

## **Background Guide for the World Health Organization (WHO)**

### **Committee Overview and Mandate**

#### *Introduction*

The World Health Organization (WHO), founded in 1948, serves as the United Nations' (UN) health and wellbeing coordinating body across 194 Member States.<sup>1</sup> WHO focuses on matters of public health as envisioned by the UN, beginning with the adoption of the WHO Constitution at the International Health Conference in 1946. The organization seeks to address health in all aspects, recognizing health as a state of complete physical, mental, and social well-being and not merely as the absence of disease or infirmity, recognizing that the highest standard of health is a fundamental right for all people.

#### *Governance, Mandate, Membership and Structure*

WHO's constitution established the organization as a specialized agency of the UN in accordance with Article 57 of the Charter of the United Nations (1945).<sup>2</sup> WHO operates within the purview of the UN Economic and Social Council (ECOSOC), coordinating global health policy and activities. The organization is made up of over 8000 health professionals across disciplinary medical fields and operates across six regional offices. WHO sets its annual agenda each year in January and convenes for week-long sessions in May. The World Health Assembly (WHA) acts as WHO's decision making body by setting the organization's policies, addressing Executive Director elections, and managing financial matters.<sup>3</sup>

The mandate defines WHO's role in advancing disease eradication, coordinating and directing international health programs and projects, and improving nutrition, sanitation, and other health-related conditions. WHO is also responsible for advancing medical and health-related research; promoting scientific collaboration; improving standards of training in health, medical, and related professions; as well as developing international standards for food, biological, pharmaceutical, and related products. WHO carries out projects, campaigns, and partnerships, addressing a wide range of health topics while working closely with Member States, regional organizations, and private actors.

Under articles 58 and 28(I) of its constitution, WHO is tasked with carrying out appropriate emergency measures to manage epidemics and pandemics, like the COVID-19 pandemic, including taking rapid health relief measures and organizing research efforts to combat health crises.<sup>4</sup> The organization is part of the UN Inter-Agency Standing Committee's (UN-IASC) Global Health Cluster, which serves as a partnership mechanism for intergovernmental, national, and nongovernmental organizations to promote health and manage public health crises through various relief, training, and program mechanisms.<sup>5</sup>

## **Addressing Women and Children's Needs in the post-COVID-19 World**

### *Background*

The Covid-19 Pandemic has had devastating effects for the world community's pursuit of Sustainable Development Goal (SDG) 3 – Good Health and Well Being. Article 2 of WHO's constitution mandates that the organization is to foster mental, maternal, and child health, and to provide information, counsel, and assistance in the field of health; however the health of children and women suffered tremendously due to the pandemic, with over 80 million children missing out on one or more life-saving vaccines, while stillbirths and mortality rates during birth increased for women across the globe, but especially in the developing world.<sup>6</sup> As children miss out on necessary treatments and health services, a factor further exacerbated for girls, future health complications, health costs, chances of death, and risk of continued health crises all increase.

The WHO maintains its *Triple Billion Targets* for 2023, aiming for one billion people to benefit from Universal Health Care (UHC), one billion people to be better protected from health emergencies, and one billion people to be enjoying better health and well-being, an ambitious set of targets on which the COVID-19 pandemic has had a grave impact.<sup>7</sup> WHO's Constitution notes the unequal development in different Member States in the promotion of health and control of disease, especially communicable disease, reflected in the fact that of the 832 million COVID-19 vaccines administered, 82% have been distributed to high-income Member States leading to a 1 in 4 vaccination rate compared to a 1 in 500 vaccination rate in poorer Member States.<sup>8</sup>

