2020 UVU Model United Nations Tournament Issue Book

Committee Topics:

General Assembly

1. Freedom of Information and the Role of Media in the Digital Age
2. Applying the Responsibility to Protect Doctrine

ECOSOC

1. Assisting Refugees and Internally Displaced Persons in Non-camp Settings
2. Ensuring Meaningful Progress Towards the Sustainable Development Goals

World Health Organization

1. Addressing Pandemics and Other Global and Regional Health Crises
2. Strengthen Implementation of the Health-related Sustainable Development Goals

General Assembly

Topic 1: Freedom of Information and the Role of the Media in the Digital Age

Recent rises in disinformation campaigns have increasingly affected the international landscape and especially the United Nations. An organization that works to unite the global landscape like the United Nations is assuredly vast subject to questions about the Freedom of Information in the digital age. This freedom has been widely recognized as a human right that every person deserves; with many arguing that FOI standards should be international dictated. The beginning of international law regarding FOI finds its roots in Resolution 59 as adopted by the United Nations in the General Assembly of 1946. Referencing the nature of information as a fundamental human right deserved by all, the document calls for a conference on the rights, obligations, and practices that should be included in a discussion on international FOI standards. The conference was largely based on international standards on propaganda following the collapse of the Nazi regime during WWII.

The conference decided, among other things, that "there are no valid ground for peacetime censorship over the international transmission of new material, with the one exception of regulations 'relating directly to the maintenance of military security'". (Whiton) The stipulation of the conference was that news organizations could be permitted to spread information across the globe, without limits of censorship like those that existed in the earlier world wars. Additionally, the conference addressed the role of private organization in the dissemination of information. Several states argued for the establishment of an International Court of Honor that would provide decisions on the spread of information. After concerns were voiced by the United Kingdom, Soviet Russia, and the United States, the idea for the proposed court was referred to the sub-commission, who did little to promote or develop the idea. After much discussion over the extend to which the spread of information could be handled legally, the final proposal was submitted by the Soviet Union and aimed to "curb propaganda through legal obligations...is conclusive proof that it was a bad proposal". (Whiton)

The topic of FOI was left largely unresolved as the Soviet and American forces continued a post-WWII proxy war throughout the international community. In 1976 the topic was again addressed with the ratification of resolution 2200A (XXI) International Covenant on Civil and Political Rights, which stated that "everyone shall have the right to freedom of expression; this right shall include freedom to speak, receive and impact information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of his choice." (UNGA, "International") This exact sentiment was echoed in the Inter-American Specialized Conference on Human Rights that was organized by all American states and held in Costa Rica in November of 1969. Additionally, the American Conference on Human Rights stated that "the right of expression may not be restricted by indirect methods or means, such as the abuse of government or private control over newsprint, radio broadcasting frequencies, or equipment used in the dissemination of information, or by any other means tending to impede the communication and circulation of ideas and opinions." (IACHR, "American") This conference was held at a tense point in the Cold War between the U.S. and Soviet Union. Attempting to fight back against misinformation and propaganda campaigns orchestrated by the Soviet Union, the United States played a pivotal role in the organization of the American Conference on Human Rights. From this, it is clear that the establishment of clear FOI standards was critical in the formation of the United Nations as an organization. Both the Charter of the United Nations and the Charter for UNESCO specifically reference FOI as an important goal of both organizations.

The organizations of the United Nations have worked to combat against the spread of misinformation and the promote FOI standards. This task has become increasingly difficult with the development of new dispersion mediums such as social media platforms. Sites like Facebook, Instagram,

Twitter, Reddit, and Tumblr have made the spread of information instantaneous and difficult to moderate. Without proper oversight and accountability, many of these platforms have fallen victim to disinformation campaigns organized by governments and other groups. A report prepared for the United States Senate Select Committee on Intelligence by the University of Oxford found that Russia's Internet Research Agency (IRA) was responsible for a massive extended attack on the United States during the 2016 election cycle. They identify Facebook, Instagram, Twitter, and YouTube as the primary targets of the IRA's disinformation campaign. It is highlighted that between 2015 and 2017, over 30 million users shared IRA's Facebook and Instagram posts, "liking, reacting to, and commenting on them along the way." (Howard) The report also highlighted that the IRA activities began with Twitter in 2013 "but quickly evolved into a multi-platform strategy involving Facebook, Instagram, and YouTube among other platforms". (Howard) The strategies implemented by the IRA in the 2016 election and earlier were not only restricted to posts, they included calls for African Americans to boycott elections, extreme right-wing groups to grow increasing confrontational, and spreading "sensationalist, conspiratorial, and other forms of junk political news and misinformation to voters across the political spectrum". (CITATION OX) What is worrying to note is that after the revelation that the IRA used social media platforms to encourage the spread of disinformation, the engagement rates actually increased across all platforms, with the peak of activity experienced in April of 2017. (Howard)

The implications of a foreign government using social media disinformation campaigns is worrying, and further compounded by research into the use of social media by non-state actors like the Islamic State of Iraq and Syria (ISIS). A report by teams from the University of Southern California and Texas A&M found that social media has been an "effective tool for facilitating uprisings and enticing dissent in the Middle East" with groups like ISIS using social media technologies to "sprea[d] propaganda, recrui[t] sympathizers, and undermin[e] rivals".(Alfifi) The report found that starting from 24,000 seed accounts, the group was able to identify a much larger group of 170,000 potential ISIS accounts. Within these accounts, a total estimate amounted to 17 million "tweets", 12 million "retweets", and 17 million "mentions "that were affiliated with ISIS propaganda operations. (Alfifi) It is worrying to note that non-state actors that were traditionally marginalized as fringe extremists are able to have a public presence with the development of social media technologies. The lack of accountability mechanisms present in the international community to promote the spread of actual information has a worrying implication on the future of information issues.

With this realization comes the logical assumption that though FOI standards have been written and approved by many nation states, there exists no body that has the regulatory power to ensure that FOI is not used in malicious spreading of sensationalist disinformation campaigns. The failure to codify an international tribunal with the explicit mandate to moderate the international spread of misinformation has forced states to take an individual role in protecting their countries from these campaigns. It is important that the international community take important steps to work together to undermine forces, both state-operated and otherwise, that attempt to spread disinformation as a tactic to encourage division on important political issues. This continues to be an international topic with potential implications that extend into a generation of cultural awareness and belief. It is important that any conference with the explicit mandate to explore these issues works to develop more mechanisms of account ability to promote FOI standards and the free dispersion of information and ideas in a way that is not divisive or dangerous.

Questions to Consider:

1. How is the role of media in the digital age affecting individual countries?
2. What kind of impacts have been felt with the development of international digital communication methods?
3. Do the current process, policies, and treaties regarding Freedom of Information need to be adjusted?

Topic 2: Applying the Responsibility to Protect Doctrine

"If humanitarian intervention is, indeed, an unacceptable assault on sovereignty, how should we respond to a Rwanda, to a Srebrenica, to gross and systematic violation of human rights that offend every precept of our common humanity?" This statement, made be Secretary-General Kofi Annan in the Millennium Report of 2000, was in response to the controversial intervention of human rights violations after seeing it occur in Somalia, Bosnia and Kosovo; moreover, when it failed to occur in the case of the Rwandan Genocide. Genocide, mass killings, ethnic cleansing, crime against humanity all took place, and in the 1990s, it became apparent that the international community needed some sort of means to act effectively and lawfully to protect the human rights of all global citizens. The question stands today when, if ever, is it appropriate for states to take coercive, military action against another state to protecting people at risk? The risk is violating equal sovereignty, a cornerstone of the United Nations Charter (Article 2.1) that gives both states and citizens the fundamental principle for equality. Failures have led to the necessity of guidelines or a definition of which situations supersede the sovereignty of a nation state.

