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World Health Organization Background Guide 2020

Written by: Aidan Killackey and Ben Wrigley, Directors
Clayton Dana-Bashian, Assistant Director



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Dear Delegates,

Welcome to the 2020 National Model United Nations New York Conference (NMUN•NY)! We are pleased to introduce you to our committee, the World Health Organization (WHO). This year's staff is: Directors Aidan Killackey (Conference A) and Ben Wrigley (Conference B). Aidan works at a mid-sized law firm in Seattle, United States. Ben is studying for his master's degree in economic policy at the University of Siegen

The topics under discussion for the World Health Organization are:

1. Universal Health Coverage: Leaving No One Behind
2. Addressing Vaccine Hesitancy

WHO is an autonomous organization that directs and coordinates international healthcare issues within the United Nations (UN) system with the aim of attaining the highest possible level of health for all people. At NMUN•NY 2020, we are simulating the Executive Board of WHO as regards to its size and composition. However, the body may address all topics within the mandate of WHO. Delegates should work to promote multilateral negotiations, which are inclusive and consider health as a human right for all under the Universal Declaration of Human Rights. Proper simulation is key in WHO in order to successfully complete the agenda and create resolutions that are succinct and effective.

This Background Guide serves as an introduction to the topics for this committee. However, it is not intended to replace individual research. We encourage you to explore your Member State's policies in depth and use the Annotated Bibliography and Bibliography to further your knowledge on these topics. In preparation for the Conference, each delegation will submit a Position Paper by 11:59 p.m. (Eastern) on 1 March 2020 in accordance with the guidelines in the [Position Paper Guide](#) and the [NMUN•NY Position Papers](#) website.

Two resources, available to download from the [NMUN website](#), that serve as essential instruments in preparing for the Conference and as a reference during committee sessions are the:

1. [NMUN Delegate Preparation Guide](#) - explains each step in the delegate process, from pre-Conference research to the committee debate and resolution drafting processes. Please take note of the information on plagiarism, and the prohibition on pre-written working papers and resolutions. Delegates should not start discussion on the topics with other members of their committee until the first committee session.
2. [NMUN Rules of Procedure](#) - include the long and short form of the rules, as well as an explanatory narrative and example script of the flow of procedure.

In addition, please review the mandatory [NMUN Conduct Expectations](#) on the NMUN website. They include the Conference dress code and other expectations of all attendees. We want to emphasize that any instances of sexual harassment or discrimination based on race, gender, sexual orientation, national origin, religion, age, or disability will not be tolerated. If you have any questions concerning your preparation for the committee or the Conference itself, please contact the Under-Secretaries-General for the Human Rights and Humanitarian Affairs Department, Tobias Dietrich (Conference A) and Estefani Morales (Conference B), at usg.hr_ha@nmun.org.

We wish you all the best in your preparations and look forward to seeing you at the Conference!

Sincerely,

Conference A
Aidan Killackey, *Director*

Conference B
Ben Wrigley, *Director*

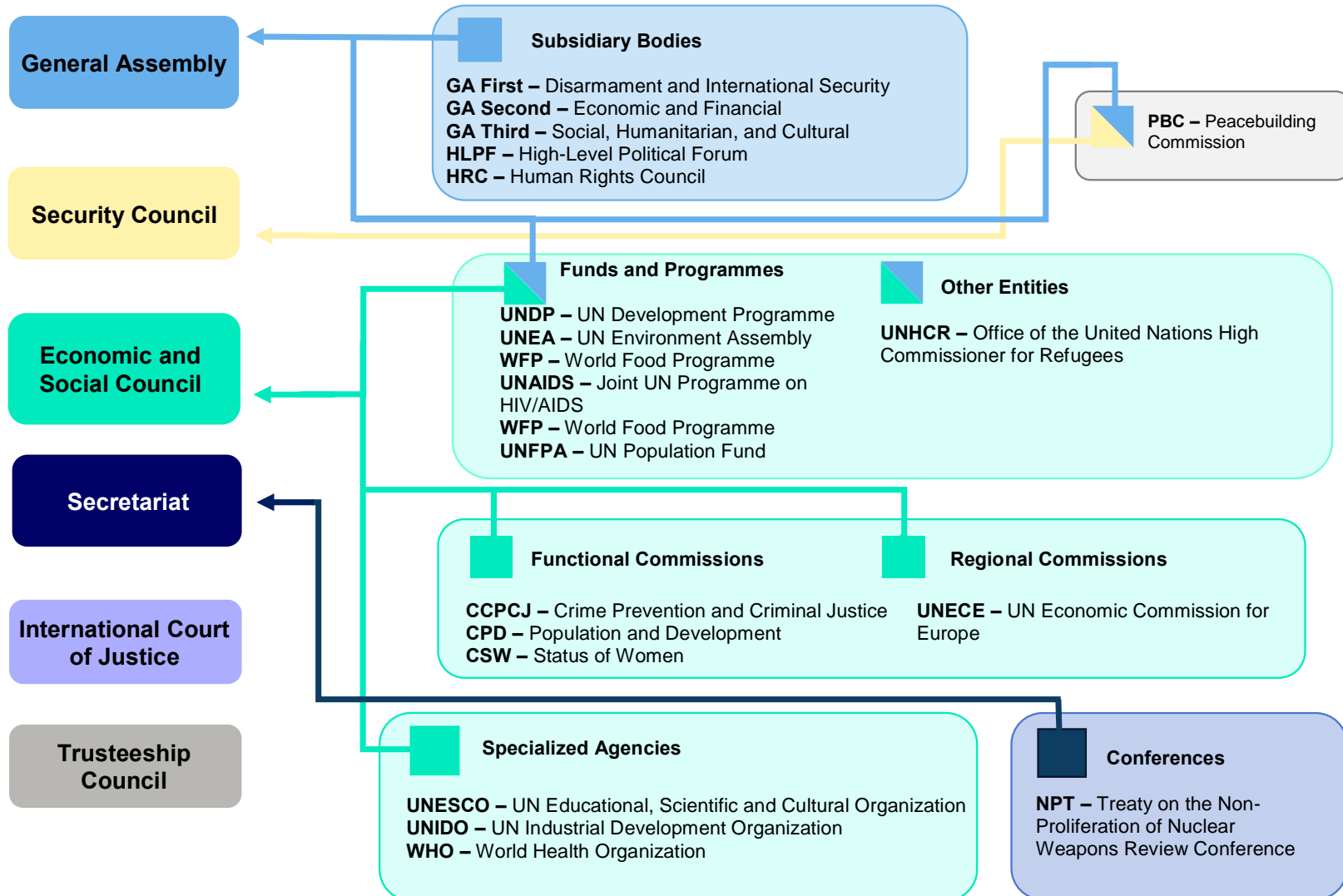


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United Nations System at NMUN•NY

This diagram illustrates the UN system simulated at NMUN•NY and demonstrates the reportage and relationships between entities. Examine the diagram alongside the Committee Overview to gain a clear picture of the committee's position, purpose, and powers within the UN system.



Committee Overview

Introduction

The World Health Organization (WHO) is the directing and coordinating authority on international healthcare issues within the United Nations (UN) system, promoting the attainment of the highest possible level of health by all people.¹ WHO intervenes within six intersecting areas of work to assist its 194 Member States in the development of their respective health systems; the eradication of non-communicable diseases; the promotion of good lifelong health; the prevention, treatment, and care of communicable diseases; the preparedness, surveillance, and response with respect to international health emergencies; and the extension of corporate services to the organization's public and private partners.²

The **World Health Organization** (WHO) is a specialized agency of the United Nations, reporting to the Economic and Social Council (ECOSOC).

At NMUN•NY 2020, we are simulating the Executive Board of WHO in terms of composition and size; however, delegates are not limited to the strict mandate of the Executive Board during the conference. For the purposes of NMUN•NY 2020, and corresponding with the educational mission of the conference, the committee has the ability to make programmatic and policy decisions on issues within the mandate of WHO in line with the overall function of the organization.

After a complete breakdown of international health cooperation during the Second World War, an Interim Commission continued the activities of existing health institutions such as the Health Organisation of the League of Nations.³ During the San Francisco Conference in 1945, which set the foundation for the UN, various states proposed creating a new international health organization.⁴ In July 1946, 51 UN Member States and ten additional states signed the *Constitution of the World Health Organization*, which entered into force in April 1948.⁵ The Constitution outlines the guiding principle that health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.⁶ The World Health Assembly (WHA), the organization's decision-making body comprised of all WHO Member States, convened in Geneva for the first time on 24 June 1948.⁷ Although WHO had largely remained a driving force for health research throughout its first decade, its operative programs gradually expanded in the following years.⁸ Its first global immunization campaign began when WHA adopted a resolution on a "Smallpox Eradication Programme," which eventually succeeded in eliminating the disease in 1980.⁹ Another defining moment for WHO was the 1978 International Conference on Primary Health Care, which declared access to primary health care for all as the organization's key strategic objective and linked health to social and economic development.¹⁰

Governance, Structure, and Membership

194 states, including all UN Member States except for the Cook Islands and Nieu, are members of WHO.¹¹ While its secretariat is located in Geneva, Switzerland, WHO maintains a worldwide presence, staffing six regional offices across the globe and operating a total of 150 country offices and decentralized

¹ WHO, *About WHO*, 2019; WHO, *Basic Documents: 48th ed. Including Amendments Adopted up to 31 December 2014*, 2014.

² WHO, *What We Do*, 2019.

³ WHO, *Constitution*, 2019.

⁴ *Ibid.*

⁵ *Ibid.*

⁶ *Ibid.*

⁷ *Ibid.*

⁸ *Ibid.*

⁹ WHO, *The Third Ten Years of the World Health Organization – 1968-1977*, 2008, pp. 177-181.

¹⁰ *Ibid.*, pp. 303-304.

¹¹ WHO, *Countries*, 2019.

sub-offices.¹² WHO's constitution assigns its executive functions to its Executive Board, which comprises 34 experts in the field of health, each appointed for a three-year term by a WHO Member State elected by WHA with respect to population per region proportions.¹³ The board's key policymaking functions include the drafting of multiannual programs of work as well as submitting draft resolutions to WHA for consideration.¹⁴ In formulating WHO policies, the Executive Board's Programme, Budget and Administration Committee (PBAC) plays an important role, as it makes recommendations with regards to planning, monitoring, and evaluating WHO programs, and the organization's financial and administrative management.¹⁵ The PBAC consists of 14 board members, with two members from each region elected by the Executive Board for a two-year period.¹⁶ Furthermore, the Executive Board endorses decisions and policies of WHA and coordinates response efforts to international health emergencies.¹⁷ The Executive Board meets at least twice a year, once in January and once in May after WHA's annual convention.¹⁸ The Board also holds special sessions in the event of an international health emergency or issue of international importance, most recently in an effort to work on the draft *Thirteenth General Programme of Work 2019–2023* (GPW13), which it later adopted.¹⁹

In addition to the determination of WHO's policies, the Assembly supervises the organization's financial policies, adopts its budget, and appoints the Director-General on the nomination of the Executive Board.²⁰ WHO's Director-General acts as chief technical and administrative officer with the support of the secretariat's administrative staff.²¹ The Director-General also serves as the *ex officio* secretary of WHA, the Executive Board, as well as the organization's commissions and committees, and is responsible for submitting WHO's financial statements and budget estimates to the Executive Board.²² Dr. Tedros Adhanom Ghebreyesus is the current Director-General of WHO, succeeding Dr. Margaret Chan who had held the position during the previous ten years.²³ Before the end of her term as WHO's Director-General, Dr. Chan published a report titled *Ten Years in Public Health 2007-2017*, which addresses the setbacks, achievements, and progress during her time in office.²⁴ The current Director-General's vision reinforces the importance of the Sustainable Development Goals (SDGs) in improving global health and well-being by focusing on health rights for all people and by giving health the central role in international agendas.²⁵

WHO's biennial program budgets derive from its multiannual programs of work, and are funded through a combination of assessed and voluntary contributions.²⁶ Assessed contributions are those coming from dues paid by Member States in order to keep their membership status.²⁷ Voluntary contributions are made by state and non-state contributors, such as non-governmental organizations (NGOs), the private sector, philanthropic foundations, and academic institutions.²⁸ Historically, assessed contributions have constituted most of WHO's funding, but voluntary contributions have increased since 1990 and now

¹² WHO, *WHO Presence in Countries, Territories and Areas: 2019 Report*, 2019.

¹³ WHO, *The Executive Board*, 2019.

¹⁴ WHO, *Constitution of the World Health Organization*, 1946, p. 9; WHO, *Governance*, 2019.

¹⁵ WHO, *Revised Terms of Reference for the Programme, Budget and Administration Committee of the Executive Board (EB131.R2)*, 2012, p. 3.

¹⁶ *Ibid.*

¹⁷ WHO, *Constitution of the World Health Organization*, 1946, p. 9.

¹⁸ *Ibid.*

¹⁹ WHO, *The Executive Board*, 2019; WHO, *Thirteenth General Programme of Work 2019-2023*, 2019.

²⁰ WHO, *Constitution of the World Health Organization*, 1946, p. 6.

²¹ *Ibid.*, p. 9.

²² *Ibid.*, pp. 9-10.

²³ WHO, *Dr Tedros Takes Office as WHO Director-General*, 2017.

²⁴ WHO, *Ten Years in Public Health 2007-2017*, 2017.

²⁵ WHO, *Vision Statement by WHO Director-General*, 2019.

²⁶ WHO, *Investing for a Healthier World*, 2019; WHO, *Planning, Finance and Accountability*, 2019.

²⁷ WHO, *Assessed Contributions*, 2019.

²⁸ WHO, *Programme Budget 2018-2019*, 2017.

represent the majority of WHO's income.²⁹ Under GPW13, planned spending over the 5 years from 2019–2023 is \$1.2 billion greater than from 2014–2019.³⁰

In May 2011, the Executive Board launched a Member State led reform to transform WHO into a more effective and efficient, transparent, and accountable organization.³¹ The reform addressed three core areas – programs and priority setting, governance, and management – and tackles a wide range of issues relating to accountability, human resources, evaluation, and communication.³² The governance reform examined WHO's governing bodies' working methods, engagement practices with external stakeholders, and ultimately the organization's governance role in the global community on issues related to health.³³ In terms of the financial reform, the Programme Budget 2018–2019 replaced preapproved funding for crisis response with planning and budgeting at the time of emergency, and adjusted resource allocation for areas that attract less donor interest.³⁴ WHO is currently drafting its 2020–2021 biennial budget to continue these reforms and to realize measurable improvements in universal health coverage (UHC), addressing health emergencies, and population health.³⁵

Mandate, Functions, and Powers

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* (1945).³⁶ Notwithstanding its status as an autonomous organization within the UN system, WHO operates within the purview of the UN Economic and Social Council (ECOSOC).³⁷ Accordingly, WHA reports to ECOSOC concerning any agreement between the organization and the UN.³⁸ Furthermore, WHO's Director-General is the official representative of international health efforts across a broader range of policy areas.³⁹ As such, the Director-General is a key member of the UN System Chief Executive Board for Coordination, which comprises the 29 executive heads of the UN including its funds and programs, the specialized agencies, and subsidiary bodies.⁴⁰

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.⁴¹ The mandate defines WHO's role in advancing the eradication of diseases, coordinating and directing international health programs and projects, as well as improving nutrition, sanitation, and other conditions.⁴² WHO is also responsible for advancing medical and health-related research; promoting scientific collaboration; improving standards of training in health, medical, and related professions; as well as developing international standards for food, biological, pharmaceutical, and similar products.⁴³

WHO carries out various projects, campaigns, and partnerships, addressing a wide range of health topics.⁴⁴ Furthermore, WHO's programs may operate on global, regional, and country levels simultaneously.⁴⁵ WHO plays an important role in resolving crises of Member States, offering support at

²⁹ Ibid.

³⁰ WHO, *Financial Estimate for the 13th General Programme of Work (2019–2023)*, 2018.

³¹ WHO, *Report by the Director-General: WHO Reform: Overview of Reform Implementation (A68/4)*, 2015.

³² Ibid.

³³ Ibid.

³⁴ WHO, *Proposed Programme Budget 2018–2019*, 2017.

³⁵ WHO, *Draft Proposed Programme Budget 2020–2021 (E144/5)*, 2018, pp. 3, 7.

³⁶ *Charter of the United Nations*, 1945; WHO, *Constitution of the World Health Organization*, 1946, p. 2.

³⁷ UN DGC, *The United Nations System*, 2019.

³⁸ WHO, *Constitution of the World Health Organization*, 1946, p. 7.

³⁹ UN CEB, *Who We Are*, 2016.

⁴⁰ Ibid.

⁴¹ WHO, *Constitution of the World Health Organization*, 1946, pp. 2–3.

⁴² Ibid., p. 2.

⁴³ Ibid., p. 3.

⁴⁴ WHO, *Health Topics*, 2019.

