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To all delegates,

Welcome to all the delegates to the World Health Organization (WHO), the staff team receives you with open arms, longing that you feel comfortable during this event. Today the role of the organization is more important than ever. We are living in a situation with no precedents.

This pandemic has changed our life in many aspects, the way we learn, the way we show affection, and how we relate to each other, but we cannot stop the world indefinitely, for that we must learn how to deal with this kind of issues and speak up if we want a change; we must go and do it for ourselves and not wait that other speaks for us.

This is the time to speak, to negotiate, and to rebuild this world devastated by the coronavirus and the illness.

The WHO team expects you to have well-researched positions, strong opinions, and that all of you are capable of defending your country doing alliances that benefit the world.

To conclude we just want to say that we are really glad for having the opportunity to meet you soon, we wish you the best of luck and remember that in this world you do not need to work harder than everyone, instead you should work smarter.

Hope to see you soon!

Mercedes Estrada

President of the WHO Committee



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INTRODUCTION

Seventy years ago, on 7 April 1948, the World Health Organization (WHO) was founded on the principle that health is a human right and all people should enjoy the highest standard of health. This aspiration towards better health for everyone has guided the Organization's work ever since.

In partnership with countries, WHO has made impressive progress in many areas that promote our health and well-being. WHO remains firmly committed to the principles set out in the preamble.

CONSTITUTION

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.

The health of all peoples is fundamental to the attainment of peace and security and is dependent on the fullest cooperation of individuals and States. The achievement of any State in the promotion and protection of health is of value to all. Unequal development in different countries in the promotion of health and control of diseases, especially communicable diseases, is a common danger.

Healthy development of the child is of basic importance; the ability to live harmoniously in a changing total environment is essential to such development. The extension to all peoples of the benefits of medical, psychological, and related knowledge is essential to the fullest attainment of health. Informed opinion and active cooperation on the part of the public are of the utmost importance in the improvement of the health of the people.

Governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures.

GENERAL PERSPECTIVE

The SARS-CoV 2, is a part of the coronaviruses family, known to cause illness such as the common cold, and other kinds of respiratory issues like Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS).



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PRINCIPAL VACCINES

There are now several vaccines that are in use. The first mass vaccination program started in early December 2020 and as of and as of 15 February 2021, 175.3 million vaccine doses have been administered. At least 7 different vaccines have been administered.

WHO issued an Emergency Use Listing (EULs) for the Pfizer COVID-19 vaccine on 31 December 2020. On 15 February 2021, WHO issued EULs for two versions of the AstraZeneca/Oxford COVID-19 vaccine, manufactured by the Serum Institute of India and SKBio. WHO is on track to EUL other vaccine products through June. The products and progress in regulatory review by WHO are provided by WHO and updated regularly.

Once vaccines are demonstrated to be safe and efficacious, they must be authorized by national regulators, manufactured to exacting standards, and distributed. WHO is working with partners around the world to help coordinate key steps in this process, including facilitating equitable access to safe and effective COVID-19 vaccines for the billions of people who will need them.

PROGRAMS OF VACCINATION (WHO)

The first COVID-19 vaccines have already begun to be introduced in countries. Before COVID-19 vaccines can be delivered:

The vaccines must be proven safe and effective in large (phase III) clinical trials. Some COVID-19 vaccine candidates have completed their phase III trials, and many other potential vaccines are being developed.

Independent reviews of the efficacy and safety evidence are required for each vaccine candidate, including regulatory review and approval in the country where the vaccine is manufactured before WHO considers a vaccine candidate for prequalification. Part of this process also involves the Global Advisory Committee on Vaccine Safety. In addition to a review of the data for regulatory purposes, the evidence must also be reviewed for policy recommendations on how the vaccines should be used.

An external panel of experts convened by WHO called the Strategic Advisory Group of Experts on Immunization (SAGE), analyzes the results from clinical trials, along with evidence on the disease, age groups affected, risk factors for disease, programmatic use, and other information. SAGE then recommends whether and how the vaccines should be used.

Officials in individual countries decide whether to approve the vaccines for national use and develop policies for how to use the vaccines in their country based on the WHO recommendations.



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The vaccines must be manufactured in large quantities, which is a major and unprecedented challenge – all the while continuing to produce all the other important life-saving vaccines already in use.

As a final step, all approved vaccines will require distribution through a complex logistical process, with rigorous stock management and temperature control. The impact of COVID-19 vaccines on the pandemic will depend on several factors. These include the effectiveness of the vaccines; how quickly they are approved, manufactured, and delivered; the possible development of other variants, and how many people get vaccinated WHO is working to help ensure that approved vaccines are as effective as possible, so they can have the greatest impact on the pandemic.

Scientists around the world are developing many potential vaccines for COVID-19. These vaccines are all designed to teach the body's immune system to safely recognize and block the virus that causes COVID-19. Several different types of potential vaccines for COVID-19 are in development, including: Inactivated or weakened virus vaccines, which use a form of the virus that has been inactivated or weakened so it doesn't cause disease, but still generates an immune response.