The UN was founded on the notion of protecting human rights, and its membership is committed to protecting the rights of the most vulnerable; moreover, as the primary authority on international human rights, it is the responsibility of the UN to define when it is necessary for other states to step in and intervene. In response to the challenge of Secretary-General Kofi Anon, the Government of Canada promoted the establishment of the International Commission on Intervention and State Sovereignty (ICISS) in December 2001. It was at the ICISS that the Responsibility to Protect (R2P) would be coined with the overall premise that, "…sovereign states have a responsibility to protect their own citizens from avoidable catastrophe – from mass murder and rape, from starvation – but that when they are unwilling or unable to do so, that responsibility must be borne by the broader community of states." The ICISS was instrumental in outlining the global responsibilities of nation states in acting to protect people that were affected by violations of humanitarian law that sovereign governments were unwilling or powerless to prevent. In 2004, Secretary-General Kofi Annan set up the High-Level Panel on Threats, Challenges, and Change for legitimizing the authorization of use of force by the UN Security Council and the proportionality of the response. At the UN World Summit of 2005, all Member States formally accepted the responsibility of each State to protect its population from genocide, war crimes, ethnic cleansing, and crimes against humanity. Based on the outcome of this Summit, the current R29 consists of three mutually enforcing pillars:

1) The State carries the primary responsibility for protecting their own populations from the four crimes of genocide, war crimes, ethnic cleansing, and crimes against humanity, and their incitement;

2) The international community has a responsibility to encourage and assist the State in this responsibility;

3) The international community has a responsibility to use appropriate diplomatic, humanitarian and other means to protect populations from these crimes. If a state is manifestly failing to protect its populations, the international community must be prepared to take collective action, in accordance with the UN Charter.

Sudan

The first time R2P was utilized was in 2006 towards the city of Darfur in Sudan, and since its deployment in 2008, UNAMID, the UNSC, and the African Union have failed to ensure that the Sudanese Armed Forces (SAF) and armed rebels of the Sudan People's Liberation Movement-North (SPLM-N) honor past agreements on the cessation of hostilities and delivery of humanitarian assistance. The

alleged use of chemical weapons and attacks on UN peacekeepers constitute war crimes, while restrictions on UNAMID's freedom of movement contravene the Status of Forces Agreement between the UN, AU and Sudan. After more than 57 resolutions, the General Assembly should review their approach to recurring conflict and atrocities in Sudan.

Libya

While R2P is noble in its goals to protect populations, it has proved to be little more than a principle when put into action. Even those countries that have been considered successes in practice disagree with being placed in the category of a "win;" Kyrgyzstan, for example took the General Assembly floor to unequivocally denounce the assertion that the UN-led response to regional ethnic conflict in their country in 2010 had been a successful example of R2P's implementation. Its usage in Libya in 2011 brought up the longstanding argument that Western states might be utilizing this approach to change regime within the country. Sanctions were imposed and travel bans were placed on members of the Gaddafi regime until Resolution 1973 authorized the use of force to "protect civilians and civilian populated areas under threat of attack." China, Russia, Brazil and India each abstained on the vote; furthermore, when the Gaddafi regime was removed, non-Western perceptions that the third pillar could be manipulated to pursue ulterior motives (such as the replacement of unfriendly governments) was confirmed.

Yemen

The United Nations Security Council adopted Resolution 2014 (2011), condemning human rights violations by the government of former President Saleh and affirmed Yemen's responsibility to protect their population. Sanctions were imposed on former President Saleh and Houthi leaders in November of 2014; furthermore, in April of 2015, Resolution 2216 was passed, establishing an arms embargo against Houthi leaders, and demanding they withdraw from all areas seized during the conflict. Despite the temporary ceasefire agreements and peace talks between the government and Houthi rebels, the conflict in Yemen continues to leave civilians facing mass atrocity crimes and is now the largest humanitarian crisis in the world. This is a direct result of the armed conflict and requires assistance from the international community.

Central African Republic

The current crisis in Central African Republic (CAR) originated from the overthrow of President Francois Bozize in March of 2013 by the Seleka rebels, and has led to over 600,000 internally displaced persons in CAR. The UNSC has passed nine resolutions since October 2013 which emphasize the R2P, including Resolution 2339 which renewed sanctions and an arms embargo until January 2018. The resurgence of violence in recent months is primarily driven by three armed groups: the predominantly Christian anti-balaka and two former members of the mostly Muslim Seleka rebel alliance, the Union pour la Paix en Centrafique (UPC) and the Front Populaire pour la Renaissance de la Centrafique (FPRC).11 The FPRC, sometimes with antibalaka, have systematically targeted ethnic Fulani for attack; in response, armed Fulani self-defense groups have allegedly committed violent reprisals, sometimes in collaboration with the UPC. Anti-balaka militias continue to target Muslim communities; moreover, humanitarians and peacekeepers have also been targeted in recent attacks – nine from the UN Mission in CAR (MINUSCA) have been killed. MINUSCA must be able to deploy rapidly to all areas where civilians lack sufficient protection and improve its capacity to anticipate and respond to emergency threats; furthermore, they should undertake all necessary efforts to support government authorities to initiate investigations and ensure prosecution of mass atrocity crimes. The number of peacekeepers employed to this Mission is not nearly enough to uphold the R2P.

Conclusion

The inherent weakness to R2P as whether the Security Council authorizes an intervention will always be a practical decision, made by the sovereign members of the UNSC and depending on circumstance. While the United States has repeatedly used R2P as a justification for airstrikes in Libya, R2P was not invoked in Syria due to a heavy opposition from Russia, proving that even if Russia agrees with R2P as a principle, it will not adhere to it if it violates its national interests. Additionally, the doctrine itself calls into question previously existing concepts of national sovereignty and security. Member States may see the intervention under R2P as setting a precedent that may in turn affect their national sovereignty. As the Responsibility to Protect continues to develop as a doctrine, it is important to navigate the balance of human rights and national sovereignty. The intent of the R2P is not meant to be an intervener's charter, but strives to codify a spectrum of activities to be taken by both international and regional organizations when a crisis that threatens a population threshold; however, it is necessary to ask, what is that threshold? If force should be used as a last resort, what is the tipping point of the scale? To enable governments, regional organizations and the UN to protect vulnerable populations, there is a need for the principles of R2P to outline a guide that will both safeguard against unilateral intervention by states seeking to advance their status as a global or regional power and continue to protect the rights of the most vulnerable populations. Edward Luck, special advisor to former Secretary-General Ban Ki-Moon, advised, "R2P is not specific. It is a principle that does not dictate any specific actions or tactics, and it should fit each individual case. Because R2P is about options, different alternatives to solutions, we have to be open to innovative ideas and take every case individually." In the changing global stage and nature of armed conflict, there is a need more than ever to establish a foundation for crisis prevention and response in cases of crimes against humanity, ethnic cleansing and genocide.

<u>Questions to Consider:</u>

1) How can concepts of human security be incorporated as to include a sovereignty definition?

2) How may the conflict over R2P affect future resolutions?

3) What does your country do to protect the human security of its citizens and can any of these policies be implemented on the international level?

4) What contribution has R2P made to the prevention of genocide and mass atrocities, and to the protection of vulnerable populations?

5) Can there be a criterion for the application of the R2P to guide the Security Council debates on any given case?