⁴⁵ WHO, *Ebola Response in Action*, 2016; WHO, *Partners: Global Outbreak Alert and Response Network (GOARN)*, 2019.

levels of country offices, regional offices, and headquarters through the network for Emergency Risk Management and Humanitarian Response.⁴⁶ WHO's activities during outbreaks are also often complemented by the work of the Global Outbreak Alert and Response Network, a coalition of Member States' scientific institutions, medical and surveillance initiatives, regional technical networks, the United Nations Children's Fund (UNICEF), the Office of the United Nations High Commissioner for Refugees, the International Committee of the Red Cross, and other humanitarian NGOs.⁴⁷

WHO also assumes a norm- and standard-setting function to help states prevent the outbreaks of public health emergencies, most notably via promoting the implementation of the *International Health Regulations* (IHR), which were adopted by WHA resolution 58.3 "Revision of the International Health Regulations" on 23 May 2005.⁴⁸ The need for strengthening states' diseases surveillance capacities has become salient following a resurgence of several epidemic diseases in the 1990s such as cholera and plague.⁴⁹ The IHR legally binds 196 states, including all WHO Member States, setting standards for the prevention and response to acute, cross-border public health risks.⁵⁰

The promotion of health-related research plays a central role in advancing global health and provides benefits across WHO's work areas.⁵¹ Acknowledging this, WHA adopted the *WHO Strategy on Research for Health* (2012), which aims to enhance cooperation between WHO's secretariat, Member States, health practitioners, and researchers to reinforce research on Member States' priority health needs and strengthen national capacities for health research.⁵² Another key contribution by WHO is the systematic collection, analysis, and interpretation of health-related data via the organization's Global Health Observatory Data Repository and its annual *World Health Statistics Reports*.⁵³

In order to promote international health, WHO partners with other UN bodies such as the Joint United Nations Programme on HIV/AIDS (UNAIDS), as well as external public entities, NGOs, and private sector actors.⁵⁴ Most notably, WHO leads the Global Health Cluster (GHC), which comprises 48 partners, including UN bodies as well as public stakeholders and academic institutions.⁵⁵ Aiming to minimize the health impacts of humanitarian emergencies, GHC partners collaborate to foster global capacities for emergency preparedness, response, and recovery from humanitarian health crises.⁵⁶ WHO also sustains different approaches, initiatives, alliances, and global networks that target different areas of life-course issues such as health of women before, during, and after pregnancy; health of newborns, children, adolescents, and older people; and environmental risks to health.⁵⁷

Recent Sessions and Current Priorities

In 2018, WHA adopted GPW13, the organization's first multiyear agenda to align itself with the *2030 Agenda for Sustainable Development* (2030 Agenda) (2015), namely SDG 3 (good health and well-being).⁵⁸ GPW13 emphasizes three interconnected goals to realize SDG 3: 1 billion more people

⁴⁶ WHO, *Questions and Answers About WHO's Role in Humanitarian Health Action*, 2019.

⁴⁷ WHO, *Ebola Response in Action*, 2016; WHO, *Partners: Global Outbreak Alert and Response Network (GOARN)*, 2019.

⁴⁸ WHO, *Frequently Asked Questions About the International Health Regulations (2005)*, 2009; WHO, *Strengthening Health Security by Implementing the International Health Regulations (2005)*, 2019.

⁴⁹ WHO, *Frequently Asked Questions About the International Health Regulations (2005)*, 2009.

⁵⁰ *Ibid.*; WHO, *Strengthening Health Security by Implementing the International Health Regulations (2005)*, 2019.

⁵¹ WHO, *The WHO Strategy on Research for Health*, 2012, p. 8.

⁵² WHO, *Sixty-Third World Health Assembly: Resolutions and Decisions, Annexes (WHA63/2010/REC/1)*, 2010, p. 119; WHO, *The WHO Strategy on Research for Health*, 2012, p. 8.

⁵³ WHO, *Global Health Observatory Data Repository*, 2016; WHO, *World Health Statistics 2019*, 2019.

⁵⁴ WHO, *Partnerships*, 2019.

⁵⁵ WHO, *Health Cluster: About Us*, 2019; WHO, *Health Cluster: Partners*, 2019.

⁵⁶ WHO, *Global Health Cluster Strategy Framework 2017-2019*, 2017.

⁵⁷ WHO, *Partnerships*, 2019.

⁵⁸ WHO, *Thirteenth General Programme of Work 2019-2023*, 2019.

benefiting from UHC, 1 billion more people protected from health emergencies, and 1 billion more people enjoying better health and well-being.⁵⁹

In March 2018, WHO co-hosted with the governments of Fiji, Mauritius, and Grenada the Third Global Conference on Climate and Health to accelerate health efforts in Small Island Developing States, who are especially vulnerable to climate change impacts.⁶⁰ In 2017, the president of the UN Climate Change Conference (COP23) requested that WHO deliver a special report on climate change and health at COP24, which it did in December 2018.⁶¹ The report called for stronger action to mitigate the effects of climate change to protect human health.⁶²

The 144th and 145th sessions of the Executive Board, held in January and May 2019, respectively, included conversations on polio eradication, implementing the 2030 Agenda, and the involvement of non-state actors in WHO governance.⁶³ During the 144th session (EB144), the Director-General reported that WHO will extend its polio eradication efforts, which are currently organized under the *Polio Eradication and Endgame Strategic Plan 2013–2018* (Endgame Plan), into at least 2023 due to difficulties in eradicating the virus by 2019.⁶⁴ In a separate report to the Executive Board, the Director-General also summarized the progress on achieving the 30-plus health-related sustainable development targets.⁶⁵ To achieve further progress, and in light of GPW13, the report noted that WHO needs to continue building Member State capacity; facilitating North-South, South-South, and triangular cooperation; and promote inter-agency cooperation within the UN.⁶⁶ EB145 included a focus on ongoing governance reforms.⁶⁷ WHO's current manner of non-state participation in its governance is to allow NGOs to comment at the end of debates of the Executive Board and WHA.⁶⁸ However, the dramatic increase in NGO participation in debate since the 2000s has made the current practice ineffective, and the Director-General invited the Executive Board to model the involvement of non-state actors in WHO after other UN bodies and intergovernmental organizations.⁶⁹

At the 72nd session of the WHA (WHA72) in May 2019, the Assembly adopted various resolutions on UHC, patient safety, and the pricing of health care products.⁷⁰ WHA72 also considered a report by the Director-General on implementing the 2030 Agenda.⁷¹ The report details WHO's work on reproductive health, infectious diseases, and environmental health risks, amongst other topics, in regards to their respective sustainable development targets.⁷² WHA resolution 72.4 directed the Director-General to submit a technical report on UHC to the General Assembly to support the High-Level Meeting on Universal Health Coverage (HLM-UHC), held on 23 September 2019.⁷³ WHA72 also made patient safety – limiting and remedying harm – a strategic priority for WHO through resolution 72.6, which called for

⁵⁹ Ibid.

⁶⁰ WHO, *Third Global Conference on Health and Climate*, 2019.

⁶¹ WHO, *COP24 Special Report: Health & Climate Change*, 2018, p. 2.

⁶² Ibid., p. 8.

⁶³ WHO, *Provisional Agenda (EB144/1 (Annotated))*, 2018, p. 2; WHO, *Provisional Agenda (EB145/1 (Annotated))*, 2019, p. 1.

⁶⁴ WHO, *Report by the Director-General: Polio: Eradication (EB144/9)*, 2018, p. 1.

⁶⁵ WHO, *Report by the Director-General: Implementation of the 2030 Agenda for Sustainable Development (EB144/11 Rev.1)*, 2018, pp. 1-7.

⁶⁶ WHO, *Report by the Director-General: Implementation of the 2030 Agenda for Sustainable Development (EB144/11 Rev.1)*, 2018, pp. 7-15.

⁶⁷ WHO, *Provisional Agenda (EB145/1 (Annotated))*, 2019, p. 1.

⁶⁸ WHO, *Report by the Director-General: WHO Governance Reform Processes: Involvement of Non-State Actors (EB145/5)*, 2019, p. 2.

⁶⁹ Ibid., pp. 3-4.

⁷⁰ WHO, *WHA72*, 2019.

⁷¹ WHO, *Report by the Director-General: Implementation of the 2030 Agenda for Sustainable Development (A72/11 Rev.1)*, 2019.

⁷² Ibid.

⁷³ WHO, *Preparation for the High-level Meeting of the United Nations General Assembly on Universal Health Coverage (WHA72.4)*, 2019.

empowering patients and their families, the use of new technologies to surveil risks, and the creation of a “safety culture” within medicine.⁷⁴ To address financial harm or barriers to patients, WHA resolution 72.8 called on Member States to better track and share the net price of health products, such as vaccines and medicines, to reduce costs and thereby improve access.⁷⁵

During the last year, WHO has been at the frontline of addressing and providing aid in different areas to assist Member States affected by different disease outbreaks and other pressing international crises that have taken place all around the world.⁷⁶ Diseases that had been nearly eradicated and could be preventable through vaccines, such as diphtheria and cholera, have made a comeback and threaten the lives of millions of people around the globe, especially those in vulnerable communities.⁷⁷ Another serious challenge faced by the international community and WHO has been the resurgence of the Ebola virus disease (EVD) in the Democratic Republic of the Congo, where WHO has reported 3,091 cases of EVD during the first 9 months of 2019.⁷⁸ WHO works closely with the UN peace operation in the country, the UN Organization Stabilization Mission in the Democratic Republic of the Congo.⁷⁹ Malnutrition, natural hazards, and access to health in situations of conflict are other threats to global health that have predominated recently.⁸⁰ As outbreaks and epidemics keep occurring all over the world, WHO continues working to keep the world safe from health threats, especially those who are most vulnerable.⁸¹

Conclusion

WHO is the coordinating authority on international healthcare issues within the UN system.⁸² As the executive body responsible for the formulation and review of WHO’s policies, the Executive Board assumes a key responsibility in addressing current health priorities through the preparation of draft resolutions considered by WHA.⁸³ The global state of health is ever-changing and increasingly complicated, requiring strategic, creative, and unique solutions that adapt to local conditions and situations.⁸⁴ WHO continues to reform itself to adapt to changes in global governance and make better use of its financial and human resources so that it can address acute health crises and establish norms that promote human health more broadly.⁸⁵ In light of persistent challenges across the priorities highlighted above, delegates are expected to develop effective solutions to address challenges to health, and to achieve the health objectives set forth by the SDGs.⁸⁶

Annotated Bibliography

World Health Organization. (2014). *Basic Documents: 48th ed. Including amendments adopted up to 31 December 2014*. Retrieved 23 July 2019 from: <http://apps.who.int/gb/bd/PDF/bd48/basic-documents-48th-edition-en.pdf>

This document published by WHO compiles the organization’s founding documents and accompanying legal provisions. It includes WHO’s constitution, provides information on its governing bodies’ rules and procedures, and specifies WHO’s agreements with other

⁷⁴ WHO, *Global Action on Patient Safety (WHA72.6)*, 2019.

⁷⁵ WHO, *Improving the Transparency of Markets for Medicines, Vaccines, and Other Health Products (WHA72.8)*, 2019.

⁷⁶ WHO, *Outbreaks: Behind the Headlines*, 2018.

⁷⁷ Ibid.

⁷⁸ WHO, *Ebola Virus Disease – Democratic Republic of the Congo*, 2019.

⁷⁹ WHO, *In the Democratic Republic of the Congo, WHO and Partners Rapidly and Effectively Coordinate the Response to Ebola*, 2017.

⁸⁰ WHO, *10 Threats to Global Health in 2018*, *Medium*, 2018.

⁸¹ WHO, *Managing Epidemics: Key Facts About Major Deadly Diseases*, 2018.

⁸² WHO, *About WHO*, 2019.

⁸³ WHO, *The Executive Board*, 2019; WHO, *WHA72*, 2019.

⁸⁴ WHO, *10 Facts on the State of Global Health*, 2017.

⁸⁵ WHO, *Provisional Agenda (EB144/1 (Annotated))*, 2018, p. 2; WHO, *Provisional Agenda (EB145/1 (Annotated))*, 2019, p. 1.

⁸⁶ WHO, *WHO Director-General*, 2019.

intergovernmental and NGOs. Furthermore, the document specifies the legal provisions on WHO's financial administration. The document provides delegates with an encompassing overview of WHO's legal framework and details on the formal mandate for the organization's operations. While the 49th edition has not been published, WHO has provided some updates to Basic Documents on its website at: <https://apps.who.int/gb/bd/>.

World Health Organization (2017). *Programme Budget 2018-2019*. Retrieved 23 July 2019 from: http://www.who.int/about/finances-accountability/budget/PB2018-2019_en_web.pdf?ua=1

This report offers a summary of WHO's budget for the current biennial term, as well as how the funds and contributions will be allocated depending on health topics, categories, and regions of work. It provides an overview on the different areas where financial support has increased or decreased, and what areas of work/regions need the most help. This document will be helpful for delegates seeking to gain a broader understanding of WHO's current priorities and allocation of its funds.

World Health Organization. (2019). *About WHO*. Retrieved 23 July 2019 from: <http://who.int/about/en/>

This section of WHO's website provides delegates with access to comprehensive information on the organization's history and structure, WHO's main areas and fields of operation, as well as background information on its governing bodies and WHO's cooperation with other organizations. The website represents a key resource for delegates to get a quick overview not only on WHO's formal structures and history, but also on its role in the UN system and its work with Member States. While information provided on the website is mostly general, its sub-sections contain helpful links to more specific sources of information on the topics outlined above.

World Health Organization. (2019). *Thirteenth General Programme of Work 2019-2023*. Retrieved 23 July 2019 from: <https://apps.who.int/iris/bitstream/handle/10665/324775/WHO-PRP-18.1-eng.pdf>

During its 72nd session, WHA approved GPW13. GPW13 emphasizes how the current WHO strategic priorities are linked to the SDGs, such as advancing UHC, addressing health emergencies, and promoting healthier populations. The program also outlines the role, that different levels of WHO's operation – headquarters, regional offices, and country offices – and WHO's partners, such as the World Bank, have in achieving the three strategic priorities. This source will serve as a great foundation for delegates in their research when it comes to understanding WHO's importance and relevant areas of work concerning the topics discussed at the conference.

World Health Organization. (2019). *WHA72*. Retrieved 25 August 2019 from: https://apps.who.int/gb/e/e_wha72.html

This website provides a list of the outcome documents and resolutions of the 72nd World Health Assembly (WHA72), which took place between 20 and 28 May 2019 in Geneva, Switzerland. This list includes resolutions, such as one on antimicrobial resistance, and reports, including one concerning the IHR. It further contains an action plan related to WHO's current priorities, which will be relevant during the conference and useful for delegates throughout their research.

