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Update for the World Health Organization

Committee Overview

Recent Developments

In the later part of 2015, the World Health Organization (WHO) has collaborated with many United Nations (UN) agencies, such as the United Nations Children's Fund (UNICEF), the UN Programme on HIV and AIDS (UNAIDS), and the UN Population Fund (UNFPA) on key health issues such as adolescent care, maternal mortality, fighting diseases, and ensuring the attainment of the Sustainable Development Goals (SDGs).[1] At the end of 2015, Member States primarily focused on the SDGs and the 2030 Agenda for Sustainable Development, which WHO actively supports.[2] As health is the core concern of this organization, WHO is working together with health partners and the private sector to consult, deploy, and monitor health plans for years to come.[3]

At the end of September 2015, WHO and UNAIDS collaborated to establish new guidelines for improving health care for adolescents.[4] These guidelines focus on new criteria for monitoring systems to ensure easier access and use of health services by adolescents, with the goal of improving their health outcomes.[5] With the purpose of meeting the necessities of adolescents, WHO and UNAIDS created eight global standards, and their collaboration encompasses two elements: the actions that need to be implemented, and recommendations for how to implement them.[6] The new eight standards for adolescent healthcare reflect the benchmarks needed in order to provide quality healthcare services to a section of the population, and set specific guidelines for WHO's work in 2016 and beyond.[7]

In November 2015, UNICEF, UNFPA, the World Bank, and WHO released a joint report in regards to maternal health.[8] The report concluded that maternal deaths have decreased by 44% in the last 25 years.[9] Having better access to health services during pregnancy ensures that more lives are saved, according to WHO and other UN agencies.[10] Yet, despite this progress, 99% of maternal deaths occur in developing countries, and only nine developing countries accomplished the prior Millennium Development Goal (MDG) to reduce maternal mortality by 75%.[11] To address this lack of progress, a 2015 global strategy led by WHO, the Global Strategy for Women's, Children's and Adolescent's Health, 2016-2030, guides Member States in establishing better health conditions for women, children, and adolescents.[12] This new strategy builds upon prior successes, and prioritizes women, children, and adolescents in the implementation of the SDGs.[13] WHO remains committed to advancing the improvement of women's, children's and adolescents' health by collaborating with UN agencies, assisting governments in strengthening health services, leading technical content, and strengthening other sectors of its work.[14]

WHO and other UN agencies, providing an example of successful healthcare service implementation, made great efforts over the last year to be able to bring affordable vaccines against Meningitis A in Africa, nearly causing its eradication by the end of 2015.[15] This disease has killed about 25,000 individuals and has caused severe brain damage for those infected in African countries in one year alone.[16] Consequently, WHO is now working with African Member States to ensure an easy shift from reactive mass vaccination operations, to proactive routine immunizations, moving away from reactive treatment and instead favoring prevention.[17] With the collaboration and partnership of WHO, more than 237 million people in Africa now have access to routine vaccinations.[18] Further,

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[1] WHO, *Other International Partner Organizations*, 2015.
[2] WHO, *World Health Statistics Reports on Global Health Goals for 194 Countries,* 2015.
[3] WHO, *What We Do,* 2015.
[4] WHO, *Global Standards for Quality Health-Care Services for Adolescents,* 2015.
[5] WHO & UNAIDS, *Global Standards for Quality Health-Care Services for Adolescents Volume 1*, *Selection and Criteria,* 2015.
[6] WHO & UNAIDS, *Global Standards for Quality Health-Care Services for Adolescents Volume 2: Implementation Guide,* 2015.
[7] WHO & UNAIDS, *Global Standards for Quality Health-Care Services for Adolescents Volume 1*, *Selection and Criteria,* 2015.
[8] WHO, *Maternal Deaths Fell 44% Since 1990 - UN,* 2015.
[9] Ibid.
[10] Ibid.
[11] Ibid.
[12] WHO, *Global Strategy for Women's, Children's and Adolescent's Health 2016-2030*, 2015.
[13] Ibid.
[14] WHO, *WHO and All Commitments to the Strategy,* 2015.
[15] WHO, *WHO Grants Approval for Safe, Effective Meningitis A Vaccine for Infants*, 2015.
[16] WHO, *Affordable and Effective Vaccine Brings Africa Close to Elimination of Meningitis A*, 2015.
[17] WHO, *WHO Grants Approval for Safe, Effective Meningitis A Vaccine for Infants*, 2015.
[18] WHO, *Affordable and Effective Vaccine Brings Africa Close to Elimination of Meningitis A*, 2015.

these vaccinations have decreased the risk of contracting Tetanus by 25%, by boosting the immune system of individuals.[19]

As the MDGs concluded in 2015, Member States of the UN adopted the SDGs and set 17 new goals to start where the MDGs ended.[20] In particular, WHO has worked with fellow UN agencies to prioritize and promote the health of individuals in line with SDG 3, "Ensure healthy lives and promoting well-being for all ages."[21] In December 2015, WHO developed an in-depth analysis on the health trends from the last 15 years in the report "Health in 2015: from MDGs to SDGs."[22] This report evaluates the challenges WHO faced over the last 15 years and describes the actions Member States should take to accomplish the health-related SDGs for the next 15 years.[23] The report discusses topics that closely relate to the SDGs such as: universal health coverage (UHC), infectious diseases, maternal and adolescent health, non-communicable diseases, mental health, and injuries.[24]

