

Background Guide
National Inter School MUN 26th August
World Health Organization
Agenda : Deliberation upon the restructuring
of the Global Healthcare System.

Chairperson- Vipul Mittal
Vice Chairperson- Harshita Gera

Letter from The Executive Board

Dear Delegates, It gives us incredible delight to invite you all to the academic simulation of the World Health Organisation at National Inter School MUN. We hope that this simulation turns out to be an experience worth cherishing for all participants while accommodating a praise-worthy debate! Throughout this conference, we will have meaningful debates and discussions about the agenda “Deliberation upon the restructuring of Global Healthcare System.”. The agenda we've selected necessitates careful analysis and creative answers. We invite every one of you to bring your unique perspectives, experiences, and talents to the table as we collaborate to find solutions to these complicated challenges. Please be aware that the background guide, as its name implies, is just meant to provide you with an overview of the agenda and cannot be relied upon as reliable information. It was prepared with the intention of serving as a guide for you to navigate through the abundance of material that you may encounter in your preparation for the conference. However, beyond this guide is where you should conduct your true research, and we expect to see some compelling arguments and discussions. Furthermore, it is crucial to recognize that, in a competitive environment, we aren't particularly interested in hearing what statistics or legislation you have read while researching. Rather, we urge that you analyze these facts and give your country's perspective on the significance of these laws. At all levels of the council, unless stagnation develops, delegates must guide it. The MUN agenda is a wonderful experience and is not as challenging as it may sound. You all need to put up a lot of work and passion so that we may all have a positive experience. If this is your first Model United Nations Conference, then don't worry too much, and feel free to approach any of us at any point in the conference if you need any form of support. Please do not hesitate to reach out to any of us for any concerns you have. We cannot wait to meet all of you! All the best!

Regards,
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Evidence or Proof Acceptable in the Committee

Evidence or proof from the following sources shall be accepted as credible in the committee:

1. News Sources:

a. Reuters –

Any Reuters article that clearly makes mention of the factor is in contradiction of the fact being stated by a delegate in the council.

<http://www.reuters.com/>

b. State-operated News Agencies –

These reports can be used in support of or against the State that owns the News Agency. These reports, if credible or substantial enough, can be used in support of or against any Country as such but in that situation, they can be denied by any other country in the council. Some examples are, • RIA Novosti (Russia) <http://en.rian.ru/> • IRNA (Iran)

<http://www.irna.ir/ENIndex.htm> • BBC (United Kingdom)

<http://www.bbc.co.uk/> • Xinhua News Agency and CCTV (P.R. China)

<http://cctvnews.cntv.cn/>

2. Government Reports:

These reports can be used in a similar way as the State Operated News Agencies reports and can, in all circumstances, be denied by another country.

a. Government Websites

For Example: • The State Department of the United States of America (<http://www.state.gov/index.htm>) or • The Ministry of Defence of the Russian Federation (<http://www.eng.mil.ru/en/index.htm>)

b. Ministry of Foreign Affairs of various nations

For Example: • India (<http://www.mea.gov.in/>), • People's Republic of China (<http://www.fmprc.gov.cn/eng/>), • France (<http://www.diplomatie.gouv.fr/en/>), • Russian Federation (http://www.mid.ru/brp_4.nsf/main_eng)

c. Permanent Representatives to the United Nations Reports

<http://www.un.org/en/members/> (Click on any country to get the website of the Office of its Permanent Representative) d. Multilateral Organisations

For Example: • NATO (<http://www.nato.int/cps/en/natolive/index.htm>), • ASEAN (<http://www.aseansec.org/>), • OPEC (http://www.opec.org/opec_web/en/), etc

3. UN Reports:

All UN Reports are considered credible information or evidence for the Executive Board of this committee.

a. UN Bodies:

For Example: • UNSC (<http://www.un.org/Docs/sc/>), • GA (<http://www.un.org/en/ga/>), • HRC (<http://www.ohchr.org/EN/HRBodies/HRC/Pages/HRCIndex.aspx>) etc.

b. UN Affiliated bodies:

For Example: • International Atomic Energy Agency (<http://www.iaea.org/>), • World Bank (<http://www.worldbank.org/>), • International Monetary Fund (<https://www.imf.org/en/home>), • International Committee of the Red Cross (<http://www.icrc.org/eng/index.jsp>), etc.

c. Treaty-Based Bodies:

For Example: • Antarctic Treaty System (<http://www.ats.aq/e/ats.htm>), • International Criminal Court (<http://www.icccpi.int/Menus/ICC>) d. Subsidiary

Organs of the UN: • Peacebuilding Commission (<https://www.un.org/securitycouncil/content/repertoire/peacebuilding->

commission) • International Law Commission: (<http://legal.un.org/ilc/>) •
The Commission on the Status of Women
(<http://www.unwomen.org/en/csw>)

Committee Overview

About WHO

WHO is a health governing and coordinating body within the United Nations system. It is responsible for providing leadership on global health issues, forming health research agendas, setting norms and standards, developing evidence-based policy options, providing technical assistance to countries, and monitoring and assessing health trends. In the 21st century, health is a common responsibility, including equal access to essential services and collective defense against cross-border threats.

WHO Agenda

WHO operates in an increasingly complex and rapidly changing situation. The boundaries of public health activities are ambiguous and extend to other sectors that affect health opportunities and outcomes. WHO addresses these challenges with six agendas. Six points relate to two health goals, two strategic needs, and two operational approaches. WHO's overall performance is measured by the impact of WHO's efforts on the health and health of African women.

1. Promotion of development

Over the last decade, health has gained unprecedented attention as a major driver of socio-economic progress, with more resources invested in health than ever before. However, poverty continues to be a cause of illness, and poor health leads to poverty for many. Health development is based on the ethical principles of justice. Access to life-saving or health-promoting interventions must not be denied for unreasonable

reasons, including financial or social reasons. Working on this principle ensures that WHO's health development activities prioritize the health consequences of poor, disadvantaged or vulnerable groups. Achieving health-related Millennium Development Goals, preventing and treating chronic diseases, and tackling neglected tropical diseases are the cornerstones of health and development challenges.

2. Health Promotion

Common vulnerabilities to health security threats require collective action. One of the greatest threats to international health safety is the emergence of emerging infectious diseases and epidemic-prone illnesses. These outbreaks are becoming more and more common due to factors such as rapid urbanization, environmental mismanagement, food production and trading practices, and methods of antibiotic use and abuse. Since June 2007, when the revised International Health Regulations came into force, the world's ability to respond collectively to outbreaks has been strengthened.

3. Strengthen the health system

For health improvement to function as a poverty reduction strategy, health services must reach poor and poorly serviced people. Strengthening the health system is a top priority for WHO, as health systems in many parts of the world cannot do this. Areas to be addressed include providing the correct number of properly trained staff, the right funding, the right system for collecting vital statistics, and access to the right technology, including essential medicines. Increase.

4. Investigation, use of information, and evidence

Evidence forms the basis for setting priorities, defining strategies, and measuring results. WHO consults with leading experts to set standards and standards, clarify evidence-based policy options, and create reliable health information to monitor evolving global health conditions.

5. Expansion of partnership

WHO works with the support and cooperation of many partners, including the United Nations and other international organizations, donors, civil society, and the private sector. WHO uses strategic evidence to encourage partners running programs in each country to align their activities with the highest technical policies and practices, as well as country-defined priorities.

6. Improved performance

WHO participates in ongoing reforms aimed at improving its efficiency and effectiveness, both internationally and domestically. WHO wants to ensure that its greatest asset, its employees, works in a motivational and rewarding environment. WHO plans budgets and activities through results-based management with clear and expected results for measuring performance at national, regional, and international levels

