KIIT INTERNATIONAL MODEL UNITED NATIONS

STUDY GUIDE

WORD OF WELCOME

Distinguished delegates,

Welcome to KIIT International e- Model United Nations Conference. We are Ankit, Ankita and Kirandeesh and it is our honor to be chairing this prestigious committee.

Ankit Mazumdar is a Master's in Biotechnology currently working as a researcher and educator at Trusity. He grew up in Guwahati, Assam. He'll be serving as the Director General for this edition's WHA. He is looking forward to experiencing KIITMUN and he cannot wait for the interesting debates and collaboration to take place among the delegates.

Ankita Kar is a final year law student at Symbiosis International University. She currently serves as the head of Academics and Research Committee. She's born and brought up in Bhubaneswar, Odisha. For this year's KIIT international's e-model United Nations, she will be serving as the Deputy Director General of WHA.

She's looking forward to a structured debate that will help us in furthering our agenda and successfully getting a resolution at the end of this conference.

Kirandeesh, an aspiring researcher from MSU, USA. At the age of 18, she has made it to volunteering at the UN, which she feels is just a headstart to her journey. Apart from this, she is a published writer who has done several international Model UN conferences as well in the capacity of executive board. You can call her an all-rounder, you should perhaps because that is what she likes to hear. She hopes that the delegates are able to meet up to her expectations for the conference.

The topics under discussion for the World Health Assembly are:

1. Combating the spread of COVID-19 with emphasis on procurement and distribution of vaccines for the third world countries.
2. Review of the Global actions plan for healthy lives and well-being for all with special emphasis on sexual and reproductive health.

We are certain that attending KIIT e-MUN is an opportunity for all of us to come together, debate global issues and experience the art of diplomacy. You can improve your academic skills and form strong friendships with likeminded peers.

We sincerely hope that the sessions will provide you with an interesting look at the complex issues and that you will leave the conference with a more critical eye for the unique problems and solutions that are being faced by our modern-day world.

We expect each of you to respect the platform you are becoming a part of. Use this chance to speak up and believe that you can make a change.. We are looking forward to fiery arguments, bizarre elucidations and bursting sessions of diplomatic spectacle to amaze us.

If you have questions concerning your preparation for the committee or the conference, please contact us at:

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We wish you all the best for your preparation for the conference and look forward to seeing all of you at KIITMUN.

GENERAL INFORMATION ABOUT THE WHO

Introduction and History of the World Health Organization

The World Health Organization (WHO) is the supervising and coordinating authority on global health within the UN. Article 1 of the WHO Constitution states that the objective of the WHO is "the attainment by all peoples of the highest possible level of health". Health is defined in the preamble as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". The WHO is a specialized agency of the UN and works with other specialized UN agencies through the coordination of the Economic and Social Council of the UN (About the UN, n.d.). The WHO produces health guidelines and standards, supports countries in their public health issues as well as finances and promotes health research. Through the organizational framework of the WHO, governments, UN entities, professional groups and NGOs can jointly deal with global health and improve all people's well-being (Working for Health, WHO, 2007).

The organization has quite comprehensive leadership priorities. Its current priorities are:

- Advancing universal health coverage by empowering countries to sustain or expand access to health services, financial protection and effective, affordable medical products.
- Combatting communicable diseases (CDs), like HIV/AIDS, Ebola, Malaria, Tuberculosis
- Addressing non-communicable diseases (NCDs), mental health, injuries, and disabilities.
- Promoting Healthy Lives through sexual and reproductive health, healthy ageing; good nutrition, food security, healthy eating; occupational health, substance abuse prevention
- Addressing the socioeconomic and environmental determinants of health to reduce health inequalities within and between countries
- Making sure that all countries can detect and react to public health threats through the International Health Regulations (The Guardian of Public Health, WHO, 2016)

Moreover, the WHO is responsible for the **World Health Reports**, a series of worldwide World Health Surveys. They provide information for policymakers, donor agencies, international organizations and others to help them in deciding health policy and funding (Global Health Observatory Data, n.d.). The WHO also organizes the **World Health Days**: global health awareness days celebrated every year which draw attention to important global health issues (WHO Global Health Days, 2017).

Accordingly, the WHO has defined its role in public health as follows:

- Providing leadership on health and engaging in partnerships where joint action is needed;
- Shaping the research agenda and stimulating generation and dissemination of knowledge;
- Setting norms and standards and promoting and monitoring their implementation;
- Articulating ethical and evidence-based policy options;
- Providing technical support and building sustainable institutional capacity; and
- Monitoring the global health situation and assessing health trends (About WHO, n.d.).

The very distant origins of the WHO can be traced back to the beginning of the 20th century, when its predecessor, the **Health Organization** of the League of Nations, was founded. The WHO was established on April 7th, 1948 and inherited the mandate and resources of its predecessor. The First World Health Assembly met in 1948 and established early priorities for the organization: eradication of malaria, tuberculosis, venereal diseases, maternal and child health, sanitary engineering, and nutrition (McCarthy, 2002). The biggest success of the WHO so far is the **eradication of Smallpox**: In 1958 the World Health Assembly decided to undertake a global initiative to eradicate smallpox, a serious disease with an overall mortality rate of 30–35 percent. After over two decades of fighting smallpox, the WHO declared in 1979 that the disease has been eradicated – the first disease in history to be eliminated by human effort (WHO Emergencies Preparedness, n.d.).

