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## WORLD HEALTH ORGANIZATION BACKGROUND GUIDE 2016

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# NATIONAL MODEL UNITED NATIONS





# THE 2016 NATIONAL MODEL UNITED NATIONS

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Dear Delegates,

Welcome to the 2016 National Model United Nations Conference in New York (NMUN•NY)! We are pleased to introduce you to our committee, the World Health Organization (WHO). This year's staff is: Directors Philipp Schroeder (Conference A) and Robert Cahill (Conference B), and Assistant Directors Ismail Dogar (Conference A) and Elijah J. Anderson (Conference B). Philipp holds an M.Sc. in European Public Policy, and is pursuing his MPhil/PhD in Political Science at University College London. This is his third year on staff. Robert completed his B.A. in 2012, where he triple-majored in Business and minored in languages. He currently works for a Seattle IT company, and this is his fourth year on staff. Ismail graduated from Benedictine University with a Bachelor's degree in International Business and Health Sciences. He is pursuing his doctorate in Dental Medicine (DMD) at Midwestern University. This is his first year on staff. Elijah is pursuing his Masters of Public Administration from Georgia State University's Andrew Young School of Policy Studies. This is his first year on staff.

The topics under discussion for WHO are:

- I. Ensuring Universal Health Coverage for All
- II. Combating Non-Communicable Diseases
- III. Improving Health Care Services for Ageing Populations

WHO is the authority on international health issues and is key to coordinating the work across a range of health topics. Finding viable solutions to improve the quality of health for all is an essential component in attaining the Sustainable Development Goals by 2030, and WHO provides a key forum to discuss innovative policies in this regard. At NMUN•NY 2016, we are simulating the Executive Board of WHO; in terms of composition and size, however delegates are not limited to the strict mandate of the Board in terms of its role as a budgetary and administrative body. On the contrary, for the purposes of NMUN•NY 2016, and in line with the educational mission of the conference, the committee has the ability to make programmatic and policy decisions on issues and topics within the mandate of WHO related to the overall function of the organization.

We hope you find this Background Guide useful as an introduction to the topics for this committee. However, it is not intended to replace individual research. We encourage you to explore your Member State's policies in-depth, and use the Annotated Bibliography and Bibliography to further your knowledge. In preparation for the conference, each delegation will submit a [position paper](#). Please take note of the [NMUN policies](#) on the website and in the [Delegate Preparation Guide](#) regarding plagiarism, codes of conduct, dress code, sexual harassment, and the awards philosophy and evaluation method. Adherence to these guidelines is mandatory.

The [NMUN Rules of Procedure](#) are available to download from the NMUN website. This document includes the long and short form of the rules, as well as an explanatory narrative and example script of the flow of procedure. It is thus an essential instrument in preparing for the conference, and a reference during committee.

If you have any questions concerning your preparation for the committee or the conference itself, feel free to contact the Under-Secretaries-General for the Human Rights & Humanitarian Affairs Department, Moritz Müller (Conference A) and Claudia Sanchez (Conference B). You can reach either USG by contacting them at: [usg.hr\\_ha@nmun.org](mailto:usg.hr_ha@nmun.org).

We wish you all the best in your preparations, and look forward to seeing you at the conference!

Sincerely,

**Conference A**

Philipp Schroeder, *Director*  
Ismail Dogar, *Assistant Director*

**Conference B**

Robert Cahill, *Director*  
Elijah J. Anderson, *Assistant Director*

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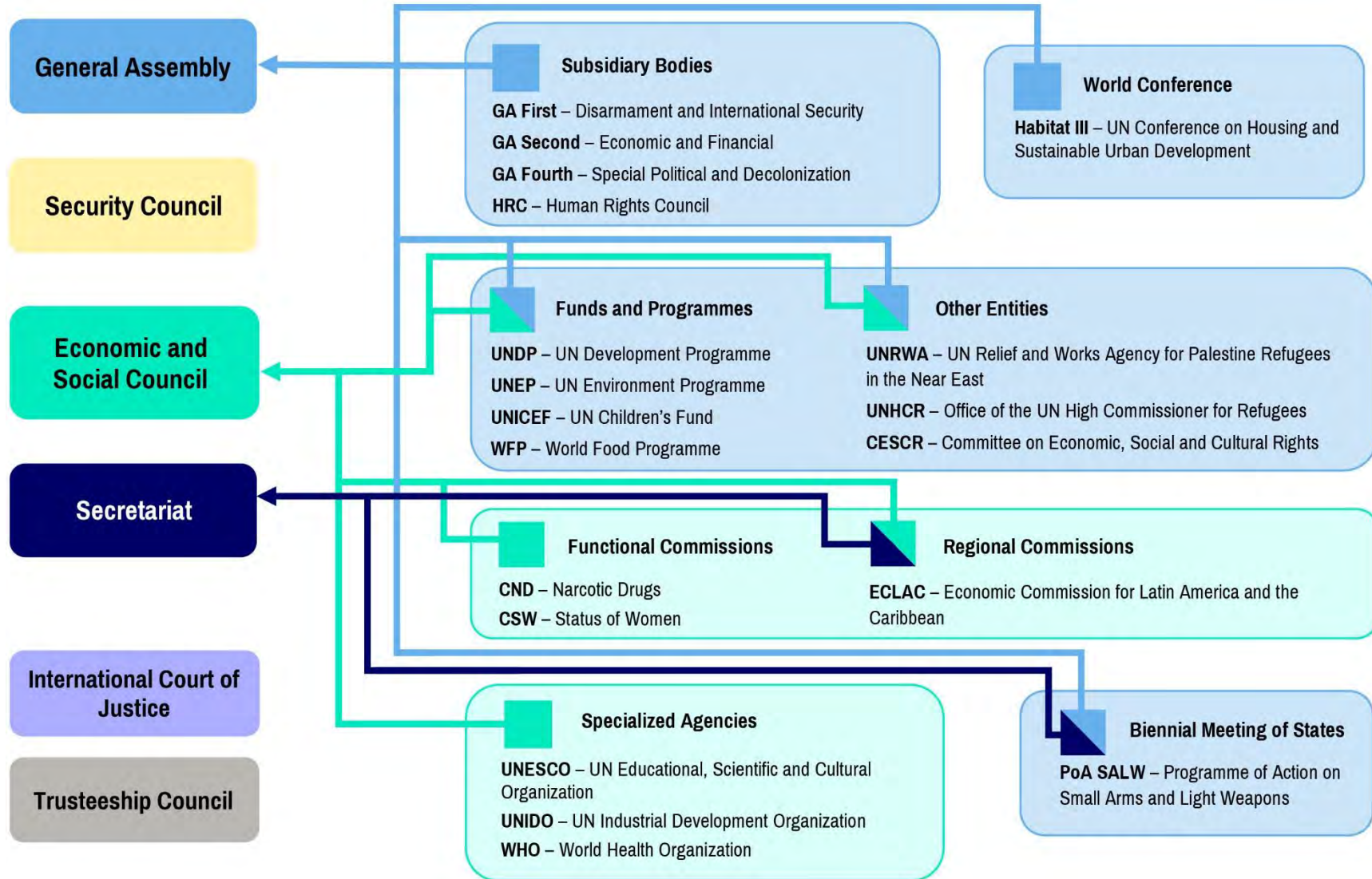


## Abbreviations

<b>AU</b>	African Union
<b>CHWs</b>	Community-based health workers
<b>EASI</b>	Elder Abuse Suspicion Index
<b>ECOSOC</b>	Economic and Social Council
<b>FCTC</b>	Framework Convention on Tobacco Control
<b>GA</b>	General Assembly
<b>GHC</b>	Global Health Cluster
<b>HIV</b>	Human Immunodeficiency Virus
<b>ICT</b>	Information and communication technology
<b>IHR</b>	International Health Regulations
<b>MDGs</b>	Millennium Development Goals
<b>MIPAA</b>	Madrid International Plan of Action on Ageing
<b>NCDs</b>	Non-communicable diseases
<b>NGO</b>	Non-governmental organization
<b>OEWG</b>	Open-Ended Working Group on Ageing
<b>PBAC</b>	Programme, Budget, and Administration Committee
<b>SDGs</b>	Sustainable Development Goals
<b>UDHR</b>	Universal Declaration of Human Rights
<b>UHC</b>	Universal Health Coverage
<b>UN</b>	United Nations
<b>UNIATF</b>	United Nations Interagency Task Force on the Prevention and Control of Non-Communicable Diseases
<b>UNICEF</b>	United Nations Children's Fund
<b>WHA</b>	World Health Assembly
<b>WHO</b>	World Health Organization

## United Nations System at NMUN·NY

This diagram illustrates the UN System simulated at NMUN·NY. It shows where each committee “sits” within the system, to help understand the reportage and relationships between the entities. Examine the diagram alongside the Committee Overview to gain a clear picture of the committee's position, purpose, and powers within the UN System.





## Committee Overview

*Health is regarded as a desirable outcome in its own right, an input to other goals, and a reliable measure of how well sustainable development is progressing. Its place on the agenda is solid. I encourage you to make sure it stays that way, strong and bold.*<sup>1</sup>

### Introduction

The World Health Organization (WHO) is the directing and coordinating authority on international healthcare issues within the United Nations (UN) system, promoting the attainment of the highest possible level of health by all people.<sup>2</sup> WHO is active in six intersecting areas of work: assisting its 194 Member States in the development of their respective health systems, the eradication of non-communicable diseases (NCDs), the promotion of good health through people's life courses, prevention, treatment and care for communicable diseases, preparedness, surveillance and response with respect to international health emergencies, as well as extending corporate services to the organization's public and private partners.<sup>3</sup> WHO's activities across policy areas and countries are informed by the organization's key guiding principle, which defines health as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.<sup>4</sup>

**The World Health Organization (WHO)** is a specialized agency of the United Nations, reporting to the Economic and Social Council (ECOSOC).

At NMUN·NY 2016, we are simulating the Executive Board of WHO in terms of composition and size; however, delegates are not limited to the strict mandate of the Executive Board during the conference. For the purposes of NMUN·NY 2016, and corresponding with the educational mission of the conference, the committee has the ability to make programmatic and policy decisions on issues within the mandate of WHO in line with the overall function of the organization.

This principle is enshrined in the *Constitution of the World Health Organization* (1946), which was adopted in July 1946 by the then 51 UN Member States and 10 additional states.<sup>5</sup> Following a complete breakdown of international health cooperation during the Second World War, an Interim Commission was tasked with continuing the activities of existing institutions until 26 signatories of WHO's constitution had ratified the document.<sup>6</sup> After coming into force in April 1948, the World Health Assembly (WHA), the organization's decision-making body comprised of all WHO Member States, convened in Geneva on 24 June 1948 for the first time.<sup>7</sup> Although WHO had largely remained a stimulator for health research throughout its first decade, its operative programs gradually expanded in the following years, exemplified by the launch of its smallpox eradication campaign in 1966.<sup>8</sup> The adoption of resolution WHA19.16 of 13 May 1966 by the WHA, calling for a worldwide smallpox eradication program under the leadership of WHO's Director-General, represents a milestone in WHO's history, as it marked the organization's first global immunization campaign and eventually succeeded in eliminating the disease in 1980.<sup>9</sup> Another defining moment for WHO was the 1978 International Conference on Primary Health Care in Alma-Ata, Kazakhstan, declaring access to primary health care for all as the organization's key strategic objective, and linking health to social and economic development.<sup>10</sup> The conference essentially refined the concept of primary health care, not only highlighting the need for greater equity in access to health services within and between states, but also emphasizing that health is a key value to every single human being, which brought the attainment of health for all to the forefront of national and international development agendas.<sup>11</sup> The *Declaration of Alma-Ata* (1978) then served as the basis

<sup>1</sup> WHO, *Address by Dr Margaret Chan, Director-General, to the Sixty-eighth World Health Assembly (A68/3)*, 2015.

<sup>2</sup> WHO, *About WHO*, 2015; WHO, *Basic Documents – 48th ed. Including amendments adopted up to 31 December 2014*, 2014.

<sup>3</sup> WHO, *What we do*, 2015.

<sup>4</sup> WHO, *Constitution of WHO: principles*, 2015.

<sup>5</sup> WHO, *Origin and development of health cooperation*, 2015.

<sup>6</sup> *Ibid.*

<sup>7</sup> *Ibid.*

<sup>8</sup> Charles, *Origins, History, and Achievements of the World Health Organization*, 1968, p. 295.

<sup>9</sup> WHO, *The Third Ten Years of the World Health Organization – 1968-1977*, 2008, pp. 177-181.

<sup>10</sup> *Ibid.*, pp. 303-304.

<sup>11</sup> *Ibid.*, p. 1.

for WHO's *Global Strategy for Health for All by the Year 2000* (1981), aiming to achieve universal primary healthcare, a goal that is still valid today.<sup>12</sup>

WHO's 1946 constitution established the organization as a specialized agency of the UN in accordance with Article 57 of the *Charter of the UN*.<sup>13</sup> Notwithstanding its status as an autonomous organization within the UN system, WHO operates within the purview of the Economic and Social Council (ECOSOC), which is responsible for coordinating the work of specialized agencies on an intergovernmental level.<sup>14</sup> Accordingly, the WHA reports to ECOSOC in accordance with any agreement between the organization and the UN.<sup>15</sup> Furthermore, following international health efforts' relevance across a broader range of policy areas, WHO's Director-General is a key member of the UN System Chief Executive Board for Coordination, which comprises the 29 executive heads of the UN including its funds and programs, the specialized agencies, the World Bank and International Monetary Fund, as well as the World Trade Organization and the International Atomic Energy Agency.<sup>16</sup>

### ***Governance, Structure and Membership***

While WHO's secretariat is located in Geneva, Switzerland, the organization shows a worldwide presence, staffing six regional offices across the globe as well as operating a total of 149 country offices and decentralized sub-offices.<sup>17</sup> WHO's executive functions are assigned to its Executive Board, which comprises 34 individuals who are technically qualified in the field of health.<sup>18</sup> Each member of the Executive Board is appointed for a three-year term by a Member State of WHO, designated by the WHA with respect to regional proportions.<sup>19</sup> The board's key policymaking functions include the drafting of WHO's multi-annual programs of work, as well as submitting draft resolutions to the WHA for consideration.<sup>20</sup> In formulating WHO policies, the board's Programme, Budget and Administration Committee (PBAC) plays a particularly important role, as it makes recommendations to the Executive Board with regard to planning, monitoring and evaluation of WHO programs, and the organization's financial and administrative matters.<sup>21</sup> The PBAC comprises 14 board members, with two members from each region elected by the Executive Board for a two-year period.<sup>22</sup> In addition to its policy formulation functions, the Executive Board is tasked with giving effect to the decisions and policies of the WHA and to lead coordination efforts in the response to international health emergencies.<sup>23</sup> The Executive Board meets at least twice a year, once at the beginning of every year and immediately after the convention of the WHA, while special sessions of the board may be convened in the event of an international health emergency.<sup>24</sup> Most recently, the Executive Board held a special session on 25 January 2015 in response to the Ebola outbreak in West Africa.<sup>25</sup>

The WHA is WHO's supreme decision-making body, meeting once every year and comprising delegates from each of the organization's Member States.<sup>26</sup> In addition to the determination of WHO's policies, the Assembly supervises the organization's financial policies and adopts its budget, as well as appoints the Director-General on the nomination of the Executive Board.<sup>27</sup> WHO's Director-General acts as the chief technical and administrative officer of the organization, supported by administrative staff of WHO's secretariat.<sup>28</sup> WHO's Director-General also serves

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<sup>12</sup> McCarthy, *A brief history of the World Health Organization*, 2002, p. 1111; WHO, *Global Strategy for Health for All by the Year 2000*, 1981; *Declaration of Alma-Ata*, 1978.

<sup>13</sup> *Charter of the United Nations*, 1945; WHO, *Constitution of the World Health Organization*, 1946, p. 2.

<sup>14</sup> UN DPI, *The United Nations System*, 2015.

<sup>15</sup> WHO, *Constitution of the World Health Organization*, 1946, p. 7.

<sup>16</sup> UNSCEB, *Who we are*, 2015.

<sup>17</sup> WHO, *WHO Presence in Countries, Territories and Areas. 2015 Report*, 2015.

<sup>18</sup> WHO, *The Executive Board*, 2015.

<sup>19</sup> *Ibid.*

<sup>20</sup> WHO, *Governance*, 2015; WHO, *Constitution of the World Health Organization*, 1946, p. 9.

<sup>21</sup> WHO, *Revised terms of reference for the Programme, Budget and Administration Committee of the Executive Board (EB131.R2)*, 2012, p. 3.

<sup>22</sup> *Ibid.*

<sup>23</sup> WHO, *Constitution of the World Health Organization*, 1946, p. 9.

<sup>24</sup> WHO, *The Executive Board*, 2015.

<sup>25</sup> WHO, *Special Session on the Ebola Emergency (EBSS/3/2015/REC/1)*, 2015.

<sup>26</sup> WHO, *Governance*, 2015.

<sup>27</sup> WHO, *Constitution of the World Health Organization*, 1946, p. 6.

<sup>28</sup> *Ibid.*, p. 9.

as the ex-officio secretary of the WHA, the Executive Board, as well as WHO's commissions and committees, and is also responsible for submitting WHO's financial statements and budget estimates to the Executive Board.<sup>29</sup>

WHO's biennial program budgets approved by the WHA derive from its multiannual programs of work, and are funded via a mix of assessed and voluntary contributions.<sup>30</sup> Assessed contributions consist of membership dues paid by WHO's Member States, calculated relative to their wealth and population.<sup>31</sup> Albeit steady figures for assessed contributions, an increasing number of voluntary contributions has led to gradual decline in the relative volume of assessed contributions over the past decade, accounting for less than a quarter of WHO's 2014-2015 program budget.<sup>32</sup> Nonetheless, assessed contributions still represent an essential, predictable source of financing, avoiding dependence on a narrow base of public and private donors.<sup>33</sup> Voluntary contributions are provided by WHO Member States in addition to their assessed contributions, as well as other partners such as non-governmental organizations (NGOs), academic institutions, and private corporations.<sup>34</sup> These contributions can be either earmarked for a specific WHO program or represent a core voluntary contribution, which can be assigned to any item in WHO's biennial program budget.<sup>35</sup> In the course of the reform process of WHO's funding, initiated in January 2010, a financing dialogue with Member States and other stakeholders was established aiming to assign WHO's funding evenly across its main areas of work, improve the level of predictability and transparency of financing WHO's budgets, and broaden WHO's donor base.<sup>36</sup>

### ***Mandate, Functions and Powers***

Article 2 of WHO's constitution spells out a broad mandate for action to foster health for all.<sup>37</sup> WHO's mandate includes advancing the eradication of diseases, as well as improving nutrition, sanitation, accommodations, recreation, and other conditions.<sup>38</sup> In order to achieve these tasks, WHO may establish partnerships with other UN bodies and specialized agencies, Member States' health administrations, as well as NGOs.<sup>39</sup> Furthermore, Article 2 mandates WHO to foster mental, maternal, and child health, and to provide information, counsel, and assistance in the field of health.<sup>40</sup> Finally, WHO is responsible for advancing medical and health-related research, promoting scientific collaboration, improving standards of training in health, medical and related professions, as well as developing international standards for food, biological, pharmaceutical and similar products.<sup>41</sup>

The organization's broad mandate for action has translated into a myriad of projects, campaigns and partnerships, addressing a virtually all-encompassing range of health topics.<sup>42</sup> Illustrated by WHO's response to the 2014 Ebola outbreak in West Africa, WHO programs may operate on a global, regional, and country-level simultaneously.<sup>43</sup> In July 2015 WHO had approximately 1,100 technical experts and medical staff on the ground in the three most affected countries.<sup>44</sup> WHO's activities in these countries have been complemented by the work of the Global Outbreak Alert and Response Network, building on resources from Member States' scientific institutions, medical and surveillance initiatives, regional technical networks, as well as assistance from UN Children's Fund (UNICEF), the Office of the UN High Commissioner for Refugees, and the Red Cross and other humanitarian NGOs.<sup>45</sup> Exemplifying WHO's role as coordinating authority on international healthcare issues, WHO's Executive Board adopted resolution EBSS3.R1 of 25 January 2015, outlining the coordinating framework for stakeholders involved

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<sup>29</sup> WHO, *Constitution of the World Health Organization*, 1946, pp. 9-10.