Bibliography

Charter of the United Nations. (1945). Retrieved 23 July 2019 from: <http://www.un.org/en/charter-united-nations/index.html>

United Nations, Department of Global Communications. (2019). *The United Nations System*. Retrieved 25 August 2019 from: https://www.un.org/en/pdfs/18-00159e_un_system_chart_17x11_4c_en_web.pdf

United Nations System Chief Executives Board for Coordination. (2016). *Who we are*. Retrieved 23 July 2019 from: <http://www.unsceb.org/content/who-we-are>

World Health Organization. (2005). *International Health Regulations. Second Edition*. Retrieved 25 August 2019 from: http://apps.who.int/iris/bitstream/handle/10665/43883/9789241580410_eng.pdf

World Health Organization. (2008). *The Third Ten Years of the World Health Organization – 1968-1977*. Retrieved 23 July 2019 from: http://apps.who.int/iris/bitstream/handle/10665/43924/9789241563666_eng.pdf

World Health Organization. (2009). *Frequently Asked Questions About the International Health Regulations (2005)*. Retrieved 23 July 2019 from: <http://www.who.int/ihr/about/FAQ2009.pdf>

World Health Organization. (2012). *The WHO Strategy on Research for Health*. Retrieved 4 September 2018 from: http://apps.who.int/iris/bitstream/handle/10665/77935/9789241503259_eng.pdf

World Health Organization. (2014). *Basic Documents: 48th ed. Including amendments adopted up to 31 December 2014*. Retrieved 23 July 2019 from: <http://apps.who.int/gb/bd/PDF/bd48/basic-documents-48th-edition-en.pdf>

World Health Organization. (2016). *Ebola Response in Action*. Retrieved 23 July 2018 from: <http://apps.who.int/ebola/our-work/achievements>

World Health Organization. (2016). *Global Health Observatory Data Repository*. Retrieved 23 July 2019 from: <http://apps.who.int/gho/data/?theme=main>

World Health Organization. (2017, June 6). *In the Democratic Republic of the Congo, WHO and Partners Rapidly and Effectively Coordinate the Response to Ebola*. Retrieved 25 August 2019 from: <https://www.who.int/emergencies/ebola-DRC-2017/articles/partner-coordination/en/>

World Health Organization. (2017, July 1). *Dr Tedros Takes Office as WHO Director-General*. Retrieved 23 July 2019 from: <http://www.who.int/en/news-room/detail/01-07-2017-dr-tedros-takes-office-as-who-director-general>

World Health Organization. (2017). *Global Health Cluster Strategy Framework 2017-2019*. Retrieved 23 July 2019 from: <http://www.who.int/health-cluster/about/work/strategic-framework/GHC-strategy-2017-2019.pdf>

World Health Organization. (2017). *Programme Budget 2018-2019*. Retrieved 23 July 2019 from: http://www.who.int/about/finances-accountability/budget/PB2018-2019_en_web.pdf?ua=1

World Health Organization. (2017). *10 Facts on the State of Global Health*. Retrieved 23 July 2019 from: http://www.who.int/features/factfiles/global_burden/en/

World Health Organization. (2017). *Ten Years in Public Health 2007-2017*. Retrieved 23 July 2019 from: <http://apps.who.int/iris/bitstream/handle/10665/255355/9789241512442-eng.pdf>

World Health Organization. (2018). *COP24 Special Report: Health & Climate Change*. Retrieved 25 August 2019 from: <https://apps.who.int/iris/bitstream/handle/10665/276405/9789241514972-eng.pdf?ua=1>

World Health Organization. (2018). *Financial Estimate for the 13th General Programme of Work (2019-2023)*. Retrieved 25 August 2019 from: https://www.who.int/docs/default-source/documents/gpw/white-paper-financial-estimate-gpw13-may2018-en.pdf?sfvrsn=9bff80e2_12

World Health Organization. (2018). *Managing Epidemics: Key Facts About Major Deadly Diseases*. Retrieved 23 July 2019 from: <http://apps.who.int/iris/bitstream/handle/10665/272442/9789241565530-eng.pdf>

World Health Organization. (2018, February 9). 10 Threats to Global Health in 2018. *Medium*. Retrieved 16 August 2018 23 July 2019 from: <https://medium.com/@who/10-threats-to-global-health-in-2018-232daf0bbef3>

World Health Organization. (2018, August 2). *Outbreaks: Behind the Headlines*. Retrieved 23 July 2019 from: <http://www.who.int/emergencies/outbreaks-behind-the-headlines>

World Health Organization. (2019). *About WHO*. Retrieved 23 July 2019 from: <http://who.int/about/en/>

World Health Organization (2019). *Assessed Contributions*. Retrieved 23 July 2019 from: <http://www.who.int/about/finances-accountability/funding/assessed-contributions/en/>

World Health Organization. (2019). *Constitution*. Retrieved 23 July 2019 from: <http://who.int/about/mission/en/>

World Health Organization. (2019). *Countries*. Retrieved 23 July 2019 from: <http://www.who.int/countries/en/>

World Health Organization. (2019, September 12). *Ebola Virus Disease – Democratic Republic of the Congo*. Retrieved 13 September 2019 from: <https://www.who.int/csr/don/12-september-2019-ebola-drc/en/>

World Health Organization. (2019). *Governance*. Retrieved 23 July 2019 from: <http://www.who.int/governance/en/>

World Health Organization. (2019). *Health Cluster: About Us*. Retrieved 23 July 2019 from: <http://www.who.int/health-cluster/about/en/>

World Health Organization. (2019). *Health Cluster: Partners*. Retrieved 23 July 2019 from: <http://www.who.int/health-cluster/partners/en/>

World Health Organization. (2019). *Health Topics*. Retrieved 23 July 2019 from: <http://www.who.int/topics/en/>

World Health Organization. (2019). *Investing for a Healthier World*. Retrieved 23 July 2019 from: <http://www.who.int/about/finances-accountability/funding/en/>

World Health Organization. (2019). *Origin and Development of Health Cooperation*. Retrieved 23 July 2019 from: http://www.who.int/global_health_histories/background/en/

World Health Organization. (2019). *Partners: Global Outbreak Alert and Response Network (GOARN)*. Retrieved 23 July 2019 from: <http://www.who.int/csr/disease/ebola/partners/en/>

World Health Organization. (2019). *Partnerships*. Retrieved 23 July 2019 from: <http://www.who.int/about/collaborations/partnerships/en/>

World Health Organization. (2019). *Planning, Finance and Accountability*. Retrieved 23 July 2019 from: <http://www.who.int/about/finances-accountability/en/>

World Health Organization. (2019). *Public Health Surveillance*. Retrieved 23 July 2019 from: http://www.who.int/topics/public_health_surveillance/en/

World Health Organization. (2019). *Questions and Answers About WHO's Role in Humanitarian Health Action*. Retrieved 23 July 2019 from: <http://www.who.int/hac/about/faqs/en/>

World Health Organization. (2019). *Strengthening Health Security by Implementing the International Health Regulations (2005)*. Retrieved 25 August 2019 from: <https://www.who.int/ihr/en/>

World Health Organization. (2019). *The Executive Board*. Retrieved 23 July 2019 from: <http://www.who.int/governance/eb/en/>

World Health Organization. (2019). Third Global Conference on Health and Climate. Retrieved 28 September 2019 from: <https://www.who.int/globalchange/mediacentre/events/climate-health-conference/en/>

World Health Organization. (2019). *Thirteenth General Programme of Work 2019-2023*. Retrieved 23 July 2019 from: <https://apps.who.int/iris/bitstream/handle/10665/324775/WHO-PRP-18.1-eng.pdf>

World Health Organization. (2019). *Vision Statement by WHO Director-General*. Retrieved 25 August 2019 from: <http://www.who.int/dg/vision/en/>

World Health Organization. (2019). *What we do*. Retrieved 23 July 2019 from: <http://www.who.int/about/what-we-do/en/>

World Health Organization. (2019). *WHA72*. Retrieved 25 August 2019 from: https://apps.who.int/gb/e/e_wha72.html

World Health Organization. (2019). *WHO Director-General*. Retrieved 23 July 2019 from: <http://www.who.int/dg/en/>

World Health Organization. (2019). *WHO Presence in Countries, Territories and Areas: 2019 Report*. Retrieved 25 August 2019 from: <http://www.who.int/iris/bitstream/10665/311592/1/WHO-CCU-19.01-eng.pdf?ua=1>

World Health Organization. (2019). *WHO Priorities*. Retrieved 23 July 2019 from: <http://www.who.int/dg/priorities/en/>

World Health Organization. (2019). *World Health Statistics 2019*. Retrieved 25 August 2019 from: <https://apps.who.int/iris/bitstream/handle/10665/324835/9789241565707-eng.pdf?ua=1>

World Health Organization, Executive Board, One-hundred-and-thirty-first session. (2012). *Revised Terms of Reference for the Programme, Budget and Administration Committee of the Executive Board (EB131.R2)*. Retrieved 23 July 2019 from: http://apps.who.int/gb/ebwha/pdf_files/EB131/B131_R2-en.pdf

World Health Organization, Executive Board, One-hundred-and-forty-fourth session. (2018). *Draft Proposed Programme Budget 2020-2021 (E144/5)*. Retrieved 25 August 2019 from: https://apps.who.int/gb/ebwha/pdf_files/EB144/B144_5-en.pdf

World Health Organization, Executive Board, One-hundred-and-forty-fourth session. (2018). *Provisional Agenda (Annotated) (EB144/1 (Annotated))*. Retrieved 25 August 2019 from: [http://apps.who.int/gb/ebwha/pdf_files/EB144/B144_1\(annotated\)-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/EB144/B144_1(annotated)-en.pdf)

World Health Organization, Executive Board, One-hundred-and-forty-fourth session. (2018). *Report by the Director-General: Polio: Eradication (EB144/9)*. Retrieved 22 September 2019 from: http://apps.who.int/gb/ebwha/pdf_files/EB144/B144_9-en.pdf

World Health Organization, Executive Board, One-hundred-and-forty-fourth session. (2018). *Report by the Director-General: Implementation of the 2030 Agenda for Sustainable Development (EB144/11)*

Rev.1). Retrieved 22 September 2019 from: http://apps.who.int/gb/ebwha/pdf_files/EB144/B144_11-en.pdf

World Health Organization, Executive Board, One-hundred-and-forty-fifth session. (2019). *Provisional Agenda (Annotated) (EB145/1 (Annotated))*. Retrieved 25 August 2019 from: [http://apps.who.int/gb/ebwha/pdf_files/EB145/B145_1\(annotated\)-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/EB145/B145_1(annotated)-en.pdf)

World Health Organization, Executive Board, One-hundred-and-forty-fifth session. (2019). *Report by the Director-General: WHO Governance Reform Processes: Involvement of Non-State Actors (EB145/5)*. Retrieved 22 September 2019 from: http://apps.who.int/gb/ebwha/pdf_files/EB145/B145_4-en.pdf

World Health Organization, World Health Assembly, First session. (1946). *Constitution of the World Health Organization*. Retrieved 23 July 2019 from: <https://archive.org/details/WHO-constitution>

World Health Organization, World Health Assembly, Sixty-third session. (2010). *Sixty-Third World Health Assembly: Resolutions and Decisions, Annexes (WHA63/2010/REC/1)*. Retrieved 23 July 2019 from: http://apps.who.int/gb/ebwha/pdf_files/WHA63-REC1/WHA63_REC1-en.pdf

World Health Organization, World Health Assembly, Sixty-eighth session. (2015). *Report by the Director-General: WHO Reform: Overview of Reform Implementation (A68/4)*. Retrieved 23 July 2019 from: http://apps.who.int/gb/ebwha/pdf_files/WHA68/A68_4-en.pdf

World Health Organization, World Health Assembly, Seventieth session. (2017). *Proposed Programme Budget 2018-2019*. Retrieved 23 July 2019 from: http://apps.who.int/gb/ebwha/pdf_files/WHA70/A70_7-en.pdf

World Health Organization, World Health Assembly, Seventy-second session. (2019). *Global Action on Patient Safety (WHA72.6)*. Retrieved 22 September 2019 from: https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_R6-en.pdf

World Health Organization, World Health Assembly, Seventy-second session. (2019). *Improving the Transparency of Markets for Medicines, Vaccines, and Other Health Products (WHA72.8)*. Retrieved 22 September 2019 from: https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_R8-en.pdf

World Health Organization, World Health Assembly, Seventy-second session. (2019). *Preparation for the High-level Meeting of the United Nations General Assembly on Universal Health Coverage (WHA72.4)*. Retrieved 25 August 2019 from: https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_R4-en.pdf

World Health Organization, World Health Assembly, Seventy-second session. (2019). *Report by the Director-General: Implementation of the 2030 Agenda for Sustainable Development (A72/11 Rev.1)*. Retrieved 25 August 2019 from: https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_11Rev1-en.pdf

I. Universal Health Coverage: Leaving No One Behind

“And let us remember: just as peace is not simply the absence of conflict, so is health not just the lack of illness. Our goal is not only a band-aid or a single dose of medicine, important as those are. Our goal must be overall well-being, physically and mentally for everyone in all countries. Let us move ahead with ambitious action to ensure health systems that deliver for everyone, everywhere.”⁸⁷

Introduction

The World Health Organization (WHO) defines health as, “a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity.”⁸⁸ The goal of Universal Health Care (UHC), which is achieved when “all individuals and communities receive the health services they need without suffering financial hardship,” works in the service of health by ensuring that all people can realize the high standard of well-being envisioned by WHO.⁸⁹ UHC’s tenants did not arise spontaneously, but rather grew out of another concept, primary health care (PHC), that remains an important step towards UHC.⁹⁰ The WHO’s definition of health along with the concept of PHC form a basis upon which UHC has been built.⁹¹ PHC has experienced a shift in definition over the years since its introduction, first defined as universally accessible, essential health care services at an affordable cost and now emphasizing the necessity of treatment and prevention that occurs as early as possible.⁹² While PHC focuses on the development and delivery of services, UHC focuses on the equitable access to services.⁹³ In that sense, PHC operates as a ground-level element ensuring that when communities need access to health care, the services they need are available.⁹⁴ Further, WHO does not define UHC as free or exhaustive health care, recognizing that entirely free health services are often unsustainable.⁹⁵ No Member State has, to this point, successfully achieved the goal of UHC.⁹⁶

The importance of UHC is enshrined in one of the current guiding tenants of the United Nations (UN), Sustainable Development Goal (SDG) 3 (good health and well-being), and specifically target 3.8.⁹⁷ UHC is vital to the full achievement of SDG 3 because it provides the means through which advances in prevention and treatment reach all people.⁹⁸ Moreover, to get an adequate understanding of progress towards UHC’s twin goals, appropriate health services and the financial capacity sufficient to ensure the receipt of services, Member States and the UN system alike must ensure that data is properly collected and assessed.⁹⁹ In doing so, Member States may make more informed decisions about their health care systems and ensure that no one is left behind.¹⁰⁰

⁸⁷ UN Secretary-General, *Remarks at the Universal Health Coverage Forum*, 2017.

⁸⁸ WHO, *Constitution of the World Health Organization*, 1946, p. 1.

⁸⁹ WHO, *Universal Health Coverage (UHC)*, 2019.

⁹⁰ WHO, *A Vision for Primary Health Care in the 21st Century: Towards Universal Health Coverage and the Sustainable Development Goals*, 2018, p. 21.

⁹¹ International Conference on Primary Health Care, *Declaration of Alma-Ata*, 1978; WHO, *Constitution of the World Health Organization*, 1946.

⁹² International Conference on Primary Health Care, *Declaration of Alma-Ata*, 1978, pp. 1-2; WHO, *A Vision for Primary Health Care in the 21st Century: Towards Universal Health Coverage and the Sustainable Development Goals*, 2018, p. 18.

⁹³ WHO, *A Vision for Primary Health Care in the 21st Century: Towards Universal Health Coverage and the Sustainable Development Goals*, 2018, p. 24.

⁹⁴ *Ibid.*, p. 21.

⁹⁵ WHO, *Universal Health Coverage (UHC)*, 2019.

⁹⁶ WHO, *The World Health Report: Health Systems Financing: The Path to Universal Coverage*, 2010, p. 10.

⁹⁷ UN General Assembly, *Work of the Statistical Commission Pertaining to the 2030 Agenda for Sustainable Development (A/RES/71/313)*, 2017, p. 7.

⁹⁸ Global Conference of Primary Health Care, *Declaration of Astana*, 2018, p. 5.

⁹⁹ WHO, *Tracking Universal Health Coverage: 2017 Global Monitoring Report*, 2017, p. 16.

¹⁰⁰ UN General Assembly, *Transforming Our World: The 2030 Agenda for Sustainable Development (A/RES/70/1)*, 2015, p. 12.

Currently, UHC's implementation is severely restricted by the unequal access to resources across Member States.¹⁰¹ Many low-income countries lack appropriate medical personnel: 90% of low-income states have fewer than ten doctors per ten thousand people.¹⁰² While in many cases, determinants of health have improved since the start of the century, they are far from achieved.¹⁰³ UHC represents the future of health coverage for all Member States and improving their health capacity will help to ensure that the well-being envisioned by SDG 3 becomes a reality for all people.¹⁰⁴ However, achievement of UHC is barred by a number of factors, including the availability of data on health care systems and the ability of Member States to develop strong financial backing for their health care systems.¹⁰⁵ This guide will examine one of the main problems with assessing the implementation of UHC, the lack of reliable data indicators to track progress, followed by the steps Member States may take to increase their health care systems' financial capacities.¹⁰⁶

International and Regional Framework

The 1948 *Universal Declaration of Human Rights* (UDHR) and the 1966 *International Covenant on Economic, Social and Cultural Rights* (ICESCR) are among the first documents which presented UHC as a goal of the international community.¹⁰⁷ Article 25 of the UDHR specifically enshrines the right of "adequate [...] medical care" to ensure a proper standard of living, while Article 12 of the ICESCR states that its States parties recognize the right to the highest attainable standard of health.¹⁰⁸ While the *Constitution of the World Health Organization*, adopted in 1946, includes no specific mention of UHC, the repeated emphasis on the "highest attainable standard of health" for all peoples shows a commitment to the goal of UHC from the foundation of WHO.¹⁰⁹ Prior to UHC becoming an explicit goal of the UN, the international community recognized the importance of establishing solid outcomes for health through documents such as the 1978 *Alma-Ata Declaration* and the 1986 *Ottawa Charter for Health Promotion*.¹¹⁰ The *Alma-Ata Declaration* was the first WHO document to outline the importance of PHC as a goal for Member States, setting the stage for the eventual turn to UHC.¹¹¹ The Ottawa Charter commits states to the additional goal of health promotion, which recognizes that individuals have more control over their health when living in a state of peace, financial and physical security.¹¹²

The *2030 Agenda for Sustainable Development* (2015) brought the goal of UHC to the fore in both WHO and the broader UN system through SDG 3 (good health and well-being).¹¹³ Concurrently with the SDGs, the 2015 *Addis Ababa Action Agenda* took specific note of UHC, citing the importance of development partnerships and WHO leadership in addressing health care inadequacies across Member States.¹¹⁴ The Action Agenda is a document dedicated to the financing of development efforts across all Member States, setting the stage for the SDGs to be adopted in the 70th session of the General Assembly.¹¹⁵ The Action

¹⁰¹ WHO, *World Health Statistics 2019: Monitoring Health for the SDGs*, 2019, p. 69.

¹⁰² *Ibid.*, p. 56.

¹⁰³ *Ibid.*, p. 69.

¹⁰⁴ WHO, *Universal Health Coverage (UHC)*, 2019.

