

2024

# NLCSD MUN

## COMMITTEE

# WHO

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NLCS DUBAI

MODEL UNITED NATIONS

Written by: Trinity Oduneye-Braniff

Editors: Kiara Thomas and Emma Poirot

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# WHO COMMITTEE

The World Health Organisation is an associate of the United Nations which intends on fostering worldwide health on both local and international scales. They are comprised of 194 member states, helping each of them achieve the highest possible standard of health within their respective confines. They coordinate the world's response to global endemics and healthcare issues—especially those following large-scale conflicts. According to their website they “promote healthier lives – from pregnancy care through old age.” They are best recognised for their work in the eradication of smallpox, where in 1980 they were able to declare smallpox officially eradicated. This, by worldwide standard has been recognised as one of the most successful global health successes in history. They have six regional offices, and headquarters in Geneva, Switzerland. Their development corresponding directly with the third UN sustainable development goal: Good Health and wellbeing. They have five fundamental functions: “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.” (United Nations)

The World Health Organisation in its seventy-five years naturally has had its share of successes and failures. Some of their successes include: Reduction in malaria transmission, General Fight against tropical diseases, Control of yellow fever and most notably the eradication of smallpox. An example of a failure within the WHO was their delayed response to the Ebola outbreak of 2014. The average Ebola case had a 50% mortality rate, making it an extremely severe illness, resulting in widespread devastation. The outbreak very quickly developed into a humanitarian emergency. They gained information on it by sending epidemiologists to west Africa (Guinea specifically, where the outbreak began). All this aside, while knowing of the imminence of the situation, as well as the required efforts to remedy the situation; their response was much delayed. Some speculate that the reasoning was due to the illness being largely in Africa, a continent where none of the Big 5 Nations reside.

# COMMITTEE

**Under the United Nations Charter, the functions of the World Health Organisation are:**

1. Providing leadership on matters critical to health and engaging in partnerships where joint action is needed.
2. Shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge.
3. setting norms and standards and promoting and monitoring their implementation;
4. Articulating ethical and evidence-based policy options.
5. Providing technical support, catalysing change, and building sustainable institutional capacity.
6. Monitoring the health situation and addressing health trends.

When there is a health crisis, epidemic or pandemic of any sort. The World Health organisation will be notified accordingly, and they are responsible for coordinating a response. They determine a course of action to remedy the situation. The World Health Organisation has therefore become our globe's foremost resource in pathogen defence.

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# TOPIC 1

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The Urbanisation of Healthcare in developing countries

Primary Healthcare is referred to as a “whole-of-society approach to effectively organise and strengthen national health systems to bring services for health and wellbeing closer to communities” (World Health Organisation)

These primary healthcare systems are so essential as they enable health systems within nations worldwide to underpin every individual’s healthcare requirements, in improving their general health, and defending them from disease. This ranges from physical ailments to mental disorders of any kind.

