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World Health Organization Background Guide 2021

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Dear Delegates,

Welcome to the 2021 National Model United Nations New York Conference (NMUN•NY)! We are pleased to introduce you to our committee, the World Health Organization (WHO). This year's staff is: Directors Sara Belligoni (Conference A) and Claire Molk (Conference B). Sara Belligoni is a Ph.D. Candidate in Security Studies at the University of Central Florida where she is also a Research Assistant. She is also a member of the U.S. CONVERGE COVID-19 Working Group - Emergency Management and Policy Analysis in a Pandemic. Claire recently completed her Master's Degree in Religious Studies from the University of Denver. She currently works as a Freelance editor in Denver.

The topics under discussion for World Health Organization are:

- I. Universal Health Coverage: Leaving No One Behind
- II. Managing Global Infectious Disease Outbreaks

WHO is an autonomous organization that directs and coordinates international healthcare issues within the United Nations (UN) system. At NMUN•NY 2021, we are simulating the Executive Board of WHO as regards to its size and composition. However, the body may address all topics within the mandate of WHO. Delegates should work to promote multilateral negotiations, which are inclusive and consider health as a human right for all under the Universal Declaration of Human Rights. In order to successfully address the topics and the agenda, proper simulation is key for delegates to create effective and strategic resolutions.

This Background Guide serves 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 on these topics. In preparation for the Conference, each delegation will submit a Position Paper by 11:59 p.m. (Eastern) on 1 March 2021 in accordance with the guidelines in the [Position Paper Guide](#) and the [NMUN•NY Position Papers](#) website.

Two resources, available to download from the [NMUN website](#), that serve as essential instruments in preparing for the Conference and as a reference during committee sessions are the:

1. [NMUN Delegate Preparation Guide](#) - explains each step in the delegate process, from pre-Conference research to the committee debate and resolution drafting processes. Please take note of the information on plagiarism, and the prohibition on pre-written working papers and resolutions. Delegates should not start discussion on the topics with other members of their committee until the first committee session.
2. [NMUN Rules of Procedure](#) - include the long and short form of the rules, as well as an explanatory narrative and example script of the flow of procedure.

In addition, please review the mandatory [NMUN Conduct Expectations](#) on the NMUN website. They include the Conference dress code and other expectations of all attendees. We want to emphasize that any instances of sexual harassment or discrimination based on race, gender, sexual orientation, national origin, religion, age, or disability will not be tolerated. If you have any questions concerning your preparation for the committee or the Conference itself, please contact the Under-Secretaries-General for the HRHA Department, Ismail Dogar (Conference A) and Tobias Dietrich (Conference B), at usg.hrha@nmun.org.

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

Sincerely,

Conference A

Sara Belligoni, *Director*

Conference B

Claire Molk, *Director*

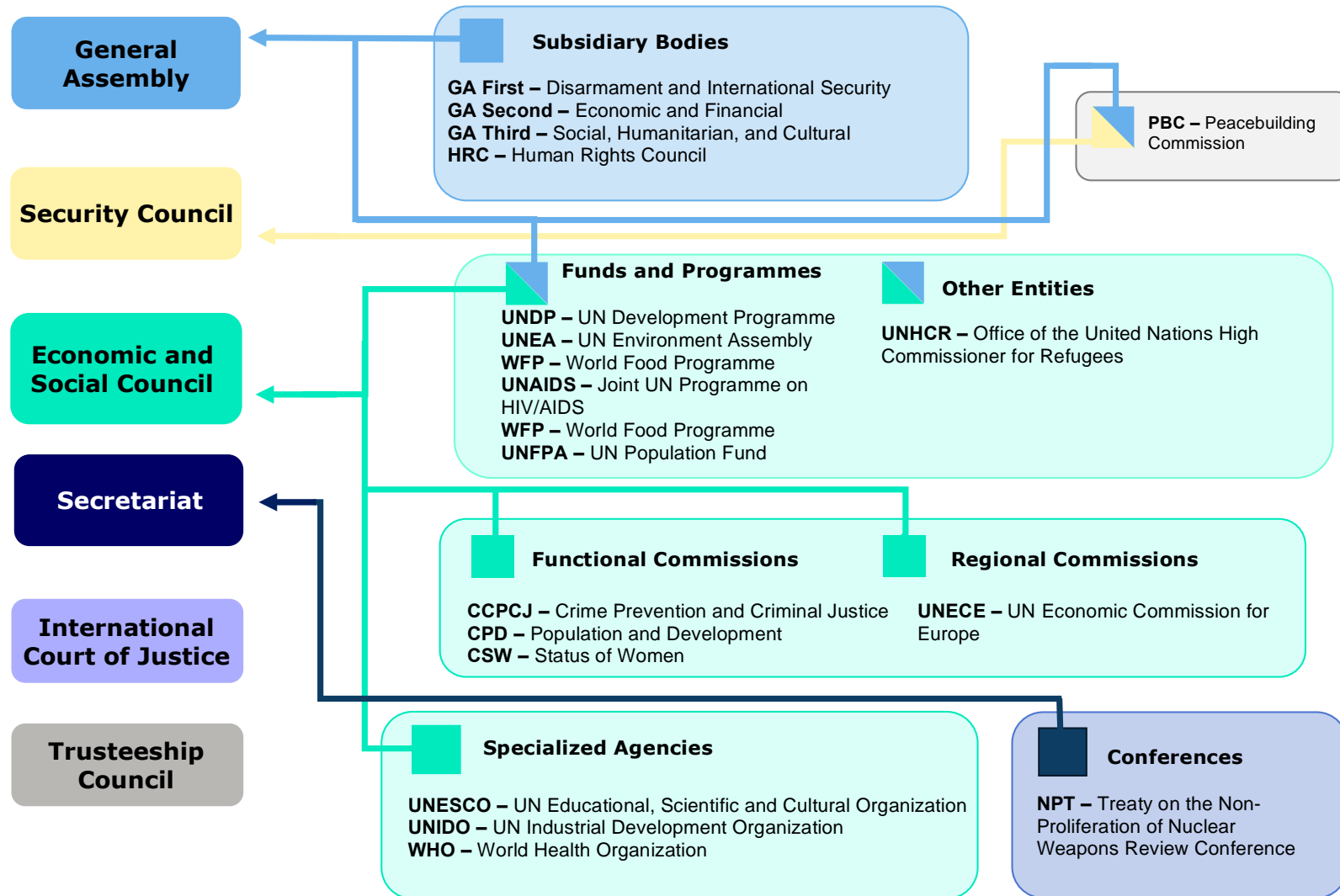


Table of Contents

United Nations System at NMUN•NY	2
Committee Overview	3
Introduction	3
Governance, Structure, and Membership.....	3
Mandate, Functions, and Powers	4
Recent Sessions and Current Priorities.....	6
Conclusion	7
Annotated Bibliography.....	7
Bibliography	8
I. Universal Health Coverage: Leaving No One Behind	12
Introduction	12
International and Regional Framework.....	13
Role of the International System	14
Increasing Availability and Reliability of Health Care Data.....	16
Strengthening the Financial Capacity of Health Care Systems	17
Conclusion	18
Further Research.....	19
Annotated Bibliography.....	19
Bibliography	20
II. Managing Global Infectious Disease Outbreaks	24
Introduction	24
International and Regional Framework.....	24
Role of the International System	26
Preparing for and Responding to Public Health Emergencies	27
Responding to Pandemic Outbreaks: The Case of COVID-19	28
Conclusion	29
Further Research.....	29
Annotated Bibliography.....	29
Bibliography	30

United Nations System at NMUN•NY

This diagram illustrates the UN system simulated at NMUN•NY and demonstrates the reportage and relationships between 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

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.¹ WHO intervenes within six intersecting areas of work to assist its 194 Member States: the development of their respective health systems; the eradication of non-communicable diseases; the promotion of good lifelong health; the prevention, treatment, and care of communicable diseases; the preparedness, surveillance, and response with respect to international health emergencies; and the extension of corporate services to the organization's public and private partners.²

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

At NMUN•NY 2021, 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 2021, 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.

After the formation of the United Nations in 1945, various states believed in establishing a global health organization.³ In July 1946, 51 UN Member States and ten additional states signed the *Constitution of the World Health Organization*, which entered into force in April 1948.⁴ The Constitution outlines the guiding principle that health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.⁵ The World Health Assembly (WHA), the organization's decision-making body comprised of all WHO Member States, convened in Geneva for the first time on 24 June 1948.⁶ Over time, WHO's operative programs expanded to promote global immunizations campaigns, such as the "Smallpox Eradication Programme", and the promotion of equitable access to primary health care that became the organization's key strategic objective and linked health to social and economic development.⁷

Governance, Structure, and Membership

194 states, including all UN Member States except for the Cook Islands and Niue, are members of WHO.⁸ WHO's headquarters is located in Geneva, Switzerland, and has six regional offices across the globe that oversee a total of 150 country offices and decentralized sub-offices.⁹ WHO's constitution assigns its executive functions to its Executive Board, which comprises 34 experts in the field of health, each appointed for a three-year term by a WHO Member State elected by WHA with respect to population per region proportions.¹⁰ The board's key policymaking functions include the drafting of multiannual programs of work as well as submitting draft resolutions to WHA for consideration.¹¹ In formulating WHO policies, the Executive Board's Programme, Budget and Administration Committee (PBAC) plays an important role, as it makes recommendations with regards to planning, monitoring, and evaluating WHO programs,

¹ WHO, *About WHO*, 2020; WHO, *Basic Documents: 48th ed. Including Amendments Adopted up to 31 December 2014*, 2014.

² WHO, *What We Do*, 2020.

³ WHO, *History*, 2020.

⁴ WHO, *Constitution*, 2020.

⁵ Ibid.

⁶ Ibid.

⁷ WHO, *The Third Ten Years of the World Health Organization – 1968-1977*, 2008, pp. 177-181, 303-304.

⁸ WHO, *Countries*, 2020.

⁹ WHO, *WHO Presence in Countries, Territories and Areas: 2019 Report*, 2019.

¹⁰ WHO, *The Executive Board*, 2020.

