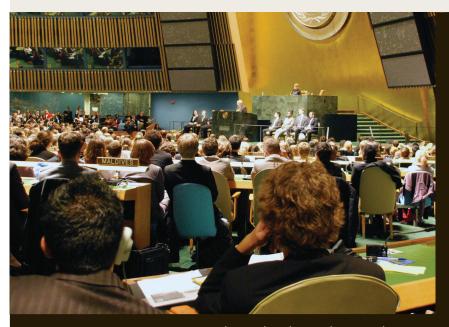# NMUN • DC

2010 WORLD HEALTH ORGANIZATION

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NATIONAL MODEL UNITED NATIONS

28 March - 1 April 2010 - Sheraton
30 March - 3 April 2010 - Marriott

Director General: Michael Aguilar; Under-Secretary-General: Amanda D'Amico
Director: Kristina Mader; Assistant Director: Rima Gungor

NATIONAL COLLEGIATE CONFERENCE association™

Message from the Director-General Regarding Position Papers for the
2010 NMUN-DC Conference

At the 2010 NMUN-DC Conference, each delegation submits one position paper for each committee it is assigned to. Delegates should be aware that their role in each committee impacts the way a position paper should be written. While most delegates will serve as representatives of Member States, some may also serve as observers, NGOs or judicial experts. To understand these fine differences, please refer to the Delegate Preparation Guide.

Position papers should provide a concise review of each delegation's policy regarding the topic areas under discussion and establish precise policies and recommendations in regard to the topics before the committee. International and regional conventions, treaties, declarations, resolutions, and programs of action of relevance to the policy of your State should be identified and addressed. Making recommendations for action by your committee should also be considered. Position papers also serve as a blueprint for individual delegates to remember their country's position throughout the course of the Conference. NGO position papers should be constructed in the same fashion as traditional position papers. Each topic should be addressed briefly in a succinct policy statement representing the relevant views of your assigned NGO. You should also include recommendations for action to be taken by your committee. It will be judged using the same criteria as all country position papers, and is held to the same standard of timeliness.

Please be forewarned, delegates must turn in material that is entirely original. The NMUN Conference will not tolerate the occurrence of plagiarism. In this regard, the NMUN Secretariat would like to take this opportunity to remind delegates that although United Nations documentation is considered within the public domain, the Conference does not allow the verbatim re-creation of these documents. This plagiarism policy also extends to the written work of the Secretariat contained within the Committee Background Guides. Violation of this policy will be immediately reported to faculty advisors and may result in dismissal from Conference participation. Delegates should report any incident of plagiarism to the Secretariat as soon as possible.

Delegation's position papers can be awarded as recognition of outstanding pre-Conference preparation. In order to be considered for a Position Paper Award, however, delegations must have met the formal requirements listed below. Please refer to the sample paper on the following page for a visual example of what your work should look like at its completion. The following format specifications are required for all papers:

- All papers must be typed and formatted according to the example in the Background Guides
- Length must not exceed two single spaced pages (one double sided paper, if printed)
- Font must be Times New Roman sized between 10 pt. and 12 pt.
- Margins must be set at 1 inch for whole paper
- Country/NGO name, School name and committee name clearly labeled on the first page; the use of national symbols is highly discouraged
- Agenda topics clearly labeled in separate sections

To be considered timely for awards, please read and follow these directions:
1. A file of the position paper (.doc or .pdf) for each assigned committee should be sent to dirgen.dc@nmun.org.

Each of the above listed tasks needs to be completed <u>no later than October 15, 2010</u>.

PLEASE TITLE EACH E-MAIL/DOCUMENT WITH THE NAME OF THE COMMITTEE, ASSIGNMENT AND DELEGATION NAME (Example: SC_Central_University)

Once the formal requirements outlined above are met, Conference staff use the following criteria to evaluate Position Papers:
- Overall quality of writing, proper style, grammar, etc.
- Citation of relevant resolutions/documents
- General consistency with bloc/geopolitical constraints
- Consistency with the constraints of the United Nations
- Analysis of issues, rather than reiteration of the Committee Background Guide
- Outline of (official) policy aims within the committee's mandate

Sincerely yours,

Michael Aguilar
Director-General
dirgen.dc@nmun.org

Official Welcome

Dear Delegates,

Welcome to the 2010 National Model United Nations-DC conference (NMUN-DC)! We are very delighted to serve as your committee staff for the World Health Organization (WHO).   Everyone at NMUN-DC, including your Director, Kristina Mader, and your Assistant Director, Rima Gungor, has worked diligently throughout the year to prepare for this conference, and we sincerely hope that you will conclude the weekend at the conference with a greater appreciation for global politics.

This year's topics are:

1. Increasing Access to Medical Care in Developing Countries.

2. Promoting Inter-State Communication within the Medical Communities

3. Providing Basic and Primary Health Care Services After Natural Disasters.

We would both like to take this opportunity to highlight the unique opportunity WHO presents to delegates.   The World Health Organization is integral in assessing, developing, and executing efforts globally to ensure the right to health is protected and promoted globally, and is thus is at the forefront of policymaking initiatives within the UN system in the field of public health.

Model UN provides an excellent environment for delegates to learn and improve important life skills and academic knowledge.   To begin, we have prepared this background guide to help you start your search in your country's policies and to understand the committee topics.   During the conference, the intimate nature of this committee will ensure that you will rely not only on your knowledge but also your tact, oration and negotiation skills to fulfill your country's positions.

We are privileged to play a role in your educational experience here at NMUN-DC and look forward to working with all of you.   Feel free to e-mail us prior to the Conference if you have any questions relating to the WHO and we will do our best to answer them.   We look forward to seeing you in October!