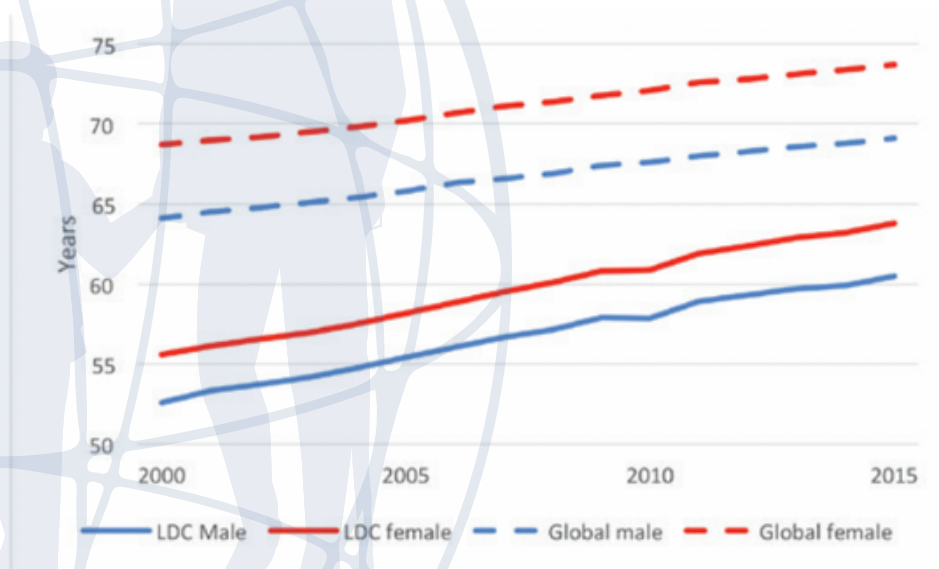
In countries of development, which may not have had the same opportunities as others due to war, conflict, and other such issues; this primary healthcare may be lacking. Thus, as a worldwide organisation responsible for the health of every citizen of the world, the World Health Organisation must out forth their efforts to prioritising and Urbanising healthcare in developing countries.

Africa is forecasted to host majority of the Earth’s population as the years progress, with it currently being one of the least populated nations in the world. Therefore, for the benefit of overall public health, it is imperative that healthcare is urbanised in West and East Africa, especially as it currently holds the least urbanised nations in the world, from all angles. It is no secret that Africa had been subject to colonisation and war on so many fronts, therefore disrupting its natural progression as nations to this day still fight for stability and order. If the World Health Organisation is truly intent on fostering worldwide health, they must begin with guiding Africa and its many struggling nations to the medicinal track of the 21st century, which they have in some cases not been granted liberty to do.

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# TOPIC 1

The development of healthcare in these nations plays a pivotal role in shaping our world for the future. In reducing the disparity between nations around the world, and guiding those nations who may be struggling on the front of development to the methods of today. It is impossible for us to genuinely make headway with the sustainable development goals if we do not adopt an equitable methodology to improving the quality of life of citizens worldwide. Those residing in LDC's (least development countries), who likely do not possess the ability to help themselves, must receive special attention from these committees set in place to help them, if not, who can they rely on?



Male and female life expectancy in LDCs and globally (iris.who.int)

The graph does express a consistent growth in the life expectancy of human beings in LDCs, it implies a success of the WHO, in its efforts to improve both the health and quality of life of the civilians in those nations. However, with the dotted line we can observe the global average life expectancy increasing in turn, still margins ahead of those in the LDCs, the only way to eliminate the disparity between us as a species is to make an active effort to implement equal healthcare worldwide.

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# TOPIC 1

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An example of the healthcare in LDCs being inadequate is in the low quantity of tetanus toxoid and pertussis vaccinations being distributed in them. Women in LDCs also receive a significantly less amount of prenatal healthcare visits, reducing the birth-rate in these countries, and resulting in an increased quantity of complications that follow. “Only 17 percent of mothers and children in the poorest fifth of households in low- and lower-middle income countries received at least six of seven basic maternal and child health interventions, compared to 74 percent for the wealthiest fifth of households.” (World Health Organisation)

“The impacts of climate change on health are exacerbated in many Asian LDCs – including Bangladesh, Cambodia, Lao PDR, Myanmar, Nepal, and Timor-Leste (East Timor)” (World Health Organisation) Climate change, the United Nations recognises, is a significant challenge which faces our world, in its recent explosive effects, now more than ever is it important for the WHO to get a head start on improving healthcare in these South Asian LDCs. Those LDC’s who’s healthcare systems already struggle to resolve the prevailing healthcare emergencies, let alone the impending climate-change related healthcare emergencies that threaten to precede them.