Protein-based vaccines, which use harmless fragments of proteins or protein shells that mimic the COVID-19 virus to safely generate an immune response. Viral vector vaccines, which use a safe virus that cannot cause disease but serve as a platform to produce coronavirus proteins to generate an immune response. RNA and DNA vaccines, a cutting-edge approach that uses genetically engineered RNA or DNA to generate a protein that itself safely prompts an immune response.

THE HUMAN RIGHT TO HEALTH

The WHO Constitution (1946) envisages "...the highest attainable standard of health as a fundamental right of every human being." Understanding health as a human right creates a legal obligation on states to ensure access to timely, acceptable, and affordable health care of appropriate quality as well as to providing for the underlying determinants of health, such as safe and potable water, sanitation, food, housing, health-related information and education, and gender equality.

A States' obligation to support the right to health – including through the allocation of "maximum available resources" to progressively realize this goal - is reviewed through various international human rights mechanisms, such as the Universal Periodic Review, or the Committee on Economic, Social, and Cultural Rights. In many cases, the right to health has been adopted into domestic law or Constitutional law. A rights-based approach to health requires that health policy and programs must prioritize the needs of those furthest behind first towards greater equity, a principle that has been echoed in the recently adopted 2030 Agenda for Sustainable Development and Universal Health Coverage.



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The right to health must be enjoyed without discrimination on the grounds of race, age, ethnicity, or any other status. Non-discrimination and equality require states to take steps to redress any discriminatory law, practice, or policy.

Another feature of rights-based approaches is meaningful participation. Participation means ensuring that national stakeholders – including non-state actors such as non-governmental organizations – are meaningfully involved in all phases of programming: assessment, analysis, planning, implementation, monitoring, and evaluation.

"The right to the highest attainable standard of health" implies a clear set of legal obligations on states to ensure appropriate conditions for the enjoyment of health for all people without discrimination. The right to health is one of a set of internationally agreed human rights standards and is inseparable or 'indivisible' from these other rights. This means achieving the right to health is both central to, and dependent upon, the realization of other human rights, to food, housing, work, education, information, and participation.

The right to health, as with other rights, includes both freedoms and entitlements: Freedoms include the right to control one's health and body (for example, sexual and reproductive rights) and to be free from interference (for example, free from torture and non-consensual medical treatment and experimentation). Entitlements include the right to a system of health protection that gives everyone an equal opportunity to enjoy the highest attainable level of health.

Disadvantage and marginalization serve to exclude certain populations in societies from enjoying good health. Three of the world's most fatal communicable diseases disproportionately affect the world's poorest populations, and in many cases are compounded and exacerbated by other inequalities and inequities including gender, age, sexual orientation or gender identity, and migration status. Conversely, the burden of non-communicable diseases is increasing disproportionately among lower-income countries and populations and is largely associated with lifestyle and behavior factors as well as environmental determinants, such as safe housing, water, and sanitation that are inextricably linked to human rights.

A focus on disadvantage also reveals evidence of those who are exposed to greater rates of ill-health and face significant obstacles to accessing quality and affordable healthcare, including indigenous populations. While data collection systems are often ill-equipped to capture data on these groups, reports show that these populations have higher mortality and morbidity rates, due to noncommunicable diseases such as cancer, cardiovascular diseases, and chronic respiratory disease. These populations may also be the subject of laws and policies that further compound their marginalization and make it harder for them to access healthcare prevention, treatment, rehabilitation, and care services.

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VIOLATIONS OF HUMAN RIGHTS IN HEALTH

Overt or implicit discrimination in the delivery of health services acts as a powerful barrier to health services and contributes to poor quality care. Mental ill-health often leads to a denial of dignity and autonomy, including forced treatment or institutionalization, and disregard of individual legal capacity to make decisions. Paradoxically, mental health is still given inadequate attention in public health, despite the high levels of violence, poverty, and social exclusion that contribute to worse mental and physical health outcomes for people with mental health disorders.

HUMAN RIGHTS-BASED APPROACHES

A human rights-based approach to health provides a set of clear principles for setting and evaluating health policy and service delivery, targeting discriminatory practices and unjust power relations that are at the heart of inequitable health outcomes. In pursuing a rights-based approach, health policy, strategies, and programs should be designed explicitly to improve the enjoyment of all people to the right to health, with a focus on the furthest behind first. The core principles and standards of a rights-based approach are detailed below.

Accountability

States and other duty-bearers are answerable for the observance of human rights. However, there is also a growing movement recognizing the importance of other non-state actors such as businesses in the respect and protection of human rights. Equality and non-discrimination.

The principle of non-discrimination seeks '...to guarantee that human rights are exercised without discrimination of any kind based on race, color, sex, language, religion, political, or other opinions, national or social origin, property, birth or another status such as disability, age, marital and family status, sexual orientation and gender identity, health status, place of residence, economic and social situation'. The principle of non-discrimination and equality requires WHO to address discrimination in guidance, policies, and practices, such as relating to the distribution and provision of resources and health services. Non-discrimination and equality are key measures required to address the social determinants affecting the enjoyment of the right to health.

