



World Health Organization Executive Board (WHO)

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Purview:

The [World Health Organization](#) is the United Nations Agency responsible for combating disease and promoting health worldwide; it directs and coordinates international health initiatives within the United Nations system. It has universal membership in the World Health Assembly. The [WHO Executive Board](#) is composed of members technically qualified in health, and gives effect to the decisions and policies of the Health Assembly. Members on the Executive Board serve for three-year terms. The 34 members provide guidance and

implementation for World Health Assembly policies. The WHO focuses on public health, medical infrastructure and disease outbreaks worldwide. The WHO is guided by its constitution signed in 1948 and is the successor to the League of Nations' Health Organization.

Website: <http://www.who.int/mediacentre/events/2018/eb142/en/>

Topics:

Promoting The Health of Migrants

As of 2019, there are an estimated 272 million international migrants annually according to the [United Nations World Migration Report](#). Migrants are persons who travel among locations rather than living stationary lives. Generally, migrants can be categorized into economic migrants who travel for work opportunity and refugees and internally displaced persons (IDPs) who travel due to persecution and instability. Globalization makes economic opportunity more accessible and the ability to traverse borders easier; as a result, the number of migrants is skyrocketing. There are large numbers of migrants in developed countries, but lack of access to health systems, inability to access previous health records, inconsistent quality of care and inadequate finances prevent many migrants from securing proper healthcare. Major global problems like the European migrant crisis, stemming from long-running wars in the Middle East, continue to compound the vast number of health issues that refugees face. On top of the very basic humanitarian issues that result, the United Nations has committed to [Goal 3 of the Sustainable Development Goals](#): to provide universal healthcare worldwide by 2030. The World Health Organization (WHO) is striving to fulfill the main principle of the SDGs—to leave no one behind—and promoting migrant access to quality health services is essential for global health security and reducing health inequities.

The earliest multilateral actions on migrant health date back to the 1949 [International Labor Organization \(ILO\) Migration for Employment Convention](#), which required ratifying States to ensure medical attention for newly arrived migrants and their families. The 1990 International [Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families](#), passed by the United Nations, expanded the Convention and significantly broadened the rights of migrants and refugees. The 1990 Convention ensured migrants' access to emergency medical care regardless of their migrant status, equality of access to social and health services on par with nationals, and protection against working conditions harmful to migrants' personal health. However, both

Conventions have limited health provisions and have suffered from a lack of widespread support. While ratified by a number of migrant-origin States, the largest receiving States in North America and Europe have not signed the Conventions.

Migration received much greater attention in 2003, when the United Nations Secretary-General Kofi Annan launched the [Global Commission on International Migration](#), the first panel of its kind designed to address migration issues. It reported its findings to the 2006 High-Level Dialogue on International Migration and Development, resulting in the creation of the Global Forum on Migration and Development. The Commission, however, only addressed issues of economics and human rights; it did not address health issues. Migrant health-related work did not begin until 2008, when the World Health Assembly (WHA) passed its first resolution on the health of migrants, which called on Member States to cooperate on health provisions and promote migrant-friendly policies, including a set of four goals: reducing migrant morbidity, establishing equal health treatment, ensuring migrants' access to health care and minimizing the negative health impacts associated with an individual's migrant status. The resolution also requested the WHO Director-General to start developing migrant health-related policy through collaboration with other international organizations. The 2008 resolution led directly to the Global Consultation on Migrant Health, held in 2010. Held in conjunction with the International Organization for Migration (IOM), the Consultation led to two pivotal outcomes: a lengthy evaluation of migrant-related health needs and the creation of an extensive framework by which Member States ought to develop policy. The framework provides guidance on legal systems, health policy, and data collection and transfer.

