SRMUN ATLANTA 2018

Our Responsibility: Facilitating Social Development through Global Engagement and Collaboration

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Greetings Delegates,

Welcome to SRMUN Atlanta 2018 and the World Health Organization (WHO). My name is Sydnee Abel, and I will be serving as your Director for WHO. This will be my fourth conference as a SRMUN staff member. Previously, I served as the Director for the General Assembly Plenary at SRMUN Charlotte 2018, Director for the Commission on the Status of Women at SRMUN Atlanta 2017, and the Assistant Director for the General Assembly Plenary at SRMUN Charlotte 2017. I received my Bachelors of Arts in Political Science and French from Clemson University in May and I am currently pursuing a career in international relations in Washington, DC. Our committee's Assistant Directors will be Katie Register and Firaz Motiwala. This will be Katie's second time as a staff member, after previously serving as the Assistant Director of the General Assembly Plenary at SRMUN Atlanta 2017. Katie is a graduate from Florida State University and is currently pursuing her A.S. in Paralegal Studies from Tallahassee Community College. Firaz is a graduate from the University of Central Florida, receiving his B.A. in Political Science and intends to go to Graduate School with the goal of becoming a college professor.

WHO's mission is the attainment by all peoples of the highest possible level of health, as in the complete physical, mental, and social well-being of a person. By focusing on the mission of the WHO and the SRMUN Atlanta 2018 theme of "*Our Responsibility: Facilitating Social Development through Global Engagement and Collaboration,"* we have developed the following topics for the delegates to discuss come conference:

I. Addressing the Challenges to Accessing Vaccines
II. Increased Prevalence of Non-Communicable Diseases in Developing Member States

The background guide provides a strong introduction to the committee and the topics and should be utilized as a foundation for the delegate's independent research. While we have attempted to provide a holistic analysis of the issues, the background guide should not be used as the single mode of analysis for the topics. Delegates are expected to go beyond the background guide and engage in intellectual inquiry of their own. The position papers for the committee should reflect the complexity of these issues and their externalities. Delegations are expected to submit a position paper and be prepared for a vigorous discussion at the conference. Position papers should be no longer than two pages in length (single spaced) and demonstrate your Member State's position, policies and recommendations on each of the two topics. For more detailed information about formatting and how to write position papers, delegates can visit srmun.org. ***All position papers MUST be submitted no later than Friday, October 26, 2018 by 11:59pm EST via the SRMUN website.***

Katie, Firaz, and I are enthusiastic about serving as your dais for the WHO. We wish you all the best of luck in your conference preparation and look forward to working with you in the near future. Please feel free to contact Deputy Director-General Jacob Howe, Katie, Firaz, or myself if you have any questions while preparing for the conference.

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Committee History of the World Health Organization

Prior to the establishment of the United Nations, regional agencies, such as Europe's L'Office International d'Hygiene Publique and the United States' Pan American Health Organization (PAHO), worked with little or no cohesion to address the issue of disease prevention and control.[1] Upon the division of the League of Nations and the establishment of the United Nations (UN) in 1945, select Member States recognized the dire need for a single, cohesive, global health organization.[2] On December 14, 1946 the General Assembly (GA) Resolution 61 voted to establish the World Health Organization (WHO) as a specialized agency of the UN.[3]

The WHO, since its formation, has been committed to their objective of the 'attainment of the highest level of health by all peoples,' defining health as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.'[4] The first priorities for the organization included improving maternal and child health, nutrition, combatting the spread of tuberculosis, malaria, and sexually transmitted diseases, and nutrition.[5] To address their mandate, the organization defined a six-point plan for dealing with health issues: 1. providing leadership on critical health matters and engaging in partnerships when joint action is needed; 2. shaping the research agenda; 3. setting norms and standards by promoting and monitoring their implementation; 4. articulating ethical and evidence-based policy; 5. providing technical support, catalyzing change, and building sustainable institutions; and, 6. monitoring the health situation and assessing health trends.[6]

The World Health Assembly (WHA) was established as the governing body of the WHO and is composed of delegations from all Member States of the UN with the main function to "determine the policies of the Organization, appoint the Director-General, supervise financial policies, and review and approve the proposed programme budget".[7] The Governing Council of the WHO is elected by the WHA and its primary function is to "give effect to the decisions and policies of the Health Assembly, to advise it and generally to facilitate its work," as well as to determine the agenda for the WHA.[8]

Chapter Eleven of the WHO Constitution establishes the framework for regional offices to work in accordance with the Organization and the Health Assembly.[9] The six regions of the WHO are: African Region (AFRO), Region of the Americas (AMRO), South-East Asia Region (SEARO), European Region (EURO), Eastern Mediterranean Region (EMRO), and Western Pacific Region (WPRO).[10] The goal of the regional organizations is to support Member States with health information, decision making, and management and delivery of health care services.[11]

Being that the WHO is a member-led organization, a percentage of its funding comes from its Member States. The WHA approves the budget and separates it into four symbiotic categories: essential health interventions; health systems, policies, and products; determinants of health; and effective support for Member States. From that point, it is divided up among the regional offices to best suit the needs of each region as determined by aid needed in each,

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[1] Michael McCarthy, "A brief history of the World Health Organization," The Lancet, https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(02)11244-X/fulltext (accessed May 21, 2018).
[2] "History of WHO," World Health Organization, http://www.who.int/about/history/en/ (accessed May 21, 2018).
[3] A-Res-61(1), *Establishment of The World Health Organization,* United Nations General Assembly, December 14, 1946. (accessed June 21, 2018).
[4] "Constitution of the World Health Organization," WHO, http://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf?ua=1. (accessed June 21, 2018).
[5] "Constitution of WHO: Principles," WHO, http://www.who.int/about/mission/en/ (accessed June 21, 2018).
[6] "About WHO: What we do," WHO, http://www.who.int/about/what-we-do/en/ (accessed May 21, 2018).
[7] "Media centre: World Health Assembly," World Health Organization, http://www.who.int/mediacentre/events/governance/wha/en/ (accessed May 21, 2018).
[8] "Media centre: World Health Assembly," World Health Organization, http://www.who.int/mediacentre/events/governance/wha/en/ (accessed May 21, 2018).
[9] "Constitution of the World Health Organization," WHO, http://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf?ua=1 (accessed June 21, 2018).
[10] "WHO Regional Office," WHO, http://www.who.int/classifications/network/ro/en/ (accessed June 21, 2018).
[11] "WHO Regional Office," WHO, http://www.who.int/classifications/network/ro/en/ (accessed June 21, 2018).

the more aid needed, the greater proportion of the budget the region receives.[12] Traditionally, Member States contribute approximately 30 percent of the WHO's budget with the remaining 70 percent funded through UN partners, civil society, and the private sector.[13] Recently the budget included a six year plan, known as the "Medium-Term Strategic Plan 2008-2013" which was implemented with the goal of focusing on 13 main objectives that are seen to reflect the emerging health problems Member States have stated as major concerns.[14] They include, but are not limited to, the following: reducing child and maternal mortality by universal access to healthcare; combating chronic non- communicable diseases by eliminating lifestyle choices that engender them, (i.e. Tobacco use, poor diet, and lack of exercise); further implementing the International Health Regulations (2005) of rapid response to outbreaks of disease and emergencies; improving health systems; and improving the WHO's efficiency and partnering capabilities.[15]