Economic and Social Council of the United Nations

Topic 1: Assisting Refugees and Internally Displaced Persons in Non-camp Settings

Introduction

The United Nations High Commissioner for Refugees (UNHCR) is accountable for facilitating access to essential services for both refugees and, when requested by major organs of the United Nations, Internally Displaced Persons (IDPs).1 Currently, "over 60 percent of the world's 20.4 million refugees and 80 percent of the 40.1 Million IDPs live in urban environments." The world is experiencing both rapid rates of urbanization and a large growth in refugees and IDPs, creating a need for UNHCR to enhance efforts to ensure these populations are receiving the appropriate resources while living in non-camp settings. Residence within a city presents a myriad of pros and cons for both refugees and IDPs, and UNHCR. UNHCR is finding it increasingly difficult to assist these populations in urban settings due to the changes in composition, the type of access they have to resources outside of refugee camps, and, of course, Member States' application of certain policies and procedures.

Originally, most urban refugees or IDPs who registered with UNHCR in developing or middle-income countries were young men with skillsets that allowed them to find jobs and survive in the city. This demographic, however, is changing drastically as the urban refugee/IDP population grows. Now, more than ever, large numbers of women, children, and the elderly are found in urban areas and confronted with a range of risks including, but not limited to, "the threat of arrest and detention, refoulement, harassment, exploitation, discrimination, inadequate and overcrowded shelter, as well as vulnerability to sexual and gender-based violence (SGBV), HIV-AIDS, [and] human smuggling and trafficking." With the increased number of refugees/IDPs now living in urban settings, UNHCR has had to shift its focus from refugees in camps to ensuring that the needs of urban refugees/IDPs can be met.

UNHCR and the Discussion on Urban Refugees

During the last few years, the UNHCR has sought to address the growing needs of urban and/or non-camp refugees/IDPs. In 2009, it published a policy on Refugee Protection and Solutions in Urban Areas with the intent of creating a more comprehensive approach to tackling the issue of urban refugees/IDPs, recognizing that cities are legitimate places for them to live. The policy is based on the principle that the rights of refugees and UNHCR's mandated responsibilities towards them are not affected by their "location, how they arrived in an urban area, or their status in national legislation"; thereby implying that urban areas are completely appropriate places for refugees/IDPs. In 2014, UNHCR introduced the Policy on Alternatives to Camps, reminding the international community of the numerous negative impacts camps can have. These impacts include: the engendering of dependency, the weakening of refugees' ability to manage their own lives, and the perpetuation of the traumas of displacement, amongst others.6 This being said, challenges for refugees/IDPs exist within urban settings as well, particularly due to legal concerns in states that are hosting these populations. For many States, having refugees/IDPs staying outside of camps violates national laws and places refugees/IDPs at risk of detention and arrest or the confiscation of property. This causes many refugees to avoid registration with UNHCR, which in turn places them beyond the effective reach of the agency and severely limiting UNHCR's ability to ensure appropriate resources and safety for these populations. It is the goal of both of these policies, the Policy on Alternatives to Camps and the Policy on Refugee Protection and Solutions in Urban Areas, for Member States to "enable refugees to reside in communities lawfully, peacefully, and without harassment," therefore better allowing them to become resilient, begin managing their own lives, and contribute to their new communities. For this to occur, UNHCR hopes to work with Member states and various third party organizations developing community-based protection activities,

more livelihood opportunities, and education programs promoting social cohesion. Additionally, by working with national governments, development agencies, and local authorities, UNHCR aims to better connect refugees to the community.

It is only with the help of Member States that UNHCR is able to work towards "maximize[ing] the skills, productivity, and experience that displaced populations bring to urban areas." The 2009 Policy lists several action items for a comprehensive strategy adequately addressing the needs and rights of refugees and IDPs. These include providing adequate reception and registration facilities, maintaining security, promoting livelihoods and self-reliance, and ensuring access to healthcare and education. Such actions can mitigate the challenges urban refugees/IDPs face while enhancing the positive outcomes these populations can bring to urban communities. UNHCR's 2014 Policy on Alternatives to Camps, an extension of 2009's Policy on Urban Refugees at all operational levels, also has the goal of phasing out as many camps as possible. To make this possible, however, Member States must work diligently with UNHCR, as this entails even more refugees/IDPs moving to urban settings and possibly becoming vulnerable to legal challenges. In a series of regional workshops, Member States assessed community development and best practices for urban refugees, as well as lessons learned from mistakes, in order to more adequately address the needs of urban refugees/IDPs and the communities hosting them. These workshops and their respective reports discussed particular methods of promoting the partnerships and comprehensive cooperation outlined by the 2009 and 2014 Policy Reports.

In the Asia Regional Workshop Report, three key ways to nurture partnerships and better tackle the needs of urban refugees/IDPs were noted. The intent was to empower local networks through establishing collaborative structures for information dissemination, connecting governments to civil society organizations, and monitoring of socio-political environments in order to adapt plans and networks as necessary. In Bangkok, a network of NGO's, faith-based organizations, independent schools, and prominent individuals formed the Bangkok Asylum Seeker and Refugee Network (BASRAN), ensuring mechanisms are available for consistent local empowerment and communication when dealing with refugees and IDPs. These predominantly grassroots variety organizations facilitate a more efficient dissemination of resources and information to refugees/IDPs. These practices were not only deemed successful, but important practices for the future and an excellent model for other Member States. In South Africa, the Workshop Report discussed steps to combat the overwhelming social, economic, legal, political, and cultural challenges. A few of these steps included placing an emphasis on Pan-African identity, investing in grassroots campaigns for coexistence, the completion and implementation of Hate Crimes Law, holding public officials accountable for counter coexistence rhetoric, and inviting foreign nationals to participate in neighborhood campaigns. These suggestions showcase the multifaceted ways in which refugees and IDPs are discriminated against. The workshop concluded that UNHCR should support livelihood strategies and encourage NGO's and the South African government to address socio-political problems that affect refugees, IDPs and local communities.

In addition to the South African workshop, a report was commissioned for the Africa Regional Workshop. This report focused on livelihoods, and the need for Member States to work diligently to ensure access to jobs and capital for refugees/IDPs in urban settings. It also outlines three areas for action: (1) accessing the formal sector through a work-study degree program and a skills profiling and job matching program; (2) creating access to financial capital through refugee pooled funds and web-based platforms; and (3) utilizing UNHCR's Minimum Criteria for Livelihoods Programming as a guideline in urban economics. A faith-based NGO, Church World Service (CWS), has practiced these steps successfully within Africa by preparing refugees for the workforce through a pilot program, a prime example of the first area.

Additionally, the report noted the importance of increasing options for education through local partnerships 5in order to ensure appropriate levels of education are available to refugees/IDPs. These methods, in addition to the methods listed by the South Africa Workshop Report and the Asia Regional Workshop Report, highlight specific Member State initiatives to accommodate urban refugees/IDPs and mitigate the unfortunate impacts on already vulnerable populations. Ensuring strong partnerships, investing in local organizations, strengthening national laws, and all the other methods listed above only tackle a few of the problems urban refugees/IDPs may face. More and more Member States are making it difficult, and in some cases illegal, for refugees/IDPs to dwell anywhere outside of refugee camps.

These measures place refugees/IDPs at an impasse, with either no place to seek refuge or at risk of arrest if they seek refuge anyway. Germany has tried to combat this in the midst of one of the largest refugee crises in history. In June 2014, Germany announced an extension of their Humanitarian Admission Programme, allowing for admission of an additional 10,000 Syrian refugees. This act decreases the number of urban refugees who would be threatened by national laws.

