EmpireMUNC X

General Assembly
World Health Organisation (WHO)

CHAIR

Tammy Tam

World Health Organization

Committee Background Guide

General Assembly
Empire Model United Nations Conference X
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Welcome Letter

Dear Delegates,

On behalf of NYUMUN, welcome to EmpireMUNC X!

My name is Tammy Tam (yes this is my real name), and I am very excited and honored to be serving as your chair. I am currently a sophomore at NYU studying in the Liberal Studies program, with the intention of double majoring in Psychology and Politics. My hobbies include going to museums, watching literary films, and listening to music. My MBTI personality is INFJ.

Just as a friendly reminder, this background guide should only serve as a foundation for your starting research. I highly encourage you to engage in further research beyond this guide. Rapid technology implementations are one of the most remarkable and controversial topics in modern society. There are multiple factors and perspectives that must be deliberately considered when evaluating the use of technology. More importantly, it is crucial to consider the impacts and effects that technological innovations could cause. This is an opportunity for you, the delegates, to use your critical thinking skills and creativity to engage in debate and resolution writing. Beyond winning awards and crafting compelling directives, I believe that the most enjoyable part of MUN is learning about various global and social issues, as well as creating friendships that last outside of conferences. As cliché as this may sound, we sincerely hope we are able to make this a fun and memorable experience for all of you! We look forward to meeting all of you and hearing all your wonderful ideas. Best of luck with your research and committee performance, and please do not hesitate to reach out if you have any questions.

Sincerely,

Tammy Tam
Chair of World Health Organization Committee, EmpireMUNC X
tkt7997@nyu.edu

Statement of Diversity and Inclusion

Whilst EmpireMUNC is committed to maintaining as educational and historically accurate an experience as possible, we recognize that any debate around historical events will incorporate sensitive issues. Delegates are expected to discuss these issues maturely and appropriately. EmpireMUNC is committed to promoting a culture of diversity and inclusion in line with NYU's values; in the spirit of this commitment, EmpireMUNC will not tolerate any bigoted symbols, statements, or attitudes. Remember that by attending our conference you agree to our Terms and Conditions of Conference Attendance, which we suggest you read over. It is posted on our website and is in your Delegation Guide. If you have specific questions that you are not sure about in regard to appropriate topics, please don't hesitate to email or ask.

Committee Background

The World Health Organization (WHO) is a specialized agency within the United Nations that operates worldwide to respond to international public health affairs. Established in 1948, the WHO's initial priorities were curing communicable diseases such as malaria, tuberculosis, and venereal disease, as well as women's and children's health, nutrition, and sanitation. Over the years, WHO has extended its goals and has been consolidating with nations and major organizations to achieve worldwide health security and supply necessary resources to the vulnerable so that everyone can attain the highest level of well-being. The primary missions of WHO are to promote and improve the standards for global health, along with ensuring equal accessibility to healthcare. For decades, WHO continuously prioritized protecting billions of people globally from health emergencies and providing humanitarian aid to those suffering from health-related crises. WHO focuses on a range of global health issues, from food insecurity to the COVID-19 pandemic. Currently, the 2030 agenda sets out universal health coverage as an overarching theme, with an emphasis on interaction with the social, economic, and environmental perspectives of sustainable development, which connects WHO with other United Nations agencies.

As the world's largest and leading health organization, WHO is responsible for providing leadership and taking initiatives on global health matters. WHO can monitor and assess the data on health trends, set the health research agenda, and articulate evidence-based policy options. To achieve universal health coverage, WHO has been improving access to essential medicines and various treatments, as well as providing training for the health workforce and supporting participation in national health policies. WHO can provide technical support to countries to strengthen health systems. In response to health emergencies, WHO can support the development of tools necessary for crisis management and the delivery of essential health services. WHO can detect and respond to acute health emergencies. To promote high-quality health and well-being in communities, WHO addresses social determinants and promotes intersectoral approaches to health. WHO comprises mostly foreign staff, with an ongoing technical advisory group of specialists who have expertise in working with digital health. The two main sources of funding for WHO are assessed contributions of the member states and voluntary contributions from member states and other organizations and sources. The assessed contributions derive from a percentage of a country's gross domestic product that is redetermined and approved by the member states every two years at the World Health Assembly. However, these funds only finance less than 20% of the total budget, so the majority of the contributions that are currently financing WHO come largely from public funds. These funds contribute to the overall humanitarian response plans.