### *Vaccine Distribution*

Disrupting already limited health service availability, the COVID-19 pandemic caused a drop in global vaccine coverage in children below the age of 12 by upwards of 5%, with an estimated 25 million children under the age of one missing out completely on important early childhood vaccines, the highest number on record since 2009.<sup>9</sup> Vaccine distribution disparities hit rural communities and slums in Least Developing Countries (LDCs) the hardest. Over 17 million children were not vaccinated at all for communicable diseases due to COVID-19 restrictions and disruption in 2020. This not only increases the likelihood of the disease spreading and puts vulnerable age groups at risk, but missing vaccines at critical stages in childhood development can weaken the effect of the vaccine even if it is received later in life. Girls particularly faced vaccination disparity, missing out on important childhood vaccinations such as the HPV vaccination with rates dropping by over 10% from 2019 to 2020.<sup>10</sup>

Large scale, equal vaccination distribution is extremely important to managing current and preventing future health crises. When substantial portions of the population go unvaccinated, diseases continue to spread and have disproportionate adverse effects on a single, often already vulnerable group, setting them even further behind. Furthermore, large, unvaccinated populations are sources of disease mutation which can render existing vaccines weakened or completely ineffective against new mutated strands. In a globalized world where the travel of individuals via choice or due to forced migration is the standard, allowing pandemics to continue in one corner of the world opens the door for the disease returning to the rest of it.

The WHO's *Global Immunization Agenda 2030* has prioritized more than 20 preventable diseases which can be treated via vaccines. The agenda seeks to focus distribution of vaccinations across the developing world, mainly in infants, to combat the spread of and life-long impacts of diseases such as Polio, HPV, and Covid-19. The pandemic has shown the importance of vaccine and health services distribution in LDCs, with the heaviest hits to the health system occurring here. WHO has met the challenge head on with the *COVID-19 Vaccine Global Access (COVAX)* initiative to promote equitable distribution of vaccines across the globe.

### *Access to Health Services*

For women, access to health services, including maternal care, dropped across 38% of Member States, while one out of four Member States reported at least a 5% or higher drop in women's access to services for domestic and sexual violence.<sup>11</sup> This drop in health services and access has consequences extending far beyond the pandemic, including a rise in mortality rates and the increased spread of disease across vulnerable populations. 47 million women across 114 states lost temporary or permanent access to contraceptives during the pandemic, resulting in more than 2 million unplanned pregnancies, an especially devastating number for women in LDCs given the economic burden and the capacities of hospitals under the strain of the pandemic.<sup>12</sup> With more than half of the world's 700 million extreme poor being women and girls, the distribution of healthcare services had major effects on those in slums and rural areas who already lacked adequate access to routine and lifesaving medical services.<sup>13</sup> More than 90% of States experienced severe disruptions in the national health services due to the COVID-19 pandemic resulting in children missing critical annual health checkups and other medical services. Medical services for children with lifelong disabilities dropped sustainably during the pandemic in more than one in five States.<sup>14</sup>

Access to healthcare services is necessary for the long-term safety of both individuals and communities. Healthcare services go beyond necessary lifesaving services such as emergency services and surgeries, including annual and routine medical treatments that help prevent and catch noncommunicable issues such as cancers. Women and children especially require certain annual screenings and checkups to ensure good health. Pregnant women and mothers likewise faced a life-threatening shift with the pandemic as pregnancy, childbirth, and post-birth complications are both common and deadly, especially to women in developing Member States, which account for 95% of maternal mortality rates.<sup>15</sup>

Pursuing a goal of universal health coverage, WHO has sought to initiate programs to target specific medical needs faced by women and children that go underfunded and are often unavailable in LDCs. The *Global Breast Cancer Initiative* and the *Cervical Cancer Elimination Initiative* are two projects by the organization that specifically target women in poor and poor-to-middle income States who may lack access to lifesaving services. These initiatives recognize the specific challenges faced by this population and seek to correct the disparity in the places it appears most prevalent. Similarly, WHO's *Child Health and Development Unit* takes aim at ending preventable deaths in children living in LDCs through the creation of frameworks and partnerships to provide vulnerable youth with regular checkups and daily health services and products like nutrients to promote health at an early age, cutting back on future health issues the child may have otherwise experienced in their life.