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# HISTORY AND PAST UN ACTIONS

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Since its development, this notion of addressing worldwide healthcare and improving it on all fronts has been an important goal of theirs. They have been somewhat successful in that there has been an apparent increase in healthcare accessibility during the 21st century, essential preventative care such as immunization, antiretroviral treatment for HIV and even insecticide-treated bed nets to discourage malaria transmission have been enacted into LDC's society thanks to the WHO's efforts. (Mamiko Yoshizu)

While these successes are worthy of noting, their significance is tainted as there still remain large inconsistencies in the healthcare that is received in Southern Asia and Sub-Saharan Africa. There is even a challenge in areas like Eastern Asia, Latin America, and Europe, where access to preventative care is sparse, and insurance systems are not yet up to par, the average person still having to use up to 10% of their budget within their household to pay for 'out-of-pocket' healthcare expenses.

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# PROBLEMS AND SOLUTIONS

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Healthcare and its relative costs are a prevailing issue in any society, to combat these costs is a great feat and that is the reason it can sometimes be neglected within LDCs. Initiatives

**There are many things the WHO can do to improve the healthcare systems in LDCs:**

## **1. Allocation Issues:**

Many LDC's main issues are their problems with allocating resources, where the healthcare sector is often neglected. To properly improve healthcare on these LDCs, the WHO must encourage the allocation of capital resources to the healthcare sector of their respective economies. Furthermore, the private sector of healthcare should be encouraged to allocate their personal efforts and resources to advocating for the basic needs of individuals within their nation. A large problem is that they usually focus on larger scale issues (as that generates more revenue) whereas the real healthcare problems lie in the fundamental, immunization, vaccination, base level preventative care. The WHO should potentially encourage and aid nations in subsidising their private healthcare sectors.

## **2. Efficiency Problem:**

Lots of healthcare systems cannot properly combat the healthcare emergencies that prevail within their region as there are too many to address. Therefore, without effective methods and systems in place, they cannot truly provide the care that is required. Not only that but due to the allocative inefficiency of the resources, people cannot get the care they require. For example, when high profile patients use higher-level healthcare facilities for lower severity issues, this eliminates space for those who genuinely require the facility for their treatment. "Typically, urban health facilities (both clinics and hospitals) are overcrowded, while rural facilities have few clients. In Colombia and Somalia [LDCs], tertiary care hospitals in major cities have occupancy rates of over 80 percent, while secondary hospitals in smaller towns have rates of 40 percent or less" (International Monetary Fund) The WHO should encourage the improvement of healthcare systems by aiding those nations who cannot develop them themselves.