¹⁰⁵ WHO, *The World Health Report: Health Systems Financing: The Path to Universal Coverage*, 2010, pp. 32-33.

¹⁰⁶ WHO, *Universal Health Coverage (UHC)*, 2019.

¹⁰⁷ UN General Assembly, *Universal Declaration of Human Rights (A/RES/217 A (III))*, 1948; UN General Assembly, *International Covenant on Economic, Social and Cultural Rights (A/RES/2200 (XXI))*, 1966.

¹⁰⁸ UN General Assembly, *Universal Declaration of Human Rights (A/RES/217 A (III))*, 1948, p. 7; UN General Assembly, *International Covenant on Economic, Social and Cultural Rights (A/RES/2200 (XXI))*, 1966, p. 3.

¹⁰⁹ WHO, *Constitution of the World Health Organization*, 1946, p. 1.

¹¹⁰ First International Conference on Health Promotion, *Ottawa Charter on Health Promotion*, 1986; International Conference on Primary Health Care, *Declaration of Alma-Ata*, 1978.

¹¹¹ International Conference on Primary Health Care, *Declaration of Alma-Ata*, 1978.

¹¹² First International Conference on Health Promotion, *Ottawa Charter on Health Promotion*, 1986, p. 1.

¹¹³ UN General Assembly, *Transforming Our World: The 2030 Agenda for Sustainable Development (A/RES/70/1)*, 2015, p. 16.

¹¹⁴ UN General Assembly, *Addis Ababa Action Agenda of the Third International Conference on Financing for Development (Addis Ababa Action Agenda) (A/RES/69/313)*, 2015, pp. 22-23.

¹¹⁵ *Ibid.*, pp. 1-2.

Agenda recognizes the central role that WHO plays in achieving UHC, including the necessity of strengthening national health systems, along with tracking health risks, increasing health care workers, and mobilizing financial and human resources.¹¹⁶

In 2018, worldwide stakeholders convened in Astana, Kazakhstan to update the original commitment to PHC made in 1978 at the Alma-Ata Conference to include the tenants of UHC.¹¹⁷ Taking place on the 40th anniversary of Alma-Ata, the Astana Conference led to a document of recommitment to the goals of PHC, as well as recognizing the need for building capacity through financing Member States' health care systems and empowering communities: the *Declaration of Astana*.¹¹⁸ This Declaration outlines the envisioned future for health care, with specific emphasis towards adopting multilateral and diverse solutions to strengthening health care, as well as recognizing the importance of traditional remedies, civil society involvement, gender-sensitivity, and other considerations.¹¹⁹

Role of the International System

In 2017, the General Assembly underscored the importance of UHC, by adopting resolution 72/139 on “Global Health and Foreign Policy: Addressing the Health of the Most Vulnerable for an Inclusive Society”, which highlights the importance of a significant number of UHC goals, including prevention, financing, global partnerships and sets the stage for the 2019 High-Level Meeting (HLM) on UHC (HLM-UHC).¹²⁰ The HLM-UHC, which took place on 23 September 2019, is the latest step in the General Assembly’s work supporting UHC.¹²¹ HLM-UHC’s theme, “Universal Health Coverage: Moving Together to Build a Healthier World,” was adopted in resolution 73/131 (2018) on “Scope, modalities, format and organization of the high-level meeting on universal health coverage” and embodies the General Assembly’s and WHO’s joint commitment to securing political and financial commitments from Member States towards the advancement of UHC.¹²² Within the UN system, there are several other organizations strongly committed to UHC, including the United Nations Development Programme (UNDP) and the World Bank.¹²³ UNDP recognizes that UHC is a key to realizing the development necessary to fully attain the SDGs.¹²⁴ As an investment that will save significant financial and human capital in the long run, UHC represents an opportunity to recoup lost economic potential, thus furthering the goal of UNDP to eradicate poverty and reduce inequalities.¹²⁵ A further stakeholder in UHC is the World Bank, which co-sponsors multiple health partnerships with WHO, especially in terms of financing.¹²⁶ In 2019, the World Bank released its most recent document on UHC, *High-Performance Health Financing for Universal Health Coverage*, which focuses on the financing weaknesses of health care systems across Member States and provides a roadmap for success to strengthen the capacity of those systems.¹²⁷ In this report, the World Bank cites efforts such as, an approach to financing that involves multiple areas of government, taxing health-damaging products and reassessing the allocation of funds towards health services.¹²⁸ As a whole, the UN system strongly supports WHO’s efforts in the achievement of UHC, delivering significant

¹¹⁶ Ibid., pp. 22-23.

¹¹⁷ Global Conference of Primary Health Care, *Declaration of Astana*, 2018.

¹¹⁸ Ibid.

¹¹⁹ Ibid.

¹²⁰ UN General Assembly, *Global Health and Foreign Policy: Addressing the Health of the Most Vulnerable for an Inclusive Society (A/RES/72/139)*, 2017.

¹²¹ World Health Organization, *UN High-Level Meeting on Universal Health Coverage*, 2019.

¹²² Ibid.

¹²³ Steiner, The Access Challenge – Universal Health Coverage (UHC) Conference, *United Nations Development Programme*, 2018; World Bank, *High-Performance Health Financing for Universal Health Coverage*, 2019.

¹²⁴ Steiner, The Access Challenge – Universal Health Coverage (UHC) Conference, *United Nations Development Programme*, 2018.

¹²⁵ Ibid.

¹²⁶ Primary Health Care Partnership Initiative, *About PHCPI*, 2018; World Bank, *High-Performance Health Financing for Universal Health Coverage*, 2019.

¹²⁷ World Bank, *High-Performance Health Financing for Universal Health Coverage*, 2019, p. 5.

¹²⁸ Ibid., pp. 43, 46.

support, both in terms of providing service and enhancing the financial capacity of health care systems across Member States.¹²⁹

Moreover, the decision-making body of WHO, the World Health Assembly (WHA), has released a number of resolutions directly addressing the goals of PHC.¹³⁰ Utilizing the definition of PHC outlined in the *Alma-Ata Declaration*, WHA resolution 62.12 (2009) on “Primary Health Care, Including Health System Strengthening” urged Member States to build PHC local and regional systems through locally trained health workers, as well as monitoring systems to gather data.¹³¹ WHA also recognized the necessity of transitioning to a system of universal coverage prior to its enshrinement in the SDGs.¹³² WHA resolution 58.33 on “Sustainable Health Financing, Universal Coverage and Social Health Insurance”, adopted in 2005, urges Member States to begin planning the transition away from solely PHC, in favor of universal coverage that would better meet the needs of all populations.¹³³

WHO is the driving force behind the achievement of UHC, implementing the 2030 Agenda and using its resources to track UHC’s achievement.¹³⁴ With partnerships from a variety of regional and non-governmental organizations (NGOs), WHO is able to provide Member States with various resources to help develop health care capacities, such as country specific reports, plans for health systems development, and data measurement.¹³⁵ One such organization is UHC2030, an NGO that works with WHO to achieve UHC.¹³⁶ UHC2030 is a services platform working to increase collaboration between Member States across the global community with a specific focus on political commitment to UHC and knowledge sharing.¹³⁷ In 2017, UHC2030 released its guideline paper towards UHC, titled *Healthy Systems for Universal Health Coverage - A Joint Vision for Healthy Lives*.¹³⁸ This report speaks to the importance of strengthening health systems through service delivery, health systems financing, and health-minded governance so that the goals of UHC may be achieved in an equitable manner for all people.¹³⁹ Both WHO and the World Bank have seats on the UHC2030 Steering Committee.¹⁴⁰ The Primary Health Care Partnership Initiative (PHCPI), founded in 2015, which includes the Bill & Melinda Gates Foundation, WHO, and the World Bank as shareholders, focuses specifically on strengthening the capacity of primary health care systems to achieve UHC through collection of health care data, improvement of PHC systems and service delivery, and engagement with the global community.¹⁴¹ These NGOs are coordinated through the joint efforts of WHO and the World Bank and represent specifically focused efforts at achieving the determinants of UHC, receiving quality financial services and sustainable financing.¹⁴² As a founding stakeholder in PHCPI, WHO has continued to be a leader of the partnership, working to bring Member States and other groups together to strengthen PHC.¹⁴³

¹²⁹ UN General Assembly, *Global Health and Foreign Policy: Addressing the Health of the Most Vulnerable for an Inclusive Society (A/RES/72/139)*, 2017, p. 2.

¹³⁰ WHO, *Sustainable Health Financing, Universal Coverage and Social Health Insurance (WHA58.33)*, 2005; WHO, *Primary Health Care, Including Health System Strengthening (WHA62.12)*, 2009.

¹³¹ International Conference on Primary Health Care, *Declaration of Alma-Ata*, 1978, pp. 1-2; WHO, *Primary Health Care, Including Health System Strengthening (WHA62.12)*, 2009, pp. 2-3.

¹³² WHO, *Sustainable Health Financing, Universal Coverage and Social Health Insurance (WHA58.33)*, 2005.

¹³³ UN General Assembly, *United Nations Millennium Declaration (A/RES/55/2)*, 2000; WHO, *Sustainable Health Financing, Universal Coverage and Social Health Insurance (WHA58.33)*, 2005, p.1.

¹³⁴ WHO, *Global Strategy on Human Resources for Health: Workforce 2030*, 2016, p. 7.

¹³⁵ Primary Health Care Partnership Initiative, *About PHCPI*, 2018; UHC2030, *Our Mission*, 2019.

¹³⁶ UHC2030, *Our Mission*, 2019.

¹³⁷ *Ibid.*

¹³⁸ UHC2030, *Healthy Systems for Universal Health Coverage - A Joint Vision for Healthy Lives*, 2017.

¹³⁹ *Ibid.*, p. 7.

¹⁴⁰ UHC2030, *Transitional Steering Committee Meeting: Background Document on Governance Decisions*, 2016, p. 6.

¹⁴¹ Primary Health Care Partnership Initiative, *About PHCPI*, 2018.

¹⁴² WHO, *Universal Health Coverage (UHC)*, 2019.

¹⁴³ WHO, *New Partnership to Help Countries Close Gaps in Primary Health Care*, 2015.

Regionally, a number of groups work towards the achievement of UHC.¹⁴⁴ The Alliance for Health Policy and Systems Research (HPSR) works specifically in low- and middle-income Member States to research better health outcomes and surrounding health systems.¹⁴⁵ HPSR focuses on researching how societies work to achieve health goals in order to help Member States achieve more resilient health care systems.¹⁴⁶ The Alliance also recognizes the importance of UHC and incorporates it within their mission as a tool to build Member States' resilience against external or unanticipated shocks that threaten the security of their health systems.¹⁴⁷ Additionally, UHC2030 has a country-level policy resource for Member States based in Western Europe, the European Union-Luxembourg-WHO Partnership for UHC, which brings together a number of countries with the European Union to cooperate in the achievement of UHC.¹⁴⁸

Increasing Availability and Reliability of Health Care Data

The use of data to understand how health care is implemented on the ground level in Member States is vital to the full and nuanced achievement of UHC.¹⁴⁹ For example, the use of gender and income disaggregated data can point to specific challenges in the health of underserved portions of the population, providing Member States with the ability to target specific weaknesses in their systems.¹⁵⁰ There is significant room for improvement on this front, as up to half the indicators are missing underlying data in many Member States, making the actual ability of WHO, Member States, and other stakeholders to determine progress towards UHC much more difficult.¹⁵¹ Moreover, those Member States with less available or reliable data also tend to be those with the least resources and the greatest need for improvement in their health care systems.¹⁵² As with many UN initiatives, the ability to accurately assess the efficacy in achieving UHC is heavily dependent on gathering, assessing, and synthesizing data, both during and following the implementation of actions.¹⁵³ Following the introduction of the SDGs in 2015, data reporting became a main focus of the international community in order to promote accountability toward achieving goals, including UHC.¹⁵⁴

Directly linked to the definition of UHC outlined by WHO, data aggregation efforts such as the *2017 Global Monitoring Report* generally separate available data according to the essential elements of UHC, health coverage and health financing.¹⁵⁵ The *World Health Statistics Report 2019* articulates one problem with the reliability of health care data: Member States use outdated or unrelated data to develop “comparable estimates” about health care, which are modeled from comparisons between countries rather than direct measure of health statistics.¹⁵⁶ For example, on average Hepatitis B prevalence data is five years out of date before it can be used to make an assessment of Hepatitis B rates in a Member State.¹⁵⁷ Additionally, current health care data uses indirect measures to assess underlying services, such as the outcome of a given service to measure the effectiveness of that service, which is less reliable than direct measures.¹⁵⁸ The combined prevalence of comparable estimates and indirect measures articulate clearly that data remains a significant gap in understanding health services, which impedes the full achievement of UHC.¹⁵⁹

¹⁴⁴ Universal Health Coverage Partnership, *About*, 2019.

¹⁴⁵ Alliance for Health Policy and Systems Research, *About Us*, 2019.

¹⁴⁶ *Ibid.*

¹⁴⁷ WHO, *Strategic Plan 2016-2020: Investing in Knowledge for Resilient Health Systems*, 2016.

¹⁴⁸ Universal Health Coverage Partnership, *About*, 2019.

¹⁴⁹ WHO, *Tracking Universal Health Coverage: 2017 Global Monitoring Report*, 2017, p. 9.

¹⁵⁰ WHO, *World Health Statistics 2019: Monitoring Health for the SDGs*, 2019, pp. 59-60.

¹⁵¹ *Ibid.*, p. 65.

¹⁵² *Ibid.*, p. 70.

¹⁵³ WHO, *Tracking Universal Health Coverage: 2017 Global Monitoring Report*, 2017, p. 16.

¹⁵⁴ *Ibid.*, p. 12.

¹⁵⁵ *Ibid.*, pp. 5-6.

¹⁵⁶ WHO, *World Health Statistics 2019: Monitoring Health for the SDGs*, 2019, p. 62.

¹⁵⁷ *Ibid.*

¹⁵⁸ WHO, *Tracking Universal Health Coverage: 2017 Global Monitoring Report*, 2017, p. 19.

¹⁵⁹ *Ibid.*, p. 12.

Finally, Member States must prioritize data in terms of its ability to improve health care outcomes; data must be synthesized to identify gaps in service coverage and efficiently allocate resources to reduce inequalities in health care outcomes.¹⁶⁰ Improving data by increasing its volume, relevance, and reliability, as well as the ability to use it to make appropriate judgments about how to improve health care systems would create a direct path to UHC's full achievement.¹⁶¹ Member States must recognize their own financial and systemic limits and operate in conjunction with WHO and NGOs in order to improve those data shortcomings where limited resources prevent data collection from becoming a priority.¹⁶²

Strengthening the Financial Capacity of Health Care Systems

To achieve the holistic healthcare solutions that SDG 3 calls for, it is necessary to focus on building strong systems that can appropriately finance the care UHC envisions, instead of solely focusing on the number of treatments available or the eradication of particular diseases.¹⁶³ To help establish a strong UHC system, Member States must recognize the importance of building their financial capacity, as the financial capacity of systems determines if Member States can develop services and if people can afford to use them.¹⁶⁴ To this end, WHO has recently refocused on sustainable development indicator 3.8.2, which concerns the percentage of health care costs borne by households, by releasing documents such as *The World Health Report: Health Systems Financing: The Path to Universal Coverage*, which speaks to the ability to finance health care in terms of the proportion of household spending required to attain services.¹⁶⁵

WHO identifies catastrophic spending, defined as out-of-pocket health care expenses comprising at least 10% of household spending, as a significant barrier to households' financial security.¹⁶⁶ One of UHC's goals is to reduce these levels of catastrophic spending, not to entirely eliminate private spending on health care services or require that all health care be provided for free; rather that households can seek and receive health care without being forced into poverty.¹⁶⁷ In recent years, the international community has experienced an overall decline in out-of-pocket spending, instead favoring public health spending and deemphasizing payments made at the point-of-service.¹⁶⁸

Since the financial crisis of the mid-2000s, worldwide economic recovery has led to increased spending on health care.¹⁶⁹ However, the unequal distribution of spending has exacerbated inequality, with high-income countries spending up to 80% of the worldwide total, despite faster economic growth in low and middle-income Member States.¹⁷⁰ While this increase is positive, many Member States do not place priority on public health spending, leaving political and economic space for Member States to increase public spending on health care systems.¹⁷¹ This inequity shows that health care is still regarded as a luxury item for government expenditure, rather than a priority item to guarantee the health of populations.¹⁷² This mentality is exacerbated by external aid, which has a tendency to crowd out public spending and deemphasize the necessity of government building capacity internally.¹⁷³ Currently, the only

¹⁶⁰ WHO, *World Health Statistics 2019: Monitoring Health for the SDGs*, 2019, p. 70.

¹⁶¹ *Ibid.*, p. 70.

¹⁶² WHO, *Tracking Universal Health Coverage: 2017 Global Monitoring Report*, 2017, p. 7.

¹⁶³ WHO, *The World Health Report: Health Systems Financing: The Path to Universal Coverage*, 2010, p. 9.

¹⁶⁴ *Ibid.*, p. 9.

