

World Health Organization (WHO)

General Assembly Background Guide



LFMUNC I

Background Guide

Chair: Samir Chowdury

Co-Chair: Aleena Gul

*LONGFELLOW MODEL UNITED NATIONS CONFERENCE
(APRIL 17, 2021)*

Introduction:

The World Health Organization, or more commonly known to the general public by its shortened name, WHO, is known today as one of the most famous specialized agencies of the United Nations. Founded in April of 1948 with the purpose of coordinating global health affairs, WHO still keeps true to its fundamental commitment of ensuring equitable and stable health for all global citizens to this day. Following the lines of its constitution in establishing the organization's governing principles and structure, the agency's stated objective is "the attainment by all peoples the highest possible level of health".¹ Today, the WHO headquarters stand in Geneva, Switzerland, with six semi-autonomous regional offices and 150 field offices worldwide.

With the incorporation of the assets, personnel, and duties of numerous preceding global health organizations, WHO's mandate includes the advocacy of universal healthcare, coordination in responses to health emergencies, monitoring public health risks, and general promotion of human health and well-being. Among providing assistance to countries worldwide, the organization plays a leading role in several public health achievements, setting international health standards and guidelines, and collecting data and research on global health issues and crises.

While the WHO generally relies on contributions from its member states, donations from private corporations, foundations, and government organizations, its approved budget in 2021 estimates to be about \$7 billion, with large contributions from Germany (12.18%), the United States (7.85%), and the United Kingdom (7.79%).

¹ World Health Organization. "Constitution of the World Health Organization", *who.int, Basic Documents*, Forty-fifth edition, October 2006, https://www.who.int/governance/eb/who_constitution_en.pdf

As it has worked passionately in years past with partners such as the World Bank, global funds, and Expert Committees, today WHO brings together some of the most renowned professionals and researchers to facilitate technical partnerships in promoting its guidelines, policies, and helping to orchestrate a task force in times of global crisis. Bringing nations together is a goal most ardently pursued by the World Health Organization, and in strong belief, they continue to commit with their partners to strongly urge the cooperation of all its parts in actions pertaining to its goals.

Topic A: Universal Health Coverage for all

Introduction

Universal Health Coverage, or UHC, is a single-payer publicly funded health system that guarantees full, universal, access to health insurance for all individuals, ensuring a sustainable resource allocation for all who are in need, regardless of income, race, sex, and other bases of possible discrimination. Including the essentiality of having quality health service for all, UHC also means that individuals and communities are able to receive needed service without suffering financial hardship, with the assurance that the service quality is good enough to improve the health of the people who receive them.

As stated September 2019, UN Secretary-General Antonio Guterres describes achieving Universal Health Care as an “important landmark” on a “journey to health for all”, all member states welcomed the UN Political Declaration on universal health coverage, setting forth a global commitment for countries to advance towards health coverage for citizens.² Today, with UHC

² “Political Declaration of the High-level Meeting on Universal Health Coverage: ‘Universal health coverage: moving together to build a healthier world’”, *UN.org*, United Nations, 2019, <https://www.un.org/pga/73/wp-content/uploads/sites/53/2019/07/FINAL-draft-UHC-Political-Declaration.pdf>

standing as one of the 16 SDGs, or Sustainable Development Goals, it has become a reaffirmed measure by global leaders across all member states to now strengthen health systems to guarantee a healthier life for everyone, and to ensure that people have access to affordable and rehabilitative health services.³ As mentioned by General Assembly President Tijjani Muhammad-Bande, access to critical health services “must be a universal right and not a privilege.”

Current Events

Today, it is mirthlessly stated that while this global promise has been one standing for years, not many countries have taken constructive measures in achieving it. With at least half the world’s population in deprivation from full coverage of essential services, 100 million impoverished people struggling from having to pay for health care, and over 930 million people (approx. 12% of the world’s population) spending at least 10% of budgets to pay for care, it cannot be steadily stated that the original goal by UN Member States to achieve UHC by 2030 can be easily met.

As the 2019 joint report by the Director-General of WHO and Executive Director of UNICEF had described, “Factors in and beyond the health system influence patterns of service use and often intersect. Inadequate basic infrastructure, human resource gaps, poor quality services, and low trust in health practitioners and medical authorities remain barriers to achieving UHC... Poor people have lower coverage even for basic services such as immunization, sanitation, and antenatal care. For these basic services, rural areas generally have lower coverage

³ “Sustainable Development Goals”, *UN.org*, United Nations, n.d., <https://www.un.org/sustainabledevelopment/sustainable-development-goals/>

than urban areas, but in some regions, such as the Western Pacific, the poorest quintile of the population now has lower coverage in urban areas than in rural areas.”⁴

In addition, it can be easily stated that the wide range of socio-economic factors plays a role in the current situation in exerting health influences and outcomes on progress; serving as a barrier to most countries, mostly impoverished, there can be said there to be a stark line -- that to be drawn of where progress might be impeded in a dance against time.