¹¹ WHO, *Constitution of the World Health Organization*, 1946, p. 9; WHO, *Governance*, 2020.

and the organization's financial and administrative management.¹² Furthermore, the Executive Board, comprised of 14 board members, endorses decisions and policies of WHA and coordinates response efforts to international health emergencies.¹³ The Executive Board meets at least twice a year, once in January and once in May after WHA's annual convention, and hosts special sessions in the event of an international health emergency or issue of international importance, such as the emergency committee to report on the novel coronavirus and the COVID-19 pandemic.¹⁴

In addition to the determination of WHO's policies, the Assembly supervises the organization's financial policies, adopts its budget, and appoints the Director-General on the nomination of the Executive Board.¹⁵ WHO's Director-General acts as chief technical and administrative officer with the support of the secretariat's administrative staff.¹⁶ The Director-General also serves as the *ex officio* secretary of WHA, the Executive Board, as well as the organization's commissions and committees, and is responsible for submitting WHO's financial statements and budget estimates to the Executive Board.¹⁷ Dr. Tedros Adhanom Ghebreyesus is the current Director-General of WHO, whose vision is to reinforce the importance of the Sustainable Development Goals (SDGs) in improving global health and well-being by focusing on health rights for all people and by giving health the central role in international agendas.¹⁸ WHO's biennial program budgets derive from its multiannual programs of work, and are funded through a combination of assessed contributions from dues paid by Member States and voluntary contributions from Member States, non-government organizations, the private sector, research institutions, and other international actors.¹⁹ Historically, assessed contributions have constituted most of WHO's funding, but voluntary contributions have increased since 1990 and now represent the majority of WHO's income.²⁰

In May 2011, the Executive Board launched a Member State led reform to transform WHO into a more effective and efficient, transparent, and accountable organization.²¹ The reform addressed three core areas – programs and priority setting, governance, and management – and tackles a wide range of issues relating to accountability, human resources, evaluation, and communication.²² The governance reform examined WHO's governing bodies' working methods, engagement practices with external stakeholders, and ultimately the organization's governance role in the global community on issues related to health.²³ In terms of the financial reform, the Programme Budget 2018-2019 replaced preapproved funding for crisis response with planning and budgeting at the time of emergency, and adjusted resource allocation for areas that attract less donor interest.²⁴ WHO's Programme Budget 2020-2021 seeks to reinforce these reforms and focuses on measurable improvements in universal health coverage (UHC), addressing health emergencies, and population health.²⁵

Mandate, Functions, and Powers

WHO's constitution established the organization as a specialized agency of the UN in accordance with Article 57 of the *Charter of the United Nations* (1945).²⁶ WHO operates within the purview of the UN

¹² WHO, *Revised Terms of Reference for the Programme, Budget and Administration Committee of the Executive Board (EB131.R2)*, 2012, p. 3.

¹³ WHO, *Constitution of the World Health Organization*, 1946, p. 9.

¹⁴ *Ibid.*, p. 9; WHO, *Timeline of WHO's Response to COVID-19*, 2020.

¹⁵ WHO, *Constitution of the World Health Organization*, 1946, p. 6.

¹⁶ *Ibid.*, p. 9.

¹⁷ *Ibid.*, pp. 9-10.

¹⁸ WHO, *Vision Statement by WHO Director-General*, 2020.

¹⁹ WHO, *Investing for a Healthier World*, 2020; WHO, *Planning, Finance and Accountability*, 2020; WHO, *Assessed Contributions*, 2020.

²⁰ WHO, *Programme Budget 2018-2019*, 2017.

²¹ WHO, *Report by the Director-General: WHO Reform: Overview of Reform Implementation (A68/4)*, 2015.

²² *Ibid.*

²³ *Ibid.*

²⁴ WHO, *Proposed Programme Budget 2018-2019*, 2017.

²⁵ WHO, *Programme Budget 2020-2021*, 2019, pp. 3-5.

²⁶ *Charter of the United Nations*, 1945; WHO, *Constitution of the World Health Organization*, 1946, p. 2.

Economic and Social Council (ECOSOC), and WHA reports to ECOSOC concerning any agreement between the organization and the UN.²⁷ Furthermore, WHO's Director-General is the official representative of international health efforts across a broader range of policy areas and 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, and subsidiary bodies.²⁸

Article 2 of WHO's constitution mandates the organization to foster mental, maternal, and child health, and to provide information, counsel, and assistance in the field of health.²⁹ The mandate defines WHO's role in advancing the eradication of diseases, coordinating and directing international health programs and projects, as well as improving nutrition, sanitation, and other conditions.³⁰ WHO is also 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.³¹

WHO carries out various projects, campaigns, and partnerships, addressing a wide range of health topics, and WHO's programs simultaneously operate at global, regional, and county levels.³² WHO plays an important role in resolving crises of Member States, offering support at levels of country and regional offices and headquarters through the network for Emergency Risk Management and Humanitarian Response.³³ WHO's activities during outbreaks are also often complemented by the work of the Global Outbreak Alert and Response Network, a coalition of Member States' scientific institutions, medical and surveillance initiatives, regional technical networks, the United Nations Children's Fund (UNICEF), the Office of the United Nations High Commissioner for Refugees, the International Committee of the Red Cross, and other humanitarian non-governmental organizations (NGOs).³⁴

WHO also assumes a norm- and standard-setting function to help states prevent the outbreaks of public health emergencies, most notably via promoting the implementation of the *International Health Regulations* (IHR), which were adopted by WHA resolution 58.3 "Revision of the International Health Regulations" on 23 May 2005.³⁵ The need for strengthening states' disease surveillance capacities has become salient following a resurgence of several epidemic diseases, such as H1N1, Ebola, and most recently COVID-19.³⁶ The IHR legally binds 196 states, including all WHO Member States, setting standards for the prevention and response to acute, cross-border public health risks.³⁷

The promotion of health-related research plays a central role in advancing global health and provides benefits across WHO's operations.³⁸ Acknowledging this, WHA adopted the *WHO Strategy on Research for Health* (2012), which aims to enhance cooperation between WHO's secretariat, Member States, health practitioners, and researchers to reinforce research on Member States' priority health needs and strengthen national capacities for health research.³⁹ Another key contribution by WHO is the systematic

²⁷ WHO, *Constitution of the World Health Organization*, 1946, p. 7.

²⁸ UN CEB, *Who We Are*, 2020.

²⁹ WHO, *Constitution of the World Health Organization*, 1946, pp. 2-3.

³⁰ *Ibid.*, p. 2.

³¹ *Ibid.*, p. 3.

³² WHO, *Health Topics*, 2020.

³³ WHO, *WHO's Role in Emergencies*, 2019.

³⁴ WHO, *Ebola Response in Action*, 2016; WHO, *Partners: Global Outbreak Alert and Response Network (GOARN)*, 2020.

³⁵ WHO, *Frequently Asked Questions About the International Health Regulations (2005)*, 2009; WHO, *Strengthening Health Security by Implementing the International Health Regulations (2005)*, 2019.

³⁶ WHO, *Timeline of WHO's Response to COVID-19*, 2020.

³⁷ WHO, *Strengthening Health Security by Implementing the International Health Regulations (2005)*, 2020.

³⁸ WHO, *The WHO Strategy on Research for Health*, 2012, p. 8.

³⁹ 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.

collection, analysis, and interpretation of health-related data via the organization's Global Health Observatory Data Repository and its annual *World Health Statistics Reports*.⁴⁰

In order to promote international health, WHO partners with other UN bodies such as the Joint United Nations Programme on HIV/AIDS, as well as external public entities, NGOs, and private sector actors.⁴¹ Most notably, WHO leads the Global Health Cluster (GHC), which comprises 48 partners, including UN bodies as well as public stakeholders and academic institutions.⁴² Aiming to minimize the health impacts of humanitarian emergencies, GHC partners collaborate to foster global capacities for emergency preparedness, response, and recovery from humanitarian health crises.⁴³ WHO also sustains different approaches, initiatives, alliances, and global networks that target different areas of life-course issues such as health of women before, during, and after pregnancy; health of newborns, children, adolescents, and older people; and environmental risks to health.⁴⁴

Recent Sessions and Current Priorities

WHO's current primary priority is managing the COVID-19 pandemic and its impacts on societies and economies across the world.⁴⁵ In response to the pandemic, WHO rapidly coordinated with Member States, civil society organizations, the private sector, academic institutions, and philanthropic organizations to promote information sharing of research regarding COVID-19 and best practices to manage the outbreak and its impacts.⁴⁶ WHO launched the COVID-19 Partners Platform to allow all countries, implementing partners, donors, and contributors to collaborate and support the planning, implementation, and sharing of resources for country preparedness and response activities.⁴⁷ The Extraordinary G20 Summit on COVID-19 was held via teleconference on 26 March 2020, where G20 leaders and the WHO Director General declared they would "work together and with stakeholders to close the financing gap in the WHO Strategic Preparedness and Response Plan" and committed to "provide immediate resources to the WHO's COVID-19 Solidarity Response Fund."⁴⁸ In response to the G20's Extraordinary Leadership Summit declaration, WHO launched the Access of COVID-19 Tools (ACT) Accelerator, a platform designed to bring together governments, scientists, the private sector, civil society, and global health organizations to intensify research and development of tests, treatments, and vaccines to manage the COVID-19 pandemic and its impacts on societies and economies.⁴⁹

From 18 May to 19 May 2020 the 73rd WHA was held virtually for the first time, and adopted the *COVID-19 Response (WHA73.1)* resolution.⁵⁰ The resolution was co-sponsored by more than 130 Member States, the largest co-sponsored resolution on record, and was adopted by consensus.⁵¹ The resolution calls for the intensification of efforts to manage the pandemic and address its wider impacts on societies and economies, especially how its impacts "exacerbate inequalities within and between countries."⁵² The resolution also calls for the WHO Director-General to initiate "a stepwise process of impartial, independent and comprehensive evaluation [...] to review experience gained and lessons learned from WHO-coordinated international health response to COVID-19" and in consultation with Member States, to

⁴⁰ WHO, *Global Health Observatory Data Repository*, 2016; WHO, *World Health Statistics 2019*, 2019.

⁴¹ WHO, *Collaborations and Partnerships*, 2020.

⁴² WHO, *Health Cluster: About Us*, 2020; WHO, *Health Cluster: Partners*, 2020.

⁴³ WHO, *Global Health Cluster Strategy 2017-2019*, 2017.

⁴⁴ WHO, *Collaborations and Partnerships*, 2020.

⁴⁵ WHO, *Timeline of WHO's Response to COVID-19*, 2020.

⁴⁶ Ibid.; WHO, *Global Scientific Community Unites to Track Progress on COVID-19 R&D, Identifies new Research Priorities and Critical Gaps*, 2020.

⁴⁷ WHO, *COVID-19 Partners Platform*, 2020.

⁴⁸ G20, *G20 Leaders' Statement: Extraordinary G20 Leaders' Summit Statement on COVID-19*, 2020.

⁴⁹ WHO, *The Access to COVID-19 Tools (ACT) Accelerator*, 2020.

⁵⁰ WHO, *COVID-19 Response (WHA73.1)*, 2020.

⁵¹ WHO, *Timeline of WHO's Response to COVID-19*, 2020.