In conclusion, WHO continues to serve as a key player for the advancement of health for individuals.[25] WHO supports Member States to ensure the access of all individuals to health-care services at an economical cost.[26] In order to achieve the SDGs, WHO will continue to collaborate with various UN agencies, local governments, and the private sector to promote strategies on how to better accomplish this goal.[27] By providing leadership, articulating its research agenda, setting health standards, and monitoring health situations, WHO's leadership has, and will continue to impact the international community as a whole.[28]

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[19] WHO, *Affordable and Effective Vaccine Brings Africa Close to Elimination of Meningitis A*, 2015.
[20] UN DPI, *The Sustainable Development Agenda,* 2015.
[21] WHO, *Sustainable Development Goals,* 2016.
[22] WHO, *From MDGs to SDGs, WHO Launches New Report*, 2015.
[23] Ibid.
[24] WHO, *Health in 2015 from MDGs Millennium Development Goals to SDGs Sustainable Development Goals*, 2015.
[25] WHO, *What We Do,* 2015.
[26] Ibid.
[27] Ibid.
[28] Ibid.

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World Health Organization. (2015). *Health in 2015 from MDGs Millennium Development Goals to SDGs Sustainable Development Goals* [Report]. Retrieved 4 January 2016 from: http://apps.who.int/iris/bitstream/10665/200009/1/9789241565110_eng.pdf?ua=1

> *As the SDGs are a substantial achievement for the UN, this report provides an excellent review for delegates. It provides a good explanation of how WHO's work directly or indirectly relates to every SDG. It highlights the scope and goals of the new UN agenda, and emphasizes how other goals are influenced by health, and how health is a key factor in order to achieve sustainable development. This report discusses the 17 goals and summarizes what delegates may need to consider when incorporating the SDGs into their proposals. This report is also an excellent resource for the topic of universal health coverage and how it impacts the SDGs.*

World Health Organization & United Nations Programme on HIV and AIDS. (2015). *Global Standards for Quality Health-Care Services for Adolescents Volume 1: Standards and Criteria* [Report]. Retrieved 2 January 2016 from: http://apps.who.int/iris/bitstream/10665/183935/1/9789241549332_vol1_eng.pdf?ua=1

> *The report by WHO and UNAIDS demonstrates the collaboration and partnership WHO shares with fellow UN agencies. With the new health guidelines in place for adolescents, the expected global outcome is for better adolescent health. WHO recognizes some of the challenges adolescents face when trying to obtain healthcare and stays committed to executing the necessary healthcare programs to address these barriers. By recognizing and establishing global standards, Member States will be working towards appropriate healthcare standards for individuals of all ages.*

World Health Organization & United Nations Programme on HIV and AIDS. (2015). *Global Standards for Quality Health-Care Services for Adolescents Volume 2: Implementation Guide* [Report]. Retrieved 5 January 2016 from: http://apps.who.int/iris/bitstream/10665/183935/4/9789241549332_vol2_eng.pdf?ua=1

> *This second report by WHO and UNAIDS analyzes global standards for quality health care and establishes the implementation guide for improving adolescent health. The report discusses what actions are needed at the national level and demonstrates the reasons why adolescent healthcare is important. Specifically, it asks for communication with governments and the public and the private sectors on the newest policies, advocacy for relevant programs, and ensuring that the focus stays on adolescent health. The report also describes the actions needed at the district and facility level. It is a great report to review as it describes what Member States can do to reach these standards, and provides a great example of how to take action to ensure better health care for a section of the population.*

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World Health Organization. (2015, December 8). *From MDGs to SDGs, WHO Launches New Report* [News Article]. Retrieved 3 January 2016 from: http://www.who.int/mediacentre/news/releases/2015/mdg-sdg-report/en/

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World Health Organization. (2016). *Sustainable Development Goals* [Website]. Retrieved 4 January 2016 from: http://www.who.int/topics/sustainable-development-goals/en/

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World Health Organization & United Nations Programme on HIV and AIDS. (2015). *Global Standards for Quality Health-Care Services for Adolescents Volume 2: Implementation Guide* [Report]. Retrieved 5 January 2016 from: http://apps.who.int/iris/bitstream/10665/183935/4/9789241549332_vol2_eng.pdf?ua=1

I. Ensuring Universal Health Coverage for All

Recent Developments

Throughout the past few months, the international community continued to discuss solutions to a number of issues on the path towards ensuring universal health coverage (UHC) for all. Among the most pertinent issues were improving the delivery of health service to segments of populations currently neglected by many existing health systems, providing more accurate health statistics that are essential to policy-making and monitoring progress towards UHC, and securing necessary financial investments into countries' health systems. While the World Health Organization's (WHO) Executive Board and the World Health Assembly did not meet within the past few months, WHO Member States, the World Bank Group, non-governmental organizations (NGOs), private sector entities, and academic institutions actively worked on achieving UHC for all.