The WHO communicates the breadth of its work through its published World Health Report. This publication provides the WHO with a measure of accountability while also serving to develop, promote and maintain international adherence to its mandate. Member States can also use the Report as an informative tool to help them make policy and funding decisions relating to a specific issue.[16] The WHO is recognized as the leading specialized agency to deal with health and participates extensively with conferences ranging from the Group of Eight on health, and High-Level Meetings dealing with the Sustainable Development Goals (SDG's).[17]

In 2010, the World Health Organization recommitted itself to the objective of the organization by pursuing an organizational reform to better address the needs of the 21st century. The Organization established three goals for the organizational reform: improved health outcomes, greater coherence in global health, and an Organization that pursues excellence.[18] The reform provided additional guidance and guidelines to address the demands and health challenges of the global community.[19] Every six years, the WHO establishes health priorities that shape the direction and agenda for the organization and current leadership health priorities are universal health coverage, International Health Regulations, increasing access to medical products, noncommunicable diseases, social, economic, and environmental determinants, and health related sustainable development goals.[20] These six health priorities are reflective of the current reform and the direction that the World Health Organization wishes to pursue going forward.

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[12] "Proposed programme budget 2006 – 2007," World Health Organization, http://apps.who.int/iris/bitstream/handle/10665/69921/PBPA_06-07_eng.pdf;jsessionid=D4B5B8AE9C71031CD043F22E25516CE9?sequence=1 (accessed March 30, 2013).

[13] "Proposed programme budget 2006 – 2007," World Health Organization.

[14] EBPBAC4/4, World Health Organization. Programme, Budget and Administration, Committee of the Executive Board, 4th meeting, Provisional agenda item 3.2, World Health Organization, May 11, 2006.

[15] Proposed program budget 2008 – 2009, World Health Organization, http://apps.who.int/gb/archive/pdf_files/AMTSP-PPB/a-mtsp_4en.pdf (accessed May 21, 2018).

[16] 15MTSP/2008-2013, Draft Medium-Term Strategic plan 2008–2013, World Health Organization.

[17] A/RES/63/33, Foreign Policy and Global Health, United Nations General Assembly, January 27, 2009.

[18] "Reform at the WHO," WHO, http://www.who.int/about/who_reform/change_at_who/what_is_reform/en/ (accessed June 21, 2018).

[19] "WHO Reform: Chronology," WHO, http://www.who.int/about/who_reform/chronology/en/ (accessed June 21, 2018).

[20] "About WHO-What we Do," World Health Organization, http://www.who.int/about/what-we-do/en/ (accessed May 21, 2018).

I: Addressing the Challenges to Accessing Vaccines

"Vaccines are the tugboats of preventative health"
- William Foege, American epidemiologist and smallpox eradicator[21]

Introduction

The first major success the United Nations (UN) experienced using vaccines to combat a deadly disease was when the World Health Organization (WHO) led the Small Eradication Program (SEP).[22] The global eradication effort initially used a strategy of mass vaccination campaigns to achieve 80 percent vaccine coverage in each Member State, followed by case-find and ring vaccinations of all possible contacts to seal off the outbreak.[23] These strategies became models for future campaigns to end diseases with vaccines.

In order to achieve goals to provide universal access to vaccines, the World Health Assembly's (WHA) 27th meeting focused on building to resolve the smallpox virus, as well as creating the Expanded Program on Immunization (EPI). The EPI ensured that all children, in all Member States, would benefit from life-saving vaccines by recommending vaccines to fight against diseases such as tuberculosis, diphtheria, and tetanus. Due to the success and progress of this program, Member States have broadened their immunization agenda by creating new programs to combat other diseases. These programs now routinely reach 80 percent of the children under one year of age.[24]

There are many ways to address accessing vaccines to the global community. However, there are different challenges to face since all Member States are different. Some Member States are combatting groups of people who are hesitant towards vaccines while others are dealing with a lack of supplies of both vaccines and health care professionals. Each of these challenges requires different strategies in order to reach the ultimate goal of global vaccine coverage. Looking at the past and future, the answer to this challenge is there.

Current Situation

Since the eradication of smallpox, similar strategies are being implemented to work towards the eradication of other diseases like Hepatitis B, measles, yellow fever, and polio.[25] However, the WHO discovered that in 2016, global vaccination coverage has stalled at 86 percent with no significant changes and an estimated 19.5 million infants worldwide are still missing basic vaccines.[26] By 2016, 130 Member States have achieved at least 90 percent coverage of the diphtheria-tetanus-pertussis (DTP3) vaccine, which can cause serious illness, disability, or be fatal.[27]

The lack of accessibility and inequalities has contributed to the stall of immunization coverage.[28] Further research by Dr. Jean-Marie Okwo-Bele, Director of Immunization, Vaccines, and Biologicals at WHO states "most of the children that remain un-immunized are the same ones missed by health systems. These children most likely have not received any other basic health services."[29] As a global community, it is of the utmost importance to reach the unreached in order to increase global immunization coverage.[30] The WHO report, *State of Inequality: Childhood Immunization*, highlights inequalities in childhood immunization coverage. WHO shows while there are fewer inequalities now than there were 10 years ago, room for improvement remains; particularly related to household

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[21] "Global Health Champions," https://www.pbs.org/wgbh/rxforsurvival/series/champions/william_h_foege.html (accessed August 29, 2018)
[22] "Emergencies preparedness, response: Smallpox," World Health Organization, http://www.who.int/csr/disease/smallpox/en/ (accessed June 17, 2018).
[23] "Emergencies preparedness, response: Smallpox," World Health Organization.
[24] "Immunization, Vaccines, and Biologicals: National programs and systems," World Health Organization, http://www.who.int/immunization/programmes_systems/en/ (accessed June 18, 2018).
[25] "Immunization coverage," World Health Organization, http://www.who.int/en/news-room/fact-sheets/detail/immunization-coverage (accessed August 1st, 2018).
[26] "Immunization coverage," World Health Organization.
[27] "Immunization coverage," World Health Organization.
[28] "Media center: 1 in 10 infants worldwide did not receive any vaccinations in 2016," World Health Organization, http://www.who.int/mediacentre/news/releases/2017/infants-worldwide-vaccinations/en/ (accessed June 18, 2018).
[29] "Media center: 1 in 10 infants worldwide did not receive any vaccinations in 2016," World Health Organization.
[30] "Media center: 1 in 10 infants worldwide did not receive any vaccinations in 2016," World Health Organization.

economic status and mother's education.[31] "Immunization is one of the most pro-equity interventions around," states Dr. Robin Nandy, Chief of Immunizations at UNICEF, "bringing life-saving vaccines to the poorest communities, women and children must be considered a top priority in all contexts."[32]