⁵² WHO, *COVID-19 Response (WHA73.1)*, 2020.

provide recommendations on the improvement of capacity for pandemic prevention, preparedness, and response and to report on the implementation of this resolution at the 74th WHA.⁵³

WHO has also been involved with The Global Alliance for Vaccines and Immunisation (Gavi) founded in 2000.⁵⁴ The Global Vaccine Summit, hosted virtually by the United Kingdom in June 2020, was Gavi's third pledging conference where WHO welcomed funding commitments from Gavi members, including donor governments, research agencies, civil society organizations, the private sector, the World Bank, and the Bill and Melinda Gates Foundation, to maintain accessibility of safe, effective, and equal access to vaccines, including COVID-19 vaccines once they are available.⁵⁵ WHO also secured engagement from more than 150 countries for the COVAX Facility, a mechanism that is designed to ensure the rapid, fair, and equitable access to vaccines worldwide, and is hosted within the ACT Accelerator's vaccine pillar.⁵⁶ On 6 July 2020, the United States of America formally notified the WHO on the intent to withdraw from the organization, which will go into effect on 6 July 2021 and once payment of assessed financial obligations have been fully met.⁵⁷

While WHO's current main priority is managing the COVID-19 pandemic and its impacts, the organization continues to engage with the international community to address other urgent health challenges for the next decade, including climate change impacts, equitable access to health care and medicines, preventing infectious diseases, earning public trust, and harnessing new technologies.⁵⁸ As the COVID-19 pandemic continues and future outbreaks and epidemics occur, WHO remains committed to saving lives and promoting the equitable access to public health services, treatments, and vaccines for all, including for the most vulnerable populations.⁵⁹

Conclusion

Within the UN system, WHO is the coordinating authority on international healthcare issues.⁶⁰ As the executive body responsible for the formulation and review of WHO's policies, the Executive Board assumes a key responsibility in addressing current health priorities through the preparation of draft resolutions considered by WHA.⁶¹ Unique and strategic solutions that adapt to local conditions and situations are needed to address urgent global health challenges.⁶² WHO continues to engage with the international community to develop the necessary tools and guidance to address global health challenges and promote human health and equitable access to healthcare services.⁶³ Especially the COVID-19 pandemic has once again shown the importance of WHO in utilizing international cooperation.⁶⁴ In light of persistent challenges across the priorities highlighted above, delegates are expected to develop effective solutions to address challenges to health, and to achieve the health objectives set forth by the SDGs.⁶⁵

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⁵³ Ibid.

⁵⁴ Gavi, *About our Alliance*, 2020.

⁵⁵ Ibid.; WHO, *WHO Welcomes Crucial new Funding for Vaccines*, 2020.

⁵⁶ WHO, *More than 150 Countries Engaged in COVID-19 Vaccine Global Access Facility*, 2020.

⁵⁷ Rogers, Trump Administration Signals Formal Withdrawal From W.H.O., *New York Times*, 2020.

⁵⁸ WHO, *Urgent Health Challenges for the Next Decade*, 2020.

⁵⁹ Ibid..

⁶⁰ WHO, *About WHO*, 2020.

⁶¹ WHO, *The Executive Board*, 2020; WHO, *WHA72*, 2020.

⁶² WHO, *10 Facts on the State of Global Health*, 2017.

⁶³ WHO, *Provisional Agenda (EB144/1 (Annotated))*, 2018, p. 2; WHO, *Provisional Agenda (EB145/1 (Annotated))*, 2019, p. 1.

⁶⁴ WHO, *COVID-19 Response (WHA73.1)*, 2020.

⁶⁵ WHO, *WHO Director-General*, 2020.

This resolution outlines the priorities of WHA and tasked WHO on addressing the COVID-19 pandemic in consultation with Member States. The resolution also calls for WHO to develop a comprehensive evaluation of activities and actions undertaken by the organization in response to COVID-19 and report to the 74th WHA with the completed report and recommendations for the WHA to consider. Delegates will find this document useful to fully understand WHO's priorities and actions that they should simulate during the conference.

World Health Organization. (2020). *Timeline of WHO's Response to COVID-19*. Retrieved 23 August 2020 from: <https://www.who.int/news-room/detail/29-06-2020-covidtimeline>

This webpage provides a full timeline of WHO's response to COVID-19, and includes links to press releases and other important announcements. This webpage is updated continuously as WHO responds to COVID-19 and furthers their engagement with international actors in combatting the COVID-19 disease. Delegates can use this webpage to review the timeline of WHO's response, actions, and important developments as the international community manages the pandemic.

World Health Organization. (2020). *The Access to COVID-19 Tools (ACT) Accelerator*. Retrieved 23 August 2020 from: <https://www.who.int/initiatives/act-accelerator>

The ACT Accelerator has been a vital mechanism for WHO and its partners in the rapid development of diagnostics, treatments, and vaccines to combat COVID-19. The ACT Accelerator's main goal is to ensure safe, effective, and equitable access to COVID-19 tools, especially for low-income countries and vulnerable populations. This page allows delegates to learn more about the mechanisms, the work that has been accomplished so far, and understand how the international community is collaborating to share information and research needed to combat COVID-19.

World Health Organization. (2020). *Global Scientific Community Unites to Track Progress on COVID-19 R&D, Identifies new Research Priorities and Critical Gaps*. Retrieved 23 August 2020 from: <https://www.who.int/news-room/feature-stories/detail/global-scientific-community-unites-to-track-progress-on-covid-19-r-d-identifies-new-research-priorities-and-critical-gaps>

From July 1 to July 2, 2020, the World Health Organization held a virtual summit to reflect on the evolving science on the COVID-19 disease, as well as review progress made on identifying effective health tools to combatting the disease. During this virtual summit, attendees shared data and research on potential treatments and therapeutics for treating COVID-19 patients, progress made on ongoing vaccine trials, and highlighted critical gaps in research efforts, such as research focusing primarily on high-income countries. Delegates can review the summit's summary to learn more about how WHO is collaborating with researchers and health experts in understanding and sharing knowledge in the global effort to combat the COVID-19 disease.

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I. Universal Health Coverage: Leaving No One Behind

“And let us remember: just as peace is not simply the absence of conflict, so is health not just the lack of illness. Our goal is not only a band-aid or a single dose of medicine, important as those are. Our goal must be overall well-being, physically and mentally for everyone in all countries. Let us move ahead with ambitious action to ensure health systems that deliver for everyone, everywhere.”⁶⁶

Introduction

The World Health Organization (WHO) defines health as “a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity.”⁶⁷ The goal of Universal Health Care (UHC), which is achieved when “all individuals and communities receive the health services they need without suffering financial hardship,” works in the service of health by ensuring that all people can realize the high standard of wellbeing envisioned by WHO.⁶⁸ UHC’s tenants grew out of the concept of primary health care (PHC), which remains an important step towards UHC.⁶⁹ PHC has experienced a shift in definition over the years since its introduction, first defined as universally accessible, essential health care services at an affordable cost and now emphasizing the necessity of treatment and prevention that occurs as early as possible.⁷⁰ While PHC focuses on the development and delivery of services, UHC focuses on the equitable access to services.⁷¹ In that sense, PHC operates as a ground-level element ensuring that when communities need access to health care, the services they need are available.⁷² Further, WHO does not define UHC as free or exhaustive health care, recognizing that entirely free health services are often unsustainable.⁷³ No Member State has, to this point, successfully achieved the goal of UHC.⁷⁴

The importance of UHC is enshrined in one of the current guiding tenants of the United Nations (UN), Sustainable Development Goal (SDG) 3 (good health and well-being), and specifically in target 3.8: “achieve universal health coverage, including financial risk protection, access to quality essential health-care services, and access to safe, effective, quality and affordable essential medicines and vaccines for all.”⁷⁵ UHC is vital to the full achievement of SDG 3 because it provides the means through which advances in prevention and treatment reach all people, which has become particularly important in light of the COVID-19 pandemic.⁷⁶ Moreover, to get an adequate understanding of progress towards UHC’s twin goals, appropriate health services and the financial capacity sufficient to ensure the receipt of services, Member States and the UN system alike must ensure that data is properly collected and assessed.⁷⁷ In doing so, Member States may make more informed decisions about their health care systems and ensure that no one is left behind.⁷⁸

⁶⁶ UN Secretary-General, *Remarks at the Universal Health Coverage Forum*, 2017.

⁶⁷ WHO, *Constitution of the World Health Organization*, 1946, p. 1.

⁶⁸ WHO, *Universal Health Coverage (UHC)*, 2019.

⁶⁹ WHO, *A Vision for Primary Health Care in the 21st Century: Towards Universal Health Coverage and the Sustainable Development Goals*, 2018, p. 21.

⁷⁰ International Conference on Primary Health Care, *Declaration of Alma-Ata*, 1978, pp. 1-2; WHO, *A Vision for Primary Health Care in the 21st Century: Towards Universal Health Coverage and the Sustainable Development Goals*, 2018, p. 18.

⁷¹ WHO, *A Vision for Primary Health Care in the 21st Century: Towards Universal Health Coverage and the Sustainable Development Goals*, 2018, p. 24.

⁷² *Ibid.*, p. 21.

⁷³ WHO, *Universal Health Coverage (UHC)*, 2019.

⁷⁴ WHO, *The World Health Report: Health Systems Financing: The Path to Universal Coverage*, 2010, p. 10.

⁷⁵ UN General Assembly, *Work of the Statistical Commission Pertaining to the 2030 Agenda for Sustainable Development (A/RES/71/313)*, 2017, p. 7.

⁷⁶ Global Conference of Primary Health Care, *Declaration of Astana*, 2018, p. 5.

⁷⁷ WHO, *Tracking Universal Health Coverage: 2017 Global Monitoring Report*, 2017, p. 16.

⁷⁸ UN General Assembly, *Transforming Our World: The 2030 Agenda for Sustainable Development (A/RES/70/1)*, 2015, p. 12.