Committee History for the World Health Organization

The World Health Organization (WHO), established on April 7, 1948, is composed of 193 Member States and headquartered in Geneva, Switzerland.   The organization's role is to serve as the "authority for health within the United Nations system," and furthermore provide "leadership on global health matters, shape the health research agenda, set norms and standards, articulate evidence-based policy options, provide technical support to countries and monitor and assess health trends."   In order to fulfill this mission, the organization is governed by the World Health Assembly (WHA), an Executive Committee, and a Secretariat.   The WHA is the "supreme decision-making body" for the WHO, and as such, ensures activities of the organization are in line with the ultimate objective of the organization, which is to ensure "all peoples achieve the highest possible standards of health."

Current objectives of the WHO are laid out in a "Six-Point Agenda" aimed at responding to the challenges of an "increasingly complex and rapidly changing landscape" of global public health.   The points on the agenda are: (1) promoting development; (2) fostering health security; (3) strengthening health systems; (4) harnessing research, information and evidence; (5) enhancing partnerships; and (6) improving performance.   The overall objectives of

the WHO in achieving its agenda are measured by the impact of its work on two specific issues: women's health and health in Africa.

The 63rd session of the World Health Assembly was held from the May 17 – 21, 2010 and focused on public health issues ranging from monitoring the achievement of health-related Millennium Development Goals (MDGs), to the implementation of the International Health Regulations, to developing strategies to reduce the harmful use of alcohol.   Resolutions on these and many other issues, including regional concerns--such as the health conditions in the occupied Palestinian territory--were adopted based largely on consensus prior to the end of session.

I. Increasing Access to Medical Care in Developing Countries

- How can developing nations contend with the Agreement on Trade Related Aspects of Intellectual Property Rights (TRIPS) in order to utilize their own research capacity even if they cannot afford to buy the patent for their research? What can be done to circumvent the need to buy patents for research done in developing nations that cannot afford to purchase them?

- How can Member States obtain a substantial commitment from businesses, governments, and NGOs in order to begin to achieve the aims of the UN Millennium Development Goals?

- What is required in order for vaccinations to come back onto the forefront of discussion on the international stage?

In the last decade, Member States in the international community have made vast strides in healthcare reform.   For many this process is internal and done without much need of outside assistance.   However, developing countries have found that they are far behind the curve because they do not have the resources they need to provide adequate medical care or begin healthcare reform.   With HIV/AIDS being the largest pandemic faced by developing countries in Africa, as well as other regions, these countries find themselves in a difficult position, being without access to proper medication.   According to the World Health Organization's 2002 Annual Report, roughly two billion people still lack regular access to essential medicines that are of an affordable price and guaranteed quality. Additionally, nearly one-third of the world's population is without access to basic medical care.   One major cause for the current situation is complex and restrictive trade agreements that make it difficult for developing countries to purchase patents for the medications they need.   When these countries obtain these patents illegally or manufacture the medication illegally, such as the situation with South Africa in 2009, pharmaceutical companies sue for copyright infringement.

The HIV/AIDS Pandemic

In April 2001, the United Nations Commission on Human Rights (UNCHR) adopted Resolution 2001/33 on "Access to medication in the context of pandemics such as HIV/AIDS."   The goal of this resolution was to prevent pharmaceutical companies from bringing lawsuits against some of the poorest nations in the world which cannot afford the compulsory licenses they need to conduct research.   The resolution recognizes access to medicines in response to pandemics is an essential human right and calls upon States to (1) refrain from taking measures which would deny or limit equal access for all persons to preventative, curative, or palliative pharmaceuticals or medical technologies used to treat pandemics such as HIV/AIDS   or the most opportunistic infections that accompany them; and (2) adopt legislation or other measures, in accordance with applicable international law, including international agreements acceded to, to safeguard access to such preventative, curative, or palliative pharmaceuticals or medical technologies from any limitations by third parties.   This resolution significantly aided developing nations; however, it is only one element to a much larger, widespread problem.

After several years of political willingness and financial commitment to combat HIV/AIDS, it seems that donors are starting to disengage from said commitment.   In 2009-2010 Medecins Sans Frontiers (MSF) conducted a survey of several countries where it has been providing HIV/AIDS care for many years.   MSF found that the level of disengagement is starting to become apparent in the field and the level of HIV care is starting to deteriorate at an alarming pace.   In addition to this uncertainty and unreliability of funding, enrollment of new patients has stalled and the supply of anti-retroviral medicines (ARVs) has been put at risk in the long term.   Organizations such as the Global Fund are facing serious funding shortages and do not have the additional resources required to meet the WHO guidelines on earlier treatment and drug regiments.   This is at the core of attempting to increase access to medical care in developing countries.

Neglected Diseases

Neglected diseases are the other aspect to increasing access to medical care in developing countries.   These diseases include, among others, *asariasis* (roundworm), *trichuriasis* (whipworm), *necatoriasis* (hookworm*), leprosy*, and *African trypanosomiasis*, also known as the "sleeping sickness."   People in developing countries make up about 80% of the world's population; however, they only represent about 20% of worldwide medicine sales.   This imbalance between the needs of the people and availability of medication is fatal.   The lack of research and development (R & D) into medicines to treat these diseases of the poor is one of the key reasons for this fatal imbalance.   When treatment options do not exist or are inadequate, a disease can be considered "neglected" or even "most neglected" in some cases.   This neglect stems from both public policy failure and market failure.