<sup>30</sup> WHO, *Planning, finance and accountability*, 2015; WHO, *Funding WHO*, 2015.

<sup>31</sup> WHO, *Assessed contributions*, 2015.

<sup>32</sup> *Ibid.*

<sup>33</sup> *Ibid.*

<sup>34</sup> WHO, *Programme Budget 2014-2015. Overview of financing*, 2013; WHO, *Voluntary contributions*, 2015.

<sup>35</sup> WHO, *Voluntary contributions*, 2015.

<sup>36</sup> WHO, *Twelfth General Programme of Work 2014-2019: Not merely the absence of disease*, 2014, p. 39; WHO, *WHO's financing dialogue*, 2015.

<sup>37</sup> WHO, *Constitution of the World Health Organization*, 1946, p. 2.

<sup>38</sup> *Ibid.*

<sup>39</sup> *Ibid.*

<sup>40</sup> *Ibid.*, p. 3.

<sup>41</sup> *Ibid.*, p. 3.

<sup>42</sup> WHO, *Health topics*, 2015.

<sup>43</sup> WHO, *Ebola Response in Action*, 2015; WHO, *Partners: Global Outbreak Alert and Response Network (GOARN)*, 2015.

<sup>44</sup> *Ibid.*

<sup>45</sup> *Ibid.*



in the response to the 2014 Ebola outbreak in West Africa, spelling out priorities for assistance to affected countries' health systems, as well as calling upon Member States and WHO's Director-General to strengthen disease surveillance capacities and data flows between stakeholders.<sup>46</sup>

In addition to coordinating international response efforts to acute health emergencies, WHO also assumes a norm- and standard-setting function to help states prevent the outbreak of public health issues, most notably via promoting the implementation of the International Health Regulations (IHR) (2005).<sup>47</sup> The IHR was adopted by the WHA through resolution WHA58.3 of 23 May 2005.<sup>48</sup> The regulations call for a legal instrument strengthening states' diseases surveillance capacities, an issue that has become particularly salient following a resurgence of several epidemic diseases in the 1990s.<sup>49</sup> Outbreaks of Cholera in South America and the plague in India, coupled with a reluctance among several states to report the outbreak of diseases in fear of trade and travel restrictions, illustrates the necessity of a legal instrument designed to counter the international spread of diseases.<sup>50</sup> The IHR came into force on 17 June 2007 and represents a legally-binding instrument for 196 states, including all WHO Member States, setting standards for the prevention and response to acute, cross-border public health risks.<sup>51</sup> IHR's standards include the establishment of disease response capacities at states' points of entries, the swift information of WHO on health emergencies, and the provision of vaccine certificates to travelers.<sup>52</sup> Following the IHR's entry into force, the instrument's standards immediately applied to all WHO Member States, though the IHR lacks an enforcement mechanism, as incentives for compliance are based solely on peer pressure and public knowledge.<sup>53</sup>

Acknowledging that the promotion of health-related research plays a central role in advancing global health and provides benefits across WHO's areas of work, the WHA adopted the "WHO strategy on research for health" (2010), which aims to invigorate cooperation between WHO's secretariat, Member States and external stakeholders to reinforce research focused on Member States' priority health needs, strengthen national capacities for health research, setting standards of good practice in health-related research, and strengthening links between policymakers, health practitioners, and researchers.<sup>54</sup> Another key contribution of WHO to health-related research is the provision of data across a variety of health issues via the organization's Global Health Observatory Data Repository, which was established in 2005 to complement WHO's annual World Health Statistics Reports.<sup>55</sup> Essentially, the continuous, systematic collection, analysis, and interpretation of health-related data allows the organization, its Member States, and external stakeholders to conduct quality public health surveillance, which is fundamental for public health practices.<sup>56</sup>

### *Partnerships*

Across the range of its functions, WHO hosts a number of partnerships including collaborations with other UN bodies through inter-agency programs such as the Joint UN Programme on HIV/AIDS, and formal partnership with external public entities, NGOs and private sector actors, benefitting from WHO's administrative, fiduciary and legal framework.<sup>57</sup> Most notably, WHO leads the Global Health Cluster (GHC), which was established in 2006 and currently comprises 48 partners, including UN bodies such as UNICEF, as well as public stakeholders and academic institutions.<sup>58</sup> Aiming to minimize the health impact of humanitarian emergencies, GHC partners collaborate to foster global capacities for emergency preparedness, response, and recovery from humanitarian health crises.<sup>59</sup> In the light of increasing complexity and scale of humanitarian emergencies, the GHC provides a platform for collaborative action among a diverse range of international humanitarian actors, ensuring that humanitarian health

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<sup>46</sup> WHO, *Special Session on the Ebola Emergency (EBSS/3/2015/REC/1)*, 2015, pp. 3-7.

<sup>47</sup> WHO, *International Health Regulations (IHR)*, 2015.

<sup>48</sup> WHO, *Frequently asked questions about the International Health Regulations (2005)*, 2015.

<sup>49</sup> *Ibid.*

<sup>50</sup> *Ibid.*

<sup>51</sup> *Ibid.*; WHO, *International Health Regulations (IHR)*, 2015.

<sup>52</sup> WHO, *International Health Regulations*, 2005.

<sup>53</sup> WHO, *Frequently asked questions about the International Health Regulations (2005)*, 2015.

<sup>54</sup> WHO, *Sixty-Third World Health Assembly. Resolutions and Decisions. Annexes (WHA63/2010/REC/1)*, 2010, p. 119; WHO, *The WHO strategy on research for health*, 2012, p. 8.

<sup>55</sup> WHO, *Global Health Observatory Data Repository*, 2015; WHO, *World Health Statistics Report 2005*, 2005, p. 5.

<sup>56</sup> WHO, *Public Health Surveillance*, 2015.

<sup>57</sup> WHO, *Partnerships*, 2015.

<sup>58</sup> WHO, *About the Global Health Cluster*, 2015; WHO, *Global Health Cluster Partners*, 2015.

<sup>59</sup> WHO, *The strategic framework of the Global Health Cluster*, 2015.

action during emergencies benefits from the right expertise in the right place at the right time.<sup>60</sup> In the event of a humanitarian emergencies at the country-level, the GHC works through a cluster lead agency and a health cluster coordinator, providing for the development of agreed overall priorities and health crisis response strategies, as well as facilitating effective partnerships between international and national humanitarian actors.<sup>61</sup>

### ***Recent Sessions and Current Priorities***

By adopting resolution WHA66.1 of 24 May 2013, the WHA approved the organization's 12<sup>th</sup> General Programme of Work 2014-2019, which specifies WHO's current leadership priorities.<sup>62</sup> In addition to the promotion of the IHR's implementation, improving access to medical products, and action on social determinants of health, WHO's current work focuses on advancing universal health coverage, addressing the challenge of non-communicable disease, and shaping WHO's role in the post-2015 development agenda and Sustainable Development Goals (SDGs).<sup>63</sup> Recent actions by WHO and partner organizations in these areas include the launch of a global coalition in December 2014 of over 500 health and development organizations to accelerate access to universal health coverage, as well as emphasizing the need for improving the cost-effectiveness of health interventions at the Financing for Development Conference in Addis Ababa in July 2015 in order to secure the financing of SDG 3 on good health and well-being.<sup>64</sup> Reflecting the priorities specified in the organization's 2014-2019 General Programme of Work, WHO's Executive Board prominently discussed ways to advance the eradication of NCDs during its most recent session in January and February 2015, focusing deliberations on obesity among children and child nutrition.<sup>65</sup> During this session, the Executive Board considered 14 additional indicators for WHO's global monitoring framework on maternal, infant, and young child nutrition.<sup>66</sup> These indicators add measures to evaluate progress of programs addressing maternal and child nutrition as well as indicators for WHO Member States' political commitment to the six global targets for maternal, infant, and young nutrition to be achieved by 2025.<sup>67</sup> Furthermore, the Executive Board recently adopted resolution EB136.R7 of 29 January 2015, recommending to the WHA the adoption of a resolution on strengthening emergency and essential surgical care as well as anesthesia as a component of universal health coverage.<sup>68</sup>

### ***Conclusion***

WHO is the coordinating authority on international healthcare issues within the UN system. The organization's activities cover a broad range of health topics and are often implemented through partnerships with other UN bodies, specialized agencies, civil society, and the private sector. As the organization's executive body responsible for the formulation and review of WHO's policies, the Executive Board assumes a key responsibility addressing current health priorities through the preparation of draft resolutions to be considered by the WHA. In the light of persistent challenges across current priorities highlighted above, delegates are expected to develop effective solutions to address challenges to health for all in the spirit of WHO's key principles and objectives.

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<sup>60</sup> WHO Global Health Cluster, *Global Health Cluster Strategic Framework 2014-2015*, 2014, pp. 3-6.

<sup>61</sup> WHO, *Health Cluster Guide. A practical guide for country-level implementation of the Health Cluster*, 2009, pp. 23-25.

<sup>62</sup> WHO, *Sixty-Sixth World Health Assembly. Resolutions and Decisions. Annexes (WHA66/2013/REC/1)*, 2013, p. 3; WHO, *Twelfth General Programme of Work 2014-2019: Not merely the absence of disease*, 2015.

<sup>63</sup> WHO, *Leadership priorities*, 2015.

<sup>64</sup> WHO, *500+ Organizations Launch Global Coalition to Accelerate Access to Universal Health Coverage*, 2014; WHO, *Financing the health Sustainable Development Goal*, 2015.

<sup>65</sup> WHO, *Resolutions and Decisions. Annexes (EB136/2015/REC/1)*, 2015, p. ix.

<sup>66</sup> WHO, *Maternal, infant and young child nutrition: development of the core set of indicators. Report by the Secretariat (EB139/9)*, 2015.

<sup>67</sup> *Ibid.*, pp. 2-3.

<sup>68</sup> WHO, *Resolutions and Decisions. Annexes (EB136/2015/REC/1)*, 2015, p. 7.



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*This WHO website provides a detailed overview of the different types of contributions to WHO's current biennial program budget and specifies the allocation of funds by health issues, WHO's categories of work and WHO regions. The website also allows users to identify individual contributors, the programs and projects they have funded, and the volume of their contributions. The website represents an excellent resource for delegates to learn more about the volume of funds needed for individual WHO programs and projects, as well as the balance between assessed and voluntary contributions to WHO's biennial program budgets.*

World Health Organization. (2014). *Basic Documents – 48<sup>th</sup> ed. Including amendments adopted up to 31 December 2014*. Retrieved 18 July 2015 from: <http://apps.who.int/gb/bd/PDF/bd48/basic-documents-48th-edition-en.pdf>

*This regularly updated document published by WHO compiles the organization's founding documents and accompanying legal provisions. Its inter alia includes WHO's constitution, provides information on its governing bodies' rules and procedures, and specifies WHO's agreements with other intergovernmental and non-governmental organizations. Furthermore, the document specifies the legal provisions on WHO's financial administration. The document provides delegates with an encompassing overview of WHO's legal framework and details the formal mandate for the organization's operations.*

World Health Organization. (2014). *Twelfth General Programme of Work 2014-2019: Not merely the absence of disease*. Retrieved 19 July 2015 from: [http://apps.who.int/iris/bitstream/10665/112792/1/GPW\\_2014-2019\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/112792/1/GPW_2014-2019_eng.pdf?ua=1)

*This document published by WHO is based on intensive consultations with the organization's Member States as well as other public health stakeholders, and specifies WHO's strategic vision for the period 2014-2019. It sets out the goals for WHO's work and reform processes across the following three key pillars: WHO's leadership priorities and programmatic direction, governance and managerial reform, and the implementation and performance assessment of WHO's policies. The document is an essential resource for delegates to learn about focal points of WHO's current and future operative programs, the political, economic and institutional context in which WHO is working, and the organization's reform objectives. Essentially, by outlining the structure and elements of WHO's results chain to monitor the performance of WHO's work, the document also provides delegates with information on how to assess the effectiveness of future WHO policies.*

World Health Organization. (2015). *About WHO* [Website]. Retrieved 17 July 2015 from: <http://who.int/about/en/>

*This section of WHO's website provides delegates with access to comprehensive information on the organization's history and structure, WHO's main areas and locations of work, as well as background information on its governing bodies and WHO's cooperation with other organizations. The website represents a key resource for delegates to get a quick overview not only on WHO's formal structures and history, but also on its role in the UN system and WHO's work with Member States. While information provided on the website is fairly general, its sub-sections contain helpful links to more specific sources of information on the topics outlined above.*

World Health Organization. (2015). *Global Health Observatory Data Repository* [Website]. Retrieved 16 August 2015 from: <http://www.who.int/gho/database/en/>

*This online database maintained by WHO provides access to an extensive collection of data across a wide range of health-related topics, countries and time. The database also provides links to download WHO reports on a number of health issues and its World Health Statistics publication. The database represents an excellent resource for delegates to learn more about statistical trends and current health priorities on a global, regional, and country-level. Furthermore, the database's WHO Indicator and Measurement Registry allows delegates to understand how data across various health topics is collected.*



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## I. Ensuring Universal Health Coverage for All

“Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”<sup>69</sup>

### **Introduction**

Universal Health Coverage (UHC) is defined by the World Health Organization (WHO) as “a situation where all people who need health services receive them, without financial hardship.”<sup>70</sup> WHO has defined the three stages of UHC as: health cost paid out of pocket, a combination of private insurances and corporate health insurance, and social health coverage.<sup>71</sup> Similarly, the World Bank has established UHC as a fundamental right, stating that individuals should have access to healthcare without financial burden or hardship.<sup>72</sup> Globally, it costs approximately \$60 per person a year for essential healthcare services.<sup>73</sup> Although the cost seems low, some developing countries cannot afford \$60 per person due to low government revenue.<sup>74</sup> Initially, UHC was limited to high-income Member States, but now many lower- and middle-income Member States have taken the steps towards reforming their healthcare systems.<sup>75</sup> In 2005, Member States of the World Health Organization made a commitment to accomplish UHC.<sup>76</sup> Following this, in December 2012, the General Assembly (GA) of the United Nations (UN) asked Member States to recognize, promote, and strategize for and move towards UHC with the ultimate outcome of healthier lives for all individuals, and in particular for women and children.<sup>77</sup>

Approximately 1 billion individuals lack access to healthcare worldwide, which makes countries prone to disease outbreaks.<sup>78</sup> According to WHO, 100 million individuals also fall into poverty each year due to out-of-pocket medical costs.<sup>79</sup> As a result, the need to pay a high amount of money for healthcare often discourages individuals from utilizing available services.<sup>80</sup> Thus, WHO established two objectives for UHC in 2013.<sup>81</sup> The first objective is to have access to health services including medical advancements, prevention, treatment, rehabilitation, and reassuring care for all.<sup>82</sup> The second objective is to ensure protection from the financial risk associated with seeking medical care.<sup>83</sup> The World Bank reiterates that societies are better when healthcare services are available, and when help is provided to individuals to prevent them from falling into poverty.<sup>84</sup> Ultimately, UHC can achieve many goals for social development, such as education, work benefits, and household financial security, all of which align with the Sustainable Development Goals (SDGs) – a key priority for the international community and the UN following the adoption of the post-2015 development agenda in September 2015.<sup>85</sup>

### **International and Regional Framework**

For the past 67 years, The *Universal Declaration of Human Rights* (UDHR) (1948) has been regarded as the authoritative document on human rights.<sup>86</sup> UHC would fulfill Article 25 of the UDHR, which states:

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<sup>69</sup> Tan, *Of All the Forms of Inequality, Injustice in Healthcare is the most Shocking and Inhumane*, 2015.

<sup>70</sup> WHO & The World Bank, *Monitoring Progress towards Universal Health Coverage at Country and Global Levels: A Framework*, 2013.

<sup>71</sup> Carrin, et al., *Universal Coverage of Health services: Tailoring its Implementation*, 2015.

<sup>72</sup> The World Bank, *Universal Health Coverage: Overview*, 2015.

<sup>73</sup> Management Sciences for Health, *Global Movement Emerges for Universal Health Coverage*, 2013.

<sup>74</sup> Ibid.

<sup>75</sup> The World Bank, *Universal Health Coverage: Overview*, 2015.

<sup>76</sup> WHO, *The World Health Report 2013*, 2013.

<sup>77</sup> UN General Assembly, *Global Health and Foreign Policy: Report of the Director-General of the World Health Organization on global health and foreign policy (A/67/377)*, 2012.

<sup>78</sup> Rockefeller Foundation, The World Bank, & WHO, *500+ Organizations Launch Global Coalition to Accelerate Access to Universal Health Coverage*, 2014.

<sup>79</sup> Bristol, *Global Action toward Universal Health Coverage*, 2014.

<sup>80</sup> WHO, *Arguing for Universal Health Coverage*, 2015.

<sup>81</sup> Ibid.

<sup>82</sup> Ibid.

<sup>83</sup> Ibid.

<sup>84</sup> The World Bank, *Universal Health Coverage: Overview*, 2015.

<sup>85</sup> UN General Assembly, *Global Health and Foreign Policy (A/67/L.36)*, 2012; UN General Assembly, *Transforming Our World: The 2030 Agenda for Sustainable Development (A/RES/70/1)*, 2015.

<sup>86</sup> UN General Assembly, *Universal Declaration of Human Rights (A/RES/217 A (III))*, 1948.



“Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.”<sup>87</sup>

Member States also expressed the need for the global community to protect and promote healthcare by signing the *Declaration of Alma-Ata* (1978).<sup>88</sup> This Declaration was adopted at the International Conference on Primary Health Care in 12 September 1978, as the first international declaration addressing the importance of primary healthcare.<sup>89</sup> Primary care exists when a main source of continuous and comprehensive healthcare is available to individuals.<sup>90</sup> The Declaration strongly reaffirms that complete physical, mental, and social health is a fundamental right, and that quality of healthcare systems should not be abandoned.<sup>91</sup> Further, it is stressed that national governments have the responsibility to protect the health of individuals through proper primary healthcare.<sup>92</sup> However, the Declaration also states that primary care reflects and evolves based on the economic, social, and political features of each Member State.<sup>93</sup> Moreover, it advocates the inclusion of health education, proper food and clean water, maternal care, childcare, and immunizations against major diseases.<sup>94</sup> Regionally, in April 2001, Member States of the African Union (AU) signed the *Abuja Declaration*, committing to increase their health budget by 15% annually with increased support from Western countries.<sup>95</sup> However, only 26 Member States of the AU have increased their government expenditures on healthcare.<sup>96</sup> Eleven countries reduced their health spending, and nine other Member States showed no progress whatsoever.<sup>97</sup> The issue thus remains that the level of resources available and requisite health spending are significantly below what is needed to provide sufficient healthcare services in many developing countries.<sup>98</sup>

In 2005, the 58<sup>th</sup> World Health Assembly of the WHO adopted a resolution on “Sustainable Health Financing, Universal Coverage and Social Health Insurance (58.33).”<sup>99</sup> The resolution asks Member States to secure: health-financing systems, adequate healthcare infrastructures, external funds for specific health programs, to share experiences on different financial medical methods, and to collaborate between public and private providers.<sup>100</sup> The resolution further asks Member States with expertise in UHC to provide technical support in developing financial health systems, technical information on the inflows of external funds for health on economic security, regular international conferences, and for Member States to support each other in developing tools and methods to evaluate UHC.<sup>101</sup>

Finally, the 2012 report from the WHO Director-General, “Global Health and Foreign Policy”, focuses on how healthcare services can be a measure of comprehensive and reasonable economic growth, as well as globalization, unity, and stability among Member States.<sup>102</sup> Poverty, evolving population growth, ageing, climate change, and urbanization have all put strains on healthcare services.<sup>103</sup> The report draws a strong link between individuals who

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<sup>87</sup> UN General Assembly, *Declaration on the sixtieth anniversary of the Universal Declaration of Human Rights (A/RES/63/116)*, 2009.

<sup>88</sup> *Declaration of Alma-Ata*, 1978.

<sup>89</sup> *Ibid.*

<sup>90</sup> MedicineNet, Inc, *Definition of Primary Care*, 2015.

<sup>91</sup> *Declaration of Alma-Ata*, 1978.

<sup>92</sup> Gillam, *Is the Declaration of Alma Alta Still Relevant to Primary Health Care?* 2008.

<sup>93</sup> *Declaration of Alma-Ata*, 1978.

<sup>94</sup> WHO & World Bank, *Monitoring Progress towards Universal Health Coverage at Country and Global Levels: A Framework*, 2013.

<sup>95</sup> Ocampo, *Health Funding in Africa: How Close is the AU to Meeting Abuja Projects?* 2013.

<sup>96</sup> WHO, *The Abuja Declaration: Ten Years on*, 2001.

<sup>97</sup> *Ibid.*

<sup>98</sup> Bristol, *Global Action toward Universal Health Coverage*, 2014.

<sup>99</sup> WHO, *Sustainable Health Financing, Universal Coverage and Social Health Insurance (58.33)*, 2005.

<sup>100</sup> *Ibid.*

<sup>101</sup> *Ibid.*

<sup>102</sup> UN General Assembly, *Global Health and Foreign Policy: Report of the Director-General of the World Health Organization on global health and foreign policy (A/67/377)*, 2012.

<sup>103</sup> *Ibid.*

are healthier, and those who are more able to contribute towards the societies in which they live.<sup>104</sup> Adding to this, the 2013 World Health Report outlines the role of research for UHC, and presents various case studies for UHC, highlighting that UHC cannot be attained without facts and evidence, and that research for UHC requires national and international backing.<sup>105</sup>

The advancement towards UHC is a fundamental achievement for WHO, particularly in regards to the Millennium Development Goals (MDGs) and now the new SDGs, which have replaced the MDGs.<sup>106</sup> At the global level, the specific targets to expand healthcare coverage have been set by the SDGs.<sup>107</sup> In particular, Goal 3 of the SDGs focuses on promoting a healthy lifestyle and wellbeing for all.<sup>108</sup> Moreover, Target 8 of Goal 3 directly asks Member States to encourage UHC with financial protection, quality healthcare, and secure medicine.<sup>109</sup> Member States must now continue their work to expand the scope of the health SDGs, such as HIV/AIDS, malaria, child health, and maternal health.<sup>110</sup>

### ***Role of the International System***

WHO relies upon its partners to both develop and assert policies towards UHC in the international arena. Central to this work is the World Bank. Concurrently with the SDGs, the World Bank and WHO released two goals in 2015, the first on healthcare services: by 2030, every individual will have access to healthcare; and the second on financial security: by 2030, no one will be pushed into poverty due to healthcare.<sup>111</sup> The World Bank recognizes four key essentials for achieving UHC: 1) strong local and national leadership; 2) investing in a robust and resilient primary healthcare system; 3) enacting policies for reallocating resources and reducing disparities for quality care; 4) finding a balance between revenue and expanding healthcare coverage.<sup>112</sup> WHO and the World Bank have developed a framework for UHC, which entails three inter-related mechanisms: quality health services in full spectrum; financial protection from health services when utilized; and coverage for every individual.<sup>113</sup> This joint framework also proposes country monitoring on healthcare coverage and financial protection.<sup>114</sup> Country monitoring ensures progress towards UHC on the basis of each Member State's demography, healthcare services, and economic development.<sup>115</sup> For example, developing economies may focus on how to serve individuals in remote areas, whereas developed countries may focus on healthcare services for growing elderly populations.<sup>116</sup> WHO and the World Bank suggest that evaluating successful outcomes in certain states can help struggling Member States progress towards UHC.<sup>117</sup> These evaluations can be in the form of comparative reports, or studies analyzing healthcare policy implementation.<sup>118</sup>

### ***Civil Society***

For many years, community-based health workers (CHWs) have played a vital role in health services.<sup>119</sup> In collaboration with WHO, hundreds of non-governmental organizations (NGOs) have refined community-based healthcare models.<sup>120</sup> CHWs can be defined as health aides who are qualified, and reside in the community they

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<sup>104</sup> UN General Assembly, *Global Health and Foreign Policy: Report of the Director-General of the World Health Organization on global health and foreign policy (A/67/377)*, 2012.

<sup>105</sup> WHO, *The World Health Report 2013*, 2013.

<sup>106</sup> UN High-Level Panel of Eminent Persons on the Post-2015 Development Agenda, *A New Global Partnership: Eradicate Poverty and Transform Economies through Sustainable Development*, 2013.

<sup>107</sup> WHO, *Questions and Answers on Universal Health Coverage and the Post-2015 Framework*, 2015.

<sup>108</sup> UN General Assembly, *Transforming Our World: The 2030 Agenda for Sustainable Development (A/RES/70/1)*, 2015.

<sup>109</sup> Ibid.

<sup>110</sup> Tulenko, et al., *Community Health Workers for Universal Healthcare Coverage: From Fragmentation to Synergy*, 2013.

<sup>111</sup> The World Bank, *Universal Health Coverage: Overview*, 2015.

<sup>112</sup> The World Bank, *Universal Health Coverage for Inclusive and Sustainable Development*, 2015.

<sup>113</sup> WHO & The World Bank, *Monitoring Progress towards Universal Health Coverage at Country and Global Levels: A Framework*, 2013.

<sup>114</sup> Ibid.

<sup>115</sup> WHO, *The World Health Report 2013*, 2013.

<sup>116</sup> WHO & The World Bank, *Monitoring Progress towards Universal Health Coverage at Country and Global Levels: A Framework*, 2013.

<sup>117</sup> Ibid.

<sup>118</sup> Ibid.

<sup>119</sup> Tulenko, et al., *Community Health Workers for Universal Healthcare Coverage: From Fragmentation to Synergy*, 2013.

<sup>120</sup> Ibid.

work in, yet this excludes nurses, medical assistants, physician assistants, and paramedics.<sup>121</sup> Depending on the role, CHWs are in charge of various tasks, such as providing hygiene, water, health education, and family activities.<sup>122</sup> The UN partners directly and indirectly with CHWs; sometimes both operate in the same country, but with different approaches.<sup>123</sup> Female Health Workers in Pakistan, Village Health Volunteers in Thailand, and Health Extension Workers in Ethiopia all represent different successful CHW models.<sup>124</sup>

After the *Alma-Ata Declaration*, Member States were eager to restructure and re-draw national blueprints to increase primary healthcare.<sup>125</sup> Similarly, when the Human Immunodeficiency Virus (HIV) became an epidemic, it was CHWs and NGOs that became a critical tool and support for millions of individuals.<sup>126</sup> Furthermore, it was the NGOs that supported the idea of working with current HIV organizations, and began teaching CHWs about HIV counseling and treatment support.<sup>127</sup> CHWs were initially utilized as a response system in local regions, but over time have evolved into programs with changing degrees of procedure, assistance, and recording of their work.<sup>128</sup> Another example of civil society's vital role in bringing healthcare worldwide, is the Accredited Social Health Activists organization in India, which provides support during pregnancy, delivery, and postnatal periods; as a result, the organization has attained 70% coverage of both mothers and neonates.<sup>129</sup>

As the momentum grows for UHC to become a global strategy to shape the post-2015 development agenda, however, there are barriers to overcome.<sup>130</sup> NGOs and CHWs often do not receive adequate financial, political, and social support.<sup>131</sup> At times, NGOs and CHWs do not have a clear understanding if they serve as an NGO, a healthcare facility, or a mix between the two.<sup>132</sup> This creates confusion over how supportive the organization can be, and some organizations fear they might not receive the appropriate financial, political, and social support from Member States.<sup>133</sup> Organizations must clarify the expectations from Member States, the roles of CHWs and NGOs, and further, all parties involved must understand exactly their responsibility in their specific situation.<sup>134</sup>

#### *Private Sector*

The private sector remains a key player in healthcare, encompassing insurance, medical services, medical supplies, advocacy, and funding.<sup>135</sup> Most governmental health programs are not properly equipped to handle the transition towards UHC, and the private sector can play a role in supporting them.<sup>136</sup> UHC has the potential to attract revenue, health systems, and improvements that will profit human development.<sup>137</sup> For example, by the end of this decade, the medical drug industry expects to grow over \$1.2 trillion.<sup>138</sup> However, without organization and clarity, the cost for health will increase from private services that individuals pay for personally.<sup>139</sup> Some individuals will be overwhelmed with health bills and the inability to pay, causing many families to fall back into poverty.<sup>140</sup> Private insurance remains one of the biggest challenges for UHC, and Member States have to discuss strategies to make it universally affordable.<sup>141</sup>

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<sup>121</sup> WHO, *Community Health Workers: What Do We Know About Them?* 2007.

<sup>122</sup> *Ibid.*

<sup>123</sup> Tulenko, et al., *Community Health Workers for Universal Healthcare Coverage: From Fragmentation to Synergy*, 2013.

<sup>124</sup> WHO, *Community Health Workers: What Do We Know About Them?* 2007.

<sup>125</sup> *Declaration of Alma-Ata*, 1978.

<sup>126</sup> WHO, *The World Health Report 2013*, 2013.

<sup>127</sup> *Ibid.*

<sup>128</sup> Tulenko, et al., *Community Health Workers for Universal Healthcare Coverage: From Fragmentation to Synergy*, 2013.

<sup>129</sup> *Ibid.*

<sup>130</sup> WHO, *Community Health Workers: What Do We Know About Them?* 2007.

<sup>131</sup> Tulenko, et al., *Community Health Workers for Universal Healthcare Coverage: From Fragmentation to Synergy*, 2013.

<sup>132</sup> *Ibid.*

<sup>133</sup> *Ibid.*

<sup>134</sup> *Ibid.*

<sup>135</sup> Sekhri & Savedoff, *Private Health Insurance: Implications for Developing Countries*, 2005.

<sup>136</sup> Tulenko, et al., *Community Health Workers for Universal Healthcare Coverage: From Fragmentation to Synergy*, 2013.

<sup>137</sup> Bristol, *Global Action toward Universal Health Coverage*, 2014.

<sup>138</sup> Sekhri & Savedoff, *Private Health Insurance: Implications for Developing Countries*, 2005.

<sup>139</sup> *Ibid.*

<sup>140</sup> Bristol, *Global Action toward Universal Health Coverage*, 2014.

<sup>141</sup> *Ibid.*

## *Challenges and Opportunities in Achieving Universal Health Coverage*

### *Technology*

The first “UHC Day Coalition,” in December 2014 brought together over 500 diverse organizations to discuss issues such as: infectious diseases, maternal and child health, and non-communicable diseases.<sup>142</sup> The coalition acknowledged that technology could influence the treatments for all of these issues.<sup>143</sup> Member States have used technology to improve health literacy, to strengthen the health evaluation of individuals, and to develop new medicines.<sup>144</sup> Moreover, there have been substantial innovations with the use of information and communication technology (ICT) for health, using ICT to track the spread of diseases, or to improve the public’s access to health information.<sup>145</sup> Knowledge and modern technology can improve the health of individuals, but the power of this technology and knowledge is limited by the lack of access to quality healthcare.<sup>146</sup> Dr. Marie-Paule Kieny, the Assistant Director-General for Health Systems and Innovation at WHO, said: “[i]nvesting in strong, equitable health systems is the only way to truly protect and improve lives, particularly in the face of emerging threats like the global rise of non-communicable diseases and increasingly severe natural disasters.”<sup>147</sup> Indeed, several Member States lack access to advanced health technologies, due to their high cost.<sup>148</sup> In order to ensure that healthcare is more equitable to all, Member States should explore options for the financing of health-related technologies.<sup>149</sup>

### *Economic Constraints and Impacts of Health Care*

Despite the progress made so far, UHC and financial risk protection currently fall short of universal coverage.<sup>150</sup> In 2011, half of HIV-infected individuals that were eligible for antiretroviral therapy were not receiving adequate treatment.<sup>151</sup> This was because Member States and individuals could not afford the necessary healthcare.<sup>152</sup> Nearly 150 million people struggle financially every year because they have to pay in advance for health services.<sup>153</sup> The causes for ill health of individuals vary for each Member State, as well as the government’s financial capacity to protect individuals from falling into poverty because of health costs.<sup>154</sup> Yet, because of limited resources, each Member State has to determine their own priority for improving health, the services needed, and the appropriate financial protections.<sup>155</sup>

For instance, many AU Member States and developing countries have had difficulties reaching the health goals of the MDGs.<sup>156</sup> Many Member States rely on foreign aid to support their health systems; but due to economic conditions and the global financial crisis, donor countries are decreasing their foreign aid.<sup>157</sup> Some donor states have decided to reduce their donations until their economies start growing again and that they receive proof of efficient and effective use of their funds.<sup>158</sup> There are 10 common reasons for inefficiency in health systems, but the primary reason is that 20-40% of all health resources are wasted.<sup>159</sup> When health resources are not wasted, and healthcare

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<sup>142</sup> Rockefeller Foundation, The World Bank, & WHO, *500+ Organizations Launch Global Coalition to Accelerate Access to Universal Health Coverage*, 2014.

<sup>143</sup> *Ibid.*

<sup>144</sup> UN ECOSOC, *Universal Health Coverage at the Center of Sustainable Development: Contributions, of Sciences, Technology, and Innovations to Health Systems Strengthening*, 2013.

<sup>145</sup> *Ibid.*

<sup>146</sup> Rockefeller Foundation, World Bank, & WHO, *500+ Organizations Launch Global Coalition to Accelerate Access to Universal Health Coverage*, 2014.

<sup>147</sup> *Ibid.*

<sup>148</sup> UN ECOSOC, *Universal Health Coverage at the Center of Sustainable Development: Contributions, of Sciences, Technology, and Innovations to Health Systems Strengthening*, 2013.

<sup>149</sup> *Ibid.*

<sup>150</sup> WHO, *The World Health Report 2013*, 2013.

<sup>151</sup> *Ibid.*

<sup>152</sup> *Ibid.*

<sup>153</sup> *Ibid.*

<sup>154</sup> WHO & The World Bank, *Monitoring Progress towards Universal Health Coverage at Country and Global Levels: A Framework*, 2013.

<sup>155</sup> WHO, *The World Health Report 2013*, 2013.

<sup>156</sup> WHO, *The Abuja Declaration: Ten Years on*, 2001.

<sup>157</sup> *Ibid.*

<sup>158</sup> *Ibid.*

<sup>159</sup> WHO, *Health Systems Financing The Path to Universal Coverage*, 2010.

productivity increases, a case can be made for obtaining additional funding from financial institutions and other donors to again supply the foreign aid needed to support growing health systems.<sup>160</sup>

### *International Cooperation*

Member States that have already attained UHC, have learned from the faults of prior policies, made modifications, built on technical capabilities, and tried different methods without forsaking the idea of UHC.<sup>161</sup> As an example, Ghana has integrated multiple community plans and has reviewed its healthcare system to put it on a sustainable UHC path in spite of difficulties.<sup>162</sup> UHC initiatives are also often embraced by Member States because of a financial, social, or political change or hardship.<sup>163</sup> For example, due to the financial crisis in 2008, Indonesia, Thailand, and Turkey supported UHC as a national priority.<sup>164</sup> Examples such as these show how even in difficult situations, achieving UHC is not impossible, but rather plausible. Since March 2015, more than 30 middle-income developing countries have taken steps towards implementing programs for UHC.<sup>165</sup> For example, Thailand has applied UHC for over a decade, and has saved 300,000 households from falling into poverty, largely due to the lower costs from visiting a physician.<sup>166</sup> Thailand now serves as a prime example of success in UHC.<sup>167</sup>

Within the international community, in pursuit of universality for UHC, cooperation is key; cooperation among Member States especially is needed to ensure primary health care for all. Member States, in particular, can learn from each other, both best practices and lessons learned.<sup>168</sup> Many Member States have realized that by having a healthier workforce, they would have happier individuals who were more productive, and in return, the productivity increase would help develop a healthier economy.<sup>169</sup> Brazil, Ghana, Mexico, and Thailand have made significant strides towards UHC, and now more than 80 Member States have asked WHO for implementation assistance from these successful cases.<sup>170</sup> While each Member State confronts challenges regarding UHC, every Member State's experience will offer insights and reveal common struggles when working towards UHC.<sup>171</sup>

### *Incorporating a Focus on Women and Children*

Gender has shaped the distribution of money, power, and medical resources in many countries.<sup>172</sup> Women generally have less access to healthcare, due to their traditionally assigned role in many societies, and are usually at an economic disadvantage in comparison to men.<sup>173</sup> In order to achieve UHC, Member States should recognize social gender inequalities.<sup>174</sup> In fact, a link has been suggested between the lack of access to healthcare resources, treatment, health education, and other health vulnerabilities, and sub-par health outcomes for women.<sup>175</sup> Health leaders, thus, play a vital role in healthcare, especially in the way they discuss women and the social impairments of quality healthcare.<sup>176</sup> The presence of women in leadership positions can enhance advocacy and eventually address women's health issues, enabling more gender-equitable health planning.<sup>177</sup> Supporting the hiring of women,

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<sup>160</sup> WHO, *Health Systems Financing The Path to Universal Coverage*, 2010.

<sup>161</sup> Management Sciences for Health, *Global Movement Emerges for Universal Health Coverage*, 2013.