### *Extended Public Health Crises*

The work of WHO overlaps with numerous United Nations organizations, including UN Women, the Commission on the Status of Women (CSW), and the United Nations Children's Fund (UNICEF), in addressing the disparities public health crises can place on vulnerable populations. The extended timeframe of the COVID-19 pandemic produced catastrophic effects for women who disproportionately lost jobs and health benefits as compared to men, with 29% of working aged-mothers affected compared to 20% of working-aged fathers. Furthermore, extended quarantine durations placed female victims with their abusers for longer, causing nearly 1 in 2 women to report some experience of domestic or partner violence since the start of the pandemic.<sup>16</sup> Additionally, UN programs to prevent female genital mutation were disrupted with estimates suggesting that up to two million preventable cases occurred during the pandemic, creating possible lifelong health issues for young girls around the globe.

Similarly, school-aged children have suffered extensively from the extended pandemic, including over two trillion educational hours lost, particularly in developing states where the education divide is already great.<sup>17</sup> One in ten children lost a parent or caregiver due to the COVID-19 pandemic, causing both trauma and household instability for children across the globe. Children were also disproportionately affected by humanitarian aid that could not be delivered or distributed due to increases in COVID-19 cases, perpetuating existing health crises, including 45 million cases of acute malnutrition for children in low-to-middle income Member States.<sup>18</sup> COVID-19 restrictions on schools and community centers likewise caused 1.6 million young girls in developing states to miss out on healthcare services such as breast and cervical cancer screenings.<sup>19</sup>

Recognizing the long-term devastation of epidemics and pandemics like COVID-19, WHO has taken substantial actions to mitigate the effects of health crises as well as to predict and respond more rapidly in hopes of preventing major impacts for vulnerable populations. WHO's *Early Warning, Alert, and Response System (EWARS)* serves as a mechanism by which the organization can preventively predict regions at risk for epidemics, watch for warning signs, and respond effectively to prevent the spread of communicable disease while also implementing social protections and providing humanitarian relief to those affected.

### ***Conclusion***

Even post-Pandemic, the consequences of public health crises remain, and the burden is not distributed equally. It is the role of the WHO to promote the health and wellbeing of all people, but especially the health of those such as women and children whose protections were stripped away by the pandemic. Through tackling issues such as ensuring equal access to health services across populations, managing the distribution of life saving vaccines, and preventing potential crises, only then can the organization truly achieve the highest standard of health for all people.

### **Questions to consider:**

1. What larger effects does WHO's work have on Member States and the global community outside of health?
2. How can WHO utilize public-private partnerships to better achieve its goals in developing Member States?
3. What preventive actions can be taken to manage possible or onset public health crises such as a pandemic before they occur or expand far beyond their point of origin?
4. What are some gender or age specific relief mechanisms WHO can provide to women and children to minimize the effects of a major health crises on these vulnerable populations?
5. How might WHO help to eliminate disparities in access to healthcare services and vaccinations?
6. How can WHO counteract and rectify the devastating effects previous public health crises had on public health and wellbeing?

### **Helpful Links**

1. <https://www.who.int/>
2. <https://www.who.int/initiatives>
3. <https://www.who.int/publications/i/item/9789240074323>
4. <https://www.unicef.org/coronavirus/covid-19>
5. [https://www.who.int/initiatives/act-accelerator/covax#:~:text=COVAX%20is%20the%20vaccines%20pillar,19%20Tools%20\(ACT\)%20Accelerator.](https://www.who.int/initiatives/act-accelerator/covax#:~:text=COVAX%20is%20the%20vaccines%20pillar,19%20Tools%20(ACT)%20Accelerator.)
6. <https://www.unwomen.org/en/digital-library/publications/2021/02/report-on-the-un-women-global-response-to-covid-19>