¹⁶⁵ UN General Assembly, *Work of the Statistical Commission Pertaining to the 2030 Agenda for Sustainable Development (A/RES/71/313)*, 2017, p. 7; WHO, *The World Health Report: Health Systems Financing: The Path to Universal Coverage*, 2010.

¹⁶⁶ WHO, *Public Spending on Health: A Closer Look at Global Trends*, 2018, p. 37.

¹⁶⁷ WHO, *Universal Health Coverage (UHC)*, 2019.

¹⁶⁸ WHO, *Public Spending on Health: A Closer Look at Global Trends*, 2018, pp. 9-12.

¹⁶⁹ *Ibid.*, p. 23.

¹⁷⁰ *Ibid.*, p. 10.

¹⁷¹ *Ibid.*, p. 23.

¹⁷² *Ibid.*, p. 10.

¹⁷³ *Ibid.*, pp. 11-12.

clear trend is that higher income positively correlates with higher spending on health.¹⁷⁴ Understanding how and why Member States invest in health care at particular rates is a key to unlocking the full potential of all health care systems.¹⁷⁵

Health care systems fail the most vulnerable people when they require direct payments made at points of service.¹⁷⁶ Point-of-service payments (that is, payments made at the time health services are received) disproportionately disadvantage households living near the poverty line, as they may be forced to choose between health and other necessities such as food, or be driven below the poverty line.¹⁷⁷ Direct payments are the principal form of spending on health care throughout the world for various reasons, including political unwillingness for public spending, lack of government resources, or corruption.¹⁷⁸ For example, in areas that receive little financial support from governments, such as rural areas or war zones, communities are forced to rely on direct payments since they have no alternatives.¹⁷⁹ Moreover, a further reduction in direct payments must be associated with an increase in financial and structural resources that ensure comparable support for staff, equipment, medicine, and care.¹⁸⁰

To guide Member States on financing issues, the UN system has adopted a number of resolutions designed to help with the implementation of UHC financing goals.¹⁸¹ General Assembly resolution 67/81 on “Global Health and Foreign Policy”, adopted in 2012, encourages Member States to mainstream inclusive financing policies, sensitive to cultural and economic factors unique to each.¹⁸² Bolstered by WHA resolution 58.33 (2005) on “Sustainable Health Financing, Universal Coverage and Social Health Insurance”, which also identifies the need for culturally sensitive reforms, it is clear that the effective implementation of UHC requires transitions from direct payments towards public spending.¹⁸³ Financial reforms can be achieved through partnerships with international organizations, including WHO, over direct financing, technical sharing, and cooperation programs, coupled with a mainstreamed national focus on health care outcomes.¹⁸⁴

Conclusion

Since the establishment of the SDGs in 2015, UHC has advanced from an idea less important than PHC and capacity building to one of the defining goals of WHO.¹⁸⁵ To help achieve this goal, WHO has identified two necessary components of UHC: effective service coverage for all individuals and the financial security to pursue those resources without the fear of falling into deep debt or poverty.¹⁸⁶ As such, health care reforms must emphasize the most vulnerable populations, especially those in low-income countries, in order to reduce service inequities and achieve target 3.8 of the SDGs.¹⁸⁷

Additionally, tracking successful programs and allocating resources efficiently requires that WHO and Member States have access to current, reliable, and complete data.¹⁸⁸ Lack of data is especially prevalent in low-income areas and the low availability of data in those areas means that the vulnerable populations who live there have access to less services, often of lower quality.¹⁸⁹ Moreover, the *World*

¹⁷⁴ *Ibid.*, p. 17.

¹⁷⁵ *Ibid.*, p. 23.

¹⁷⁶ WHO, *Tracking Universal Health Coverage: 2017 Global Monitoring Report*, 2017, p. 62.

¹⁷⁷ *Ibid.*, p. 64.

¹⁷⁸ *Ibid.*, p. 65.

¹⁷⁹ *Ibid.*, p. 65.

¹⁸⁰ *Ibid.*, pp. 68-69.

¹⁸¹ UN General Assembly, *Global Health and Foreign Policy (A/RES/67/81)*, 2012.

¹⁸² *Ibid.*, p. 5.

¹⁸³ WHO, *Sustainable Health Financing, Universal Coverage and Social Health Insurance (WHA58.33)*, 2005, p. 2.

¹⁸⁴ UN General Assembly, *Global Health and Foreign Policy (A/RES/67/81)*, 2012, p. 5.

¹⁸⁵ Global Conference of Primary Health Care, *Declaration of Astana*, 2018, p. 1.

¹⁸⁶ WHO, *Universal Health Coverage (UHC)*, 2019.

¹⁸⁷ WHO, *Tracking Universal Health Coverage: 2017 Global Monitoring Report*, 2017, p. 14.

¹⁸⁸ WHO, *World Health Statistics 2019: Monitoring Health for the SDGs*, 2019, p. 70.

¹⁸⁹ *Ibid.*

Health Statistics 2019: Monitoring Health for the SDGs report identifies that many Member States lack the underlying data indicators necessary for accurate health care reporting, especially in terms of important demographics such as sex and economic status.¹⁹⁰ UDHR and SDGs require that affordable, effective health care be provided to all people.¹⁹¹ Nowadays, UHC is continually coming closer to fruition, yet many Member States lag behind and none have fully implemented it.¹⁹² However and despite the clear struggles to full achievement of UHC, positive trends such as the rapidly increasing pace of public health spending and access to services bode well for UHC.¹⁹³ WHO strong commitment to UHC attainment is clear, its partnerships with NGOs and the outcomes from the HLM-UHC represent the desire to bring Member States as stakeholders for the full achievement of SDG 3.¹⁹⁴

Further Research

When researching the topic and preparing for the conference, delegates may consider questions such as: How can national systems strengthen their capacity in order to achieve the goals of UHC by 2030? What data indicators lack the sophistication or quantity to be informative for Member States, and how can this data be improved? What is the future of health care systems financing? What is the role of regional-specific partnerships in financing and capacity building? How can WHO partner with NGOs, intergovernmental organizations, and other UN organs to assist Member States in developing a plan for reaching UHC?

Annotated Bibliography

Global Conference of Primary Health Care. (2018). *Declaration of Astana*. Retrieved 15 July 2019 from: <https://www.who.int/docs/default-source/primary-health/declaration/gcphc-declaration.pdf>

The Declaration of Astana builds upon the 1978 Alma-Ata Declaration and the 2030 Agenda for Sustainable Development to provide a consensus declaration that outlines a future for providing PHC to underserved populations. The Declaration reaffirms healthcare as a human right and establishes a commitment to primary health care by all stakeholders, as well as outlining the necessary drivers for PHC: capacity building, human resources, technology, and financing. The Declaration closes with a reiteration of the importance of achieving UHC. Delegates will find this source useful in understanding the current focus of WHO on UHC.

World Health Organization. (2010). *The World Health Report: Health Systems Financing: The Path to Universal Coverage*. Retrieved 15 July 2019 from:

https://apps.who.int/iris/bitstream/handle/10665/44371/9789241564021_eng.pdf?sequence=1

This report focuses primarily on the financial aspects of achieving universal health coverage, providing specific recommendations for Member States to modify existing health systems to achieve UHC. Among these modifications are: increasing health care funding, eliminating point-of-service payments, and improving efficiency and equity. The report includes specific recommendations to achieve each of these three goals, such as changes in taxation, risk-pooling, international donations, and adapting systems to address specific and unique concerns. Member States, both rich and poor, have improved their health care financing. Delegates will find this source useful in contextualizing UHC's achievement in relation to other SDG 3 targets and understanding the gaps in health care across Member States.

¹⁹⁰ *ibid.*

¹⁹¹ UN General Assembly, *Universal Declaration of Human Rights (A/RES/217 A (III))*, 1948; UN General Assembly, *Transforming Our World: The 2030 Agenda for Sustainable Development (A/RES/70/1)*, 2015, p. 16.

¹⁹² WHO, *World Health Statistics 2019: Monitoring Health for the SDGs*, 2019, p. 69.

¹⁹³ WHO, *Public Spending on Health: A Closer Look at Global Trends*, 2018, p. 5.

¹⁹⁴ WHO, *UN High-Level Meeting on Universal Health Coverage*, 2019.

World Health Organization (2017). *Tracking Universal Health Coverage: 2017 Global Monitoring Report*. Retrieved 13 July 2019 from: <https://apps.who.int/iris/bitstream/handle/10665/259817/9789241513555-eng.pdf;jsessionid=BE29FF133A28D12FCB1A277AAB09975E?sequence=1>

Compiled in 2017 by WHO and a number of auxiliary contributors, this report assesses healthcare outcomes in relation to SDG 3 and its target 3.8, achieving UHC. The report is divided into two parts: coverage of essential health services and financial protection. In its first part, the report utilizes indicators from data reported to WHO to assess health outcomes from service. In the second part, it uses various consumption measures in relation to standard poverty indices. As in the first part, a key stumbling block for measurement is the lack of data, specifically as it relates to disaggregated data that focuses on specific groups to complement national regional statistics. Delegates should recognize this source as a comprehensive overview of UHC progress and may utilize it to recognize global trends in UHC.

World Health Organization. (2018). *Public Spending on Health: A Closer Look at Global Trends*. Retrieved 16 July 2019 from: <https://apps.who.int/iris/bitstream/handle/10665/276728/WHO-HIS-HGF-HF-WorkingPaper-18.3-eng.pdf?ua=1>

This report is specifically geared towards the overall levels of health spending across the world, linking it with health outcomes. It analyzes new data measures in PHC and specific disease intervention, providing insight into health care spending. The report includes a number of key findings, but most relevantly a global trend towards increased health care funding, outstripping global gross domestic product increases, albeit with significant inequities and no clear overall plan to achieve UHC. Delegates may use the information in this paper to understand Member States' current financing trends and what is necessary moving forward in order to achieve UHC.

World Health Organization. (2019). *World Health Statistics 2019: Monitoring Health for the SDGs*. Retrieved 15 July 2019 from: <https://apps.who.int/iris/bitstream/handle/10665/324835/9789241565707-eng.pdf>

As a comprehensive overview of the progress towards SDG 3, this yearly report provides data and conclusions regarding the current state of health services across the world. The report specifically discusses the existing and expected shortfalls in health care workers, as well as cost and availability of medicine. The report also links target 3.8 with other SDGs. In its overall conclusions, it cites increased access to health services through greater capacity in national health systems as a significant area of growth. Delegates may rely on this source to understand what data is currently collected by the UN in health care and where that data is lacking and needs improvement.

Bibliography

Alliance for Health Policy and Systems Research. (2019). *About Us*. Retrieved 26 August 2019 from: <https://www.who.int/alliance-hpsr/about/en/>

First International Conference on Health Promotion. (1986). *Ottawa Charter on Health Promotion*. Retrieved 15 July 2019 from: http://www.euro.who.int/_data/assets/pdf_file/0004/129532/Ottawa_Charter.pdf

Forum on Universal Health Coverage. (2012). *Mexico City Political Declaration on Universal Health Coverage: Sustaining Universal Health Coverage: Sharing Experiences and Promoting Progress*. Retrieved 15 July 2019 from: <https://www.who.int/healthsystems/topics/financing/MexicoCityPoliticalDeclarationUniversalHealthCoverage.pdf?ua=1>

Global Conference of Primary Health Care. (2018). *Declaration of Astana*. Retrieved 15 July 2019 from: <https://www.who.int/docs/default-source/primary-health/declaration/gcphc-declaration.pdf>

International Conference on Primary Health Care. (1978). *Declaration of Alma-Ata*. Retrieved 15 July 2019 from: https://www.who.int/publications/almaata_declaration_en.pdf

Primary Health Care Partnership Initiative. (2018). *About PHCPI*. Retrieved 25 August 2019 from: <https://improvingphc.org/about-phcpi>

Steiner, A. (2018, September 25). The Access Challenge – Universal Health Coverage (UHC) Conference. *United Nations Development Programme*. Retrieved 21 September 2019 from: <https://www.undp.org/content/undp/en/home/news-centre/speeches/2018/the-access-challenge--universal-health-coverage--uhc--conference.html>

UHC2030. (2016). *Transitional Steering Committee Meeting: Background Document on Governance Decisions*. Retrieved 20 September 2019 from: https://www.uhc2030.org/fileadmin/uploads/uhc2030/Documents/About_UHC2030/mgt_arrangemts_docs/UHC2030_transformation/Official_documents_2017/UHC2030_TSC_Governance_Arrangements_Jan_2016_WIP.pdf

UHC2030. (2017). *Healthy Systems for Universal Health Coverage - A Joint Vision for Healthy Lives*. Retrieved 25 August 2019 from: https://www.uhc2030.org/fileadmin/uploads/uhc2030/Documents/About_UHC2030/mgt_arrangemts_docs/UHC2030_Official_documents/UHC2030_vision_paper_WEB2.pdf

UHC2030. (2019). *Our Mission*. Retrieved 24 October 2019 from: <https://www.uhc2030.org/our-mission/>

United Nations Development Programme. (2019). *About Us*. Retrieved 21 September 2019 from: <https://www.undp.org/content/undp/en/home/about-us.html>

United Nations, General Assembly, Third session. (1948). *Universal Declaration of Human Rights (A/RES/217 A (III))*, Retrieved 23 August 2019 from: <http://www.un.org/en/documents/udhr/>

United Nations, General Assembly, Twenty-first session. (1966). *International Covenant on Economic, Social and Cultural Rights (A/RES/2200 (XXI))*. Adopted on the report of the Third Committee (A/6546). Retrieved 17 September 2019 from: [http://undocs.org/A/RES/2200\(XXI\)](http://undocs.org/A/RES/2200(XXI))

United Nations, General Assembly, Fifty-fifth session. (2000). *United Nations Millennium Declaration (A/RES/55/2)*. Retrieved 23 August 2019 from: <http://undocs.org/A/RES/55/2>

United Nations, General Assembly, Sixty-seventh session. (2012). *Global Health and Foreign Policy (A/RES/67/81)*. Retrieved 23 August 2019 from: <https://undocs.org/A/RES/67/81>

United Nations, General Assembly, Sixty-ninth session. (2015). *Addis Ababa Action Agenda of the Third International Conference on Financing for Development (Addis Ababa Action Agenda) (A/RES/69/313)*. Retrieved 25 August 2019 from: <https://undocs.org/A/RES/69/313>

United Nations, General Assembly, Seventieth session. (2015). *Transforming Our World: The 2030 Agenda for Sustainable Development (A/RES/70/1)*. Retrieved 20 July 2019 from: <http://undocs.org/A/RES/70/1>

United Nations, General Assembly, Seventy-first session. (2017). *Work of the Statistical Commission Pertaining to the 2030 Agenda for Sustainable Development (A/RES/71/313)*. Retrieved 22 August 2019 from: <https://undocs.org/A/RES/71/313>

United Nations, General Assembly, Seventy-second session. (2017). *Global Health and Foreign Policy: Addressing the Health of the Most Vulnerable for an Inclusive Society (A/RES/72/139)*. Retrieved 15 July 2019 from: <https://undocs.org/A/RES/72/139>

United Nations Secretary-General. (2017, December 14). *Remarks at the Universal Health Coverage Forum*. Retrieved 26 August 2019 from: <https://www.un.org/sg/en/content/sg/speeches/2017-12-14/universal-health-coverage-forum-remarks>

Universal Health Coverage Partnership. (2019). *About*. Retrieved 26 August 2019 from: <https://uhcpartnership.net/about/>

World Bank. (2019). *High-Performance Health Financing for Universal Health Coverage*. Retrieved 21 September 2019 from: <http://documents.worldbank.org/curated/en/641451561043585615/pdf/Driving-Sustainable-Inclusive-Growth-in-the-21st-Century.pdf>

World Health Organization. (1946). *Constitution of the World Health Organization*. Retrieved 16 July 2019 from: <http://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf?ua=1>

World Health Organization. (2010). *The World Health Report: Health Systems Financing: The Path to Universal Coverage*. Retrieved 15 July 2019 from: https://apps.who.int/iris/bitstream/handle/10665/44371/9789241564021_eng.pdf?sequence=1

World Health Organization. (2015, September 26). *New Partnership to Help Countries Close Gaps in Primary Health Care*. Retrieved 20 September 2019 from: <https://www.who.int/mediacentre/news/releases/2015/partnership-primary-health-care/en/>

World Health Organization. (2016). *Global Strategy on Human Resources for Health: Workforce 2030*. Retrieved 15 July 2019 from: <https://apps.who.int/iris/bitstream/handle/10665/250368/9789241511131-eng.pdf?sequence=1>

World Health Organization. (2016). *Strategic Plan 2016-2020: Investing in Knowledge for Resilient Health Systems*. Retrieved 26 August 2019 from: https://apps.who.int/iris/bitstream/handle/10665/204806/WHO_HIS_HSR_16.1_eng.pdf?sequence=1

World Health Organization. (2017). *Tracking Universal Health Coverage: 2017 Global Monitoring Report*. Retrieved 13 July 2019 from: <https://apps.who.int/iris/bitstream/handle/10665/259817/9789241513555-eng.pdf;jsessionid=BE29FF133A28D12FCB1A277AAB09975E?sequence=1>