The 1999 Director-General of WHO established a group that is "concerned not just with childhood vaccines and immunization, but all vaccine-preventable diseases" which is now known as the Strategic Advisory Group of Experts on Immunization (SAGE).[33] SAGE provides guidance for bringing vaccines to the global community. "SAGE is the principal advisory group to WHO for vaccines and immunization."[34] "It is charged with advising WHO on overall global policies and strategies, ranging from vaccines and technology, research and development, to delivery of immunization and its linkages with other health interventions.[35] In 2013, SAGE created the SAGE Vaccine Hesitancy Working Group. They coined the term "vaccine hesitancy," which refers to individuals or groups that delay in acceptance or refusal of vaccines despite availability of vaccination services.[36] The contextual influences of vaccines can cause cultural barriers through historical, religion, and political influences.[37] For example, some religious leaders prohibit vaccines or some cultures value boys over girls and fathers don't allow children to be vaccinated.[38]

Several Member States are dealing with a rapidly increasing situation in which there is not enough healthcare workers and vaccines. According to a WHO report, the world will be short approximately 12.9 million health-care workers by the year 2035, and in 2013 that figure stood at 7.2 million.[39] During the 2018 WHA Executive Board's 142nd session, WHA found it is expected to create 40 million new health worker jobs by 2030, but there is a lack of 18 million health workers required in order to achieve the health-related Sustainable Development Goals.[40] According to Dr. Carissa Etienne, WHO Regional Director for the Americas, "One of the challenges for achieving universal health coverage is ensuring that everyone – especially people in vulnerable communities and remote areas – has access to well-trained, culturally-sensitive and competent health staff…The best strategy for achieving this is by strengthening multidisciplinary teams at the primary health care level."[41] WHO's Global Strategy on Human Resources for Health: Workforce 2030 sets out to implement four strategic objectives and policy options to improve the health workforce: "the optimization of the existing workforce; anticipating and planning for future workforce requirements; strengthening institutional capacity to plan and manage the workforce; and building and utilizing data and evidence to drive workforce policies and strategies."[42]

The successful interventions by community health workers are overwhelmingly effective. Evidence shows that a well-implemented community health program can: reduce infant and child mortality and morbidity; improve health care seeking behavior; and provide low-cost interventions for common maternal and pediatric health problems while improving the continuum of care.[43] The United Nations health agencies (H4+) have developed a technical brief to educate community health worker program managers and global partners because these workers are key elements

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[31] "Global Health Observatory (GHO) data: State of inequality: Childhood immunization," World Health immunization, http://www.who.int/gho/health_equity/report_2016_immunization/en/ (accessed May 13, 2018).

[32] "Media centre: 1 in 10 infants worldwide did not receive any vaccinations in 2016," World Health Organization.

[33] "Immunization, Vaccines, and Biologicals: SAGE," World Health Organization, http://www.who.int/immunization/policy/sage/en/ (accessed June 20, 2018).

[34] "Immunization, Vaccines, and Biologicals: SAGE," World Health Organization.

[35] "Immunization, Vaccines, and Biologicals: SAGE," World Health Organization.

[36] "Immunization, Vaccines, and Biologicals: Addressing Vaccine Hesitancy," World Health Organization, http://www.who.int/immunization/programmes_systems/vaccine_hesitany/en/ (accessed May 13, 2018).

[37] "What influences vaccine acceptance: A model of determinants of vaccine hesitancy," The SAGE Vaccine Hesitancy Working Group, http://www.who.int/immunization/sage/meetings/2013/april/1_Model_analyze_driversofvaccineConfidence_22_March.pdf (accessed May 13, 2018).

[38] "What influences vaccine acceptance," SAGE Vaccine Hesitancy Working Group.

[39] "Media centre: Global health workforce shortage to reach 12.9 million in coming decades," World Health Organization, http://www.who.int/mediacentre/news/releases/2013/health-workforce-shortage/en/ (accessed June 22, 2018).

[40] "Addressing the global shortage of, and access to, medicines and vaccines," World Health Organization, http://apps.who.int/gb/ebwha/pdf_files/EB142/B142_13-en.pdf (accessed June 22, 2018).

[41] "Media centre: Global health workforce shortage to reach 12.9 million in coming decades," World Health Organization.

[42] "Addressing the global shortage of, and access to, medicines and vaccines," World Health Organization.

[43] "Deployment of community health workers across rural sub-Saharan Africa: financial considerations and operational assumptions, World Health Organization, http://www.who.int/bulletin/volumes/91/4/12-109660/en/.

for increasing access to essential quality health services.[44] There are many levels, from volunteer to professional, of community health workers all with varying training, competencies, scope of practice and integration in health systems.[45] It has been well documented the success of community health workers which has pushed the investment in community health workers subsystems to national and international policy platforms as part of coordinated efforts to improve health-care systems.[46]

At the 69th Assembly meeting of WHA, the Director-General requested "to support Member States in addressing the global challenges of medicines and vaccines shortages by developing a global medicine shortage notification system that would include information to better detect and understand the causes of medicine shortage."[47] WHA is expected to report back on this strategy during the 71st assembly to discuss the success and how to improve on this system. In July of 2017, the Secretariat hosted a technical consolation to review existing systems for reporting shortages.[48] They defined different sources to contribute information to a global reporting system such as regulatory agencies, national procurement authorities, manufacturers and those programs that procure and deliver medical products.[49]

Ebola Crisis: Ring Vaccination

Member States, such as the Democratic Republic of the Congo, continue to combat the Ebola outbreak through the use of vaccines. The investigational vaccine is called rVSV-ZEBOV and has proven to be "highly protective against Ebola virus infection".[50] The vaccine was created from an animal virus, vesicular stomatitis virus (VSV), which has been "genetically engineered to contain a protein from the Zaire Ebola virus so that it can provoke immune response to the Ebola virus."[51]

The implementation of this vaccine will be under a "ring vaccination" strategy.[52] The Ministry of Health, with support from WHO, UNICEF, and other health partners, will use this method of administration in high-risk populations in affected health zones.[53] It should be noted "this is not a general vaccination campaign for the whole population of the affected area and is targeted to protect the affected population by vaccinating people at the highest risk of infection."[54] This type of strategy tracks the epidemic and recruits individuals at raised risk of infection due to their connection to a patient confirmed with the virus, such people in the same living space or workplace who have had contact with someone who has contracted the virus.[55] Dr. Michael Ryan, WHO Assistant Director-General, Emergency Preparedness and Response, stated, "Ring vaccination is a new and vital tool in the control of Ebola."[56] He has even said, "This is a major milestone for global public health".[57]

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[44] Strengthening the capacity of community health workers to deliver care for sexual, reproductive, maternal, newborn, child and adolescent health, World Health Organization, http://www.who.int/workforcealliance/knowledge/resources/h4_chws/en/ (accessed August 1, 2018).

[45] Strengthening the capacity of community health workers to deliver care for sexual, reproductive, maternal, newborn, child and adolescent health, World Health Organization.

[46] "Deployment of community health workers across rural sub-Saharan Africa: financial considerations and operational assumptions, WHO, http://www.who.int/bulletin/volumes/91/4/12-109660/en/ (accessed August 1, 2018).

[47] "WHA69.25 – Addressing the Global Shortage of Medicines and Vaccines, WHA Resolution; Sixty-ninth World Health Assembly, 2016," http://apps.who.int/medicinedocs/en/d/Js22423en/ (access June 22, 2018).

[48] "Addressing the global shortage of, and access to, medicines and vaccines" World Health Organization.