Committee Mandate

WHO's constitution established the organization as a specialized agency of the UN in accordance with Article 57 of the Charter of the United Nations (1946). Notwithstanding its status as an autonomous organization, WHO operates within the purview of the Economic and Social Council (ECOSOC). Accordingly, WHA reports to ECOSOC concerning any agreement between the organization and the UN. Furthermore, the WHO's Director-General is the official representative of international health efforts across a broader range of policy areas. As such, the Director-General is a key member of the UN System Chief Executives Board for Coordination, which comprises the executive heads of the UN's specialized agencies, related organizations, and funds and programs. Article 2 of WHO's Constitution mandates the organization to foster mental, maternal, and child health, and to provide information, counsel, and assistance in the field of health. The mandate defines WHO's role in advancing the eradication of diseases; coordinating and directing international health programs and projects; and improving nutrition, sanitation, housing, recreation, and other conditions. Finally, WHO is responsible for advancing medical and health-related research; promoting scientific collaboration; improving

standards of training in health, medical, and related professions; and developing international standards for food, biological, pharmaceutical, and similar products. WHO partners with other UN bodies and specialized agencies, Member States' health administrations, and NGOs. And carries out various projects, campaigns, and partnerships, addressing a wide range of health topics.

Introduction to the Agenda

The global healthcare system is at a crossroads in a world marked by interconnection, fast technology breakthroughs, and altering demographic patterns. Despite amazing advances in medical knowledge and healthcare delivery, major discrepancies in access to quality care, treatment results, and health equity remain. The rising costs of healthcare services, along with the advent of new health risks and the growing burden of chronic illnesses, highlight the critical need for a comprehensive restructuring of the global healthcare paradigm.

Over the last five years, an astonishing agreement has emerged about the issues of the global health system. Analysts speak of an international health crisis, with rising inequality and decreasing access to treatment for the world's most vulnerable populations. The emphasis on the supply of primary and preventive care has been

lowered in response to the shifts towards privatized and tertiary care. Due to a lack of coordination across international organizations, there has been duplication of effort, misunderstanding, and waste of money.

In response to growing health issues and technology breakthroughs, the global healthcare system is ready for reform. This transformative endeavor entails ensuring equitable access to care by eliminating disparities, integrating technology to improve efficiency and reach, emphasizing preventive measures such as health education and lifestyle interventions, encouraging interdisciplinary collaboration, strengthening the healthcare workforce, and promoting global cooperation to address shared health threats. These interrelated components lay the groundwork for a healthcare paradigm that is comprehensive, accessible, and responsive to the requirements of a varied global population.

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Careful analysis, new thinking, and coordinated action are required in this path towards transforming the global healthcare system. By tackling these essential issues, we can pave the way for a healthcare paradigm that is inclusive, technologically sophisticated, and

responsive to the different needs of individuals and communities all around the world.

Current Situation

While great breakthroughs have occurred in the global healthcare environment, a slew of difficulties have necessitated a reevaluation of its structure and functioning. The persisting inequities in healthcare access and quality are one of the most visible challenges. Despite attempts to expand access to medical care for marginalised groups, geographical, social, and cultural variables continue to generate a wide disparity in health outcomes. Millions of people throughout the world do not have access to timely and effective healthcare, creating disparities that undermine the core ideals of well-being and human rights.

The growing burden of healthcare bills adds to these inequities. Individuals and families are under considerable financial hardship as the costs of medical treatments, prescription medications, and healthcare services continue to rise. As a result, individuals may be compelled to choose between critical medical treatment and financial security, creating a sad predicament. This financial barrier is especially troubling in light of the increasing frequency of chronic disorders, which need ongoing medical care and management.

Furthermore, the global healthcare ecosystem is constantly threatened by increasing health concerns. The COVID-19 pandemic, in particular, acted as a wake-up call, exposing the flaws in global healthcare systems. The pandemic exposed deficiencies in medical resource preparation, coordination, and equitable distribution. It emphasized the importance of not only bolstering healthcare infrastructure but also encouraging international collaboration and

information exchange in order to address global health problems efficiently.

Despite these obstacles, technology breakthroughs provide a ray of hope for the change of healthcare delivery. Telemedicine, wearable health devices, artificial intelligence-powered diagnostics, and digital health records have all surfaced as possible game changers. These advancements have the potential to improve remote patient monitoring, early illness identification, and personalized treatment strategies. However, implementing these technologies poses its own set of issues, such as concerns about data security, privacy, and equal access to these digital tools across varied populations.