In 2016, the United Nations hosted the Summit for Refugees and Migrants, culminating in the New York Declaration, which commits Member States to the creation of a new [Global Compact for Safe, Orderly and Regular Migration](#) (GCM). The New York Declaration focuses largely on basic access to health systems and reproductive health in particular. In January 2017, out of concern for an inadequate health component in the GCM, the WHO Executive Board requested that the Secretariat develop a framework of priorities and guiding principles for migrant and refugee health. In May 2017, the WHA adopted a resolution that encouraged Member States to make use of the framework to promote migrant health and ensure its inclusion into the GCM discussions. In cooperation with other organizations, the WHO developed the Proposed Health Component in the GCM. It proposes eight major actions and means to implement them, including enhanced commitments to multilateral agreements, greater data collection of migrant health information, improved health and well-being of migrant women, children and elderly people, and a push for rights-based and inclusive universal health coverage.

Despite the progress made, [several major challenges remain](#). Healthcare capacity building takes time, especially in developing States with particularly weak systems. And less obvious health concerns, like mental health problems, are especially high among refugees fleeing conflict. This can put strain on both migrant-receiving and origin States. The reluctance of host States to provide care continues, often attributed to a reluctance to pay for the needs of transient populations, especially when that care may cause additional strain to existing health systems and when those populations are fleeing existing conflict, as in the case of refugees. The Executive Board will need to address continuity of care and health data sharing for people on the move, particularly considering the privacy and medical practices that vary among Member States. Strengthening all States along the chain of migration will help ensure fair and even healthcare.

Questions to consider:

- What can Member States do to increase migrant access to healthcare systems and to provide relevant healthcare information to migrants who are now seeking healthcare in a different jurisdiction?
- How can migrant origin-States better equip migrant populations for the health issues that often arise and how can the United Nations support receiving States where additional resources may be needed?
- What practical measures can the United Nations take to support data and information sharing among Member States and to strengthen policies that support migrants?

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Global vaccine action plan

While vaccines have long been a [tool for disease eradication](#), their impact

became most clear in the 1980s and 1990s, when North America and much of Europe eradicated polio. The rest of the world soon followed and had effectively eradicated polio by the mid-2010s. Historically, illnesses like polio and smallpox killed thousands of people annually, with some estimates as high as 500 million people over the course of the past century. The near eradication of smallpox and polio in developed countries through vaccination led to widespread use of the polio vaccine throughout the world. Public health initiatives, both internationally and nationally funded, meant that vaccine use skyrocketed worldwide. No organization has been a more consistent advocate for vaccines than the World Health Organization (WHO). WHO and its primary decision making body, the World Health Assembly (WHA), have committed to eradication of disease by vaccination.

The WHO was instrumental in the eradication of the smallpox virus and the near eradication of the wild poliovirus. It has advocated for the development of vaccination programs against diphtheria, tetanus, whooping cough, measles, Haemophilus influenzae type b disease and epidemic meningococcal A meningitis. Its efforts began in the 1950s and 1960s, when the WHO, at the behest of the WHA, began targeted vaccination campaigns. In 1999, the WHA established the Strategic Advisory Group of Experts on Immunization. The Advisory Group began a long process of creating the infrastructure and research to effectively administer worldwide vaccination programs. This marked a shift from campaigns focused on just one disease. Building on this work, the WHO released its [Global Immunization Vision and Strategy \(GIVS\)](#) in 2005. GIVS and its successor programs are overseen by the WHA, which manages their policy direction.

GIVS was the first broadly focused global 10-year plan to bring immunization for multiple diseases. Previous global vaccination efforts focused on specific diseases, like the WHO's campaign to eradicate smallpox. In recognizing the indisputable good done by promoting the use of vaccines, the WHA and the UN Children's Fund (UNICEF) launched [GIVS with an ambitious set of goals](#): increasing coverage of immunization on a national level to 90 percent, to reduce childhood morbidity and mortality by two-thirds its 2000 levels, to introduce new vaccines and strengthen existing vaccination systems, among other goals. GIVS worked within four strategic areas: protecting more people in a changing world; introducing new vaccines and technologies; integrating immunization, other linked health interventions and surveillance in the health systems context; and immunizing in the context of global interdependence. Though largely successful, the GIVS struggled with uncooperative policy makers, undefined benchmarks for success, and massive underfunding. The final report on GIVS included new objectives and recommendations for the WHA to consider when drafting a new action plan.