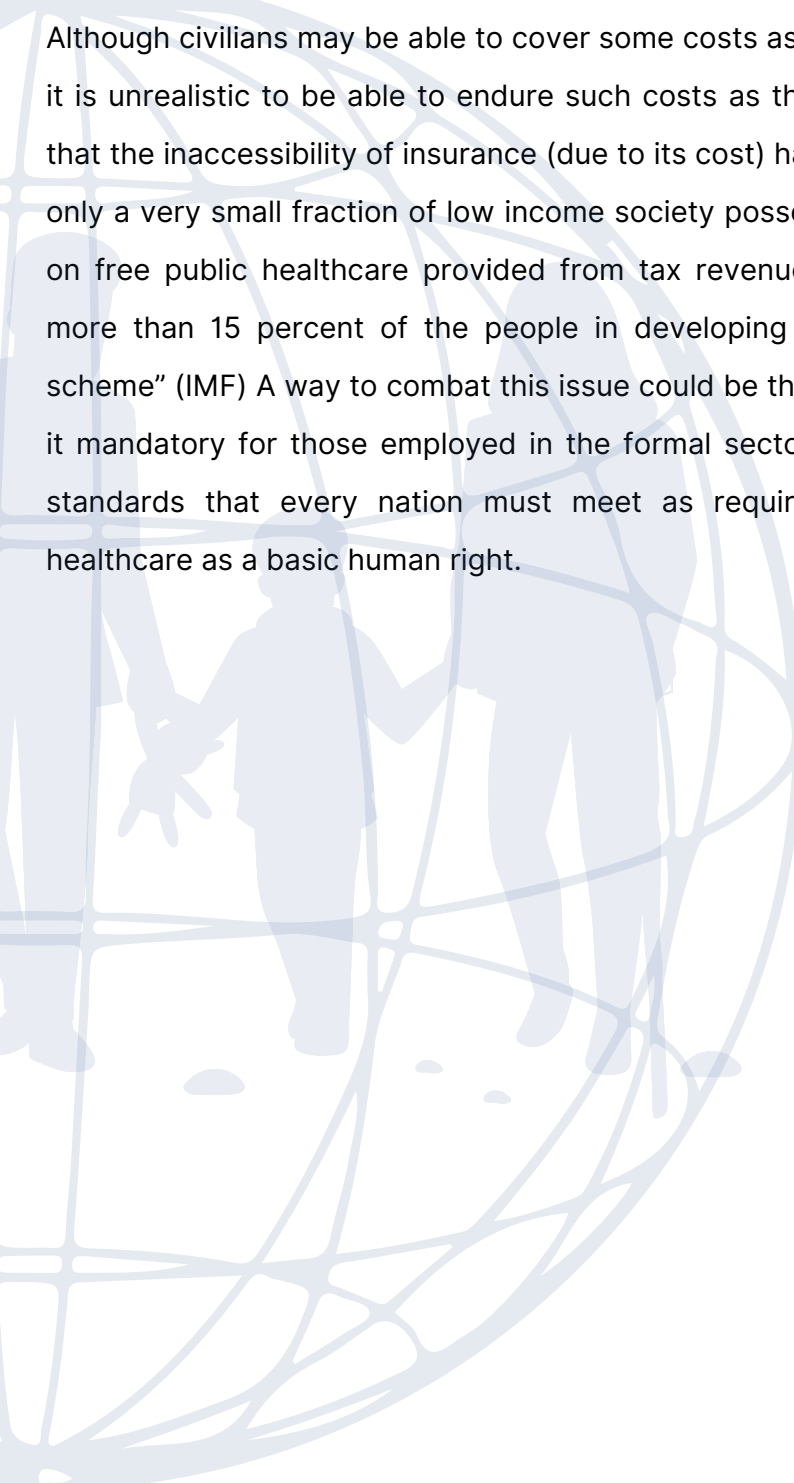
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# PROBLEMS AND SOLUTIONS

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### 3. Insurance inaccessibility:

Although civilians may be able to cover some costs associated with healthcare issues on some occasions, it is unrealistic to be able to endure such costs as they accumulate in the long run. It is a standing fact that the inaccessibility of insurance (due to its cost) has discouraged people from investing in it. Currently only a very small fraction of low income society possess health insurance plans, with the majority relying on free public healthcare provided from tax revenues and their own personal payment. Currently “no more than 15 percent of the people in developing countries take part in any form of risk-coverage scheme” (IMF) A way to combat this issue could be the government enforcing health insurance by making it mandatory for those employed in the formal sector. Once again the WHO should work to implement standards that every nation must meet as requirement, ensuring every citizen experiences good healthcare as a basic human right.



