33rd Annual
BRIGHAM YOUNG UNIVERSITY MODEL UNITED NATIONS CONFERENCE
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Dear Delegates,

Welcome to the 33rd annual Brigham Young University Model United Nations Conference (BYUMUN)! By attending BYUMUN, you will gain a broader understanding of global affairs, learn how policy and decisions are made at an international level, and see how you can make the world a better place. We are excited to have you join us!

My name is Parker Carlquist, and I will be the director of the World Health Organization (WHO). I am a BYU student studying Public Health, with an emphasis in Health Promotion. I am also pursuing a minor in International Strategy and Diplomacy. I have always had an interest in government and international relations along with a passion for trying to make the world a better place. Over the past year, I have had the opportunity to represent Madagascar on the General Assembly 1 Committee in Washington D.C. and Morocco on the United Nations Environment Assembly in New York City. As I have participated in Model United Nations, I have come to better understand ways I can help the world and people in it be healthier, and in the process I have become friends with people from all across the globe.

The WHO works to help all people across the globe reach and maintain the optimal level of health amidst the many challenges the world faces. This year the topics are:

1. Malaria Resurgences
2. Ensuring Access to Adequate Healthcare

As you prepare for the conference, keep in mind that the solutions you find can help others live longer, healthier, and happier lives. This background guide will serve as an introduction to our committee but will not replace individual research. Seeking out innovative ideas to address these topics will help you be prepared, have a better conference experience, and help shape your view of the world.

Feel free to contact me with any question or concern that you may have. I look forward to meeting each of you and working together to help each person live a healthier life, no matter where they live in the world.

Sincerely,

Parker Carlquist
Director, World Health Organization
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Committee History

"The health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest co-operation of individuals and States."
  – Constitution of the World Health Organization

Introduction

The United Nations (UN) was formed in 1945 and has since become one of the most prominent and comprehensive international institutions. Formed of 193 Member States, the UN broadly seeks to maintain peace between nations and help them work together to improve the lives of all people. In order to achieve these goals, founding members of the UN suggested the creation of an international health organization, leading to the establishment of the World Health Organization (WHO) in 1948.

The WHO seeks to coordinate and direct international health efforts with the goal of helping all people achieve the highest level of health. Composed of 194 Member States, the WHO is headquartered in Geneva, Switzerland, but has 6 regional offices along with over 150 country offices spread across the globe. All Member States are part of the World Health Assembly (WHA), the governing and decision-making body which makes and sets policy for the WHO. The WHA also elects a Director-General to serve a 5-year term overseeing operations and serving as chief technical and administrative officer, in addition to working with the 34-member Executive Board. Executive Board members are technically qualified persons who help execute the priorities of the WHA while setting the future agenda and proposing potential resolutions for the WHA to consider during each annual meeting.

Mandate, Functions, and Powers

The WHO operates as a specialized agency of the UN underneath the guidance of the Economic and Social Council (ECOSOC). Adopted in 1946, the Constitution of the World Health Organization serves as the primary document guiding the functions, powers, and priorities of the organization. Entering into force in 1948, the Constitution established the WHO's chief objective of helping all people across the globe achieve the highest level of health possible. while outlining over 20 functions the organization should undertake in order to achieve the objective. These functions include pursuing the eradication of diseases; working to improve nutrition, mental health, and sanitation; improve the health of both mothers and children; setting international standards of quality, safety, and training; coordinating responses to public health emergencies; advancing research in medical and health related fields; and promoting cooperation between governments, businesses, NGOs, and others

The WHO conducts programs, activities, and campaigns to fulfill its mandate. While some operate on a global scale, others are run through regional and country offices in order to address particular needs. These programs and activities are funded through a combination of voluntary and assessed contributions. All Member States are assessed a membership due based on a percentage of the country's gross domestic product. However, assessed contributions on average are less that 20% of the WHO budget, with the remaining coming in voluntary contributions

from Member States, other UN agencies and organizations, and NGOs and philanthropic foundations among other sources.