Research and Development

Until very recently, countries still had to rely on alternative medicines to treat these neglected diseases.   An example of this is African trypanosomiasis, or the African sleeping sickness.   In 2001, many were still using a painful treatment with an arsenic based medicine because more effective medicine was unavailable until as late as 2006.   This disease is an epidemic and afflicts over 60 million people in Africa alone.   Yet, because of the lack of research and development in these areas, there is still a shortage of available treatment.   Currently, the situation stems from a variety of obstacles.   The major obstacles include lack of funding or public policy making on the part of governments, weak health systems, the crippling shortage of healthcare workers, etc.

The WHO has created several programs to help close the gap in funding and to help bypass some of these obstacles.   One such program is the WHO Initiative for Vaccine Research (IVR).   The goal of the program is to develop and promote a sustainable research and development pipeline delivering the optimal cost-effective vaccines for IVR priority diseases.   In April 2010, the United Nations Emergency Children's Fund (UNICEF) and the WHO estimated that immunizations have increased from 20% in 1980 to 80% in 2007.   While this is an enormous success, the Global Alliance for Vaccines and Immunization (GAVI) states that 26 million children or one out of every five children born each year still do not get the immunizations they need to survive.   Since the pharmaceutical industry does not conduct R & D targeted to developing country health needs, alternative mechanisms to stimulate needs based R & D must be employed.   There are several models aimed to either 'push' R & D via upfront funding like product development partnerships or 'pull' R & D via incentives that entice industry to invest in developing needed products such as advance market commitments, prize funds and GAVI.

Without substantial commitment by businesses, governments, and non-governmental organizations (NGOs) in terms of monetary donation, policy making, and health system strengthening; the vital aims of the United Nations Millennium Development Goals cannot be achieved.   Research-based pharmaceutical companies have pledged around $450 million of medicines to aid those with "neglected" diseases.   Again, improving access to medical care requires multi-faceted approaches and solutions.   This is even more important in the developing world.   Based on the World Health Organization's estimates, over the next ten years already financially strained governments will still

have to donate around $30 billion in new investments to provide hospitals, clinics, and medication distribution warehouses.   This is one a small portion of the serious concerns with the lack of access to adequate medical care. The call for aid extends to the entire international community to renew its commitment in order to increase access to medical care in developing countries.   This can only be achieved if Member States develop strategies together.

II. Promoting Inter-State Communication within the Medical Communities

- What methods are necessary to start building substantial healthcare systems? What types of communication strategies are needed to create functioning healthcare systems? Who is responsible for the building and maintenance of these healthcare systems?

- How will the partnerships created in these new healthcare systems benefit the poorer nations of the world?

- Does knowledge management give the international community what it needs to promote inter-State communication within the medical communities? What is its objective?

With one-third of the world's population living without adequate access to medical care, the international community has an obligation to begin collaborating with its medical communities in order to create more substantial healthcare systems.   Without a solid understanding of how the components of a healthcare system fit together, States cannot make an improvement in finance, governance, supply chain, workforce deployment, and primary healthcare delivery.   These improvements are vital to providing access to adequate medical care to some of the poorest nations in the world.   With the HIV/AIDS pandemic growing at an alarming rate, the international community must now be more committed than ever before to show leadership, revise policies and mobilize resources to tackle HIV/AIDS as a global issue.   This is in light of health systems in many developing countries that have become severely weakened due to disengagement from donors and a crippling shortage of healthcare workers.

In order to promote inter-State communication within medical communities, the formation of partnerships is a vital first step.   An important example of such a partnership is different foundations working with pharmaceutical companies to support government efforts.   These organizations must recognize a greater sense of importance while moving with greater speed to create a stronger collaboration between States.   In developing countries, national governments must take responsibility for creating the appropriate infrastructure to promote better health and well-being of their citizens.   Governments must continue to recognize the role of communities and involve them through effective partnerships in the national response to disease.

In June 2008, the World Health Organization (WHO) created a toolkit on monitoring the strengthening of health systems titled "Measuring Health Systems Strengthening and Trends: A Toolkit for Countries."   The objective of the toolkit was to give countries the ability to plan, monitor and evaluate health systems functioning which is essential in targeting investments and also the ability to create policy.   Governance is another aspect of inter-State communication within the medical communities.   It refers to the functions carried out by governments wishing to achieve national health policy objectives.   These objectives include equity, coverage, access, quality, and patient's rights.   In terms of national policy, governance will include maintaining strategic direction of policy development and implementation; detecting and correcting undesirable trends and distortions; articulating the case for health in national development, in addition to several others.

One NGO-One District Initiative in Mali

The Government of Mali approved an action plan to strengthen district capacities by building local partnerships with

service providers.   The results of these efforts culminated in the creation of the "One NGO-One District" Initiative on HIV/AIDS.   Many other African nations have followed Mali's lead with some success.   However, within the last 10 years, Africa has suffered a breakdown in communication and the HIV/AIDS pandemic is increasing at an alarming rate.   With many Member States trying to contribute at the same time, the lack of organization has been a result of gross lack of communication between States.   This has been combated by different NGOs trying to reorganize international efforts.   However, some countries are having great difficulty in creating a partnership with their medical communities.   An example of this is Malawi.   The Global Fund has stated that Malawi's health service system has ceased to function within a pro-poor and Millennium Development Goal (MGD) target disease frame in terms of access to skilled human resources.   This has caused a complete breakdown in communication between Malawi's government and its healthcare systems.

