 USD is to immunize a child against measles. Adding a slight increase to the cost would be incorporating the rubella and/or mumps vaccine. Though it did prevent 21.1 estimated deaths that would have caused by measles during the 2000 to 2017 years.<sup>26</sup>

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<sup>24</sup> [https://www.who.int/maternal\\_child\\_adolescent/news\\_events/news/2013/gappd\\_launch/en/](https://www.who.int/maternal_child_adolescent/news_events/news/2013/gappd_launch/en/)

<sup>25</sup> <https://www.who.int/en/news-room/fact-sheets/detail/pneumonia>

<sup>26</sup> <https://www.who.int/news-room/fact-sheets/detail/measles>

## **Global Plans**

The Decade of Vaccines (2011 to 2020) and may be beyond is a recognition by the global health community and with the requests in the resolution WHA61.15 of the global immunization strategy. Since immunization is and should be recognized as a core component of the human right and is an individual, community and governmental responsibility. 2.5 million deaths are prevented due to vaccination each year. Allowing the children with further vaccination in adolescence and adulthood the opportunity to thrive and a better chance of realizing their full potential. The goals being that; 1(one) all countries commit to immunization as a priority.2(two) Individuals and communities understand the value of vaccines and demand immunization as both their right and responsibility. 3(three) The benefit of immunization is equitably extended for all people. 4(four)Strong immunization systems are an integral part of a well-functioning health system. 5(five) Immunization programs have sustainable access to predictable funding, quality supply and innovative technologies. 6(six) Country, regional and global research and development innovations maximize the benefits of immunization.<sup>27</sup>

## **Shot@Life**

A national grassroot movement, Shot@Life, partnered with various partners would educate, connect and empower Americans to champion vaccines as one of the most cost-effective ways to save children's lives around the world.<sup>28</sup> With the donations around \$20 USD a child can be fully immunized, and it would 1.7 million lives of children who die without the vaccinations. Since an estimated 1.4 million children under five died from vaccine preventable diseases in 2016.

Since two-thirds of unvaccinated children live in fragile or conflict-affected countries. Which see a sharp decline in inoculated children between 2010 and 2016.<sup>29</sup> According to UNICEF, in 2016 a quarter of an estimated 1.4 million deaths of those under age of five could have been prevented due to being vaccine-preventable diseases. Such as pneumonia, diarrhea and measles.

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<sup>27</sup> <https://www.unicef.org/immunization/files/GlobalVaccineActionPlan.pdf>

<sup>28</sup> <https://www.gavi.org/library/news/gavi-features/2011/un-foundation-launches-a-shot-at-life/>

<sup>29</sup> <https://news.un.org/en/story/2018/04/1008162>

## **Guiding Questions:**

1. What actions should be taken to educate population about the importance of vaccines and eradicate misinformation?
2. Considering everyone's personal beliefs, should vaccination be obligatory for everyone? Should a Vaccination Act be imposed?
3. What are views of vaccines in your nation, and how can they be changed?
4. Are there populations within your nation that do not agree with vaccination, and if so, what is their reasoning?
5. Does your country provide free healthcare to its citizens? And in what way?
6. Have there been health epidemics in your country that have made it necessary for health care coverage?
7. What should countries do to eradicate life threatening diseases?
8. In what ways should countries be making sure that their citizens receive adequate health care?