In October 2015, WHO and the Joint United Nations Programme on HIV/AIDS (UNAIDS) published new international norms for quality health-care services for adolescents.[29] The new proposal comprises eight standards, which touch upon two key aspects of UHC: improving the delivery of health services and training an effective health workforce.[30] Recognizing that many health services are inadequately equipped to respond to specific health needs of adolescents, the standards aim to improve the delivery of high-quality health services to 10-19 year-olds, inter alia by providing age-accurate information on issues such as intentional injuries and poor nutrition, as well as improving confidential access for adolescents to health counseling.[31] Secondly, the standards address the need to provide health workers with essential skills to provide counseling and treatment specifically to adolescents.[32] To assist Member States in implementing the new standards, WHO and UNAIDS published an implementation guide, recommending actions on national-, district-, and facility-levels across governance, workforce capacity, funding, as well as managing drugs, supplies and technology.[33] These actions include the development of national policy-evaluation frameworks, the inclusion of competencies in adolescent health in job descriptions for health-care suppliers, and working towards an adequate allocation of funds to adolescent health services within Member States' ministries of finance.[34]

In November 2015, the World Bank proposed the use of a new index to measure countries' progress towards UHC.[35] Admonishing previous inconsistencies in cross-country analyses evaluating achievements in providing UHC, the new proposed index focuses on two of health services' fundamental features: the ability to provide specifically needed health care irrespective of the patient's ability to pay for the service, and avoiding impoverishment as a result of receiving health interventions.[36] Applying the new index to 24 developing countries in Central and Latin America, Africa, as well as Southeast Asia, India and China, the World Bank's Research Department shows that observed improvements towards UHC did not arise from reduced out-of-pocket payments by patients on health care but were due to a higher number of provided health interventions.[37] Unlike previous measurements, the proposed index combines Member States' scores on individual indicators for UHC into a single number and therefore allows researchers to assess the impact of reform programs geared towards individual indicators on Member States' overall UHC performance.[38] This innovation appears promising as it allows policymakers to conduct more precise cost-benefit analyses of individual reform programs and their effect on Member States' UHC performance.[39]

On 12 December 2015, WHO and a number of organizing partners, including Save the Children, the World Bank, and the Rockefeller Foundation, marked the second anniversary celebrations of the international UHC Day.[40]

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[29] WHO, *WHO/UNAIDS launch new standards to improve adolescent care*, 2015.

[30] WHO, *A standards-driven approach to improve the quality of health-care services for adolescents*, 2015.

[31] WHO, *WHO/UNAIDS launch new standards to improve adolescent care*, 2015.

[32] Ibid.

[33] WHO, *Global standards for quality health-care services for adolescents. A guide to implement a standards-driven approach to improve the quality of health-care services for adolescents*, 2015.

[34] Ibid.

[35] The World Bank, *New Index Reveals Gap between Rhetoric and Reality on Universal Health Coverage*, 2015.

[36] Ibid.

[37] The World Bank, *Measuring Progress Towards Universal Health Coverage With An Application to 24 Developing Countries*, 2015.

[38] Ibid., pp. 42-43.

[39] Ibid., p. 43.

[40] Global Coalition for Universal Health Coverage Day*, Global Partners*, 2015.

Celebrations went ahead in 116 Member States supported by a total of 715 partners from private, academic, and non-profit sectors.[41] UHC Day celebrates the adoption of United Nations (UN) General Assembly (GA) resolution 67/81 of 12 December 2012 on global health and foreign policy, which urged UN Member States to ensure universal access to high-quality health care without the threat of financial devastation.[42] In the context of UHC Day celebrations, UN Secretary-General Ban Ki-moon and the President of the 70th session of the GA, Mogens Lykketoft, reiterated the importance of UHC to successfully implement the Sustainable Development Goals (SDGs), and highlighted that the considerable investments needed to ensure UHC are key to future economic prosperity.[43]

Additionally, in December 2015, the government of Japan, the Japan International Cooperation Agency, and the Japan Center for International Exchange co-hosted an international conference in Tokyo, focusing on the role of UHC in achieving the SDGs and implementing the lessons learned from recent health crises.[44] At the conference, WHO Director-General Dr. Margaret Chan highlighted that implementation of UHC is not only essential in avoiding impoverishment of people seeking health care, but also a tool to promote social equality.[45] Nonetheless, she also recognized that in the face of rising costs for innovative health technologies and medicines, UHC cannot extend to all health services, and acknowledged that setting fair priorities is one of the key future challenges for policymakers.[46] Addressing participants at the conference, the World Bank President Jim Yong Kim noted that future benefits of investments into achieving UHC for all will by far outweigh current costs.[47] While state leaders, heads of international organizations, and private sector entities reiterated their commitment to achieving UHC for all, the Partnership for Maternal, Newborn & Child Health highlighted that discussions at the conference did not address the specific needs of women, children and adolescents, and noted the importance of population specific approaches on the path towards UHC.[48] In the light of the 2015 Ebola crisis, a key outcome of the conference was a renewed commitment towards strengthening health systems' capacity to respond to public health crises, which may have global repercussions and threaten already achieved progress towards UHC.[49]

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[41] Global Coalition for Universal Health Coverage Day, *Global Partners*, 2015.