[49] "Addressing the global shortage of, and access to, medicines and vaccines" World Health Organization.

[50] "Ebola virus disease: Frequently asked questions on compassionate use of investigational vaccine for the Ebola virus disease outbreak in Democratic Republic of the Congo," World Health Organization http://www.who.int/ebola/drc-2018/faq-vaccine/en/ (accessed June 21, 2018).

[51] "Ebola virus disease: Frequently asked questions," World Health Organization.

[52] "Ebola virus disease: Frequently asked questions," World Health Organization.

[53] "Ebola virus disease: Frequently asked questions," World Health Organization.

[54] "Ebola virus disease: Frequently asked questions," World Health Organization.

[55] "Ebola virus disease: Frequently asked questions," World Health Organization.

[56] "Ebola vaccine provides protection and hope for high-risk communities in the Democratic Republic of the Congo," World Health Organization, http://www.who.int/news-room/feature-stories/detail/ebola-vaccine-provides_-protection-and-hope-for-high-risk-communities-in-the-democratic-republic-of-the-congo (accessed June 21, 2018).

[57] "Ebola vaccine provides protection and hope," World Health Organization.

Actions Taken by the United Nations

Currently, there are several actions in place to expand the global immunization coverage. In 2011, the WHA endorsed The Global Vaccine Action Plan (GVAP), which is a framework to prevent millions of deaths by 2020 through more equitable access to existing vaccines.[58] The resolution passed by the WHA urges Member States to strengthen governance and leadership of national immunization programs, as well as improve monitoring and surveillance systems to ensure up-to-date data and to guide policy writing and stimulate programmatic decision making to optimize performance and impact.[59] Member States are encouraged to expand immunization services beyond infancy, mobilize domestic financing, and strengthen international cooperation to achieve GVAP goals.[60]

Meanwhile, WHO is targeting vaccine hesitant populations through the WHO/Europe (EUR) Guide to Tailoring Immunization Program (TIP).[61] TIP is a framework that helps to do the following: identify and prioritize vaccine hesitant populations and subgroups, diagnose the demand and supply-side barriers to vaccination, and design evidence.[62]Informed responses are created address vaccine hesitancy considering the setting, context, and population.[63] In order to address vaccine hesitant populations, combinations of strategies from this program are needed, such as social mobilization, engagement of religious or other influential leaders to promote vaccinations, non-financial incentives, and many others.[64]

When the implementation of the EPI was established over 40 years ago, the goal was to vaccinate infants with a limited number of traditional vaccines.[65] With the development and availability of new vaccines for people of all different ages, the demand for vaccines has increased. This has caused Member States to make decisions about immunization priorities, which has in turn created new programs, policies, and strategies. The three major policies that were created ate the National Advisory Committees (NITAGs), Immunization Practices Advisory Committee (IPAC), and Country Decision Making: Introducing a New Vaccine.[66]

WHO has also implemented several strategies to start a dialogue on preventing diseases using vaccines such as Reaching Every District (RED). The goal behind this strategy is "to achieve the goal of 80% immunization coverage in all districts and 90% nationally in the WHO Member States."[67] The strategy of RED focuses on building national capacity from district level upward to maximize access to all vaccines.[68] There are five key operational components: re-establishing outreach services, supportive supervision; linking services with communities; monitoring and use of data for action; and planning and management of resources.[69] For RED, WHO and UNICEF have produced a micro-planning guide for health workers dealing with immunization which research proves that this strategy has resulted in more children being immunized.[70]

Another major strategy that meets the GVAP objective to equitably extend the benefits of immunization to all children, adolescents and adults, is school-based immunization.[71] This strategy reaches to older children and adolescents with vaccination services.[72] Vaccines are more readily available as well as the attention to provide

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[58] "Immunization, Vaccines, and Biologicals: Global Vaccine Action Plan 2011-2020," World Health Organization, http://www.who.int/immunization/global_vaccine_action_plan/GVAP_doc_011_2020/en/.
[59] "Immunization coverage," World Health Organization.
[60] "Immunization coverage," World Health Organization.
[61] "Immunization, Vaccines and Biologicals: Addressing Vaccine Hesitancy," World Health Organization.
[62] "Immunization, Vaccines and Biologicals: Addressing Vaccine Hesitancy," World Health Organization.
[63] "Immunization, Vaccines and Biologicals: Addressing Vaccine Hesitancy," World Health Organization.
[64] "Immunization, Vaccines and Biologicals: Addressing Vaccine Hesitancy," World Health Organization
[65] "Immunization, Vaccines, and Biologicals: Immunization policy and strategies," World Health Organization, http://www.who.int/immunization/programmes_systems/policies_strategies/en/ (accessed May 12, 2018).
[66] "Immunization, Vaccines, and Biologicals: Immunization policy and strategies," World Health Organization.
[67] "Immunization, Vaccines and Biologicals: The RED strategy," World Health Organization, http://www.who.int/immunization/programmes_systems/service_delivery/red/en/ (accessed June 22, 2018).
[68] "Immunization, Vaccines and Biologicals: The RED strategy," World Health Organization.
[69] "Immunization, Vaccines and Biologicals: The RED strategy," World Health Organization.
[70] "Immunization, Vaccines and Biologicals: The RED strategy," World Health Organization.
[71] "Immunization, Vaccines and Biologicals: School-based immunization," World Health Organization, http://www.who.int/immunization/programmes_systems/policies_strategies/school_based_immunization/en/ (accessed June 22, 2018).
[72] "Immunization, Vaccines and Biologicals: School-based immunization," World Health Organization.

booster doses to older children so as a result schools have become a growing platform of interest for immunization.[73] School enrollment rates are also increasing, even in low income Member States, which makes this strategy very promising.[74] The health setting in schools provides a good opportunity to integrate vaccine delivery with other health interventions to reduce vaccine preventable diseases and improving population health.[75]

Community health workers bring their own strengths and skills to the fight for a healthier world. Because of these varying skill levels of community health workers, it is difficult to review how these varying levels of contributions have influenced the health community.[76] "WHO's Health Workforce Department intends to prepare new guidelines on the role, scope and contributions of Community-Based Practitioners, with due attention to the differing occupational classifications and typologies, including lay workers, community health workers, auxiliary/associate professions, advanced practitioners and professionals – all of whom contribute care".[77] By understanding what the most successful interventions are, the better the community health worker programs can be.

Another factor to consider is cost of these programs. In a study, which reviewed 53 studies on community health worker programs in the United States of America, only six studies referenced costs.[78] The official costs of national community health worker programs in pioneering Member States have not been estimated, partly because tracking unit costs is difficult and because methods for isolating the community health worker subsystem from an integrated primary health care system have been elusive.[79] WHO has created a model community health worker system to determine the overall cost to train, equip and support each community health worker as well as the maintenance of the program; the only factors not included were family planning and HIV screening. According to this model, the community health worker subsystem configured in this paper would cost approximately 5% of the total cost of a primary health care system.[80] WHO recommends that Member States wishing to develop a community health worker strategy perform a similar costing exercise to design program budgets, which are to be specific to them.[81] The costs of the core elements of such a system are a fraction of the cost of primary health care services and this exercise sets the stage for a costing framework that can be used to determine the cost-benefit and cost-effectiveness of community health worker programs.