World Health Organization. (2018). *A Vision for Primary Health Care in the 21st Century: Towards Universal Health Coverage and the Sustainable Development Goals*. Retrieved 17 October 2019 from: <https://www.who.int/docs/default-source/primary-health/vision.pdf>

World Health Organization. (2018). *Public Spending on Health: A Closer Look at Global Trends*. Retrieved 16 July 2019 from: <https://apps.who.int/iris/bitstream/handle/10665/276728/WHO-HIS-HGF-HF-WorkingPaper-18.3-eng.pdf?ua=1>

World Health Organization. (2019). *UN High-Level Meeting on Universal Health Coverage*. Retrieved 20 September 2019 from: <https://www.who.int/news-room/events/detail/2019/09/23/default-calendar/un-high-level-meeting-on-universal-health-coverage>

World Health Organization. (2019). *Universal Health Coverage (UHC)*. Retrieved 13 July 2019 from: [https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc))

World Health Organization. (2019). *World Health Statistics 2019: Monitoring Health for the SDGs*. Retrieved 15 July 2019 from: <https://apps.who.int/iris/bitstream/handle/10665/324835/9789241565707-eng.pdf>



World Health Organization, World Health Assembly, Fifty-eighth session. (2005). *Sustainable Health Financing, Universal Coverage and Social Health Insurance (WHA58.33)*. Retrieved 15 July 2019 from: https://apps.who.int/iris/bitstream/handle/10665/20383/WHA58_33-en.pdf?sequence=1

World Health Organization, World Health Assembly, Sixty-second session. (2009). *Primary Health Care, Including Health System Strengthening (WHA62.12)*. Retrieved 15 July 2019 from: <http://apps.who.int/medicinedocs/documents/s17694en/s17694en.pdf>

II. Addressing Vaccine Hesitancy

Introduction

Vaccines are defined as “a biological preparation that improves immunity to a particular disease.”¹⁹⁵ They are one of the most potent and cost-effective health interventions, and prevent 2 to 3 million deaths per year.¹⁹⁶ The World Health Organization (WHO) has been heavily involved in promoting immunization throughout its history; one of the first interventions was the successful campaign to eradicate smallpox from 1966 to 1980.¹⁹⁷ WHO has recently directed immunization promotion efforts through strategic frameworks, the first of which was the 2006 *Global Immunization Vision and Strategy* (GIVS).¹⁹⁸ The successor framework, the *Global Vaccine Action Plan* (GVAP), contains a commitment to 90% national vaccination coverage by 2020.¹⁹⁹

In order for outbreaks of communicable diseases to be prevented, it is necessary to maintain herd immunity.²⁰⁰ Herd immunity refers to when a sufficiently large proportion of the population is vaccinated.²⁰¹ The precise percentage depends upon the infectiousness of the disease.²⁰² Once attained, herd immunity protects unvaccinated individuals, which is especially important for those who are unable to be vaccinated for medical reasons.²⁰³ Vaccine hesitancy has resulted in the loss of herd immunity to various diseases within regions with sufficient access to vaccines.²⁰⁴ WHO’s Strategic Advisory Group of Experts (SAGE) on Vaccine Hesitancy defines vaccine hesitancy as: “delay in acceptance or refusal of vaccines despite availability of vaccination services.”²⁰⁵

In developed states, most vaccine-preventable diseases, such as measles and diphtheria, are thought to have been eradicated through vaccination.²⁰⁶ However, vaccine hesitancy is starting to reverse these gains.²⁰⁷ Throughout 2018, outbreaks of measles were reported across the world.²⁰⁸ WHO estimated a 300% increase in infections of measles compared with the previous year.²⁰⁹ These outbreaks occurred in countries in which access to the measles vaccine was widely available, including the United States and Ukraine.²¹⁰ In 2000, measles had been eliminated from the United States, whereas 2019 saw the largest outbreak of measles since 1994 with over 1,000 people becoming infected.²¹¹ This reemergence of measles was attributed to vaccine hesitancy.²¹² The growing tendency within certain Member States towards vaccine hesitancy has lowered the proportion of the population that was vaccinated to be below the level required for herd immunity.²¹³ This has made their populations vulnerable to outbreaks of infectious diseases.²¹⁴

¹⁹⁵ WHO, *Vaccines*.

¹⁹⁶ WHO, *Immunization Coverage*.

¹⁹⁷ WHO, *Smallpox*.

¹⁹⁸ WHO, *Global Immunization Vision and Strategy*, 2011.

¹⁹⁹ WHO, *Global Vaccine Action Plan 2011-2020*, 2019.

²⁰⁰ WHO, *Vaccination Greatly Reduces Disease, Disability, Death and Inequity Worldwide*, 2008.

²⁰¹ *Ibid.*

²⁰² *Ibid.*

²⁰³ *Ibid.*

²⁰⁴ Strategic Advisory Group of Experts (SAGE) on Immunization, *Report of the SAGE Working Group on Vaccine Hesitancy*, 2014, p. 3.

²⁰⁵ *Ibid.*, p. 7.

²⁰⁶ UN DGC, ‘A Global Measles Crisis’ is Well Underway, *UN Agency Chiefs Warn*, 2019.

²⁰⁷ France24, *Fight Vaccine Hesitancy as ‘Contagious Disease’*, *UN Meeting Told*, 2019.

²⁰⁸ *Ibid.*

²⁰⁹ *Ibid.*

²¹⁰ UN DGC, ‘A Global Measles Crisis’ is Well Underway, *UN Agency Chiefs Warn*, 2019.

²¹¹ The Guardian, *US Measles Outbreak Now Worst Since 1994 After 60 New Cases Reported*, 2019.

²¹² *Ibid.*

²¹³ UN DGC, ‘A Global Measles Crisis’ is Well Underway, *UN Agency Chiefs Warn*, 2019.

²¹⁴ *Ibid.*

One attempt to measure the scale of vaccine hesitancy across the world was within the Wellcome Global monitor survey which was carried out in 2018 among 140,000 people across 140 countries.²¹⁵ The survey used the SAGE's definition of vaccine hesitancy to measure global attitudes toward vaccination and the results have shown that there are wide disparities in peoples' trust of vaccines between regions.²¹⁶ While the majority of unvaccinated people reside in conflict stricken areas, levels of trust in vaccination are lowest in developed countries, particularly those in Eastern Europe.²¹⁷ In some states, the levels of trust in vaccinations are as low as 50% because of decreasing trust in institutions and misplaced fears about vaccine safety.²¹⁸ These low levels of trust have resulted in many people choosing not to have themselves or their children vaccinated.²¹⁹

Vaccinations prevent infectious diseases and also benefit education and economic development.²²⁰ According to WHO, if levels of vaccine hesitancy continue to grow, then the international community's efforts to overcome more traditional barriers to vaccines, such as cost or distribution, will be compromised.²²¹ WHO recognized the severity of this issue when it named vaccine hesitancy as one of the ten threats to global health in 2019.²²² Universal vaccination could save as many as 8.7 million lives by 2020 and is a necessary prerequisite to accomplish the vision set out within the *2030 Sustainable Development Agenda*.²²³ Two of the most effective interventions to address vaccine hesitancy are to work to counter misinformation which causes doubt as to whether vaccines are safe and effective, and to work closely with those healthcare professionals administering vaccinations so as to develop methods to reassure those who otherwise may be reluctant to receive vaccinations.²²⁴ This guide will focus on tackling vaccine hesitancy through countering vaccine misinformation and program interventions. Afterwards, there will be a case study examining the recent outbreak of measles. To this end, foundational international and regional frameworks together with the most important actors for countering vaccine hesitancy will be presented.

International and Regional Framework

The right to health has been expressed throughout numerous documents since the UN establishment, including the *Universal Declaration of Human Rights* (UDHR) adopted in 1948 by the General Assembly.²²⁵ This declaration defines fundamental human rights to be enjoyed by all, regardless of one's personal background.²²⁶ Article 25 of the UDHR explicitly states that well-being and access to medical care are fundamental human rights.²²⁷ Member States committed towards realizing this right within the *International Covenant on Economic, Social, and Cultural Rights* (ICESCR), which was ratified by 169 Member States in total and came into force in 1976.²²⁸ Article 12 not only reiterates the importance of good health and well-being, but also explicitly states that the prevention, treatment, and control of infectious diseases are necessary to achieve good health.²²⁹

²¹⁵ Wellcome. *Wellcome Global Monitor: How Does the World Feel About Science and Health?*, 2018, pp. 4-7.

²¹⁶ *Ibid.*, pp. 6-7.

²¹⁷ *Ibid.*

²¹⁸ *Ibid.*

²¹⁹ *Ibid.*

²²⁰ WHO, *Immunization*.

²²¹ WHO, *Ten Threats to Global Health in 2019*, 2019.

²²² *Ibid.*

²²³ Bill and Melinda Gates Foundation, *Bill and Melinda Gates Pledge \$10 Billion in Call for Decade of Vaccines*, 2010.

²²⁴ WHO Strategic Advisory Group of Experts on Immunization (SAGE) on Immunization, *Strategies for addressing Vaccine Hesitancy – A Systemic Review*, 2014, p.11.

²²⁵ OCHR, *Right to Health: Factsheet no 31*.

²²⁶ UN General Assembly, *Universal Declaration of Human Rights (A/RES/217 A (III))*, 1948, art. 25.

²²⁷ *Ibid.*

²²⁸ UN General Assembly, *International Covenant on Economic, Social and Cultural Rights (A/RES/2200 (XXI))*, 1966.

²²⁹ *Ibid.*

WHO's constitution, signed in 1946, states WHO's objective to be "the attainment by all peoples of the highest possible level of health."²³⁰ It furthermore establishes that this objective is to be accomplished through different health-related measures, including the eradication of infectious diseases.²³¹ WHO's responsibilities include ensuring that the general public is adequately informed on health matters, and developing international standards with regard to health products.²³² The WHO's constitution was the first UN document to establish the right to health on a legal basis.²³³

Vaccination was included as an integral part of the *Millennium Development Goals* (MDGs).²³⁴ The percentage of one-year old children immunized against measles was an indicator for MDG4: Reduce Child Mortality. Vaccination also featured prominently within MDG 6: Combat HIV/AIDS, malaria and other diseases.²³⁵ The importance of health was expanded further within the Sustainable Development Goals (SDGs) as outlined within the 2030 Agenda.²³⁶ In SDG 3 (Good Health and Well-being), target 3.B. explicitly states support for the research and development of vaccines and promotes the provision of universal access to vaccinations.²³⁷ Indicator 3.B. establishes that the "proportion of the population with access to affordable medicines and vaccines on a sustainable basis" be provided.²³⁸ However, progress towards this goal has been insufficient.²³⁹ The percentage of children receiving a vaccine preventing diphtheria, tetanus, and pertussis remained unchanged between 2015 and 2017.²⁴⁰

Role of the International System

WHO established the SAGE on Immunization in 1999 to monitor and advise the WHO's progress toward disease control goals, such as those contained within the GVAP, and the provision of universal access to vaccines.²⁴¹ This group, in turn, created a working group to examine the drivers of vaccine hesitancy, the findings of which were released in a 2014 report titled *Strategies for addressing Vaccine Hesitancy – A Systemic Review*.²⁴² As mentioned earlier, the report introduced the definition of vaccine hesitancy which is now widely utilized across the UN, and the report concluded by placing the drivers of vaccine hesitancy into three categories.²⁴³ These categories are confidence, complacency, and convenience.²⁴⁴ Confidence refers to the belief that vaccines are ineffective or even harmful.²⁴⁵ Complacency refers to people being unfamiliar with the devastating effects of the diseases against which vaccinations protect.²⁴⁶ As a result of this, populations become complacent about vaccination.²⁴⁷ Convenience describes occasions in which

²³⁰ WHO, *Constitution of the World Health Organization*, 1946.

²³¹ Ibid.

²³² OCHR, *Right to Health: Factsheet no 31*.

²³³ Ibid.

²³⁴ WHO, *Millennium Development Goals (MDGs)*, 2018.

²³⁵ UN General Assembly, *United Nations Millennium Declaration (A/RES/55/2)*, 2000.

²³⁶ UN General Assembly, *Transforming Our world: the 2030 Agenda for Sustainable Development (A/RES/70/1)*, 2015.

²³⁷ Sustainable Development Goals Knowledge Platform, *Progress of Goal 3 in 2019* 2019.

²³⁸ UN General Assembly, *Transforming Our world: the 2030 Agenda for Sustainable Development (A/RES/70/1)*, 2015, pp. 16-17.

²³⁹ UN General Assembly, *Transforming Our world: the 2030 Agenda for Sustainable Development (A/RES/70/1)*, 2015.

²⁴⁰ Sustainable Development Goals Knowledge Platform. *Progress of goal 3 in 2019*, 2019.

²⁴¹ WHO Strategic Advisory Group of Experts on Immunization (SAGE), *Strategic Advisory Group of Experts (SAGE): Terms of Reference*, 2016, p. 1.

²⁴² WHO Strategic Advisory Group of Experts on Immunization (SAGE), *Strategies for Addressing Vaccine Hesitancy – A Systemic Review*, 2014, p. 3.

²⁴³ Ibid., p. 7.

²⁴⁴ Ibid., pp.11-12.

²⁴⁵ Ibid.

²⁴⁶ Ibid.

²⁴⁷ Ibid.

people would not be vaccinated due to some kind of barrier, such as a lack of mobility or long waiting times.²⁴⁸

Moreover, WHO has worked to promote vaccination through the creation of the GIVS framework with the United Nations Children's Fund (UNICEF) in 2006.²⁴⁹ The GIVS framework guided progress toward several immunization-related goals, including 90% vaccination coverage across countries, a 90% decrease in measles mortality, and a decrease in Child Mortality caused by vaccine-preventable diseases by two-thirds, compared with 2000.²⁵⁰ In order to realize this vision and to build upon the GIVS, the World Health Assembly established the GVAP in 2011.²⁵¹ The GVAP contains six strategic objectives to be accomplished by 2020.²⁵² These objectives entail a strong commitment to immunization from states, civil society and communities, strengthening health systems and immunization programs, and ensuring that the benefits of immunization reach everyone, including traditionally underserved communities.²⁵³ The second strategic objective explicitly mentions that the general public must be better informed as to the benefits of vaccines so that they view it as an inalienable human right integral to their health.²⁵⁴

Regional bodies have also worked to promote vaccination and to counter growing hesitancy.²⁵⁵ At the 28th African Union Summit in 2016, African Union Member States acknowledged that vaccination underpins wider advances in sustainable development.²⁵⁶ They pledged to overcome barriers for the poorest in society to access vaccines and also to build coalitions between civil society, community leaders, and political representatives to ensure support for universal access to vaccines.²⁵⁷ The European Union (EU) parliament, amidst measles outbreaks and growing mistrust in the safety of vaccines, adopted a resolution on 18 April 2018 titled *Vaccine hesitancy and drop in vaccination rates in Europe*.²⁵⁸ It contained measures to alleviate public concerns about the testing of vaccines, such as countering misinformation spreading through unreliable news sources, and reaffirms the necessity of engaging with civil society and national and regional governments to counteract these concerns.²⁵⁹

NGOs also play an important role in encouraging vaccination.²⁶⁰ During the 2010 World Economic Forum, the Bill and Melinda Gates Foundation called for the 2011-2020 period to be the decade of vaccines, and pledged \$10 billion toward accomplishing universal vaccine coverage by 2020.²⁶¹ The Vaccine Alliance (Gavi) supports countries with lower rates of vaccination through increased funding and coordination efforts.²⁶² One of its priorities has been to help increase the demand for vaccination in places where it is relatively low.²⁶³ This is accomplished in part through the overcoming of social, gender, and cultural barriers.²⁶⁴ Another prominent NGO is The Vaccine Confidence Project, which closely monitors public

²⁴⁸ WHO Strategic Advisory Group of Experts on Immunization (SAGE), *Strategies for Addressing Vaccine Hesitancy – A Systemic Review*, 2014, pp.11-12.

²⁴⁹ WHO, *Global Immunization Vision and Strategy*, 2011.

²⁵⁰ *Ibid.*

²⁵¹ Bill and Melinda Gates Foundation, *Global Health Leaders Launch Decade of Vaccines Collaboration*, 2010.

²⁵² WHO, *Global Vaccine Action Plan 2011–2020*, 2011, pp. 5-7.

²⁵³ *Ibid.*, pp. 30-31.

²⁵⁴ *Ibid.*, pp. 38-42.

²⁵⁵ Ministerial Conference on Immunization in Africa, *Addis Declaration on Immunization*, 2016; European Parliament, *Vaccine Hesitancy and Drop in Vaccination Rates in Europe*, 2017.

²⁵⁶ Ministerial Conference on Immunization in Africa, *Addis Declaration on Immunization*, 2016.

²⁵⁷ *Ibid.*

²⁵⁸ European Parliament, *Vaccine Hesitancy and Drop in Vaccination Rates in Europe*, 2017.