[42] Global Coalition for Universal Health Coverage Day, *About 12.12*, 2015.

[43] UN DPI, *Secretary-General Urges All Substantial Investment to Achieve Affordable Health Coverage Access Worldwide, in Message for International Observance (SG/SM/17405-OBV/1567)*, 2015; UN General Assembly, *Statement by Mr Mogens Lykketoft, President of the 70th Session of the United Nations General Assembly, on the Second Anniversary Celebration of Universal Health Coverage (UHC) Day*, 2015.

[44] Japan Center for International Exchange, *International Conference on Universal Health Coverage in the New Development Era: Toward Building Resilient and Sustainable Health Systems*, 2015.

[45] WHO, *WHO Director-General addresses conference on universal health coverage*, 2015.

[46] Ibid.

[47] The World Bank, *Uniting Behind Universal Health Coverage*, 2015.

[48] Partnership for Maternal, Newborn & Child Health, *International conference on Universal Health Coverage in the New Development Era*, 2015.

[49] Japan Center for International Exchange, *International Conference on Universal Health Coverage in the New Development Era: Toward Building Resilient and Sustainable Health Systems. Summary & Agenda*, 2015.

Japan Center for International Exchange. (2015). *International Conference on Universal Health Coverage in the New Development Era: Toward Building Resilient and Sustainable Health Systems* [Website]. Retrieved 4 January 2016 from: http://www.jcie.or.jp/cross/globalhealth/151216_uhc_conference

> *This source published by the Japan Center for International Exchange, an independent Japanese NGO, provides delegates with a broad overview of the proceedings at the "International Conference on Universal Health Coverage in the New Development Era" held in Tokyo on 16 December 2015. Delegates also gain access to a series of interviews with representatives from non-governmental organizations as well as government ministries and agencies covering various challenges to UHC for all. Furthermore, the source provides links to a number of additional UHC-related resources including case studies of public and private reform efforts to achieve UHC in Japan and other countries.*

The World Bank. (2015). *Measuring Progress Towards Universal Health Coverage With An Application to 24 Developing Countries*. Retrieved 3 January 2016 from: http://www-wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2015/12/10/090224b083c45bec/3_0/Rendered/PDF/Measuring0prog0veloping0countries00.pdf

> *This working paper published by the World Bank's Development Research Group introduces an innovative index to measure countries' progress towards UHC for all and provides delegates with a rich illustration of UHC levels, changes, and trends in 24 developing countries. The paper also includes a critical assessment of varying definitions of UHC, which emphasize different aspects of the concept. Additionally, the paper's annex provides delegates with a concise summary of reform policies aimed at achieving UHC within the countries covered by the analysis between 1970 to 2015.*

World Health Organization. (2015). *A standards-driven approach to improve the quality of health-care services for adolescents* [Policy Brief]. Retrieved 2 January 2016 from: http://apps.who.int/iris/bitstream/10665/184035/1/WHO_FWC_MCA_15.06_eng.pdf?ua=1

> *This policy brief published by WHO in October 2015 is addressed to public health policymakers, health-care providers, and national public health agencies as well as development agencies, non-governmental organizations, and the private sector. The policy brief is part of an effort by WHO to shift attention towards the provision of quality health-care services to adolescents in the post-2015 development era, as many behavioral habits and medical conditions that affect individuals' health throughout later courses of their life are developed during adolescence. The policy brief provides delegates with an overview of the various challenges in providing adequate health care to adolescents. The source lists eight global standards in improving health-care services for children, designed by WHO in cooperation with national stakeholders and partner organizations. While the standards are focused on fostering adolescents' health, the source provides delegates with an example of a comprehensive set of policies aimed at improving health care for a specific population of Member States' societies.*

World Health Organization. (2015). *Global standards for quality health-care services for adolescents. A guide to implement a standards-driven approach to improve the quality of health-care services for adolescents*. Retrieved 26 January 2016 from: http://apps.who.int/iris/bitstream/10665/183935/4/9789241549332_vol2_eng.pdf?ua=1

> *This implementation guide published by WHO and UNAIDS in October 2015 provides delegates with a detailed overview of how global standards aimed at improving adolescents' health can be translated into specific actions at Member States' national-, district and facility-level. While the guide is tailored towards the implementation of the new international norms for quality health-care services for adolescents, it is illustrative of the challenges policymakers face in other health sectors in the post-2015 development era, including the securing of adequate funding and fostering collaboration among Member States' different governance levels. Furthermore, the implementation guide indicates how WHO can assist in the implementation of actions that are primarily subject to Member States' national policy-making competencies.*

World Health Organization. (2015, December 16). *WHO Director-General addresses conference on universal health coverage* [Speech]. Retrieved 2 January 2016 from: http://www.who.int/dg/speeches/2015/universal-health-coverage/en/

