WHO

World Health Organisation

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BACKGROUND GUIDE

WORLD HEALTH ORGANISATION

LETTER FROM EB

Greetings delegates,

Welcome to the World Health Organization. My name is Gunav Menon, and I take great pleasure in serving as your chairperson alongside Siddharth Soneja.

At this simulation, the Dais has chosen to discuss “Health care in Middle Eastern conflict zones”. We’ve chosen this topic because of the importance of protecting civilians who are struggling to live through a conflict. With so many active war zones in the world — some of which have been in turmoil for decades — providing basic health care services to the thousands in need becomes progressively more difficult. For aid to reach hospitals is dangerous in its own regard, but coupled with the increasingly common tactic of attacking hospitals, it becomes nearly impossible. it’s vitally important that the WHO address this topic, in order to come to a solution that can address the many economic and moral facets of this issue.

Do keep in mind that this guide is merely a tool to get you started on your research and should only act as a base for the same. We strongly urge you to go beyond the parameters in the guide. While confidence certainly is key, it does not make up for an overwhelming lack of preparation, and such lapses will be noted.

That being said, we hope you have a great experience and we will be available at the below mentioned email IDs

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Committee Background

The World Health Organization stems back to the League of Nations and is one of the most important international bodies in existence. Becoming the first specialized agency of the United Nations to which every member state subscribed, the WHO is responsible for addressing all the issues regarding health and medicine in today's international affairs. The WHO is a vital organization to every country in the world, and its actions affect all corners of the globe. On April 7th, 1948 the constitution of the World Health Organization (WHO) came into effect. It was agreed that all member states of the United Nations were permitted to join the WHO by accepting its constitution. The WHO is responsible for directing all matters of health within the global community. Through policy options and detailed diligent data collecting the WHO strives to serve as the primary authority of all matters of international public health.

On an annual or biannual basis, the WHO publishes the World Health Report. This practice that started in 1995, includes an analysis as well as a date report on a specific health topic. This report serves to provide governments and law-makers the information needed to make health policy appropriately for their nation and inform the general public of worsening situations and progress made from year to year. To advance the global health agenda, the WHO also works to reduce and prevent health risk factors. The ultimate agenda of the WHO is "the attainment by all people of the highest possible level of health," with responsibilities ranging from providing leadership in global health epidemics and research to monitoring trends and offering support within countries.

The Constitution of the WHO outlines several responsibilities and goals for the body. Most notably, the preamble defines the term "health" as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." The WHO defines health as an international human right. Therefore, all member states of the WHO are committed to promoting the protection and achievement of health of all other peoples beyond their own.

The WHO highlights the responsibility that individual governments have to the health of their people, but also recognizes that some countries are unable to provide those resources. The WHO thus works both unilaterally and bilaterally to take action on monitoring and desisting critical healthcare issues. This provides a forum for dialogue regarding policy that is based on facts, detailed analysis and ethic

INTRODUCTION

Implementing Healthcare in Countries during wartime has always been precarious in terms of effectiveness and the safety of people on the ground. Currently, many countries located within the Middle East and Africa are involved in large conflicts. With these conflicts, lives are at risk and the international community is faced with this issue. It is in the best interest of all countries to help maintain healthcare in countries in conflict, which intern effect international relations and trade.

What must be examined is the effect of the wartime and why aid is needed. These countries having internal conflict are dealing with negative impacts on their economy. Due to this they become destitute over time. They have been focusing mostly on funding their defence and militaries and in turn their economic focus on health care is lacking.

While the healthcare that is being provided does help these countries, it is unclear whether the health care provided can keep up with the amount of conflict that is always increasing. An example of this concern would be Syria, where Health organizations are providing medical support. However, their progress and effectiveness is in danger as rebel and insurgent groups are active and they constantly attack and kill health workers. The wounded and the hospitals are becoming integrated into the conflict, where the wars are internal and the fronts of opposing sides cannot be clearly defined. The Islamic State has confirmed that attacking medical facilities is “a weapon of war.” This situation requires a large amount of security and safety for the health facilities which can never be guaranteed.