Conclusion

While UNHCR, NGOs, numerous Member States, and many other actors are working diligently to ensure strong partnerships and cooperation, and focus on finding solutions to systemic problems centered around urban refugees/IDPs, there is still much to do. This paper outlines various methods through which the many problems surrounding refugees/IDPs can be addressed; however, without the cooperation of all Member States this cannot be successful at the scale that is necessary. It is imperative that Member States consider strategies to make their domestic policies more open to refugees and IDPs, allowing for these populations to feel more secure and more inclined to register with UNHCR. It is the responsibility of all actors to work together building systems and networks to provide employment and educational opportunities for urban refugees/IDPs. Without the collaborative efforts of all actors, attempts to mitigate the challenges facing urban refugees/IDPs will most likely not be successful. With concerns over State Sovereignty, the closing of national borders, a rise in xenophobia in host countries, and the lack of effective communication and trust between governmental agencies, UNHCR, NGOs, and the challenges facing urban refugees and IDPs will continue to persist. Member States must take the initiative to enhance their local networks, insist on changes in national policies, and work closely with UNHCR, to help people who have, quite simply, already lost everything.

Questions to Consider:

1. To what extent and in what ways can Member States be expected to encourage local grassroots organizations to network and form partnerships to help refugees/IDPs?

2. With more and more nations making it increasingly difficult to exist in urban areas as a refugee/IDP due to economic and legal ramifications and barriers, what can UNHCR and Member States do to mitigate this?

3. How can regional partnerships help in order to ensure the safety and access to resources for refugees/IDPs?

4. What has your State done to work with NGOs that has worked and how can it be implemented in other regions?

5. How can Member States strengthen their relationships with NGOs and UNHCR when dealing with urban refugees/IDPs and still respect concerns of state sovereignty?

6. What are the specific needs of urban refugee/IDP populations that Member States should try to mitigate and how can this be done?

Introduction

Four years ago, world leaders came together at the United Nations and adopted the 2030 Agenda for Sustainable Development. Governments responded to the common challenges they faced and the changing world around them by uniting behind a truly forward looking, yet urgent, plan to end poverty and create shared prosperity on a healthy and peaceful planet. It was a moment of great hope and promise, when the light of an inclusive multilateralism shone brightly, as it did throughout 2015 with the adoption of other significant and related global agreements: the Addis Ababa Action Agenda of the Third International Conference on Financing for Development, the Sendai Framework for Disaster Risk Reduction 2015–2020 and the Paris Agreement under the United Nations Framework Convention on Climate Change. In September, Heads of State and Government will gather once again, this time to take stock of how far we have come in realizing our sustainable development commitments. Through the high-level political forum on sustainable development, the Climate Action Summit and high-level meetings of the General Assembly on universal health coverage, financing for development and the SIDS Accelerated Modalities of Action (SAMOA) Pathway, leaders from all sectors will also have an opportunity to signal the urgent steps they will take to increase the ambition and impact of implementation efforts.

Though the availability of timely, disaggregated data across all countries and all targets and indicators to inform the present report remains a challenge, a clear picture is emerging of the state of implementation of the Sustainable Development Goals four years on.

First, progress is being made and some favorable trends with regard to the implementation of the Sustainable Development Goals are evident. Extreme poverty and child mortality rates continue to fall. Progress is being made against diseases such as hepatitis, where the incidence of new chronic hepatitis B virus (HBV) infections has been reduced considerably. Certain targets regarding gender equality are seeing progress, including the implementation of gender-responsive budgeting. Electricity access in the poorest countries has begun to increase. Globally, labor productivity has increased and unemployment is back to pre-financial crisis levels. The proportion of the urban population living in slums is falling. The proportion of waters under national jurisdiction covered by marine protected areas has more than doubled since 2010. And progress on some means of implementation is moving rapidly. This progress is an illustration of the hard work that many Governments and their partners have been undertaking since 2015. The voluntary national reviews provide the United Nations with additional insights. They show that Governments have prioritized integration of the Sustainable Development Goals into their national plans and policies and are creating the institutional arrangements that will help drive and also monitor progress towards the transformation needed in their economies and societies. Importantly, the reviews show that there has been a near universal response and that country ownership of the 2030 Agenda remains strong. We have also seen a significant response from regional governments and cities, businesses, civil society, academia, young people and others, which, through a wide range of actions and initiatives, have identified entry points to align with and advance Goal implementation. The United Nations too, as a key actor, is making foundational changes, and the United Nations development system is undergoing the deepest reform in decades so as to be better able to respond to the paradigm shift at the heart of the 2030 Agenda. I am confident that with continued support from Member States and the Organization's leadership and staff, the United Nations will begin to see the fruits of these reforms in the quality of its support provided to Governments, as they work to accelerate implementation at the scale needed to achieve the Goals by 2030.Second, notwithstanding these positive trends and the breadth of action and initiatives that the 2030 Agenda has inspired, the

shift in development pathways to generate the transformation required to meet the Sustainable Development Goals by 2030 is not yet advancing at the speed or scale required. It is cause for great concern that the extreme poverty rate is projected to be 6 per cent in 2030, missing the global target to eradicate extreme poverty; hunger is on the rise for the third consecutive year and little progress is being made in countering overweight and obesity among children under the age of 5; biodiversity is being lost at an alarming rate, with roughly 1 million species already facing extinction, many within decades; greenhouse gas emissions continue to increase; the required level of sustainable development financing and other means of implementation are not yet available; and institutions are not strong or effective enough to respond adequately to these massive interrelated and cross-border challenges.

In the context of the 2030 Agenda's central principle of leaving no one behind, there is progress, albeit at a slow pace. Population groups with documented disadvantages largely remain excluded. Globally, youth are three times more likely to be unemployed than adults. Children are overrepresented among the poorest people – one child in five lives in extreme poverty. Rural and urban differentials are also evident in such areas as education and health care. Persons with disabilities and those living with HIV/AIDS continue to face multiple disadvantages, denying them both life opportunities and fundamental human rights. Gender inequalities also persist. Women represent less than 40 per cent of those employed, occupy only about a quarter of managerial positions in the world. The shift in development pathways to generate the transformation required to meet the Sustainable Development Goals by 2030 is not yet advancing at the speed or scale required.

Unsurprisingly, there are significant divergences across regions and among countries in very different situations. Regrettably, the most vulnerable countries are bearing the brunt of the current obstacles to Sustainable Development Goal implementation. Third, there is no escaping the fact that the global landscape for Sustainable Development Goal implementation has generally deteriorated since 2015, hindering the efforts of Governments and other partners. Moreover, the commitment to multilateral cooperation, so central to implementing major global agreements, is now under pressure. Conflicts and instability in many parts of the world have intensified, causing untold human suffering, undermining the realization of the Sustainable Development Goals and even reversing progress already made. With developing countries hosting more than 85 per cent of the 68.5 million people who were forcibly displaced in 2017, pressures on existing support systems are immense. Direct economic losses from disasters have increased by more than 150 per cent over the past 20 years, with losses disproportionately borne by vulnerable developing countries. Without a surge in mitigation, global warming will continue at a rapid pace, amplifying the challenges of adaptation and entrenching a sense of vulnerability and insecurity among large population groups. Economic changes have also made Sustainable Development Goal implementation more challenging. Global economic growth is anticipated to remain slow and uneven across regions amid lingering trade tensions and unsustainable levels of household and corporate debt. Debt vulnerability in low-income countries has increased substantially in recent years. In addition to an expected slowdown in emerging economies, lower growth rates are projected in developed economies in general. And several Governments are taking more protectionist approaches across the board, risking growth rates, poverty reduction and economic diversification. Rising income and wealth inequality risk undermining efforts to achieve the Sustainable Development Goals. They threaten to erode social cohesion, entrench insecurity and dampen productivity growth. Rising intolerance in many parts of the world threatens fundamental human rights and human progress. The nexus among inequality, injustice, insecurity and lack of sufficient trust in Governments and institutions can further hinder the necessary conditions for advancing sustainable development.