Currently, UHC's implementation is severely restricted by the unequal access to resources across Member States.⁷⁹ Many low-income countries lack appropriate medical personnel: 90% of low-income states have fewer than 10 doctors per 10 thousand people.⁸⁰ While in many cases, determinants of health have improved since the start of the century, they are far from achieved.⁸¹ UHC represents the future of health coverage for all Member States and improving their health capacity will help to ensure that the well-being envisioned by SDG 3 becomes a reality for all people.⁸² However, achievement of UHC is barred by a number of factors, including the availability of data on health care systems and the ability of Member States to develop strong financial backing for their health care systems.⁸³ This guide will examine one of the main problems with assessing the implementation of UHC, the lack of reliable data indicators to track progress, followed by the steps Member States may take to increase their health care systems' financial capacities.⁸⁴

International and Regional Framework

The 1948 *Universal Declaration of Human Rights* (UDHR) and the 1966 *International Covenant on Economic, Social and Cultural Rights* (ICESCR) are among the first documents which presented UHC as a goal of the international community.⁸⁵ Article 25 of the UDHR specifically enshrines the right of "adequate [...] medical care" to ensure a proper standard of living, while Article 12 of the ICESCR states that its States parties recognize the right to the highest attainable standard of health.⁸⁶ While the *Constitution of the World Health Organization* (1946) includes no specific mention of UHC, the repeated emphasis on the "highest attainable standard of health" for all peoples shows a commitment to the goal of UHC from the foundation of WHO.⁸⁷ Prior to UHC becoming an explicit goal of the UN, the international community recognized the importance of establishing solid outcomes for health through documents such as the 1978 *Alma-Ata Declaration* and the 1986 *Ottawa Charter for Health Promotion*.⁸⁸ The *Alma-Ata Declaration* was the first WHO document to outline the importance of PHC as a goal for Member States, setting the stage for the eventual turn to UHC.⁸⁹ The Ottawa Charter commits states to the additional goal of health promotion, which recognizes that individuals have more control over their health when living in a state of peace, with financial and physical security.⁹⁰

The *2030 Agenda for Sustainable Development* (2015) brought the goal of UHC to the fore in both WHO and the broader UN system through SDG 3 (good health and well-being).⁹¹ Concurrently with the SDGs, the 2015 *Addis Ababa Action Agenda* took specific note of UHC, citing the importance of development partnerships and WHO leadership in addressing health care inadequacies across Member States.⁹² The Action Agenda is a document dedicated to the financing of development efforts across all Member States, setting the stage for the SDGs to be adopted in the 70th session of the General Assembly.⁹³ The Action Agenda recognizes the central role that WHO plays in achieving UHC, including the necessity of

⁷⁹ WHO, *World Health Statistics 2019: Monitoring Health for the SDGs*, 2019, p. 69.

⁸⁰ *Ibid.*, p. 56.

⁸¹ *Ibid.*, p. 69.

⁸² WHO, *Universal Health Coverage (UHC)*, 2019.

⁸³ WHO, *The World Health Report: Health Systems Financing: The Path to Universal Coverage*, 2010, pp. 32-33.

⁸⁴ WHO, *Universal Health Coverage (UHC)*, 2019.

⁸⁵ UN General Assembly, *Universal Declaration of Human Rights (A/RES/217 A (III))*, 1948; UN General Assembly, *International Covenant on Economic, Social and Cultural Rights (A/RES/2200 (XXI))*, 1966.

⁸⁶ *Ibid.*, p. 3.

⁸⁷ WHO, *Constitution of the World Health Organization*, 1946, p. 1.

⁸⁸ First International Conference on Health Promotion, *Ottawa Charter on Health Promotion*, 1986; International Conference on Primary Health Care, *Declaration of Alma-Ata*, 1978.

⁸⁹ International Conference on Primary Health Care, *Declaration of Alma-Ata*, 1978.

⁹⁰ First International Conference on Health Promotion, *Ottawa Charter on Health Promotion*, 1986, p. 1.

⁹¹ UN General Assembly, *Transforming Our World: The 2030 Agenda for Sustainable Development (A/RES/70/1)*, 2015, p. 16.

⁹² UN General Assembly, *Addis Ababa Action Agenda of the Third International Conference on Financing for Development (Addis Ababa Action Agenda) (A/RES/69/313)*, 2015, pp. 22-23.

⁹³ *Ibid.*, pp. 1-2.

strengthening national health systems, along with tracking health risks, increasing health care workers, and mobilizing financial and human resources.⁹⁴

In 2018, worldwide stakeholders convened in Astana, Kazakhstan to update the original commitment to PHC made in 1978 at the Alma-Ata Conference to include the tenants of UHC.⁹⁵ Taking place on the 40th anniversary of Alma-Ata, the Astana Conference led to the adoption of the *Declaration of Astana*, a document of recommitment to the goals of PHC, as well as recognizing the need for building capacity through financing Member States' health care systems and empowering communities.⁹⁶ This Declaration outlines the envisioned future for health care, with specific emphasis towards adopting multilateral and diverse solutions to strengthening health care, as well as recognizing the importance of traditional remedies, civil society involvement, gender-sensitivity, and other considerations.⁹⁷

Role of the International System

In 2017, the UN General Assembly underscored the importance of UHC by adopting resolution 72/139 on “Global Health and Foreign Policy: Addressing the Health of the Most Vulnerable for an Inclusive Society,” which highlights the importance of a significant number of UHC goals, including prevention, financing, global partnerships, and sets the stage for the 2019 High-Level Meeting (HLM) on UHC (HLM-UHC).⁹⁸ The HLM-UHC, which took place on 23 September 2019, is the latest step in the General Assembly's work supporting UHC.⁹⁹ HLM-UHC's theme, “Universal Health Coverage: Moving Together to Build a Healthier World,” was adopted in resolution 73/131 (2018) on “Scope, modalities, format and organization of the high-level meeting on universal health coverage” and embodies the UN General Assembly's and WHO's joint commitment to securing political and financial commitments from Member States towards the advancement of UHC.¹⁰⁰ The political declaration that emerged from this meeting reaffirms the importance of limiting out-of-pocket health care expenditure and taking a health-in-all-policies approach, in which health impacts are considered and prioritized in all government activity.¹⁰¹

Within the UN system, there are several other organizations strongly committed to UHC, including the United Nations Development Programme (UNDP).¹⁰² UNDP recognizes that UHC is key to realizing the development necessary to fully attain the SDGs, as UNDP views UHC as a long-term investment that contributes to the eradication of poverty by saving significant financial and human capital.¹⁰³ A further stakeholder in UHC is the World Bank, which co-sponsors multiple health partnerships with WHO, especially in terms of financing.¹⁰⁴ In 2019, the World Bank released its most recent document on UHC, *High-Performance Health Financing for Universal Health Coverage*, which focuses on the financing weaknesses of health care systems across Member States and provides a roadmap for success to strengthen the capacity of those systems.¹⁰⁵ In this report, the World Bank cites efforts such as an approach to financing that involves engaging multiple areas of government, taxing health-damaging products, and reassessing the allocation of funds towards health services.¹⁰⁶ As a whole, the UN system

⁹⁴ Ibid., pp. 22-23.

⁹⁵ Global Conference of Primary Health Care, *Declaration of Astana*, 2018.

⁹⁶ Ibid.

⁹⁷ Ibid.

⁹⁸ UN General Assembly, *Global Health and Foreign Policy: Addressing the Health of the Most Vulnerable for an Inclusive Society (A/RES/72/139)*, 2017.

⁹⁹ World Health Organization, *UN High-Level Meeting on Universal Health Coverage*, 2019.

¹⁰⁰ Ibid.

¹⁰¹ United Nations, *Political Declaration of the High-level Meeting on Universal Health Coverage “Universal Health Coverage: Moving Together to Build a Healthier World”*, 2019.

¹⁰² Steiner, *The Access Challenge – Universal Health Coverage (UHC) Conference*, *United Nations Development Programme*, 2018; World Bank, *High-Performance Health Financing for Universal Health Coverage*, 2019.

¹⁰³ Ibid.

¹⁰⁴ Primary Health Care Partnership Initiative, *About PHCPI*, 2018; World Bank, *High-Performance Health Financing for Universal Health Coverage*, 2019.

¹⁰⁵ World Bank, *High-Performance Health Financing for Universal Health Coverage*, 2019, p. 5.

¹⁰⁶ Ibid., pp. 43, 46.

strongly supports WHO's efforts in the achievement of UHC, delivering significant support, both in terms of providing service and enhancing the financial capacity of health care systems across Member States.¹⁰⁷

Moreover, the decision-making body of WHO, the World Health Assembly (WHA), has released a number of resolutions directly addressing the goals of PHC.¹⁰⁸ Utilizing the definition of PHC outlined in the *Alma-Ata Declaration*, WHA resolution 62.12 (2009) on "Primary Health Care, Including Health System Strengthening" urged Member States to build local and regional PHC systems through locally trained health workers, as well as monitoring systems to gather data.¹⁰⁹ WHA also recognized the necessity of transitioning to a system of universal coverage prior to its enshrinement in the SDGs.¹¹⁰ WHA resolution 58.33 on "Sustainable Health Financing, Universal Coverage and Social Health Insurance," adopted in 2005, urges Member States to begin planning the transition away from solely PHC, in favor of universal coverage that would better meet the needs of all populations.¹¹¹

WHO is the driving force behind the achievement of UHC through its implementing of the 2030 Agenda and using SDG resources to track UHC's achievement.¹¹² With partnerships from a variety of regional and non-governmental organizations (NGOs), WHO is able to provide Member States with various resources to help develop health care capacities, such as country specific reports, plans for health systems development, and data measurement.¹¹³ One such organization is UHC2030, an NGO that works with WHO to achieve UHC.¹¹⁴ UHC2030 is a services platform working to increase collaboration between Member States across the global community with a specific focus on political commitment to UHC and knowledge sharing.¹¹⁵ In 2017, UHC2030 released its guideline paper towards UHC, titled *Healthy Systems for Universal Health Coverage - A Joint Vision for Healthy Lives*.¹¹⁶ This report speaks to the importance of strengthening health systems through service delivery, health system financing, and health-minded governance so that the goals of UHC may be achieved in an equitable manner for all people.¹¹⁷ The Primary Health Care Partnership Initiative (PHCPI), founded in 2015, which includes the Bill & Melinda Gates Foundation, WHO, and the World Bank as shareholders, focuses specifically on strengthening the capacity of primary health care systems to achieve UHC through collection of health care data, improvement of PHC systems and service delivery, and engagement with the global community.¹¹⁸ As a founding stakeholder in PHCPI, WHO has continued to be a leader of the partnership, working to bring Member States and other groups together to strengthen PHC.¹¹⁹

WHO has reported that countries that have made significant progress towards UHC have been better equipped to manage both the health and economic impacts of the COVID-19 pandemic.¹²⁰ Two examples of WHO Member States that have limited the impact of COVID-19 are the Republic of Korea and Viet

¹⁰⁷ UN General Assembly, *Global Health and Foreign Policy: Addressing the Health of the Most Vulnerable for an Inclusive Society (A/RES/72/139)*, 2017, p. 2.

¹⁰⁸ WHO, *Sustainable Health Financing, Universal Coverage and Social Health Insurance (WHA58.33)*, 2005; WHO, *Primary Health Care, Including Health System Strengthening (WHA62.12)*, 2009.

¹⁰⁹ International Conference on Primary Health Care, *Declaration of Alma-Ata*, 1978, pp. 1-2; WHO, *Primary Health Care, Including Health System Strengthening (WHA62.12)*, 2009, pp. 2-3.

¹¹⁰ WHO, *Sustainable Health Financing, Universal Coverage and Social Health Insurance (WHA58.33)*, 2005.

¹¹¹ UN General Assembly, *United Nations Millennium Declaration (A/RES/55/2)*, 2000; WHO, *Sustainable Health Financing, Universal Coverage and Social Health Insurance (WHA58.33)*, 2005, p.1.

¹¹² WHO, *Global Strategy on Human Resources for Health: Workforce 2030*, 2016, p. 7.

