

Introduction to the Committee

The World Health Organization (WHO) was constituted in April of 1948¹, which was three years after the creation of the United Nations (UN) and headquartered in Geneva, Switzerland.² The WHO's objectives are laid out in the Six-Point Agenda, which represents the most pressing issues of the WHO, as decided by the World Health Assembly (WHA), the executive component of the WHO. As stated in the WHA's official mandate, this decision-making body's main objectives are: to create policies of the organization, set the agenda, vote and democratically choose the Director-General, review and approve potential program budgeting and oversee financial policies.³ When discussing and creating the UN, there was talk about creating an organization dedicated to the health of the world⁴, which is how the idea of WHO came about. WHO has been around for seventy two years and throughout that time, has made several significant impacts on the global community. One of the most notable accomplishments of WHO has been the total eradication of smallpox disease.⁵ The last victim of smallpox was recorded in 1977⁶, due to the vaccination efforts of WHO within the global community. WHO is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends.⁷ The agenda for WHO is composed of six key points⁸:

Many developing Member States need additional assistance providing targeted healthcare and implementing major initiatives. WHO aims to help increase access to health infrastructure globally. WHO also gives priority to health development that will serve disadvantaged, poor, or vulnerable groups.⁹ When a global health emergency happens, WHO wants to ensure that the world has the ability to defend itself from disease outbreaks. Health security factors that cause increased numbers in outbreaks are rapid urbanization, environmental mismanagement, the way food is produced and traded, and the way antibiotics are used and misused.¹⁰ Strengthening health systems. Poor, disadvantaged, and vulnerable groups often lack access to appropriate health systems. WHO is addressing issues regarding: trained staff, sufficient financing, suitable systems for collecting vital statistics, and access to appropriate technology including essential drugs.¹¹

¹ <https://www.who.int/about/who-we-are/history>

² "Who Organizational Structure," World Health Organization (World Health Organization), accessed September 26, 2021, <https://www.who.int/about/structure>.

³ "Constitution of the World Health organization1." Constitution of the World Health Organization. Accessed October 8, 2021. <https://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf>.

⁴ "What We Do," World Health Organization (World Health Organization), accessed September 26, 2021, <https://www.who.int/about/what-we-do>.

⁵ "Four Decades of Achievement : Highlights of the Work of WHO," World Health Organization (World Health Organization, January 1, 1988), <https://apps.who.int/iris/handle/10665/40590>.

⁶ *Ibid.*

⁷ *Ibid.*

⁸ *Ibid.*

⁹ *Ibid.*

¹⁰ *Ibid.*

¹¹ *Ibid.*

WHO sets priorities for defining strategies and measuring results. WHO sets the norms and standards for health information and monitors the global health situation. WHO collaborates and consults with leading health experts.¹² WHO partners with organizations all over the world, which include: governments, UN agencies, donors, civil society, and the private sector. WHO encourages partners to implement programmes in countries that align with technical guidelines and practices, while also aligning with the goals of the country.¹³ WHO aims to ensure quality and strength of its staff at both the international and country level.¹⁴

TOPIC I: **Ensuring Access to Clean and Safe Water**

Over 2 billion people in the world do not have access to clean and safe managed drinking water - meaning water is free from contamination and available when needed.¹⁵ Despite the movement towards universal access to clean and safe water, there are still gaps needing to be closed for populations that are most at risk, specifically indigenous populations...¹⁶ The underlying challenge to obtaining universal access to clean water is sanitation. Over 4 billion people in the world do not have access to safely managed sanitation facilities - meaning available when needed and access to facilities where waste is treated and disposed of.¹⁷ If sanitation efforts do not increase, diseases such as cholera, trachoma, and hepatitis A will continue.¹⁸ Considering most areas that lack access to safe water¹⁹ are Developing Member States²⁰, the poverty level is also high for those lacking access to clean water. Increasing access to safe managed water can boost economic growth and decrease poverty levels²¹, and decreasing poverty is the number one on the list of Sustainable Development Goals (SDGs)²², while universal access to clean drinking water and safe sanitation is goal number six.²³ The SDGs were adopted by all member states in 2015, so it can be inferred there is global support for decreasing poverty and increasing access to clean and safe water for drinking and sanitation purposes.²⁴

¹² *Ibid.*

¹³ *Ibid.*

¹⁴ *Ibid.*

¹⁵ "1 In 3 People Globally Do Not Have Access to Safe Drinking Water – UNICEF, Who," World Health Organization (World Health Organization), accessed September 27, 2021, <https://www.who.int/news/item/18-06-2019-1-in-3-people-globally-do-not-have-access-to-safe-drinking-water-unicef-who>.