Against this backdrop, when world leaders gather again this September, an honest and frank reflection on the world's current direction of travel is necessary. A renewed commitment to multilateralism, to prevention and to diplomacy is essential. And much greater urgency and ambition regarding Sustainable Development Goal response is required. This is especially the case when it comes to the response to the existential threat of climate change, where a failure to meet the goals of the Paris Agreement will directly threaten the attainment of all other Sustainable Development Goals. In this spirit, I welcome the progress made thus far, and encourage all countries and all Sustainable Development Goal partners to do more, and faster. I also identify a series of systemic gaps in the overall response to the 2030 Agenda and call for specific actions to fill them. These include placing special focus on the most vulnerable to ensure that as countries progress, they leave no one behind; ensuring adequate and well-directed financing; strengthening institutions and making them more effective and inclusive; bolstering local action to accelerate implementation; strengthening economies and building resilience; strengthening collection, access and effective use of data for the Goals; and harnessing science, technology and innovation with a greater focus on digital transformation for sustainable development.

The commitment to the 2030 Agenda remains strong. Hundreds of millions of young people believe in and are demanding the change at the heart of this agenda. Action on the Sustainable Development Goals is growing, and safely deployed new technologies, including artificial intelligence, can help the world take the next leap forward. I am convinced that with sufficient focus, effort, innovation, political commitment and resolve, with partners who are fully behind this transformation and with multilateral collaboration that is focused on results, these challenges can be surmounted and the Sustainable Development Goals can be reached by 2030. The world will soon enter a decade that will be decisive for both current and future generations and for all life on this planet. It is the world's responsibility and within its power to make it a decade of action and delivery for sustainable development.

Questions to Consider:

1. What kind of progress have individual countries made towards the Sustainable Development Goals?
2. What can be done to improve progress towards the Sustainable Development Goals at the grassroots level?
3. How can the world improve achievement of the Sustainable Development Goals in developing countries, where progress faces the most obstacles?
4. How can regional organizations and agreements better align with the Sustainable Development Goals?

World Health Organization

Topic 1: Addressing Pandemics and Other Global and Regional Health Crises

Introduction

The World Health Organization (WHO), formed in 1948 under the United Nations (UN), has defined its primary role as directing and coordinating international health within the UN system. Its vision is an "integrated global alert and response system for epidemics and other public health emergencies based on strong national public health systems and capacity and an effective international system for coordinated response." To carry out the organization's goals efficiently and effectively, WHO created five strategic categories for addressing international health issues: communicable diseases, noncommunicable diseases, health through the life course, health systems, and preparedness, surveillance and response. Each area has a corresponding team of specialized experts tasked with finding innovative means of addressing global and regional health problems, such as sanitation and access to clean, drinkable water, HIV/AIDS, climate change and its effect on health, and specific viruses like Ebola and Zika. Although there are international guidelines, health measures, regulations and systems that have been established and put into effect by the UN and the World Health Organization, pandemics and disease outbreaks often affect regions very differently due to differences in climate, health care systems in place, and technology available in that specific region. The Ebola outbreak was a strong indicator of the weakness of international systems in the face of resurgent viruses. Today, the UN and WHO are working to strengthen response and alert systems for health emergencies, both at local and international levels.

Frameworks, Guidelines and International Programs

The UN and the World Health Organization recognize the direct link between health and wellness, and economic, political and social stability. In September 2014, the Security Council adopted Resolution 2177, which stands as the "first recognition by the Council of the threat posed by an epidemic to international peace and security." Referencing Ebola, the resolution underlined that, unless contained, the outbreak could lead to "further instances of civil unrest, social tensions and a deterioration of the political and security climate." Acknowledging the direct impact of health issues on security was a huge step forward. The WHO aims for the prevention of international health events, the term "event" being defined as "a manifestation of disease or an occurrence that creates a potential for disease." When an event occurs, the goal of the WHO is a fast and effective response, so as to avoid the deterioration of security and social and economic stability.

Since its inception, WHO has created guidelines and international programs to target world health issues with this goal of prevention and fast response in mind. In addition to networks and technological resources that have been set up by WHO since 1948, the organization originally formed individual departments that correspond with each of the aforementioned five strategic categories. Each of these departments oversees specific regional and global health issues. The Department of Pandemic and Epidemic Diseases (PED) was specifically created and appointed to tackle the fifth category, "preparedness, surveillance and response." PED is a team consisting of disease-specific and public health experts that addresses and responds to outbreaks and emergencies. The WHO asserts that emerging and re-emerging epidemic diseases pose an on-going threat to global health security, requiring an adaptable approach that can be proactive in preparing for, monitoring, and responding to new health issues across the world. PED was created with the stance that the combination of technical expertise and scientific knowledge is the critical foundation of effective strategies for epidemic control. With the

creation of specific departments such as PED, WHO established a more comprehensive and efficient system for coordinated response.

Beneath this general, five-category framework, there are many focused and specifically technology-oriented programs that the WHO and individual departments within the WHO direct. For example, in April 2000, members of WHO and other UN health-related agencies met in Geneva to discuss the need for a global network that deals with emerging diseases, pandemics and global outbreaks. Consequently, the Global Outbreak Alert and Response Network (GOARN) was created, with the goal of "[combating] the international spread of outbreaks, [ensuring] that technical assistance reaches affected states rapidly, and [contributing] to long-term preparedness and capacity building." A similar program was created more recently following an initial meeting of partners in Geneva in April 2009, a meeting that brought together interested parties from academia, non-governmental organizations (NGOs) and the private sector. Following this conference, an idea for a website for "information and communication technologies for public health emergency management (ICT4PHEM)," a derivative of GOARN, came to fruition and was launched in June 2016. This technical collaboration will pool human and technological resources in order to provide enhanced information and communication technology (ICT) solutions to predict, prevent, and support public health emergencies. It will enable individuals and communities that have access to the internet to find solutions to and ask questions about health emergencies. It also will create a means through which experts can communicate with communities that might not be easily accessible physically, in order to address, and ideally prevent, pandemics and outbreaks. Though the website itself has not been set up yet, ICT4PHEM is the latest UN project focusing on global health, with a specific emphasis on prevention of and fast response to pandemics and outbreaks, and its potential is huge. At the broadest level, WHO has established International Health Regulations (IHR), an international agreement that is legally binding on 194 countries, including all WHO Member States, and which is intended to help the World Health Organization "prevent, protect against, control and provide public health response to the international spread of disease."

The regulations are consistent with international humanitarian law and human rights law and should be implemented with "full respect for the dignity, human rights and fundamental freedoms of persons," a stipulation that ensures that nations and peoples are protected. The scope of the IHR is purposely broad in order to maximize the probability that the regulations are able to address and apply to all global health events. Essentially, the IHR aims to protect the global community from public health risks and emergencies that cross international borders through the collaborative actions of Member States, while avoiding unnecessary interference with international politics and trade.