<sup>162</sup> The World Bank, *Universal Health Coverage for Inclusive and Sustainable Development*, 2015.

<sup>163</sup> *Ibid.*

<sup>164</sup> Maeda, et al., *Universal Health Coverage for Inclusive and Sustainable Development: A Synthesis of 11 Country Case Studies*, 2014.

<sup>165</sup> The World Bank, *Universal Health Coverage: Overview*, 2015.

<sup>166</sup> Management Sciences for Health, *Global Movement Emerges for Universal Health Coverage*, 2013.

<sup>167</sup> *Ibid.*

<sup>168</sup> WHO & The World Bank, *Monitoring Progress towards Universal Health Coverage at Country and Global Levels: A Framework*, 2013.

<sup>169</sup> WHO, *Universal Health Coverage*, 2014.

<sup>170</sup> Rockefeller Foundation, The World Bank & WHO, *500+ Organizations Launch Global Coalition to Accelerate Access to Universal Health Coverage*, 2014.

<sup>171</sup> WHO, *Arguing for Universal Health Coverage*, 2015.

<sup>172</sup> WHO, *Social Detriments of Health*, 2015.

<sup>173</sup> Gerber, *Thoughts on Links between Gender and Universal Health Coverage*, 2015.

<sup>174</sup> WHO, *Social Detriments of Health*, 2015.

<sup>175</sup> Gerber, *Thoughts on Links between Gender and Universal Health Coverage*, 2015.

<sup>176</sup> *Ibid.*

<sup>177</sup> *Ibid.*

increased advocacy for equal working conditions, as well as assistance with health-related personal costs for women can also help achieve these goals.<sup>178</sup>

In December 2010, Secretary-General Ban Ki-moon established the UN Commission on Information and Accountability for Women’s and Children’s Health.<sup>179</sup> The Commission was tasked with developing a plan that would: “[t]rack results for women and children’s health, identify measurements for women and children’s health, propose steps to improve health information for women and children, and improve access to reliable information on resources and outcomes for healthcare.”<sup>180</sup> In 2011, the Commission issued a report on ensuring accountability towards women’s and children’s health.<sup>181</sup> The quality of the data is critical to assessing global progress towards healthcare coverage, funding, and equity towards women’s and children’s health.<sup>182</sup> The Commission also established an independent agency to advise, report, and evaluate the progress of Member States annually.<sup>183</sup> Some of the reports compile data on maternal mortality ratio, prenatal care, and healthcare of individuals at birth.<sup>184</sup> In order to accelerate the progress on women’s’ and children’s’ health SDGs, it is resultantly crucial that the efforts be focused simultaneously on two areas: improving Member States’ ability to measure and report on different indicators, and that the actions by Member States’ are aligned accordingly in order to ensure successful implementation.<sup>185</sup>

### ***Case Study: Japan’s Path to Universal Health Coverage***

In 2011, Japan celebrated 50 years of its achievement towards UHC.<sup>186</sup> Japan began developing UHC before the Second World War.<sup>187</sup> By the 1960s, Japan saw double-digit economic growth, allowing Japanese citizens to better afford medical insurance programs.<sup>188</sup> The economic growth also allowed the national government to budget more appropriately for health expenses.<sup>189</sup> Japan then created a unique program: a “fee schedule,” that would entail biennial financial reviews of the health system.<sup>190</sup> The first revision culminated in establishing a national price rate.<sup>191</sup> In Japan, each medical service or procedure is designated a cost by the government.<sup>192</sup> After the rate is set, the second revision entails setting an item-by-item cost for healthcare services and medical drugs.<sup>193</sup> Then, there are negotiations between healthcare providers and the government.<sup>194</sup> When both come to an agreement on the price, those numbers are used for the following two years.<sup>195</sup> Although this “fee schedule” has eased some of the financial costs of health services, it also has put some tension on healthcare providers as they need to make sure they are operating effectively and within the budget.<sup>196</sup> Partially to address this, in 2004, Japan created an independent agency, the National Hospital Organization, to oversee hospitals.<sup>197</sup> This reformation allowed flexibility for hospital management, and it has improved efficiency among the hospital and government entities.<sup>198</sup> In recognition of this achievement, the World Bank and Japan have built a coalition to help strategize the necessary processes needed to achieve UHC in other countries.<sup>199</sup>

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<sup>178</sup> Ravindran, *Universal access: making health systems work for women*, 2012.

<sup>179</sup> WHO, *Monitoring Maternal, Newborn, and Child Health: Understanding Key Progress Indicators*, 2011.

<sup>180</sup> *Ibid.*

<sup>181</sup> *Ibid.*

<sup>182</sup> WHO, *The World Health Report 2013*, 2013.

<sup>183</sup> WHO, *Monitoring Maternal, Newborn, and Child Health: Understanding Key Progress Indicators*, 2011.

<sup>184</sup> *Ibid.*

<sup>185</sup> *Ibid.*

<sup>186</sup> Okamoto, *Farewell to Free Access: Japan’s Universal Health Coverage*, 2014.

<sup>187</sup> The World Bank, *Universal Health Coverage for Inclusive and Sustainable Development*, 2015.

<sup>188</sup> *Ibid.*

<sup>189</sup> *Ibid.*

<sup>190</sup> WHO & Japan, *Health Service Delivery Profile Japan*, 2012.

<sup>191</sup> The World Bank, *Universal Health Coverage for Inclusive and Sustainable Development*, 2015.

<sup>192</sup> Black, *Cost Control: What the United States Can Learn from Japan’s Fee Schedule*, 2012.

<sup>193</sup> The World Bank, *Universal Health Coverage for Inclusive and Sustainable Development*, 2015.

<sup>194</sup> Black, *Cost Control: What the United States Can Learn from Japan’s Fee Schedule*, 2012.

<sup>195</sup> *Ibid.*

<sup>196</sup> WHO & Japan, *Health Service Delivery Profile Japan*, 2012; The World Bank, *Universal Health Coverage for Inclusive and Sustainable Development*, 2015.

<sup>197</sup> The World Bank, *Universal Health Coverage for Inclusive and Sustainable Development*, 2015.

<sup>198</sup> *Ibid.*

<sup>199</sup> *Ibid.*

## **Conclusion**

As UHC becomes a reality, Member States are finding there is no right or wrong plan for absolute healthcare.<sup>200</sup> Even with different economic and political contexts, Member States are realizing that UHC will succeed in the near future regardless of the challenges.<sup>201</sup> The *Declaration of Alma Alta*, the *Abuja Declaration*, and various WHO and World Bank reports have all built a solid foundation to further progress towards UHC.<sup>202</sup> If Member States wish to achieve UHC by 2030, they will have to involve their national governments, CHWs, NGOs, the private sector, and other healthcare entities and stakeholders. Furthermore, among many key elements, it is important if Member States wish to reach this goal to incorporate more innovative solutions and awareness around the unique needs of women, children, and the impoverished. Japan, Indonesia, China, India, and approximately 50 other Member States have attained near-universal health coverage.<sup>203</sup> The progress towards UHC vital to the success of the SDGs; Member States working together to fulfill their obligations for every citizen on earth is thus imperative.<sup>204</sup>

## **Further Research**

As delegates begin their research, it is important to consider the following questions: what is their Member States' current stage in achieving UHC? What WHO programs does their Member State implement? How do they offer financial protection to patients? How are they making healthcare affordable for their citizens? Is their country offering gender equality in healthcare; if so, how? What can fellow Member States learn from each other? What are the intervention and services needed to improve UHC? What should be the common indicators to compare the progress towards UHC for all? How can Member States better work with WHO to achieve UHC? What are current CHWs and NGOs doing in their region? What more assistance can Member States bring to CHWs and NGOs? What more can be done to address the challenges of achieving UHC related to technology, economic constraints, and international cooperation?

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<sup>200</sup> WHO, *Arguing for Universal Health Coverage*, 2015.

<sup>201</sup> *Ibid.*

<sup>202</sup> WHO, *The Abuja Declaration: Ten Years on*, 2001; *Declaration of Alma-Ata*, 1978; The World Bank, *Universal Health Coverage: Overview*, 2015.

<sup>203</sup> Huang, *World Momentum Builds for Universal Health Coverage*, 2012.

<sup>204</sup> UN General Assembly, *Transforming Our World: The 2030 Agenda for Sustainable Development (A/RES/70/1)*, 2015.

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*The Rio+ 20 UN Conference on Sustainable Development called special attention to UHC and its relationship to gender equality. It is critical to recognize and address the inequality in healthcare based on gender. The conference paid particular attention to how UHC can have a positive effect on health for women and girls. This article explains more in depth how UHC can improve women's access to healthcare on both a financial and social level. The piece describes how Member States can ensure women are involved with the decisions and the impacts concerning UHC.*

Global Coalition for Universal Health Coverage. (2015). *Country Progress* [Website]. Retrieved 19 July 2015 from: <http://universalhealthcoverage.org/progress/>

*This website is a great resource for delegates to see what fellow Member States are doing to strategize for and achieve UHC. With sources from WHO, the World Bank, and the Rockefeller Foundation, the website provides statistics on how both developing and developed nations are progressing towards UHC. It explains what UHC is, and why it is important to invest in UHC. The website draws information from health care strategies, medical insurance programs, and social protection. It aims to provide guidance for lower- and middle-income countries, and describes the steps that other Member States have taken towards UHC. This will be a useful tool for delegates to use when they are preparing working papers for the body.*

International Labour Organization. (2015). *World Social Protection Report 2014/15: Building Economic Recovery, Inclusive Development and Social Justice*. Retrieved 19 July 2015 from: [http://www.ilo.org/wcmsp5/groups/public/-dgreports/-dcomm/documents/publication/wcms\\_245201.pdf](http://www.ilo.org/wcmsp5/groups/public/-dgreports/-dcomm/documents/publication/wcms_245201.pdf)

*This report from the International Labour Organization focuses on the importance of protecting the elderly, the disabled, and maternity with regards to UHC. This report emphasizes how important it is to look at the social and economic responsibilities Member States have towards UHC. The report establishes that health coverage is a right for everyone, regardless of gender, age, geographic location, or any social condition. It draws attention to the fact that it is important to address and mitigate financial risks for individuals who may not have adequate finances to pay for medical attention. Finally, the report pays particular attention to family benefits, children protection, and women in regards to UHC. It outlines social protection for children and family, social protection for working men and women, social protection for the ageing population, and expanding social protection in general.*

United Nations, General Assembly, Sixty-seventh session. (2012). *Global Health and Foreign Policy: Report of the Director-General of the World Health Organization on global health and foreign policy (A/67/377)*. Retrieved 20 July 2015 from: <http://undocs.org/A/67/377>

*This report by the Director-General of the WHO to the General Assembly talks about UHC, and approaches to strengthen health systems. In particular, it addresses UHC in the context of challenges posed by natural disasters and climate change. It also analyzes and draws statistics compiled by WHO, the World Bank, and other UN entities. Moreover, it offers direction on institutional and legal frameworks that have promoted UHC, while at the same time achieving positive economic development. The report also discusses some of the social responsibilities that Member States have with regards to the welfare of its citizens.*

World Health Organization. (2001). *The Abuja Declaration: Ten Years On* [Report]. Retrieved 15 August 2015 from: [http://www.who.int/healthsystems/publications/abuja\\_report\\_aug\\_2011.pdf?ua=1](http://www.who.int/healthsystems/publications/abuja_report_aug_2011.pdf?ua=1)

*This Declaration is a great tool to review the steps established by the African Union to achieve UHC. The Abuja Declaration was written by African Union Member States, with the goal of moving towards UHC. The Declaration outlines specific goals for Member States, such as dedicating 15% of their annual budget towards healthcare and this report examines those goals ten years later. This is a great example of the determination and strides developing countries must take in order to achieve UHC. The document shows the challenges developing nations still face in*





*achieving UHC, and some of the reasons why AU Member States have not yet been able to achieve UHC.*

World Health Organization. (2005). *Sustainable Health Financing, Universal Coverage and Social Health Insurance (WHA58.33)* [Resolution]. Retrieved 15 August 2015 from:

[http://apps.who.int/iris/bitstream/10665/20383/1/WHA58\\_33-en.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/20383/1/WHA58_33-en.pdf?ua=1)

*This WHO resolution is a great tool to build knowledge on UHC. It draws out seven points on what is required by Member States to ensure UHC. The resolution also outlines six main points for the Director-General of WHO to provide the necessary support, tools, and methodologies for UHC. It is a great example on the types of resolutions produced by the body. Further, this resolution was the first resolution that all Member States agreed upon to achieve UHC.*

World Health Organization. (2013). *Arguing for Universal Health Coverage* [Report]. Retrieved 20 July 2015 from:

[http://www.who.int/health\\_financing/UHC\\_ENvs\\_BD.PDF](http://www.who.int/health_financing/UHC_ENvs_BD.PDF)

*This report by the WHO includes the principles on financial health coverage, examples of Member States that have achieved UHC, and policies that advocate for universal health. Aside from describing what UHC is, the report explains why UHC is important. The report also explains how Member States can quicken the progress towards UHC, and it describes the financing reforms needed to progress towards UHC. The report shows some of the sources that lead to inefficiencies in regards to UHC, and the way to address the inefficiencies many Member States encounter when trying to implement UHC.*

World Health Organization. (2013). *The World Health Report 2013*. Retrieved 15 August 2015 from:

[http://apps.who.int/iris/bitstream/10665/85761/2/9789240690837\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/85761/2/9789240690837_eng.pdf)

*WHO produced this report that shows case studies, the growth of research for universal health coverage, and the actions taken to achieve UHC. The report draws a good outline on global healthcare, as well as defining what UHC is, and why it is important to have UHC. The report further explains why research is critical for this topic, something that delegates should take into account when researching their country's policy on UHC. It is important that delegates understand which healthcare policies have been put in place in their countries, and which healthcare policies have been the most effective.*

World Health Organization & World Bank. (2013). *Monitoring Progress towards Universal Health Coverage at Country and Global Levels: A Framework* [Discussion Paper]. Retrieved 10 August 2015 from:

[http://www.who.int/healthinfo/country\\_monitoring\\_evaluation/UHC\\_WBG\\_DiscussionPaper\\_Dec2013.pdf](http://www.who.int/healthinfo/country_monitoring_evaluation/UHC_WBG_DiscussionPaper_Dec2013.pdf)

*This joint framework by WHO and the World Bank is a great document for delegates. It proposes a framework for tracking Member States' progress towards UHC, assessing both the affordability and quality of health services, and the financial risks associated with healthcare coverage. The document highlights the financial protection needed for UHC, country monitoring, and how UHC is tied to the post-2015 development agenda. The document also highlights a few guiding principles for UHC such as: UHC should be measured by coverage of the population, UHC should be measured by the financial protection coverage; and all measures should be equally distributed by the various socioeconomic variables by each Member State.*

World Health Organization. (2014). *Universal Health Coverage* [Fact Sheet]. Retrieved 20 July 2015 from:

<http://www.who.int/mediacentre/factsheets/fs395/en/>

*This website is a great resource for delegates to see facts, details, and the overall reason why UHC is an important topic for the international community. The website further defines what UHC is according to the WHO, and dispels some of the myths surrounding UHC. For example, UHC is not only health financing or free coverage, and is comprised of more than health. By having a healthier workforce, Member States will have happier individuals who are more productive, and their productivity will lead towards a healthier economy. The website discusses strong health systems for UHC, and it will help delegates understand how an affordable, efficient, well-run health system can support a healthy workforce.*

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## II. Combating Non-Communicable Diseases

*“NCDs currently cause more deaths than all other causes combined and NCD deaths are projected to increase from 38 million in 2012 to 52 million by 2030.”<sup>205</sup>*

### **Introduction**

Non-communicable diseases (NCDs) are responsible for two-thirds of all deaths around the world.<sup>206</sup> In 2012 alone, NCDs were responsible for 38 of the 56 million deaths worldwide.<sup>207</sup> With these numbers forecasted to increase, the World Health Organization (WHO) as well as many principal United Nations (UN) organs like the General Assembly (GA) and the Economic and Social Council (ECOSOC) have dedicated significant efforts to address the origins and effects of NCDs.<sup>208</sup> Currently, combating NCDs is among WHO’s six major leadership priorities, not least because NCDs disproportionately burden lower to middle income countries, thereby setting back strides made in reducing poverty and increasing quality of life.<sup>209</sup> Furthermore, many NCDs are resource intensive in terms of treatment, exacerbating problems experienced in already resource-strapped healthcare systems across the world.<sup>210</sup>

In recent years, much of the focus in the media and public policy has been directed towards communicable diseases such as HIV/AIDS and Ebola, which are transmitted from a host to an individual.<sup>211</sup> Most NCDs on the other hand are chronic diseases.<sup>212</sup> They strongly correlate to environmental and lifestyle decisions, such as alcohol and tobacco consumption.<sup>213</sup> WHO defines the four main NCD types as cancer, cardiovascular diseases, diabetes, and chronic respiratory diseases.<sup>214</sup> Together these four groups account for 82% of all NCD related deaths.<sup>215</sup> As a result, WHO’s “Global action plan for the prevention and control of non-communicable diseases 2013-2020,” adopted in May 2013, defines prevention and control as the two pillars of public health policy necessary to foster effective disease management, as well as to reduce NCDs’ incidence and the number of premature death related to these diseases.<sup>216</sup> With their proliferation posing a direct challenge to many facets of human development, it is imperative for the international community to combat NCDs, especially if the recently adopted Sustainable Development Goals (SDGs) are to be fully realized.<sup>217</sup>

### **International and Regional Framework**

The international community has sought to combat NCDs through adopting a number of key international frameworks addressing high-risk human behaviors associated with the diseases.<sup>218</sup> Reducing tobacco and alcohol consumption, as well as adopting healthier dietary habits and increasing the frequency of physical exercise are just some behaviors that have been identified as being paramount to the eradication of NCDs.<sup>219</sup> As a prominent example, the *WHO Framework Convention on Tobacco Control* (FCTC) (2003), was the first global public health convention ever adopted that related to NCDs.<sup>220</sup> The treaty, which was adopted by the World Health Assembly (WHA) of WHO in 2003 and entered into force in 2005, is currently comprised of 180 States Parties to the

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<sup>205</sup> WHO, *Global status report on noncommunicable diseases*, 2014, p. 8.

<sup>206</sup> Robert Wood Johnson Foundation, *WHO World Health Statistics: Growing Burden of Non-communicable Diseases*, 2012.

<sup>207</sup> WHO, *NCD Mortality and Morbidity*, 2015.

<sup>208</sup> WHO, *Key messages on non-communicable diseases and injuries which have emerged from discussions at ECOSOC during the first half of 2009*, 2009.

<sup>209</sup> WHO, *NCD Mortality and Morbidity*, 2015.

<sup>210</sup> American Cancer Society, *Placing Non-Communicable Diseases (NCDs) on the Agenda for Rio +20: American Cancer Society Input for the United Nations Conference on Sustainable Development in Rio de Janeiro, 4-6 June 2012*, 2012.

<sup>211</sup> *Silent Killers Amidst the Fast and the Furious*, Health Affairs Blog, 2015.

<sup>212</sup> WHO, *Noncommunicable diseases*, 2015.

<sup>213</sup> *Ibid.*

<sup>214</sup> United States, *Global Health Topics: Non-Communicable Diseases*.