Recent Impact and Priorities

Over the past two years, the WHO has been engaged in helping fight the COVID-19 pandemic across the globe. By holding hundreds of briefings, engaging with experts, and issuing guidance, the WHO sought to help guide the international community through the crisis. Furthermore, the WHO sent shipments of personal protective equipment to areas around the globe and helped support the development and distributions of vaccines worldwide.

In addition, the WHO has continued its support of the 2030 Agenda for Sustainable Development and the associated 17 Sustainable Development Goals (SDGs), particularly SDG 3: Good Health and Well-being. Formed of 13 targets, SDG 3 addresses many of the crucial current public health issues facing the world including the continuing presence and resurgences of communicable diseases, the rise of noncommunicable diseases, substance abuse, pollution, health coverage, and maternal and child mortality. To help Member States achieve these targets, the WHO helped create "The Global Action Plan for Healthy Lives and Well-being for All" along with 12 other international organizations to provide streamlined support.

At the 75th session of the WHA session held in May 2022, the Assembly considered and adopted various resolutions while focusing on the theme "Health for peace, peace for health". Resolutions were passed concerning strengthening preparedness for health emergencies, improving quality and coordination of research, and on the health emergency and refugee crisis resulting from Russian aggression in Ukraine. Critically, resolution 75.13 created a global strategy on infection, prevention, and control of diseases.

Conclusion

As the world continues to emerge from the COVID-19 pandemic, the WHO will continue to be the global source of health information. However, other emergencies and issues are emerging and ongoing, requiring the continued need for unique solutions to be found. Throughout this conference, we will discuss several of these issues and seek ways to find consensus to help the WHO further promote health and the achievement of the SDGs.

Annotated Bibliography

"Constitution of the World Health Organization." World Health Organization. Retrieved June 23, 2022, from https://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf?ua=1

The Constitution of the World Health Organization which serves as the principle and guiding document for the organization. It outlines the mandate and powers of the WHO along with its organizational structure.

United Nations, Department of Global Communications. (2019). The United Nations System. Retrieved June 23, 2022, from: https://www.un.org/en/pdfs/18-00159e_un_system_chart_17x11_4c_en_web.pdf

A document that outlines the organizational structure of the United Nations and how different UN bodies interact with each other.

World Health Organization. (2022). *Seventy-fifth World Health Assembly.* Retrieved June 23, 2022, from https://www.who.int/about/governance/world-health-assembly/seventy-fifth-world-health-assembly

The homepage for the Seventy-fifth World Health Assembly with access to key resolutions and documents and proceedings. It also highlights the theme of the assembly and important speeches.

World Health Organization. (2022). *WHO and the WHA: An Explainer.* Retrieved June 23, 2022, from https://www.who.int/about/governance/world-health-assembly/seventy-fifth-world-health-assembly/the-who-and-the-wha-an-explainer

This website helps explain the role and purpose of the World Health Assembly within the WHO.

World Health Organization. (2022). *Timeline: WHO's Covid-19 response.* Retrieved June 23, 2022, from https://www.who.int/emergencies/diseases/novel-coronavirus-2019/interactive-timeline#!

Timeline that highlights actions taken by the WHO during the COVID-19 pandemic.

World Health Organization. (n.d.). *Countries overview.* World Health Organization. Retrieved June 23, 2022, from http://www.who.int/countries/en/

List of all the current Member States of the World Health Organization.

World Health Organization. (n.d.). *Governance.* World Health Organization. Retrieved June 23, 2022, from https://www.who.int/about/governance

This website explains the different governing structures and parts of the WHO and how they interact with each other.

World Health Organization. (n.d.). *How WHO is funded*. Retrieved June 23, 2022, from https://www.who.int/about/funding

Website that helps explain the process and different methods by which the WHO receives funding and which countries are contributing.