> *This speech was delivered by WHO Director-General Dr. Margaret Chan at the International Conference on Universal Health Coverage (UHC) in the New Development Era held in Tokyo in December 2015. Her address to global leaders provides delegates with an illustration of the benefits of UHC for all to Member States' societies, including the promotion of social equality, efficiency of health services, and poverty alleviation. The source also illustrates key challenges in implementing UHC for all that delegates need to address in the context of their negotiations.*

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II. Combating Non-Communicable Diseases

Recent Developments

In December 2015, the World Health Organization (WHO) convened its second dialogue on the Global Coordination Mechanism on the Prevention and Control of non-communicable diseases (GCM/NCD).[50] Representatives from 90 Member States, 11 UN agencies, and a large number of civil society organizations (CSOs) discussed how to strengthen international cooperation on non-communicable diseases (NCDs).[51] During this dialogue, the major topic of concern was the lack of sustainable funding for worldwide NCD prevention and care.[52] Currently, 60% of Member States view international funding and cooperative partnerships as important resources in the fight against NCDs.[53] Despite this view, NCDs receive the smallest amount of worldwide donor assistance for health (DAH) funding, at 1.7% in 2015.[54] Given the current lack of international cooperation, WHO projects that NCDs will result in the loss of $53 trillion dollars to the global economy between 2011 and 2025.[55] As a result, the GCM/NCD dialogue reaffirmed the importance of expanding South-South, North-South, and triangular cooperation to address NCDs.[56]

In response to the GCM/NCD's findings, the United Nations Office of South-South Cooperation (UNOSSC) recommended the creation of a NCD framework to help Member States develop systematic and personalized action plans related to each state's individual NCD priorities.[57] For example, Japan has piloted the Leadership and Advocacy for NCD Prevention and Control (LeAd-NCD) initiative, which trains and equips NCD professionals with methods to improve NCD prevention and care in their home countries.[58] Similarly, Uruguay created the International Cooperation Centre on Tobacco Control (ICCTC) to assist other developing states with the implementation of WHO's *Framework Convention on Tobacco Control* (2003) (FCTC).[59] The FCTC seeks to reduce tobacco use worldwide, and to combat tobacco-related NCDs and deaths.[60] Through the ICCTC, Uruguay successfully assisted Panama in the development of a tobacco "sin tax" that now funds 50% of Panama's public health expenditures.[61] The GCM/NCD encourages additional programs and collaborative efforts, similar to LeAd-NCD and ICCTC, to bridge the gap between developed and developing countries in the fight against NCDs.[62]

In the absence of substantial international funding, portions of the GCM/NCD dialogue highlighted alternative financing methods, such as domestic funding and public-private partnerships (PPPs).[63] Participants were made aware of the potential use of domestic taxation to combat and prevent future cases of NCDs.[64] For example, WHO's efforts in the Philippines to implement a "sin tax" on tobacco and alcohol products was heralded as a potential model for other states to follow.[65] With the tax revenue derived from the sin taxes, the Philippine government

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[50] WHO, *Dialogue on NCDs and international cooperation,* 2015.
[51] Global Health Council, *Summary of Meeting on 'Strengthening International Cooperation on Noncommunicable Diseases,'* 2015.
[52] Ibid.
[53] Nugent, *WHO Global Coordination Mechanism on the Prevention and Control of Noncomunicable Diseases, Working Group on How to Realize Governments' Commitment to Provide Financing for NCDs: Bilateral and Multilateral Financing for NCDs*, 2015.
[54] Global Health Council, *Summary of Meeting on 'Strengthening International Cooperation on Noncommunicable Diseases,'* 2015.
[55] WHO, *Dialogue on how to strengthen international cooperation,* 2015, p. 5.
[56] Global Health Council, *Summary of Meeting on 'Strengthening International Cooperation on Noncommunicable Diseases,'* 2015.
[57] UNOSSC, *UNOSSC and WHO Mobilizing Global Support to Control Non-communicable Diseases,* 2015.
[58] WHO, *Dialogue on how to strengthen international cooperation on the prevention and control of noncommunicable diseases with the framework of North-South, South-South and triangular cooperation,* 2015, p. 8.
[59] Ibid., p. 11.
[60] Ibid.
[61] Ibid.
[62] Ibid., p. 5.
[63] Global Health Council, *Summary of Meeting on 'Strengthening International Cooperation on Noncommunicable Diseases,'* 2015.
[64] Ibid.
[65] Ibid.

expects to provide universal health coverage to 15.4 million Filipinos and construct 2,379 new health facilities across the country.[66]

Participants of the GCM/NCD dialogue were also presented with the potential benefits of public-private partnerships.[67] The "Base of the Pyramid" project in Kenya signals promise for the future of PPPs, as it successfully organized the efforts of private and public organizations to provide diabetic care in over 1,000 health facilities nationwide.[68] In November 2015, the NCD Alliance Forum, an association of over 2,000 non-governmental organizations (NGOs) in 170 countries, issued the *Sharjah Declaration on NCDs*.[69] The *Sharjah Declaration* calls upon civil society, private industries, and the public sector to increase cooperation to achieve the NCD-related targets of the 2030 Agenda for Sustainable Development.[70] The core premise of The *Sharjah Declaration* is that no sector of society can address the NCD epidemic singlehandedly, but that this can be achieved through multisectoral coordination.[71] Shortly after the Declaration was issued, the United Arab Emirates announced a 100% domestic tax rate on all tobacco products, which might inspire similar actions worldwide.[72]