<sup>215</sup> WHO, *Noncommunicable diseases*, 2015.

<sup>216</sup> WHO, *Global action plan for the prevention and control of noncommunicable diseases 2013-2020*, 2013.

<sup>217</sup> WHO, *Leadership Priorities*, 2015.

<sup>218</sup> John, et al., *WHO Framework Convention on Tobacco Control and the United Nations’ High Level Meeting on NCD: Progress and Global Expectations*, 2012, p. 367.

<sup>219</sup> WHO, *WHO Tools to Prevent and Control Non-communicable Diseases*, 2015.

<sup>220</sup> WHO, *The WHO Framework Convention on Tobacco Control: an Overview*, 2015.

Convention.<sup>221</sup> The Convention addresses all facets of tobacco control, including public education and awareness campaigns (Article 12) as well as tobacco cessation programs and support mechanisms for those who have quit or are in the process of quitting (Article 14).<sup>222</sup>

Regardless of international efforts addressing risk factors related to NCDs, WHO has highlighted the necessity of adopting a framework to combat NCDs specifically.<sup>223</sup> In 2011, WHA developed the “NCD Global Monitoring Framework” to track progress towards the eradication of the four most prominent non-communicable diseases.<sup>224</sup> The framework consists of nine voluntary targets which include, “[a] 10% reduction in harmful use of alcohol, 10% reduction in physical inactivity, 30% reduction in sodium intake, 30% reduction in tobacco use, 25% reduction in raised blood pressure, 0% increase in diabetes and obesity, 50% coverage of drug therapy and counseling, 80% coverage in essential NCD medicines and technologies, and 25% reduction in premature mortality from NCDs.”<sup>225</sup> Additionally, 25 indicators separated into three main categories were established to help monitor progress on achieving these targets.<sup>226</sup> The framework’s targets and indicators serve as the benchmark for Member States to tailor domestic policies, which seek to reduce the incidence of mortality rates due to NCDs in their respective populations.<sup>227</sup> Furthermore, the framework aligns with the recently adopted SDGs, which share many of the same targets.<sup>228</sup>

With these goals in mind, UN Member States convened in 2012 and issued the *Political Declaration of the High-Level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases* (2012).<sup>229</sup> In this declaration, the Member States acknowledged the threat posed by NCDs to society and the challenges they pose to human development and reduction of poverty in the modern world.<sup>230</sup> Furthermore, Member States pledged to reduce risk factors that included “tobacco use, unhealthy diets, lack of physical activity, and alcohol abuse.”<sup>231</sup> They also encouraged the creation of health-promoting environments, through the “[i]mplementation of multisectoral, cost-effective, population-wide interventions.”<sup>232</sup> These include promoting health education and literacy initiatives, as well as creating awareness campaigns around NCDs and creating guidelines on reducing the impact of marketing for unhealthy foods.<sup>233</sup> Member States also pledged to strengthen health care programs, both in quality and access to care, which included provisions like access to high quality cancer screening programs and more cost effective vaccinations.<sup>234</sup>

With the realization that NCDs pose considerable challenges to society as a whole, control of NCDs needed to be placed in the larger context of human development.<sup>235</sup> As a result, the SDGs contain specific provisions addressing NCDs.<sup>236</sup> Specifically, SDG 3 addresses NCDs as it aims to ensure “healthy lives and promote well-being for all at all ages.”<sup>237</sup> Furthermore, several specific targets of the SDGs directly refer to NCDs.<sup>238</sup> Target 4 of Goal 3 calls for a one third reduction in pre-mature mortality due to NCDs by 2030.<sup>239</sup> Target 5 of Goal 3 addresses some of the risk

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<sup>221</sup> Ibid.

<sup>222</sup> WHO, *The WHO Framework Convention on Tobacco Control*, 2003.

<sup>223</sup> WHO, *NCD Global Monitoring Framework*, 2015.

<sup>224</sup> Ibid.

<sup>225</sup> Ibid.

<sup>226</sup> Ibid.

<sup>227</sup> WHO, *Second WHO Discussion Paper: A Comprehensive Global Monitoring Framework Including Indicators and a Set of Voluntary Targets For the Prevention and Control of Noncommunicable Diseases*, 2012.

<sup>228</sup> UN General Assembly, *Transforming Our World: the 2030 Agenda for Sustainable Development (A/RES/70/1)*, 2015.

<sup>229</sup> UN General Assembly, *Political Declaration of the High-Level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (A/RES/66/2)*, 2012.

<sup>230</sup> Ibid.

<sup>231</sup> Ibid.

<sup>232</sup> Ibid.

<sup>233</sup> Ibid.

<sup>234</sup> Ibid.

<sup>235</sup> Knowledge Ecology International, *Timeline on Global Health Norm setting on non-communicable Diseases*, 2009.

<sup>236</sup> Ibid.

<sup>237</sup> UN General Assembly, *Transforming Our World: the 2030 Agenda for Sustainable Development (A/RES/70/1)*, 2015; WHO, *NCD Global Monitoring Framework*, 2015.

<sup>238</sup> UN General Assembly, *Transforming Our World: the 2030 Agenda for Sustainable Development (A/RES/70/1)*, 2015.

<sup>239</sup> Ibid.

behaviors associated with NCDs, and calls for the strengthening of substance abuse prevention programs.<sup>240</sup> Additionally, Target 3.b supports research for the creation of vaccines and treatments for both communicable and non-communicable diseases.<sup>241</sup>

### *Role of the International System*

A number of actors within the UN system have been committed to the control of NCDs through a variety of means. Originally, actions related to NCDs policy addressed each disease independently.<sup>242</sup> One of the first such campaigns against a single NCD focused on diabetes.<sup>243</sup> UN GA resolution 61/225 (2006) created the world diabetes day.<sup>244</sup> Additionally, it called for Member States to develop national policies that would raise awareness of the disease, prevent the spread of diabetes, and allow for better access to treatment and care.<sup>245</sup>

However, as time progressed, it became increasingly apparent that a more comprehensive strategy against chronic diseases as a whole was necessary.<sup>246</sup> As a result, GA resolution 64/265 (2010) was the first time the international body dedicated a resolution solely regarding NCDs.<sup>247</sup> The GA called for the convening of a high-level meeting with the participation of the Heads of State and Government regarding prevention and control of NCDs.<sup>248</sup> It also requested the Secretary-General present a report to the GA on the status of NCDs worldwide with special attention placed on the challenges faced by developing countries in the following years.<sup>249</sup>

In addition to the contributions made by the GA, WHO is the primary organization tasked with addressing NCDs.<sup>250</sup> To create a comprehensive platform, the “Global action plan for the prevention and control of non-communicable diseases 2013-2020”, was adopted by the WHA in resolution 6610 of 27 May 2013.<sup>251</sup> The action plan aimed to bring Member States, UN bodies and other stakeholders involved together to work through a centralized mechanism of action.<sup>252</sup> The primary objective of the action plan is to reduce preventable mortality due to NCDs through multisectoral collaboration at all political levels.<sup>253</sup> This would be achieved by trying to create the highest level of health within the population.<sup>254</sup> The goal is to ensure that NCDs no longer pose a barrier to well-being or socioeconomic development.<sup>255</sup>

Other UN organs have also contributed to combating NCDs, including ECOSOC, which adopted resolution 2013/12 of 22 July 2013 calling upon the Secretary-General to create the UN Interagency Task Force (UNIATF) on the Prevention and Control of NCDs.<sup>256</sup> It was formed by expanding the mandate of the already existing UN Ad Hoc Interagency Task Force on Tobacco Control.<sup>257</sup> UNIATF coordinates activities of relevant UN bodies, programs, and funds to support the *Political Declaration on NCDs* through the implementation of WHO’s Global NCD action plan 2013-2020.<sup>258</sup> There are several notable interagency collaborations that have resulted or are supported by the creation of this taskforce.<sup>259</sup> These include WHO and the International Atomic Energy Agency’s collaboration on cancer prevention, control, and monitoring by creating a joint global program to help states create inexpensive, yet

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<sup>240</sup> Ibid.

<sup>241</sup> UN General Assembly, *Transforming Our World: the 2030 Agenda for Sustainable Development (A/RES/70/1)*, 2015.

<sup>242</sup> UN DPI, *On World Diabetes Day, Ban calls for global action to improve quality of life for millions*, 2012.

<sup>243</sup> Ibid.

<sup>244</sup> UN General Assembly, *World Diabetes Day (A/RES/61/225)*, 2006.

<sup>245</sup> Ibid.

<sup>246</sup> *Lifestyle the Silent Killer*, The Hindu: Business Line, 2015.

<sup>247</sup> UN General Assembly, *Prevention and Control of Non-communicable Diseases (A/RES/64/265)*, 2010.

<sup>248</sup> Ibid.

<sup>249</sup> Ibid.

<sup>250</sup> *UN Agencies Commit to Joint Action—A Potential Game Changer for NCDs?* Global Health Council, 2012.

<sup>251</sup> WHO, *Global action plan for the prevention and control of noncommunicable diseases 2013-2020*, 2015.

<sup>252</sup> Ibid.

<sup>253</sup> Ibid.

<sup>254</sup> Ibid.

<sup>255</sup> Ibid.

<sup>256</sup> UN ECOSOC, *United Nations Interagency Task Force on the Prevention and Control of Non-communicable Diseases (E/RES/2013/12)*, 2013.

<sup>257</sup> Ibid.; WHO, *Preparatory process to develop the terms of reference for the UN Interagency Task Force on NCDs*, 2011.

<sup>258</sup> WHO, *Preparatory process to develop the terms of reference for the UN Interagency Task Force on NCDs*, 2011.

<sup>259</sup> WHO, *Work plan for UN Task Force on the Prevention and Control of NCDs covering the period 2014-2015*, 2014, p. 3.



effective comprehensive cancer control systems.<sup>260</sup> Furthermore, WHO and the UN Children’s Fund have updated the “Facts for Life” publications to include NCDs and to promote healthier lifestyle decision-making for children and families.<sup>261</sup> Lastly, WHO and the International Telecommunications Union are releasing the “mHealth” initiative utilizing mobile phone technology to combat NCDs through the use of apps for data collection, call services, and text messaging.<sup>262</sup> This technology provides access to healthcare services through a variety of programs that are chosen and implemented by states and NGOs.<sup>263</sup> Some of these include healthcare call centers, emergency toll-free services, and mobile telemedicine.<sup>264</sup> Additionally, many countries are utilizing this collaboration to create a database to help gather information of the overall health of the population.<sup>265</sup>

Civil society also continues to play an important role in the reduction and control of NCDs.<sup>266</sup> Among the most prominent civil society initiatives is NCD Alliance, which is the main international NGO committed to the fight against NCDs.<sup>267</sup> The Alliance was formed by four prominent international NGO federations, namely the International Diabetes Federation, World Heart Federation, International Union Against Tuberculosis and Lung Disease, and the Union for International Cancer Control.<sup>268</sup> This consolidation of efforts served to unify more than 2,000 NGOs across 170 countries, whose mission is to utilize targeted advocacy and outreach to spread awareness regarding NCDs and their consequences across society.<sup>269</sup> The vision of the Alliance is to effectively utilize resources to help achieve the targets laid out by the UN Summit on NCDs in 2011.<sup>270</sup> One of the primary goals the Alliance advocates for is the creation of national health plans for all Member States.<sup>271</sup> These plans should include access to affordable, quality care, and also have provisions that tackle tobacco usage, especially in public places. In addition partnering with the UN, other activities include lobbying governments on NCD policy, and raising awareness of these diseases on both a local and national level within the countries the Alliance is present in.<sup>272</sup>

### ***Status of Non-Communicable Diseases***

In 2012, cardiovascular diseases were the leading cause of NCD deaths, which accounted for 17.5 million, or 46%, of all NCD deaths that occurred worldwide.<sup>273</sup> This was followed by cancer (8.2 million), respiratory diseases (4 million), and diabetes (1.5 million).<sup>274</sup> Existing data published by NCD Alliance also indicates the leading causes of death within each NCD category.<sup>275</sup> Coronary heart disease was the main cause of cardiovascular disease followed closely by stroke.<sup>276</sup> The American Cancer Society concluded that lung cancer is the most fatal form of cancer today, with an estimated 1.59 million deaths reported in 2012 alone.<sup>277</sup> Stomach cancer ranked second deadliest, followed by liver, colorectal, and breast cancers.<sup>278</sup> Respiratory illnesses, while accounting for fewer deaths, still have a high prevalence within societies.<sup>279</sup> Worldwide, 235 million people are affected by asthma.<sup>280</sup> Additionally, 64 million people have chronic obstructive pulmonary disorder resulting in an estimated 3 million deaths in 2005.<sup>281</sup> Beyond this, diabetes is considered one of the fastest growing epidemics in the world today with approximately 366 million

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<sup>260</sup> Ibid.

<sup>261</sup> WHO, *Work plan for UN Task Force on the Prevention and Control of NCDs covering the period 2014-2015*, 2014, p. 3.

<sup>262</sup> Ibid.

<sup>263</sup> WHO, *mHealth: new horizons for health through mobile technologies*, 2011.

<sup>264</sup> Ibid.

<sup>265</sup> Ibid.

<sup>266</sup> NCD Alliance, *Who we are*, 2015.

<sup>267</sup> Ibid.

<sup>268</sup> NCD Alliance, *NCD Alliance Report 2013-2014*, 2014.

<sup>269</sup> Ibid.

<sup>270</sup> NCD Alliance, *NCD Alliance Plan for the United Nations High Level Summit on Non-Communicable Diseases (Summary Version)*, 2010.

<sup>271</sup> Ibid.

<sup>272</sup> Ibid.

<sup>273</sup> WHO, *Global status report on noncommunicable diseases*, 2014, p. 9.

<sup>274</sup> Ibid.

<sup>275</sup> NCD Alliance, *A Global Epidemic*, 2015.

<sup>276</sup> NCD Alliance, *Cardiovascular Disease (CVD)*, 2015.

<sup>277</sup> American Cancer Society, *Global Cancer Facts and Figures 2<sup>nd</sup> Edition*, 2011.

<sup>278</sup> NCD Alliance, *Cancer*, 2015.

<sup>279</sup> NCD Alliance, *Chronic Respiratory Diseases*, 2015.

<sup>280</sup> Ibid.

<sup>281</sup> Ibid.

people currently living with the disease.<sup>282</sup> Diabetes is also often seen as a trigger for the development of other NCDs, which can include cardiac disease and cancer.<sup>283</sup> The International Diabetes Federation estimates that 85-95% of all diabetic patients have type-2 diabetes, the form of the disease mainly resulting by lifestyle factors such as poor nutrition and obesity.<sup>284</sup>

The average death rate related to NCDs globally was 539 deaths per 100,000 people.<sup>285</sup> However, when disaggregating the average death rate related to NCDs, a large divide between countries with varying economic development levels can be observed.<sup>286</sup> In 2013-14, high-income countries averaged 397 NCD related deaths per 100,000 individuals, while low- and lower-middle-income countries averaged around 625 per 100,000 and 673 per 100,000 respectively.<sup>287</sup> Additionally, African, South-East Asian and Eastern Mediterranean are affected the most.<sup>288</sup> In South East Asia alone, the probability of death by NCDs between the ages of 30-70 is 25%, followed by Africa at around 22%.<sup>289</sup> The increase in NCD mortality in these areas often directly correlates with the amount and severity of poverty the region faces.<sup>290</sup> This is mainly due to the fact that economically disadvantaged groups do not have access to adequate healthcare and lack education and awareness regarding these chronic diseases.<sup>291</sup> The stark contrast regarding the burden of NCDs between developed and developing countries is further reiterated by WHO's estimate that 75% of deaths due to cardiovascular disease and diabetes, and almost 90% of deaths resulting from chronic pulmonary diseases, happen in low and middle-income countries.<sup>292</sup>

On the surface, each of these diseases may seem quite different from each other; however, research has indicated a large commonality of risk factors amongst all four categories.<sup>293</sup> Lifestyle factors in particular play one of the largest roles in the development and incidence of NCDs.<sup>294</sup> The four most significant lifestyle factors leading to NCDs are using tobacco, eating unhealthily diets, a lack of exercise, and excessive alcohol use.<sup>295</sup> WHO has determined that addressing these risks are of vital importance to both lowering NCD prevalence and increasing quality of life.<sup>296</sup> As a result, there have been numerous initiatives to tackle many of these problems directly.<sup>297</sup> In 2004, WHO created a global strategy on diet, physical activity, and health, placing special focus on combating childhood obesity, which represents one of the largest growing demographic of NCDs.<sup>298</sup> Similar work has been done around the harmful use of alcohol, a global risk factor that predisposes individuals to liver disease and cancer in addition to other socioeconomic impacts such as violence and poverty.<sup>299</sup>

## ***Prevention & Control***

### *Prevention*

Prevention is one of the cornerstones in the fight against NCDs – especially as all four major categories of NCDs outlined by WHO are preventable.<sup>300</sup> For example, 80% of premature strokes, diabetes, and heart disease can be avoided.<sup>301</sup> Therefore, prevention is one of two major public policy pillars adopted by WHO in its global action plan against NCDs, with the other policy pillar being control.<sup>302</sup>

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<sup>282</sup> International Diabetes Foundation, *Programme Highlights: IDF Diabetes Roadmap Activity Report*, 2010, p. 12.

<sup>283</sup> International Diabetes Foundation, *Programme Highlights: IDF Diabetes Roadmap Activity Report*, 2010, p. 12.

<sup>284</sup> NCD Alliance, *Diabetes*, 2015.

<sup>285</sup> WHO, *Global status report on noncommunicable diseases*, 2014, p. 10.

<sup>286</sup> *Why the NCD Response Needs Universal Health Coverage*, The Lancet Global Health Blog, 2014.

<sup>287</sup> WHO, *Global status report on noncommunicable diseases*, 2014, p. 10.

<sup>288</sup> *Ibid.*, p. 11.

<sup>289</sup> *Ibid.*

<sup>290</sup> WHO, *Discussion Paper: "Non-Communicable Diseases, Poverty and the Development Agenda"*, 2009.

<sup>291</sup> *Ibid.*

<sup>292</sup> WHO, *Global status report on noncommunicable diseases*, 2014, p. 11.

<sup>293</sup> WHO, *Four noncommunicable diseases, four shared risk factors*, 2015.

<sup>294</sup> WHO, *Global status report on noncommunicable diseases*, 2014.

<sup>295</sup> *Ibid.*

<sup>296</sup> *Ibid.*

<sup>297</sup> *Ibid.*

<sup>298</sup> WHO, *Global Strategy on Diet, Physical Activity and Health*, 2004.

<sup>299</sup> WHO, *Global Strategy to reduce the Harmful use of Alcohol*, 2010.

<sup>300</sup> WHO, *Preventing Chronic Diseases, A Vital Investment*, 2005, p. xiii.

<sup>301</sup> *Ibid.*

<sup>302</sup> WHO, *Global action plan for the prevention and control of noncommunicable diseases 2013-2020*, 2013.