Globally, and for many countries, the pace of progress has slowed since 2010. Such improvements, including the considerable strengthening of health systems previously in place, should also address slower gains related to non-communicable disease services, especially for those of lower-income background. In 2017, between one-third and half the world’s population (33% to 49%) were covered by essential health services. The number of people covered during the SDG era (2015–2030) is projected to increase by 1.1 to 2.0 billion, but this trend is offset by population growth. In short, while progress is shown to be seen across some countries, it will not be fast enough -- and if financial and socioeconomic discrimination may turn to be further ignored, then the crisis may stress further.

With the dramatic impact of COVID-19, the pertinent reminder for countries in renewing political commitments to the SDG and UHC agenda has again risen; while UHC has been viewed by the World Health Organization as key to ensure the health and general wellbeing of all, strengthening around the fundamental objective for countries to attain equitable and sustainable health outcomes, it is again shown that especially in a health emergency of global scale, a resilient health system should be able to provide sufficient and efficient response to the general public. COVID-19 stands at 113 million cases and 2 million deaths, with a more severe

⁴ “Primary Health Care on the Road to Universal Health Coverage 2019”, *who.int*, World Health Organization, 2019, https://www.who.int/healthinfo/universal_health_coverage/report/uhc_report_2019.pdf

impact on countries with weaker coverage of national health care, such as the United States of America.

The current crisis is explicitly illustrating an adamant truth and lesson: resilience is firstly an essential feature of a health system addressing these challenges, and with the impact of COVID-19 overwhelming numerous health systems of affected countries, including some of the world's wealthiest nations, it has also revealed the flaws of inadequate health security and shortages.

Past UN Action

As part of the 16 Sustainable Development Goals (SDGs), universal health coverage (UHC) has long been a vision in the United Nations General Assembly's agenda, where all people and communities have access to quality health services where and when they need them, without suffering financial hardship. As the UN has defined it to be, it includes the full spectrum of services needed throughout life—from health promotion to prevention, treatment, rehabilitation, and palliative care—and is best based on a strong primary health care system. With multiple statements and published resolutions on the topic over past years, strengthening core values and expounding on different segments of the UHC2030 goal, it has long been the adamantly pursued track of the UN and its partners in urging member states to follow suit with commitments in areas regarding concepts of equity, resilience, and selflessness.

With the passing of International Health Coverage Day each year on December 12, the UN has made it their aim to raise awareness of the need for strong and resilient health systems and universal health coverage with multi-stakeholder partners, partnering with numerous UHC

advocates across the globe in garnering support and commitment from the public and nation leaders.

Over the past decade, countries in the WHO Western Pacific Region have made significant health gains and increased commitments to advance UHC. The Regional Committee of the Western Pacific has agreed that countries should develop UHC roadmaps based on the five attributes of high-performing health systems: quality, efficiency, equity, accountability, and sustainability and resilience. Alongside working with partners such as the World Bank, WHO has been able to keep many reports on the tabs of progress across countries. To this day, they actively work on advocating, strengthening, and reminding nations to pursue the initial vision and goal.

Possible Solutions

In facing the crisis ahead, it should be wise for delegates to take into context the widespread virus of COVID-19. Having impacted many and put at risk the health of numerous global citizens, especially those in countries struggling with health coverage, not only has progress been severely impeded in some nations, but also has arisen the ever pressing need, now strengthened by the urge to defend against a pandemic, to reform systems and allow benefits to all. With developing countries and those with low-income facing disadvantage at this, it is important to recognize the greater hope of using sustainable methods to not only advance the coverage and strength of health systems put into place, but also to reach out to nations in need.

As deeply highlighted by General Assembly President Tijjani Muhammad-Bande, the cooperation of Member States in uniting towards the profound challenges ahead is greatly important. He says, “I am confident that if we continue and strengthen international cooperation and seize the opportunities already available, while creating even more opportunities, we can overcome them -- together”.

Bloc Positions

Responses and progress in committing to the UHC agenda have varied across nations, with some taking quick response, and others facing neglect. The ethos of universal health coverage is most simply put at its core to “leave no one behind”. In facing the crisis ahead and rewriting the firmest future -- renewing past global commitments, perhaps it would be helpful to assess the difference in belief and approach -- and to strategize and orchestrate movement.