World Health Organization. (n.d.). *Sustainable development goals 3 - the global action plan for healthy lives and well-being for all*. Retrieved June 23, 2022, from https://www.who.int/initiatives/sdg3-global-action-plan

This website helps illustrate the WHO's commitment to achieving Sustainable Development Goal 3 along with programs, initiatives, and partnerships that have been formed.

World Health Organization. (n.d.). *Who we are*. Retrieved June 23, 2022, from https://www.who.int/about/who-we-are/history

This website provides a brief outline to the history of the WHO and how it was organized.

Topic 1: Malaria Resurgences

"Malaria has afflicted humanity for millennia. We have the tools and strategy now to save many lives – and with new tools, to start to dream of a malaria-free-world."
– Dr. Tedros Adhanom Ghebreyesus, Director General, World Health Organization

Introduction

Long before COVID-19 swept through the world in 2020, malaria has been a constant presence in the world. Malaria is a parasitic disease generally spread through mosquitos. An endemic disease in many areas of the world, it can be viewed as a normal part of life even as it continues to kill thousands each year. Recent figures estimate there were 241 million cases of malaria with 627,000 deaths in just 2020. Over the past few decades, prevention programs have been at work to limit the spread of malaria. Yet, progress has slowed and even been erased in the past few years. In the past five years alone, 24 nations have seen increases in the cases of malaria, and in 2020 there were 47,000 more deaths than in 2019. Alarmingly, if these trends continue, malaria will resurge to the point where previously hard-fought gains will be lost in many areas.

Understanding Malaria, Preventive Efforts, and Resistance

Malaria is caused by *Plasmodium* parasites and is spread by five different species of mosquitoes. In 2020, close to half of the world's population was at risk for malaria. However, most cases are centered in Africa, with 95% of all cases in the world taking place on the continent. Although everyone is susceptible to malaria, certain groups are at higher risk. These include infants and children, pregnant women, and those that live in areas of high transmission that have low immunity such as migrant workers. Over 80% of the deaths in the region are of children under 5.

Symptoms of malaria begin to appear 10-15 days after being bitten by an infected mosquito and include a fever, headache, and chills. If treatment is not begun within 24 hours of symptoms manifesting, severe illness and death can occur. As such, early diagnosis and treatment are critical to helping prevent severe disease and death. However, symptoms can often be confused for other illnesses. All cases are then largely confirmed through diagnostic testing to ensure the appropriate course of action and treatment are administered. Access to testing thus remains critical.

Prevention and treatment of malaria is focused on two main areas: vector control and medication. Vector control focuses on preventing malaria through insecticide-treated bed nets and indoor residual spraying. These methods help prevent infected mosquitos from biting individuals. However, resistance to current insecticides is growing among mosquito populations. Over 75 countries have reported mosquito resistance, with 29 reporting severe.

Medications can work towards both the prevention and treatment of malaria. Full courses of antimalaria drugs can work towards the prevention of malaria, particularly in high-risk populations. If infected, the best course of action is an artemisinin-based combination therapy. Yet, resistance to drugs has emerged as a major threat to control efforts and treatment of those infected with malaria.

International and Regional Framework

A comprehensive effort to prevent and treat malaria began with the establishment of the United Nations Millennium Development Goals (MDGs) in September 2000. MDG 6C called for Member States to decrease the incidence of malaria by 2015. To achieve this, the United Nations General Assembly in resolution 55/284 called for the decade 2001-2010 be labeled as the "Decade to Roll Back Malaria in Developing Countries, Particularly in Africa" and urged Member States to fund prevention and treatment programs. The World Health Assembly (WHA) in 2005 passed WHA58.2 to provide further guidance and recommendations to Member States on how to control malaria. Over the course of 15 years, the incidence of malaria fell by 30% and the death rate by over 47%.