Preventative medicine is a cost-effective method of conducting healthcare, as it places much lower stress on often-underfunded healthcare systems with limited sets of resources.<sup>303</sup> To illustrate, the estimated healthcare expense per year in order to treat diabetes worldwide is \$465 billion.<sup>304</sup> Furthermore, the global societal cost associated with harmful use of alcohol in 2002 was estimated to be between \$210 billion and \$665 billion.<sup>305</sup> As more people contract such chronic diseases, these figures are expected to continue to increase at an almost exponential trajectory.<sup>306</sup> Accordingly, there is a strong need to control costs, as the burden continues to disproportionately fall on the low- and middle-income states.<sup>307</sup>

Therefore, priming populations to change modifiable behavioral risks is paramount in the fight against NCDs.<sup>308</sup> There are several “best buy” preventative strategies that have been identified by WHO with immediate implementation possibilities for Member States.<sup>309</sup> These options include enforcing bans on advertising of tobacco and alcohol, increasing tax levies on these goods, banning smoking in public areas, and replacing trans-fats with healthier polyunsaturated fats in food.<sup>310</sup> Other population-wide interventions that were recommended include the development of domestic policies promoting healthy nutrition environments in schools, increasing accessibility to nutrition counseling and information, and implementing national or community physical activity programs and guidelines.<sup>311</sup>

WHO has created numerous tools to help achieve many of these goals.<sup>312</sup> In combating obesity, WHO created the “Global Database on Body Mass Index,” which serves as an interactive surveillance tool for monitoring changes in nutrition by Member State.<sup>313</sup> With regard to alcohol disorders, WHO created the “mhGAP Intervention Guide.”<sup>314</sup> Building on academic research, this guide provides various step-by-step mental health interventions in a non-specialized healthcare setting (i.e. primary and secondary care environments).<sup>315</sup> Fact sheets, policy framework recommendations for various settings, cost analyses, intervention guides, and surveys are just some of the many additional tools that WHO provides free of charge towards this end.<sup>316</sup>

### *Control*

The second, and equally important pillar, in combating NCDs is control of populations who already live with the disease.<sup>317</sup> A key components to achieve NCD control is the utilization of universal health coverage (UHC) with a focus on “People-centered primary health care and a social protection mechanism”.<sup>318</sup> The lack of access to healthcare services is one of the principle reasons for premature deaths caused by NCDs.<sup>319</sup> Research has also drawn a strong correlation between NCDs and poverty.<sup>320</sup> For example, a family in India can expect to spend around 34% of their household income to seek treatment for diabetes.<sup>321</sup> In the United States, health insurance costs typically do not exceed 9.5% of income, with health insurance costs among the poorest demographics expected to be capped at 2% of income.<sup>322</sup> As a result, the financial barrier in low and middle-income states forces many to defer care until it

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<sup>303</sup> Halpin, et al., *Chronic Disease Prevention and the New Public Health*, 2010.

<sup>304</sup> International Diabetes Foundation, *Programme Highlights: IDF Diabetes Roadmap Activity Report*, 2010, p. 12.

<sup>305</sup> WHO, *Harmful Effects of Alcohol*, 2009.

<sup>306</sup> WHO, *New WHO Report: Deaths From Noncommunicable Diseases on the Rise, with Developing World Hit the Hardest*, 2011.

<sup>307</sup> *Ibid.*

<sup>308</sup> WHO, *NCD Global Monitoring Framework*, 2015.

<sup>309</sup> WHO, *Global Status Report on Non-communicable Diseases*, 2010, p. 6.

<sup>310</sup> *Ibid.*

<sup>311</sup> *Ibid.*

<sup>312</sup> WHO, *WHO Tools to Prevent and Control Non-communicable Diseases*, 2015.

<sup>313</sup> WHO, *Global Database on Body Mass Index: An interactive surveillance tool for monitoring nutrition transition*, 2015.

<sup>314</sup> WHO, *mhGAP Intervention Guide for mental, neurological and substance use disorders in non-specialized health settings*, 2015.

<sup>315</sup> WHO, *mhGAP Intervention Guide: Introduction*, 2015.

<sup>316</sup> WHO, *WHO Tools to Prevent and Control Non-communicable Diseases*, 2015.

<sup>317</sup> WHO, *Global action plan for the prevention and control of noncommunicable diseases 2013-2020*, 2013.

<sup>318</sup> *Why the NCD Response Needs Universal Health Coverage*, The Lancet Global Health Blog, 2014.

<sup>319</sup> *Ibid.*

<sup>320</sup> *Ibid.*

<sup>321</sup> *Ibid.*

<sup>322</sup> Kaiser Family Foundation, *Explaining Health Care Reform: Questions About Health Insurance Subsidies*, 2012, p. 1.

is too late, or to avoid seeking care at all.<sup>323</sup> This ultimately threatens to undermine the international community's ability to achieve the SDGs and related international efforts pertaining to the eradication of poverty and improvement of overall health.<sup>324</sup> UHC programs with a large focus on primary health care have the potential to reduce the overall burden of NCDs on an individual, community, and national levels.<sup>325</sup> Since many NCDs typically develop over a long period of time, UHC policies can also be drafted to cover basic screenings and preventative care so as to avoid the more costly reactive care down the line.<sup>326</sup> Furthermore, the utilization of national health plans would give many disadvantaged groups living with NCDs access to the care they need, thereby reducing premature mortality.<sup>327</sup>

In order to draft accurate public health policies, effective surveillance programs and monitoring mechanisms are needed to collect public health information.<sup>328</sup> Better information collecting and sharing was highlighted as one of the major areas of opportunity for Member States to improve in the fight against NCDs.<sup>329</sup> Not only do these surveillance mechanisms provide accurate information, they also allow for a more streamlined use of resources to fight diseases most encountered within population groups.<sup>330</sup> WHO provides the STEPwise approach to surveillance in its toolbox.<sup>331</sup> The tools, also known as the STEPS instrument includes three steps: a questionnaire (step 1), physical measurements (step 2), and biochemical measurements (step 3).<sup>332</sup> Currently, risk factor surveillance and stroke surveillance programs are maintained by WHO.<sup>333</sup> However, all of the generic resources and guidelines are available to Member States so that they can tailor STEPwise surveillance programs to their needs.<sup>334</sup>

While resources have been provided to create surveillance programs, there is still a great need for the creation of national targets and indicators, the building of health institutes to gather information, the improvement of collecting health care statistics, basic health vitals (i.e. height, weight, blood pressure, blood sugar, etc.), cause of death registration systems and for the development and maintenance of registries that document those individuals within a population that have an NCD as outlined in the WHO Global Action plan (2013-2020).<sup>335</sup>

### **Conclusion**

The fight against non-communicable diseases poses one of the greatest challenges in today's world.<sup>336</sup> Already, NCDs are the leading causes of death throughout the world, and despite all the work that has been done thus far, NCD incidence and premature deaths are still expected to rise sharply in the coming years.<sup>337</sup> Research has shown that these diseases are disproportionately affecting the poorest and most vulnerable population groups.<sup>338</sup> This in turn reinforces a viscous cycle of poverty and inequality.<sup>339</sup> It is also important to highlight that all NCDs are preventable diseases, with almost all of the risk factors characterized by the potential to be modified.<sup>340</sup> With the recent passage of the SDGs including provisions that address NCDs both specifically and in the larger context of human development, the international community is in need to find new, innovative solutions to reverse the upward

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<sup>323</sup> *Why the NCD Response Needs Universal Health Coverage*, The Lancet Global Health Blog, 2014.

<sup>324</sup> *Ibid.*

<sup>325</sup> Demaio, et al., *Primary Health Care: A Strategic Framework for the Prevention and Control of Chronic Non-communicable Disease*, 2014.

<sup>326</sup> *Ibid.*

<sup>327</sup> *Ibid.*

<sup>328</sup> WHO, *Global status report on noncommunicable diseases*, 2010.

<sup>329</sup> *Ibid.*

<sup>330</sup> WHO, *Global action plan for the prevention and control of noncommunicable diseases 2013-2020*, 2013.

<sup>331</sup> WHO, *STEPwise approach to Surveillance (STEPS)*, 2015.

<sup>332</sup> WHO, *The STEPS Instrument and Support Materials*, 2015.

<sup>333</sup> *Ibid.*

<sup>334</sup> *Ibid.*

<sup>335</sup> WHO, *Global action plan for the prevention and control of noncommunicable diseases 2013-2020*, 2013.

<sup>336</sup> Adyei, *Public Policy and the Challenge of Chronic Noncommunicable Diseases*, The World Bank, 2007.

<sup>337</sup> WHO, *New WHO Report: Deaths From Noncommunicable Diseases on the Rise, with Developing World Hit the Hardest*, 2011.

<sup>338</sup> NCD Alliance, *NCD Alliance Briefing Paper: Tackling Non Communicable Diseases to Enhance Sustainable Development*, 2015.

<sup>339</sup> *Ibid.*

<sup>340</sup> WHO, *Preventing Chronic Diseases, A Vital Investment*, 2005, p. xiii.

trajectory of NCD's proliferation.<sup>341</sup> While access to care and mechanisms that aim to control these diseases within populations that currently live with NCDs will continue to be of vital importance, a renewed focus must be placed on the prevention of new cases.<sup>342</sup> Additionally, new partnerships amongst UN agencies, Member States, and the private sector should continue to develop so that the best utilization of the limited set of resources continue to effectively combat NCDs.<sup>343</sup> The ability to prevent, control, and in general combat NCDs is a reality, however it is paramount further commitment is made by Member States and international community in order to do so.

### ***Further Research***

Going forward, there is a lot of research that can be done to formulate new and innovative programs that can successfully combat NCDs. Delegates should consider: What programs already exist and how might they be improved upon? What gaps in policy remain around the combating the spread of NCDs? How can new public-private partnerships be realized? What is the status of populations living with NCDs in your Member State and what actions can be taken to help address lifestyle behaviors nationally to combat NCDs? What role do economics and financial situations play in the growing proliferation of NCDs and how can the international community address restrictions in this regard? Does technology have a role to play? How so? Lastly, delegates should continue to research the role of NCDs in the broader context of the recently adopted SDGs. What measures can be taken to incorporate NCD prevention and control into the implementation of the SDGs your Member State?

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<sup>341</sup> Demaio, et al., *Primary Health Care: A Strategic Framework for the Prevention and Control of Chronic Non-communicable Disease*, 2014.

<sup>342</sup> WHO, *Preventing Chronic Diseases, A Vital Investment*, 2005, p. xiii.

<sup>343</sup> WHO, *Work plan for UN Task Force on the Prevention and Control of NCDs covering the period 2014-2015*, 2014.

## Annotated Bibliography

Haplin, H., et al. (2010). Chronic Disease Prevention and the New Public Health. *Public Health Reviews*, 32 (1): 120-154.

*This article was posted in Public Health Reviews, an Israeli-based public health academic journal in its inaugural issue and discusses the future of NCDs in context to the new ideas around public health. In addition to giving readers a background on NCDs, the article discusses shared risk factors between the four major NCDs. It then addresses these shared risk factors by presenting interventions and public policy for the prevention of these chronic diseases. The article concludes with some recommendations, as well as challenges faced in preventing these chronic diseases. With prevention being one of the two main strategy pillars in WHO's fight against NCDs, delegates will find this resource to be informative on key ideas and recommendations surrounding prevention in the larger context of NCDs. It also offers a refreshing perspective of the case of NCDs in a country outside the United States of Europe – traditional case studies for such diseases.*

International Diabetes Federation. (2011). *IDF Diabetes Roadmap to the UN High-Level Summit on NCDs*. Retrieved 20 July 2015 from:

<https://www.idf.org/sites/default/files/IDF%20Diabetes%20Roadmap%20Activity%20Report%202010-2011.pdf>

*This report is published by one of the leading diabetes organizations in the world known as the International Diabetes Federation. As the international community and the UN are addressing all four NCDs, diabetes continues to have one of the largest growth rates throughout the world. Diabetes is one of the most prevalent non-communicable diseases, thus addressing this particular NCD is a key priority for policy-makers. This report outlines recommendations that would help tailor more specific policies and goals in the eradication of diabetes. While portions of the report address NCDs as a whole, delegates will benefit from being able to evaluate more specific policy recommendations for a disease that has been hard to contain, and is considered the fastest growing NCD. Understanding policies for a specific NCD may also contribute to how delegates create policies that addresses key elements of each of the NCDs specifically while also developing macro-level approaches.*

NCD Alliance. (2014). *NCD Alliance Report 2013-2014*. Retrieved 19 September 2015 from:

[http://www.who.int/pmnch/ncd\\_alliance\\_report.pdf](http://www.who.int/pmnch/ncd_alliance_report.pdf)

*The NCD Alliance is the leading civil society body active in the prevention and control of NCDs. This report was drafted to inform the international community about the work that has been conducted by the body. The report discusses ways to accelerate political momentum for NCDs, creating a global development campaign in relation to the SDGs, cultivating networks of local alliances and strengthening civil society and sharing best practices at the national level. Delegates will find this as one of the most useful resources when looking at the work that is already being undertaken by civil society. Additionally, the report can also serve as a good platform in the formulation of new, multifaceted ideas in the fight against NCDs.*

NCD Alliance. (2015). *NCD Alliance Briefing Paper: Tackling Non-Communicable Diseases to Enhance Sustainable Development*. Retrieved 19 October 2015 from: [http://ncdalliance.org/sites/default/files/NCD Alliance - NCDs and Sustainable Development Brief 0.pdf](http://ncdalliance.org/sites/default/files/NCD%20Alliance%20NCDs%20and%20Sustainable%20Development%20Brief%200.pdf)

*This paper provides a detailed overview on how NCDs affect sustainable development. It discusses which populations and demographics are seeing an increase in NCDs, how the environment plays a role, and defines the economic cost to society. The paper concludes with intervention strategies on priority issues that have been defined by the NCD Alliance. This resource will help delegates gain an understanding about the recently passed SDGs as well as how the discussion of NCDs relates to them.*

United Nations, General Assembly, Sixty-sixth session. (2011). *Prevention and Control of Non-communicable Diseases. Report by the Secretary-General (A/66/83)*. Retrieved 20 July 2015 from: <http://undocs.org/A/66/83>

*This report was compiled by the Secretary-General following up on General Assembly resolutions 64/265 and 65/238. It provides a comprehensive overview of NCDs for UN Member States. The report includes essential information with regard to current NCD conditions, socioeconomic*

*impacts, and policy considerations as well as numerous recommendations that will aid in reducing and controlling NCD proliferation. The importance of prevention is clearly outlined in the report. The recommendations outlined by the Secretary-General's report serve as a good resource for delegates to explore new solutions to combat NCDs.*

Adyei, O., et al. (2007). Public Policy and the Challenge of Chronic Noncommunicable Diseases. *The World Bank*. Retrieved 19 September 2015 from:

<http://siteresources.worldbank.org/INTPH/Resources/PublicPolicyandNCDsWorldBank2007FullReport.pdf>

*The World Bank has been an active party in the fight against NCDs and conducts many of its own work in conjunction with UN bodies and NGOs. This report seeks to shed light on the economic impact that NCDs place on societies around the world. It also gives a rationale for interventions. The report also shares the World Bank's agenda for action on NCDs and has several appendices that lay out the justification for public intervention in controlling NCDs. This resource is a good supplement to the WHO Global Status Report for delegates to explore as it seeks to illustrate NCD impacts in an economic context. Other topics that are covered include the effects of NCDs on the poorest populations, NCD healthcare financing, public policy considerations, and methods to incorporate prevention of NCDs into primary care. Policy recommendations are also illustrated by two case studies.*

World Health Organization, Executive Board, One hundredth and thirty-sixth session. (2014). *Follow-up to the 2014 high-level meeting of the United Nations General Assembly to undertake a comprehensive review and assessment of the progress achieved in the prevention and control of noncommunicable diseases* [Report]. Retrieved 20 July 2015 from: [http://www.who.int/global-coordination-mechanism/gcm\\_workplan\\_2016-2017.pdf?ua=1](http://www.who.int/global-coordination-mechanism/gcm_workplan_2016-2017.pdf?ua=1)

*This report was compiled by the WHO Director General following the high-level meeting that occurred in the General Assembly to assess the progress being made in the fight against NCDs. This resource outlines the Director General's work plan on how WHO will combat NCDs from 2016 – 2017. The objectives list important elements that will be needed for the coordination mechanism. They include the creation of global campaigns, conducting dialogue between state and non-state actors, and spreading best practices that are scientifically verified in regards to NCD control and prevention. This is a helpful resource to see the types of actions that WHO is going to utilize in upcoming years as part of its global NCD action plan.*

World Health Organization. (2014). *Global status report on noncommunicable diseases 2014*. Retrieved 20 July 2015 from: [http://apps.who.int/iris/bitstream/10665/148114/1/9789241564854\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/148114/1/9789241564854_eng.pdf?ua=1)

*The World Health Organization's Global Status Report on NCDs was last released in 2014, and serves to inform Member States and civil society on where the world stands in relation to the fight against the four main NCD categories. The first nine chapters of the report correspond to the nine main target objectives set forth by WHO. They serve to provide an in-depth analysis of the progress of attaining the goal, the status of NCDs in relation to the targets, as well as current challenges being faced in being able to achieve them. The report draws on academic research and features a number of statistics compiled from a plethora of sources. The last two chapters discuss the need for the development and implementation of national multisectoral actions plans and individual targets for Member States and the future in regards to achieving the nine target objectives. The report also provides recommendations for future policy solutions to attain these goals.*

World Health Organization. (2014). *Work Plan for the UN Task Force on the Prevention and Control of NCD's covering the period 2014-2015*. Retrieved 21 August 2015 from:

[http://www.who.int/nmh/UN\\_Task\\_Force\\_on\\_NCDs\\_Workplan\\_2014\\_2015.pdf?ua=1](http://www.who.int/nmh/UN_Task_Force_on_NCDs_Workplan_2014_2015.pdf?ua=1)

*The work plan for the UN Interagency Task Force for 2014-2015 lists all of the main objectives envisioned by the group. The template lists different objectives and then highlights in the adjacent columns the type of interagency collaborations that are established or being made to help streamline the fight against NCDs. These include collaborations with the entities such as: the International Atomic Energy Agency, World Food Programme, International Telecommunications Union and UN Children's Fund. This resource is particularly helpful for delegates as most interagency collaborations regarding NCDs within the UN are included. This in turn makes*

*researching various programs significantly easier should a delegate wish to learn more about a particular collaboration. Delegates also gain a better understanding as to how different UN agencies collaborate on this issue.*

World Health Organization. (2015). *WHO Tools to Prevent and Control Non-communicable Diseases* [Website]. Retrieved 19 October 2015 from: <http://www.who.int/nmh/ncd-tools/en/>

*This resource represents an encyclopedia style list of all the tools that WHO has made available to Member States, NGOs, and UN bodies in regards to the prevention and control of NCDs. Each tool set is organized by the nine major policy targets or the 25 disease indicators established by WHO. This is an excellent resource for delegates to understand the types of mechanisms and actions that WHO utilizes and takes when dealing with one of the many healthcare issues they tackle. This is also a particularly helpful resource for delegates to see what types of programs and recommendations WHO has already made available when thinking of new solutions to address the problem.*

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John, S., et al. (2012). WHO Framework Convention on Tobacco Control and the United Nations' High Level Meeting on NCD: Progress and Global Expectations. *Global Heart*, 7 (4): 367-373.

