East and North-East India FairGaze Inter-School Model United Nations 2023

BACKGROUND GUIDE

WORLD HEALTH ORGANISATION (WHO)

AGENDA: Restructuring global healthcare systems post-pandemic

Letter from the executive board

Dear Esteemed Delegates,

On behalf of the Executive Board of the World Health Organization (WHO), we extend a warm welcome to you all. We are delighted to have such a diverse and talented group of delegates joining us in our collective pursuit of global health improvement.

As the Chairperson and Vice-Chairperson of the Executive Board, we, Vipul Mittal and Tvisha Bajaj, are committed to fostering an environment that encourages collaboration, innovation, and constructive dialogue. We believe that each one of you, with your unique perspectives and insights, will contribute significantly to our mission.

The challenges that lie ahead are complex and multifaceted, but we are confident that with your dedication and expertise, we can make significant strides towards our goals. We encourage you to engage actively in discussions, share your ideas fearlessly, and collaborate with fellow delegates to devise effective strategies.

We understand that the work we do here has far-reaching implications. The decisions we make can shape health policies worldwide and impact millions of lives. This is a responsibility we all share, and we have faith in your ability to rise to the occasion.

In the coming days, we look forward to working closely with all of you. We are excited about the potential of what we can achieve together. Let us remember that our ultimate goal is to ensure health for all, and every step we take in this direction counts.

Once again, we welcome you to the WHO committee and wish you a productive and rewarding experience.

Best Regards,

Vipul Mittal

Chairperson, WHO Executive Board
(+91 95281 43384, vipulmittal.mun@gmail.com)

Tvisha Bajaj

Vice-Chairperson, WHO Executive Board

(+91 90793 48225)

Introduction to the committee

The World Health Organization (WHO) is a specialized agency of the United Nations responsible for international public health. It is headquartered in Geneva, Switzerland, and has six regional offices and 150 field offices worldwide.

The WHO's official mandate is to promote health and safety while helping the vulnerable worldwide. It provides technical assistance to countries, sets international health standards, collects data on global health issues, and serves as a forum for scientific or policy discussions related to health

Introduction to the agenda: Restructuring global healthcare systems post-pandemic

The effects of the coronavirus disease 2019 (COVID-19) pandemic globally were striking as it impacted greatly the social, political, economic, and healthcare aspects of many countries. The toll of the pandemic quantified with human lives and suffering (1), the psychosocial impact (2), and the economic slowdown (3) constitute strong reasons to translate experiences into actionable lessons, not simply to prevent similar future crises, but rather to improve the whole spectrum of population health and healthcare delivery. There were three coronavirus (CoV) outbreaks of international concern in 20 years, after the severe acute respiratory syndrome (SARS-CoV) and the Middle-East respiratory syndrome (MERS-CoV), in addition to other viral outbreaks such as Zika virus and Ebola virus over the last decade. It becomes clear that infectious diseases should be considered among the most important health hazards that we will need to continue facing in the foreseeable future (4). Thus, the transformation of various aspects at the individual as well as the societal and governmental levels seems inevitable.

The COVID-19 outbreak served as a reminder that proactive planning for healthcare emergencies as well as an intensified commitment to global public health preparedness that remains necessary. The lessons learned on the limitations of the healthcare systems and their capacity to respond to infectious disease epidemics in the 21st century should be considered, enabling the transformation of future healthcare. The realization that technologically empowered solutions can be implemented and work well-should constitute the benchmark for the greater integration of such technologies as part of routine healthcare design and provision. Optimal outcomes can be attained where both patients and healthcare providers become active participants in this process. However, for that to be achieved, ethical, regulatory, and legal concerns that emerged during the pandemic need to be addressed. The global experiences laid the foundation for a significant post-COVID-19 healthcare transformation, so that systems can be better prepared to address the next global threat(s) of the 21st century.

Effects of the pandemic

COVID-19 had a wide-ranging impact on all areas of society, leading to setbacks in health gains and efforts to achieve universal health coverage (UHC). The diversion of health system resources to address COVID-19 care led to a protracted disruption of essential health services. New barriers to accessing health care, such as restricted movements, reduced ability to pay and fear of infection, have posed additional and unprecedented challenges in many countries.

The world has to learned from the previous epidemics. Reacting to events as they occur, without adequately strengthening prevention and preparedness, meant that countries were caught unprepared for a pandemic of this speed and scale. COVID-19 hit vulnerable populations particularly hard and exacerbated preexisting inequalities even further. This highlights the need for countries to take every opportunity to rebuild their health systems sustainably, more equitably and closer to communities.

Restructuring of the Healthcare systems

The world requires an integrated approach to building and rebuilding health systems that serve the needs of the population, before, during and after public health emergencies. It encompasses capacities for

1. essential public health functions that improve, promote, protect and restore the health of all people;
2. building strong primary health care as a foundation for bringing health services closer to communities;

3. all-hazards emergency risk management that strengthens the ability of countries to prevent and tackle health emergencies, and can surge to meet the additional health security demands imposed by health emergencies;
4. engaging the whole-of-society so that all sectors work together towards a common goal of health for all.

Policy recommendations on building resilient health systems based on primary health care:

1. Leverage the current response to strengthen both pandemic preparedness and health systems
2. Invest in essential public health functions including those needed for all-hazards emergency risk management
3. Build a strong primary health care foundation
4. Invest in institutionalized mechanisms for whole-of-society engagement
5. Create and promote enabling environments for research, innovation and learning
6. Increase domestic and global investment in health system foundations and all-hazards emergency risk management
7. Address pre-existing inequities and the disproportionate impact of COVID-19 on marginalized and vulnerable populations

Case Studies:

1.Case Study: New Zealand's Elimination Strategy

Explanation: New Zealand adopted an elimination strategy early on in the pandemic, which involved stringent lockdowns and border controls. This approach was successful in keeping the virus at bay for a significant period of time. However, it also highlighted the need for robust healthcare systems that can handle such drastic measures. Delegates can discuss the feasibility of such an approach for their respective countries and the kind of healthcare restructuring required to support it.

2.Case Study: Vaccine Distribution in Low-Income Countries

Explanation: The pandemic has exposed stark inequalities in global healthcare, particularly in terms of vaccine distribution. Many low-income countries have struggled to secure enough vaccines for their populations. This case study can lead to discussions on how to restructure global healthcare systems to ensure equitable access to essential health services and products.

3.Case Study: Mental Health Crisis during the Pandemic

Explanation: The pandemic has led to a surge in mental health issues worldwide due to factors like isolation, fear, uncertainty, and economic instability. However, many healthcare systems were not equipped to handle this surge. Delegates can discuss how healthcare systems can be restructured to better address mental health needs.

4.Case Study: Digital Health in South Korea

Explanation: South Korea leveraged digital health tools like contact tracing apps and telemedicine during the pandemic. These tools played a crucial role in controlling the spread of the virus and providing healthcare services. This case study can lead to discussions on the role of digital health in restructuring healthcare systems.

5.Case Study: Impact on Non-COVID Healthcare Services

Explanation: The focus on COVID-19 has led to the neglect of other essential healthcare services in many countries. For instance, many cancer screenings and treatments were delayed. Delegates can discuss how healthcare systems can be restructured to ensure that all health needs are met, even during a pandemic.