²⁵⁹ *Ibid.*

²⁶⁰ WHO, *Global Vaccine Action Plan 2011–2020*, 2011, pp. 46-47.

²⁶¹ Bill and Melinda Gates Foundation, *Bill and Melinda Gates Pledge \$10 Billion in Call for Decade of Vaccines*, 2010.

²⁶² Gavi, *Annual Progress Report*, 2018, p. 21.

²⁶³ *Ibid.*

²⁶⁴ *Ibid.*

sentiment about vaccines to ensure that falsehoods about vaccines that begin to spread can be detected and counteracted as fast as possible.²⁶⁵

Countering vaccine misinformation

Community outreach

Community outreach is a priority for WHO.²⁶⁶ Engagement with communities can allow for the promotion of vaccination to disseminate throughout society, and to reach parts of society which are unable or reluctant to participate in national vaccination programs.²⁶⁷ To do this effectively, WHO adapts its communication strategies to different cultures and beliefs while being careful to ensure that it remains a two-way conversation.²⁶⁸ WHO utilizes data collected about the community and its concerns to better inform them through different forms of media, ranging from more traditional ones such as the radio, through to online sources.²⁶⁹ UNICEF is one of the UN bodies most active in the promotion of vaccination.²⁷⁰ In 2007, UNICEF recognized the state of Georgia in the Caucasus as having one of the lowest rates of vaccination due to vaccine hesitancy.²⁷¹ UNICEF worked with the Georgian government to launch a campaign informing parents about vaccines and their potential to save lives.²⁷² The campaign had “Timely immunization is your child’s bodyguard,” as its main slogan.²⁷³ In response to the recent outbreaks of measles, UNICEF has also launched a publicity campaign in schools and clinics based within the region of Lviv in Ukraine, one of the regions most afflicted by measles due to vaccine hesitancy.²⁷⁴

Online Media

One prominent source of misinformation with regard to vaccination has been social media.²⁷⁵ Therefore UN bodies have created online awareness campaigns in order to share the positive benefits of vaccination.²⁷⁶ One such campaign is the World Immunization Week, a public information campaign coordinated by WHO to fight misconceptions about vaccines such as better hygiene being sufficient to prevent outbreaks of infectious disease, or that giving a child multiple vaccines could overwhelm their immune system.²⁷⁷ World Immunization Week 2019 took place from 24 to 30 April.²⁷⁸ Throughout this campaign, WHO, together with UNICEF, the Bill and Melinda Gates Foundation, and Gavi, coordinated across social media through the hashtag #vaccineswork.²⁷⁹ The Bill and Melinda Gates Foundation offered to give up to \$1 million US dollars by donating a dollar toward UNICEF’s vaccination efforts each time a post featuring this hashtag was shared or liked throughout the week.²⁸⁰ The campaign was hugely successful with 3.1 million engagements on social media, and the maximum total being donated by the foundation.²⁸¹ Another way this campaign engages people with the benefits of vaccination is through vaccine heroes.²⁸² The vaccine heroes consisted of people from across the world in a wide range of occupations, including medical professionals, activists, and those involved in the distribution of

²⁶⁵ Vaccine Confidence Project, *Vaccine Confidence*.

²⁶⁶ WHO, *Global Vaccine Action Plan 2011–2020*, 2011, pp. 45-46.

²⁶⁷ WHO, *Immunization in practice: Module 7: Partnering with Communities*, 2014, pp. 3-4.

²⁶⁸ *Ibid.*, pp. 9-10.

²⁶⁹ WHO, *Global Measles and Rubella Strategic Plan 2011-2020*, 2012, pp. 23-24.

²⁷⁰ UNICEF, *Immunization Programme*, 2019.

²⁷¹ *Nationwide Communication Campaign on Immunization Kicks off in Georgia*, UNICEF, 2007.

²⁷² *Ibid.*

²⁷³ *Nationwide Communication Campaign on Immunization Kicks off in Georgia*, UNICEF, 2007.

²⁷⁴ *Alarming Global Surge of Measles Cases a Growing Threat to Children*, UNICEF, 2019.

²⁷⁵ WHO, *Measles: Key Facts*, 2019.

²⁷⁶ *Ibid.*

²⁷⁷ UNICEF, *World Immunization Week 2019*, 2019; WHO, *Six Common Misconceptions About Immunization*, 2019.

²⁷⁸ UNICEF, *World Immunization Week 2019*, 2019.

²⁷⁹ UN DGC, ‘Vaccines are Safe’ and Save Lives, *UNICEF Declares, Launching new #VaccinesWork Campaign*, 2019.

²⁸⁰ *Ibid.*

²⁸¹ UNICEF, *World Immunization Week 2019*, 2019.

²⁸² WHO, *Vaccine Heroes*, 2019.

vaccines.²⁸³ The campaign shared stories of them, talking about their personal experiences and how vaccination has impacted their communities.²⁸⁴

WHO has also worked directly with online platforms such as Facebook, Pinterest, and Instagram, to look at how search results for terms such as vaccination are generated.²⁸⁵ Instead of allowing for potentially false information to be listed within the top results, these kinds of searches instead directly link to trusted bodies, ensuring that false information about vaccination is not allowed to spread through these platforms.²⁸⁶

Countering misinformation in public

Another, more traditional way of misinformation being spread, is through oral rhetoric. To counteract this, the WHO Regional Office for Europe created a guidance document on “How to respond to vocal vaccine deniers in public.”²⁸⁷ This document contains psychological and persuasive guidance for communicating with a vaccine denier, a person who refuses to accept the scientific evidence that vaccines are safe and effective.²⁸⁸ There is a spectrum of vaccine hesitancy, ranging from reluctance through to vocal denial, and individuals on this spectrum will have different reasons as to why they reject vaccination.²⁸⁹ When addressing an audience there are many things to be aware of in order to engage in a constructive discussion.²⁹⁰ For example, audiences will often display a negativity bias and will be quicker to trust negative information than positive information.²⁹¹ Traditional ways of trying to debunk myths will often backfire, repeating a false myth while trying to debunk it will often result in an audience’s belief in the myth growing stronger due to the familiarity effect.²⁹² The familiarity effect has been examined in psychological studies which have revealed that many people will commonly believe something if they have heard it repeated many times over.²⁹³ There also exists a narrative bias.²⁹⁴ Statistics and facts will often be ineffective in the face of false information which forms a coherent narrative because a narrative will often speak to a person’s emotional state of being.²⁹⁵ The document produced by the WHO European Office discusses multiple approaches for a speaker to overcome these biases and to present facts in a way which will make the audience receptive to the scientific consensus.²⁹⁶ Examples include packaging statistics into personal anecdotes or metaphors, asking rhetorical questions of the audience in order to allow them to start to question previously held beliefs, and to convey confidence and charisma while speaking about vaccination.²⁹⁷

Program interventions

The Role of Health Workers

Health workers find themselves on the front line of vaccination efforts and their interactions with patients have significant impacts upon future willingness to accept vaccines.²⁹⁸ They are well placed to work

²⁸³ WHO, *Vaccine Heroes*, 2019.

²⁸⁴ WHO, *Vaccine Heroes*, 2019.

²⁸⁵ UN DGC, *UN Health Agency Welcomes Facebook Pledge to Stop Vaccine Misinformation From Going Viral*, 2019; The Guardian, *Pinterest’s new Vaccine Search Will Offer Something Rare on Social Media: Facts*, 2019.

²⁸⁶ *Ibid.*

²⁸⁷ WHO Regional Office for Europe, *How to Respond to Vocal Vaccine Deniers in Public*, 2017, pp. 5-11.

²⁸⁸ *Ibid.*

²⁸⁹ *Ibid.*

²⁹⁰ *Ibid.*, pp. 14-16.

²⁹¹ *Ibid.*, p. 15.

²⁹² *Ibid.*

²⁹³ *Ibid.*

²⁹⁴ *Ibid.*

²⁹⁵ *Ibid.*

²⁹⁶ *Ibid.*, p. 20.

²⁹⁷ *Ibid.*

²⁹⁸ WHO, *A Guide for Exploring Health Worker/Caregiver Interactions on Immunization*, 2018, pp. 4-9.; WHO, *Conversations to Build Trust in Vaccination*, 2017.

closely with communities to build trust and to reach people who are less engaged with, or more doubtful of, traditional and online information sources.²⁹⁹ WHO helps health workers to address vaccine hesitancy through training modules which discuss how to communicate differently with patients depending upon their levels of trust toward vaccines.³⁰⁰

One of these WHO training modules is called “Conversations to build trust in vaccination” and considers how health professionals can communicate most effectively with concerned parents.³⁰¹ It advises health workers to start the conversation with a presumptive statement, talking about vaccination as the default option, and to then assess whether the patient is accepting, reluctant, or a vaccine skeptic. If the individual is hesitant, then the technique used to persuade them is motivational interviewing which includes acknowledging their concerns and responding to them with open-ended questions affirming the positive benefits of vaccination while building a rapport.³⁰² If this conversation is unsuccessful at persuading the parent to vaccinate their children, then the health worker should try to be understanding while reminding the parent of their responsibility toward their child, but trying to ensure that the parent comes away from the conversation receptive to further attempts at persuasion.³⁰³ Another example of how health workers have achieved a positive impact is through WHO’s work with the National Primary Healthcare Development Agency in Nigeria.³⁰⁴ Together they have developed a Community Engagement Framework in which community leaders are empowered to register and monitor the vaccination status of all the children born in their community.³⁰⁵ They then refer unvaccinated children to their local health center for immunization.³⁰⁶

Tailoring Immunization Programmes (TIPS)

TIPS were created by WHO Regional Office for Europe to strengthen public immunization programs across the region in order to achieve the GVAP targets.³⁰⁷ In doing so it assists Member States in maintaining high immunization rates through successful national immunization programs which are tailored toward childhood and infant vaccinations.³⁰⁸ WHO works closely with national immunization programs of a country to identify segments of their population vulnerable to vaccine hesitancy, identify the supply and demand barriers to vaccination, and to design suitable interventions based upon previous findings.³⁰⁹ These interventions firstly look at ways in which existing national vaccination programs are not effective.³¹⁰ They then work to address this and look at the reasons why people choose not to be vaccinated.³¹¹ There is a spectrum of vaccine hesitancy ranging from reluctance through to outright denial of vaccination’s benefits.³¹²

Case Study: 2017-2019 Measles Outbreak

Measles is a highly infectious disease which is transmitted through close contact or through droplets from the mouth or nose entering the air.³¹³ Before the introduction of a vaccine in 1963, as many as 2.6 million deaths occurred each year.³¹⁴ After the vaccine’s introduction, the number of deaths dropped significantly

²⁹⁹ Ibid.

³⁰⁰ WHO, *A Guide for Exploring Health Worker/Caregiver Interactions on Immunization*, 2018, pp.4-9.; WHO, *Conversations to Build Trust in Vaccination*, 2017.

³⁰¹ WHO, *Conversations to Build Trust in Vaccination*, 2017.

³⁰² Ibid.

³⁰³ Ibid.

³⁰⁴ WHO Regional Office for Africa, *Nigeria Consolidates Efforts to Curtail Vaccine Hesitancy*, 2019.

³⁰⁵ Ibid.

³⁰⁶ Ibid.

³⁰⁷ WHO Regional Office for Europe, *The Guide to Tailoring Immunization Programmes (TIP)*, 2013, p. 7.

³⁰⁸ Ibid.

³⁰⁹ Ibid., pp. 17-18.

³¹⁰ Ibid.

³¹¹ Ibid.

³¹² WHO, *Immunization Coverage*.

³¹³ WHO, *Measles: Key Facts*, 2019.

³¹⁴ Ibid.

to approximately 110,000 deaths in 2017.³¹⁵ The *Global Measles and Rubella Strategic Plan 2012-2020* places the elimination of measles in at least five WHO regions by 2020 as one of its targets.³¹⁶ One metric for monitoring progress against measles is the percentage of children who have received a first dose of the measles vaccine by their first birthday.³¹⁷ Between 2000 and 2017, this number increased from 72% to 85%.³¹⁸ Since 2017, the number has remained at 85%, significantly below the 95% needed to achieve herd immunity and to prevent outbreaks.³¹⁹ Throughout the 2017-2019 period, many regions of the world have continued to see improvements in the metric, whereas others have begun to see declines due to vaccine hesitancy.³²⁰ These declines have led to certain regions no longer possessing populations with the necessary vaccination rates to provide herd immunity.³²¹ At the end of 2017, 37 countries had eliminated measles, but by the end of 2018 this number had decreased to 35.³²² The measles-free status is lost when measles is able to continuously spread through a country for a year, and at the moment, the United States is also at risk of losing it.³²³ These developments have left many regions vulnerable to outbreaks of measles.³²⁴

Since 2017, there have been increasingly large outbreaks of measles in regions with historically high immunization rates, including parts of Europe and the United States.³²⁵ The first half of 2019 saw the highest number of measles cases worldwide since 2006.³²⁶ It was estimated that 2.5 million children in the United States and 600,000 children in France were not vaccinated due to concerns about the efficacy and safety of vaccines.³²⁷ This hesitancy was attributed to inaccurate information spreading online about the safety of the measles/mumps/rubella vaccines.³²⁸ This misinformation will often led parents to believe that vaccines cause dangerous side effects in children, that vaccines aren't effective, or that it isn't necessary to continue vaccination because the disease has been eliminated from the country.³²⁹ One of the most effective interventions, as mentioned above, can be done through healthcare workers who are well positioned to counter false beliefs about vaccinations.³³⁰ Some Member States, including Italy and certain regions of the United States, have also attempted to increase vaccination rates through making vaccination mandatory in order for children to attend public school, and fining parents who cannot prove that their children have received vaccinations for the most common infectious diseases.³³¹

Conclusion

According to WHO, vaccinations are a very important and inexpensive solution to numerous infectious diseases and their implementation has saved millions of lives.³³² As stated in scientific research, including the WHO's own bulletin, the necessary amount of the population to attain herd immunity should be

³¹⁵ Ibid.

³¹⁶ WHO, *Global Measles and Rubella Strategic Plan 2012-2020*, 2012, p.16.

³¹⁷ WHO, *Measles: Key Facts*, 2019.

³¹⁸ WHO, *New Measles Surveillance Data From WHO*, 2019.

³¹⁹ Ibid.

³²⁰ Ibid.

³²¹ Ibid.

³²² UN DGC, *UN Health Experts Warn 'Dramatic Resurgence' of Measles Continues to Threaten the European Region*, 2019.

³²³ CNN, *The US Eliminated Measles in 2000. The Current Outbreak Could Change That*, 2019.

³²⁴ UN DGC, *UN health experts warn 'dramatic resurgence' of measles continues to threaten the European region*, 2019.

³²⁵ WHO, *New Measles Surveillance Data From WHO*, 2019.

³²⁶ Ibid.

³²⁷ UN DGC, *Vaccinations Create 'Umbrella of Immunity' Against Global Measles Outbreaks, says UNICEF*, 2019.

³²⁸ UN DGC, *'A Global Measles Crisis' is Well Underway, UN Agency Chiefs Warn*, 2019; CDC, *CDC Media Statement: Measles Cases in the U.S. are Highest Since Measles was Eliminated in 2000*, 2019.

³²⁹ WHO, *Six Common Misconceptions About Immunization*, 2019.

³³⁰ European Centre for Disease Prevention and Control, *Vaccine Hesitancy Among Healthcare Workers and Their Patients in Europe*, 2015, p.1.

³³¹ New York State Department of Health, *Immunization Laws and Regulations*, 2019; BBC News, *Italy Bans Unvaccinated Children From School*, 2019.

³³² WHO, *Vaccination Greatly Reduces Disease, Disability, Death and Inequity Worldwide*, 2008.

vaccinated in order to be fully effective and to protect those who are most vulnerable.³³³ Many once common childhood diseases including measles, mumps, and rubella, have been largely eliminated in many parts of the world.³³⁴ However, the increasing number of people in these regions have become vaccine hesitant because false information has caused them to think that is not safe or necessary to be vaccinated.³³⁵ To address this growing issue, WHO, UNICEF, civil society, and governments are working to counteract this information through media campaigns, engagement with communities, and health workers led interventions.³³⁶ These initiatives are having an impact but not enough to prevent outbreaks from increasing in size and severity each year.³³⁷ There needs to be more coordination between the different international actors and an increased global awareness of this growing issue.³³⁸

Further Research

Vaccine hesitancy is a fast-developing topic which contains many aspects that delegates are encouraged to consider. What could WHO do to have a stronger online presence given that the internet is often the source of much vaccine-related misinformation? How can the international community expand their current efforts to reach the growing scale of vaccine hesitancy? How can health workers use their proximity to the issue to counteract hesitancy? How can the international community balance free speech with the promotion of reliable information? How can the international community respect individual freedoms while ensuring that enough people are vaccinated to receive herd immunity?

