WORLD HEALTH ORGANIZATION BACKGROUND PAPER

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Introduction to the chairs

Hello delegates! My name is Konstantinos Tigkas, and I will be one of your chairs in the MSKMUN 2021 conference. I am sixteen years old and a sophomore in the 1st high school of Kifissia. I play basketball and love to jog. I am also interested in politics and always make sure to be informed of the global issues. My MUN career started two years ago. Since then, I have attended six conferences. Last year was my first time chairing and I hope this year is going to be as good as the last. I am really looking forward to meeting each one of you and I am sure our cooperation will be exceptional. The WHO is a quite interesting committee and obviously topical, so I am confident that the results will be just on point. Feel free to contact me for any questions. The committee email address is: whocommittee2021@gmail.com My e-mail address is: kostantis.tigkas@gmail.com

Hello dear delegates! Welcome to the WHO Committee. I am Eirini and I have the pleasure to be the chair of this committee along with Konstantinos, my co-chair. I go to the 2nd High School of Kifissia and this is my first-time chairing. I used to play volleyball and I am now learning Chinese. I also enjoy debating and I am a member of my school's club. I initially participated in MUN as a delegate 3 years ago, and have participated every year since then, having really liked the whole concept. I am really excited to take part once again this year, but I am mostly excited to meet all of you delegates. If you have any questions regarding the committee you can contact me via mail: whocommittee2021@gmail.com or eirini.oikonomopoulou@yahoo.com

Topic 1: The question of anti-vacciners

Summary of the topic

The anti-vaccination movement is a perception claiming that vaccination should be avoided, in fear provoking medical disorders. The vaccine hesitancy first appeared in the 1870's and spread all around the world. In fact, WHO identified the anti-vax ideology as a top ten death cause in 2019.

There are numerous unfounded theories about vaccination, most of them claiming that vaccination often leads to serious, mainly cerebral issues. Medical, legal and moral factors are all involved. Hesitancy has boosted vaccine-preventable diseases causing massive outbreaks and thousands of deaths.

Definition of key terms

Anti-vaccination	The avoidance of being vaccinated.
Outbreak	Massive spread of a disease.
Vaccine-preventable diseases	Diseases that could be prevented by specific vaccines.
Autism Spectrum Disorders (ASD)	Developmental disability that can cause significant social, communication and behavioral challenges.
HCW	Health Care Worker.
Preventive healthcare	The health policy that aims for disease prevention.
Vaccine overload	Giving a person many vaccines at once.

SAGE	Strategic Advisory Group of Experts

Background Information

Vaccine refusal is massive vaccine hesitancy for the people and especially children. This is supported by parents and scientists, who claim that certain vaccines (influenza, MRR, the use of thiomersal) or the vaccine overload could lead to undesirable results concerning the safety and normal development of the vaccinated population. This movement has been active since the invention of vaccines.

Influences to vaccine hesitancy are either contextual (due to historic, sociocultural, environment al, health system/institutional, economic or political factors), or personal (personal perception of the vaccine or influences of the social/peer environment). So each country/region has t deal with different situations.

Romania is said to be the most affected country in Europe in terms of preventable diseases. More than 15,500 measles cases have been recorded this year - and more than 60 deaths - while a large Romanian diaspora across the Continent has been identified as a driver for outbreaks in other countries. According to the Balkan regional news agency BIRN, the spread of measles in the country is a result of distrust in Romania's health services "due to poor facilities and mismanagement".

India, the producer of approximately half of the world's vaccines, is in danger of falling victim to anti-vaccine hoaxes, largely driven by religion and tradition. Fake news are rapidly spreading in the region via the facebook-owned "What's Up".

There have been attempts to tackle the issue in the past. The California Senate Bill 277 and the No Jab No Pay policy (Australia) are two examples.

Numbers are breathtaking. Two to three million deaths are prevented each year worldwide due to vaccination and an additional 1.5 million deaths could be prevented each year if all recommended vaccines were used.