Sanitation and Access to Clean Water

Today, it is estimated that 1.8 billion people worldwide use a source of drinking water that is contaminated with some fecal matter. This is not surprising considering that 1 billion people openly defecate—nine out of ten in rural areas—and that hundreds of millions of people have no access to soap and water to wash their hands. Contaminated water carries diseases such as cholera, diarrhea, dysentery, hepatitis A, typhoid, and polio. Simply having access to soap would empower those most prone to disease and infection spread via water to block the spread of disease. Over 800,000 adult and 300,000 child deaths could have been prevented if sanitation systems were improved, such as the basic provision of soap.11 Promoting these basic rights, safe and sufficient drinking water and adequate sanitation and hygiene, had implications across all Millennium Development Goals (MDGs), "from eradicating poverty and hunger, reducing child mortality, improving maternal health, combating infectious diseases, to ensuring environmental sustainability." While much remains to be done to

increase access to these rights and to reduce inequalities across populations, there has been progress over the past decade. For example, 2.3 billion people gained access to improved drinking water between 1990 and 2012. Additionally, the number of children dying from diarrheal diseases, which are strongly associated with poor water, inadequate sanitation and hygiene, have steadily fallen over the past two decades. Today, fewer than 1,000 children under five die each day from diarrhea caused by inadequate water and sanitation compared to over 2,000 fifteen years ago.

In Zambia, for example, efforts have been made to improve water, sanitation and hygiene (WASH) services in health care facilities, and recent home visits have shown that these improvements are working. In 2010, the Ministry of Health, with support from the Tropical Disease Research Center and other organizations, installed small water stations for safe drinking and handwashing in 150 health care facilities, which were chosen because they reported high levels of diarrhea and low access to clean water. Two locally produced water stations were placed at key points within each health facility, one with chlorinated water for drinking and one for handwashing with soap. There are dedicated personnel to manage the stations in order to ensure proper operation. Besides making it possible for health workers to wash their hands, the water stations are increasing patients' satisfaction and promoting hygiene practices. The home visits have seen patients now regularly washing their hands with soap and safely storing and treating their water. While gains have been made, progress has been stymied by a number of factors, including inadequate investments in behavior change campaigns, lack of affordable products (like soap and toilet seats) for the poor, and social norms which accept or even encourage open defecation. The practice of open defecation, which affects dietary behavior when it causes illness, is also linked to a higher risk of chronic malnutrition, affecting 161 million children worldwide.15 Diarrhea is often caused by lack of clean water for proper washing, and a lack of toilets only further exacerbates the problem. Feces on the ground contributes to contaminated drinking water and water resources in general, and leads to diarrhea and chronic malnutrition.16 One of the targets under Goal 6 of the 2015 Sustainable Development Goals (SDGs), which addresses clean water and sanitation, is to completely end open defecation by 2030.17 This would require a doubling of current rates of reduction, especially in South Asia and sub-Saharan Africa, according to WHO and UNICEF.

In addition to setting goals and working to improve sanitation systems, the UN focuses on health education. For example, improving water sanitation at the facility delivery points does not necessarily ensure that water is clean when it reaches individual homes and mouths. While WHO has developed a series of water quality guidelines in order to ensure that water treatment products and facilities are actually producing clean water, the water can still be contaminated during transport or be home to vectors (insects that breed in clean water). Education regarding how to cover containers can "reduce vector breeding and may also have a co-benefit of reducing fecal contamination of water at the household level."

Climate Change and its Effect on the Spread of Diseases

Climate change continues to put pressure on water supply systems. It is estimated that if current trends continue, in ten years, "half of the world's population will be living in water-stressed areas. The Intergovernmental Panel on Climate Change (IPCC) findings indicate that the contrast in precipitations between wet and dry regions and wet and dry seasons is likely to increase, thus also increasing flood and drought risks. Research predicts, based on current global trends, that many mid-latitude arid and semiarid regions (also commonly the poorest areas), are likely to receive less precipitation, with the likelihood of having droughts larger and longer than those observed since 1900. With less water available, there are even higher risks of contamination and the spread of disease through water. Thus, a focus on dissemination of information about safe water use and treatment, and defecation practices is

even more crucial. In years to come, water will be instrumental in the prevention of the spread of disease, outbreaks of pandemics, and other regional and global health crises.

HIV/AIDS

The Human Immunodeficiency Virus (HIV), which causes Acquired Immune Deficiency Syndrome (AIDS), is an ongoing pandemic that affects over 35 million people worldwide. Of the 36.9 million people living with HIV worldwide, an estimated 25.8 million are in sub-Saharan Africa, accounting for 70% of the global total. While the number of those infected by HIV each year continues to go down as information about the virus and ways to prevent transmission spreads, the main problem posed by this ongoing pandemic has become how to treat it. One of the targets under Goal 3 of the 2015 Sustainable Development Goals (to ensure healthy lives and promote well-being at all ages), is to end the AIDS epidemic by 2030. The primary barrier standing in the way of this target is not an inability to create effective medications and treatments, but rather the high demand for them. Even though infection rates have decreased, demand for antiretroviral therapy, which is accepted by physicians today as the best treatment for HIV/AIDS, continues to well surpass supply. Additionally, these treatments are extremely expensive, so the regions most in need are often the ones that receive the least.

Although the number of people receiving antiretroviral therapy continues to rise in Africa, this trend masks significant gaps. In at least 14 countries in Africa, 80% or more of people who were estimated to be eligible for free treatment under the 2013 WHO guidelines were not receiving therapy as of December 2012. People living with HIV in Eastern and Southern Africa are more likely to obtain services than those in Western and Central Africa, who are still more likely to receive treatment than those in North Africa. The theme of the 21st International AIDS conference, which took place in Durban, South Africa this past July, was "access equity right now," a call to action for access to antiretroviral treatments to be equal.23 The goal for the outcome of this conference, at which WHO played a major role and which focused on finding financing solutions, is better, broader, and more equal distribution of antiretroviral therapies.

New Outbreaks: Ebola and Zika

Though the Ebola and Zika viruses are both considered new outbreaks, this is in large part where their similarities end. They affected different demographics and geographic regions, and had entirely different physical effects. That being said, a comparison of the responses to each outbreak by the international community does show the progress that has been made in efficiency and effectiveness of response. Though the Ebola breakout was unprecedented and its scale impossible to predict, it served as a representation of a weak framework. Hospitals and Ebola treatment facilities were overflowing and were forced to turn people away at the height of the outbreak. After billions of dollars were pledged, the most ever to the outbreak of a single virus, new treatment units were built and ultimately, stood empty due to lack of patients. By the time the international community reacted, it was in large part too late. In 2014 alone, almost 5,000 died of the nearly 10,000 who had been infected. The WHO identified what would have been a good outbreak control system for Ebola as the application of a package of interventions, "namely case management, surveillance and contact tracing, a good laboratory service, safe burials." The primary failure of the international community following the 2014 outbreak was delayed intervention and containment of the virus. All over West Africa, health systems did not meet standards and failed to prevent or delay the rapid spread of Ebola. Without proper systems of containment, the virus was also able to spread via plane and boat. Less than a year after WHO acknowledged its failures with addressing Ebola, it was faced again with the outbreak of a new virus: Zika. The Zika virus disease is caused by a virus transmitted primarily by Aedes Mosquitoes, and there is scientific consensus that the Zika virus is a cause of Microcephaly and Guillain-Barré syndrome.

Correlations with other neurological complications are also being investigated. A group of experts cited WHO's biggest mistake as sounding the alarm too late, noting that it took until August 2014 for the Ebola outbreak to be declared a public health emergency despite the outbreak getting out of control by spring of the same year. While WHO did refrain from declaring Zika a global health emergency in February 2016 for three full months after Brazil declared a public health emergency in November 2015, there has undoubtedly been a faster, and more comprehensive response to the outbreak of Zika than there was to Ebola. WHO/Pan American Health Organization (PAHO) and other global health partners have drafted and begun to implement a strategic response to Zika, which focuses on preventing and managing medical complications caused by the Zika virus. The WHO has called for $122.1 million to implement the plan between July 2016 and December 2017. The strategy also focuses on "communicating risks with women of child-bearing age, pregnant women, their partners, households and communities, so that people have the information they need to protect themselves.