In 2015, the MDGs were replaced by the Sustainable Development Goals (SDGs) and the goal was set in SDG 3.3 to end the epidemic of malaria by 2030. Through WHA68.2, the WHO created the "Global Technical Strategy for Malaria 2016-2030" and set goals to reduce the incidence and mortality of malaria 90% through this period. Updated in 2021, the strategy continues to guide the *Global Malaria Programme* which directs the WHO's efforts in combating malaria along with providing support to regional and country programs. Furthermore, countries can apply for a WHO certification of malaria elimination. In 2020, over 100 countries have been certified as malaria-free.

Current Efforts

Beyond current efforts in the *Global Malaria Programme*, the WHO has continued to make strides to combat malaria. The Mekong Malaria Elimination program was established in 2017 to help contain the spread of drug-resistant malaria in Southeast Asia and lead coordination among countries. The "High burden to high impact" response was created in 2018 between the WHO and RBM Partnership to End Malaria helping 11 countries create tailored policies for each country.

Historically, in October 2021 the WHO recommended the broad use of the first malaria vaccine in children. Studies showed that the vaccine was not only safe and easily distributable but critically reduced the risk of severe malaria by 30% with over 1.3 million children received the vaccine during the pilot programs. The Gavi Vaccine Alliance has committed almost $160 million through 2025 to help in the distribution of the vaccine. Yet, the current and projected supply of the vaccine will be insufficient to help all of the 25 million children born each year in areas of high malaria transmission. In addition to helping formulate guidelines in distribution and a framework, the WHO is committed to helping explore how to expand manufacturing capacity of the current vaccine while helping in the development of others.

Conclusion

Even as fears of resistance grow, money slated for malaria programs has been dropping. The required money to adequately fund programs is projected to cost $5.6 billion annually. However, there has been over a $2 billion shortfall in funds in recent years. Compounded with natural disasters, conflicts, and the pandemic creating shortages and issues in distribution, malaria is

poised to make a comeback. Without renewed and fervent action, malaria may continue its deathly dance with humanity for another millennia.

Questions to Consider

1. How can the WHO and Member States combat resistance to drugs and insecticides?
2. What should be done to help in the distribution of the malaria vaccine?
3. Should malaria be prioritized in receiving funding over other diseases? Why or why not?
4. What strategies could be employed to help better combat malaria? Are they focused on a global level or country level?

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Filler, S. (2019, April 30). *Malaria resurgence is a very real risk - world*. ReliefWeb. Retrieved July 29, 2022, from https://reliefweb.int/report/world/malaria-resurgence-very-real-risk

Article that explains the malaria resurgence, what is potentially causing it, and the risks that it poses to the world.

Titus, A. (2022, June 21). *Malaria resurgence is linked to weakening of malaria control programs*. Center for Disease Dynamics, Economics & Policy. Retrieved July 29, 2022, from https://cddep.org/blog/posts/malaria-resurgence-linked-to-weakening-of-malaria-control-programs/#:~:text=Malaria%20resurgence%20refers%20to%20the,nets%20or%20spraying%20with%20insecticide.

Article that discusses the finances and how lack of funding could be a contributing factor to malaria resurgences.

United Nations. (2001). *2001-2010: Decade to roll back malaria in developing countries, particularly in Africa.* Retrieved July 29, 2022, from https://digitallibrary.un.org/record/448002?ln=en

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United Nations. (n.d.). *Goal 3 - Department of Economic and Social Affairs*. Retrieved July 30, 2022, from https://sdgs.un.org/goals/goal3

This site provides information about Sustainable Development Goal 3 "Good Health and Wellbeing" set by the United Nations.

World Health Organization. (2005). *Fifty-eighth World Health Assembly – Resolutions and Decisions*. Retrieved July 29, 2022, from https://apps.who.int/gb/ebwha/pdf_files/WHA58-REC1/english/A58_2005_REC1-en.pdf

Document that includes the resolutions from the 58th session of the World Health Assembly, including the resolution WHA58.2 which discusses malaria control.