Demographic changes continue to impact the healthcare sector, with an aging population posing both difficulties and possibilities. While the aging population needs specialized healthcare services and geriatric care, it also provides an opportunity for healthcare systems to adapt and innovate to meet the particular requirements of seniors. Mental health has deservedly acquired importance as an important aspect of overall well-being. Recognising the complicated relationship between mental and physical health mandates the integration of mental health services into healthcare systems, emphasizing the necessity for a complete restructuring strategy.

Beyond human health, the effect of the environment on health outcomes is becoming more obvious. Climate change, pollution, and environmental degradation all pose health hazards ranging from respiratory ailments to vector-borne illness transmission. The interaction between environmental and human health needs a larger approach to healthcare reform, one that recognises the inextricable relationship between planetary well-being and individual health.

While the current healthcare landscape creates significant problems, it also provides a once-in-a-lifetime chance for reinvention. The epidemic has highlighted the value of international cooperation, scientific innovation, and a strong public health infrastructure. The expansion of digital health technology provides an opportunity to improve accessibility, cost management, and patient outcomes. As the globe navigates these difficulties, the need for a thorough reorganization of the global healthcare system rings loud and clear—a call to address disparities, embrace innovation, and pave the way for a future in which healthcare is a fundamental right and a cornerstone of human flourishing.

Case Studies

1) Case study 1: Aging population in Japan

Background: Japan has one of the world's most rapidly aging populations, putting pressure on its healthcare system and necessitating restructuring.

Challenges:

- 1) **Increased Healthcare Costs:** A growing elderly population leads to higher healthcare costs, straining the country's healthcare budget.
- 2) **Healthcare Workforce Shortages:** Japan faces a shortage of healthcare professionals, especially caregivers for the elderly.
- 3) **Long-Term Care Infrastructure:** The country needs to expand and adapt its long-term care infrastructure to accommodate an aging population.

2) Case study 2: COVID-19 Pandemic

Background: The COVID-19 pandemic exposed vulnerabilities in healthcare systems worldwide, emphasizing the need for global healthcare restructuring.

Challenges:

- 1) **Global Vaccine Inequity:** Unequal access to vaccines highlighted disparities in healthcare access and the urgent need for equitable vaccine distribution.
- 2) **Overwhelming of Healthcare Infrastructure:** Many countries faced healthcare system overloads, lack of critical supplies, and healthcare worker burnout.
- 3) **Disruption of Health Services:** Routine health services, including vaccinations and essential care, were disrupted, leading to secondary health crises.

Opportunities:

- 1) **Vaccine Sharing Initiatives:** The pandemic spurred initiatives like COVAX, aiming to ensure equitable vaccine access globally
- 2) **Digital Health Advances:** Telehealth and digital health solutions saw rapid adoption, potentially transforming healthcare delivery.
- 3) **Public Health Investments:** Governments worldwide are reconsidering healthcare funding, emphasizing the importance of pandemic preparedness.

Questions to Consider

- What frameworks can facilitate collaboration between healthcare, policy, education, and economics to address complex health issues?
- How can international organizations facilitate collaboration among nations to respond effectively to global health threats?
- How can global healthcare restructuring efforts be customized to address local cultural, economic, and social contexts?

- What metrics can be used to measure the success of healthcare system restructuring over time?
- How can healthcare systems remain adaptable to new challenges and emerging health threats?

Further links for Research

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7759646/#:~:text=Keeping%20the%20current%20situation%20in,a%20vaccine%2C%20have%20been%20developed.>

<https://academic.oup.com/ije/article/30/4/717/705901>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9409667/>

<https://www.globaltimes.cn/page/202201/1245306.shtml>

<https://www.oecd.org/coronavirus/policy-responses/strengthening-health-systems-during-a-pandemic-the-role-of-development-finance-f762bf1c/>

<https://hbr.org/2013/10/the-strategy-that-will-fix-health-care>