¹⁶ *Ibid.*

¹⁷ *Ibid.*

¹⁸ *Ibid.*

¹⁹ "How Many Countries Don't Have Clean Water? Top 10 List and Facts," Lifewater International, October 12, 2020, <https://lifewater.org/blog/how-many-countries-dont-have-clean-water-top-10-list-and-facts/>.

²⁰ "UN List of Least Developed Countries," UNCTAD, accessed September 27, 2021, <https://unctad.org/topic/least-developed-countries/list>.

²¹ "Drinking-Water," World Health Organization (World Health Organization), accessed September 27, 2021, <https://www.who.int/news-room/fact-sheets/detail/drinking-water>.

²² "The 17 Goals | Sustainable Development," United Nations (United Nations), accessed September 27, 2021, <https://sdgs.un.org/goals>.

²³ *Ibid.*

²⁴ *Ibid.*

In 2018, WHO published their WASH strategy, which focuses on Water, Sanitation, and Hygiene. This strategy outlines plans and goals for the years 2018 to 2025. WHO's work has included drinking water, sanitation, and hygiene components from the inception of the Organization in 1948.²⁵ Since inception, WHO has issued publications similar to WASH that are designed to assist countries in developing national standards, informing regulations, and establishing effective surveillance systems.²⁶ The WASH initiative was created in response to the SDGs and is designed to “align with the SDGs, specifically relating to health, climate change, nutrition, and human rights.”²⁷ WHO's vision for WASH is to “substantially improve health through the safe management of water, sanitation, and hygiene services in all settings.”²⁸ WASH is a strategy for developing nations and developed nations. Member States and their government agencies are a vital part of implementing this strategy. The local and national governments of the Member States will help implement policies and programs dealing with public health, planning and regulation of drinking water supply, sanitation and wastewater management, water resources development and management, environmental protection, economics, finance, and statistics.²⁹ WASH partners with UN agencies, Member States, and non-governmental organizations (NGOs) to promote clean water initiatives. While there are still improvements to be made. As of 2020, around two billion people are dependent upon health care facilities that lack access to basic water services. In 2020, the COVID-19 pandemic struck each and every corner of the earth. Hospitals all over were overwhelmed, including the ones with little to no basic water services

TOPIC II:

Addressing Vaccine Delivery and Disease Eradication Efforts

The World Health Organization (WHO) reports that vaccines prevent 2 to 3 million deaths each year. Since 2000 over 17.1 million children have been saved from Measles. The lack of access to immunizations and other health services resulted in 17.1 million infants not receiving an initial dose of DTP vaccine in 2020, while another 5.6 million were partially vaccinated.³⁰ More than 60% of these 23 million children live in ten countries: Angola, Brazil, the Democratic Republic of the Congo, Ethiopia, India, Indonesia, Mexico, Nigeria, Pakistan and the Philippines. Data monitoring at subnational levels is essential for Member States to prioritize and tailor vaccination strategies and operational plans to close immunization gaps and enable them to reach everyone with life-saving vaccines. 194 Member States of the World Health Assembly in May 2012 endorsed the Global Vaccine Action Plan (GVAP); which aimed to prevent millions of deaths by 2020 through more equitable access to vaccines for all people regardless of where they are born, who they are or where they live.³¹ Through an unprecedented global effort in 1997, immunization strategies led to the eradication of smallpox in 1977. The WHO reported that there are now vaccines to prevent more than 20 life-threatening diseases, helping people of all ages live longer, healthier lives.³² This year the Secretary General António Guterres proposed the creation of

²⁵ “Who Wash Strategy 2018-2025,” World Health Organization (World Health Organization, 2019), <https://www.who.int/publications/i/item/WHO-CED-PHE-WSH-18.03>.