In 2010, the Bill and Melinda Gates Foundation called for 2010-2020 to become the [Decade of Vaccines](#). By December of the same year, the WHO, the United Nations International Children's Emergency Fund (UNICEF), the National Institutes of Health, the Global Alliance for Vaccines and Immunisation, and many other public health organizations joined them, creating the Decade of Vaccine Collaboration. The Decade seeks to meet vaccination coverage targets universally, reduce child morbidity and create and introduce new and improved vaccinations. As part of the Decade, the World Health Organization and partner institutions and governments have enacted one of the most ambitious global health campaigns, the [Global Vaccine Action Plan](#), which was passed by the WHA and replaced the Decade in 2012.

At the time, the world was reeling from a 2011 revelation that [fake vaccination campaigns](#) had been used by intelligence agencies searching for Osama bin Laden. Massive distrust spread and, on top of the political repercussions, people now doubted that the vaccinations were real. By the time it was passed, the Action Plan had brought together more than a thousand individuals from more than 140 countries and 290 health organizations worldwide. It aimed to prioritize immunization worldwide, raise awareness about vaccines, create easily accessible routes for people to become vaccinated and provide consistent and sustainable funding for immunization efforts. The Action Plan established immunization tracking goals and measurable variables for success. It is currently overseen by the Women and Children's Health Accountability Commission, the Independent Expert Review Group (IERG) and the Strategic Advisory Group of Experts. Both expert groups depend on robust accounting of progress and challenges from Member States, NGOs and regional bodies, then take that information and present their recommendations for changes in vaccination schemes to participating Member States and the World Health Organization governing bodies.

In 2017, the world saw [renewed outbreaks of preventable diseases due to undervaccination](#) and refusal to vaccinate children. Two separate polio outbreaks—in addition to highly contagious outbreaks of rotavirus, Hepatitis A and other preventable diseases—demonstrated the importance of vaccination. Simultaneously, political support for many vaccination campaigns has been waning. Though their effectiveness was indisputable, their success meant many Member States no longer saw the need for continuation. Member States were beginning to push for large funding cuts and roll backs in vaccinations for diseases seen as eradicated. When combined with distrust of outside medical professionals, especially in those areas like conflict zones where access is already difficult; a growing level of skepticism about the efficacy of vaccines; and anti-vaccination campaigns, particularly in inner cities and targeting poor populations, the lack of funding and continued efforts may mean massive regression and disease resurgence. In 2017, the Strategic Advisory Group of

Experts recommendations included stronger leadership and governance of national immunization programs, improved funding for polio vaccination programs, strengthened monitoring of global and regional vaccine plan programs, increased support for vaccine research and development, and achieving elimination targets for maternal and neonatal tetanus, measles and rubella.

Looking ahead, Member States have a number of issues to consider. Member States need to focus on [making immunization programs national priorities](#). Though expensive, especially in areas with poor infrastructure, violent conflict and unstable political regimes, immunization programs and the educational campaigns that support them are the most effective way to prevent disease. Support for further research—like those done for oral diseases in the early 2000s—can aid in this process. In addition, the ebola and zika outbreaks emphasize the need more expansive vaccinations. Without new research, the world cannot prevent these diseases. The massive distrust of foreign health workers in developing areas and the spread of anti-vaccination campaigns in the west are both major challenges.

Questions to Consider:

- How can the WHO create successful vaccination programs for unstable regions, especially those plagued by violence and disrupted by poor infrastructure? What changes to vaccinations and vaccination program structures are needed to facilitate successful programs?
- What educational campaigns have been successful and how can the UN leverage existing or new educational campaigns to compensate for the distrust and misinformation around vaccines?
- What research is still needed to combat communicable diseases and how can the UN use that research to further its goals for maternal and neonatal vaccinations, tetanus, measles and rubella?

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