

NMUN•NY 2021



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Documentation of the Work of the World Health Organization (WHO)
NMUN Simulation*



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TOMORROW**

Conference B

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World Health Organization (WHO)

Committee Staff

Director	Claire Molk
Chair	Malak Emad Hangal

Agenda

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

Resolutions adopted by the Committee

Code	Topic	Vote
WHO/1/1	Managing Global Infectious Disease Outbreaks	Adopted without a vote
WHO/2/1	Universal Health Coverage: Leaving No One Behind	Adopted without a vote

Summary Report

The World Health Organization held its annual session to consider the following agenda items:

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

The session was attended by representatives of 11 Member States; one non-governmental organization also attended the meeting.

On Sunday, the committee adopted the agenda of II, I, beginning discussion on the topic of “Managing Global Infectious Disease Outbreaks.” By Tuesday, the Dais received a total of 2 proposals covering a wide range of sub-topics ranging from education, data collection, as well as the role of vaccine distribution in rural areas. Member States have been working on capacity building efforts as well as humanitarian efforts to provide medical and financial assistance for Member States who need it. The working papers also addressed topics such as establishing an overseeing entity and assessing outbreak prevention procedures. This includes managing data collection of infectious diseases, production of testing and treatments. The discussions between Member States were fruitful as all had a common goal of reaching consensus while formulating sustainable solutions to the topic.

On Thursday, 2 draft resolutions had been approved by the Dais, none of which had amendments. The committee adopted 2 resolutions following voting procedure, 2 of which received unanimous support by the body. The resolutions represented a wide range of issues from both agenda topics, including vaccine distribution, education, data collection, healthcare system reform, increasing numbers of medical personnel, capacity building mechanisms.



Code: WHO/1/1

Committee: World Health Organization

Topic: Managing Global Infectious Disease Outbreaks

The World Health Organization,

Acknowledging Article 25 of the *Universal Declaration of Human Rights*, adopted in 1984, which affirms the importance of adequate health standards for all individuals as a basic human right,

Underscoring Sustainable Development Goal (SDG) 3 titled Good Health and Well-Being which aims to ensure healthy lives for all individuals threatened by the effects of disease outbreaks,

Highlighting past frameworks created by the World Health Organization (WHO) in times of global disease outbreaks such as the *Pandemic Influenza Preparedness (PIP) Framework* in 2011,

Concerned that according to the WHO, world-wide there have been more than 1.2 million deaths per year by infectious diseases due to the lack of vaccines and insufficient supplies throughout struggling nations,

Noting the urgent need for pandemic relief and vaccinations in developing Member States as the number of COVID-19 variants continue to increase at a rate that does not match the capacity of Member States to react,

Further acknowledging the necessity of educating the population on the dangers of spreading disease and *asserting* the necessity to consider increasing the access to information of every citizen going forward,

Distressed with the inconsistent effort towards the management and ultimate eradication of communicable and non-communicable diseases amongst Member States regarding funding disbursement, global data collection, and analysis to observe trends,

Noting the importance of ensuring data collection, testing, and procedures that are universally applicable amongst Member States so global recommendations or mandates can be established based on accurate and current information,

Understanding that not all participating Member States have the financial security to implement a large-scale rollout or have enough resources allocated to their healthcare systems as the average nation spends only 9% of their gross domestic product (GDP) and even a 1% increase can pose substantial growth within respective healthcare systems,

Noting with alarm current sovereign debt challenges and priorities exacerbated due to COVID-19 and other large-scale health emergencies in order to address the 50% and rising numbers of low-income countries in debt,

Taking into consideration that the recommended doctor to population ratio is 1 doctor per 1,000 people, yet the WHO reported that 40% of the Member States have less than 10 doctors per 10,000 people,

Recognizing the essential role of National Focal Points (NFPs) as points of communication between the WHO and Member States to further promote data and information sharing during global infectious disease outbreaks,

Emphasizing that the United Nations Department of Economic and Social Affairs (UN DESA) notes that 192 countries and regions have been affected by the COVID-19 pandemic,

Stressing the importance of basic procedures and international regulations for the mitigation of disease outbreaks, as according to the WHO, informing even 30% of the population could largely decrease infection and increase vaccination,

Further concerned that 9 out of 10 people in low-income nations will miss out on a COVID-19 vaccine next year according to the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA),

Further recognizing the 2020 #Vaccines4All initiative of the President of the UN General Assembly which aims to achieve equitable access and distribution of vaccines for all persons,



Alarmed by the report from Instituto Affari Internazionali (IAI) in *COVID-19 and the Global Vaccine Race* that some stakeholders (such as medical companies) focus on economic competition rather than collaboration and cooperation on key vaccines,

Persuaded that combating global disease outbreaks effectively will require timely and well-coordinated efforts to educate citizens on the availability of vaccines and the eligibility of citizens to receive vaccination,

Considering the need for Member States to follow the guidelines outlined in the *COVID-19 Strategic Preparedness and Response Plan (SPRP)* released at the beginning of 2021,