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# QUESTIONS TO CONSIDER

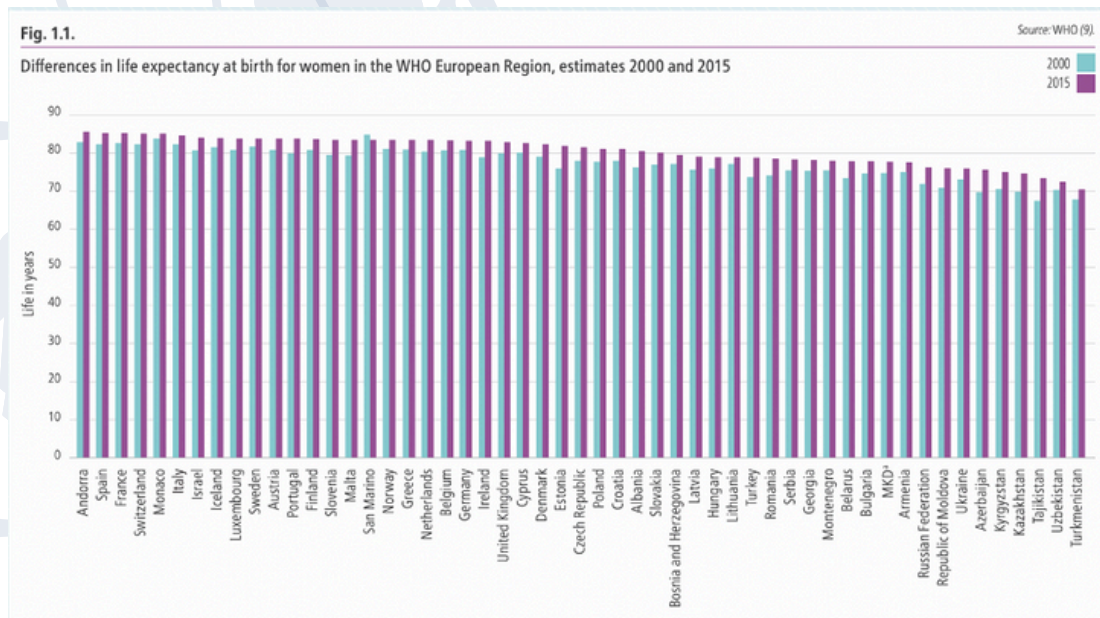
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1. Is the lack of efficient and effective healthcare systems in LDC nations which reside in South Asia, Africa, and South America akin to the fact that none of the UN Veto powers reside in those regions?
2. What the WHO's role be in improving the overall public health in LDCs internationally?
3. Should LDCs really rely on the WHO for the resolution of the problem?
4. How can HDC help the LDCs in this respect, corresponding with the UN goal that is fostering friendly relations among nations internationally.
5. Should there be stricter regulations on the minimum requirements for healthcare in a nation to encourage an LDC's government to allocate resources in that direction?

# TOPIC 2

Access to preventative care in women in Eastern Europe (cancer, viruses, diseases etc.)

Despite healthcare in Europe being generally successful, it is no secret that western Europe receives more care, while eastern Europe (despite still being more fortunate than some other continental areas) lags behind. Take for example this graph which measures life expectancy throughout Europe. The labels below (as they descend from highest to lowest life expectancy) almost travel from west to east, the lowest life expectancies being the eastern-most nations within the continent



Source: World Health Organisation (Measuring Women's health and wellbeing in Europe through life expectancy)

“Women in Eastern Europe score worse than other women in Europe on all three aspects, but their high dissatisfaction with the availability of quality healthcare where they live stands out most: The majority (57%) of women in Eastern Europe are dissatisfied with the availability of quality healthcare where they live, compared with 37% in Southern Europe, 22% in Northern Europe and 18% in Western Europe.” (Ray)

The WHO must focus their energies on improving healthcare within these Eastern European nations, to mediate the dissatisfaction of women from a healthcare standpoint, and to disseminate speculation of bias that may follow if they continue to ignore women’s healthcare emergencies.

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## TOPIC 2

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Aside from general healthcare, a focal point of the WHO should be the prevention of terminal and other serious illness. For example, cervical cancer: it is the second most prevalent cause of death within women from Eastern Europe and Central Asia. Not only does it cause personal healthcare issues, but it also leads to large-scale socio-economic distress as people struggle to support themselves financially (post-diagnosis), and it disrupts their personal lives and relationships. “A key reason to prioritise cervical cancer prevention is because it primarily affects younger women, with the majority of cases occurring between 35 and 45 years of age.” (UNFPA) This age bracket being primarily comprised of those women who would be a component of the workforce, therefore as their lives are put on hold, not only will their home relationships be disrupted, but they will also be removed from the workforce and will no longer be able to contribute to their nation’s economy.