World Health Organization. (2015). *Global technical strategy for malaria 2016-2030*. World Health Organization. Retrieved July 28, 2022, from https://www.who.int/docs/default-source/documents/global-technical-strategy-for-malaria-2016-2030.pdf

The strategy adopted by the World Health Assembly in 2015 to help guide the WHO and Member States in achieving SDG 3. Focused on three separate pillars and two supporting elements, the report helps highlight both the challenge and paths to success.

World Health Organization. (2018). *Millennium development goals (MDGs)***. Retrieved July 28, 2022, from** **https://www.who.int/news-room/fact-sheets/detail/millennium-development-goals-(mdgs)#:~:text=The%20United%20Nations%20Millennium%20Declaration,are%20derived%20from%20this%20Declaration.**

This site provides key facts about the Millennium Development Goals adopted by the UN in 2000 as they relate to the WHO and shows progress made towards combatting malaria. These goals were superseded by the Sustainable Development Goals in 2015.

World Health Organization. (2020). *Who calls for reinvigorated action to fight malaria***. Retrieved July 28, 2022, from** **https://www.who.int/news/item/30-11-2020-who-calls-for-reinvigorated-action-to-fight-malaria**

News release that outlines the current problems caused by the COVID-19 pandemic in fighting malaria and other concerns. The WHO response is also discussed along with an overview of goals.

World Health Organization. (2021). *WHO recommends groundbreaking malaria vaccine for children at risk***. Retrieved July 29, 2022, from** **https://www.who.int/news/item/06-10-2021-who-recommends-groundbreaking-malaria-vaccine-for-children-at-risk**

News release that highlights the new guidelines concerning the malaria vaccine. An explanation about the vaccine and key findings are included.

World Health Organization. (2021). *World malaria report 2021***. Retrieved July 27, 2022, from** **https://www.who.int/teams/global-malaria-programme/reports/world-malaria-report-2021**

This website provides access to the WHO's annual publication regarding malaria in the world. Key stats, strategies, and programs, along with other information are found in the report.

World Health Organization. (2022). *Fact sheet about malaria***. Retrieved July 29, 2022, from** **https://www.who.int/news-room/fact-sheets/detail/malaria**

Key facts and information regarding what malaria is, symptoms, treatment, and prevention are provided. In addition, information concerning programs and efforts completed by the WHO to combat malaria are listed.

World Health Organization. (2022). *Historic funding to expand roll-out of first-ever malaria vaccine in Africa***. Retrieved July 29, 2022, from**

https://www.afro.who.int/news/historic-funding-expand-roll-out-first-ever-malaria-vaccine-africa

News release about the fundings from Gavi Vaccine Alliance to help fund the administration of the malaria vaccine. Challenges regarding vaccine distribution are discussed.

World Health Organization. (n.d.). *Malaria*. Retrieved July 28, 2022, from https://www.who.int/health-topics/malaria#tab=tab_1

Quick overview of malaria as a disease with links to fact sheets, data, and WHO resolutions regarding malaria.

World Health Organization. (n.d.). *Mekong Malaria Elimination Programme*. Retrieved July 29, 2022, from https://www.who.int/initiatives/mekong-malaria-elimination-programme

This site has an explanation about the Mekong Malaria Elimination Programme and links to learn more about it.

Topic 2: Ensuring Access to Adequate Healthcare

"Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control."
– Universal Declaration of Human Rights, Article 25

Introduction

The Constitution of the World Health Organization states that "the highest attainable standard of health" is "a fundamental right of every human being". The health of a person is not only determined by their genetics or lifestyle choices, but is also influenced by their culture, education, society, environment, and more. One of the critical factors is whether they have access to healthcare.

Over half of the world's population is estimated to not be receiving essential health services. Adequate healthcare access is influenced and shaped through aspects including availability, accessibility, acceptability, and quality. Availability refers to the existence of functioning public health systems, health care facilities, number of doctors and healthcare professionals, and the number of goods and services to provide for the population of an area. These services must pass features of accessibility including being physically reachable, economically affordable, providing information that is clear and easy to understand, and being non-discriminatory in practices offered. Both availability and accessibility focus on the actual existence and possibility for people to access services.