Participation

Participation requires ensuring that all concerned stakeholders including non-state actors have ownership and control over development processes in all phases of the programming cycle: assessment, analysis, planning, implementation, monitoring, and evaluation. Participation goes well beyond consultation or a technical addition to project design; it should include explicit strategies to empower citizens, especially the most marginalized so that their expectations are recognized by the State.



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Participation is important to accountability as it provides "...checks and balances which do not allow unitary leadership to exercise power arbitrarily".

Universal, indivisible, and interdependent

Human rights are universal and inalienable. They apply equally, to all people, everywhere, without distinction. Human Rights standards – to food, health, education, to be free from torture, inhuman or degrading treatment – are also interrelated. The improvement of one right facilitates the advancement of the others. Likewise, the deprivation of one right adversely affects the others. Core elements of a right to health.

Progressive realization using maximum available resources. No matter what level of Resources they have at their disposal, progressive realization requires that governments take immediate steps within their means towards the fulfillment of these rights. Regardless of resource capacity, the elimination of discrimination and improvements in the legal and juridical systems must be acted upon with immediate effect.

NON-RETROGRESSION

States should not allow the existing protection of economic, social, and cultural rights to deteriorate unless there are strong justifications for a retrogressive measure. Core components of the right to health.

The right to health (Article 12) as defined in General Comment 14 of the Committee on Economic, Social, and Cultural Rights – a committee of Independent Experts, responsible for overseeing adherence to the Covenant. The right includes the following core components:

Availability

Refers to the need for a sufficient quantity of functioning public health and health care facilities, goods and services, as well as programs for all.

Accessibility

Requires that health facilities, goods, and services must be accessible to everyone. Accessibility has four overlapping dimensions: non-discrimination physical accessibility economical accessibility (affordability) information accessibility.

Acceptability

Acceptability requires that health facilities, goods, services, and programs are people-centered and cater to the specific needs of diverse population groups and under international standards of medical ethics for confidentiality and informed consent.



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QUALITY

Facilities, goods, and services must be scientifically and medically approved. Quality is a key component of Universal Health Coverage and includes the experience as well as the perception of health care. Quality health services should be:

Safe: avoiding injuries to people for whom the care is intended.

Effective: providing evidence-based healthcare services to those who need them.

People-centered: providing care that responds to individual preferences, needs, and values.

Timely: reducing waiting times and sometimes harmful delays.

Equitable: providing care that does not vary in quality on account of gender, ethnicity, geographic location, and socio-economic status.

Integrated: providing care that makes available the full range of health services throughout the life course.

Efficient: maximizing the benefit of available resources and avoiding waste.

WHO RESPONSE

WHO has made a commitment to mainstream human rights into healthcare programs and policies on national and regional levels by looking at underlying determinants of health as part of a comprehensive approach to health and human rights.

WHO promotes a concise and unifying framework that builds on existing approaches in gender, equity, and human rights to generate more accurate and robust solutions to health inequities. The integrated nature of the framework is an opportunity to build on foundational strengths and complementarities between these approaches to create a cohesive and efficient approach to promote health and well-being for all.

KEY TERMS

Vaccine: All the ingredients of a vaccine play an important role in ensuring a vaccine is safe and effective. Some of these include:

The antigen: This is a killed or weakened form of a virus or bacteria, which trains our bodies to recognize and fight the disease if we encounter it in the future.

Adjuvants: which help to boost our immune response. This means they help vaccines to work better.

Preservatives: which ensure a vaccine stays effective.



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Stabilizers: which protect the vaccine during storage and transportation. Vaccine ingredients can look unfamiliar when they are listed on a label. However, many of the components used in vaccines occur naturally in the body, in the environment, and in the foods we eat. All the ingredients in vaccines – as well as the vaccines themselves - are thoroughly tested and monitored to ensure they are safe.

SARS: Severe acute respiratory syndrome (SARS) is a viral respiratory disease caused by a SARS-associated coronavirus.

Covid-19: COVID-19 is the disease caused by a new coronavirus called SARS-CoV2. WHO first learned of this new virus on 31 December 2019, following a report of a cluster of cases of 'viral pneumonia' in Wuhan, People's Republic of China.

The human right to health: "The right to the highest attainable standard of health" implies a clear set of legal obligations on states to ensure appropriate conditions for the enjoyment of health for all people without discrimination.

Vaccination services: Vaccination is a simple, safe, and effective way of protecting people against harmful diseases before they come into contact with them. It uses your body's natural defenses to build resistance to specific infections and makes your immune system stronger.



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QUESTIONS A RESOLUTION MUST ANSWER:

- 1.- Where to start the application of vaccines?
- 2.- How will you do the process to prevent the spread of SARS-CoV 2 in people who are waiting for the vaccine?
- 3.- How to provide vaccines to places far away?
- 4.- How to combat fake vaccine trafficking?
- 5.- How to be sure that everyone gets the vaccine?
- 6.- What to do in case that someone does not want the vaccine?
- 7.- How will you be prepared if someone has reactions to the vaccine?



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