One of the most essential parts of providing healthcare is having the support of a large group of countries. It is clear that each country has its own foreign policy and agenda, but it is vital that idea does not interfere with the main objective of providing medical support.

Although it appears that the current way healthcare is being implemented during wartime is enough to match the current state of conflicts, it is to be noted that many of these countries cannot keep up with the rising levels of threats they face. In the end, more help and planning from the international community would better suit the situation of implementing health care during situations of conflict. Countries that are currently involved in war or conflict experience unique and severe Complications within their health system. Examples include Palestine and Yemen, although other Middle Eastern countries have also experienced similar effects since the Second World War. Conflicts in these countries have placed a great deal of stress on healthcare systems, affecting infrastructure, organization, financing, and human resources. For example, the civil

war that has resulted in Yemen over the years has led to only 45% of the 3507 healthcare facilities within the country to be fully functional. Additionally, since only 28% of healthcare financing comes from government, Yemen cannot provide full health coverage to its citizens, resulting in cost-sharing and community health insurance initiatives. Within this region, hospitals and healthcare professions have often been the targets of conflict, thus resulting in a high degree of uncertainty regarding the safety of seeking healthcare services and their availability to citizens.

Current situation

According to the WHO, in 2018 alone, there has been 149 attacks, 221 deaths and 261 injuries in the world. This is an incredibly high number as it is important to note that even one death of a medical professional is too high.
This deprives people of their right to medical attention, and essentially contributes to the deterioration of health in the entire population. Given the nature of modern warfare, attacks on healthcare in conflict-stricken regions of the Middle East are extremely common.
For a stable healthcare system to exist, the first priority would be to ensure the safety of health infrastructure rather than implementing more health infrastructure. The question to consider before implementing healthcare through new methods is how healthcare can be protected in these middle eastern conflict zones.

The conflict zones of primary focus are : *West Bank and Gaza, Syria and Iraq*

West Bank and Gaza

The situation in the occupied Palestinian territory is characterized by years of occupation, political stalemate, violence, restrictions on access and movement and persistent human rights violations.
The barrier in the West Bank and the permit regime limit access to the specialized hospitals in East Jerusalem.
The health system is fragmented due to a large number of health providers.
The Palestinian Ministry of Health faces particular difficulties in providing services to people living in rural areas of the West Bank, so-called “Area C.”

The health system in Gaza

The health system in Gaza – physically separated from the rest of the occupied Palestinian territory – has been severely affected by the blockade which has been in place since 2006 and by the political divide between the West Bank and Gaza.

- Recurrent power cuts and an unstable power supply affect medical care;
- The functionality of medical equipment has been deteriorating because of inadequate maintenance capacity and spare parts;
- There are also shortages of essential drugs.

Deterioration in the quality of care

These limitations have lead to a deterioration in the quality of care. A high number of patients are referred outside the Gaza Strip for specialized care although the movement of people in and out of Gaza is heavily restricted.

In 2010, almost one out of five applications for patients to leave Gaza to go to hospitals in East Jerusalem, the West Bank, Israel and Jordan was denied or delayed by the Israeli authorities.

Despite these challenges, the public health system in the West Bank and Gaza is relatively well developed and is able to provide a full range of health services to the population.

WHO's main focus and activities

The WHO office for West Bank and Gaza – located in East Jerusalem with a sub-office in Gaza city – provides technical support to the Palestinian Ministry of Health to strengthen the health system.

The main projects are in the field of mental health, health cluster coordination, maternal and neonatal health, quality assurance for the East Jerusalem hospitals and global fund projects for HIV/AIDS and tuberculosis.

WHO also advocates for the Palestinians' right to health, for example in relation to access to specialized health care.

In Gaza, the office plays a key role in coordinating and supporting health partners providing humanitarian assistance to the health sector and in addressing immediate needs for example through drugs procurement and management of medical equipment.

Syria

Syria is experiencing a protracted political and socio-economic crisis that resulted in a severe deterioration of living conditions which has also significantly eroded the health system. 8 years into the conflict in the Syrian Arab Republic, attacks on health care facilities and personnel in the country continue to rise despite United Nations resolutions strongly condemning these attacks. In the first 6 months of 2018, there were 126 separate attacks on health care in Syria – more than for the whole of 2017. Syria now accounts for a staggering 70% of all attacks on health care facilities documented by WHO worldwide.