On the other side, acceptability and quality help determine whether accessing services is worthwhile. Acceptability means that the healthcare is patient focused, in accordance with international standards of medical ethics, and ultimately caters to the specific needs of the population it is serving. This ensures that the needs of the population are being met. Quality though references whether procedures are safe and effective, timely in being carried out, equitable in coverage, efficient, and provide an integrated approach through the providing of a full range of healthcare. Without quality and acceptable healthcare, health conditions and infirmities of a population will unlikely be cared for in an adequate manner, making systems ineffective.

Healthcare across the globe

Healthcare accessibility, availability, acceptability, and quality vary across the world and within countries both geographically and socially. Rural areas and countries are often left with limited resources and personnel. Developed countries and urban areas with extensive systems may be too expensive for the average citizen to access.

Disease and lack of adequate healthcare however are concentrated in areas with the least amount of affluence. Each year, roughly 100 million people fall into extreme poverty due to healthcare expenses. Each day there are 16,000 children who die before the age of 5, with an infant in sub-Saharan Africa being 14 time more likely to die than other areas of the world. Nearly 95% of all

tuberculosis cases are found in the developing world. One billion people live in slum-like conditions, which are hubs for poverty, disease, and lack of care. These conditions help fuel the alarming 34-year gap in life expectancy between developing and developed nations, and

Primary Health Care and Universal Health Coverage

Ensuring access to adequate healthcare begins with furthering primary healthcare and universal health coverage across the globe. Primary health care (PHC) is the focus of providing quality healthcare in individual communities and involves a holistic approach of prevention, treatment, rehabilitation, and health promotion. Universal Health Coverage (UHC) is based in the foundation of PHC, with individuals receiving the essential health services they need, but without undue financial hardship. Combined together, PHC and UHC call for accessible, affordable, and quality healthcare throughout the world.

In 1978, the Declaration of Alma-Ata on Primary Health Care was released, establishing an international commitment to achieving PHC for all. This landmark declaration was reaffirmed in 2018 through the Astana Declaration on Primary Health Care which highlighted four areas crucial to the achievement of PHC. These areas include knowledge and capacity building, human resources for health, technology, and financing. Estimates show that investments of $200 billion USD per year could save up to 60 million lives. Crucial to the success of PHC are health care workers. Concerningly, there is a projected shortfall of 18 million health care workers in 2030, which will hamper efforts to achieve PHC.

Established in 2015 by the United Nations, Sustainable Development Goal (SDG) 3 calls for "Ensuring healthy lives and promotion of well-being for all at all ages" with target 3.8 specifically calling for universal health coverage worldwide. UHC is not free access to all health services for every person. Instead, it is focused on providing services at a cost that is financially sustainable for the country and individual. Affordable health services reduce the risk that people will be pushed into poverty due to seeking medical care and helps ensure that financial insecurity will not be the reason people choose not to seek care.

Each country has different ways and strategies towards achieving UHC but has an emphasis on the importance of the availability and access of healthcare services. Achieving UHC requires the strengthening of overall health systems and development of financing structures. In addition, tackling poverty and reducing impoverishment are critical for long-term success. Investments to achieve UHC are estimated at $370 billion USD a year. However, it is estimated that $11.2 trillion USD in economic output will be lost between 2015-2030 due to inadequate healthcare coverage worldwide. Achieving UHC makes both economical and moral sense.

Current Efforts by the WHO

In efforts to achieve SDG 3.8, the WHO has made achieving UHC a strategic priority, setting the goal to have one billion more people benefit from UHC by 2023 through the program "Triple Billion Targets" established by the Thirteenth General Programme of Work in 2018. In 2019, the WHA passed resolutions WHA72.2 and 72.4 to further illustrate commitment towards achieving

PHC and UHC and urge Members States to achieve them by 2030 with particular focus on poor, vulnerable, and marginalized populations.