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### III. Improving Health Care Services for Ageing Populations

#### *Introduction*

What constitutes old age vary culturally and regionally.<sup>344</sup> Age can be a social construct, determining one's perceived role in society, or an indicator of one's lifespan.<sup>345</sup> As a result, there remains no agreed definition of the age at which an individual is classified as elderly.<sup>346</sup> Generally, the individuals considered elderly have been 65 years and above.<sup>347</sup> This is usually the age at which older persons become eligible to receive benefits from their respective governments.<sup>348</sup> However, such a definition is not universally applicable, especially in developing countries with shorter average lifespans, or in countries that lack social security programs.<sup>349</sup> The United Nations (UN) defines elderly individuals as those aged 60 and above.<sup>350</sup> Regardless of the debate surrounding the definition of what age qualifies someone as elderly, the average age of the world's population is increasing rapidly.<sup>351</sup> International improvements in public health have led to monumental gains in the overall longevity of the human life span.<sup>352</sup> In fact, the average global lifespan has doubled to 70 years since the year 1900.<sup>353</sup> In 2012, Japan had the highest average life expectancy in the world, at 82.7 years of age.<sup>354</sup>

By 2050, the global population of individuals 65 and over is expected to increase from 524 million to nearly 1.5 billion.<sup>355</sup> In other words, by the year 2050, one out of every four humans on the planet will be considered an elderly individual, and the number of adults 65 and over will, for the first time in recorded history, exceed the number of children under the age of 14.<sup>356</sup> Out of the one million individuals turning 60 years old each month, 80% live in developing countries.<sup>357</sup> The UN and the World Health Organization (WHO) both recognize the achievements made globally towards increasing the longevity of human life; but they also recognize the unprecedented challenges in relation to the health and well-being of an ageing population.<sup>358</sup> The international community, thus, must strive to combat the insufficiencies in healthcare infrastructures, rising instances of non-communicable diseases, the threat of elder abuse and neglect, and the vulnerability of the elderly in times of crisis as the world's population remains on the rise.<sup>359</sup>

#### *International and Regional Framework*

The laws related to the rights of the elderly are enshrined within the *Universal Declaration of Human Rights* (UDHR) (1948).<sup>360</sup> Specifically, Articles 22 and 25 of the UDHR establish the legal basis of promoting the health and the improvement of health care services for older persons.<sup>361</sup> Article 22 states that all members of society are entitled to the benefits of social security and should be granted economic and social rights.<sup>362</sup> Furthermore, Article 25 of the UDHR declares that older persons possess a fundamental right to healthcare, which is essential to maintaining an adequate standard of living.<sup>363</sup>

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<sup>344</sup> WHO, *Definition of an older or elderly person*, 2013.

<sup>345</sup> UNFPA, *Ageing in the Twenty-First Century: A Celebration and a Challenge*, 2012, p. 20.

<sup>346</sup> WHO, *Definition of an older or elderly person*, 2013.

<sup>347</sup> UNFPA, *Ageing in the Twenty-First Century: A Celebration and a Challenge*, 2012.

<sup>348</sup> *Ibid.*, p. 20.

<sup>349</sup> *Ibid.*

<sup>350</sup> *Ibid.*

<sup>351</sup> WHO, *10 facts on ageing and the life course*, 2014.

<sup>352</sup> WHO, *Global Health and Aging*, 2011, p. 2.

<sup>353</sup> Roser, *Life Expectancy*, 2015.

<sup>354</sup> *Ibid.*

<sup>355</sup> WHO, *Global Health and Aging*, 2011, p. 2.

<sup>356</sup> WHO, *Are you ready? What you need to know about ageing*, 2012.

<sup>357</sup> WHO, *A Global Response to Elder Abuse and Neglect: Building Primary Health Care Capacity to Deal with the Problem Worldwide: Main Report*, 2008, p. VII.

<sup>358</sup> WHO, *Global Health and Aging*, 2011, p. 5.

<sup>359</sup> *Ibid.*

<sup>360</sup> UN General Assembly, *Universal Declaration of Human Rights (A/810 217A (III))*, 1948.

<sup>361</sup> *Ibid.*

<sup>362</sup> *Ibid.*

<sup>363</sup> *Ibid.*

In 1977, the UN General Assembly (GA) expanded the elderly's human rights through the resolution 33/52 on "World Assembly on the Elderly."<sup>364</sup> This World Assembly was held five years later in Vienna, Austria, and successfully produced the first comprehensive international action plan on ageing.<sup>365</sup> The *Vienna International Plan of Action on Aging* includes 62 policy recommendations.<sup>366</sup> The recommendations call for research, data collection, analysis, training, and education in the following areas as they relate to elderly populations: "health and nutrition, protection of elderly consumers, housing and environment, family, social welfare, income security and employment, and education."<sup>367</sup> To aid Member States implement the policy recommendations made within the Vienna Plan, in 1991 the GA adopted the *United Nations Principles for Older Persons* with resolution 46/91.<sup>368</sup> Included are 18 basic rights designed to protect the independence, dignity, and care of elderly persons.<sup>369</sup> Principles 10 to 14 establish the rights reserved for older persons, as they relate to healthcare and health services.<sup>370</sup> Among other rights, the *United Nations Principles for Older Persons* declares that the elderly should be provided with health care that enables them to maintain an adequate level of physical, mental, and emotional health.<sup>371</sup>

Seeking to revisit the issue of ageing for the 21<sup>st</sup> century, the second World Assembly on Ageing was held in 2002 in Madrid, Spain and created the *Madrid International Plan of Action on Ageing* (MIPAA).<sup>372</sup> The MIPAA seeks to create age-friendly societies where every individual is able to age securely and in a dignified manner that upholds the rights set forth in the UDHR and the *United Nations Principles for Older Persons*.<sup>373</sup> The MIPAA makes 239 recommendations focusing on three central themes: "advancing health and well-being into old age; older persons and development; and ensuring an enabling and supportive environment" for the elderly.<sup>374</sup> Within these categories, MIPAA confronts 20 issues, such as the need to recognize the elderly's potential to contribute to society socially, culturally, and economically.<sup>375</sup>

The latest attempt to prepare for the challenges related to ageing was developed during the Rio+20 United Nations Conference on Sustainable Development.<sup>376</sup> During the conference, Member States began working on the Sustainable Development Goals (SDGs).<sup>377</sup> Of the 17 SDGs, Goal 3: "Ensure healthy lives and promote well-being for all at all ages;" and Goal 11: "Make cities and human settlements inclusive, safe, resilient and sustainable," are most closely related to WHO's efforts to improve health care services for ageing populations.<sup>378</sup> Goal 3 and Goal 11 align perfectly with ongoing WHO initiatives such as the *Global Age Friendly Cities Network*.<sup>379</sup> Within the framework of the SDGs, WHO and other international actors may continue to improve the aging climate of countries worldwide.<sup>380</sup>

### ***Role of the International System***

Since the 1990s, WHO has partnered with the UN, multiple international agencies, and non-governmental organizations (NGOs) to raise awareness of the issues associated with ageing.<sup>381</sup> In 1990, The UN declared 1 October as the "International Day for the Elderly," in order to raise awareness of the issues surrounding ageing populations.<sup>382</sup> Subsequently, the year 1999 was proclaimed "International Year of Older Persons," with the goal of

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<sup>364</sup> UN General Assembly, *World Assembly on the Elderly (A/RES/33/52)*, 1978.

<sup>365</sup> UN DESA, *Vienna International Plan of Action on Ageing*, 2015.

<sup>366</sup> *Ibid.*

<sup>367</sup> *Ibid.*

<sup>368</sup> UN General Assembly, *United Nations Principles for Older Persons (A/RES/46/91)*, 1991.

<sup>369</sup> UN DPI, *Global Issues-Ageing*.

<sup>370</sup> UN General Assembly, *United Nations Principles for Older Persons (A/RES/46/91)*, 1991.

<sup>371</sup> *Ibid.*

<sup>372</sup> *Political Declaration and Madrid International Plan of Action on Ageing*, 2002.

<sup>373</sup> *Ibid.*

<sup>374</sup> *Ibid.*

<sup>375</sup> *Ibid.*

<sup>376</sup> UN General Assembly, *Transforming Our World: The 2030 Agenda for Sustainable Development (A/RES/70/1)*, 2015.

<sup>377</sup> *Ibid.*

<sup>378</sup> *Ibid.*

<sup>379</sup> WHO, *WHO Global Network of Age-friendly Cities and Communities*, 2014.

<sup>380</sup> UN General Assembly, *Transforming Our World: The 2030 Agenda for Sustainable Development (A/RES/70/1)*, 2015.

<sup>381</sup> *Ibid.*

<sup>382</sup> UN General Assembly, *Implementation of the International Plan of Action on Aging and related activities (A/RES/45/106)*, 1990.

recognizing humanity's coming of age and the potential of the global population's maturation to catalyze economic, social, cultural, and spiritual peace and development.<sup>383</sup> The UN also dedicated efforts to raising awareness for specific issues related to ageing, such as elder abuse and neglect.<sup>384</sup> In 2011, the GA adopted resolution 66/127 on the "Follow-up to the Second World Assembly on Ageing," to establish "World Elder Abuse Awareness Day" on 15 June.<sup>385</sup> Since 2010, the UN has organized an annual Open-Ended Working Group on Ageing (OEWG), to assess the gaps and limitations of existing frameworks related to the human rights of elderly persons.<sup>386</sup> In 2015, the OEWG highlighted the necessity of establishing an international legal instrument that would enforce the protection of fundamental human rights of older persons, as established in previous international documents.<sup>387</sup>

Within the UN system, several departments and organizations possess programs dedicated to advancing the rights and well-being of older persons, including the UN Department of Economic and Social Affairs, the UN Population Fund, the UN Development Programme and WHO.<sup>388</sup> WHO is particularly concerned with the public health and well-being of the elderly, and advances these aims through the efforts and programs of its Department of Ageing and Life Course.<sup>389</sup> Specifically, the Department of Ageing and Life Course focuses on researching, strengthening and enabling national governments to improve the following areas as they relate to older persons: health services, rehabilitation and long-term care, prevention of disease, patient safety, emergency situations, and age-friendly cities.<sup>390</sup> For example, since 2013, the Department of Ageing and Life Course has partnered with government officials in Beijing, China to provide training for local doctors in the early detection and care of a portion of China's nine million citizens suffering from dementia.<sup>391</sup>

It is also important to consider the work of NGOs and civil society on improving health care services for the elderly.<sup>392</sup> WHO's Ageing and Life Course Program partners with 16 NGOs to produce research and recommendations for governments to improve the quality of care provided to elderly populations.<sup>393</sup> NGOs such as Alzheimer's Disease International and the International Network for the Prevention of Elder Abuse, are examples of NGOs with targeted missions related to improving the lives of the elderly.<sup>394</sup> HelpAge International, in contrast, is a network of NGOs dedicated to improving the lives of disadvantaged older persons worldwide, through lobbying efforts, programs, and advocacy.<sup>395</sup> Through partnerships with these organizations, WHO is able to expand its ability to provide healthcare services to ageing populations, producing research, and policy recommendations across the wide spectrum of elderly health issues.<sup>396</sup>

### ***Health Care Service Issues Related to Ageing Populations***

#### *Rise of Non-Communicable Diseases*

Elderly populations are especially susceptible to non-communicable diseases (NCDs) such as heart disease, cancer, dementia, and diabetes.<sup>397</sup> By the year 2030, NCDs are projected to surpass the rate of communicable diseases, accounting for over half of the disease burden in developing countries, and over 75% of the disease burden in developed countries.<sup>398</sup> With the exception of dementia, however, instances of NCDs can be reduced by cost-effective preventive and curative actions.<sup>399</sup> To aid Member States in efforts to reduce and prevent the rise of NCDs in the future, WHO created the *Global Action Plan for the Prevention and Control of Noncommunicable Diseases*

<sup>383</sup> UN General Assembly, *Proclamation on Ageing (A/RES/47/5)*, 1992.

<sup>384</sup> UN General Assembly, *Follow-up to the Second World Assembly on Ageing (A/RES/66/127)*, 2012.

<sup>385</sup> *Ibid.*

<sup>386</sup> UN General Assembly, *Follow-up to the Second World Assembly on Ageing (A/RES/65/182)*, 2010.

<sup>387</sup> UN General Assembly, *Report of the Open-ended Working Group on Ageing (A/AC.278/2015/2)*, 2015.

<sup>388</sup> WHO, *Partnerships*, 2015.

<sup>389</sup> WHO, *What WHO is doing*, 2015.

<sup>390</sup> *Ibid.*

<sup>391</sup> WHO, *China: Improving home care for dementia patients*, 2014.

<sup>392</sup> Global Action on Aging, *Web Links*.

<sup>393</sup> *Ibid.*

<sup>394</sup> *Ibid.*

<sup>395</sup> UN DESA, *Current Status of the Social Situation, Wellbeing, Participation in Development and Rights of Older Persons Worldwide*, 2011.

<sup>396</sup> Global Action on Aging, *Web Links*.

<sup>397</sup> WHO, *Global Health and Aging*, 2011, p. 2.

<sup>398</sup> UN DESA, *Current Status of the Social Situation*, 2011, p. 48.

<sup>399</sup> WHO, *Global Action Plan for the Prevention and Control of Noncommunicable diseases 2013-2020*, 2013, p. 29.

2013-2020.<sup>400</sup> The Action Plan establishes a policy framework that provides recommendations and strategies to achieve nine voluntary targets related to the reduction of NCDs.<sup>401</sup> For example, the Global Action Plan calls upon Member States to reduce the number of individuals smoking tobacco by 15% by the year 2020.<sup>402</sup> These targets seek to reduce NCDs through prioritizing the reduction of unhealthy behavioral choices, such as alcohol and tobacco use, as well as insufficient physical activity.<sup>403</sup>

Dementia, the cause of which remains unknown, is one of the primary causes of disability and dependence among older persons.<sup>404</sup> Over 47 million people worldwide are currently afflicted with dementia.<sup>405</sup> The loss of memory, speech, ability to reason, and other cognitive functions are a few characteristics of dementia.<sup>406</sup> Of those 47 million, more than 60% reside in developing countries, which lack sufficient resources to care for dementia patients.<sup>407</sup> Instances of dementia and the financial strains that follow the disease are expected to increase as the world's population ages.<sup>408</sup> In March 2015, WHO organized the *First WHO Ministerial Conference on Global Action Against Dementia*, to discuss the global implications of dementia and to devise methods, such as the creation of local dementia-friendly communities, to better treat and care for older persons afflicted with this degenerative disease.<sup>409</sup> As a result, representatives pledged to help WHO establish a Global Dementia Observatory to monitor and track the prevalence of dementia in Member States, as well as to facilitate the establishment of national policies related to dementia research, care, and prevention.<sup>410</sup>

#### *Capacity of Healthcare Systems*

The number of older persons unable to care for themselves is projected to quadruple by 2050 due to frailty, disability, limited mobility, and other health issues.<sup>411</sup> Without immediate intervention and policy action, the amount of elderly persons seeking care will overwhelm existing healthcare systems and infrastructures.<sup>412</sup> The current state of the health infrastructure in developing countries is the most concerning, due to the high growth in elderly populations expected in them.<sup>413</sup> In the 2012 report of the Secretary-General on the "Follow-up to the Second World Assembly on Ageing," communicable diseases such as malaria and cholera were identified as the primary cause of illness in developing countries throughout the 20<sup>th</sup> century.<sup>414</sup> Therefore, foreign and humanitarian aid for health care in developing countries have prioritized communicable diseases over NCDs, doing little to strengthen primary healthcare services, which are critically relied-upon by older persons.<sup>415</sup> Thus, healthcare systems in developing countries are currently underprepared to cope with the healthcare needs and demands of an ageing populace, which is more likely to suffer from NCDs, such as heart disease and dementia.<sup>416</sup>

#### *Lack of Qualified Healthcare Workers*

Even when health care services are available, they are often unaffordable, as many older persons receive no regular income and live on \$1 – \$2 a day.<sup>417</sup> Long-term care for older populations usually become the responsibility of the family, which may or may not lead to a decline in the older person's quality of life.<sup>418</sup> There is a pressing need to

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<sup>400</sup> WHO, *Global Action Plan for the Prevention and Control of Noncommunicable diseases 2013-2020*, 2013, p. 29.

<sup>401</sup> *Ibid.*, p. 5.

<sup>402</sup> *Ibid.*

<sup>403</sup> *Ibid.*, p. 5.

<sup>404</sup> WHO, *10 Facts on Dementia*, 2014.

<sup>405</sup> *Ibid.*

<sup>406</sup> WHO, *Dementia: A Public Health Priority*, 2012, p. 2.

<sup>407</sup> WHO, *10 Facts on Dementia*, 2014.

<sup>408</sup> *Ibid.*

<sup>409</sup> WHO, *First Who Ministerial Conference on Global Action Against Dementia (Geneva, 16-17 March 2015)*, 2015.

<sup>410</sup> WHO, *Governments commit to advancements in dementia research and care*, 2014.

<sup>411</sup> WHO, *Facts About Ageing*.

<sup>412</sup> WHO, *Global Health and Ageing*, 2011, p.12.

<sup>413</sup> UN General Assembly, *Follow-up to the Second World Assembly on Ageing: Report of the Secretary-General (A/67/188)*, 2012, p. 11.

<sup>414</sup> *Ibid.*

<sup>415</sup> UN DESA, *Current Status of the Social Situation, Well-Being, Participation in Development and Rights of Older Persons Worldwide*, 2011, p. 44.

<sup>416</sup> UN General Assembly, *Follow-up to the Second World Assembly on Ageing: Report of the Secretary-General (A/67/188)*, 2012, p. 11.

<sup>417</sup> ILO, *World Social Security Report: Providing coverage in times of crisis and beyond*, 2010, p. 45.