- At least 25,000 Syrians have been killed with many more were injured, among them women and children among the casualties; health staff were killed and injured while on-duty. Injuries include multiple traumas with head injuries, thorax and abdominal wounds. A Total of 192,825 refugees were registered by UNHCR as of September 7, 2012and residing in refugee camps in Turkey, Jordan, Lebanon and Iraq in addition to 53,442 refugees who are awaiting registration together with an undetermined number of displaced people who are being sheltered with host families outside Syria. It is estimated that more than 2.3 million have been internally displaced; these numbers are rising by the day as the crisis is escalating very rapidly.
- Vital infrastructure has been compromised or destroyed, resulting in a lack of shelter and energy sources, deterioration of water and sanitation services, food insecurity and serious overcrowding in some areas.
- Access to health care is severely restricted, hampered by security factors. Maternal and child health services at the primary health care (PHC) level are disrupted. The consequences for maternal and child morbidity and mortality, among deliveries that took place during the conflict period remains unclear.
- Specific concerns remain for the chronically sick. It is estimated that more than half of those chronically ill have been forced to interrupt their treatment. These concerns are exacerbated by the virtual halt of referrals of ordinary patients outside the conflict areas as life-threatening injuries receive higher priority in an overwhelmed health care system. Elective

surgery and nonurgent routine medical interventions are delayed or interrupted indicating that a growing number of patients, mainly with chronic conditions are facing a dire situation, while awaiting treatment.

- The quality of health care has been further affected by the deterioration in the functionality of medical equipment due to the lack of spare parts and maintenance shortages of drugs and medical supplies due to sanctions. Routine operations are affected and many elective interventions suspended.

The Syrian International Coalition for Health (SICH) is a consortium of organizations and health professionals who are committed to improving health care and healthcare delivery in Syria. SICH was formed in 2012 in response to increasingly urgent calls for comprehensive reform. The coalition adopted five principles: Quality, equity, sustainability, broad participation and shared responsibility. Global Health Equity Foundation (GHEF), as a major contributor to human and community development worldwide, combines its core strategies of research, advocacy and capacity building to host this coalition. From administrative headquarters in Geneva, GHEF supports the SICH agenda in an equitable and neutral fashion. The coalition with its affiliates (Syrian American Medical Society, Syrian British Medical Society, Middle East Critical Care Assembly and others) along with its experts and specialists will play a major role in the Post-Conflict Needs Assessment in Syria and will evaluate the capacity and functionality of the health system to develop and implement the needed strategies and projects.

Iraq

Iraq's healthcare system was once prestigious. However, it's gradual disintegration is just proof of how much of an impact conflict has on healthcare and it's efficient working. Iraq's healthcare system is classified as primary by the WHO, which indicates it is based upon "practical, scientifically sound and socially acceptable methods and technologies made universally accessible to individuals and families in the community through their full participation in the spirit of self-reliance and self-determination."

During the first half of 2014, Fallujah General Hospital had been repeatedly

hit by Iraqi government forces while fighting was taking place in the Anbar province. The hospital suffered structural damage and an unknown number of patients were injured due to the attacks. In September, it was attacked again and was believed to be under the control of ISIS. Several similar incidents took place in the latter half of 2016, namely in Kirkuk on September 7, killing seven patients and wounding 22, including children. British aerial bombing in the border town of Rabia also struck another ISIS-controlled hospital. During the operation launched for the reclamation of Mosul by the pro-government forces, several hospital facilities suffered immensely. Patients were made to travel to Pakistan for treatment, however, were made to use unpredictable routes.

According to the article published on Wednesday 18/07/2018 by the Arab Weekly, the health system in Mosul has severe flaws. “The government retook Mosul with help from a US-led coalition a year ago but 380,000 people were displaced from the northern city, which had a population of 2 million prior to its capture by the militant group in June 2014.” “Nine of the city’s 13 hospitals are damaged and that means there are 1,000 hospital beds available rather than 3,000,” said Heman Nagarathm, Iraq Head of Mission for MSF, Doctors Without Borders. “There are not enough facilities or bed capacity available,” he said, adding that the current numbers were half the internationally accepted minimum standard.