Knowledge Management

Another method to promoting communication is knowledge management.   The WHO defines knowledge management as a set of principles, tools, and practices that enable people to create knowledge, and to share, translate and apply what they know to creates value and improve effectiveness.   The WHO feels that the purpose of knowledge management is to bridge the knowledge gaps between and within countries.   The globalization of this method will provide an excellent forum for promoting inter-State communication within the medical communities.   Knowledge management is a key tool in facilitating such a communication.   There are several trends that can be used along with knowledge management such as health and biomedical literature, information and communication technology, the globalization of health and medical services, and others to create a platform for communication between State governments and the medical communities.   One important program using knowledge management developed by the WHO is the Global Knowledge Management Strategy.   It focuses on national policy-makers, WHO programmes, and health professionals.   The objective is threefold: strengthening country health systems, establishing principles and practices of knowledge management as a public health science, and enabling the WHO to become a better learning and knowledge-sharing organization.

In order to promote and improve inter-State communication within the medical communities, Member States must collaborate with the hospitals, doctors, NGOs, and other healthcare professionals to be able to improve access to healthcare, create new national policy and provide aid to the medical communities.   Without an effective method of communication, States must face the inevitable reality that their healthcare systems will break down.   As seen with Malawi, this break down can be completely devastating to a country, particularly a developing country, or populations suffering from pandemics such as HIV/AIDS.   Promoting communication will require cooperation from both governments and medical communities.   Governments must provide adequate policy and remain open for dialogue within its healthcare system.

III. Providing Basic and Primary Health Care Services After Natural Disasters

- What preventative efforts can be taken to strengthen local and national capacities in order to minimize disruption of basic and primary health care in the aftermath of natural disasters?

- Local and community-based solutions to providing basic and primary health care are often the most successful, so how can successful lessons be drawn from recent natural disasters and scaled up to be applied in other regions and contexts?

- How can the private sector be harnessed to provide support for the provision of primary health care?

- How can the provision of primary health care to vulnerable populations be streamlined?

- What can Member States do at a national and regional level to support each other in the event of natural disasters, in terms of the provision of primary health services?

  Natural disasters, which occur with increasing frequency resulting oftentimes from "explosive populating growth, poor land use management and industrialization," can be devastating to a country, both in terms of loss of life as well as infrastructure. According to the International Strategy for Disaster Reduction, natural disasters can be grouped into three categories: (1) hydro-meteorological disasters, including floods and wave surges, storms, droughts, landslides, and avalanches; (2) geophysical disasters, such as earthquakes, tsunamis, and volcanic eruptions; and (3) biological disasters, covering epidemics and insect infestations. Each disaster requires a different response, due to the varied impacts on populations and infrastructure, thus it is impossible to develop one response to all natural disasters; it is important to address the uniqueness of each situation in the context of each community.

Public health systems are particularly vulnerable to natural disasters, yet are essential in crisis situations, due to the potential for outbreaks of disease in the wake of such disasters. One area which is a priority for many international organizations in efforts to address the immediate needs of the population is primary health care. Primary health care includes those services delivered "directly to the population (immunization, outpatient treatment, provision of drinking water, nutrition) with a view to maintaining health, preventing illness and dealing with common medical problems."

There is a strong framework of international decisions which articulate the right to primary health care and the importance of it in the aftermath of natural disasters. These include the *Declaration of Alma-Ata* (1978) and the *Hyogo Framework for Action,* as well as instruments utilized by regional organizations in Asia and the Pacific as well as the Americas. Additionally, multiple decisions made by the governing bodies of the WHO have specifically addressed this issue by addressing the importance of integrating "risk reduction into the health sector and building capacity to respond to health–related crises," namely: WHA 62.12 (2009), EB 124.R8 (2009), WPR.RC59.R4 (2008) and CD44.R6 (2003).

When a disaster hits, there are several steps that need to be taken in managing primary health care. There should be coordination of disaster response activities and assessment of health needs, organized by one central entity, often the United Nations (UN), but at other times can be existing national entities, international non-governmental organizations (NGOs), or regional organizations. The purpose of this focal point for coordination is to ensure funds are directed in the direction to those that most need it, and priorities are assessed and met, without duplication of efforts. For primary care, these priorities include emergency primary care, the provision of water, and prevention of disease, as well as care for the most vulnerable, namely children, the elderly and pregnant women. This stage is essential and lays the groundwork for all future efforts to address immediate and long-term public health needs.

Basic Interventions

Primary health care is "critical to prevention, early diagnosis and treatment of a wide range of diseases, as well as providing an entry point for secondary and tertiary care." The immediate impact of communicable diseases can be mitigated with interventions ranging from ensuring the early diagnosis and treatment for malaria, and other such diseases; proper wound care and treatment; availability of necessary drugs and health kits; and providing for the availability and application of treatment protocols for main communicable disease threats. Finally, the distribution of health education messages is crucial amongst the population, including ones which address the following: good hygienic practices; safe food preparation techniques; boiling or chlorination of water; early treatment seeking behavior in case of fever; and the use of insecticide-treated mosquito nets as a personal protection measure in

malaria-endemic areas.

Prevention of many communicable diseases in the wake of natural disasters, particularly vector-borne diseases such as malaria, dengue or encephalitis, is undertaken through vector control, which must be "adapted to the local context and disease epidemiology" in order to succeed.   In complex disasters, such as in Rwanda in 1994, "where malnutrition, overcrowding, and lack of the most basic sanitation are common, catastrophic outbreaks of gastroenteritis (caused by cholera or other diseases) have occurred."   A similar situation was avoided due to strong preventative efforts on the part of the international humanitarian community in Haiti, but must remain a high priority in the rebuilding of their primary health facilities.

Essential Health Service Delivery to Vulnerable Population

In the aftermath of disaster, vulnerable populations are often those which were at risk prior to the disaster, such as women, children, individuals with disabilities, and the elderly, but they can also be those whom are vulnerable as a result of the disaster itself, such as refugees and internally displaced persons (IDPs).   What is most important in complex disasters are to identify whom the vulnerable populations are, and target those groups specifically with interventions aimed at ensuring their risk does not increase.