Although the 79% of the world population are advocates of vaccinations and acknowledge its uses, the remaining 21% is a threat for the whole world since their attitude is proven to harm others as well.

The WHO has clearly refused the so-called threats by organizing vaccinations, stating that it is the only way to stay safe. In fact, vaccination has resulted in the complete extinction of certain diseases.

What can be done? The WHO proposes that countries should incorporate a plan to measure and address vaccine hesitancy into their country's immunization program as part of good program practices, using and validating the compendium of potential vaccine hesitancy survey questions as one of other possible tools as this facilitates inter country comparisons. Countries should further undertake education and training of health care workers to empower these to address vaccine hesitancy issues in patients and parents. Lastly, vaccine hesitant behaviors within health care workers should be addressed.

Bloc Positions

There are no countries that question the importance of vaccination. However, there are countries where the anti-vaccination ideology is going worse (France) and others where it is not that much of a threat.

Since all officials are either against it or have not made any statements, we are expecting to see allies based upon other policies. The medical sector should be concerned at all aspects (commerce, businesses etc.)

Timeline of events

The diagram below shows some of the most popular anti-disease campaigns over the years, where they began from and which vaccine was the reason:

Questions that a resolution must answer

We are looking for complete resolutions, full of decisive measures and innovative ideas in order to come up with effective solutions. Here are some ideas to help you start your resolution and support your arguments:

- Should any legal actions be made?
- Could the media help (promotion, awareness)
- Should there be any medical implementations (e.g. vaccination frequency, dosage)
- Would research (biological, chemical, social) help?
- Could anti-vacciners change their perspective? If yes, how?
- Should the UN invest on particular sections (research, medicine, proper training)?
- Do fake news have any connection? How could they be banned? (TV, media control)
- What about mandatory vaccination? Is it the solution? Could it further issues?
- What about human rights (e.g. the right to heath)? Are they violated?

Resources for further research

All delegates should continue with their own research. Here are some sites to help you start:

https://www.bbc.com/news/health-49507253

https://www.theguardian.com/technology/2020/oct/13/facebook-vaccine-ads-ban

https://www.who.int/immunization/programmes_systems/summary_of_sage_vaccinehesitancy_2pager.pdf?ua=1

https://www.ohchr.org/documents/publications/factsheet31.pdf

https://wps.prenhall.com/wps/media/objects/12330/12626747/myanthropologylibrary/PDF/A_postmodern_Pandoras.pdf

https://www.thelancet.com/journals/landig/article/PIIS2589-7500(19)30136-0/fulltext

https://data.unicef.org/topic/child-health/immunization/

Sources used

https://www.buzzfeednews.com/article/peteraldhous/global-survey-vaccine-safety-measles-outbreaks

https://www.msdmanuals.com/professional/pediatrics/childhood-vaccination/anti-vaccination-movement

https://en.wikipedia.org/wiki/Vaccine_hesitancy

https://www.who.int/vaccine_safety/initiative/detection/immunization_misconceptions/en/index1.html

https://www.who.int/immunization/programmes_systems/summary_of_sage_vaccinehesitancy_2pager.pdf?ua=1

https://www.who.int/immunization/programmes_systems/policies_strategies/consent_note_en.pdf?fbclid=IwAR1IUKIk-EJ6GFtbkAi32QC0uDYWgRJbVpnRym_Qq3-CwciuIr9v80Xgkn8

https://www.bbc.com/news/health-48585036

Topic 2: The question of equal access to medical supplies and healthcare

Summary of the topic

The UN has envisaged the highest attainable standard of health as a fundamental right of every human being since 1946. The right to health is an inclusive right. We frequently associate the right to health with access to health care and the building of hospitals but the right to health extends further. It includes a wide range of factors that can help us lead a healthy life (safe drinking water and adequate sanitation, safe food, adequate nutrition and housing, healthy working and environmental conditions, health-related education and information, gender equality).