<sup>418</sup> UN DESA, *Current Status of the Social Situation*, 2011, p. 48.



develop the capacity of domestic health care services in both developed and developing countries, expand health services for older persons, and ensure the elderly are capable of ageing with dignity.<sup>419</sup> Yet developing countries face one of the greatest burdens. In order to facilitate this process, WHO is encouraging cooperation between developing countries who are struggling with growing populations of older persons, and developed economies that have experience and knowledge on how to best serve the elderly.<sup>420</sup>

#### *Elder Abuse and Neglect in Health Care*

WHO defines elder abuse as “a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person.”<sup>421</sup> Currently, WHO estimates that between 4-6% of older persons experience elder abuse or neglect each month.<sup>422</sup> Within healthcare institutions, elder abuse and neglect can manifest in both physical and emotional injuries.<sup>423</sup> Physical injuries can result from medical staff improperly restraining patients, providing insufficient care, and over- or under-medicating patients.<sup>424</sup> Emotional damage may manifest as the result of elderly patients being deprived of their dignity by being left in soiled clothing, or having little to no choice over their daily affairs.<sup>425</sup> Due to financial stress and a mass influx of patients, incidents of elder abuse and neglect are projected to increase significantly as the world’s population ages, and greater numbers of older persons begin to seek long-term care and treatment.<sup>426</sup>

Unfortunately, knowledge about the true extent of elder abuse in institutional settings is limited.<sup>427</sup> As a result, WHO has sought to identify risk factors that indicate elder abuse within institutional facilities.<sup>428</sup> In WHO’s “Global Status Report on Violence and Health 2014”, elder abuse was found to occur more frequently in health institutions where standards for healthcare are low, staff are poorly trained or overworked, organizational policies favor the institution rather than the patient, and other environmental factors.<sup>429</sup> A recent WHO survey of 133 countries found that “less than a third of the countries surveyed (26%) reported implementing campaigns aimed at educating professionals to recognize the signs and symptoms of elder abuse.”<sup>430</sup> To rectify this, in 2008, WHO partnered with the Center for Interdisciplinary Gerontology at the University of Genova, to develop the Elder Abuse Suspicion Index (EASI) for primary healthcare professionals to use in identifying and responding to suspected cases of elder abuse.<sup>431</sup> The EASI consists of five simple “yes” or “no” questions doctors can ask elderly patients related to the care they are receiving at home or within a healthcare institution.<sup>432</sup> Based on the results of the EASI, doctors can then notify social workers or officials of potential cases of elder abuse.<sup>433</sup>

#### *Elders in Emergencies*

During natural disasters or emergency situations, the elderly are particularly susceptible to sickness, injury, or death due to poor health, limited mobility, or other functional limitations.<sup>434</sup> During the 2003 Heat Wave in France, 70% of the 14,800 deaths were of people greater than 75 years of age.<sup>435</sup> Of that 70%, two-thirds were older persons housed in retirement homes, private healthcare facilities, or hospitals.<sup>436</sup> Similarly, when Hurricane Katrina struck the

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<sup>419</sup> UN DESA, *Current Status of the Social Situation*, 2011, p. 48.

<sup>420</sup> WHO, *Global Health and Ageing*, 2011, p. 12.

<sup>421</sup> WHO, *A Global Response to Elder Abuse and Neglect: Building Primary Health Care Capacity to Deal with the Problem Worldwide: Main Report*, 2008, p. 1.

<sup>422</sup> WHO, *Elder Abuse*, 2014.

<sup>423</sup> *Ibid.*

<sup>424</sup> *Ibid.*

<sup>425</sup> *Ibid.*

<sup>426</sup> WHO, *A Global Response to Elder Abuse and Neglect: Building Primary Health Care Capacity to Deal with the Problem Worldwide: Main Report*, 2008, p. 1.

<sup>427</sup> *Ibid.*

<sup>428</sup> WHO, *Global Status Report on Violence Prevention 2014*, 2014, p. 15.

<sup>429</sup> *Ibid.*

<sup>430</sup> *Ibid.*, p. X.

<sup>431</sup> WHO, *A Global Response to Elder Abuse and Neglect: Building Primary Health Care Capacity to Deal with the Problem Worldwide: Main Report*, 2008, pp. 13-25.

<sup>432</sup> *Ibid.*

<sup>433</sup> *Ibid.*

<sup>434</sup> WHO, *Older Persons in Emergencies: Considerations for Action and Policy Development*, 2008.

<sup>435</sup> *Ibid.*, p. 1.

<sup>436</sup> *Ibid.*

United States in 2005, 71% of those who perished were over 60 years old.<sup>437</sup> Older persons living alone with disabilities are more vulnerable, as they may be unable to seek help, or may lack the ability to evacuate independently.<sup>438</sup> The elderly may also be overlooked or improperly cared for by emergency responders, who lack proper guidance and instruction in the treatment of elders during emergencies.<sup>439</sup>

Moreover, emergency shelters often do not adequately support the special needs of elderly populations.<sup>440</sup> Older persons may struggle with physical barriers like stairs, long lines for food and water, as well as troubles that arise with missing medical equipment and medicine.<sup>441</sup> Beyond natural disasters, the health of the elderly is particularly at risk during conflict-related emergencies and refugee crises.<sup>442</sup> According to the Office of the United Nations High Commissioner for Refugees, individuals 60 years and older comprise 8.5% of the world's total refugee population.<sup>443</sup> However, refugee camps generally lack the proper medicine and medical equipment necessary to care for the various special needs of elderly populations.<sup>444</sup> The medicinal and other healthcare needs of the elderly in emergency situations, therefore, must continue to be a primary concern of national governments as well as the international community in emergency planning.<sup>445</sup>

### ***Methods to Promote Health Care for Elderly Populations***

#### *Expanding Preventative Care through Active Ageing*

Many of the NCDs that afflict older persons worldwide can be averted by preventative care.<sup>446</sup> In fact, major NCDs such as cardiovascular disease, cancer, chronic respiratory disease, and diabetes, all share several behavioral risk factors such as: unhealthy diets, tobacco use, alcohol abuse, and physical inactivity.<sup>447</sup> Indicatively, the global community has recognized the need to invest in preventative care options that promote health, prevent disease, and grant access to quality primary-health and long-term care.<sup>448</sup> WHO defines active ageing as the optimization of healthcare opportunities, societal participation, and security for the elderly.<sup>449</sup> In accordance with MIPAA, WHO created the *Active Ageing Policy Framework* in 2002 to promote healthier lifestyles and improve the quality of health experienced by elderly persons.<sup>450</sup> Active ageing encourages the creation of policies and programs that promote the mental health and social involvement of elderly persons.<sup>451</sup> For instance, WHO calls for local governments to invest in public infrastructure and buildings that are “barrier-free” for older persons with disabilities.<sup>452</sup> Barrier-free infrastructures include handicap-accessible toilets in public buildings, as well as wheelchair ramps that facilitate easy entry and exit.<sup>453</sup> Furthermore, WHO calls upon governments to increase elderly participation within society by expanding access to lifelong learning opportunities that allow older persons to develop new skills, such as agricultural skills.<sup>454</sup> The opportunities will enable the elderly to remain active and become contributing members of the public.<sup>455</sup>

#### *WHO Global Network of Age-friendly Cities and Communities*

To better fulfill the needs of ageing communities around the world, WHO established the Global Network of Age-friendly Cities and Communities (the Network).<sup>456</sup> The Network is a group of 258 cities that collectively share

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<sup>437</sup> Ibid.

<sup>438</sup> UN DESA, *Current Status*, 2011, p. 16.

<sup>439</sup> Ibid.

<sup>440</sup> Ibid.

<sup>441</sup> WHO, *Older Persons in Emergencies: An Active Ageing Perspective*, 2002, p. 22.

<sup>442</sup> WHO, *Older Persons in Emergencies: Considerations for Action and Policy Development*, 2008, p. 2.

<sup>443</sup> Ibid.

<sup>444</sup> HelpAge International, *Older people's needs ignored in emergencies and disasters around the globe*.

<sup>445</sup> WHO, *Older Persons in Emergencies: Considerations for Action and Policy Development*, 2008, p.1.

<sup>446</sup> WHO, *Global Action Plan for the Prevention and Control of Noncommunicable diseases 2013-2020*, 2013, p. 7.

<sup>447</sup> Ibid.

<sup>448</sup> WHO, *Active Ageing: A Policy Framework (WHO/NMH/NPH/02.8)*, 2002, p. 21.

<sup>449</sup> Ibid.

<sup>450</sup> Ibid.

<sup>451</sup> Ibid., p. 12.

<sup>452</sup> Ibid., p. 47.

<sup>453</sup> Ibid.

<sup>454</sup> Ibid., p. 51.

<sup>455</sup> Ibid., p. 22.

<sup>456</sup> WHO, *WHO Global Network of Age-friendly Cities and Communities*, 2014.

information, knowledge, and best practices to create healthy and actively ageing communities.<sup>457</sup> In the report “Global Age-friendly Cities: A Guide”, WHO establishes the characteristics that age-friendly cities should possess and provides a framework that city officials can institute to improve the quality of city-life of older persons.<sup>458</sup> Several features that define age-friendly cities include widespread access of community support and health services, walkable streets, and opportunities to involve the elderly in volunteer opportunities.<sup>459</sup> Moreover, age-friendly cities should have access to preventative healthcare, senior services, facilities for people unable to remain at home, and volunteers of all ages to assist the elderly.<sup>460</sup> Despite the expansion of the Network and the widespread acceptance of this platform, most health services remain supplied, financed, and administered by state or national governments, limiting their options.<sup>461</sup> To truly improve healthcare services for older persons, however, policy-makers must institute policy changes and programs at the national level and involve many different partners and all key stakeholders.<sup>462</sup>

### **Conclusion**

The rate at which the world is ageing is outpacing the rate at which international policy solutions can ensure quality access to health care services for the elderly.<sup>463</sup> Current health systems are drastically underprepared for the number of older persons seeking health care, and the types of NCDs afflicting them.<sup>464</sup> Further research and international cooperation is needed to fund and develop solutions for inadequate healthcare systems, as well as the diseases faced by the elderly.<sup>465</sup> In addition to overwhelmed infrastructures, a vast majority of health workers remain improperly trained, which can lead to other healthcare complications for older persons such as elder abuse, injury, and neglect.<sup>466</sup> In order to reduce instances of elder abuse, further measures need to be taken to establish guidelines for the care of the elderly, including systems that detect or aid in the prevention of elder abuse.<sup>467</sup> Attention must also be given to the needs of the elderly in emergency situations, particularly in emergency shelters and refugee camps. WHO can address public health challenges related to ageing populations by facilitating international cooperation, expanding the reach of existing programs, raising awareness, and conducting extensive research in the field of promoting health services for older persons.<sup>468</sup> In doing so, WHO should remain committed to bringing the changes called upon in the *United Nations Principles for Older Persons*, MIPAA, and the SDGs.<sup>469</sup>

### **Further Research**

Delegates should consider the following questions when conducting their research: What impact can the new SDGs have on healthcare services for the elderly? How can access to healthcare, especially preventative care, be expanded to reach ageing populations in developing countries? What action can be taken to foster the creation of national policies that promote healthcare for the elderly? What lessons have Member States learned from experimentations with healthcare policies since the First and Second World Assemblies on Ageing? What can be done to improve the challenges facing the elderly in emergency situations? How can WHO facilitate the training of healthcare workers worldwide to handle the healthcare issues presented by ageing populations? What steps can be taken to prevent elder abuse and neglect within healthcare institutions and during private care? How can current WHO initiatives be modified or expanded to garner the interest and acceptance of more Member States? And finally, through what approaches and mechanisms can and should the international community as well as national governments increase the number of and support for age-friendly cities and communities?

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<sup>457</sup> Ibid.

<sup>458</sup> WHO, *Global Age-Friendly Cities: A Guide*, 2007.

<sup>459</sup> Ibid., p. 66.

<sup>460</sup> Ibid., pp. 67-70.

<sup>461</sup> Ibid., p. 66.

<sup>462</sup> Ibid.

<sup>463</sup> WHO, *Global Health and Ageing*, 2011, p. 5.

<sup>464</sup> WEF, *Global Population Ageing: Perils or Promise?* 2012. p. 4.

<sup>465</sup> WHO, *Global Health and Ageing*, 2011, p. 12

<sup>466</sup> WHO, *The World Health Report 2006: working together for health*, 2006, p. 9.

<sup>467</sup> WHO, *Global Status Report on Violence Prevention 2014*, 2014, p. 15.

<sup>468</sup> WHO, *Global Health and Ageing*, 2011.

<sup>469</sup> UN General Assembly, *United Nations Principles for Older Persons (A/RES/46/91)*, 1991; UN General Assembly, *Transforming Our World: The 2030 Agenda for Sustainable Development (A/RES/70/1)*, 2015; *Political Declaration and Madrid International Plan of Action on Ageing*, 2002.

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*Political Declaration and Madrid International Plan of Action on Ageing.* (2002). Retrieved 20 July 2015 from: <http://undesadspd.org/Portals/0/ageing/documents/Fulltext-E.pdf>

*Much of the international action taken in response to ageing in the 21<sup>st</sup> century was formulated at the Second World Assembly on Ageing in 2002. The Political Declaration and Madrid International Plan of Action on Ageing focuses on three policy areas: older persons and development, advancing health and well-being into old age, ensuring and enabling supportive environments. Despite being over a decade old, delegates will still find the Political Declaration and Madrid International Plan of Action essential to understanding the international framework put in place to address issues, included health services, associated with ageing populations.*

United Nations, Department of Economic and Social Affairs. (2011). *Current Status of the Social Situation, Wellbeing, Participation in Development and Rights of Older Persons Worldwide* [Report]. Retrieved 20 July 2015 from: <http://www.un.org/esa/socdev/ageing/documents/publications/current-status-older-persons.pdf>

*Published in accordance with General Assembly resolution 64/132, this report provides a comprehensive update on the social and economic well-being of the world's ageing population. The report includes five sections encompassing various topics related to the opportunities and challenges of ageing: demographics of older age, the economic situation of older persons, access to health care, social and civil participation, and the human rights of older persons. The Department of Economic and Social Affairs presents a statistical overview of the demographics and economic situation of the world's elderly. In more specific detail, this report summarizes the overall status of aged population's health and their access to health care. Additionally, the document explains the degree to which elderly populations are involved in social and civil life, as well as how the elderly are represented and viewed by the public. Finally, delegates are presented with the documents and sources which the international standards and principles of elderly human rights are based upon.*

United Nations Population Fund. (2012). *Ageing in the Twenty-First Century: A Celebration and a Challenge* [Report]. Retrieved 20 July 2015 from: <http://www.unfpa.org/sites/default/files/pub-pdf/Ageing%20report.pdf>

*This document provides a thorough analysis of the successes and shortcomings of international measures taken to address ageing since the Second World Assembly on Ageing in 2002, including improving health care services. Delegates will find examples of many successful and innovative policies enacted by governments and NGOs throughout the world, as well as more than 1300 interviews with senior citizens discussing the challenges they face as they progress through the life cycle. Of special interest to delegates will be the report's coverage of measures taken to advance health into old age and create age-friendly environments. The report also addresses the most significant opportunities and challenges related to ageing on a regional basis.*

World Economic Forum. (2012). *Global Population Ageing: Peril or Promise?* [Report]. Retrieved 23 September 2015 from: [http://www3.weforum.org/docs/WEF\\_GAC\\_GlobalPopulationAgeing\\_Report\\_2012.pdf](http://www3.weforum.org/docs/WEF_GAC_GlobalPopulationAgeing_Report_2012.pdf).

*This World Economic Forum report provides a thorough examination of the economic and social concerns related to an ageing world. The report is divided into four sections, with the overall purpose of providing suggestions and solutions as to how policymakers can capitalize on the potential of a mature global population, rather than be crippled by its challenges. The first section of the report provides useful background information concerning global demographics and various issues related to global ageing. The second part of the study focuses on methods to defy negative stereotypes associated with older persons, and possible actions policymakers could enact to unleash the vast amount of social capital held by the elderly. The third part of the report describes the conditions necessary to ensure populations age healthily. Finally, the report concludes with a discussion of the environmental factors that relate to age, and the potential changes to the physical design of cities that may enhance the quality of life experienced by millions of older persons.*

World Health Organization. (2002). *Active Ageing: A Policy Framework* [Report]. Retrieved 18 August 2015 from: [http://apps.who.int/iris/bitstream/10665/67215/1/WHO\\_NMH\\_NPH\\_02.8.pdf](http://apps.who.int/iris/bitstream/10665/67215/1/WHO_NMH_NPH_02.8.pdf).

*This report serves as a guide to inform policymakers about the obstacles that many ageing populations face globally. Likewise, this report analyzes the importance of comprehensive policy safeguards to ensure that ageing populations are active and healthy. Several important concepts are considered, including: improving quality of life in tandem with life expectancy, the role of the state and local government in policy formation, and socioeconomic status and health accessibility. Delegates will find this document a useful starting point for analyzing policy and developing their Member State's approach to the topic.*

World Health Organization. (2002). *Older People in Emergencies: An Active Ageing Perspective* [Report]. Retrieved 17 July 2015 from: <http://www.who.int/ageing/publications/EmergenciesEnglish13August.pdf>.

*This document provides an important overview of the problems facing ageing populations during natural or conflict-related emergencies. Most importantly, it provides an itemization of country-level case studies during various emergencies. Delegates can expect to learn about the dynamic role senior citizens can take both in preparing for emergency situations and post-crisis. This report provides a good overview of emergency response, and the valuable roles that the ageing population can potentially play in the recovery process.*

World Health Organization. (2007). *Global Age-friendly Cities: A Guide*. Retrieved 17 July 2015 from: [http://whqlibdoc.who.int/publications/2007/9789241547307\\_eng.pdf?ua=1](http://whqlibdoc.who.int/publications/2007/9789241547307_eng.pdf?ua=1)

*Modifying cities to appropriately address the needs of ageing populations has become a core feature of WHO's ongoing efforts to improve the quality of life of elderly persons. This guide introduces readers to the concept of age-friendly cities, and explains how implementing certain policies at the local level can facilitate the involvement and participation of elderly persons in society. The guide first explores current and emerging demographic trends in order to stress the importance of adapting our living environments to reflect our ageing needs. Furthermore, the challenges related to the rapid growth of the elderly in urban environments are identified and explored. The report then identifies core features of age-friendly cities, and the steps needed to implement these features in cities across the world.*

World Health Organization. (2011). *Global Health and Aging* [Report]. Retrieved 20 July 2015 from: [http://www.who.int/ageing/publications/global\\_health.pdf](http://www.who.int/ageing/publications/global_health.pdf)

*In this report, WHO outlines several public health issues related to ageing. Drawing from previous reports, studies and surveys, this document serves as a concise source of background information from which delegates may begin introductory research on the health care needs of ageing populations. Included is an introduction to the various NCDs that threaten the world's elderly population. This report provides statistics and data that illustrate the pervasive and widespread extent of these diseases. In addition, the report elaborates upon the economic and social impacts of ageing on developing countries, particularly on those lacking adequate health care infrastructure and services. It further recommends policy solutions and suggestions that may better prepare Member States for the future health care needs of an older populace.*

World Health Organization. (2013). *Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020*. Retrieved 19 August 2015 from:

[http://apps.who.int/iris/bitstream/10665/94384/1/9789241506236\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/94384/1/9789241506236_eng.pdf?ua=1)

*In response to the United Nations Political Declaration on the Prevention and control of NCDs, the WHO established the Global Action Plan to prevent and control rates of NCDs worldwide. The mission of this plan is to aid Member States in the fight against NCDs, which are the largest cause of death worldwide. To accomplish this goal, the Global Action Plan provides a selection of public health policies designed to reduce tobacco use, alcohol use and to encourage healthier diets and more frequent exercise. Through this plan, WHO has also established nine voluntary targets for Member States to accomplish by 2020. If successfully incorporated, Member States are projected to experience a 25% decline in premature deaths resulting from NCDs. The Global Action Plan is useful for delegates as a prime example of identifying a problem and creating a policy solution.*

World Health Organization. (2015). *Health Topics: Ageing* [Website]. Retrieved 20 July 2015 from: <http://www.who.int/topics/ageing/en/>

*This website is the main portal for issues and topics related to ageing at WHO. From this website, general facts and information, as well as all of WHO's current programs and activities related to ageing, are accessible. Additionally, relevant publications covering various topics included within ageing are available from this source. This website is a great starting point through which delegates can begin to understand the multitude of issues related to improving healthcare systems for elderly populations.*

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