Conclusion

With a growing population, disease is more likely to spread. However, thanks to vaccines, diseases are being combatted with brute force. It is imperative to face these challenges head on so a global community can strive to be 100 percent vaccinated and to eradicate another disease, such as the accomplishment of eradicating smallpox. This can be done through creating more outreach programs to communities where hospitals and clinics are not available. By making vaccines more accessible, this population will increase the vaccine coverage. Another way to increase the vaccine coverage is to fund community health worker programs. This is vital because without people to administer vaccines or educate populations on vaccines the challenge of reaching vaccine coverage becomes a more difficult than it already is. Educating our global community on the positive effects of vaccines is also crucial to reach those who may be hesitant towards vaccines. This combination of increasing supplies, education, and reaching people is a great beginning towards eradication of disease.

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[73] "Immunization, Vaccines and Biologicals: School-based immunization," World Health Organization.

[75] "Immunization, Vaccines and Biologicals: School-based immunization" World Health Organization.

[76] "Strengthening the capacity of community health workers to deliver care for sexual, reproductive, maternal, newborn, child and adolescent health," World Health Organization, http://www.who.int/workforcealliance/knowledge/resources/h4_chws/en/ (accessed August 1, 2018).

[77] Strengthening the capacity of community health workers, World Health Organization.

[78] "Deployment of community health workers across rural sub-Saharan Africa: financial considerations and operational assumptions," World Health Organization, http://www.who.int/bulletin/volumes/91/4/12-109660/en/ (accessed August 1, 2018).

[79] "Deployment of community health workers across rural sub-Saharan Africa," World Health Organization.

[80] "Deployment of community health workers across rural sub-Saharan Africa," World Health Organization.

[81] "Deployment of community health workers across rural sub-Saharan Africa," World Health Organization.

Committee Directive

There are many policies and strategies already in place to bring access to vaccines to the entire global community. However, how can those policies and strategies be better improved upon? Bringing more healthcare workers and keeping the ones currently is a crucial part in meeting not only Sustainable Development Goals, but also providing vaccines to reach 90 percent immunization. What incentives could be created to keep and encourage others to go into this profession? Vaccine shortages are another major issue and there has been discussion on how to better communicate shortages in order to decrease the amount of shortages per year. What are some other ways to close the gap on the number of shortages? Vaccine hesitancy is also an increasing problem in Member States and could be dangerous to not only people who choose not to vaccinate, but also their community. What are other ways to combat this issue?

II. Increased Prevalence of Non-Communicable Diseases in Developing Member States

"For the first time in history, more people are dying of noncommunicable diseases, such as heart disease and diabetes, than infectious diseases. This loss of human life spares no one –rich or poor, young or old – and it imposes heavy economic costs on nations,"
- Michael R. Bloomberg, WHO Global Ambassador for Noncommunicable Diseases[82]

Introduction

Noncommunicable Diseases (NCDs), per the World Health Organization (WHO), are chronic diseases that cause more than 36 million deaths annually, with 90 percent of these deaths occurring in low- and middle-income countries (LMICs).[83] NCDs can be broken down to several categories including cardiovascular diseases, chronic respiratory diseases, and diabetes. These diseases are chronic, meaning they tend to last for long durations, are not contagious, and are the result of genetic, physiological, environmental, or behavioral factors.[84] Many deaths as a result of NCDs occur prematurely, or before the age of 70, and could be treated with adequate medical care and/or changes in behaviors.[85] Most premature deaths are linked to tobacco use, physical inactivity, alcohol abuse, and unhealthy diets.[86] This epidemic of NCDs poses devastating health consequences for individuals affected by these diseases, threatens to overwhelm health systems, and the socioeconomic costs associated with NCDs will make prevention and control imperative for developing Member States.

Current Situation

Noncommunicable diseases already make up 70 percent of all deaths globally, though the WHO estimates NCDs will account for 80 percent of the global burden of disease by 2020.[87] Although people of all age groups, regions, and Member States are affected by NCDs, low-and-middle income countries (LMICs) are particularly burdened with cardiovascular and diabetes-related deaths; over 80 percent of cardiovascular deaths occur in LMICs in addition to two-thirds of all cancer deaths.[88] This burden presents a barrier to the development of LMICs as NCDs have become a driver for poverty and, despite evidence illustrating the magnitude of this threat, national and global actions have yet to reduce the occurrence of NCDs.[89] There have been links to the increase in NCDS in LMICs and economic development, specifically the impact of globalization and the urbanization of LMICs with governments not keeping up with policies, services, and infrastructure needed to prevent NCDs; oftentimes, poor people suffer the most.[90] Other common risk factors include tobacco usage, the lack of physical activity, alcohol abuse, and an unhealthy diet.[91]

Tobacco usage accounts for over seven million deaths every single year, including the effects that come from the exposure of secondhand smoke.[92] Tobacco "is the single most preventable cause of death and disease."[93] Tobacco

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[82] "New UN high-profile panel set to take on noncommunicable diseases, cause of seven in 10 deaths globally," United Nations, https://news.un.org/en/story/2018/02/1002921 (accessed May 7, 2018).
[83] "Global Action Plan for the Prevention and Control of NCSs 2013-2020," WHO, http://www.who.int/nmh/events/ncd_action_plan/en/ (accessed May 7, 2018).
[84] "Noncommunicable Diseases-Fact Sheet," WHO, http://www.who.int/en/news-room/fact-sheets/detail/noncommunicable-diseases (accessed May 7, 2018).
[85] "Global Action Plan for the Prevention and Control of NCSs 2013-2020," WHO.
[86] "Noncommunicable Diseases-Fact Sheet," WHO.
[87] "Noncommunicable Diseases-Fact Sheet," WHO.
[88] "Promoting Global Cardiovascular Health," Professional Heart Daily, http://circ.ahajournals.org/content/123/15/1671 (accessed May 8, 2018).
[89] "Gloabalisation and the prevention and control of non-communicable disease: the neglected chronic diseases of adults," The Lancet, https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(03)14335-8/fulltext (accessed May 8, 2018).
[90] "Non-Communicable Diseases (NCDs) in developing countries: a symposium report," Bio Medical Journal, https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-014-0081-9 (accessed May 7, 2018).
[91] "Noncommunicable Diseases-Fact Sheet," WHO.
[92] "Noncommunicable Diseases-Fact Sheet," WHO.
[93] "Tobacco: Data and Statistics," WHO-Regional Office for Europe, http://www.euro.who.int/en/health-topics/disease-prevention/tobacco/data-and-statistics (accessed May 8, 2018).

control is a prominent issue, agreed upon by the World Health Assembly (WHA) with a goal of a 25 percent reduction in premature mortality from NCDs by 2025.[94] To do so, the WHA is working to decrease current tobacco use in persons 15 years of age and older by a relative reduction of 30 percent by 2025.[95] Tobacco usage historically remained a male phenomenon, though with changing cultural norms and an increase in urbanization, there has been an uptick in the tobacco usage among women: the gap between male and female adults is now less than five percent.[96]