Countries such as Brazil, France, Japan, Thailand, South Korea, and Turkey have achieved UHC, thus showing how these programs serve as vital steps for improving health and welfare of their citizens.

African countries such as Somalia, Nigeria, and Burkina Faso, have made steady steps towards pursuing the UHC goal. Countries in the WHO African Region have seen the sharpest increase in health service coverage followed by a sharp decrease in the incidence of impoverishing out-of-pocket health spending at the \$1.90 a day poverty line but a sharp increase at the \$3.20 a day poverty line.

The emerging economies of Russia, India, China and South Africa —representing almost half the world's population—are all actively moving towards the goal of UHC2030, many of them using policy reforms to pursue their goals.

Low-income and conflict-prone countries such as Yemen, Syria, Libya, and Djibouti, have unfortunately been unable to sustain a larger population coverage of health systems, therefore leaving them in a weak position.

Nations facing governmental conflict such as in Palestine, Sudan, Iraq, and Syria, have recently been presented with challenges impeding their progress in widening coverage of their respective health systems.

The United States of America is notably known for neglecting much care needed to advance their health coverage system, and today millions of Americans stand in poverty due to health fees, as well as standing victim to the COVID-19 pandemic.

Questions to consider:

1. How can countries address current inequities in their healthcare systems to eliminate barriers and discriminatory measures?
2. Addressing the crisis from a global view, how can countries approach reforms to be made towards global health laws and measures?
3. What is equity, and how can nations reinforce the concept of equity in commitments to UHC?
4. What are some drawbacks of UHC, and how can nations overcome those drawbacks?
5. In imagining a future for citizens' health in being affordable and in safeguarding people from public health risks with the weight of different principles, what steps and contributions should be key?

Topic B: Global Solidarity in a Pandemic

Introduction

When one chooses to describe a pandemic, it is often remarked through grim tones or despairing drawls. By dictionary definition, it is easy to infer that this word is connotated accurately by society; for a pandemic is, as Merriam Webster defines it: “an outbreak of a disease that occurs over a wide geographic area and typically affects a significant proportion of the population”. As historically demonstrated, it is the understanding of the precedent of the unprecedented that determines the action needed to tackle the present, and especially with the new outbreak of the COVID-19 pandemic, it is vital to realize this.

In referring to the past, we may analyze different paths of action the world took in response to emergencies. For example, the infamous 1918 Spanish Flu had taken the lives of about 50 million worldwide, with a third of the global population infected. Due to the lack of antibiotic treatment and uneven communication among nations regarding policies such as distancing and cleanliness, one would have stated that this pandemic to be greatly tragic, thus earning this pandemic the title of deadliest as of most recent. The 2009 influenza outbreak, or also known as H1N1, was also greatly marked as a tragedy especially with the WHO having reached the conclusion that it could not be able to sustain treatment to lower-income and developing countries, thus leaving them greatly vulnerable to the first wave and possibly throughout its duration.

While these strategies have long departed from the current WHO system in addressing an international health crisis, it is still vitally acknowledged that the understanding of the past has led society’s leaders now maneuvers crises to the best they can today -- and with the new relevance of a handling of a pandemic, it is now a resurging issue -- that of virus containment within the global population.

Current Events

With last year's most recent outbreak of the infamous COVID-19 pandemic, now standing at 113 million deaths globally, our world, and the fragile relation between diplomacy and blame of nations' leaders may be tested once more as to face the unprecedented.

As formally declared March 11 of last year a pandemic by the World Health Organization, where at the time had infected 114 countries and territories with over 100,000 cases, the chaos and impact ensued by this pandemic has long-spread over the entirety of the globe since then, with varying amounts of despair in its wake.⁵ Lack of governmental control over its quick spread has left discord in its wake, putting the world of today in a battle against a common enemy, with numerous nations across the globe racing to restore normality and eradicate the COVID-19 virus.

Many now see the pandemic as an unfortunate call to a reality revealing the numerous flaws behind delicate systems, including that of health and local government. While the coronavirus has been put as the top priority in most countries where it is found, the variety of leaders' responses to it has certainly been a testing point for success and has secured safety for citizens. Some nations choose to stand alone -- and statements by their leaders have claimed it so for priority to be placed on their own country -- while some nations choose to stand with neighbors, distributing supplies and resources to one another.