Conclusion

Today, with pandemics and epidemics posing a threat to global security, the World Health Organization places huge importance on the prevention and containment of such global health crises. Though there are established frameworks and guidelines in place that dictate how to respond to such events, as well as new programs and technologies constantly being developed, we still have a long way to go. As droughts loom and water contamination and improper, or altogether absent, sanitation systems remain a consistent issue, particularly in rural and poor areas, the World Health Organization must collaborate with State Parties, non-governmental organizations and other United Nations bodies to address these problems, but this will require political will and financial and technical support from member states. States must decide how they can best support these goals and what means of cooperation might be most effective and efficient.

1. How could access to healthcare, sanitation and clean drinking water be improved, particularly in rural areas?

2. How can technology be used to improve sanitation systems?

3. How can technology be used to prevent and more quickly address world health events?

4. How should allocation of resources by determined? Should more resources and efforts be directed towards ongoing pandemics such as HIV/AIDS, malaria and tuberculosis, or towards preventing and addressing new outbreaks like Ebola and Zika?

5. Are the 2015 Sustainable Development Goals regarding health what they need to be?

6. Should individual state governments be held more accountable for preparing for pandemics?

7. How can the spread of diseases across international borders be stopped?

8. Should there be international guidelines for training healthcare officials?

Topic 2: Strengthening Implementation of Health-related Sustainable Development Goals

Introduction

        On April 7, 1948 the World Health Organization's constitution was ratified. While this was not the first international health organization, it included more Member States than those of the past. The World Health Organization (WHO) has worked adamantly to adapt to the ever-changing international health community and concerns. Currently the WHO is working to meet the Sustainable Development Goals (SDGs). Briefly summarized, the Seventeen SDGs are the following:

1. No Poverty

2. No Hunger

3. Good Health

4. Quality Education

5. Gender Equality

6. Clean Water and Sanitation

7. Renewable Energy

8. Good Jobs and Economic Growth

9. Innovation Infrastructure

10. Reduced Inequalities

11. Sustainable Cities and Communities

12. Responsible Consumption and Production

13. Climate Action

14. Life Below Water

15. Life on Land

16. Peace, Justice, and Strong Institutions

17. Partnerships for the Goals

These seventeen goals were agreed upon by the United Nations Member States in 2015 and are intended "to help us all end extreme poverty, fight inequality & injustice, and fix climate change." Although Goal Three is the only one that addresses health by name, all of the SDGs relate to health in some way and are important in the effort to achieve a healthy international community.

World Health Organization Reform and Modernization

        In recent years, WHO has been working to reform and modernize in an effort to better use funding as well as to "[pursue] a higher degree of excellence, [contribute] to greater coherence in global health and, most important of all, [achieve] better health outcomes." WHO has six priorities which all aim to "accelerate progress towards the new Sustainable Development Goal for health: Ensure healthy lives and promote well-being for all at all ages." These priorities are "[a]dvancing universal health coverage: enabling countries to sustain or expand access to all needed health services and financial

protection, and promoting universal health coverage," "[a]chieving health-related development goals: addressing unfinished and future challenges relating to maternal and child health; combating HIV, malaria, TB, and completing the eradication of polio and a number of neglected tropical diseases," "[a]ddressing the challenge of noncommunicable diseases and mental health, violence and injuries and disabilities," "[e]nsuring that all countries can detect and respond to acute public health threats under the International Health Regulations," "[i]ncreasing access to quality, safe, efficacious and affordable medical products (medicines, vaccines, diagnostics and other health technologies)," and "[a]ddressing the social, economic and environmental determinants of health as a means to promote health outcomes and reduce health inequalities within and between countries." WHO feels that in achieving these they will improve global health as well as achieve many of the SDGs the international community is looking to reach. Public healthcare is constantly changing, and WHO must adapt to combat this issue. It has been doing so through expert meetings, surveillance, activities to test preparedness, field visits emergencies, data sharing, research, and many other methods. These methods are intended to not only allow WHO organization to function more effectively, but also to better inform and prepare Member States in order to improve global health. The constant changing of the public health field has shown the need for more flexible structures, both physical and policy-oriented, that can allow for better adaptation.

The World Health Organization is currently working on renovating its headquarters in Geneva in an effort to decrease its operational budget increase its efficiency and investing in an energy-efficient modern building The renovation will be done in two phases and is scheduled to be completed in 2024. The renovation was estimated at 250 million Swiss francs (over 250 million US dollars). "The new building will be entirely financed from a [fifty]-year, interest-free loan provided by Switzerland, the Host State for WHO's headquarters. After completion of construction, the loan will be repaid through WHO's Real Estate Fund. The fund is anticipated to retain a positive balance throughout the project. Member States will, therefore, not be called upon to provide financial contributions." While the renovation is primarily physical in nature, it will help improve the organization as a whole by strengthening internal communication and work patterns. This in turn will strengthen coordination within WHO, with country teams, and enhance its ability to work with governments, ultimately allowing it to be more effective in addressing the SDGs.

World Health Organization Policy-Oriented Reforms

WHO has been working on reforming its operations to better meet the needs of the changing public health field. Public health is not a stagnant field; there are constantly new health problems as well as advancements in medicine. "Reform has three aims: programmatic reform to improve people's health; governance reform to increase coherence in global health; and managerial reform in pursuit of organizational excellence." After two years of negotiations, the WHO Framework of Engagement with Non-State Actors (FENSA) was adopted in May 2016, providing "comprehensive policies and procedures on engaging with non-governmental organizations, private sector entities, philanthropic foundations and academic institutions. It was intended to strengthen "engagement with stakeholders" and encourage transparency. At the 69th World Health Assembly, in May 2016, steps were agreed upon to lay the groundwork for pursuing the health-related Sustainable Development Goals (SDGs), with the priority being universal healthcare with a greater focus on equity of coverage. WHO was encouraged to look outside the health sector at other areas that could help develop methods to better address issues. It was also encouraged to ensure all aspects of its programs can be funded and to take the SDGs into consideration when developing budgets to make sure they are all addressed effectively. WHO is also working to strengthen the ability for countries to monitor their progress. In addition, at the conference the WHO Framework on Integrated, People Centered Health Services was adopted, which "calls for a fundamental shift in the way health services are funded, managed and delivered."10 At the conference

Member States agreed that people-centered approaches to health made more financial sense and allowed for better healthcare, resulting in a strategy of focusing on the community that is being helped rather than individual health issues.

The WHO Emergency Medical Team (EMT) Initiative gives countries their own teams to allow for quicker response time during an emergency. WHO will use EMT Coordination Cell Training to help organize the country teams, which will allow them to gain universal training as well as country specific training. These teams are intended to be self-sufficient and quickly deployable, allowing for more immediate responses to emergencies than in the past. WHO is also working on a Global Vaccine Action Plan and a Global Observatory on Health Research and Development (R&D).