¹¹³ Primary Health Care Partnership Initiative, *About PHCPI*, 2018; UHC2030, *Our Mission*, 2020.

¹¹⁴ UHC2030, *Our Mission*, 2020.

¹¹⁵ Ibid.

¹¹⁶ UHC2030, *Healthy Systems for Universal Health Coverage - A Joint Vision for Healthy Lives*, 2017.

¹¹⁷ Ibid., p. 7.

¹¹⁸ Primary Health Care Partnership Initiative, *About PHCPI*, 2018.

¹¹⁹ WHO, *New Partnership to Help Countries Close Gaps in Primary Health Care*, 2015.

¹²⁰ WHO, *How Countries in Asia and the Pacific are Working Towards Universal Health Coverage and Combating COVID-19*, 2020.

Nam.¹²¹ In the Republic of Korea, the entire population has health insurance financed through a national health insurance plan, which ensures that all patients are treated under the same benefits package.¹²² By increasing health expenditure, and investing in health infrastructure and technology, the Republic of Korea was able to implement a successful mass testing strategy in response to the COVID-19 Pandemic.¹²³ Viet Nam owes its success to similar investments in public health, particularly in preventive measures, building a national emergency plan, and its social health insurance scheme.¹²⁴

Increasing Availability and Reliability of Health Care Data

The use of data to understand how health care is implemented on the ground level in Member States is vital to the full and nuanced achievement of UHC.¹²⁵ For example, the use of data disaggregated by gender and income can point to specific challenges in the health of underserved portions of the population, providing Member States with the ability to target specific weaknesses in their systems.¹²⁶ There is significant room for improvement on this front, as up to half the indicators are missing underlying data in many Member States, making the actual ability of WHO, Member States, and other stakeholders to determine progress towards UHC much more difficult.¹²⁷ Moreover, those Member States with less available or reliable data also tend to be those with the least resources and the greatest need for improvement in their health care systems.¹²⁸ Furthermore, many governments have been criticized for misrepresenting data, particularly regarding COVID-19 cases and death rates.¹²⁹ With many federal data collection bodies being underfunded, conflicting data sources have emerged using different measures and standards, making it increasingly difficult to compare the situation between countries.¹³⁰ As with many UN initiatives, the ability to accurately assess the efficacy in achieving UHC is heavily dependent on gathering, assessing, and synthesizing data, both during and following the implementation of actions.¹³¹ Following the introduction of the SDGs in 2015, data reporting became a main focus of the international community in order to promote accountability toward achieving goals, including UHC.¹³²

Directly linked to the definition of UHC outlined by WHO, data aggregation efforts such as the *2017 Global Monitoring Report* generally separate available data according to the essential elements of UHC, health coverage and health financing.¹³³ The *World Health Statistics Report 2019* articulates one problem with the reliability of health care data: Member States use outdated or unrelated data to develop “comparable estimates” about health care, which are modeled from comparisons between countries rather than direct measure of health statistics.¹³⁴ For example, on average, Hepatitis B prevalence data is five years out of date before it can be used to make an assessment of Hepatitis B rates in a Member State.¹³⁵ Additionally, current health care data uses indirect measures to assess underlying services, such as the outcome of a given service to measure the effectiveness of that service, which is less reliable than direct measures.¹³⁶ The combined prevalence of comparable estimates and indirect measures articulate

¹²¹ WHO, *How Countries in Asia and the Pacific are Working Towards Universal Health Coverage and Combating COVID-19*, 2020.

¹²² *Ibid.*

¹²³ *Ibid.*

¹²⁴ *Ibid.*

¹²⁵ WHO, *Tracking Universal Health Coverage: 2017 Global Monitoring Report*, 2017, p. 9.

¹²⁶ WHO, *World Health Statistics 2019: Monitoring Health for the SDGs*, 2019, pp. 59-60.

¹²⁷ *Ibid.*, p. 65.

¹²⁸ *Ibid.*, p. 70.

¹²⁹ Santhanam, *Data is Key to Fighting the Coronavirus. Here's Why it's so Hard to Find*, PBS, 2020.

¹³⁰ *Ibid.*

¹³¹ WHO, *Tracking Universal Health Coverage: 2017 Global Monitoring Report*, 2017, p. 16.

¹³² *Ibid.*, p. 12.

¹³³ *Ibid.*, pp. 5-6.

¹³⁴ WHO, *World Health Statistics 2019: Monitoring Health for the SDGs*, 2019, p. 62.

¹³⁵ *Ibid.*, p. 62.

¹³⁶ WHO, *Tracking Universal Health Coverage: 2017 Global Monitoring Report*, 2017, p. 19.

clearly that data remains a significant gap in understanding health services, which impedes the full achievement of UHC.¹³⁷

Finally, Member States must prioritize data in terms of its ability to improve health care outcomes; data must be synthesized to identify gaps in service coverage and efficiently allocate resources to reduce inequalities in health care outcomes.¹³⁸ Improving data by increasing its volume, relevance, and reliability, as well as the ability to use it to make appropriate judgments about how to improve health care systems would create a direct path to UHC's full achievement.¹³⁹ Member States must recognize their own financial and systemic limits and operate in conjunction with WHO and NGOs in order to improve those data shortcomings where limited resources prevent data collection from becoming a priority.¹⁴⁰

Strengthening the Financial Capacity of Health Care Systems

To achieve the holistic healthcare solutions that SDG 3 calls for, it is necessary to focus on building strong systems that can appropriately finance the care that UHC envisions, instead of solely focusing on the number of treatments available or the eradication of particular diseases.¹⁴¹ To help establish a strong UHC system, Member States must recognize the importance of building their financial capacity, as the financial capacity of systems determines if Member States can develop services and if people can afford to use them.¹⁴² To this end, WHO has recently refocused on Sustainable Development indicator 3.8.2, which concerns the percentage of health care costs borne by households, by releasing documents such as *The World Health Report: Health Systems Financing: The Path to Universal Coverage*, which speaks to the ability to finance health care in terms of the proportion of household spending required to attain services.¹⁴³

WHO identifies catastrophic spending, defined as out-of-pocket health care expenses comprising at least 10% of household spending, as a significant barrier to households' financial security.¹⁴⁴ One of UHC's goals is to reduce these levels of catastrophic spending, not to entirely eliminate private spending on health care services or require that all health care be provided for free; rather that households can seek and receive health care without being forced into poverty.¹⁴⁵ In recent years, the international community has experienced an overall decline in out-of-pocket spending, instead favoring public health spending and deemphasizing payments made at the point of service.¹⁴⁶

Health care systems fail the most vulnerable people when they require direct payments made at points of service.¹⁴⁷ Such payments, defined as payments made at the time health services are received, disproportionately disadvantage households living near the poverty line, as they may be forced to choose between health and other necessities such as food, or be driven below the poverty line.¹⁴⁸ World Bank President David Malpass estimates that between 70-100 million people would fall back into extreme poverty due to the COVID-19 pandemic and its associated health-care costs should they fall ill.¹⁴⁹

¹³⁷ Ibid., p. 12.

¹³⁸ WHO, *World Health Statistics 2019: Monitoring Health for the SDGs*, 2019, p. 70.

¹³⁹ Ibid., p. 70.

¹⁴⁰ WHO, *Tracking Universal Health Coverage: 2017 Global Monitoring Report*, 2017, p. 7.

¹⁴¹ WHO, *The World Health Report: Health Systems Financing: The Path to Universal Coverage*, 2010, p. 9.

¹⁴² Ibid., p. 9.

¹⁴³ UN General Assembly, *Work of the Statistical Commission Pertaining to the 2030 Agenda for Sustainable Development (A/RES/71/313)*, 2017, p. 7; WHO, *The World Health Report: Health Systems Financing: The Path to Universal Coverage*, 2010.

¹⁴⁴ WHO, *Public Spending on Health: A Closer Look at Global Trends*, 2018, p. 37.

¹⁴⁵ WHO, *Universal Health Coverage (UHC)*, 2019.

¹⁴⁶ WHO, *Public Spending on Health: A Closer Look at Global Trends*, 2018, pp. 9-12.

¹⁴⁷ WHO, *Tracking Universal Health Coverage: 2017 Global Monitoring Report*, 2017, p. 62.

¹⁴⁸ Ibid., p. 64.

¹⁴⁹ Agence France-Presse, World Bank Chief: COVID May Have Pushed 100M Into Extreme Poverty, *VOA News*, 2020.

Direct payments are the principal form of spending on health care throughout the world for various reasons, including political unwillingness for public spending, lack of government resources, or corruption.¹⁵⁰ Concern over out-of-pocket spending may delay seeking treatment and prevent vulnerable populations from obtaining services they need.¹⁵¹ Undocumented immigrants, refugees, unemployed people, and people working in the informal economy are at higher risk of being excluded from health care coverage.¹⁵² Accounting for this reality, WHO has recommended that countries suspend all user charges for health services during the COVID-19 pandemic.¹⁵³ While worldwide economic recovery since the mid-2000s has led to increased spending on health care, issues surrounding healthcare financing persist.¹⁵⁴

High-income countries are not exempt from healthcare inequities.¹⁵⁵ In the United States, 58% of the non-white respondents to a survey reported being concerned or extremely concerned about the costs associated with COVID-19 treatment, compared to 32% of white respondents.¹⁵⁶ Furthermore, the WHO report, *Gaps in Access Undermine Universal Health Coverage Across EU*, on the status of UHC in the European Union (EU) has found that mere availability of services is insufficient, as there are significant barriers to access including waiting times, travel distances, language or cultural barriers, and the costs associated with potentially losing time off work.¹⁵⁷ Refugees and homeless people are especially vulnerable, as these barriers in particular often stop them from seeking healthcare.¹⁵⁸ Ultimately, the discussion of UHC must be situated within a larger discussion regarding the social determinants of health.

To guide Member States on financing issues, the UN system has adopted a number of resolutions designed to help with the implementation of UHC financing goals.¹⁵⁹ UN General Assembly resolution 67/81 on “Global Health and Foreign Policy,” adopted in 2012, encourages Member States to mainstream inclusive financing policies that are sensitive to cultural and economic factors unique to each.¹⁶⁰ Bolstered by WHA resolution 58.33 (2005) on “Sustainable Health Financing, Universal Coverage and Social Health Insurance,” which also identifies the need for culturally sensitive reforms, it is clear that the effective implementation of UHC requires transitions from direct payments towards public spending.¹⁶¹ Improving public spending has proven to be a high priority in response to the COVID-19 pandemic, as the International Monetary Fund (IMF) has changed its lending conditions from its traditional monitoring of economic policies to now monitoring the quality of government spending measures.¹⁶² Ultimately, financial reforms can be achieved through partnerships with international organizations, including WHO, over direct financing, technical sharing, and cooperation programs, coupled with a mainstreamed national focus on health care outcomes.¹⁶³

Conclusion

To help achieve UHC, WHO has identified two necessary components: effective service coverage for all individuals and the financial security to pursue those resources without the fear of falling into deep debt or poverty.¹⁶⁴ As such, health care reforms must emphasize the most vulnerable populations and address current barriers to access in order to reduce service inequities and achieve target 3.8 of the SDGs.¹⁶⁵ The

¹⁵⁰ WHO, *Tracking Universal Health Coverage: 2017 Global Monitoring Report*, 2017, p. 65.