With economic development and globalization, a general transition occurred from traditional foods to processed foods that are high in fat, salt, and sugar.[97] According to the WHO, just over four million deaths were attributed to excess salt and sodium intake.[98] This unhealthy diet can increase metabolic risk factors, such as raised blood pressure, overweight/obesity, hyperglycemia (high blood glucose levels), and hyperlipidemia (high levels of fat in the blood) that increase the risk of NCDs.[99] Per the WHO, "in terms of attributable deaths, the leading metabolic risk factor globally is elevated blood pressure, to which 19 percent of global deaths are attributed."[100] A decrease in physical activity due to more sedentary jobs, have led to a decrease in health, which are worsened by the increase of processed food consumption.[101] Nearly two million deaths annually can be attributed to insufficient physical activity.[102] Alcohol abuse is another common risk factor, which can lead to a variety of NCDs, including cancer, with nearly half of all annual deaths, 3.3 million, related to alcohol stemming from an NCD.[103]

With poverty being closely linked to NCDs, the continued rise in NCDs will impede poverty reduction initiatives in LMICs, specifically in regards to the increase in costs associated with health care.[104] People who are socially disadvantaged are at a greater risk of being exposed to tobacco usages or harmful food products on top of having limited access to health services.[105] This is why NCDs are rapidly increasing in LMICs; a lack of preventable care and increased exposure to products or habits that increase the risks of NCDs. New data by the WHO estimates the NCDs "exert the equivalent of a 4 percent tax on economic output in low-and middle-income countries."[106]

Case Study: Belarus

The WHO, the United Nations Development Programme, and the rest of the United Nations Interagency Task Force on the Prevention of noncommunicable diseases held a meeting in Minks, Belarus to discuss the results of an NCD investment case. The case produced a report on the Belarus economy, showing a 5.4 percent loss in the Belarus economy each year due to premature deaths, morbidity, and disability caused by NCDs.[107] This was overwhelmingly associated with the effects of NCDs on the workforce, which posed a threat to the sustainable socioeconomic development in the Member State. Noncommunicable diseases are responsible for a devastating 89 percent of all deaths in Belarus.[108] The report showed a direct government spending of 167 million USD, which represented only seven percent of the economic burden of NCDs. Additionally, it displayed the hidden costs of the premature deaths and losses in productivity were nearly 13 times higher (2.4 billion USD), or 5.4 percent of the Member State's economic output, than the NCD related healthcare costs.[109] The WHO Representative in Belarus, Batyr Berdyklychev, stated "the results of the NCD investment case provide strong arguments for the Government for

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[94] "Tobacco: Data and Statistics," WHO-Regional Office for Europe.
[95] "Tobacco: Data and Statistics," WHO-Regional Office for Europe.
[96] "Tobacco: Data and Statistics," WHO-Regional Office for Europe.
[97] "Non-Communicable Diseases (NCDs) in developing countries: a symposium report," Bio Medical Journal.
[98] "Noncommunicable Diseases-Fact Sheet," WHO.
[99] "Noncommunicable Diseases-Fact Sheet," WHO.
[100] "Noncommunicable Diseases-Fact Sheet," WHO.
[101] "Non-Communicable Diseases (NCDs) in developing countries: a symposium report," Bio Medical Journal.
[102] "Noncommunicable Diseases-Fact Sheet," WHO.
[103] "Noncommunicable Diseases-Fact Sheet," WHO.
[104] "Noncommunicable Diseases-Fact Sheet," WHO.
[105] "Noncommunicable Diseases-Fact Sheet," WHO.
[106] "UN High-level Meeting on NCDs," Summary Report on the discussion at the Round Tables, WHO, http://www.who.int/nmh/events/moscow_ncds_2011/round_tables_summary.pdf?ua=1 (accessed May 11, 2018).
[107] "Noncommunicable Diseases and their Risk Factors- NCDs cost Belarus over 5% of Gross Domestic Profit," WHO, http://www.who.int/ncds/un-task-force/investment-case-missions/belarus-april-2018/en/ (accessed May 11, 2018).
[108] "Noncommunicable Diseases and their Risk Factors- NCDs cost Belarus over 5% of Gross Domestic Profit," WHO.
[109] "Noncommunicable Diseases and their Risk Factors- NCDs cost Belarus over 5% of Gross Domestic Profit," WHO.

investing in NCD prevention as the most effective and efficient measure not only to improve population health status but also to boost country socio-economic growth."[110]

The economic analysis showed the struggle Belarus is facing against the major risk factors, such as an unhealthy diet and tobacco use. Six out of ten Belarusians are overweight due to the salt consumption, two times higher than the recommended daily intake, and 50 percent of the male population subscribes to tobacco.[111] There is a grave need for "the government to bring in all health and non-health sectors on board in order to counteract the trend and all the rise of NCDs."[112] The trend referenced is the 89 percent of all deaths in Belarus is caused by NCDs and, more worryingly, the probability of dying prematurely between the age of 20 and 70 is 29 percent. The economic analysis illustrates a healthier population will enable savings on disability payments and a reduction in workforce replacement costs, as well as economic gains that will come from reduced premature deaths.[113]According to a Programme Specialist, Dudley Tarlton, at the UN Development Programme "the economic burden of NCDs in Belarus is striking- costing every man, woman, and child the equivalent of 270 USD per year."[114] Belarus's Annual Household Income per capita, as of December of 2017, is USD $3,478.[115]

Actions Taken by United Nations

The socioeconomic impact of NCDs cannot be ignored, as they are affecting the progress towards the Sustainable Development Goals (SDGs). Recognizing these implications towards poverty reduction, health equity, economic stability, and human security, the United Nations (UN) organized a High-level Meeting on the Prevention and Control of NCDs in September of 2011 by order of A/RES/65/238.[116] This is only the second time in the history of the UN where the General Assembly met to discuss a health issue; the first issue was AIDS. The aim of the meeting was for Member States to adopt a concise, action-oriented outcome document to shape the global agenda.[117] During the meeting, round table discussion commenced on a variety of themes including the social and economic impact of NCDs, risk factors, national policies, and fostering international cooperation.[118] An effective national response that focuses on low-cost, effective interventions to address tobacco use using the WHO Framework Convention on Tobacco Control laid out in Resolution WHA 51.6.[119]

The UN established the United Nations Interagency Task Force on the Prevention and Control of Non-Communicable Diseases in 2013 at the request of the UN Secretary General. The Task Force's mission is to bring the "[UN] system together to tackle noncommunicable diseases, mental health, and other noncommunicable conditions."[120] In doing so, the UN Task force provides direct support to Member States and undertakes joint programming missions at the request of governments. These global joint programs include "catalyzing national multi-sectoral action for NCDs and development, promoting comprehensive cancer control, eliminating cervical cancer, and maximizing the potential of mobile technologies for NCDs," while another joint program is being created to combat the harmful use of alcohol.[121] The Task Force meets twice a year and reports annually through the UN Secretary-General and the United Nations Economic and Social Council (ECOSOC).[122] The Task Force allows members to come together to pool and allocate existing resources to more effectively combat NCDs on a global