Encouraging Member States to utilize the already established WHO Infectious Disease Surveillance program as it offers insight concerning detection of possible infectious diseases and preventive measures that may inhibit diseases from maturing in epidemics,

Bearing in mind that according to the *Preventing the Next Pandemic: Zoonotic Diseases* report by the UN, spread of diseases from animal hosts to humans has been deeply intensified due to human impact on the environment, including environmental degradation and intensive farming,

Dismayed by the fact that according to the UN Statistics Hub, the global number of confirmed COVID-19 cases has reached 130 million and 2 million deaths in 2020 reaffirming the urgency to work multilaterally to decrease the rate of confirmed cases,

Observing that the Global Health Security Index has stated international preparedness for health emergencies is “very weak” - “more prepared” being an average of 50.1 and “least prepared” being an average of 16.7—with the index’s average overall score of 40.2 and rising to 51.9 for high-income countries, and that many countries generally were not prepared to face a pandemic such as COVID-19,

Firmly convinced that global pandemics such as COVID-19 require global solutions and international coordination,

1. *Invites* its allies at the UN to take comprehensive measures to educate citizens on the availability of vaccines within their own countries, as well as the eligibility of citizens to receive vaccination;
2. *Encourages* the establishment of Centers for Disease Control within the six established WHO regional offices, formally organizing a system of global infrastructure tasked with administering treatments, guidelines, symptom identifiers, vaccines, contact tracing, managing research, data collection and analysis, and preventative measures;
3. *Supports* the creation of an annual summit, entitled the International Summit on Pandemic Response, hosted by WHO in conjunction with the UN Office of Coordination of Humanitarian Affairs, to create a space for multilateral cooperation and dialogue on a unified international response to and reduction of disease outbreaks, and sharing of crucial research and scientific findings;
4. *Has resolved* in an effort to answer the need for the global distribution of reliable data to expand upon the WHO’s current educational efforts (i.e., the *Vaccines Explained* series) by seeking to promptly update citizens on the availability of vaccines in their country and upon the eligibility of citizens to receive vaccination, via:
 - a. The maintenance of a global database which would record the current status of vaccination eligibility and availability in each country;
 - b. The publication of this information on the WHO’s website and across all prominent social media platforms;
5. *Urges* Member States to act proactively in accordance with the SPRP by:
 - a. Developing a prompt and effective response for the occurrence of novel variants of COVID-19;
 - b. Creating a detailed plan for widespread distribution of vaccines in an equitable and effective manner;



6. *Stresses* the necessity of familiarizing the most vulnerable citizens on the dangers of the pandemics through multiple approved global educational campaigns by:
 - a. Sending speakers with direct experience with disease control to schools and universities to inform students;
 - b. Providing Public Service Announcements (PSAs) to those without internet access for isolated communities to better understand government regulations, with possible funding from both by the UN SDGs;
7. *Recommends* the strengthening of the WHO-International Telecommunications Union partnership by focusing on a new key collaboration area which will create an international database regarding existing digital health strategies to promote the accessibility, availability, and dissemination of data to:
 - a. Predict the medical supplies needed by Member States in times of public health emergencies through the use of emerging technologies;
 - b. Promote information sharing to reduce the redundancy of efforts by different stakeholders and work multilaterally with other international, regional, and national organizations;
8. *Further invites* the implementation of a flexible plan of action that ensures all Member States have the financial capacity to participate in large-scale efforts towards the management of infectious diseases through:
 - a. Utilizing international financial resources such as the Commonwealth Fund and the World Bank's financial capabilities to support Member States;
 - b. Suggesting Member States restructure their government spending to allocate a higher percentage of GDP towards their national healthcare systems;
 - c. Encouraging Member States to support each other by rapidly sharing resources through mechanisms such as the COVID-19 Vaccines Global Actions (COVAX) to stop the spread of the disease;
9. *Advises* nationwide restructuring of a nation's current economic wealth based on respective circumstance, in order to better distribute funds to those suffering job loss due to matters of global public health crises, while providing damage control in the inevitable case of economic collapse perpetuated by future pandemics, through:
 - a. Utilizing the International Monetary Fund's grant relief fund which promotes economic and health independence under the Catastrophe Containment and Relief Trust;
 - b. Prioritizing the reform of the framework for debt treatment under International Debt Architecture;
10. *Proposes* the development of a strong network comprised of experts focused on facilitating multilateral cooperation towards accurate data collection, testing, and analysis through a partnership with the website for NFPs, the Event Information Site, and make it more accessible to different stakeholders by:
 - a. Extensive research on health data systems and infrastructures in marginalized communities and individuals and distribution of the aforementioned data with stakeholders;
 - b. Increasing resources that support the establishment of modern technological information hubs to minimize errors in data collection and accuracy;
 - c. Incorporating well-existing databases such as WHO's Global Health Data Repository; Observation of possible global trends, data, future risk capabilities;
11. *Further recommends* the implementation of a Global Vaccine Transportation Plan by the WHO in conjunction with the Global Alliance for Vaccines and Immunizations (GAVI) as an expansion of COVAX and the Global Vaccine Action Plan to create a standardized, rapid vaccine distribution mechanism with a focus on remote and rural areas as well as low-income nations through:



- a. Providing Member States with access to resources and plans specific to response to pandemics;
 - b. Creating uniform yet adaptable guidelines based on the collection and analysis of data on disease contraction, accessibility to care, and mortality rates to determine distribution;
 - c. Encouraging multilateral cooperation to ensure a collaborative approach to this plan;
12. *Further urges* Member States to comply with the goals and procedures of the WHO to prevent the spread of contagious diseases during declared pandemics and streamline efforts of health sustainability, including:
- a. Defining essential travel as reasons related to medical necessities, military operations, and peacekeeping measures;
 - b. Limiting travel and trade between Member States during a declared pandemic, with high restriction of all non-essential travel across national borders, and precautioning against civilian travel during declared pandemics, recommending that if civilian travel is deemed necessary, precautions including relevant testing, quarantining, and vaccination should be taken;
 - c. Following proper sanitation methods;
 - d. Assessing and revising public health plans for emergency management to be in line with the International Health Regulations, ensuring reliable, quick, and effective responses;
13. *Further encourages* the formation of regional humanitarian coalitions in collaboration with COVAX and in adherence with WHO guidelines under the designation of the Emergency Coalition for Aid and Support (ECAS) that are capable of providing aid and support to developing Member States along with reporting on new COVID variants to local WHO offices in order to provide relief and reduce the opportunity for new COVID variants to spread by:
- a. Focusing on providing supplies such as PPE and medical equipment along with opening field hospitals for the facilitation of COVID testing, and COVID treatment;
 - b. Providing supplies and resources such as food and water to states whose economies have been impacted by COVID;
 - c. Gathering data on new COVID variants to share with regional WHO offices in order to combat the spread of new variants;
14. *Requests* all Member States work collaboratively to create international guidelines of preparing for and responding to global infectious disease outbreaks titled *Pandemic Preparedness and Response International Guidelines* (PPRIG) modeled after the PIP Framework that would include:
- a. Utilizing financial resources such as of the Commonwealth Fund and the World Bank to support Members States that would require financial assistance implementing approved vaccines, treatments, guidelines;
 - b. Annual reports from the Director-General to the World Health Assembly to disclose the progress of Member States concerning the implementation of the PPRIG Framework;
 - c. Member States working with the WHO Secretariat to establish and utilize a best practice sharing platform to promptly promote information sharing of successful containment methods;
 - d. Developing a strategy, in cooperation with IUCN, UNEP and other environmental and humanitarian organizations, that execute both proactive and retroactive measures that address key issues that impede the effectiveness of disease outbreak management mechanisms;
 - e. Emphasize the importance of considering the economic status of Member States, especially those which are lesser developed, in capacity-building efforts such as increasing health care system resilience to ensure resources are provided to those most in need;



- f. Bringing attention to medical-based NGOs such as Médecins Sans Frontières (MSF), MercyShips and International Medical Corps to encourage the intervention of international doctors and nurses in Lesser Developed Countries, which will ensure equitable access to medical personnel, especially those willing to educate other doctors.



Code: WHO/2/1

Committee: World Health Organization

Topic: Universal Health Coverage: Leaving No One Behind

The World Health Organization,

Taking into account the global healthcare system quality standards are insufficient and the most vulnerable Member States suffer the most when denied universal healthcare,

Further recognizing the importance of spreading awareness as reaffirmed by General Assembly resolution 72/138 on adopted in 2017 which proclaimed December 12th as International Universal Health Coverage (UHC) Day,

Convinced the amount of available hospital and doctors amongst communities within nations does not satisfy the demand our global population of 7 billion requires,

Acknowledging Article 12 of the *International Covenant on Economic, Social, and Cultural Rights* (1966) which states the importance of high health standards for all individuals,

Noting with alarm that economic devastation caused by the current pandemic has deprived over one-fourth of the world's population of the financial ability to obtain essential medicines,

Deeply concerned that antenatal care and primary care is not a healthcare service guaranteed to the population as ensuring these services are imperative to attain the goal of universal healthcare by 2030 set by Sustainable Development Goal (SDG) 3,

1. *Recommends* Member States collaborate towards setting guidelines that require all healthcare systems adhere to quality standards;
2. *Invites* the implementation of health care reforms paying particular attention to the most vulnerable people by:
 - a. Promoting hospital delivery as a standard of care and foreign support for countries that lack the resources to implement this;
 - b. Providing financial support through targeted subsidies;
 - c. Systematically rolling out health insurance targeting costs such as hospital delivery;
3. *Urges* Member States to subsidize educational programs in medical schools to incentivize the entry of medical students, increase the number of medical personnel in regions with low ratios of doctors to people, and encourage doctors to join medical-based NGOs in an effort to increase flow of medical assistance to lesser developed Member States by:
 - a. Establishing infrastructure;
 - b. Bringing attention to the need for medical personnel in lesser developed states;
 - c. Raising awareness of medical-based NGOs;
4. *Stresses* the importance of the creation of regional and international agreements to facilitate the transfer of medical supplies between Member States and enhance capacity building measures under the supervision of the WHO Secretariat.