¹⁵¹ WHO, *Strengthening the Health Financing Response to COVID-19 in Europe*, 2020, p. 2.

¹⁵² *Ibid.*, p. 2.

¹⁵³ *Ibid.*, p. 2.

¹⁵⁴ WHO, *Public Spending on Health: A Closer Look at Global Trends*, 2018, p. 23.

¹⁵⁵ WHO, *Gaps in Access Undermine Universal Health Coverage Across EU*, 2019.

¹⁵⁶ Heath, More Non-White Patients Dread Out-of-Pocket Costs for COVID-19, *Patient Engagement HIT*, 2020.

¹⁵⁷ WHO, *Gaps in Access Undermine Universal Health Coverage Across EU*, 2019.

¹⁵⁸ *Ibid.*

¹⁵⁹ UN General Assembly, *Global Health and Foreign Policy (A/RES/67/81)*, 2012.

¹⁶⁰ *Ibid.*, p. 5.

¹⁶¹ WHO, *Sustainable Health Financing, Universal Coverage and Social Health Insurance (WHA58.33)*, 2005, p. 2.

¹⁶² Gregory et al., IMF Lending During the Pandemic and Beyond, *International Monetary Fund*, 2020.

¹⁶³ UN General Assembly, *Global Health and Foreign Policy (A/RES/67/81)*, 2012, p. 5.

¹⁶⁴ WHO, *Universal Health Coverage (UHC)*, 2019.

¹⁶⁵ WHO, *Tracking Universal Health Coverage: 2017 Global Monitoring Report*, 2017, p. 14.

COVID-19 pandemic has further stressed the necessity of UHC.¹⁶⁶ The United Nations Secretary-General, Antonio Guterres, stated at the 2020 Nelson Mandela Annual Lecture that the pandemic has exposed the true extent of global inequality in healthcare.¹⁶⁷ While the pandemic has impacted the lives of nearly all people, Guterres emphasized that “while we are all floating on the same sea, it’s clear that some are in superyachts, while others are clinging to drifting debris.”¹⁶⁸ With a public health crisis of this degree, many vulnerable populations have been left behind due to a lack of strong and accessible healthcare systems worldwide.¹⁶⁹ Poverty and the spread of COVID-19 are mutually reinforcing phenomena, while the pandemic has pushed millions into poverty, areas in poverty then experience a higher spread of COVID-19, and the cycle continues.¹⁷⁰ UHC is one of the steps necessary to stop the disease-poverty cycle from perpetuating.¹⁷¹

Further Research

When researching the topic and preparing for the conference, delegates may consider questions such as: How can national systems strengthen their capacity in order to achieve the goals of UHC by 2030? What data indicators lack the sophistication or quantity to be informative for Member States, and how can this data be improved? What is the future of health care systems financing? What is the role of regional-specific partnerships in financing and capacity building? How can WHO partner with NGOs, intergovernmental organizations, and other UN organs to assist Member States in developing a plan for reaching UHC?

Annotated Bibliography

Global Conference of Primary Health Care. (2018). *Declaration of Astana*. Retrieved 29 August 2020 from: <https://www.who.int/docs/default-source/primary-health/declaration/gcphc-declaration.pdf>

The Declaration of Astana builds upon the 1978 Alma-Ata Declaration and the 2030 Agenda for Sustainable Development to provide a consensus declaration that outlines a future for providing primary health care to underserved populations. The Declaration reaffirms healthcare as a human right and establishes a commitment to primary health care by all stakeholders, as well as outlining the necessary drivers for PHC: capacity-building, human resources, technology, and financing. The Declaration closes with a reiteration of the importance of achieving UHC. Delegates will find this source useful in understanding the current focus of WHO on UHC.

World Health Organization. (2010). *The World Health Report: Health Systems Financing: The Path to Universal Coverage*. Retrieved 29 August 2020 from:

https://apps.who.int/iris/bitstream/handle/10665/44371/9789241564021_eng.pdf?sequence=1

This report focuses primarily on the financial aspects of achieving universal health coverage, providing specific recommendations for Member States to modify existing health systems to achieve UHC. Among these are the following modifications: increasing health care funding, eliminating point-of-service payments, and improving efficiency and equity. The report includes specific recommendations to achieve each of these three goals, such as changes in taxation, risk-pooling, international donations, and adapting systems to address specific and unique concerns. Member States, both rich and poor, have improved their health care financing. Delegates will find this source useful in contextualizing UHC’s achievement in relation to other SDG 3 targets and understanding the gaps in health care across Member States.

¹⁶⁶ WHO, *Strengthening the Health Financing Response to COVID-19 in Europe*, 2020.

¹⁶⁷ UN News, ‘Inequality Defines our time’: UN Chief Delivers Hard-Hitting Mandela Day Message, 2020.

¹⁶⁸ Ibid.

¹⁶⁹ Ibid.

¹⁷⁰ Fisher & Bubola, As Coronavirus Deepens Inequality, Inequality Worsens Its Spread, *The New York Times*, 2020.

¹⁷¹ Ibid.

World Health Organization. (2017). *Tracking Universal Health Coverage: 2017 Global Monitoring Report*. Retrieved 29 August 2020 from: <https://apps.who.int/iris/bitstream/handle/10665/259817/9789241513555-eng.pdf;jsessionid=BE29FF133A28D12FCB1A277AAB09975E?sequence=1>

Compiled in 2017 by WHO and a number of auxiliary contributors, this report assesses healthcare outcomes in relation to SDG 3 and sustainable development target 3.8, achieving UHC. The report is divided into two parts: coverage of essential health services and financial protection. In its first part, the report utilizes indicators from data reported to WHO to assess health outcomes from service. In the second part, it uses various consumption measures in relation to standard poverty indices. As in the first part, a key stumbling block for measurement is the lack of data, specifically as it relates to disaggregated data that focuses on specific groups to complement national regional statistics. Delegates should recognize this source as a comprehensive overview of UHC progress and may utilize it to recognize global trends in UHC.

World Health Organization. (2018). *Public Spending on Health: A Closer Look at Global Trends*. Retrieved 29 August 2020 from: <https://apps.who.int/iris/bitstream/handle/10665/276728/WHO-HIS-HGF-HF-WorkingPaper-18.3-eng.pdf?ua=1>

This report is specifically geared towards the overall levels of health spending across the world, linking it with health outcomes. It analyzes new data measures in primary health care and specific disease intervention, providing insight into health care spending. The report includes a number of key findings, but most relevantly a global trend towards increased health care funding, outstripping global GDP increases, albeit with significant inequities and no clear overall plan to achieve UHC. Delegates may use the information in this paper to understand Member States' current financing trends and what is necessary moving forward in order to achieve UHC.

World Health Organization. (2019). *World Health Statistics 2019: Monitoring Health for the SDGs*. Retrieved 29 August 2020 from: <https://apps.who.int/iris/bitstream/handle/10665/324835/9789241565707-eng.pdf>

As a comprehensive overview of the progress towards SDG 3, this yearly report provides data and conclusions regarding the current state of health services across the world. The report specifically discusses the existing and expected shortfalls in health care workers, as well as cost and availability of medicine. The report also links target 3.8 with other SDGs. In its overall conclusions, it cites increased access to health services through greater capacity in national health systems as a significant area of growth. Delegates may rely on this source to understand what data is currently collected by the UN in health care and where that data is lacking and needs improvement.

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II. Managing Global Infectious Disease Outbreaks

Introduction

As of October 2020, 45 million people in the world have contracted COVID-19 in a span of 10 months.¹⁷² Additionally, newer outbreaks of infectious diseases such as Ebola, Influenza, and Zika have brought urgency to effective global management of disease outbreaks.¹⁷³ The World Health Organization (WHO) defines a disease outbreak as “the occurrence of disease cases above normal expectancy, usually caused by an infection, transmitted through person-to-person contact, animal-to-person contact, or from the environment or other media.”¹⁷⁴ Infectious diseases often exacerbate public health emergencies.¹⁷⁵ WHO is committed to preparing, managing, and informing the international community of various public health emergencies, especially those that are considered epidemics or pandemics.¹⁷⁶ An epidemic, as defined by the UN Office of Outer Space Affairs, is the occurrence of high numbers of cases that can be connected to a specific illness in a certain region.¹⁷⁷ On the other hand, pandemics are when a said disease outbreak has spread globally.¹⁷⁸ WHO pays particular attention to vulnerable groups that are often disproportionately affected by these emergencies.¹⁷⁹ WHO defines vulnerable groups as “children, pregnant women, elderly people, malnourished people, and people who are ill or immunocompromised.”¹⁸⁰

WHO has been addressing global infectious disease outbreaks since its inception in 1948, and it continues to be a crucial aspect of its mandate.¹⁸¹ WHO has addressed many outbreaks in the past, and takes a leading role in providing important information to the international community regarding diseases such as Influenza.¹⁸² The spread of COVID-19 cases has been at the center of the organization’s focus since its outbreak at the end of 2019.¹⁸³ This pandemic has emphasized that a coordinated public health response to new and emerging diseases has been significantly lacking and that the international community faces significant challenges in minimizing preventable deaths.¹⁸⁴ With scientists and medical experts forecasting that the number of new infectious diseases will continue to rise, the international community must address managing global disease outbreaks, while learning to avoid the mistakes that have been made in the past.¹⁸⁵

International and Regional Framework

In 1969, the World Health Assembly (WHA) adopted the *International Health Regulations (IHR)* as an internationally binding treaty.¹⁸⁶ The IHR is the primary international legal framework that provides guidelines on how WHO and Member States should respond to outbreaks of infectious diseases.¹⁸⁷ The IHR provides guidelines and best practices to prevent and contain public health emergencies.¹⁸⁸ This includes promoting national coordination, financing, legislation, and policy advocacy for Member

¹⁷² WHO, *WHO Coronavirus Disease (COVID-19) Dashboard*, 2020.

¹⁷³ WHO, *Disease Outbreaks*, 2020.

¹⁷⁴ *Ibid.*

¹⁷⁵ *Ibid.*

¹⁷⁶ *Ibid.*

¹⁷⁷ UN-SPIDER, *Space-based Information for Disaster Management and Emergency Response*, 2020.

¹⁷⁸ WHO, *Definitions: Emergencies*, 2007.

¹⁷⁹ WHO, *Disease Outbreaks*, 2020; WHO, *Vulnerable Groups*, 2020.

¹⁸⁰ WHO, *Vulnerable Groups*, 2020.