Reproductive health services are amongst one of the highest priorities in situations of crises, due to the potential risk women face, not only based on their gender, but also due to the extreme possibility of their increased vulnerability due to displacement, serving as primary caregivers, and potentially being pregnant.   Sexual violence should also be addressed with preventative programs, as well as adequate and accessible treatment, including psychosocial support. For mothers, there should be "unhindered access to basic and emergency obstetric care" which will remain in place until comprehensive health services are available.

Conclusion

Once a natural disaster has struck, it is easy to lose sight of what is most important for the population.   It is imperative for countries to have strategies in place in the case of such emergencies in order to ensure those who need the most assistance, receive it, and the risk of disease outbreak is mitigated.   Primary healthcare is the cornerstone of an individual's basic security needs, and should be treated as a priority in the planning and design of disaster preparedness systems.   Community-based initiatives are often the most successful, thus drawing on those lessons, and partnering with non-traditional sectors, such as business, countries and the international community can develop robust and comprehensive ways to meet the health needs of disaster-stricken populations and ensure the permanent health systems are rebuilt quickly and fully.

Annotated Bibliography

Committee History

United Nations General Assembly (1946). *Establishment of the World Health Organization* (A/RES/61(1)).
    Retrieved, August 7, 2010, from the UN Democracy Web site:
    http://www.undemocracy.com/A-RES-61%28I%29.pdf.

    *Adopted by the United Nations General Assembly on December 14, 1946, this resolution established the
    WHO as the official institution within the United Nations system addressing the issue of global public
    health. With the passage of the resolution, the Constitution of the World Health Organization, which was
    adopted in July 1946 at the International Health Conference, was also recognized as the governing*

document for the body.   For delegates, this resolution is important to take note of, as it is important in the formation of the WHO, and one of the major first steps taken by the United Nations itself in developing institutions to protect the basic human rights of all people, which in this case, was the right to the attainment of the highest levels of public health.

World Health Organization (n.d.). *About the World Health Organization.* Retrieved 15 June 2020, from the World Health Organization Web site: http://www.who.int/about/en/.

The official Web site of the World Health Organization, gives a thorough account of the work of the organization which is accurate and up to date.   Within this section of the sight you can gain additional insight about the organization of WHO, priority areas of work, as well as a significant amount of resources on current programs. This section is integral to any delegate's research on the WHO.

World Health Organization (1946). *Constitution of the World Health Organization*. Retrieved 6 August 2010, from the World Health Organization Web site: http://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf.

This is the founding document of the World Health Organization and outlines the objectives, functions, membership, and mandate of the organization. Adopted in 1946 by the International Health Conference, it came into full force following the signing of the document by the representatives of 61 Member States.   It should serve as an interesting reference for any delegate researching the WHO and can provide a comprehensive overview of the goals of the organization during at its inception as a basis for their own analysis of how those goals might, or might not, have been accomplished.

World Health Organization (n.d.). *Governance of the WHO*. Retrieved 16 June 2010, from the World Health Organization Web site: http://www.who.int/governance/en/index.html.

The official WHO Web site is helpful in understanding how in the organization structure the responsibilities are allocated and where the important decisions are made. Furthermore, relationship of the most important bodies of WHO to each other is explained, as well as procedures that take place before a state can fill certain positions within a particular body are also highlighted. The site is absolutely essential for understanding how WHO as an international organization works and functions. Highly useful links to the Constitution of WHO, its documentation policy, the Executive Board and resolutions of the World Health Assembly are accessible.

World Health Organization (n.d.). *The WHO Agenda*. Retrieved 16 June 2010, from the World Health Organization Web site: http://www.who.int/about/agenda/en/index.html.

This section of the WHO Web site provides an overview of its current agenda as well as recent achievements.   Due to the increasingly complex and rapidly changing landscape of global public health, the WHO established a six-point agenda, focusing on two each: health objectives, strategic needs, and operational approaches.   The agenda is forward-thinking and flexible, thus providing delegates with a rich platform from which to assess the work of the WHO and develop strategies to meet its goals as well as the needs of populations at risk.

I. Increasing Access to Medical Care in Developing Countries

Global Health Progress. (2008). *Improving Access to Health Care in the Developing World* (Issue brief). Retrieved June 30, 2010, from Global Health Progress Web site: http://globalhealthprogress.org/pdfs/Improving%20Access%20to%20Medicines.pdf.

This issue brief describes how research based biopharmaceutical companies contribute to progress in global health.   It elaborates on making high quality medicines accessible to developing countries.   In addition to that, the issue brief discusses some of the problems that still remain because of the lack of funding and resources

Medecins Sans Frontiers. (2003). *Trading Away Health: Intellectual Property and Access to Medicines in the Free Trade Area of the Americas (FTAA) Agreement* (Issue brief). Retrieved June 30, 2010, from Campaign for Access to Essential Medicines (MSF) Web site: http://www.doctorswithoutborders.org/publications/reports/2003/FTAA_Advocacy.pdf.

This article reflects upon the problems posed by the Free Trade Area of the Americas (FTAA) on developing countries in South America.   The brief provides an excellent background on the FTAA as well as its effects on the people of South America.   It also provides specific case studies on countries most affected by the FTAA.

Medecins Sans Frontiers (MSF). (2003). *Doha Derailed: A Progress Report on TRIPS and Access to Medicines* (Issue brief). Retrieved June 30, 2010, from Campaign for Access to Essential Medicines (MSF) Web site: http://www.msf.org.au/uploads/media/cancun.pdf.