That been said, equal access to medical supplies and healthcare is a goal not yet achieved. In many parts of the world this right is being violated, especially in Third World Countries.

However, this violation is not limited to these countries since, in the current COVID-19 context, unprecedented challenges have been posed, new vulnerabilities have been created, and existing ones have been exacerbated for every country.

Definition of key terms

Term	Definition
Human rights	Rights inherent to all human beings, regardless of race, sex, nationality, ethnicity, language, religion, or any other status. Human rights include the right to life and liberty, freedom from slavery and torture, freedom of opinion and expression, the right to work and education, and many more. Everyone is entitled to these rights, without discrimination.
Healthcare	The set of services provided by a country or an organization for the treatment of the physically and the mentally ill
Equity (WHO Definition)	Fair opportunity for everyone to attain their full health potential regardless of demographic, social, economic or geographic strata
Availability	Need to have su¬fficient quantity of functioning public health and health-care facilities, goods and services, and programmes.
Accessibility	Health facilities, goods, and services must be accessible (physically accessible, affordable, and accessible information) to everyone within the jurisdiction of the State party without discrimination.
Acceptability	The social and cultural distance between health systems and their users determine acceptability. All health facilities, goods, and services must be respectful of medical ethics and culturally appropriate, sensitive to gender and age. They also need to be designed to respect confidentiality and improve the health status of those concerned.
Quality	Health facilities, goods, and services must be scientifically and medically approved and of good quality.
Respect	The obligation to respect requires States to refrain from interfering directly or indirectly with the right to health.,

Protect	The obligation to protect requires States to prevent third parties from interfering with the right to health.
Fulfill	The obligation to fulfil requires States to adopt appropriate legislative, administrative, budgetary, judicial, promotional and other measures to fully realize the right to health.
Equality and non-discrimination	The right to the highest attainable standard of health is a human right recognized in international human rights law. States have the primary obligation to protect and promote human rights. Human rights obligations are defined and guaranteed by international customary law and international human rights treaties, creating binding obligations on the States that have ratified them to give effect to these rights. Implementation of the United Nations core human rights treaties is monitored by committees composed of independent experts, often referred to as treaty bodies, such as the Committee on Economic, Social and Cultural Rights or the Committee on the Rights of the Child. The Human Rights Council created the mandate of the Special Rapporteur on the right of everyone to the highest attainable standard of physical and mental health.

Background Information

Nearly 2 billion people (approximately 1/3 of the world's population) lack access to essential medicines (WHO ''Medicines strategy: Countries at the core 2004-2007"). Unlike in high income countries, in low- and middle-income countries about 50% to 90% of the cost of medicines are paid by the patient out of pocket. Moreover, the median coverage of health insurance is 35% in Latin America, 10% in Asia, and less than 8% in Africa. Many factors affect access to medicine: in low- and middle-income countries, medicines account for 20% to 60% of the bare health cost. (The world medicines situation, WHO, 2004, Equitable access to essential medicines: A Framework for collective action, No.8 WHO, 2004). In the case of HIV, it is estimated that around 15 million people living with HIV need AVR treatment. However as of the end of 2009, only 5.2 received treatment. Elsewhere, unfair health financing mechanisms which leave households responsible for the cost of the essential medicines they need, place the heaviest burden on the poor and sick who are least able to pay. In some countries, 1/3 of people living in poor households receive none of the essential medicines they need for acute illness. The

persistence of unreliable medicines supply systems is one of the main reasons why many countries are unable to ensure a regular, sustainable supply of essential medicines. Failures at any point in the supply system can lead to shortages of medicines and avoidable suffering and deaths. In addition, inefficient procurement systems have been found to pay up to twice the global market price for essential medicines and lead to unnecessary waste of resources.

A rights-based approach to health requires that health policy and programmes must prioritize the needs of those furthest behind first towards greater equity, a principle that has been echoed in the recently adopted 2030 Agenda for Sustainable Development and Universal Health Coverage.