¹⁸¹ WHO, *About*, 2020.

¹⁸² WHO, *What Is a Pandemic?*, 2020; WHO, *Influenza (Seasonal)*, 2020.

¹⁸³ WHO, *WHO Coronavirus Disease (COVID-19) Dashboard*, 2020.

¹⁸⁴ WHO, *Coronavirus Disease 2019 (COVID-19) Situation Report – 46*, 2020.

¹⁸⁵ WHO, *Disease Outbreaks*, 2020.

¹⁸⁶ WHO, *International Health Regulations*, 2020.

¹⁸⁷ Davies, *National Security and Pandemics*, 2020.

¹⁸⁸ *Ibid.*

States.¹⁸⁹ In 1995, the IHR was first updated and a major revision occurred in 2005.¹⁹⁰ The latest updates on the IHR made specific provisions related to global disease outbreaks, which was a significant departure from previous revisions.¹⁹¹ Specifically, the new IHR requires Member States to set up arrangements, such as laboratories, to detect potential threats, recognize the transboundary nature of infectious diseases, and partner with other countries to manage them, respond to public health emergencies, and report diseases through National Focal Points (NFPs).¹⁹²

These NFPs are national centers of communication between Member States and WHO.¹⁹³ NFPs notify WHO about potential public health emergencies, share information and updates about disease, and consult with WHO about national outbreaks that may become of international interest.¹⁹⁴ This mechanism allows for prompt detection of potential outbreaks and allows WHO to ascertain if a specific disease will become a Potential Public Health Emergency of International Concern (PHEIC). A PHEIC is a designation when two out of the following four criteria are met: the seriousness of the public health impact; the outbreak is unexpected; the disease can spread worldwide; and restrictions on travel and trade are likely to be applied.¹⁹⁵

One infectious disease that WHO routinely addresses is Influenza and the lessons that it has learned managing this disease annually can serve as a good model for managing other global disease outbreaks.¹⁹⁶ In 2016, WHO created the *Pandemic Influenza Preparedness Framework* (PIP Framework).¹⁹⁷ The PIP Framework was developed to help countries prepare for and respond to the annual flu season, and is intended as a global forum where Member States work together to address Influenza and develop vaccines.¹⁹⁸ In 2017, WHO published the *Pandemic Influenza Risk Management* (PIRM) to provide Member States with recommendations on how to establish comprehensive plans for preparedness and conduct exercises for large-scale public health emergency responses.¹⁹⁹ By establishing this Global Influenza Surveillance and Response System (GISRS), the international community can better address and treat Influenza.²⁰⁰

Civil society has also played a role in developing frameworks for the management of global diseases, especially in light of the COVID-19 pandemic.²⁰¹ One such entity that has focused entirely on pandemics is the Commission on a Global Health Risk Framework of the Future.²⁰² It is affiliated with the US National Academy of Medicine and, in 2016, published a study titled *The Neglected Dimension of Global Security – A Framework to Counter Infectious Disease Crises*.²⁰³ The goal of the Commission is to create an evidenced-based framework related to disease mitigation, disaster preparedness, and the response of epidemics resulting from infectious diseases.²⁰⁴ Specifically, the Commission evaluates the overall preparedness of health systems worldwide for responding to epidemics while providing recommendations

¹⁸⁹ Ibid.

¹⁹⁰ WHO, *International Health Regulations (2005)*, 2005.

¹⁹¹ Ibid.

¹⁹² CDC, *International Health Regulations*, 2020.

¹⁹³ WHO, *International Health Regulations (2005)*, 2005; WHO, *National IHR Focal Point*, 2020.

¹⁹⁴ WHO, *International Health Regulations (2005)*, 2005.

¹⁹⁵ CDC, *International Health Regulations*, 2020.

¹⁹⁶ WHO, *Disease Outbreaks*, 2020.

¹⁹⁷ WHO, *Pandemic Influenza Preparedness Framework*, 2020; WHO, *Pandemic Influenza Preparedness Framework Q&As*, 2016.

¹⁹⁸ WHO, *Pandemic Influenza Preparedness Framework*, 2020.

¹⁹⁹ WHO, *Pandemic Influenza Risk Management*, 2017.

²⁰⁰ WHO, *Global Influenza Surveillance and Response Systems (GISRS)*, 2020.

²⁰¹ National Academy of Medicine, *Commission on Creating a Global Health Risk Framework for the Future. Statement of Tasks*, 2016.

²⁰² Ibid.

²⁰³ Ibid.; Commission on a Global Health Risk Framework for the Future, *The Neglected Dimension of Global Security*, 2016.

²⁰⁴ National Academy of Medicine, *Commission on Creating a Global Health Risk Framework for the Future. Statement of Tasks*, 2016.

on how to make them more resilient.²⁰⁵ Additionally, there is also a focus on creating a coordinated mechanism within the international community on developing medicines to fight diseases.²⁰⁶

Role of the International System

WHO utilizes the Global Risk Assessment System to provide a broad assessment of potential threats to global health.²⁰⁷ Since global infectious diseases are transboundary crises that can affect the economic and social stability of populations, WHO works closely with other UN entities to assess infectious diseases and respond to them.²⁰⁸ WHO coordinates with the Global Health Cluster which includes 700 partners from 27 different countries that mobilize in case of public health emergencies.²⁰⁹ In addition to its role of assessment and policy recommendations, WHO also coordinates the deployment of medical personnel based on the needs arising from the public health emergency that is occurring within a certain area.²¹⁰ This is through the Emergency Medical Teams (EMTs) Initiative that was established in 2010, with the goals of: speeding up the process of deployment and assistance, creating a registry of quality assured EMT organizations, and establishing a minimum set of deployment standards.²¹¹ Additionally, WHO also has created the Contingency Fund for Emergencies (CFE) which allows the organization to immediately respond to disease outbreaks causing public health emergencies.²¹²

The UN General Assembly has addressed global infectious diseases and global health numerous times. In 2015, the UN General Assembly adopted resolution 70/183 about the management of international health crises.²¹³ The resolution stresses how health crises pose a threat to the fulfilment of human rights when no preparedness plans are in place.²¹⁴ In 2017, the UN General Assembly adopted resolution 72/39 which followed-up on addressing social inclusion for vulnerable groups affected by global health issues.²¹⁵ Recently, in 2019, the UN General Assembly focused the attention on health systems and strengthening them at the national level with resolution 74/20.²¹⁶ Similarly, the UN Security Council adopted resolution 2532 in July 2020 encouraging parties in conflict to suspend fighting for 90 days to allow for the humanitarian community to address the needs of people affected by the COVID-19 pandemic.²¹⁷

There are also several NGOs involved in managing infectious disease outbreaks.²¹⁸ Two prominent organizations are the Coalition for Epidemic Preparedness Innovations (CEPI) and the International Society for Infectious Diseases (ISID).²¹⁹ CEPI works in the field of global health security.²²⁰ It is a partnership among various private and public actors that promote the involvement of the international scientific community in an effort to develop vaccines to stop emerging disease outbreaks.²²¹ Furthermore,

²⁰⁵ Ibid.

²⁰⁶ Ibid.

²⁰⁷ WHO, *Global Health Risks*, 2009.

²⁰⁸ Olsson, *Transboundary Crisis Networks: The Challenge of Coordination in the Face of Global Threats*, 2020; WHO, *Inter-Agency*, 2020.

²⁰⁹ WHO, *EMT Mission*, 2020; WHO, *WHO's Work in Emergencies: Prepare, Prevent, Detect, and Respond*, 2018.

²¹⁰ WHO, *WHO's Work in Emergencies: Prepare, Prevent, Detect, and Respond*, 2018.

²¹¹ Ibid.

²¹² WHO, *Contingency Fund for Emergencies*, 2020.

²¹³ UN General Assembly, *Global health and foreign policy: strengthening the management of international health crises (A/RES/70/183)*, 2015.

²¹⁴ Ibid.

²¹⁵ UN General Assembly, *Global health and foreign policy: addressing the health of the most vulnerable for an inclusive society (A/RES/72/139)*, 2017.

²¹⁶ UN General Assembly, *Global health and foreign policy: an inclusive approach to strengthening health systems (A/RES/74/20)*, 2019.

²¹⁷ UN Security Council, *Support for the UN Secretary-General and Global Ceasefire Appeal to Fight against COVID-19 (A/RES/2532 (2020))*, 2020.

²¹⁸ Fogarty International Center, *Nongovernmental Organizations (NGOs) Working in Global Health Research*, 2020.

²¹⁹ CEPI, *Why We Exist*, 2020; ISID, *About*, 2020.

²²⁰ CEPI, *Why We Exist*, 2020.

²²¹ Ibid.

ISID gives particular attention to the challenges that infectious diseases pose to countries with limited resources.²²²

Preparing for and Responding to Public Health Emergencies

WHO works in the phases of identification, mitigation, and management of health risks, prevention of health emergencies, and development of activities and tools for potential outbreak onsets.²²³ WHO's role is important since many Member States that lack human and financial resources cannot effectively prepare for and respond to infectious disease outbreaks alone.²²⁴ By promoting the IHR at the national level, WHO conducts training with healthcare providers preparing the national systems for eventual outbreaks.²²⁵ WHO collects information about the health situation in a country through the NFP and provides the healthcare system with data and information on how to better prepare for disease outbreaks.²²⁶ It also supports national healthcare systems in assessing the potential impact of epidemics or pandemics by analyzing the economic, financial, and health conditions of the country.²²⁷

WHO is also committed to responding to public health emergencies within 48 hours from their onset when the affected country requests assistance or the scale of the crisis represents a threat to a high number of people in different areas.²²⁸ To be able to establish its presence in the field, WHO partners with UN entities, regional organizations, and NGOs to deploy assets and personnel as soon as possible.²²⁹ To save lives and provide immediate help, the Central Emergency Response Fund (CERF) and several UN entities are immediately activated when WHO designates an outbreak as a System-Wide Level 3 emergency.²³⁰

Within the IHR framework, the WHO Director-General can consult with a committee of experts to determine whether a public health emergency is of international concern (PHEIC), meaning it is likely to affect several countries and multi-actor coordination is required.²³¹ The committee, composed of experts, who are part of a roster including the members of the IHR Emergency Committee, advises about measures and restrictions that the Member States affected by the PHEIC should implement to prevent large-scale outbreaks and contain them in a certain area.²³² The committee continues to advise the WHO Director-General throughout the duration of the PHEIC and constantly provides recommendations to adjust measures related to the PHEIC.²³³

Despite these mechanisms, significant challenges in addressing future public health emergencies remain.²³⁴ First, it is difficult for WHO to conduct country specific analyses as countries often have different levels of development, infrastructure, and assessment tools.²³⁵ Implementing a cohesive, international response also brings its own set of challenges as national governments often seek to address health emergencies independently, despite living in a highly interconnected world.²³⁶ Thus, the promotion of multilateral partnerships is paramount in supporting the overall response to infectious disease outbreaks.²³⁷

²²² ISID, *About*, 2020.