This brief discussed the progress of the Trade Related Aspects of Intellectual Property Rights (TRIPS) and how it impacts access to medicines The Doha Declaration is also described and the brief gives an excellent description of the problems that have stemmed from the Doha Declaration. The brief focuses on Cambodia and several island countries that have encountered many problems with the TRIPS agreement.   Finally, the brief discusses TRIPS shortcomings with research and development.

Medecins Sans Frontiers (MSF). (2004). *Access to Medicines at Risk Across the Globe: What to Watch Out For in Free Trade Agreements with the United States* (Issue brief). Retrieved June 30, 2010, from Medecins Sans Frontiers (MSF) Web site: http://www.twnside.org.sg/title2/FTAs/Intellectual_Property/IP_and_Access_to_Medicines/AccessToMedicinesAtRiskAcrossTheGlobe-WhatToWatchOutForMSF.pdf.

This brief discusses the link between TRIPS and public health. It describes the problems of extending patent life and the risk of even longer monopolies on medications.   The brief outlines the need for compulsory licenses and the fact that they are coming under threats from Western countries.   MSF explains that intellectual property rights must be kept out of trade agreements.

Medecins Sans Frontiers (MSF). (2010). *No Time to Quit: HIV/AIDS Treatment Gap Widening in Africa* (Rep.). Retrieved June 30, 2010, from Medecins Sans Frontiers (MSF) Web site: http://www.msf.org/source/countries/africa/southafrica/2010/no_time_to_quit/HIV_Report_No_Time_To_Quit.pdf.

This report put out by MSF outlines the alarming issue of disengagement coming from donors.   The HIV/AIDS pandemic is still a growing problem, and according to MSF in this report, donor funding has become uncertain and unreliable.   The report outlines the shortage of funding could strongly effect the supply of anti-retroviral medicines and this especially effects developing countries.   This MSF report gives an excellent account of the necessity to increase access to medications in developing countries

Medecins Sans Frontiers (MSF), & Drugs for Neglected Diseases (DND). (2001, September). *Fatal Imbalance: The Crisis in Research and Development for Drugs for Neglected Diseases* (Publication). Retrieved June 30, 2010, from Medecins Sans Frontiers (MSF) Web site:

http://www.msf.org/source/access/2001/fatal/fatal.pdf.

This report by MSF and the DND outlines the major concerns about the lack of research and development for medicines that can cure neglected diseases.   This report is vital because neglected diseases are most prevalent in developing countries that do not have adequate access to curative medications.   This report specifies what is needed to remedy the lack of research and development.

Population Reference Bureau. (2004). *Improving the Health of the World's Poorest People* (Issue brief). Retrieved June 30, 2010, from Population Reference Bureau Web site: http://www.prb.org/pdf04/improvingtheHealthbrief_Eng.pdf.

This policy brief done by the United States Population Reference Bureau discusses the reasons behind why the world's poorest countries have the worst health conditions.   It states that the lack of funding it the main issue and the disparities persist from the differences in healthcare.   This policy brief, based on a longer report by the Population Reference Bureau, highlights the extent of the rich-poor health divide, the factors that play a role in health disparities, and approaches for improving the health of the poor.

Roche Group. (2009). *Access to Medicines and Diagnostics: Focused on Developing Countries*. Retrieved June 30, 2010, from Roche Group Web site: http://www.roche.com/sust-access.pdf.

The Roche Group is one of the largest pharmaceutical companies in the world.   This report is a very interesting and useful insight into their views of the need to increase access to medical care in developing countries as well as their focus on research and development.

United Nations. (2001). Resolution 2001/33 Access to Medication in the Context of Pandemics such as HIV/AIDS. *United Nations High Commissioner for Human Rights*. Retrieved June 30, 2010, from http://www.unhchr.ch/huridocda/huridoca.nsf/%28Symbol%29/E.CN.4.RES.2001.33.En?Opendocument.

This resolution outlines access to medication in the context of pandemics.   This is necessary because it gives developing countries the ability to get the medications they need to be able to help citizens suffering from diseases like HIV/AIDS.   The resolution also provides statistics on several different resolutions

United Nations. (2010). *The Millennium Development Goals: Report 2010* (Rep.). Retrieved June 30, 2010, from United Nations Population Fund Web site: http://www.unfpa.org/webdav/site/global/shared/documents/publications/2010/mdg_report_2010.pdf

Millennium Development Goal 6 discusses halting the spread of AIDS. This year's MGD report discusses the impact of HIV/AIDS on developing countries as well as the access to medications.   This report is vital to understanding the gains and pitfalls regarding the access to medications.

Wilson, P. (2010). *Giving developing countries the best shot: An overview of vaccine access and R&D*. Retrieved June 30, 2010, from the Oxfam Web site.

This report put out by Oxfam discusses the fact that vaccinations and immunizations have been overlooked recently.   It also discusses the fact that research and development is severely lacking.   More importantly, the report does an overview of developing countries and the little benefits they have had only after long delays

World Health Organization (WHO). (2003). *Annual Report 2002: Essential Drugs and Medicines Policy: Supporting Countries to Close the Access Gap*. Retrieved June 30, 2010, from WHO Web site:

http://apps.who.int/medicinedocs/pdf/s4863e/s4863e.pdf.

This report done by the WHO outlines what can be done to lessen the access gap in developing countries. It discusses WHO country support programs for developing countries and what is needed to decrease the number of people in developing countries lacking regular access to essential medicines.

World Health Organization (WHO). (2009). *Vaccine research and Development.* Retrieved August 23, 2010, from WHO Web site: http://www.who.int/vaccine_research/en.