In January 2016, WHO's Commission to End Childhood Obesity (ECHO) released its final report to the WHO Director-General.[73] The report provides recommendations for WHO, CSOs, academic institutions, charities, the private sector, and Member States, which include promoting healthy foods, encouraging physical activity, and instituting healthy diets for children at home and in school.[74] In particular, ECHO called upon WHO to establish a framework responsible for implementing the Commission's recommendations.[75] Further stressing the importance of PPPs and international cooperation, ECHO asserted that the report's suggested actions may only succeed if stakeholders at all levels, including NGOs and international organizations, are thoroughly engaged in a collective effort to address NCDs.[76]

Ultimately, the common theme uniting all recent developments in NCDs revolves around the recognized need for international cooperation at multiple levels.[77] NCDs are a global problem and must be met with a global solution that engages all relevant stakeholders across multiple sectors, a collaborative effort in which WHO's leadership and expertise will be necessary.[78] Delegates should continue to focus their research on methods to foster international collaboration in the fight against NCDs.

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[66] Magtulis, *Government funnels 'sin' taxes to healthcare services,* 2015.
[67] Global Health Council, *Summary of Meeting on 'Strengthening International Cooperation on Noncommunicable Diseases,'* 2015.
[68] *Novo Nordisk joins Business Call to Action with diabetes awareness campaign in Kenya,* Business Call to Action, 2015.
[69] NCD Alliance, *Who We Are,* 2015.
[70] NCD Alliance, *Sharjah Declaration on NCDs,* 2015.
[71] *The Sharjah Declaration,* The Union, 2015.
[72] World Lung Foundation, *WLF Applauds Sharjah Declaration on Non-Communicable Diseases,* 2015.
[73] WHO, *Commission on Ending Childhood Obesity,* 2016.
[74] WHO, *Report of the Commission on Ending Childhood Obesity,* 2016.
[75] Ibid.
[76] Ibid.
[77] Global Health Council, *Summary of Meeting on 'Strengthening International Cooperation on Noncommunicable Diseases,'* 2015.
[78] Ibid.

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> *This resource provides a generic overview of non-communicable diseases and the decisions arrived at during the second dialogue of the Global Coordinating Mechanism on the Prevention and Control of Non-communicable Diseases (GCM/NCD). The names of prominent speakers and presentations are included, as well as brief summaries of the work done during the three-day session. Overall, delegates should expect to find consistent calls for heightened international cooperation in the fight against non-communicable diseases, as well as examples of past successes in the fight against NCDs.*

NCD Alliance. (2015). *Sharjah Declaration on NCDs*. Retrieved 30 January 2016 from: http://ncdalliance.org/sites/default/files/rfiles/Sharjah%20Declaration_FV_eng.pdf

> *The NCD Alliance is an association of over 2,000 non-governmental organizations partnering to combat NCDs. In November 2015, the NCD Alliance issued the* Sharjah Declaration, *affirming the important role of civil society in the fight against NCDs. Recognizing the need for all sectors to collaborate, the* Sharjah Declaration *pledges to support the public and private sector in their efforts to address NCD, by joining forces to advocate change, partnerships, as well as monitoring worldwide progress. The ultimate objective of the* Sharjah Declaration *is the complete achievement of all NCD-related targets contained in the Sustainable Development Goals.*

Nugent, R. (2015). *WHO Global Coordination Mechanism on the Prevention and Control of Noncomunicable Diseases, Working Group on How to Realize Governments' Commitment to Provide Financing for NCDs: Bilateral and Multilateral Financing for NCDs* [Report]. World Health Organization. Retrieved 15 January 2016 from: http://www.who.int/nmh/ncd-coordination-mechanism/Policybrief5.2docx.pdf?ua=1

> *Delegates will find this report from the WHO Global Coordinating Mechanism for the Prevention and Control of NCDs useful, as it describes certain barriers to international cooperation concerning NCDs. Particularly, the disconnect between current levels of funding for NCDs and the actual need of Member States is explored. Further, the document presents a review of the present state of international cooperation and funding for NCD prevention and control. Ultimately, through this source, delegates will learn of the need for increased levels of North-South, South-South, and triangular cooperation to fund NCD prevention and treatment.*

World Health Organization. (2015). *Dialogue on how to strengthen international cooperation on the prevention and control of noncommunicable diseases with the framework of North-South, South-South and triangular cooperation* [Report]. Retrieved 5 February 2016 from: http://www.who.int/global-coordination-mechanism/dialogues/DialogNov2015BackgroundnternationalcooperationNCD.pdf?ua=1