²²³ WHO, *What Is a Pandemic?*, 2020.

²²⁴ WHO, *Strengthening National Emergency Preparedness*, 2020.

²²⁵ *Ibid.*

²²⁶ *Ibid.*

²²⁷ *Ibid.*

²²⁸ WHO, *WHO's Work in Emergencies: Prepare, Prevent, Detect, and Respond*, 2018.

²²⁹ *Ibid.*

²³⁰ IASC, *Humanitarian System-Wide Scale-Up Activation*, 2020.

²³¹ WHO, *IHR Procedures Concerning Public Health Emergencies of International Concern (PHEIC)*, 2020.

²³² *Ibid.*

²³³ *Ibid.*

²³⁴ WHO, *Strengthening National Emergency Preparedness*, 2020.

²³⁵ *Ibid.*

²³⁶ *Ibid.*

²³⁷ *Ibid.*

Responding to Pandemic Outbreaks: The Case of COVID-19

WHO has classified the COVID-19 outbreak as a pandemic on 11 March 2020.²³⁸ COVID-19, together with MERS-CoV and SARS, are infectious diseases caused by the family of the coronavirus.²³⁹ In recent years, outbreaks of each have required WHO to focus on establishing guidelines and best practices for dealing with epidemics and pandemics of large scale.²⁴⁰ In the case of COVID-19, WHO has partnered with several entities, including the UN Development Coordination Office (DCO) and Member States to assess the situation, manage the COVID-19 global response mechanism, and contain the outbreak.²⁴¹ Among the first challenges faced by WHO was a global shortage in personal protective equipment (PPE), lack of testing capacities, and low availability of ventilators for the intensive care units (ICUs).²⁴² WHO created an *ad hoc* mechanism for the delivery of supplies, including masks and ventilators, called the COVID-19 Supply Chain System.²⁴³ This system has been challenged by the inability of certain Member States to successfully place a request for supplies due to infrastructure limitations.²⁴⁴ In other countries, the assessment of the scale and risks resulting from COVID-19 were not carefully evaluated, especially in the initial phases, which lead to shipment of inadequate supplies.²⁴⁵ Additionally, the global supply chain for a lot of the needed equipment has been strained and WHO had additional logistical challenges of delivering some supplies.²⁴⁶

The COVID-19 pandemic has also been threatening the progress in achieving the Sustainable Development Goals (SDGs) set forth in the *2030 Agenda for Sustainable Development*.²⁴⁷ Some of the main implications are a reduction or interruption of immunization programs for children, an increase in under-5 deaths, as well as of deaths connected to communicable diseases.²⁴⁸ There is also a strong linkage between SDG 3 (good health and well-being) and SDG 10 (reducing inequalities), and the promotion of universal healthcare in times of a pandemic.²⁴⁹ One of the main obstacles for an effective COVID-19 response has been the lack of universal health coverage in Member States.²⁵⁰ According to the latest analysis for SDG 3, less than half of the world's population has access to basic health services.²⁵¹ During COVID-19, 23% of countries worldwide, and 45% of low-income countries have reported a partial disruption of healthcare services.²⁵² Additionally, vulnerable groups, persons with disabilities, and persons with chronic diseases have been disproportionately affected.²⁵³

Another obstacle faced by WHO is the juxtaposition of COVID-19 and disasters, such as the Atlantic Hurricane Season, and other complex emergencies, such as the civil war in Syria.²⁵⁴ WHO has published guidelines on how to ensure that shelters and hospitals can maintain a safe environment during the

²³⁸ WHO, *Timeline: WHO's COVID-19 Response*, 2020.

²³⁹ WHO, *Emergencies: Disease Outbreaks*, 2020.

²⁴⁰ *Ibid.*

²⁴¹ WHO, *Coronavirus*, 2020; WHO, *Timeline: WHO's COVID-19 Response*, 2020.

²⁴² WHO, *Emergencies: Disease Outbreaks*, 2020.

²⁴³ *Ibid.*

²⁴⁴ WHO, *How WHO is Re-imagining and Fixing the Links in the Supply Chains During COVID-19*, 2020.

²⁴⁵ *Ibid.*

²⁴⁶ *Ibid.*

²⁴⁷ UNDESA, *3 - Ensure Healthy Lives and Promote Well-being for All at All Ages*, 2020; UN General Assembly, *Transforming Our World: the 2030 Agenda for Sustainable Development (A/RES/70/1)*, 2015.

²⁴⁸ UNDESA, *3 - Ensure Healthy Lives and Promote Well-being for All at All Ages*, 2020.

²⁴⁹ UN General Assembly, *Transforming Our World: the 2030 Agenda for Sustainable Development (A/RES/70/1)*, 2015.

²⁵⁰ WHO, *Coronavirus Disease (COVID-19) Technical Guidance: Maintaining Essential Health Services and Systems*, 2020.

²⁵¹ UNDESA, *3 - Ensure Healthy Lives and Promote Well-being for All at All Ages*, 2020.

²⁵² WHO, *Pulse Survey on Continuity of Essential Health Services During the COVID-19 Pandemic: Interim Report, 27 August 2020*, 2020.

²⁵³ WHO, *Maintaining Essential Health Services During the COVID-19 Outbreak*, 2020.

²⁵⁴ UNOCHA, *Syrian Arab Republic*, 2020.

pandemic while supporting people affected by a disaster.²⁵⁵ Additionally, WHO stressed the importance to revise public health plans within the response phase of emergency management, which include: resource deployment, stay-at-home mandates, and trade/travel restrictions.²⁵⁶ Coordinated and unified responses at the regional level have proven to be efficient in managing COVID-19 and reduction in the number of cases.²⁵⁷ However, their implementation has been inconsistent and leaves large areas of opportunity to improve management.²⁵⁸ WHO highlighted that less than 50% of countries worldwide had preparedness and response plans, coordination mechanisms, and communication tools by the time of the COVID-19 major outbreak in March 2020, and that many countries continue to struggle to create and implement evidence-based policies that would control disease outbreaks, often due to political and/or economic factors.²⁵⁹

Conclusion

WHO operates worldwide with the intent of promoting global health while protecting people from public health emergencies such as infectious disease outbreaks.²⁶⁰ If an outbreak occurs, WHO rapidly responds by supporting the delivery of health services in fragile settings.²⁶¹ Global disease outbreaks are one of the most complex challenges for the international community that combines threats to public health and human security.²⁶² The response to infectious disease outbreaks has involved the efforts of the overall UN system, international organizations, and NGOs.²⁶³ WHO has been recently challenged by the magnitude of the COVID-19 pandemic.²⁶⁴ With the achievement of the SDGs under threat from global disease outbreaks such as COVID-19, WHO has stressed the importance of better preparedness mechanisms for future public health emergencies, as well as further partnership and promotion of programs for creating resilient, inclusive healthcare systems of tomorrow.²⁶⁵

Further Research

While researching this topic, delegates should consider addressing the following questions: How can WHO promote the development of an international framework for managing global and prolonged disease outbreaks? What are some of the obstacles to the development of such a framework and how can WHO and Member States help to overcome them? How can WHO be strengthening the preparedness and response to public health emergencies of large scale such as COVID-19? How can WHO support local governments in strengthening their capacities and healthcare systems to respond to public health emergencies and infectious disease outbreaks? How can WHO and the UN system improve coordination and partnerships at the global level to face transboundary crises such as epidemics and pandemics?

Annotated Bibliography

Davies, S. (2020). National Security and Pandemics. *UN Chronicle*. Retrieved 8 July 2020 from: <https://www.un.org/en/chronicle/article/national-security-and-pandemics>

This article provides an analysis of the connection between pandemics and human security. This resource explains how international capacities are strongly affected by the national policies of managing outbreaks of this kind. This resource also provides an

²⁵⁵ WHO, *Preparedness for Cyclones, Tropical Storms, Tornadoes, Floods, and Earthquakes During the COVID-19 Pandemic*, 2020.

²⁵⁶ Ibid.

²⁵⁷ European Commission, *Recovery Plan for Europe*, 2020.

²⁵⁸ Ibid.

²⁵⁹ WHO, *COVID-19 Preparedness and Response Progress Report*, 2020.

²⁶⁰ WHO, *What Is a Pandemic?*, 2020.

²⁶¹ Ibid.

²⁶² WHO, *WHO's Work in Emergencies: Prepare, Prevent, Detect, and Respond*, 2018.

²⁶³ WHO, *Inter-Agency*, 2020.

²⁶⁴ WHO, *Coronavirus*, 2020.

²⁶⁵ UN General Assembly, *Transforming Our World: the 2030 Agenda for Sustainable Development (A/RES/70/1)*, 2015; WHO, *WHO's Work in Emergencies: Prepare, Prevent, Detect, and Respond*, 2018.

essential framing of the efforts made by the World Health Organization through the years, including the revision of the International Health Regulations, which is the only international legal framework driving the international response to infectious disease outbreaks. Delegates will find this resource and those cited very useful in order to better understand the role and efforts of WHO and its internal mechanisms

Olsson, E.-K. (2015). *Transboundary Crisis Networks: The Challenge of Coordination in the Face of Global Threats*. Retrieved 21 October 2020 from: https://www.researchgate.net/publication/282908786_Transboundary_crisis_networks_The_challenge_of_coordination_in_the_face_of_global_threats

This article can help delegates better understand what transboundary crises are, how pandemics are classified as such, and which are the unique challenges that these crises pose to the international community when responding to and recovering from them. In the view of the conference, delegates can draw several conclusions from this study on how coordination and collaboration is important and discuss further how Member States can implement better collaborative frameworks when responding to disease outbreaks.

World Health Organization. (2020). *International Health Regulations (2020)*. Retrieved 17 September 2020 from: https://www.who.int/health-topics/international-health-regulations#tab=tab_1

The International Health Regulations dedicated page on the WHO website provides an overview of the IHR and developments since its first publication in 1995. This resource can help delegates understanding the importance of this fundamental framework while having an overview of the evolution that it has known over time. Additionally, the resource provides an overview of the implementation of the IHR and how WHO, via the IHR, helps Member States preparing for health crises.

World Health Organization. (2020). *National IHR Focal Point*. Retrieved 14 July 2020 from: <https://www.who.int/ihr/nfp/en/>

In addition to the 1995 update of the IHR, in 2005, an additional update and revision were performed. This resource retraces the importance of the discussion over National IHR Focal Points (NFPs). The NFPs represents a crucial framework for the communication between the World Health Organization and Member States. Updates and information regarding the current public health situation of Member States are communicated via the NFP which is usually a national entity. Delegates will benefit from this resource since it clarifies important mechanisms used by the international community to support national entities in preventing or managing public health emergencies and infectious disease outbreaks.

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