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[110] "Noncommunicable Diseases and their Risk Factors- NCDs cost Belarus over 5% of Gross Domestic Profit," WHO.
[111] "Noncommunicable Diseases and their Risk Factors- NCDs cost Belarus over 5% of Gross Domestic Profit," WHO.
[112] "Noncommunicable Diseases and their Risk Factors- NCDs cost Belarus over 5% of Gross Domestic Profit," WHO.
[113] "Noncommunicable Diseases and their Risk Factors- NCDs cost Belarus over 5% of Gross Domestic Profit," WHO.
[114] "Noncommunicable Diseases and their Risk Factors- NCDs cost Belarus over 5% of Gross Domestic Profit," WHO.
[115] "Belarus Household Income per Capita," CEIC, https://www.ceicdata.com/en/indicator/belarus/annual-household-income-per-capita (accessed June 14, 2018).
[116] "United Nations high-level meeting on noncommunicable disease prevention and control," WHO, http://www.who.int/nmh/events/un_ncd_summit2011/en/ (accessed May 11, 2018).
[117] "United Nations high-level meeting on noncommunicable disease prevention and control," WHO.
[118] "UN High-level Meeting on NCDs," Summary Report on the discussion at the Round Tables, WHO.
[119] "UN high-level Meeting on NCDs," Summary Report on the discussion at the Round Tables, WHO.
[120] "Working Together for Health and Development," The United Nations Interagency Task Force on the Prevention and Control of Non-Communicable Diseases, http://www.who.int/ncds/un-task-force/working-together-adaptation.pdf?ua=1 (Accessed May 11, 2018)
[121] "Working Together for Health and Development," The United Nations Interagency Task Force on the Prevention and Control of Non-Communicable Diseases.
[122] "Working Together for Health and Development," The United Nations Interagency Task Force on the Prevention and Control of Non-Communicable Diseases.

level. Thematic working groups exist for mental health, nutrition, the environment's impact on NCDs, and the harmful use of alcohol.[123] Tobacco is also a major component of the joint programming missions, and it remains a key priority of the Task Force to ensure Member States are harnessing the support of the UN in implementing the WHO Framework Convention for Tobacco Control.[124] The Task Force not only works with governments, but partners with civil society organizations, academic institutions, and other private sector entities that can find new funding models and resources to prevent and control NCDs.[125] The Task Force has enjoyed successes, such as in India where the Health Global Joint Programme was created and enrolled more than 2 million users with an increasing number of them not smoking tobacco over the last six months.[126]

The Heads of Governments committed themselves to establishing multi-sectoral policies and plans for the prevention and control of NCDs. With the establishment of the High-Level Meeting through the Moscow Declaration on NCDs and the UN Political Declaration on NCDs, the Heads of States and Governments recognized "the knowledge and experience regarding the preventability of NCDs and immense opportunities for global action and to control them."[127] The WHO established the Global Action Plan for the Prevention and Control of NCDs 2013 – 2020, which, endorsed by the WHA, serves as a road map for Member States and international partners.[128] It contains a "menu" of policy options that contribute to nine global NCD targets by 2025, the ultimate goal being a 25 percent relative reduction in premature mortality from NCDs.[129] Six objectives are clearly laid out in the plan starting with the raising the priority of preventing and controlling NCDs to strengthening and orienting health systems to address NCDs and ending with monitoring the progress made.[130] The plan itself encompasses a variety of approaches from human rights and equity-based approaches using evidence-based strategies and supports the concept of universal health coverage.[131]

More recently, the WHO held a Global Conference on Enhancing Policy to Prevent and Control Noncommunicable Diseases in October of 2017 in Uruguay. The goal of the conference was to emphasize the link between reducing premature deaths from NCDs promoting mental health and well-being and enhancing policy coherences across areas that impact governance, prevention, and management of NCDs.[132] The conference held several segments to accomplish it goals, which included the launch of a new global initiative to accelerate progress in reducing premature mortality from NCDs.[133] The conference recognized Member States face many obstacles to achieve their SDG targets, while the main obstacle "is the lack of capacity in addressing the conflicting public health goals and private sector objectives and drivers in order to adequately leverage the role of the diverse range of private sector entities in combatting NCDs."[134] In segments held by the conference, panelists looks at successful Member State experiences in implementing price and tax policies concerning harmful products, including tobacco, alcohol and sugar-sweetened beverages.[135] Innovative global initiatives were presented for consideration during the conference such as NCD and Me, an online platform that allows people to share their stories on NCDs.[136] The Global Alliance for Chronic Diseases, an alliance of health research funders committed to funding peer reviewed NCD research in LMICs, supporting capacity building, and establishing a robust NCD network to foster and develop early career

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[123] "Working Together for Health and Development," The United Nations Interagency Task Force on the Prevention and Control of Non-Communicable Diseases.
[124] "Working Together for Health and Development," The United Nations Interagency Task Force on the Prevention and Control of Non-Communicable Diseases.
[125] "Working Together for Health and Development," The United Nations Interagency Task Force on the Prevention and Control of Non-Communicable Diseases.
[126] "Working Together for Health and Development," The United Nations Interagency Task Force on the Prevention and Control of Non-Communicable Diseases.
[127] "Global Action Plan for the Prevention and Control of Noncummicable Diseases 2013-2020," WHO.
[128] "Global Action Plan for the Prevention and Control of Noncummicable Diseases 2013-2020," WHO.
[129] "Global Action Plan for the Prevention and Control of Noncummicable Diseases 2013-2020," WHO.
[130] "Global Action Plan for the Prevention and Control of Noncummicable Diseases 2013-2020," WHO.
[131] "Global Action Plan for the Prevention and Control of Noncummicable Diseases 2013-2020," WHO.
[132] "Global Conference on Enhancing Policy Coherence to Prevent and Control Noncommunicable Diseases," WHO, http://www.who.int/nmh1`/events/2017/montevideo/Uruguay-brochure-2017.pdf?ua=1 (Accessed May 11, 2018).
[133] "Global Conference on Enhancing Policy Coherence to Prevent and Control Noncommunicable Diseases," WHO.
[134] "Highlights from the WHO Global Conference on NCDs: Enhancing policy coherence to prevent and control noncommunicable diseases," WHO, http://www.who.int/conferences/global-ncd-conference/montevideo-report.pdf?ua=1.
[135] "Highlights from the WHO Global Conference on NCDs," WHO.
[136] "Highlights from the WHO Global Conference on NCDs," WHO.

researchers was established during the conference.[137] In closing, the President of Uruguay, the host Member State, and the WHO Director-General emphasized the need to step up global and national action and insisted that action be coordinated and led by the highest levels of government.[138]

Challenges

The timeline for progress in LMICs are compressing due to the faster growth of NCDs occurring inside their borders. A major issue is the under-recording of NCDs, specifically in LMICs, as current capacities for surveillance of NCDs in many Member States are inadequate, causing much of the increasing burden of NCDs in these Member States to be relatively hidden from the public domain.[139] The issue of under-recording also includes the large proportion of people, with a high risk of NCD, continuing to remain undiagnosed in LMICs due to insufficient access to treatment and primary-level health care.[140]