In 1969 the **International Health Regulations (IHR)** were established as an international legal instrument that is binding on all countries across the globe, including all Member States of WHO. The IHR are aimed at preventing and responding to public health risks that have the potential to transcend borders and threaten people in many other countries. Additionally, the IHR are designed to avoid unnecessary interference with international trade and travel. They have been modified several times to adapt to changing state of global health issues (FAQ about the IHR, 2005). The first **list of essential medicines** was created in 1977, registering all medicines that "satisfy the priority health care needs of the population"; According to the WHO, all people should have access to these medicines in sufficient amounts (Essential Medicines, 2015). Just one year later, the ambitious goal of **"health for all"** was declared: The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition (Mahler, 1981). In 1986, WHO started to fight against HIV/AIDS pandemic and ten years later **UNAIDS** was formed, a program for comprehensive and coordinated global action on HIV/AIDS (UNAIDS Fact Sheet, 2001).

The **Global Polio Eradication Initiative** was established in 1988. It is the largest public health initiative in history with the aim of eradicating one of the most worrying childhood diseases. This resulted in gains in child survival, reduced infant mortality, increased life expectancy; reduced the annual cases from the hundreds of thousands to 37 cases in 2016 (Polio Eradication Initiative, n.d.).

Currently, the WHO works together with other UN entities to realize the **Sustainable Development Goals (SDGs).** The SDGs followed the **Millennium Development Goals**, in which the WHO also played a vital role. The WHO works on **SDG 3 "Good Health and well-being"** by improving maternal health, ending epidemics, decreasing child mortality, achieve universal health coverage and ensuring access to sexual and reproductive health care services WHO SDG 3, n.d.).

Modus Operandi of the World Health Organization

Membership in the WHO

Membership in the organization is open to all states according to article 3 of the WHO constitution. All UN member states and other countries may be admitted as members when their application has been approved by a simple majority of the World Health Assembly (Article 6 of the WHO constitution).

As of 2017, the WHO member states list includes 194 member states, all of them are also Member States of the UN, except for the Cook Islands and Niue. Additionally, the WHO has two associated members, Puerto Rico and Tokelau. Liechtenstein is currently the only UN Member state which is not part of the WHO. Several countries have observer status in the World Health Assembly: The Holy See, Order of Malta, the Palestinian Authority, the European Union, Taiwan (as Chinese Taipei) and the International Committee of the Red Cross.

Structure of the WHO

According to article 9 of the WHO constitution, the organization consists of three organs: (a) the **World Health Assembly (WHA)** is the supreme decision-making body of the WHO. All WHO member states appoint delegations, (usually their health ministers) who meet once per year in Geneva, the location of WHO Headquarters. Together they are a forum through which the WHO is governed.

The responsibilities of the WHA are:

1. appointing the Director-General every five years
2. electing the Executive Board consisting of 34 members for 3 years
3. voting on matters of policy and finance of WHO, including the proposed budget
4. reviewing reports of the Executive Board and decides whether there are areas requiring further examination. (WHO Governance, n.d.)

(b) the **Executive Board** carries out the decisions and policies of the Assembly. Moreover, they advise the WHA and facilitate its work. It can be summarized as executive organ of the WHA. Its 34 members are elected due to their qualification and reputation in the field of health but also according to their home country, thus creating an equal geographical representation (WHO Governance, n.d.).

(c) The **Secretariat** comprises the **Director-General** and the technical or administrative staff of the WHO. The Director-General is the chief technical and administrative officer of the Organization but is subject to the authority of the Executive Board. According to the constitution, the Director-General is by the right of their office the Secretary of the WHA.

On the regional level, the WHO has established regional offices to meet the special needs of an area. The regional divisions are: Africa (AFRO), Europe (EURO), Americas (AMRO), Eastern Mediterranean (EMRO), South-East Asia (SEARO) and Western Pacific (WPRO).

Many decisions are pre-made at the regional level, including important discussions over WHO's policy and budget. The natural cooperation partners can therefore be found within the respective regional division of the WHO. Voting blocks in the WHA also usually form according to regional interests.

Budget of the WHO

The programme budget 2018–2019 is US$ 4421.5 million, which comprises the "base" programmes (CDs, NCDs, Health Systems, Health Promotion, Health Emergencies Programme) and special programmes (polio, research and training in tropical diseases and human reproduction), and the event-driven component of Outbreaks and crisis response.

The budget is financed through assessed and voluntary contributions. Assessed contributions are the dues countries pay to be a member of the Organization. The amount for each member is calculated according to the country's wealth and population.