This Web site discusses the WHO's Initiative for Vaccine Research. It gives a better understanding of what initiatives the WHO has started in regards to research and development.   The Web site also provides key documents to help comprehend the state of the world's health and many others.

World Trade Organization. (2001). *TRIPS and Public Health* (Working paper). Retrieved June 30, 2010, from World Trade Organization (WTO) Web site: http://www.wto.org/english/tratop_e/trips_e/paper_develop_w296_e.htm.

This working paper is essential because it is written by several developing countries.   It discusses the issues developing nations are having with the TRIPS agreement.   The paper also discusses Resolution 2001/33 and its relation to the difficulty of attaining affordable medications because of the TRIPS agreement.

II. Promoting Inter-State Communication within the Medical Communities

Helander, E. (2006). My Life as a Doctor in the World Health Organization. *Permanente Journal*, *10*(3), 1-6. Retrieved June 31, 2010, from http://xnet.kp.org/permanentejournal/fall06/WHO.html.

This article written by Dr. Helander discusses the pitfalls of the lack of communication between governments and medical communities. He discusses unstable governments the difficulties that the medical communities encounter because there is very little communication due to this instability.   The article summarizes the necessity for better communication even when the governments are unstable

Medecins Sans Frontiers. (2007). Help Wanted: Confronting the Health Care Worker Crisis. *Medecines Sans Frontiers*. Retrieved June 31, 2010, from http://www.doctorswithoutborders.org/publications/articles_print.cfm?id=2881.

This article by MSF discusses one of the main problems that stems from poor communication between governments and medical communities. MSF explains that the shortage creates major communication barriers especially regarding the diseases that are causing alarming health concerns such as the HIV/AIDS pandemic.   MSF states that the core of the issue is the mass shortage of healthcare workers

United States Office of Disease Prevention and Health Promotion. (2010). *Healthy People 2010: Health Communication* (Rep.). Retrieved June 31, 2010, from Office of Disease Prevention and Health Promotion Web site: http://www.healthypeople.gov/document/html/volume1/11healthcom.htm.

This report conducted a study and use of communication strategies to aid governments, citizens, and the medical communities.   It outlines how effective communication helps to raise awareness to health risks, etc. The report is vital to understanding how the use of communication strategically can improve healthcare

UN-AIDS, World Health Organization, and Ministry of Foreign Affairs, France. (2002). *Improving Access to Care in Developing Countries: Lessons from Practice, Research, Resources, and Partnerships* (Rep.). Retrieved

June 31, 2010, from WHO Web site.

This report is a comprehensive account of many subjects regarding healthcare. One of the more important subject areas discusses how to achieve effective communication between governments and medical communities to ensure access to care in developing countries. The publication reflects the recruitment of a group of experts in the fields of medicine, science, economics, social services, and care, in sharing their experiences and advocating for accelerating access to care for people living with HIV/AIDS in developing countries.

World Health Organization. (2008). *Health System Governance for Improving Health System Performance: Report of a WHO Global Consultation*. Retrieved June 31, 2010, from WHO Web site.

This report done by the WHO shows the various methods on the ways governments and medical communities can communicate effectively to achieve strong healthcare systems. It also discusses how governments can create partnerships with medical communities to contribute to solutions that will improve access to more adequate healthcare.

World Health Organization. (2008). *Health Systems Governance* (Publication). Retrieved June 31, 2010, from WHO Web site: http://www.who.int/healthinfo/statistics/toolkit_hss/EN_PDF_Toolkit_HSS_Governance.pdf.

This report is a toolkit on monitoring healthcare system strengthening created by the WHO to help medical communities, governments, NGOs, etc. to communicate effectively. This is especially important for developing countries to be able to attain adequate healthcare systems.

World Health Organization. (2008). *The Global Fund and Health System Strengthening: How to Make the Case, in a Proposal for Rounds 8, 9, and 10?* (Working paper). Retrieved June 31, 2010, from WHO Web site: http://www.who.int/healthsystems/makingthecaseR10_eng.pdf.

This working paper outlines how health systems can work together to achieve improved outcomes for diseases that are effecting their populations. It also discusses the problem regarding unstable governments and the difficulties that stem from this specific issue. The report focuses on Kenya, Malawi, and Rwanda, all of which have extremely unstable governments.

World Health Organization. (2009). *Monitoring and Evaluation of Health System Strengthening: An Operational Framework*. Retrieved June 31, 2010, from WHO Geneva Web site.

This report done by the WHO has a clear focus of effective health system strengthening. It focuses on how governments and health systems can work together to achieve effective communication in order to move forward. The report also provides various strategies to attain this goal.

World Health Organization. (2010). Governance. *Health Systems*. Retrieved June 31, 2010, from www.who.int/healthsystems/topics/stewardship/en/index.html.

This is a fact sheet covers the role of governance in terms of communication between States and their medical communities. It defines several key terms and is essential in understanding the role of governments in health systems. The fact sheet also provides a definition of governance and how it relates to health systems

World Health Organization. Regional Office for the Eastern Mediterranean. (2006). *Regional Strategy for Knowledge Management to Support Public Health* (Technical Paper). Retrieved June 31, 2010, from WHO

Web site: http://www.emro.who.int/lin/media/pdf/EM_RC53_6_en.pdf.

This technical paper is extremely useful in providing a new method of promoting communication between governments and their medical communities. Knowledge management is still a relatively new concept that has not yet been applied in many governments and medical communities. It provides an effective solution to the lack of communication between medical communities and their governments.

World Health Organizations. (2010). Health Statistics and Health Information Systems. *Country Health Information Systems*. Retrieved June 31, 2010, from http://www.who.int/healthinfo/systems/en/index.html.