WHO and the Health-Related SDGs

In September 2015 the United Nations General Assembly adopted a set of Sustainable Development Goals (SDGs). In an effort to ensure these goals are relevant to all Member States, the seventeen SDGs are broader than the Millennium Development Goals (MDGs) that came before them. While some of these goals may relate more to public health than others, they all have some sort of connection to health. Although progress has been made to achieve the health related SDGs, WHO and Member States are just getting started. Member States must work together along with WHO to achieve these goals and help ensure equitable health for all. The key goal related to health is SDG Goal Three: "Ensure healthy lives and promote wellbeing for all at all ages." This goal has thirteen targets that aim to build on the progress achieved by the MDGs. The main aspect of this goal that is important to WHO are noncommunicable diseases and universal healthcare. WHO has made equitable universal health care a major focus, because it is vital for ensuring the health of the international community. While universal healthcare is most clearly addressed in Goal Three it plays an important role in promoting other health-related SDGs. One target of Goal Three (Target 3.a) that has already seen a great deal of focus from the international community is to "strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries" (WHO FCTC). Although Member States have increasingly addressed the articles set forth in the WHO FCTC, they have yet to be implemented by all Member States. Many of the Member States have increased education of their citizens as to the harm of tobacco, with some even setting forth bans. In Iran bans have been set on the advertisement and promotion of tobacco. But there is still much more to be done in order to reduce tobacco use. To further address the issue of tobacco, the Convention of the Parties (COP) has met to discuss tobacco control efforts; the seventh session of the COP is being held 7-12 November 2016 in New Delhi, India, where states will look again at the WHO FCTC.

Another target set forth by the SDGs is to lower road traffic related injuries and deaths by fifty percent (50%) by 2020. In an effort to reach this target, the Brasilia Declaration on Road Safety was adopted on 28 May 2016 "requesting Member States to accelerate implementation of the outcome document of the Second Global High-Level Conference on Road Safety 2011-2020 held in November 2015."20 Road traffic is an important issue for global health because "crashes kill more than 1.2 million people annually and injure up to 50 million." Although auto crashes can be a threat to the health of all, some groups are more vulnerable to these crashes. Member States and WHO aim to raise awareness for this issue during the Fourth United Nations Global Road Safety Week in May 2017. At the most recent COP there was a call for an increase in public transportation, walking, and biking, because these methods encourage less road traffic, resulting in fewer crashes.

This solution would help with other health-related SDGs as well. For example, an increase in these sorts of transportation helps decrease air pollution, which is another target of the SDGs. Air pollution contributes to many health problems globally, with 4.3 million annual deaths from indoor air

pollution and 3.7 million annual deaths from outdoor air pollution. The issue of air pollution cannot be fixed through prevention alone, so the delegates at the World Health Assembly in May 2016 created a roadmap to tackle this issue, which was divided into four main areas: knowledge, monitoring, coordination, and training. This increase in coordination is addressed in Goal Seventeen of the SDGs as well, which calls for strengthening of implementation and a global partnership to help achieve sustainable development. This cooperation is important for global health, because many health issues originate regionally or even globally. For this reason, constant cooperation is important to share health-related findings to help cure and stop the spread of deadly diseases. Health issues are not typically common to just one place, making it beneficial to know how other countries have dealt with issues, to allow them to work together on solutions.

Another major target is maternal health. Approximately 830 women die every day from preventable maternal health-related complications. Goal Three, Target 1 of the SDGs (3.1) is to reduce maternal mortality rates to below 70 per 100,000.27 Some Member States, such as Thailand, Belarus, Armenia, and Republic of Moldova have made progress for maternal and infant health. Sharing their best practices and lessons learned could benefit many other Member States. Currently medical interventions are available to reduce maternal mortality rates; however, lack of access to healthcare for pregnant mothers keeps this goal from being obtained. Mothers have a lack of access both before and during their pregnancy, leading to increased complications. During the period of the MDGs, the approach was contraceptive services, but this was found to be ineffective as the main approach to reducing maternal mortality. WHO is working to help reduce maternal mortality through educating midwives and promoting emergency obstetric care, as it believes this will be a better approach to achieve this target. This target also relates to Goals One and Ten (reducing poverty and inequalities). Maternal mortality happens more often in poorer rural areas, with ninety-nine percent of occurring in developing countries. Adolescent women are at a higher risk of maternal complications and mortality. While progress has been made to lower childhood pregnancy, this still accounts for eleven percent of births, with higher rates in poor rural areas, and it remains one of the major causes for premature deaths among adolescent women.

Breastfeeding a child is vital for their health. Globally an average of one in three babies less than six months old is exclusively breastfed; this number has not changed in decades. "If all children 0-23 months were breastfed, more than 800,000 children under five could be saved every year." SDG Goal Three Target 2 (3.2) aims to reduce mortality rates for children under five to 25 in 1,000 births. WHO is working to increase breastfeeding to help ensure these children gain the nutrients and antibodies they need. For example, WHO ran a campaign in Vietnam promoting the nutritional benefits of breastfeeding and is working to reduce the stigmas of breastfeeding. The campaign helped increase the number of mothers in Vietnam who breastfed their children. WHO is working to spread this improvement globally.

Current Obstacles to Achieving the SDGs

A major issue facing WHO is the increasing pressure on global health systems due to "longer lifespans and the growing burden of long-term chronic conditions requiring complex interventions over many years." Currently health systems have many issues, and "[u]nless they are transformed, health systems will become increasingly fragmented, inefficient and unsustainable." This means that changes in the public health field must be made in order to ensure that structures can support the new challenges to come. Another issue is a "global shortage of medicines and vaccines, especially for children." Children are among the most vulnerable groups, and due to these shortages, they are unable to get healthcare that could possibly save their lives. Such healthcare needs to be made more available. Also, some diseases "disproportionately affect developing countries and attract little investment."38 Diseases that

are not as present in other areas receive less funding. Countries that do not experience a certain issue may find it unnecessary to help with funding, as they do not find it threatening to the health of their citizens. There are currently gaps in Research and Development, which hinder WHO's ability to provide effective support for the international community. At the 69th World Health Assembly delegates decided to accelerate the development of the WHO Global Observatory on Health Research and Development to help fill these gaps. The completion of this observatory is expected to greatly improve WHO support to the international community.

Conclusion

Many steps can be taken in order to help strengthen the implementation of health-related SDGs. Increased cooperation is important to ensure that all offices are working together to help keep the entire international community informed about changes in healthcare. It is important to ensure that the methods being used are sustainable in order to keep from hindering healthcare in the future. While one solution would be to work to increase funding, this tends to be unattainable, so another solution would be to ensure that budgets are developed to fund all areas necessary while keeping the SDGs in mind to make sure they are all being reached. Another very important step is the completion of the WHO Global Observatory on Health Research and Development, as this observatory will help greatly in achieving the health-related SDGs. Significant progress has been made towards improving global health; however, there is still much to be done. Seven thousand fewer children die daily "than in 1990, but more than six million children still die before their fifth birthday each year." Another issue that is still very present is the inequality in areas hit by these health issues; four out of five child deaths before age five take place in sub-Saharan Africa and Southern Asia. While maternal deaths have dropped by fifty percent (50%) since 1990, this has also been disproportionate, with developing countries seeing a higher rate of maternal mortality. Although there has been a decrease in teen pregnancy since 1990, this trend has greatly slowed. These issues and many more remain. WHO and Member States must work together to target the many health problems seen globally in order to achieve the health-related SDGs.

1. What methods does your country use to implement the Sustainable Development Goals?

2. Which health-related Sustainable Development Goals are most important to your country?

3. What changes would your country like to see with the implementation of the health-related Sustainable Development Goals?

4. Which health-related SDGs has your country made significant improvement towards meeting and which still need improvement?

5. Does your country have equitable universal healthcare? If not, is it taking steps towards this goal? If so, how can it help with equitable universal healthcare for the international community as a whole?

6. Does your country have Emergency Medical Teams (EMTs)? If so, what suggestions can it give other countries in order to develop their own? If not, what actions can it take in order to create EMTs?