Assessed contributions have been declining for the past years and account for one quarter of the funding by now (WHO, Summary of Assessed Contributions, 2017). Voluntary contributions come from Member States adding to their assessed contribution or from organizations and private persons. Nowadays, voluntary contributions account for three quarters of the WHO funding. However, voluntary contributions are usually earmarked for specific purposes, thus reducing flexibility of the WHO budgeting (WHO Voluntary Contributions, n.d.). Hence, delegates should pay special attention to funding in their health policy recommendations: the WHO is an institution that has to deal with financial inflexibility and funding issues.

Procedures and Voting

KIITMUN will simulate the World Health Assembly (WHA), since it's the WHO's supreme decision- making body. Governance mainly takes place in this forum of 194 member states and associates. Each delegation will have one vote in the WHA. In order to pass a resolution a simple majority (1/2 of votes) of the delegations present is needed.

The procedures and voting within the WHA are the MUN standard. The only exception in the WHA are the International Health Regulations. The IHR are the only internationally binding legal instrument besides UN Security Council Resolutions (What are the IHR, 2016). This enables delegates in the WHA to demand certain policy action (within the framework of the IHR) from the international community. Delegates can use this legal advantage in their health policy recommendations.

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AGENDA 1

CORONAVIRUS OR COVID -19 PANDEMIC – A BRIEF

The COVID-19 pandemic, also known as the Corona Virus Pandemic, is an ongoing pandemic of corona virus disease 2019 (COVID 19), caused by severe acute respiratory syndrome coronavirus 2 (SARS CoV 2). The outbreak was first identified in Wuhan, China, in December 2019.The World Health Organization declared the outbreak a Public Health Emergency of International Concern on 30 January, and a pandemic on 11 March. As of 5 June 2020, more than 6.63 million cases of COVID-19 have been reported in more than 188 countries and territories, resulting in more than 391,000 deaths; more than 2.86 million people have recovered.

The virus is primarily between people during close contact, most often via small droplets produced by coughing, sneezing, and talking. The droplets usually fall to the ground or onto surfaces rather than travelling through air over long distances. Less commonly, people may become infected by touching a contaminated surface and then touching their face. It is most contagious during the first three days after the onset of symptoms, although spread is possible before symptoms appear, and from people who do not show symptoms.

Few severely affected countries by Covid-19 Pandemic

- **United States of America** - Community spread and delayed testing has been a major concern to Americans as enough test kits are not available across states, while shortage of ventilators continues to result in increased deaths. The first coronavirus case in the US was confirmed on 21 January, but the cases surged from the second half of February and further in March as the nation-wide testing was increased significantly.

- **Italy** - Coronavirus continues to be severe in Italy, making it the most-affected in Europe as well as outside Asia. Italy has witnessed the highest number of deaths due to COVID-19 in the world. Travel to Italy and Italians travelling to other countries during the outbreak has been traced to have caused COVID19 to spread. Coronavirus deaths in Italy increased by more than nine times in ten days, from 366 on 08 March to more than 5,400 on 23 March and further beyond 13,900 by 02 April. Confirmed coronavirus cases in Italy have crossed 105,000.

- **Spain** - Spain overtook South Korea in the number of coronavirus cases in the third week of March and China at the end of March. Since the confirmation of first coronavirus case in Spain on 01 February, the Spanish COVID-19 nCoV-infected cases got closer to 1,000 in early hours of 09 March and rose sharply to more than 112,000 on 02 April. A minister in Spain contracted coronavirus, while Princess Maria Teresa died from coronavirus marking the first royal death due to COVID-19.

- **Germany** - Similar to its neighbor France, Germany too banned public events involving huge crowds in order to prevent spread. Trade fair, The Hannover Messe, has been postponed due to the coronavirus outbreak situation. The coronavirus mortality rate in Germany is, however, comparatively lesser at 1.3%, with more than 1,100 deaths reported as of 02 April. German finance minister Thomas Schafer committed suicide, suspected because of worries over the state of the country's economic situation due to COVID-19.

- **China** - China, including Hong Kong and Macau, is currently the fourth-worst affected country by the novel coronavirus (nCoV) outbreak, officially named COVID-19 by the World Health Organization (WHO).China witnessed more than 3,000 deaths and approximately 74% of the global coronavirus cases as of 09 March, which quickly came down to 58% by 13 March and to 40% by 18 March as the number of cases in rest of the world surged and Europe became the new epicenter. Within a week, coronavirus cases in the rest of the world belittled China's. By the end of March, Chinese coronavirus cases accounted for just 10% of the global cases.

- **France** - France, the fourth most-affected European nation by the coronavirus, has overtaken South Korea in the number of COVID-19 cases. COVID-19 nCoV cases in France have reached close to 60,000, while the death toll reached closer to 5,400.The French government has banned public gatherings. The popular Louvre Museum in Paris was temporarily closed as a precautionary measure. The Paris city has reported COVID-19 coronavirus positive cases, apart from other regions including Amiens, Bordeaux, and Eastern Haute-Savoie.

- **India** - With a 1.3 billion population, the "world's biggest lockdown in history" is happening right here in India. That's one-fifth of the world's population essentially in extended confinement in order to protect millions from infection. Not only is India the largest country going through a full lockdown, but it also has some of the strictest measures implemented by any government. As implausible and an uphill task as it may seem, India is doing all it can to flatten the curve and slow the spread of this deadly virus.