Topic A: Telehealth

Introduction

With the increase of technological advances, the world has been adopting global strategies to promote health. Integrating digital tools with healthcare is currently one of the most common techniques used to improve clinical management. Since the COVID-19 outbreak, telehealth has become a widely used technique amongst medical providers, as it allows the distribution of health-related services through the use of electronics and telecommunication technologies. Telehealth, also known as telemedicine, is a digital service that allows healthcare providers to connect and assist patients without requiring an in-person office visit. Healthcare professionals are also able to review and exchange treatment notes, lab reports, and prescriptions through this digital platform. With telehealth, healthcare professionals are able to conduct remote patient monitoring and provide medical assistance, even with the implementation of COVID-19 restrictions. Even in remote settings, physicians are still able to perform basic clinical checkups, make diagnoses through symptom descriptions, contact patients to provide medical advice and assistance, and monitor patients who are recovering from COVID-19. Telehealth has not only allowed essential health services to be maintained during the COVID-19 pandemic but has strengthened the overall healthcare system and reduced health inequities, making healthcare more accessible. This aligns with the WHO's 2030 agenda to achieve universal health access and coverage.

Historical Context

While the practice of telehealth may appear to be a recent trend, clinical communication with the use of technology dates back over a century. Before the invention of communication tools like the telegraph and the telephone, healthcare professionals mostly relied on human messengers to communicate medical information. With the powerful development of telegraphs and telephones, using technology became a more practical and efficient method of communication, as medical data could be transmitted over a larger distance. The revolutionary invention of the telegraph became essential in warfare, as the telegraph allowed the Union Army to order medical supplies, communicate injuries on the battlefield, and report casualties during the Civil War.

1959 marked the beginning of an era where two-way communication for telemedicine became a reality. In 1959, the University of Nebraska became the first medical facility ever recorded to have practiced the use of two-way video communication for telemedicine in the United States. Clinicians began to use interactive video communication to transmit neurological examinations to medical students. Before the advancements of the internet, telemedicine projects were unsuccessful in their early stages, as the equipment required was bulky, expensive, and required extensive training in order to be operated accurately. Even so, the capabilities of telehealth were often limited, which resulted in minimal research investments towards telehealth. In 1983, the Advanced Research Projects Agency Network (ARPANET) began to adopt the Internet protocol suite, also known as TCP/IP. This newfound technology enabled people around the world to assemble the "networks of networks," which gradually became the "internet" that we use in modern society today. With the accessibility of online data using websites and hyperlinks, transmitting medical data and two-way video communication for telemedicine has become a lot more efficient. The development of the internet in the 1990s allowed remote healthcare delivery to become a lot more accessible and cost-effective. Not only has the internet improved the quality of telemedicine services but also expanded the range of data to be transmitted over more remote distances. The integration of the internet with health technology not only allows larger amounts of data files to be transferred at an increased speed but also lowers the cost of the equipment necessary for clinical communication. As a result of rapid technological developments, a variety of improvements in telehealth occurred, including faster communication speed, improved information storage, standard formats for data transmission, and increased security. Through the traits of telehealth, more healthcare professionals today become dependent on technology and digital health software systems to assist their quality of patient care.

With the recent COVID-19 pandemic, the need for patient care has undeniably been in increasing demand. Many safety restrictions, like social distancing and quarantining, were strictly enforced to prevent the spread of the coronavirus. While these regulations were essential

strategies to reduce viral exposure, they also prohibited in-person healthcare services. Thus, telehealth became a popular solution that many health providers sought during a global health crisis to connect with patients while addressing safety concerns. During the peak of the COVID-19 pandemic, the practice of telehealth services has greatly increased and expanded. According to a national study performed in the United States, data procured from the observation of 36 million working-age individuals with private insurance shows that telehealth encounters increased by 766% in the first three months of the pandemic, from 0.3% of all interactions in March to June 2019 to 23.6% of all interactions in the same period. This study aligns with research performed by the Doximity online medical networking service, which observed 1.8 million physicians (approximately 80% of the physician workforce in the United States), that concluded that approximately 20% of all the healthcare visits in the United States during the year 2020 were conducted by telehealth services. The many benefits that telehealth provided amidst the global pandemic have been ground-breaking and impactful. With the prevalence of digital health practices, telehealth has opened many doors for patient-care alternatives to be administered even after the COVID-19 pandemic.