Past UN actions

The consistent issue of healthcare during wartimes has now been addressed for decades at the United Nations. There have been many instances in the past where different bodies of the UN have reached out to take this problem head on. One of the largest founding partners of the World Health Organization, the International Federation of Red Cross (IFRC), “raises awareness and improves conditions on the ground for health workers and facilities in conflict zones” (Volume 90: #1, WHO). The Red Cross is one of the largest healthcare facilities and resources during times of crisis and conflict in many areas. Participants who volunteer for the IFRC get caught in the crossfire and can’t give aid to the children and adults that need it urgently. In 2011 the Red Cross had started to “stress the importance of creating safe conditions on the ground, including the pre-negotiation of safe zones for

health workers… laying down ground rules, and enforcing them…" (Volume 90: #1, WHO). These were simple ways volunteers kept away from the cross fire in many regions, such as Libya at the time. By developing strategies, the IFRC got better at staying behind the line and keeping people vocal and firm about any incidents that
are happening nearby, so that they may evade before they get affected.

As of May 3rd, 2016, the United Nations Security Council (UNSC) had passed resolution 2286, which had the goal to "rapidly strengthen the protection of medical workers and health facilities in conflict zones" (Protection of Health Care, UN in NY). Allowing more medical workers to use mobilization to transport themselves to different sectors of need. However, the efforts made by the security council at that time was futile, since in the August of 2016 a total of 18 hospitals were bombed and destroyed in Syria, killing many inside including the doctors and patients. Even though the resolution had called upon more forces to be spread out in nations of need, there still was— and is — a lack of people who provide healthcare in countries that need it the most, such as Syria and Libya. Over "8,000 kits were removed from convoys in August," leaving many facilities without any access to humanitarian assistance, into medical
supplies (Protection of Health Care, UN in NY). Another issue that rose to resolution 2286 was the punishments that needed to take place for the war crimes that were committed; resolution 2286 hadn't mentioned how to bring war crimes to halt. Even though resolution 2286 was a big step to ising attention on to healthcare during wartimes, it wasn't planned correctly to fit the need of the people harmed in foreign countries.

Before resolution 2268 there were many other resolutions passed in support and aid of healthcare during the war times in different countries. Resolutions such as A/69/L.35 passed by the General Assembly in the December of 2014. The resolution focused on the "general issue of attacks on health workers, facilities, and patients in all circumstances, and demanded respect by States for provisions of medical ethics and human
rights law, as well as international humanitarian law" (Safeguarding Health in Conflict Coalition). In addition, the resolution revisited the idea and concept about human rights

proposed by the international humanitarian law; however, it didn't recall the problem of the lack of healthcare there are in zones of war or conflict. Overall the resolution visited the problems of healthcare and how to improve it by also keeping volunteers safe in the areas in which they are at. Other resolutions mentioned were 63/33 of 26 November 2008, 64/108 of 10 December 2009, and 65/95 of 9 December 2010; which focused on healthcare in conflict zones. Although there have been many efforts made by the WHO and the United Nations, there still is a lack of health care support and safety in many areas of war and conflict.

Questions a Resolution Must Answer (QARMA)

- Should developed and developing countries approach the issue differently?
- What are some solutions that serve as after-the- fact methods to deal with health infrastructure and workers who have already been attacked?
- What are some preventive measures the international community can take?
- How can developing countries become more self-reliant on their own healthcare systems rather than those of developed countries?
- If a government cannot adequately protect its healthcare workers or provide decent healthcare to its citizens, do other nations have the responsibility to intervene?
- In what ways can armed groups be engaged to safeguard health care services?
- When attacks on healthcare violate IHL and considering the prevailing norm of impunity for such attacks, how can a system of accountability be enforced?
- Should all countries pursue a unilateral solution to the issue?
- In the event of a violent conflict, should healthcare workers leave or stay in the area of conflict to serve locals in need?