WHO CONSTITUTION, CORE FUNCTIONS AND PROPOSED REFORMS

The work of the WHO is defined by its Constitution, which divides WHO's core functions into three categories:

1. normative functions, including international conventions and agreements, regulations and non-binding standards and recommendations;
2. directing and coordinating functions, including its health for all, poverty and health, and essential medicine activities and its specific disease programs;
3. research and technical cooperation functions, including disease eradication and emergencies.

Over the past fifty years or so, the WHO has gone through various permutations in prioritizing different aspects of these categories over others, and its effectiveness in doing so has been the subject of analysis and criticism. For example, in one of the most comprehensive analyses of the WHO, Fiona Godlee critiqued WHO's management, effectiveness, policy choices, headquarter-regional negotiations and power struggle, and its weak operational capacity in a series of articles in the British Medical Journal in the mid-1990s. At about the same time, a self-study commissioned by the WHO analyzed the institutions effectiveness in implementing its core functions and recommended reforms focused especially on strengthening its technical capacity and its global health and coordinating functions. And in 1996– 1997, the WHO Executive Board held 6 special meetings to review the Constitution, recommending rewriting WHO's core functions to emphasize coordination, health policy development, norms and standards, advocating health for all, and advice and technical cooperation.

In the late 1990s, a group of international health scholars and practitioners gathered in Pocantico, New York for a retreat on "Enhancing the Performance of International Health Institutions" to examine whether the institutional structure in international health was sufficient for a 21st century of global health interdependence. The Pocantico report concluded, "the importance of WHO was seen primarily for its global normative functions which need to be strengthened and updated," that "the emphasis on technical assistance has often come at the expense of the normative role", that "WHO should be the 'normative conscience' for world health" and that "WHO should assume leadership in achieving more coherence and equity in the system." A clear emphasis was placed on WHO's global, especially normative, functions. This perspective was reiterated in an article by Jamison, Frenk and Knaul, who argued that WHO had two separate types of functions: core (including global normative work) and supplementary (including technical cooperation). While the demand for both types has increased, the majority of new global health actors address primarily operational functions, creating an even greater need for WHO's core global functions.

ROLE OF WHO IN COVID – 19

- **Helping countries to prepare and respond –**

  WHO has issued a COVID-19 Strategic Preparedness and Response Plan, which identifies the major actions countries need to take, and the resources needed to carry them out.

  The plan, which is updated as fresh information and data improve WHO's understanding of the characteristics of the virus and how to respond, acts as a guide for developing country-specific plans.

  The health agency's six regional offices, and 150 country offices, work closely with governments around the world to prepare their health systems for the ravages of COVID-19, and to respond effectively when cases arrive and begin to mount.

- **Providing accurate information, busting dangerous myths –**

  The internet is awash with information about the pandemic, some of it useful, some of it false or misleading. In the midst of this "infodemic", WHO is producing accurate, useful guidance that can help save lives.

  This includes around 50 pieces of technical advice for the public, health workers and countries, with evidence-based guidance on every element of the response, and exploding dangerous myths.

  The health agency benefits from the expertise of a global network of health professionals and scientists, including epidemiologists, clinicians and virologists, to ensure that the response is as comprehensive, authoritative and representative as possible.

- **Ensuring vital supplies reach frontline health workers –**

  Personal protective equipment is essential to ensure health professionals are able to save lives, including their own. So far, WHO has shipped more than two million items of personal protective equipment to 133 countries, and is preparing to ship another two million items in the coming weeks. More than a million diagnostic tests have been dispatched to 126 countries, in all regions, and more are being sourced.

  However, far more is needed, and WHO is working with the International Chamber of Commerce, the World Economic Forum, and others in the private sector, to ramp up the production and distribution of essential medical supplies.

- **Training and mobilizing health workers –**

  WHO is aiming to train millions of health workers, via its Open WHO platform. Thanks to this online tool, life-saving knowledge is being transferred to frontline personnel by the Organization, and its key partners.

  Users take part in a worldwide, social learning network, based on interactive, online courses and materials covering a variety of subjects. Open WHO also serves as a forum for the rapid sharing of public health expertise, and in-depth discussion and feedback on key issues. So far, more than 1.2 million people have enrolled in 43 languages.

  Countries are also being supported by experts, deployed around the world by the WHO's Global Outbreak Alert and Response Network (GOARN). During out breaks, the network ensures that the right technical expertise and skills are on the ground where and when they are needed most.

- **The search for a vaccine –**

  Laboratories in many countries are already conducting tests that, it is hoped, will eventually lead to a vaccine. In an attempt to corral these efforts, WHO brought together 400 of the world's leading researchers in February, to identify research priorities.

  The agency launched a "Solidarity Trial", an international clinical trial, involving 90 countries, to help find effective treatment. The aim is to rapidly discover whether any existing drugs can slow the progression of the disease, or improve survival.

  To better understand the virus, WHO has developed research protocols that are being used in more than 40 countries, in a coordinated way, and some 130 scientists, funders and manufacturers from around the world have signed a statement committing to work with WHO to speed the development of a vaccine against COVID-19.