Past Action

In response to the COVID-19 pandemic, WHO compiled a comprehensive guide to operating effective telehealth services, which broadened healthcare access during the global health crisis. One of the crucial matters that WHO addressed was how to use telehealth to deliver healthcare services to everyone in a remote setting, even beyond the COVID-19 pandemic. While WHO acknowledges telehealth as a revolutionary strategy that could respond to even more complex global health challenges in the future, many countries struggle with ensuring the long-term use of telehealth. To increase the sustainability of the telehealth program and assist developing countries with accessing telehealth, WHO released a consolidated telemedicine implementation guide. This guide introduces documents that aim to help guide policy-makers, decision-makers, and implementers in designing and overseeing telemedicine implementations.

Implementing telehealth services and incorporating digital healthcare into clinical practice is an effective strategy, especially during the COVID-19 pandemic. With telehealth, healthcare professionals can perform COVID-19 case management. However, digital health interventions are not a substitute for in-person health systems. In order to facilitate telehealth optimally and adopt telehealth methods beyond the COVID-19 pandemic, careful consideration and extensive planning are required. This guide that WHO originally published on November 13, 2020, outlines the guiding principles necessary to maintain essential healthcare service delivery within the digital infrastructure, as well as how member states should approach the development of telehealth. The implementation of telehealth aims to focus on two key objectives: sustainability and cost-effectiveness. To make telehealth an accountable method for healthcare service delivery, WHO enforces strict project management frameworks that include detailed documentation practices. WHO intends for the telehealth design user interface to provide efficient communication, and achieve optimal security, technical, and clinical standards. While telehealth allows open-source tools to assist patients digitally, WHO recognizes data confidentiality being one of the main concerns. To ensure that telehealth follows protection and privacy laws as well as cybersecurity protocols, data will be frequently audited with oversight in order to monitor for any data breaches and cyber abuse.

Another development implementation strategy that WHO enforces is engaging the stakeholders involved in the operation of telehealth. Government agencies on information and communications technology (ICT) and telemedicine vendors analyze the objectives, scope, and feasibility of platform and system design through consulting practitioners. This also allows multidimensional feasibility assessments to be effectively conducted.

Current Issues

Implementing Telehealth in the WHO South-East Asia Region

In October 2021, WHO partnered with the George Institute for Global Health India to release a policy brief and report regarding a systematic review of telehealth interventions for enhancing primary healthcare services across the WHO South-East Asian Region. Even though telehealth is gradually developing across the Southeast Asian Region, telehealth is still implemented on a much smaller scale. Telehealth not only addresses accountability, cost, quality, information exchange, and utilization service challenges to primary healthcare but also contributes to potentially achieving universal health coverage. With the expansion of telehealth, WHO strives to use this digital platform to strengthen the primary healthcare system in the Southeast Asian Region. In 1978, the Alma Ata Declaration declared pursuing the agenda for achieving the "Health for All" initiative, which aimed to create a cost-effective strategy for the primary healthcare system. This agenda not only aligns with the Sustainable Development Goals but also created immense progress towards achieving universal health coverage, as it recognizes the inequalities and disparities of healthcare accessibility within the Southeast Asian Region. One of the main challenges persisting in the South-East Asian Region is the critical shortage of equipment, infrastructure, and health workforce, especially in low and middle-income countries as well as in rural and remote settings. With these current issues, digital health interventions can effectively address these challenges and strengthen the healthcare system. While telehealth can promote healthcare accessibility in the Southeast Asian Region, there are still technological barriers to overcome. One of the main factors that are inhibiting technology integration is poor Internet connectivity, which results in issues such as lack of data privacy, security, and governance. Because of this, a stronger digital health ecosystem must be constructed. There is also an inadequacy of regulatory frameworks and reimbursement policies to support data protection. Another critical issue is that the South-East Asian Region lacks technical and clinical staff to operate and facilitate telehealth effectively. Currently, the South-East Asian Region is still at the rudimentary level of the telehealth design phase. For telehealth to properly execute within the primary healthcare system, the issue of telehealth accessibility in developing countries needs to be addressed.

Telehealth Limitations

While telehealth is a progressive strategy for remote clinical services, it has inevitable limitations that make it currently impossible to substitute in-person visits. Since telehealth runs solely on technology, poor Internet connectivity, and technological difficulties may occur. Troubleshooting technological difficulties would not only be time-consuming but also challenging, as not every patient would have the resources to overcome these issues, which

would interfere with the delivery of care. Because of the innate trait of a digital platform's inability to conduct an in-person physical examination, many of the reports done digitally are often self-proclaimed symptoms and consultations rather than proper diagnoses and information gathered based on medical accuracy. For example, the prescription of inaccurate dosages of weight-based drugs may occur due to the inability to weigh patients on a standard scale due to the lack of professional equipment. Additionally, most medical procedures require a medical professional to physically perform on patients, which would be impossible to complete in a medical setting. Surgeries, chemotherapy treatments, and injections must be performed by medical professionals who are licensed to operate the procedure, and physicians are not legally allowed to instruct patients to perform these procedures on themselves. Medical offices not only provide medical services but also create a physical setting that is conducive to a secure and emotional connection, which helps build a patient and doctor bond. While patients still favor the use of telehealth modalities, as it is easily accessible and cost-effective, the digital health platform is currently unable to fully replace the existence of in-person healthcare.