This report is another toolkit from the WHO that provides statistics on health system strengthening. It describes the need for countries to work with their medical communities to carry out national health accounts studies, increase the healthcare workforce, and monitor service. The report also states that because of the lack of communication will cause progress to deteriorate or continue to deteriorate.

III. Providing Basic and Primary Health Care Services After Natural Disasters

Pan American Health Organization and World Health Organization. (2000). *Natural disasters: protecting the public's health.* Retrieved August 8, 2010, from the PreventionWeb Web site: http://www.preventionweb.net/files/1913_VL206114.pdf.

This publication, published by the Pan American Health Organization (PAHO) along with the World Health Organization (WHO) in 2000, outlines the health sector's role in "reducing the impact of disasters" and lays out a framework for health administrators to utilize in managing the health sector's response to such disasters. The book emphasizes the "multi-sectoral nature of disaster preparedness" and additionally sets for guidelines for coordination, development of technical programs, and the preparation of health sector disaster plans. This document was considered groundbreaking upon publication and will be very relevant for delegates in researching this topic.

United Nations International Strategy for Disaster Reduction Secretariat. (2007). *Hyogo Framework for Action 2005-2015: Building the resilience of nations and communities to disasters*. Retrieved August 7, 2010, from the PreventionWeb Web site: http://www.preventionweb.net/english/hyogo/.

The Hyogo Framework for Action is seen as "global blueprint" for disaster risk reduction efforts, and focuses on several key issues, ranging from challenges posed by disasters, to priorities for action in coming years. The Framework was adopted in January 2005 by 168 governments at the World Conference on Disaster Reduction and lays out a ten-year plan for implementation, underscoring the need for, and identified ways of, building the resilience of communities and nations to disasters. As on any topic related to natural disasters, the Hyogo Framework is seminal for research and understanding of the existing international efforts to address this issue.

United Nations International Strategy for Disaster Reduction Secretariat and United Nations Office for the Coordination of Humanitarian Affairs. (2008). *Disaster Preparedness for Effective Response: Guidance and Indicator Package for Implementing Priority Five of the Hyogo Framework Hyogo Framework*. Retrieved August 7, 2010, from the PreventionWeb Web site: http://www.preventionweb.net/files/2909_Disasterpreparednessforeffectiveresponse.pdf.

This document builds off of previous publications published on the disaster preparedness and response components of ISDR guidelines. The tool is designed to provide guidance on how to meet the challenge of Priority Five of the Hyogo Framework for Action (HFA) "strengthening the preparedness for response at

all levels."   Aimed primarily at stakeholders such as local authorities and governments who are concerned with natural disasters in vulnerable settings, the document was developed with the aim of serving as one of the first resources utilized in the development of individual action plans.

United Nations Population Fund. (2006). *Women are the Fabric: Reproductive Health for Communities in Crisis.* Retrieved August 7, 2010, from United Nations Population Fund Web site: http://www.unfpa.org/upload/lib_pub_file/737_filename_fabric_eng.pdf

This booklet describes the ways in which UNFPA works with partners to ensure that the specific needs of women are factored into the planning of all humanitarian assistance and addresses urgent reproductive health needs that are sometimes forgotten.   Some of the areas covered include, women's health needs, humanitarian response, and addressing sexual violence, both in terms of prevention, protection and treatment.   This resource will provide a short, but relevant overview for delegates on the issues that they should be examining in terms of a particularly vulnerable portion of the population with specific health needs in the aftermath of natural disasters.

United Nations Secretary-General. (2007). *Report of the Secretary-General: Implementation of the International Strategy for Disaster Reduction (A/62/320).* Retrieved August 8, 2010, from PreventionWeb: http://www.preventionweb.net/english/professional/publications/v.php?id=1645&pid:41.

In response to General Assembly resolution 61/198, the Secretary-General presented this report to Member States in early 2007.   It provides an overview of progress on the implementation of the International Strategy for Disaster Reduction and the Hyogo Framework for Action at the national, regional, and international levels and also considers trends in disasters and disaster risks, and the development of coordination, guidance and resourcing through the International Strategy for Disaster Reduction system. This document is an excellent resource for delegates, due to its highlighting of potential action that can be taken by varying actors to ensure overall disaster response is adequate, with the sections addressing health being particularly instructive.

United Nations Secretary-General. (2006). *Report of the Secretary-General: Implementation of the International Strategy for Disaster Reduction (A/61/229).* Retrieved August 7, 2010, from UNISDR: http://www.unisdr.org/eng/about_isdr/basic_docs/SG-report/SG-report-61-229-eng.pdf.

In response to General Assembly resolution 60/195, resolution 60/196 on natural disasters and vulnerability and to resolution 59/232 on international cooperation to reduce the impact of the El Niño phenomenon, the Secretary-General published this report on August 8, 2006.   The report provides an overview of the implementation of the Strategy and the Hyogo Framework for Action (HFA), as well as provides basic statistics on the incidence of natural disasters and impact worldwide of climate change. Of particular relevance are sections identifying action in Priority 2, 3, and 4 of the HFA.

World Health Organization. (2006). *Communicable diseases following natural disasters: Risk assessment and priority intervention* (WHO/CDS/NTD/DCE/2006.4). Retrieved August 8, 2010, from the World Health Organization Web site: http://www.who.int/diseasecontrol_emergencies/guidelines/CD_Disasters_26_06.pdf.

This resource was developed by the Communicable Diseases Working Group on Emergencies (CD-WGE) at the WHO headquarters in order to provide background on the communicable disease risks in populations affected by natural disasters.   The document provides details of priority measures which are necessary to reduce the impact of communicable diseases following natural disasters.   This document will provide key technical information for delegates in their research on this topic.