NCDs are reeling in the economy of LMICs through reduced productivity and increasing health-care costs that are outpacing economic growth. Nearly 30 percent of people that die from NCDs in LMICs are of working age compared to the 13 percent in more developed Member States while millions are locked onto chronic poverty every year due to its impact on household income.[141] Costs for NCD-related health care, medicines tobacco, and alcohol displace household resources that might otherwise be available for education or the creation of new jobs. In a report by the World Economic Forum and the Harvard School of Public Health, NCDs will cost more the 30 Trillion USD over the next 20 years, representing nearly 48 percent of the Global GDP in 2010.[142] Data presented by the WHO in the 2011 High -Level Meeting on NCDs displayed NCDs exert the equivalent of a 4 percent tax on economic output in LMICs.[143]

Conclusion

National multi-sectoral responses must be developed and implemented with the full involvement of all the stakeholders. The stakeholders include the WHO, the UN, other governmental agencies, non-governmental organizations, and the private sector. National leadership is needed to set targets at national and global levels with targets needed to be set to drive up national responses. On a positive note, the NCD epidemic is largely preventable by government-led action with collaboration with civil society and the private sector.[144] Governments must continue to recognize their primary responsibility to the challenges of noncommunicable diseases by setting their national targets, developing their national targets, and developing their national plans of actions outlines by the World Health Organization's Global Action Plan.[145]

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137 "Highlights from the WHO Global Conference on NCDs," WHO.
138 "Highlights from the WHO Global Conference on NCDs," WHO.
139 "UN High-level Meeting on NCDs," Summary Report on the discussion at the Round Tables, WHO.
140 "UN High-level Meeting on NCDs," Summary Report on the discussion at the Round Tables, WHO.
141 "UN High-level Meeting on NCDs," Summary Report on the discussion at the Round Tables, WHO.
142 "The Global Burden of Non-Communicable Diseases" Harvard School of Public Health, World Economic Forum. http://www3.weforum.org/docs/WEF_Harvard_HE_GlobalEconomicBurdenNonCommunicableDiseases_2011.pdf (accessed June 15, 2018).
143 "UN High-level Meeting on NCDs," Summary Report on the discussion at the Round Tables, WHO.
144 "UN High-level Meeting on NCDs," Summary Report on the discussion at the Round Tables, WHO.
145 "Global Status Report on noncommunicable diseases 2014," WHO, http://apps.who.int/iris/bitstream/handle/10665/148114/9789241564854_eng.pdf;jsessionid=F30E899CC1EEEDD07B350BC259AEA98C?sequence=1 (accessed June 15, 2018).

Committee Directive

The first issue that arises with the epidemic of noncommunicable diseases is how the problem should be tackled. Should the problem be attacked with the perspective it is an economic issue or a health and human rights issue? While this issue contains multiple facets, the issue of how the problem should be tackled is linked with the issue if leadership on the issue. Should organizations such as the World Health Organization take the lead on the issue or should the Economic and Social Development Council? Solutions require action across several governmental departments, civil society, the private sector, WHO, global health organizations (within and beyond the UN).[146]Secondly, developing Member States are struggling to grow their economy when they also must balance their health care needs. Health care systems in LMICs remain inadequate causing many people with NCDs unable to find proper care and it leaves much of the population undiagnosed. Advancements to healthy systems in these Member States are desperately in need but the funds are not available. In the end, attainment of national targets requires institutional and human resources capacity as well as adequate financial resources to deal with the complexity of issues relating to NCD prevention and control, such as interaction with food and agricultural systems, law, trade, and transport and urban planning. The capacity of the health workforce to address NCDs will require strengthening and control in the teaching curricula for medical, nursing and allied health personnel, and provision of in-service training.[147]

[146] "UN High level Meeting on NCDs," Summary Report on the discussion at the Round Tables, WHO.
[147] "Global Status Report on noncommunicable diseases 2014," WHO.

Annotated Bibliography

I. Combating Challenges to Accessing Vaccines to Improve Public Health

Greenwood. "The Contribution of Vaccination to Global Health: Past, Present, and Future." *US National Institutes of Health's National Library of Medicine.* June 19, 2014. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4024226/

This article gives a detailed summary of how vaccines have improved global health from the beginning when Edward Jenner was experimenting with coxpox in 1796, to our present situation, to what the future may bring. It is an interesting read to understand how far we have come in the world of immunization and to see how far we can go. This article also has a lot of visuals as well to give a picture of where WHO is now.

"Nigeria set to vaccinate 25 million people, its biggest yellow fever campaign ever." *World Health Organization: Nigeria.* January 24, 2018. https://www.afro.who.int/news/nigeria-set-vaccinate-25-million-people-its-biggest-yellow-fever-campaign-ever

This is an interesting article that discusses a current vaccination campaign as part of the 2026 goal to eliminate yellow fever epidemics globally. The Government of Nigeria is working hard with WHO and partners to vaccinated 25 million people throughout 2018. This mass campaign is the largest yellow fever vaccination drive in the country's history. There are some great points in here that can be used at SRMUN when discussing how to expand vaccination coverage.

"What Would Happen If We Stopped Vaccinations?" *Centers for Disease Control and Prevention.* March 10, 2017. https://www.cdc.gov/vaccines/vac-gen/whatifstop.htm

The CDC has written this short article describing what happens when only some get vaccinated versus when many get vaccinated. This article is very blunt and to the point when describing how important it is to vaccinate. There is also a brief paragraph about what happened when a Member State saw the whooping cough case rate went down because of vaccines, then slid back because they stopped immunizing.

"Diphtheria vaccination held in Cox's Bazar schools." *World Health Organization: Regional Office for South-East Asia.* January 2nd, 2018. http://www.searo.who.int/mediacentre/sear-in-the-field/diphtheria-vaccination-in-cox-bazar-schools/en/

This article is about schools in Bangladesh using school immunization strategies to reach children and adolescents. The Cox's Bazar schools implemented the school vaccination initiative was planned to reach students when they returned to school. This article is great because it shows a real life example how school vaccination strategies do work as proven in their number of children reached. This is a great place to start thinking about how a similar strategy can be implemented in Member States at SRMUN.

II. Preventing the Spread of Non-Communicable Diseases in Developing Member States

"Noncommunicable Diseases-Fact Sheet." WHO. http://www.who.int/en/news-room/fact-sheets/detail/noncommunicable-diseases

This is the general overview of information on noncommunicable diseases, with up to date information by the World Health Organization. This overview includes a fact sheet and multiple areas of concern regarding NCDs, including risk factors and prevention. This data is also broken down for additional analysis in the following source material.

"Non-Communicable Diseases (NCDs) in developing countries: a symposium report" Bio Medical Journal. https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-014-0081-9

Symposium Report on the status of Non-Communicable Diseases (NCDs) in Developing Member States. The article includes information directly related to the topic at hand and contains sourced material that can also be used in the development of the background guide. This is a published article with information up to date as 2014, so while not reflecting present day trends it does help provide a strong understanding for delegates to understand the recent history of the issue.

"UN High level Meeting on NCDs." Summary Report on the discussion at the Round Tables. WHO. http://www.who.int/nmh/events/moscow_ncds_2011/round_tables_summary.pdf?ua=1

This is a summary of round table discussion the United Nations "High Level" meeting held on noncommunicable diseases. This meeting declared several impacts NCDs have on certain areas of the world and have made several recommendations outlining how to best deal with those impacts. Delegates should pay close attention to the purposes of all three discussions as well as the participating Member States and organizations.