As stated by the ICESCR (International Covenant on Economic, Social and Cultural Rights), the steps to be taken by the state parties to the present covenant to achieve the full realization of the right in the enjoyment of the highest attainable standard of physical and mental health shall include those necessary for:

a) The provision for the reduction of the stillbirth-rate and of infant mortality and for the healthy development of the child
b) The improvement of all aspects of environmental and industrial hygiene
c) The prevention treatment and control of epidemic, endemic, occupational and other diseases
d) The creation of conditions which would assure to all medical service and medical attention in the event of sickness

Core elements of a right to health are: Progressive realization using maximum available resources and Non-retrogression. No matter what level of resources they have at their disposal, progressive realization requires that governments take immediate steps within their means towards the fulfillment of these rights. Regardless of resource capacity, the elimination of discrimination and improvements in the legal and juridical systems must be acted upon with immediate effect. Moreover, states should not allow the existing rights to deteriorate unless there are strong justifications for a retrogressive measure. To justify it, a State would have to demonstrate that it adopted the measure only after carefully considering all the options, assessing the impact and fully using its maximum available resources.

The right to health is NOT only a programmatic goal to be attained in the long term. The fact that the right to health should be a tangible programmatic goal does not mean that no immediate obligations on States arise from it. In fact, States must make every possible effort, within available resources, to realize the right to health and to take steps in that direction without delay.

Bloc Positions

There are no countries that question the right in healthcare.

As a result, we are expecting to see alliances based upon other policies.

Timeline of events

1946	•The WHO Constitution envisages the highest attainable standard of health as a fundamental right of every human being.
1948	•The Universal Declaration of Human Rights mentioned health as part of the right to an adequate standard of living (article 25)
1966	•Recognised as a human right in the International Covenant on Economic Social and Cultural Rights (article 12)
1978	•The Declaration of Alma Ata signified international commitment to primary health care and declared that health is a human right
1978	•The Harare declaration and Bamako Initiative spearheaded efforts to improve primary health care systems in Africa through decentralization
2002	•The Human Rights Council created the mandate of the special rapporteur on thje right of everyone to the highest attainable standard of physical and mental health

Questions that a resolution must answer

- What are the steps in order to achieve equal access to healthcare and medical supplies?
- How should governments, international bodies and NGOs cooperate to achieve this?
- How will the nations gather data in order to take evidence based measures?
- How will non-retrogression be asserted?
- How will equality in healthcare be achieved (especially in countries whose law does not promote and protect it)?
- How should states be held accountable?
- What about the privatization of healthcare?
- What about the ratio of skilled health workers to the populations needs?
- What about coverage gaps for populations that are not receiving a sufficient quantity of facilities, goods, services, and programmes?
- What about barriers to safe physical accessibility to facilities, goods, services, and programmes for vulnerable or marginalized groups?

Resources for further research

https://www.un.org/en/sections/issues-depth/health/

https://www.who.int/

https://search.ohchr.org/default.aspx

https://www.wma.net/ - https://www.wma.net/what-we-do/human-rights/right-to-health/

https://www.consilium.europa.eu/en/search/?filetypes=PAGE&Keyword=health -
https://fra.europa.eu/en

https://www.who.int/data/gho/whs-2020-visual-summary

Sources used

https://www.ohchr.org/en/professionalinterest/pages/cescr.aspx

https://www.undp.org/content/undp/en/home/librarypage/hiv-aids/universal-health-coverage-for-sustainable-development---issue-br.html

https://www.un.org/en/sections/issues-depth/health/index.html

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

https://www.ohchr.org/EN/Issues/Health/Pages/OverviewMandate.aspx

https://jech.bmj.com/content/58/8/655

https://fra.europa.eu/en/eu-charter/article/35-health-care#TabExplanations

https://apps.who.int/iris/handle/10665/68514

https://www.who.int/medicines/areas/policy/world_medicines_situation/WMS_ch6_wPricing_v6.pdf?ua=1

https://www.who.int/gender-equity-rights/knowledge/aaaq-infographic/en/