> *This report seeks to educate participants in the second dialogue of the Global Coordinating Mechanism on the Prevention and Control of NCDs about the current lack of and need for engaged international cooperation regarding the fight against NCDs. Delegates are presented with the current status and projections of the economic impacts of NCDs in the future if left unaddressed. The report recommends that the international community seek collaborative North-South, South-South, and triangular cooperation initiatives. For each type of cooperation, delegates are provided with successful examples, where countries have already taken part in collaborative NCD efforts. The report concludes with a series of questions and concerns about existing gaps in the international NCD framework.*

World Health Organization. (2016). *Report of the Commission on Ending Childhood Obesity*. Retrieved 30 January 2016 from: http://apps.who.int/iris/bitstream/10665/204176/1/9789241510066_eng.pdf

> *In early January 2016, the WHO Commission on Ending Childhood Obesity (ECHO) issued its final report to the Secretary-General. Within the report, delegates will find a series of comprehensive recommendations aimed at reducing childhood obesity by focusing on promoting healthy diets and regular exercise at home and at school. ECHO's recommendations extend beyond the public sector and also address stakeholders both in civil society and the private sector. Ultimately, delegates are reminded of the importance of collaboration in the fight against NCDs*

as ECHO warns that none of the commission's recommendations will be successful without complete support and action by all sectors of society.

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III. Improving Health Care Services for Ageing Populations

Recent Developments

The past several months have seen several significant events addressing the healthcare needs of elderly populations. United Nations (UN) Member States adopted the Sustainable Development Goals (SDGs) in September 2015, which include provisions on increasing access to healthcare, and emphasize that sustainable development needs to encompass all groups of people, including the elderly.[79] Additionally, the World Health Organization (WHO) released a comprehensive report discussing the challenges facing ageing populations.[80] Furthermore, the UN and civil society held several forums that discussed various needs of elderly populations.[81]

On 30 September 2015, WHO released the "World Report on Ageing and Health."[82] This serves as one of the most comprehensive guides regarding elderly population groups across the world.[83] In addition to defining some of the major problems that are being faced by this demographic, the report also discusses overall health in older age.[84] The report also provides policy recommendations for healthcare systems and long-term care systems, as well as a framework of action to develop sustainable and effective long-term care mechanisms and monitoring tools for the elderly.[85] Moreover, the report advocates for the creation of customized medical interventions and health systems specifically for elderly people.[86]

From 7-9 October 2015 WHO held the second Global Forum on Innovation for Ageing Populations in Kobe, Japan.[87] The theme, Imagine Tomorrow, brought together over 150 stakeholders to share policy innovations, and discuss new ways to improve the well-being of ageing populations.[88] Overcoming stereotypes regarding old people, developing innovations to help old people live within their own homes, linking social care and healthcare, as well as creating environments that are accommodating to elderly people were just some of these ideas presented and debated in Kobe.[89] A full report was published outlining the ideas disseminated at the forum.[90]

1 October 2015 marked the 25th anniversary of the UN International Day of Older Persons.[91] UN Secretary-General Ban Ki-moon highlighted the connection between the implementation of the 2030 Agenda for Sustainable Development and the demographic changes that are occurring.[92] The World Hospice and Palliative Care Day was also held in the beginning of October.[93] This day focuses on those that are terminally ill, and are suffering from pain or discomfort.[94] UN human rights experts called on Member States to create programs that would allow anyone who is in need of palliative care for chronic pain associated with terminal illnesses to have access to treatment.[95]

In December 2015, HelpAge International, an international non-governmental organization (NGO) dedicated to advocating for issues that elderly groups face worldwide, published a position paper that discussed climate change and ageing populations.[96] It concluded that ageing populations are often more at risk of dying from weather

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[79] Albone, *Why the SDG's must include older people to 'leave no one behind'*, 2014.
[80] WHO, *World Report on Ageing and Health*, 2015.
[81] WHO, *Ageing: Events*, 2015.
[82] WHO, *Ageing and life-course*, 2015.
[83] Ibid.
[84] WHO, *World Report on Ageing and Health*, 2015.
[85] Ibid.
[86] Ibid.
[87] WHO, *Innovation Forum: Second WHO Global Forum on Innovation for Ageing Populations*, 2015.
[88] WHO, *Report of the Second WHO Global Forum on Innovation for Ageing Populations, 7-9 October 2015, Kobe, Japan*, 2015.
[89] WHO, *Report on the 2nd WHO Global Forum on Innovation For Ageing Populations: Imagine Tomorrow*, 2015.
[90] Ibid.
[91] UN DPI, *International Day of Older Persons: Secretary-General's Message for 2015*, 2015.
[92] Ibid.
[93] World Hospice Palliative Care Alliance, *About the World Hospice and Palliative Care Day*, 2015.
[94] Ibid.
[95] UN OHCHR, *Right to pain relief: 5.5 billion people have no access to treatment warn UN experts World Hospice and Palliative Care Day - Saturday 10 October 2015*, 2015.
[96] Small, *COP21: HelpAge releases position paper on adapting to climate change in an ageing world*, 2015.

extremes and outlined strategies to minimize the effects of climate change on the elderly.[97] These included utilizing resilient farming techniques, providing tailored medical interventions for older populations during extreme weather events, and increasing access to clean energy.[98]