The juxtaposition of different country's responses to the pandemic may be one to closely access: with countries such as Japan, New Zealand, and South Korea immediately putting strict policy in place from the beginning, their national emergencies have largely been put at ease,

⁵ "Coronavirus disease 2019 (COVID-19) Situation Report - 51", *World Health Organization*, World Health Organization, March 11, 2019, https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200311-sitrep-51-covid-19.pdf?sfvrsn=1ba62e57_10

whereas the United States' response has been widely criticized, mostly in part with their past administration, surrounding controversy of protests even against policies in place against the virus. Nonetheless, it can be greatly derived the conclusion as stated that the variance of country responses on their own is still not enough to completely divert the crisis of the pandemic. As stated by the UN Secretary-General at a conference in March of last year, a call for global solidarity is now "Our human family is stressed, and the social fabric is being torn. People are suffering, sick and scared". As country-level responses cannot single-handedly address the global scale and complexity of the crisis, he also maintained that "coordinated, decisive and innovative policy action" is needed from the world's leading economies.

Past UN Action

In seeking not only global solidarity, but also a readied response for all nations regardless of income, status, or rank, the World Health Organization has tirelessly worked on the COVID-19 pandemic since its first appearance. Partnering with the United Nations Children's Fund (UNICEF), the World Bank, and numerous country health officials from the start of the outbreak, WHO has worked persistently not only on tracking the spread and collecting data from numerous territories, but has also tried to the best of their extent to send groups of personnel to nations in need, or more notably developing and low-income countries.

On top of their plethora of infectious disease control programs, WHO has also developed a framework as an emergency response for the mitigating, preparedness, response, and recovery of an infectious disease, involving numerous phases with steps such as the development of public health laws, access to vaccinations and facilities, awareness of the virus, epidemiological study,

and the organization of medical professionals in offering public, mental, and human health services. All implemented in their response plan to the novel coronavirus, WHO's concepts today are promulgated to the public through weekly reports and active research on vaccine development and preventative measures for the disease.

Possible Solutions

The topic of crisis and pursuit should while, most notably be on the eradication of the COVID-19 virus, should also draw attention to the sheer concept of 'equity' in facing the challenges ahead. As highlighted by the topic of global solidarity within a pandemic, delegates as country representatives, must seek out their own alliance in facing a common enemy. With the COVID-19 pandemic influencing a wide range of countries, it should be wise for nations to take this chance to support each other as never before, to help governments prioritize investments in citizens. With examples such as financing, capacity building, and knowledge sharing, the possibilities are truly endless.

A proclivity to anything besides unity in the midst of a global crisis might be one to consider carefully. As delegates representing respective nations must come to realise, the global landscape in a tumbling time of a pandemic should know not of political boundaries -- a virus knows not of those -- but rather a force that should come united against a common enemy.

In addressing the crisis of COVID-19, leaders should keep in mind diplomacy above all else. Alongside taking stands in controlling the outbreak in their respective nations, they must maintain relations with other nations as well -- remember, a pandemic is that of renewing global connections, rather than wasting time to destroy them. While policies should be put in place to keep countries' prosperity in check, in a global view, there is always one to not be left behind,

and thus will require a hand. Whether this be in contribution to a global vaccine effort, a fund for health systems, or a donation of medical supplies to countries, delegates should keep in mind the core concept of equity.

Each nation has their own role to play in a global effort to contain not only the current COVID-19 pandemic, but also pandemics and global outbreaks to come. While the present may seem bleak, it is never too hard to see hope -- and in that a cooperative force that sums up to greater than its separate parts. Just as the pandemic knows no boundaries, humanity's efforts against it—from a cooperative approach to sharing critical supplies, such as vaccines, to a universal concern for those left unemployed, or in hardship must ascend to a new level of unified and collaborative action, in matching both the unprecedented and the dark. Rather, the current pandemic is calling for a new level of unified and collaborative action -- and delegates, the chance has come to take this call, and respond with a shout.

Bloc Positions

In the face of a humanitarian crisis such as COVID, collateral damage is seen across nearly all aspects of daily life, from health to education. Even countries that have the means to manage and mitigate the spread are struggling, and with nearly the whole world affected, the need for multilateralism and cooperation has never been greater. The effects of COVID vary across nations, as does the amount of relief given out by each country.

Amid the catastrophe COVID has brought upon the world, **EU countries are most notably recognized for helping each other.** From donating ventilators to taking in critically-ill patients from other parts of the EU, each country, regardless of size, is contributing. France has

donated masks, Germany has sent medical equipment to Italy, Luxembourg has been taking in patients from France, and the Czech Republic has donated protective suits to Italy and Spain. EU Countries have also been working as a whole to fund research, organize joint purchases of equipment, as well as gathering resources to bring stranded Europeans back home.