Bloc Positions

Telehealth In-Action

Some countries currently have an established regulatory framework and guidelines for telemedicine service design and implementation. Countries such as Australia, Singapore, Vietnam, and the United States have seen an increase in usage and development of telehealth consultations ever since the COVID-19 pandemic. While telehealth in China is not currently governed by regulations, it is still facilitated by regulatory frameworks. Yet, through telehealth, medical professionals in these countries were able to expand their scope of services, including e-prescriptions and video conferencing consultations.

Minimal Use of Telehealth

While telehealth is existent in Japan, there are still critical barriers to overcome. Japan is slowly lifting the legal barriers to telehealth, but telehealth services are not covered by health insurance. However, a reimbursement policy under National Health Insurance has been introduced, which has allowed more consultation services to collaborate with commercial telehealth providers and social media platforms. As a result, Japan has seen an increase in physicians available to provide online specialty consultations.

Lack of Telehealth

Countries within the Southeast Asia Region report that there is a lack of quality technological connection and devices, which inhibit the functioning of telehealth, especially in rural areas and lower socioeconomic settings. For telehealth to operate, there needs to be an enforcement of policies that secure privacy laws and guarantee the accuracy of data transmissions and data confidentiality. In Malaysia, telehealth was a highly regulated space with low social acceptance, as the Telemedicine Blueprint issued by the Ministry of Health in 1997 did not articulate the procedure for local medical practitioners to practice telehealth. Therefore, the practice of telehealth is liable to a fine or imprisonment. In the Republic of Korea, there is a lack of stakeholder support, as the health administration is against the practice of telehealth due to quality concerns and the diversion of patients to established hospitals. Even though telehealth restrictions were temporarily removed in response to the COVID-19 pandemic, the Korean Medical Association opposed releasing the framework and restrictions for telehealth services beyond the purpose of the COVID-19 emergency.

Questions to Consider

1. How has telehealth evolved since its widespread adoption, and what are the key technological advancements and policy changes that have influenced its growth?
2. What are the main challenges that healthcare providers and patients face when utilizing telehealth today, and how are they being addressed?
3. How does telehealth impact healthcare accessibility and equity, and what measures are being taken to ensure underserved populations can benefit from these services?
4. In what ways has telehealth contributed to improving patient outcomes and reducing healthcare costs?
5. How are privacy and security concerns being addressed in telehealth to safeguard patient information and maintain confidentiality in a digital healthcare environment?

Topic B: Staffing Shortages

Introduction

Healthcare staff members play a vital role in building the resilience of healthcare systems to attain the highest standard of health. With the help of healthcare staff members, patients can better navigate the healthcare and social service systems. However, there has been a report of staffing shortages in the healthcare industry. The increasing international migration of healthcare workers only aggravates this issue. WHO estimates that there will be a shortfall of 10 million health workers by 2030, which would mostly affect lower-middle and lower-income countries. The current agenda of WHO aims to provide high-quality and universally accessible healthcare without any discrimination. The staffing shortage crisis would only further create challenges, as the existing discrepancy in healthcare accessibility already inhibits the plan for universal health coverage. WHO must provide solutions and act urgently to solve the staffing shortage crisis while ensuring that healthcare workers are well protected.

Historical Context

The Baby Boomer generation is the most populated generation in history, with approximately 76 million people born between the years 1946 and 1964. While the oldest members of the Baby Boomers reached the Social Security retirement age in 2012, the entire Baby Boomer generation will be of retirement age by 2030. Because the majority of the Baby Boomer population relies on Medicare or Medicaid to provide post-retirement healthcare, there is a demand for more healthcare resources. Additionally, the current life expectancy is 78.8 years, which is double the life expectancy from a decade ago. Therefore, there is an increasing need for geriatric care and health specialists to maintain quality healthcare.