²⁶ *Ibid.*

²⁷ *Ibid.*

²⁸ *Ibid.*

²⁹ *Ibid.*

³⁰ <https://www.who.int/news/item/12-11-2015-measles-vaccination-has-saved-an-estimated-17-1-million-lives-since-2000>

³¹ <https://www.who.int/teams/immunization-vaccines-and-biologicals/strategies/global-vaccine-action-plan>

³² https://www.who.int/health-topics/vaccines-and-immunization#tab=tab_1

an emergency task force by the G20 countries to prepare and help implement a global immunization plan to combat COVID-19. COVID-19 continues to spread around the world, people in all countries are being encouraged to take precautions to prevent transmission, including in many countries by staying at home and physically distancing. Many services, including some health services, are being scaled back, the risk of further outbreaks of infectious diseases grows.³³ The healthcare disruptions caused by COVID-19 could have a devastating impact on child mortality. In 2020 80 million children under one year of age, live in a country that has reported some kind of disturbance to the immunization programme largely due to limited access to health centres, low availability of PPE for healthcare workers and fear of contracting COVID-19. WHO is helping countries as they balance the threat of COVID-19 with the threat of vaccine-preventable disease outbreaks and deaths that could result. ³⁴With global and regional guidance, as well as by facilitating the delivery of essential health supplies, WHO is providing knowledge and assistance to immunization programmes worldwide, throughout a rapidly evolving situation.

Across 39 countries and territories in the Americas, with lockdown restrictions easing, vaccination services that had been suspended in some countries are resuming. Vaccination services increased from 57% normal functionality to 79% in the same period.³⁵This was facilitated by using innovative approaches like mobile vaccination centres, drive through vaccinations, and vaccinating at schools and directly in homes. The risk of outbreaks of vaccine-preventable diseases continues as the pandemic grows in many areas around the world. In January 2020, as Cambodia confirmed its first COVID-19 case, it also confirmed 84 cases of measles. 341 measles cases were recorded in Cambodia in the first four months of 2020. As COVID-19 has taken hold, it has been vital that immunization efforts against measles continue. As a result, mobile outreach teams have visited communities, giving catch-up vaccinations to children least likely to visit health centres and hospitals. In high-risk communities, health workers have gone door to door and boat to boat in order to administer lifesaving vaccines to the most vulnerable.³⁶Due to the ongoing work of the outreach immunization programme, communities are familiar with health workers and have developed trust in them. This has led to the same health workers providing COVID-19 guidance directly to communities that may not understand the complexities of the virus and what is needed to stay safe.

In 2014, mass vaccination campaigns led by country governments with support from the Measles & Rubella Initiative and Gavi, the Vaccine Alliance, reached approximately 221 million children. Twenty-nine countries supplemented their routine vaccination programmes with mass immunization campaigns, helping to reduce measles incidence in 4 out of 6 WHO regions last year. Overall, since 2000, these campaigns have enabled 2 billion children to receive a supplemental dose of measles vaccine. The Immunization Agenda 2030 (IA2030) sets an ambitious, overarching global vision and strategy for vaccines and immunization for the decade 2021–2030. It draws on lessons learnt, acknowledges continuing and new challenges posed by infectious diseases and capitalizes on new opportunities to meet those challenges. IA2030 positions immunization as a key contributor to people’s fundamental right to the

³³ <https://www.who.int/westernpacific/emergencies/covid-19/information/physical-distancing>

³⁴ <https://www.who.int/news-room/feature-stories/detail/how-who-is-supporting-ongoing-vaccination-efforts-during-the-covid-19-pandemic>

³⁵ <https://www.who.int/news-room/feature-stories/detail/how-who-is-supporting-ongoing-vaccination-efforts-during-the-covid-19-pandemic>

³⁶ <https://www.who.int/news-room/feature-stories/detail/how-who-is-supporting-ongoing-vaccination-efforts-during-the-covid-19-pandemic>

enjoyment of the highest attainable physical and mental health and also as an investment in the future, creating a healthier, safer, more prosperous world for all. IA2030 aims to maintain the hard-won gains and also that we achieve more – leaving no one behind, in any situation or at any stage of life. IA2030 is intended to inspire and align the activities of community, national, regional and global stakeholders – national governments, regional bodies, global agencies, development partners, health care IA2030 provides a long-term strategic framework to guide a dynamic operational phase, responding to changes in country needs and the global context over the next decade.³⁷ This document is therefore just the beginning. The IA2030 global vision and strategy will be complemented by annexes providing detailed technical information on the strategic framework, together with new and existing strategies and immunization plans, including those for disease specific programmes to control, eliminate or eradicate disease. IA2030 will become operational through regional and national strategies, a mechanism to ensure ownership and accountability and a monitoring and evaluation framework to guide country implementation.³⁸

³⁷<https://www.who.int/news-room/feature-stories/detail/how-who-is-supporting-ongoing-vaccination-efforts-during-the-covid-19-pandemic>

³⁸<https://www.who.int/news-room/feature-stories/detail/how-who-is-supporting-ongoing-vaccination-efforts-during-the-covid-19-pandemic>

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