- **Helping the poorest and most vulnerable –**
  In his 8 April press briefing, Tedros said that WHO is involved with many other initiatives and actions, but all of them come under these five essential pillars.
  The agency's focus, he said, is "on working with countries and with partners to bring the world together to confront this common threat together". A particular concern, he added, is for the world's poorest and most vulnerable, in all countries, and WHO is committed to "serve all people of the world with equity, objectivity and neutrality."

Universal Health Coverage

According to World Health Organization, universal health coverage is defined as ensuring that all people have access to needed health services (including prevention, promotion, treatment, rehabilitation and palliation) of sufficient quality to be effective while also ensuring that the use of these services does not expose the user the financial hardship.

Universal health coverage includes all the essential health services, from health promotion to prevention, treatment, rehabilitation, and reassuring care.

Monitoring progress towards UHC should focus on 2 things:

- The proportion of a population that can access essential quality health services.
- The proportion of the population that spends a large amount of household income on health.

Together with the World Bank, WHO has developed a framework to track the progress of UHC by monitoring both categories, taking into account both the overall level and the extent to which UHC is equitable, offering service coverage and financial protection to all people within a population, such as the poor or those living in remote rural areas.

WHO uses 16 essential health services in 4 categories as indicators of the level and equity of coverage in countries:

- Reproductive, maternal, newborn and child health:
  - family planning
  - antenatal and delivery care
  - full child immunization
  - Health-seeking behavior for pneumonia.
- Infectious diseases:
  - tuberculosis treatment
  - HIV antiretroviral treatment
  - Hepatitis treatment
  - use of insecticide-treated bed nets for malaria prevention Adequate sanitation.

- Non-communicable diseases:
  - prevention and treatment of raised blood pressure
  - prevention and treatment of raised blood glucose
  - cervical cancer screening
  - Tobacco (non-)smoking.
- Service capacity and access:
  - basic hospital access
  - health worker density
  - access to essential medicines
  - Health security: compliance with the International Health Regulations.

What UHC is not?

There are numerous things that are excluded from the extent of UHC:

- UHC doesn't mean free inclusion for all conceivable wellbeing intercessions, paying little heed to the expense, as no nation can offer a wide range of assistance gratis on a manageable premise.
- UHC isn't just about wellbeing financing. It incorporates all segments of the wellbeing framework: wellbeing administration conveyance frameworks, the wellbeing workforce, wellbeing offices and interchanges systems, wellbeing advances, data frameworks, quality confirmation instruments, and administration and enactment.
- UHC isn't just about guaranteeing a base bundle of wellbeing administrations, yet in addition about guaranteeing a dynamic extension of inclusion of wellbeing administrations and money related security as more assets become accessible.
- UHC isn't just about individual treatment administrations, yet in addition incorporates populace based administrations, for example, general wellbeing efforts, adding fluoride to water, controlling mosquito favorable places, etc.
- UHC is involved significantly more than just wellbeing; making strides towards UHC implies ventures towards value, improvement needs, and social incorporation and attachment.

WHO's Mission-UHC2030

There is a worldwide responsibility to accomplish Universal Health Coverage (UHC). At the point when every one of the 193 Member States of the United Nations (UN) concurred on the Sustainable Development Goals (SDGs) in New York in 2015, they set out a yearning plan for a more secure, more pleasant and more advantageous world by 2030. The objectives incorporate an expansive cluster of focuses across various parts. The objective to accomplish UHC is an encouraging sign for a more beneficial world.

The consideration of UHC in the SDGs presents a chance to advance an extensive and rational way to deal with wellbeing, concentrating on wellbeing frameworks reinforcing (HSS). UHC depends on the rule that all people and networks ought to approach quality basic wellbeing administrations without enduring money related difficulty. UHC cuts over all wellbeing targets and adds to wellbeing security and value.

UHC2030 accomplices perceive that accomplishing UHC requires facilitated endeavors over various areas and advancement of solid, feasible and fair wellbeing frameworks that help to improve wellbeing results.

UHC2030 gives a multi-partner stage that advances cooperative working at worldwide and nation levels on wellbeing frameworks fortifying (HSS). We advocate expanded political duty to UHC and encourage responsibility and information sharing. In nations accepting outside help, we keep on elevating adherence to viable advancement participation standards as the most significant approach to guarantee coordination around HSS.

Spread of COVID-19 in Third World Countries

According to officials from the United Nations, United Nations Development Program (UNDP) and World Health Organization (WHO), the long-term impact of COVID-19 on third world countries is expected to be more severe than it is currently. They account for three quarters of one lakh cases that the authorities from all over the world report.

The rise in the cases has been termed alarming by the WHO and as per popular opinion of the epidemiologists the cases in such nations are being underreported because of the mere relaxation of restrictions to prevent financial ruin. The ill equipment, inade-quate health infrastructure, lack of resources to contain the spread prevalent in such nations, is making the officials fear about the destabilizing effect that the spread can have.