Past Action

Training and Education Programs:

WHO has implemented various training and education initiatives to develop and upgrade the skills of healthcare workers. This includes providing support for medical education institutions in low-resource settings, offering scholarships, and organizing workshops and capacity-building programs.

Workforce Planning:

The WHO has assisted countries in developing comprehensive workforce plans to assess and project their healthcare worker needs. These plans take into account population demographics, disease burden, and other relevant factors to determine appropriate staffing levels.

Task Shifting:

WHO has encouraged the adoption of task shifting, where certain responsibilities are delegated to other healthcare workers with less extensive training. This can help alleviate the burden on specialized professionals and improve overall healthcare access.

Recruitment and Retention Strategies:

WHO has supported countries in devising recruitment and retention strategies to attract healthcare workers to underserved areas. Incentives such as financial bonuses, career development opportunities, and improved working conditions are often part of these strategies.

International Cooperation and Migration:

WHO has facilitated international cooperation in managing healthcare worker migration, ensuring that countries benefit from the movement of healthcare professionals without exacerbating shortages in source countries.

Advocacy and Awareness:

WHO has raised awareness of the healthcare worker shortage issue on a global scale, advocating for increased investment in the healthcare workforce and emphasizing the importance of health workers in achieving universal health coverage.

Current Issues

The development of the issue of medical staffing shortage can be analyzed through three key factors: lack of proper education, budgetary constraints, and the well-being of healthcare professionals. In some countries, particularly in lower-middle and lower-income countries, there is an underinvestment in proper education and training. When medical staff are not equipped with the necessary skills and knowledge to respond to medical emergencies, this weakens the healthcare system and essentially contributes to the continuous staff shortage crisis. Therefore, strengthening the education system is highly essential for providing healthcare workers with quality training. Additionally, with the shortage of healthcare workers, it has become more challenging to arrange for more healthcare workers to serve in rural or remote settings. Both the human resources for health information systems and employment strategies need to be

strengthened in order to properly evaluate the public sector healthcare workers chosen, which would allow healthcare workers to be allocated with the right technology so that areas of lower socioeconomic status would receive essential care and treatment. With the continued staffing challenges, current healthcare workers are faced with an increased patient volume, which builds high levels of tension and stress. When the well-being of healthcare workers is being undermined, this causes more healthcare workers to leave the profession. Lack of funding caused by the lack of capacity by the public sector to absorb the supply of healthcare workers also contributes to the continuous healthcare workforce shortage. Therefore, increasing the investment in the healthcare workforce would also create more employment opportunities, which could stimulate economic growth and allow more investments in supplying healthcare workers.

Bloc Positions

Addressing Training and Education Disparities

One of the primary factors contributing to the healthcare staffing shortage is the disparity in training and education opportunities. To tackle this issue, governments and healthcare institutions should prioritize funding and support for educational programs that train healthcare professionals, such as doctors, nurses, and medical technicians. Investing in scholarships, grants, and financial incentives for individuals pursuing healthcare careers can attract more people to the profession and improve the overall talent pool. Additionally, enhancing partnerships between educational institutions and healthcare facilities can create more robust and practical training programs that prepare students for the demands of the healthcare industry.

Improving Work Conditions and Retention Strategies

To alleviate the burden of healthcare staffing shortages, it is crucial to address the issues surrounding work conditions and retention of healthcare professionals. Many healthcare workers experience burnout due to long working hours, high patient loads, and insufficient support. Therefore, healthcare institutions should implement measures to promote work-life balance, reduce overtime, and provide mental health support to their staff. Offering competitive salary packages, performance-based incentives, and career development opportunities can also boost staff retention and job satisfaction. By prioritizing the well-being of healthcare workers, institutions can create a more resilient and motivated workforce.

Embracing Technological Advancements in Healthcare

Technological advancements offer significant potential to alleviate the healthcare staffing shortage. Integrating automation, artificial intelligence, and telemedicine into healthcare practices can streamline processes, improve efficiency, and reduce the burden on healthcare

professionals. For instance, using AI-powered chatbots and virtual triage systems can help manage patient inquiries and direct them to appropriate care, reducing the workload of healthcare staff. Moreover, telemedicine can extend healthcare services to remote areas and bridge the gap in healthcare access. Embracing and investing in these technological solutions can optimize healthcare operations and allow healthcare professionals to focus on tasks that require their expertise, ultimately mitigating the staffing shortage.

Questions to Consider

1. What are the primary causes of the healthcare staff shortage?
2. What are the consequences of the healthcare staff shortage?
3. What strategies could be implemented to address the healthcare staff shortage?

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