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## TOPIC 2

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Every year, there are more than 38,000 new cases and 18,000 deaths from cervical cancer in the region [Eastern Europe], representing rates up to 10 times higher than in Western Europe.” A notable reason as to why this is such a distressing concept, is that almost every individual one of these cases could have been prevented (at least to the magnitude of which they were developed) had a proper screening system been implemented.

The World Health Organisation defines good health as being mentally and physically well, as being in a “state of complete physical, mental and social well-being” (WHO) Therefore in order to make a complete analysis on its success (or otherwise failure) within Eastern Europe, we must look to the mental health or happiness index of women in that region. Unfortunately, mental health is another area where healthcare initiatives have not been set in place to protect women. Rates of mental health illness in women are increasing with time, in all parts of Eastern Europe. “In addition, evidence of the interaction between mental health and other chronic conditions during the later stages of life is increasing.” (WHO) Not only will physical ailments damage the bodies of those who suffer, but it will also damage their morale. Whether it be due to the lack of physical care they can receive, its expense, its negative impact on women’s lives, or external factors, resolving the issue needs to be a priority.

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# HISTORY AND PAST UN ACTIONS

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**In the past in order to improve public health and wellbeing in women in Eastern Europe, the WHO has partnered with the UNFPA to:**

- Give subject specific expertise in every area regarding cervical cancer prevention, as well as encourage the development of the necessary equipment and practice.
- Help with regional and national advocacy initiatives to create 'evidence-based' methods of cervical cancer prevention.
- They supported regional collaboration and 'south-south' cooperation initiatives like: The Black Sea Countries Coalition for Breast and Cervical Cancer Prevention.
- They have examined the capabilities and capacities of countries to experiment, develop and operate the institutional screening programmes, and ventured to improve them to a point of the highest possible standards of practice.
- They have built relations and networks technically with the best international practices, this includes the International Federation of Cervical Pathology and Coloscopy as well as the European Cervical Cancer Association.

Despite these initiatives there is still yet work to be done, although the WHO addresses the significance of Cancer and other terminal illnesses in women of Eastern Europe, they do not take into account the inevitable impact it would have on their mental health, and therefore they fail to protect their health by their own definition.

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# PROBLEMS AND SOLUTIONS

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1. A healthcare initiative should improve prenatal healthcare for women in eastern Europe, encouraging regular visits to avoid complications during labour and postpartum. This should be in unison with 'evidence-based' practices followed within the nation to respect their cultural elements.
2. They should implement systems which cater to the mental health requirements in women as mental illness becomes more and more prevalent in the region, especially for those who struggle with terminal illness considering the aforementioned relationship between the two.
3. Establish a system where medical progressions within the region are shared in their evidence and information, encouraging the equal development of healthcare throughout Europe; no longer restricted to the west, considering the known partiality.
4. Enforce or mandate regular screening in certain ages of women, making it less costly or more accessible especially if it is to be compulsory. This reducing the likelihood of women developing cancer and other related cervical and reproductive illnesses.
5. Overall improvement of preventative care as an element of their system.



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# QUESTIONS TO CONSIDER

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1. Is Ukraine's healthcare emergency in Eastern Europe and the WHO's lack of assistance to them a result of their conflict with Russia as a veto power of the UN?
2. Should the WHO be more involved in the healthcare initiatives of these relative nations, or would their involvement interfere with a nation's rights to privacy and self-government?
3. Are nations with lacking healthcare systems more susceptible to outward conflict?
4. What role should the United Nations really play in improving this healthcare in Europe?
5. Should other nations in Europe really have to share their developments so that the region reaches overall advancement?

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