In January 2016, WHO published a guide titled "Measuring the Age-Friendliness of Cities: A Guide to using core indicators."[99] This framework was designed to standardize measurement of specific factors regarding the needs of elderly citizens across cities worldwide.[100] Indicators for measuring the age-friendliness of cities include health and social services, urban planning, political commitment, and social attitudes towards older adults.[101] Results of such measurements can then serve policy-makers as both a way to compare age-friendliness between different cities and as a way to identify sectors requiring new policies to meet the needs of the elderly in urban environments.[102]

With the population of elderly persons forecasted to double over the next 35 years, WHO has placed significant importance on trying to ensure that the quality of life this growing demographic experience is optimal.[103] From the spirit of the recently adopted SDGs to informative reports and forums giving policy recommendations and a common framework of action, the international community and WHO continue to become more informed about the specific needs of ageing populations, draft new policies, and create innovative methods to measure and assess the healthcare needs of elderly populations worldwide.

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[97] Relief Web, *Help Age Position Paper- Climate change in an ageing world,* 2015.
[98] HelpAge International, *Climate Change in an aging world,* 2015.
[99] WHO, *Age-friendly world adding life to years: Measuring the age-friendliness of cities: A guide using core indicator,* 2016.
[100] Ibid.
[101] WHO, *Measuring the age-friendliness of cities: A guide using core indicators,* 2016.
[102] Ibid.
[103] WHO, *WHO: Number of people over 60 years set to double by 2050,* 2015.

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http://www.helpage.org/download/56685b923b8eb

> *This is an excellent source that is written following the 21st Conference of Parties of the* UN Framework Convention on Climate Change *by a non-governmental organization that works primarily on the advancement and awareness of issues faced by elderly persons. The source is also unique in the sense that it ties together two issues that policy-makers often approach independently: climate change and ageing populations. The position paper discusses in-depth the challenges that elderly people will face due to climate change and also provides numerous policy recommendations that cover a variety of areas with regard to elderly health. These recommendations include reintroducing concepts of sustainable farming during droughts and creating specific healthcare interventions tailored towards elderly populations during major weather events like heat waves. Delegates will find this source to be very helpful for states with ageing populations affected by climate change as they develop innovative solutions to deal with ageing populations.*

World Health Organization. (2015). *Ageing and life-course* [Website]. Retrieved 7 January 2016 from:
http://www.who.int/ageing/events/world-report-2015-launch/en/

> *This website was launched in October as the platform for the World Report on Ageing and Health. The page condenses much of the information that is contained in the report into easy animations and diagrams. These include a geographic display of where ageing populations will be centered by 2050, the speed by which the population is ageing over time, and what positive social outcomes could possibly be realized with increased lifespans. Additionally, the website provides more information about some of the case studies presented in the report. These include brain health in Indonesia and access to health care services for older people in Kuwait. There is also a live Twitter feed of the #YearsAhead campaign that was created by WHO.*

World Health Organization. (2016). *Measuring the age-friendliness of cities: A guide to using core indicators* [Report]. Retrieved 13 January 2016 from:
http://apps.who.int/iris/bitstream/10665/203830/1/9789241509695_eng.pdf

> *This is a source that seeks to create a baseline for measuring how well equipped cities are to meet the needs of elderly people. The WHO guide defines various parameters that can be used, which include social attitudes to aging; the ability for elderly to live independently; and access to housing, public transportation, and other services. Once these various conditions are assessed cities can then be ranked as to how appropriate they meet elderly peoples' needs. This approach has yet to be implemented, but it seeks to create a standardized approach to a field that has few tangible measurements and is subject to significant cultural and geopolitical variations. This is a good source to help illustrate the types of measurement parameters that can be utilized to see if policies are helping ageing populations in urban environments.*

World Health Organization. (2015). *Report on the 2nd WHO Global Forum on Innovation For Ageing Populations: Imagine Tomorrow*. Retrieved 13 January 2016 from:
http://www.who.int/kobe_centre/publications/gfiap2_static.pdf?ua=1

> *The panel that this report details was held in late 2015 in Japan, a country that is facing one of the largest geriatric populations in the world. The meeting focused on creating higher quality of living for elderly people within society in the future. Numerous stakeholders from governments, the United Nations, and civil society came together to share and debate innovative ideas that could be implemented in the future. These ideas focused on the elderly being able to maintain independent lives as well as social and healthcare programs operating as single units to name a few of the topics. The document that was created served as a way to summarize the ideas shared amongst all these different stakeholders.*

World Health Organization. (2015). *World Report on Ageing and Health.* Retrieved 13 January 2016 from:
http://apps.who.int/iris/bitstream/10665/186463/1/9789240694811_eng.pdf?ua=1

> *The WHO report on ageing and life course is one of the most up-to-date and pertinent resources for delegates to peruse. This report provides a wealth of current information on all aspects related*

to an ageing world population. It defines challenges that elderly people will face, and provides recommendations for Member States to help elderly populations enjoy maximal health and continue to contribute value to society. Ideas such as long-term care programs are outlined. This resource will serve as an excellent foundation to not only understand various aspects of the topic, but also create effective solutions to the problems that this population demographic faces.

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