Putting aside a bitter rivalry, China and Japan had been known to have supported each other from the early months of the pandemic. Having faced nearly 1800 deaths and 70,000 infections in late December 2019, Japan was among one of the first to bring support, whether it be through organized funds, donations, or medical supplies and workers. In return, China has also provided necessary medical materials based on Japan's needs. This mutual support has brought hope from leaders of both countries for a stable partnership in the future.

Countries such as the UK, Australia, Sweden, and Belgium, have largely been pushing for global action as a united, cooperative, force.

189 different countries and territories have linked hands with the COVAX Vaccine Alliance in pursuing equitable COVID-19 vaccines to all, but notably absent are the United States of America and Russia. While the former American President Donald Trump had made it a point to ensure Americans receive coverage first, as stated by Dr. Anthony Fauci, a top infectious disease expert in the USA, instead felt his country's moral responsibility should be in reinforcing the global effort.

The most key member in donating funds to support the COVAX global effort has been Canada, with numerous EU states and the UK following suit.

Questions to consider:

1. What role should those successful in eradicating the virus play in the united battle against COVID-19 and future infectious diseases?
2. To what extent should leaders enact policies across nations in order to provide the relief needed during and after a pandemic?
3. Learning from the ways of neighboring countries, what policies, practices, and efforts regarding the successful eradication of a virus should be implemented in the global community?
4. What is the use of the game of blame in overall commitment needed to combat a global pandemic? How can nations put aside their differences in uniting against a common enemy?
5. The concept of hope, solidarity, and resilience: how can these be kept at the heart of a well-orchestrated plan in addressing a pandemic?

Background Guide written by Megan Zhang

Works Cited

- “UN welcomes ‘most comprehensive agreement ever’ on global health”, *news.un.org*, UN News: Health, 23 September 2019, <https://news.un.org/en/story/2019/09/1047032>
- Maeda, Akiko. “Universal health coverage for inclusive and sustainable development : a synthesis of 11 country case studies”, *documents.worldbank.org*, World Bank Group, 2011,

<http://documents.worldbank.org/curated/en/575211468278746561/Universal-health-coverage-for-inclusive-and-sustainable-development-a-synthesis-of-11-country-case-studies>

- “2019 Global Monitoring Report: Primary Health Care on the Road to Universal Health Coverage”, *United Nations*, United Nations, 2019,
https://www.who.int/healthinfo/universal_health_coverage/report/uhc_report_2019.pdf
- “‘Solidarity, hope’ and coordinated global response needed to tackle COVID-19 pandemic, says UN chief”, *UN News*, United Nations, 19 March 2020,
<https://news.un.org/en/story/2020/03/1059752>
- Axel Van Trostenburg. “A revitalized sense of solidarity to protect and invest in people during COVID-19”, *World Bank, Voices*, 21 December 2020,
<https://blogs.worldbank.org/voices/revitalized-sense-solidarity-protect-and-invest-people-during-covid-19>
- Agency, Xinhua News. “China Donates Medical Supplies to Japan in Coronavirus Fight.” *Khaosod English*, 27 Feb. 2020,
www.khaosodenglish.com/news/international/2020/02/27/china-donates-medical-supplies-to-japan-in-coronavirus-fight/. Accessed 1 Mar. 2021.
-
- El-Erian, Mohamed. “Rich Nations Must Either Help Developing Countries Fight Covid or Live in a Fortress | Mohamed El-Erian.” *The Guardian*, 23 Feb. 2021,
www.theguardian.com/business/2021/feb/23/richer-countries-developing-nations-covid-19-g7. Accessed 2 Mar. 2021.
- He, Huifeng. “China-Japan Relations Show Further Signs of Thaw amid Virus Support.” *South China Morning Post*, 18 Feb. 2020,

www.scmp.com/economy/china-economy/article/3051088/japans-coronavirus-support-wins-praise-china-showing-further. Accessed 1 Mar. 2021.

- Sim, Bérengère. “UK Working with Other Countries to Develop Covid Vaccine Passport for Travellers.” [Www.fnlondon.com](http://www.fnlondon.com), 21 Feb. 2021, www.fnlondon.com/articles/uk-working-with-other-countries-to-develop-covid-vaccine-certificate-for-travellers-20210215. Accessed 1 Mar. 2021.
- “Solidarity: How EU Countries Help Each Other Fight Covid-19 | News | European Parliament.” [Www.europarl.europa.eu](http://www.europarl.europa.eu), 4 Aug. 2020, www.europarl.europa.eu/news/en/headlines/society/20200402STO76415/solidarity-how-eu-countries-help-each-other-fight-covid-19.