Underlying determinants of health in individual countries often determine the strengths and weaknesses of healthcare access. The WHO actively works to provide technical, political, financial, and intellectual assistance to countries to help them achieve PHC and UHC. Established in 2011, the WHO helps directs efforts and provide expertise to 115 countries through the Universal Health Coverage Partnership (UHCP). The UHCP represents one of the WHO's largest platforms for international cooperation with over 3 billion people represented through the partnership.

Conclusion

Ensuring access to adequate healthcare is critical to creating a better world. Through the achievement of PHC and UHC in each country, lives will be saved, and health indicators will improve. Sizeable barriers exist, including the setbacks caused by the COVID-19 pandemic. However, with concerted efforts the right to healthcare can be ensured for every person across the globe.

Questions to Consider

1. What barriers does your country have to achieving adequate healthcare for its citizens? Have they succeeded in overcoming some? If so, how?
2. How can universal healthcare be achieved if your country? Will it bring about essential healthcare for all citizens?
3. What economic incentives are there for achieving UHC that can motivate Member States?
4. What ways can Member States better cooperate to reach UHC?

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Speech given by the UNDP administrator regarding challenges, efforts, and importance of achieving UHC.

United Nations. (n.d.). *Goal 3: Ensure healthy lives and promote well-being for all at all ages.* United Nations Sustainable Development Goals. Retrieved July 30, 2022, from https://www.un.org/sustainabledevelopment/health/

Information regarding SDG 3 and targets to achieve universal health coverage by 2030.

Universal Health Coverage Partnership. (2022). *About: Universal Health Coverage Partnership.* Retrieved July 30, 2022, from https://www.uhcpartnership.net/about/

Information regarding the WHO's Universal Health Coverage Partnership and its work to help 115 countries achieve PHC and UHC.

World Health Organization. (2017). *Human Rights and Health.* Retrieved July 30, 2022, from https://www.who.int/news-room/fact-sheets/detail/human-rights-and-health

This website explains what the right to health means for healthcare access and rights-based approaches to providing healthcare. It also lists the core components of availability, accessibility, acceptability, and quality.

World Health Organization. (2017). *World Bank and WHO: Half the world lacks access to essential health services, 100 million still pushed into extreme poverty because of health expenses.* Retrieved July 30, 2022, from https://www.who.int/news/item/13-12-2017-world-bank-and-who-half-the-world-lacks-access-to-essential-health-services-100-million-still-pushed-into-extreme-poverty-because-of-health-expenses

News release that explains gaps in healthcare and coverage around the world.

World Health Organization. (2018). *Declaration of Astana.* **Global Conference on Primary Health Care. Retrieved July 30, 2022, from** [**https://www.who.int/docs/default-source/primary-health/declaration/gcphc-declaration.pdf**](https://www.who.int/docs/default-source/primary-health/declaration/gcphc-declaration.pdf)

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World Health Organization. (2018). *Health inequities and their causes.* **Retrieved July 30, 2022, from** [**https://www.who.int/news-room/facts-in-pictures/detail/health-inequities-and-their-causes**](https://www.who.int/news-room/facts-in-pictures/detail/health-inequities-and-their-causes)

Fact file that provides information regarding health inequities around the world what causes them.

World Health Organization. (2019). *Preparation for the high-level meeting of the United Nations General Assembly on universal health coverage - Seventy-Second World Health Assembly WHA72.4.* **World Health Assembly. Retrieved July 30, 2022, from** [**https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_R4-en.pdf**](https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_R4-en.pdf)

Resolution WHA72.4 urging Member States to continue to work towards UHC while preparing for a General Assembly meeting regarding UHC.

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World Health Organization. (2021). *Universal Health Coverage (UHC) Fact Sheet.* **Retrieved July 30, 2022, from** [**https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc)**](https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc))

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