Annotated Bibliography

United Nations, Department of Global Communications. (2019, April 15). *A Global Measles Crisis' is Well Underway, UN Agency Chiefs Warn*. Retrieved 17 August 2019 from: <https://news.un.org/en/story/2019/04/1036701>

Vaccine hesitancy has been a growing trend throughout recent years, but it was the most recent outbreak of measles that has drawn the international community's attention to the growing scale of the problem. This source shows the scale of the current outbreak of measles and takes a look at the role of vaccine hesitancy in making these outbreaks possible. It is also useful to provide context to the international community's reaction to these growing outbreaks, and will equip delegates with the necessary background information to start developing their own ideas.

European Parliament. (2018). *Vaccine Hesitancy and Drop in Vaccination Rates in Europe*. Retrieved 18 July 2019 from: http://www.europarl.europa.eu/doceo/document/TA-8-2018-0188_EN.html

This resolution on vaccine hesitancy and drop in vaccination rates in Europe was adopted by the European Parliament on 19 April 2018. It brings together recommendations from the GVAP and other documents to highlight the severity of the current situation, and to begin to ascertain possible causes. It attributes the rise of vaccine hesitancy across the continent to "media controversies, media sensationalism and poor journalism." It also looks at barriers caused by high price differences between EU Member States, and the necessity for a new European platform to counteract falsehoods related to vaccination.

Wellcome. (2018). *Wellcome Global Monitor: How Does the World Feel About Science and Health?*. Retrieved 18 July 2019 from: <https://wellcome.ac.uk/sites/default/files/wellcome-global-monitor-2018.pdf>

³³³ WHO, *Vaccination Greatly Reduces Disease, Disability, Death and Inequity Worldwide*, 2008.

³³⁴ Ibid.

³³⁵ France24, *Fight Vaccine Hesitancy as 'Contagious Disease', UN Meeting Told*, 2019.

³³⁶ WHO Strategic Advisory Group of Experts on Immunization (SAGE) on Immunization, *Strategies for Addressing Vaccine Hesitancy – A Systemic Review*, 2014, p.11.

³³⁷ WHO, *New Measles Surveillance Data From WHO*, 2019.

³³⁸ Ibid.

This survey of global attitudes to science and healthcare was undertaken in 2018. It obtained responses from approximately 140,000 people across the world. Chapter five deals exclusively with attitudes to vaccines. Given the lack of information on this subject, these findings are significant for understanding the scale and distribution of vaccine hesitancy across the world. The findings suggest that vaccine hesitancy is highest in higher income regions, particularly Europe, and that there is a clear link between trust in vaccines and in science more generally. This source is relevant for getting an overview of the scale of vaccine hesitancy, and also to gain an insight as to the potential cause of the issue.

World Health Organization, Strategic Advisory Group of Experts on Immunization (SAGE) on Immunization. (2014). *Report of the SAGE Working Group on Vaccine Hesitancy*. Retrieved 15 July 2019 from:

https://www.who.int/immunization/sage/meetings/2014/october/SAGE_working_group_revised_report_vaccine_hesitancy.pdf?ua=1

This report was drafted by the SAGE Working Group on Vaccine Hesitancy in order to examine and clearly define the issue of vaccine hesitancy. The report furthermore categorizes the three determinants of vaccine hesitancy as: confidence, complacency and convenience. This report is an important foundational document for understanding the scope and approach taken by the international community to vaccine hesitancy. Taking the time to read through this report will provide delegates with a comprehensive understanding of the causes and potential solutions to vaccine hesitancy.

World Health Organization Regional Office for Europe. (2013). *The Guide to Tailoring Immunization Programmes (TIP)*. Retrieved 17 July 2019 from:

http://www.euro.who.int/_data/assets/pdf_file/0003/187347/The-Guide-to-Tailoring-Immunization-Programmes-TIP.pdf?ua=1

The Guide to Tailoring Immunization Programmes was created by the WHO Regional Office for Europe, and looks at how to reverse falling vaccination rates in the region. It sets out a strategy for collaborating with countries to identify deficiencies in their vaccination programs, and working to address them through restructuring. It also examines the behavioral reasons for people choosing not to be vaccinated, and attempts to construct strategies to address them through targeted interventions. Delegates will benefit from an increased understanding of how the WHO can work closely with governments to improve their vaccination programs.

Bibliography

Alarming Global Surge of Measles Cases a Growing Threat to Children. (2019, February 28). United Nations Children's Fund. (2019). Retrieved 18 August 2019 from: <https://www.unicef.org/press-releases/alarming-global-surge-measles-cases-growing-threat-children-unicef-0>

Bill and Melinda Gates Foundation. (2010). *Bill and Melinda Gates Pledge \$10 Billion in Call for Decade of Vaccines*. Retrieved 14 August 2019 from: [https://www.gatesfoundation.org/Media-Center/Press-Releases/2010/01/Bill-and-Melinda-Gates-Pledge-\\$10-Billion-in-Call-for-Decade-of-Vaccines](https://www.gatesfoundation.org/Media-Center/Press-Releases/2010/01/Bill-and-Melinda-Gates-Pledge-$10-Billion-in-Call-for-Decade-of-Vaccines)

Bill and Melinda Gates Foundation. (2010). *Global Health Leaders Launch Decade of Vaccines Collaboration*. Retrieved 14 August 2019 from: <https://www.gatesfoundation.org/Media-Center/Press-Releases/2010/12/Global-Health-Leaders-Launch-Decade-of-Vaccines-Collaboration>

CDC Media Statement: Measles Cases in the U.S. are Highest Since Measles was Eliminated in 2000. (2019, April 25). Centers for Disease Control and Prevention. Retrieved 19 October 2019 from: <https://www.cdc.gov/media/releases/2019/s0424-highest-measles-cases-since-elimination.html>

Cohen E. (2019, September 3). The US eliminated measles in 2000. The Current Outbreak Could Change That. *Cable News Network*. Retrieved 21 October 2019 from: <https://edition.cnn.com/2019/08/28/health/us-measles-elimination-status-in-jeopardy/index.html>

European Centre for Disease Prevention and Control. (2015). *Vaccine Hesitancy Among Healthcare Workers and Their Patients in Europe – A qualitative study*. Retrieved 18 July 2019 from: <https://ecdc.europa.eu/sites/portal/files/media/en/publications/Publications/vaccine-hesitancy-among-healthcare-workers.pdf>

European Parliament. (2018). *Vaccine Hesitancy and Drop in Vaccination Rates in Europe*. Retrieved 18 July 2019 from: http://www.europarl.europa.eu/doceo/document/TA-8-2018-0188_EN.html

Fight Vaccine Hesitancy as 'Contagious Disease', UN Meeting Told. (2019, May 24). France24. Retrieved 18 July 2019 from: <https://www.france24.com/en/20190521-fight-vaccine-hesitancy-contagious-disease-un-meeting-told>

International Health Conference. (1946). *Constitution of the World Health Organization*. Retrieved 10 August 2019 from: <http://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf?ua=1>

Italy Bans Unvaccinated Children From School. (2019, March 12) BBC News. Retrieved 22 August 2019 from: <https://www.bbc.com/news/world-europe-47536981>

Ministerial Conference on Immunization in Africa. (2016). *Addis Declaration on Immunization*. Retrieved 16 August 2019 from: https://www.who.int/pmnch/media/events/2017/addis_ababa_declaration.pdf

Nationwide Communication Campaign on Immunization Kicks off in Georgia. (2007, February 27). United Nations Children's Fund. Retrieved 4 November 2019 from: https://www.unicef.org/media/media_38523.html

New York State Department of Health. (2019). *Immunization Laws and Regulations*. Retrieved 15 August from: https://www.health.ny.gov/prevention/immunization/laws_regs.htm

Office of the United Nations High Commissioner for Human Rights. (n.d). *Right to Health: Factsheet no 31*. Retrieved 19 August 2019 from: <https://www.ohchr.org/Documents/Publications/Factsheet31.pdf>

Pinterest's New Vaccine Search will Offer Something Rare on Social Media: Facts, (2019, August 28). The Guardian. Retrieved 21 September 2019 from: <https://www.theguardian.com/society/2019/aug/28/pinterest-anti-vaccine-combat-health-misinformation>

The Vaccine Alliance. (2018). *Annual Progress Report*. Retrieved 18 October from: <https://www.gavi.org/progress-report/>

Sustainable Development Goals Knowledge Platform. (2019). *Progress of Goal 3 in 2019*. Retrieved 18 August from: <https://sustainabledevelopment.un.org/sdg3>

United Nations Children's Fund. (2019). *Immunization Programme*. Retrieved 15 September 2019 from: <https://www.unicef.org/immunization>

United Nations Children's Fund. (2019). *World Immunization Week 2019*. Retrieved 16 August 2019 from: https://www.unicef.org/immunization/immunization-week?utm_campaign=wiw&utm_medium=media&utm_source=referral

United Nations, Department of Global Communications. (2019, April 15). *A Global Measles Crisis' is Well Underway, UN Agency Chiefs Warn*. Retrieved 17 August 2019 from: <https://news.un.org/en/story/2019/04/1036701>

- United Nations, Department of Global Communications. (2019, April 18). *'Vaccines Are Safe' and Save Lives, UNICEF Declares, Launching new #VaccinesWork campaign*. Retrieved 19 July 2019 from: <https://news.un.org/en/story/2019/04/1036891>
- United Nations, Department of Global Communications. (2019, April 24). *Vaccinations Create 'Umbrella of Immunity' Against Global Measles Outbreaks, says UNICEF*. Retrieved 21 August from: <https://news.un.org/en/story/2019/04/1037271>
- United Nations, Department of Global Communications. (2019, August 28). *UN Health Experts Warn 'Dramatic Resurgence' of Measles Continues to Threaten the European Region*. (Retrieved 16 September from: <https://news.un.org/en/story/2019/08/1045151>
- United Nations, Department of Global Communications. (2019, September 04). *UN Health Agency Welcomes Facebook Pledge to Stop Vaccine Misinformation From Going Viral*. Retrieved 20 September from: <https://news.un.org/en/story/2019/09/1045692>
- United Nations, General Assembly, Third session. (1948). *Universal Declaration of Human Rights (A/RES/217 A (III))*. Retrieved 16 August 2019 from: <http://www.un.org/en/documents/udhr/>
- United Nations, General Assembly. (1966) *International Covenant on Economic, Social and Cultural Rights (A/RES/2200 (XXI))*. Retrieved 16 August from: <https://www.ohchr.org/en/professionalinterest/pages/cescr.aspx>
- United Nations, General Assembly, Fifty-fifth session. (2000). *United Nations Millennium Declaration (A/RES/55/2)*. Retrieved 16 August 2017 from: <https://www.ohchr.org/EN/ProfessionalInterest/Pages/Millennium.aspx>
- United Nations, General Assembly, Seventieth session. (2015). *Transforming our world: the 2030 Agenda for Sustainable Development (A/RES/70/1)*. Retrieved 14 August 2018 from: <http://undocs.org/A/RES/70/1>
- US Measles Outbreak Now Worst Since 1994 After 60 New Cases Reported*. (2019, May 27). The Guardian. Retrieved 21 August 2019 from: <https://www.theguardian.com/us-news/2019/may/27/us-measles-outbreak-worst-since-1994>
- Vaccine Confidence Project. (2019). *Vaccine Confidence*. Retrieved 19 October 2019 from: <https://www.vaccineconfidence.org/about/>
- Wellcome. (2018). *Wellcome Global Monitor: How Does the World Feel About Science and Healthy?*. Retrieved November 4 2019 from: <https://wellcome.ac.uk/sites/default/files/wellcome-global-monitor-2018.pdf>
- World Health Organization. (2008). *Vaccination Greatly Reduces Disease, Disability, Death and Inequity Worldwide*. Retrieved 15 August 2019 from: <https://www.who.int/bulletin/volumes/86/2/07-040089/en/>
- World Health Organization. (2011). *Global Immunization Vision and Strategy*. Retrieved 15 July 2019 from: <https://www.who.int/immunization/givs/en/>
- World Health Organization. (2011). *Global Vaccine Action Plan 2011-2020*. Retrieved 16 July 2019 from: https://www.who.int/immunization/global_vaccine_action_plan/GVAP_doc_2011_2020/en/
- World Health Organization. (2012). *Global Measles and Rubella Strategic Plan 2012-2020*. Retrieved 17 August 2019 from: https://apps.who.int/iris/bitstream/handle/10665/44855/9789241503396_eng.pdf

World Health Organization. (2013). *Global Vaccine Action Plan 2011-2020*. Retrieved 4 November 2019 from: https://www.who.int/immunization/global_vaccine_action_plan/GVAP_doc_2011_2020/en/

World Health Organization. (2014). *Immunization in Practice: Module 7: Partnering with Communities*. Retrieved 19 September 2019 from: https://www.who.int/immunization/documents/IIP2014Mod7_19may.pdf

World Health Organization. (2017). *Conversations to Build Trust in Vaccination*. Retrieved 25 August from: https://www.who.int/immunization/programmes_systems/TrainingModule_ConversationGuide_final.ptx?ua=1

World Health Organization. (2018). *A Guide for Exploring Health Worker/caregiver Interactions on Immunization*. Retrieved 25 August from: https://www.who.int/immunization/programmes_systems/HW_KAP_2018_final_draft_June2018.docx?ua=1

World Health Organization. (2018). *Millennium Development Goals (MDGs)*. Retrieved 24 August from: [https://www.who.int/news-room/fact-sheets/detail/millennium-development-goals-\(mdgs\)](https://www.who.int/news-room/fact-sheets/detail/millennium-development-goals-(mdgs))

World Health Organization. (2019). *Immunization*. Retrieved 20 August from: <https://www.who.int/news-room/facts-in-pictures/detail/immunization>

World Health Organization. (2019). *Immunization coverage*. Retrieved 18 July 2019 from: <https://www.who.int/en/news-room/fact-sheets/detail/immunization-coverage>

World Health Organization. (2019). *Measles: Key Facts*. Retrieved 19 August 2019 from: <https://www.who.int/news-room/fact-sheets/detail/measles>

World Health Organization. (2019). *New Measles Surveillance Data from WHO*. Retrieved 16 August from: <https://www.who.int/immunization/newsroom/new-measles-data-august-2019/en/>

World Health Organization. (2019). *Smallpox*. Retrieved 25 July 2019 from: <https://www.who.int/csr/disease/smallpox/en/>

World Health Organization. (2019) *Ten Threats to Global Health in 2019*. Retrieved 18 August from: <https://www.who.int/emergencies/ten-threats-to-global-health-in-2019>

World Health Organization. (2019). *Vaccine Heroes*. Retrieved 15 September from: <https://www.who.int/campaigns/world-immunization-week/world-immunization-week-2019/vaccine-heroes>

World Health Organization. (2019). *Vaccines*. Retrieved 17 August from: <https://www.who.int/topics/vaccines/en/>

World Health Organization. (2019). *Vaccine Safety Net*. Retrieved 19 July 2019 from: <https://www.vaccinesafetynet.org/>

World Health Organization Office for Africa. (2019). *Nigeria Consolidates Efforts to Curtail Vaccine Hesitancy*. Retrieved 16 September 2019 from: <https://www.afro.who.int/news/nigeria-consolidates-efforts-curtail-vaccine-hesitancy>

World Health Organization Office for Europe. (2017). *How to Respond to Vocal Vaccine Deniers in Public*. Retrieved 17 July 2019 from: https://www.who.int/immunization/sage/meetings/2016/october/8_Best-practice-guidance-respond-vocal-vaccine-deniers-public.pdf

World Health Organization Regional Office for Europe. (2013). *The Guide to Tailoring Immunization Programmes (TIP)*. Retrieved 17 July 2019 from:
http://www.euro.who.int/_data/assets/pdf_file/0003/187347/The-Guide-to-Tailoring-Immunization-Programmes-TIP.pdf?ua=1

World Health Organization, Strategic Advisory Group of Experts on Immunization (SAGE) on Immunization. (2014). *Report of the SAGE Working Group on Vaccine Hesitancy*. Retrieved 15 July 2019 from:
https://www.who.int/immunization/sage/meetings/2014/october/SAGE_working_group_revised_report_vaccine_hesitancy.pdf?ua=1

World Health Organization Strategic Advisory Group of Experts on Immunization (SAGE). (2016). *Strategic Advisory Group of Experts (SAGE): Terms of Reference*. Retrieved 16 August from:
https://www.who.int/immunization/sage/Full_SAGE_TORs.pdf?ua=1

World Health Organization Strategic Advisory Group of Experts on Immunization. (2018). *Meeting of the Strategic Advisory Group of Experts on Immunization, October 2018 –DRAFT conclusions and recommendations*. Retrieved 17 July 2019 from:
https://www.who.int/immunization/policy/sage/summary_sageoct18_report.pdf?ua=1

World Health Organization SAGE Working Group Dealing With Vaccine Hesitancy. (2014). *Strategies for Addressing Vaccine Hesitancy – A Systemic Review*. Retrieved 22 August 2019 from:
https://www.who.int/immunization/sage/meetings/2014/october/3_SAGE_WG_Strategies_addressing_vaccine_hesitancy_2014.pdf

World Health Organization. (2019). *Six Common Misconceptions About Immunization*. Retrieved 17 September from:
https://www.who.int/vaccine_safety/initiative/detection/immunization_misconceptions/en/