Recently, the UN secretary general of humanitarian affairs warned them of being a specter to multiple famines. A report from the Washington times emphasized on younger people in third world nations like Brazil dying more frequently than people in advanced nations like Italy. People under 50 were accounting for five percent of the total cases in Brazil, ten times more than Italy or Spain.

In Mexico, one fourth of the cases aging between 25 and 49 were found dead. In Sub-Saharan Africa, testing is non-existent and the lockdown is reported to kill more people than it would save.

A study by Johns Hopkins University in Baltimore, Maryland, suggested that an additional 1.2 million children could die of hunger if lockdowns lasted more than six months. And the London School of Hygiene and Tropical Medicine warned that pandemic disruption to general vaccination programs in Africa could lead to 140 lives lost for every coronavirus death. Though nations like Africa, account for less than three percent of the total cases, but the pace of spread is accelerating. It took 98 days to reach a tally of one lakh but just 11 to reach a tally of two.

The President of Liberia who fought Ebola believes that Corona virus anywhere is a thre at to people everywhere. In Zambia, one doctor is there for a ten thousand people an d in Mali, there are three ventilators per million people. And if in a country where one d octor is available per 250 people, they have to choose between who should they save and who not, the figure of deaths reported in such nations is predictably higher or unreported at the first instance.

In refugee camps, a doctor is shared with another 25000 people and the virus is on the brink of entering such camps. Oxfam is calling today for a package of nearly $160 billion to avert the kind of loss of life and it would be enough to double the health spending of the world's 85 poorest countries, home to 3.7 billion people.

SOLUTIONS-

- Debt cancellation in poorer countries and massive supply of aid to them.
- Free testing and treatment must be given to all irrespective of economic inequality between the rich and the poor
- Upscaling public health promotion and access of supplies to humanitarian workers
- Requisitioning all private health care facilities to tackle the virus just like in Spain.
- A global agreement that ensures smooth and rapid supply of vaccines to everyone

Distribution of vaccines

About 75 nations have joined the COVAX facility that would supply vaccines to about 90 low income countries. This group represents more than 60 percent of the population. This ensures a guaranteed set of doses and prevents pushing back to the queue just like in H1N1. Also, those countries within the facility that have their own vaccine mechanisms, it provides a means of enhancing efficacy and gaining leisure.

However, there is a still meagre possibility of the top initiatives allowing rich countries to buy more just like the US recently brought the entire COVID drug stock. There is another private initiative Gavi started by Bill and Melinda Gates Foundation that focuses on providing vaccines to 60 percent of the world's children but the problem lies with the richest countries buying the most supply of vaccines once it barges the market leaving a few for the private initiative to further distribute.

A document was shared to potential donors last month by Gavi that stated that the donor nations are encouraged, not obligated, to donate vaccines if they have more than they require. There has to be a collaborative effort to begin a global initiative to attract rich nations and persuade them to not buy more vaccines once their stock is full. There is a need to develop an enforcement mechanism that prevents violation of such legal documents and equitable distribution of the vaccines to each country.

QUESTIONS TO CONSIDER

1. Recognising the problems caused by the current Pandemic.
2. Checking upon the compliance of the International Health Regulations by various member states (Article 6 and Article 7)
3. Monitoring the efficiency of the WHO for the current pandemic
4. Drawbacks of measured taken by World Health Organisation to fight Covid-19.
5. Prosperity of global peace and economy post Covid-19 and Development of future global health infrastructure to prevent any global pandemic.
6. Measures to increase the efficiency of WHO to deal with matters concerning public health emergency and the solutions for the current pandemic.
7. Feasible and equitable distribution of the COVID-19 vaccines to the third world nations.
8. Achieving the target of Universal Health Coverage 2030 post pandemic.

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AGENDA 2

BACKGROUND- GLOBAL ACTION PLAN

The United Nations General Assembly along with twelve multilateral agencies on September 24, 2019 had launched, in collaborated effort, to support acceleration of process with respect to health related Sustainable Development Goals (SDGs) over the coming decade. This specific plan- *Stronger Collaboration, Better Health: Global Action Plan for Healthy Lives and Well-being for All* had been discussed, detailed and created over a period of eighteen months. "*Collaboration is the path, impact is the destination*" is the tagline of the Global Action Plan that is spread over a period of ten years to achieve the global synchronized footfall in gaining health reforms.

The project sketches work-in-partnership global effort of various multilateral agencies in a way where their mutual effort can be collated for achieving a global vision for the improvement of the world, streamlining support to countries for delivering universal health coverage and attempt to achieve SDG targets. (UNAIDS, 2019)

For a maintainable development and ceasing poverty, advancing into peaceful and indulgent societies, healthy people are crucial. According to Dr Tedros Adhanom Ghebreyesus, Director- General of WHO, "The plan is called, 'Stronger Collaboration, Better Health' for a reason. Although collaboration is the path, impact is the destination. The release of this plan is the beginning, not the end, of that path".

Gavi – the Vaccine Alliance, Global Financing Facility, Global Fund to Fight AIDS, TB and Malaria, UNAIDS, UNDP, UNFPA, UNICEF, Unitaid, UN Women, World Bank Group, World Food Program and World Health Organization are GAP's signatory agencies. They are to work hand-in-hand to address goals set to achieve Sustainable Development Goal (SDG) targets. The abovementioned agencies, in entirety, make 1/3rd of total development of assistance for health.

Dr Muhammad Ali Ate, Director of The GFF said, "The Global Financing Facility supports the Global Action Plan because it recognizes that collaboration needs to take place at the country level and must start from a country's specific needs and priorities. Our collaboration should have two aims: accelerating progress for those left furthest behind and ensuring that all our support as development agencies is to countries to strengthen their own health and financing systems." Mlambo-Ngcuka, Executive Director- UN Women had similar thoughts and expectations from this initiative. According to her, ""By 2030 we want to see more women and girls with informed decision-making and control over their bodies, their health and their futures, and with access to reproductive and maternal health services. They should be living securely and prospering, free from any form of violence and benefiting from non-discriminatory legislation. The Global Action Plan (GAP) can serve as a road map for collective gender-transformative action to make this a lasting reality".

Global collaboration of twelve agencies that plays significant role in development, health and humanitarian responses was envisioned for the objective of global collaboration and systematic sync of efforts of agencies to have efficient outcome to further the agenda of healthy lives around the world.

ACCELERATED THEMES

To bind the resources pulled, efforts of the twelve multilateral agencies with global states have resulted in seven "accelerator themes" under GAP. These commitments include an accountable mutual effort to smoothen internal policies, strategies and approaches that materializes with the accelerated themes. All agencies are to adopt intra-agency working structure to build up on collaborations, resulting in aligning their support to country owned and led strategies.

- **Primary health care**

  For global states to achieve health related SDG targets and other accelerated themes, proficient and viable basic healthcare is inevitable and mandatory. This quantifier tries to make basic and primary health care services available, equitable, and affordable to people in the most corner locations of the states, making them aware and associated to higher level of care, cleanliness and hygiene. It tries to engage and involve common and regular people to enhanced and improved health care system.

- **Sustainable financing for health**

  Feasible financing empowers nations to diminish neglected requirement for administrations and monetary difficulty emerging from cash based expenses by setting up and dynamically reinforcing frameworks to assemble resources for health and to spend them better to convey on the formula- more health for money. For low-pay nations where advancement help is critical, it likewise includes improving the adequacy of outside financing support.

- **Community and civil society engagement**

  The initiative will only be successful with the engagement of the community as a whole. It is the prerogative of these agencies to help upkeep the society and involve them into bringing their experiences, perceptions and proficiency to bring out new ways, methods, policy and health responses that accounts and ensures each person's involvement.

- **Determinants of health**

  Health is not backed up by any single mechanism. It is subjective to many factors like genetics, behavior, environmental and physical influences, medical care and social factors. Addressing and acknowledging the determinants is imperative in creating an enabling environment that ensures wellbeing of all.

- **Innovative programming in fragile and vulnerable settings and for disease outbreak responses**

  This accelerator focus in inducing effectiveness and coordination in improving medical and health conditions in delicate environment. This situation is defined by the Organization's economic co-operation and development (OECD). The major challenges would be conflict, violence, fragility that requires innovative solutions for untangling the fragility and other issues. The involved GAP agencies are to commit in taking mutual actions to strengthen governance and coordination, sustainable and flexible financing, service delivery, emergency preparedness, and disease outbreak response.

- Research and Development, Innovation and access
  Detailed and through research is pertinent for refining the excellence and efficiency of health products and services. Taking recent example of the pandemic, research is very important for new innovations, advanced meditational facilities along with general and mass reach to society.
- Data and digital health
  To maintain a digital health, a data pipeline is necessary that aggregates, normalizes and duplicates the information and integrates it to the workflows across the ecosystem of health for co-ordination, learning and analytics. However, digital health collection has a lot of legality to adhere to without barging endangering the privacy rights of individuals.

AGENCY COMMITMENT

The agencies to have come to consensus to work together to build a better future have devoted themselves to indulge with states all over the world and provide them backing in an advanced manner that suits international agenda and mass provision of aid.

There four specific commitments made by the signatories under GAP- **engage, accelerate, align and account**.

The multilateral agencies will **engage** with states to ascertain concerns, plan and implement them in a manner beneficial for most. The process for enforcement would be subjected to commitment of the signatories to involve to provide support to the states in a planned manner. To make sure of proper execution of plan, the signatories have to take into account the state's government, their plans and priorities, implementation plans along with short term and long term deliverables with respect to health related SDG targets. This will ensure global as well as local implementation of a mutual goal, giving the execution a much higher boost.

These agencies shall now have to take shared **accountability** of all the progress. First of its time, the signatories have recognised the importance of intra-agency participation, learning and sharing of resources for a better future. These twelve agencies shall regularly, in a timely manner review short term progress of the long set goal, share and respond to implementation challenges together.

The goal of having a better future and reaching the decade set goal can be **accelerated** in states via joint movements under the seven themes/ goals set up by GAP, keeping in focus the gender equality. This plan proposes local, state and global stages actions, reciprocally emphasising the major themes. Any support provided by the signatories shall be aligned with the particular state's priority and involve specific agencies which can pool resources to bring about a change in the areas the specific state lacks when compared with other states. Gender equality and attention to the requirements of the vulnerable will, however, be the parallel priority of the signatories.

One can **align** themselves with the requirements and ambitions of a state by toning the operational and financial policies, approaches and strategies in a manner which matches the international goal while fulfilling the national necessities.

FOCUED SUB-DIVIDED GROUPS

The members of the accelerator and gender equality working groups are:

a. Primary health care:
   - Members: Gavi, Global Fund, GFF, UNDP, UNFPA and World Bank
   - Co-leads: UNICEF and WHO

b. Sustainable financing for health
   - Members: Gavi, Global Fund, GFF, UNDP, World Bank and WHO
   - Co-leads: Gavi, World Bank and Global Fund

c. Community and civil society engagement
   - Members: Gavi, Global Fund, GFF, UNAIDS, UNDP, UNFPA, UNICEF, Unitaid and WHO
   - Co-leads: UNAIDS and WHO

d. Determinants of health
   - Members: UNAIDS, UNDP, UNFPA, UNICEF, UN Women, WFP and WHO
   - Co-leads: UNDP and UN Women

e. Research, development, innovation and access
   - Members: Gavi, Global Fund, UNAIDS, UNDP, UNICEF, Unitaid, WFP and WHO
   - Lead: WHO

f. Innovative programming in fragile and vulnerable settings and disease outbreak responses
   - Members: Gavi, Global Fund, UNFPA, WFP, UNICEF, World Bank and WHO
   - Co-leads: WFP and WHO

g. Data and digital health
   - Members: Gavi, UNFPA, UNICEF, WFP and WHO
   - Co-leads: UNFPA and WHO

h. Gender equality
   - Members: Gavi, GFF, Global Fund, UNAIDS, UNDP, UNFPA, UNICEF, Unitaid, UN Women, World Bank, WFP, WHO
   - Lead: UN Women

GAP- PROGRESS AS OF JULY, 2020

There has been movement and achievement in the short term goals of the signatories to GAP. The groundwork for executed functions leading to progress can be seen in the following steps-

- Usage of the GAP is progressively grounded in joint help to assist nations with quickening progress towards the health related SDGs.
- Until now, clear needs for activity have been distinguished in around twelve nations, and open doors for joint help under the GAP have been recognized in a few others.
- As they draw in nations, GAP organizations are expanding on existing coordinated efforts, lining up with public plans and needs and assisting with reinforcing or fill holes in public components and cycles.

- Contextual analyses in the GAP progress report map communitarian exercises by GAP organizations in five nations and depict open doors for additional joint work:
    - In Mali, the organizations are adjusting their help around the driven essential medical care changes in the Mali Action Plan;
    - In Pakistan, GAP organizations are focusing on supporting the scale-up of essential wellbeing in accordance with the National Health Vision 2016-2025, to be supplemented by joint work to help usage of health financing changes;
    - GAP signatories are assisting Somalia with moving past philanthropic wellbeing reactions and to assemble a more grounded essential medical care framework by offering help to reinforce wellbeing coordination, arranging and limit on essential consideration, in accordance with the Somali UHC Roadmap;
    - In Côte d'Ivoire, GAP signatories are supporting the public authority to accomplish aspiring expansions in locale assets for wellbeing and to improve the proficiency and coordination of health financing as concurred at a public exchange in wellbeing financing in April 2019; and
    - In Ghana, GAP offices are supporting the improvement of an organized, cost operational arrangement for Ghana's UHC Roadmap, and will offer further help to assist the nation with activating extra national assets for wellbeing.

GLOBAL ACTION PLAN- FOCUS ON RMNCAH

(REPRODUCTIVE, MATERNAL, NEWBORN, CHILD AND ADOLESCENT HEALTH)

Inter-agency collaboration at country and global level is highly required to achieve SDG 3 targets for RMNCAH. To reach the goal set in the area of reproductive, maternal, new-born, child and adolescent health, it is material that help is extended from government, private sectors, civil society, and development partners, within and beyond health. Various determinants like nutrition, sanitation, proper water facility, hygiene, education and other basic human rights are major variables driving the health factor of women in large. Apart from these variables, a country's primary health care is as important as the above factors combined. Without primary health access or services, a large number of women are affected, resulting in damage in health of self and in cases, their dependents/new born.

RMNCAH, via this collaboration, will review co-operation of global organizations, check for essential steps that should be taken in furtherance of agenda which are met in efficient, sustainable and effective way. Most associations work across a few capacities on RMNCAH, going from strategy discourse and financing to support conveyance. Every association adds an incentive through its ability and spotlight on explicit regions (for example HIV, inoculation, sexual and regenerative health and rights, and family arranging). There are anyway regions of cover, for example, backing, financing, information, request creation, supply chains and specialized help.

Co-operation shall be extended in fields of policy creation, co-ordination and joint execution of plans, united delivery of service, demand creation will be aligned, sharing of data without violating the privacy of people along with collection and usage of the accumulated data for advancing the agenda of international co-operation to achieve internationally set goal for development of human race in whole.

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