



## World Health Organization

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# TSMUN XXV BACKGROUND GUIDE 2021

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**Topic I: Addressing the Needs and Services for Children  
with Disabilities Globally**

**Topic II: Healthcare for Women & Children in Developing  
Member States**

**Written By: Camille Beauchamp & Gregory Gutierrez**



Dear Delegates,

Welcome to Tallahassee Southern Regional Model United Nations! My name is Camille Beauchamp, and I am the Director of the World Health Organization (WHO) for TSMUN 2021. I am currently a student at Tallahassee Community College and plan to transfer to Florida State University to study Interdisciplinary Social Science. This is my second year on the TCC Model UN team and my second year participating in TSMUN.

The topics under discussion for this year's World Health Organization are:

- I. Addressing the Needs and Services for Children with Disabilities Globally
- II. Healthcare for Women & Children in Developing Member States

The World Health Organization is an autonomous organization that directs and coordinates international healthcare issues within the United Nations (UN) system to attain the highest possible level of health by all people. Delegates should work to promote multilateral negotiations, which are inclusive and consider a human right for all under the Universal Declaration of Human Rights. Proper stimulation is key in WHO to successfully complete the agenda and create resolutions that are succinct and effective.

I hope this background guide can assist with your preparation for the conference. The background guide is meant to introduce delegates to the topics that will be discussed in committee and provide guidance as delegates begin their research. Delegates are strongly encouraged to research the positions, views, and opinions of their Member States as well as relevant regional and international framework, previous resolutions, and organizations and initiatives.

Each delegation is required to submit a paper for this committee. This paper is known as a position paper and will be submitted before the start of the first committee session. Papers can be emailed to [positionpapers@tsmun.org](mailto:positionpapers@tsmun.org). For position paper guides as well as examples, please visit <http://www.tsmun.org/position-papers.html>. Papers that are not in the correct format will not be eligible for awards. For conference information, resources for preparation, scholarships, and other helpful information visit <http://www.tsmun.org/>. If you have any questions leading up to the conference do not hesitate to email me. Our Secretary-General for this year's TSMUN will be Taylor Mackin, and she is also available via email at [sg@tsmun.org](mailto:sg@tsmun.org). I look forward to seeing the hard work and preparation in committee.

Sincerely,

Camille Beauchamp  
World Health Organization Director  
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## Committee Overview

### ***Introduction***

In 1945 when the United Nations was founded, a main focus was setting up a global health organization.<sup>1</sup> This led to the World Health Organization (WHO) Constitution being introduced on 7 April 1948 – a date now known as World Health Day.<sup>2</sup> Following this, the First World Health Assembly met in Geneva in 1948 and set the following priorities for the committee: malaria, tuberculosis, venereal diseases, maternal and child health, sanitary engineering, and nutrition.<sup>3</sup> In addition, the WHO was involved in disease prevention and efforts to control these outbreaks including mass campaigns against endemic syphilis, leprosy, and trachoma.<sup>4</sup> The World Health Organization’s Headquarters is located in Geneva, Switzerland and this committee meets here annually.

### ***Committee Mandate***

WHO’s constitution established the organization as a specific agency of the UN under Article 57 of the Charter of the United Nations.<sup>5</sup> Other than its status as an autonomous organization within the UN system, the WHO functions under the guidance of the UN Economic and Social Council (ECOSOC).<sup>6</sup> WHO has a fairly wide mandate to guide and coordinate international health policy with its primary activities including: establishing partnerships with other global health programs, conducting research, setting guidelines, providing technical support, and monitoring health trends around the world.<sup>7</sup> Over the years of its existence, the WHO’s goals have expanded from its original focus toward women’s and children’s health, nutrition, sanitation, and fighting malaria and tuberculosis.<sup>8</sup>

### ***Governance, Structure, and Membership***

194 Member States, including all UN Member States except for the Cook Islands and Niue, are members of WHO.<sup>9</sup> WHO delegates are mandated to set the agency’s agenda at each year at the World Health Assembly.<sup>10</sup> The Director-General is tasked for raising the majority of resources from donors.<sup>11</sup> The Executive Board is made up of 34 members whom are experts in the field of health, with Members being elected for three-year periods.<sup>12</sup> The main responsibilities of the Board are to recommend implementation strategies and decisions and policies of the Health Assembly,

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<sup>1</sup> History of WHO, *World Health Organization*.

<sup>2</sup> Ibid.

<sup>3</sup> A brief history of the World Health Organization, *The Lancet*, 2002.

<sup>4</sup> Ibid.

<sup>5</sup> Constitution of the World Health Organization, *WHO*, 1946.

<sup>6</sup> The United Nations System, *United Nations*.

<sup>7</sup> What Does the World Health Organization Do? *CFR*, 2020.

<sup>8</sup> Ibid.

<sup>9</sup> Countries, *World Health Organization*.

<sup>10</sup> What Does the World Health Organization Do? *CFR*, 2020.

<sup>11</sup> Ibid.

<sup>12</sup> Governance, *World Health Organization*.



to advise it and generally to facilitate its work.<sup>13</sup> Furthermore, the Executive Board endorses decisions and policies of WHA and coordinates response efforts to international health emergencies.<sup>14</sup> The Executive Board meets at least twice a year, once in January and once in May after WHA's annual convention.<sup>15</sup>

### ***Conclusion***

WHO is the primary authority on international health issues under the UN system.<sup>16</sup> The global state of health is continuously evolving and increasingly complicated, requiring strategic, creative, and unique solutions that adapt to local conditions and situations.<sup>17</sup> WHO continues to reform itself to adapt to changes in global governance and make better use of its financial and human resources so that it can address acute health crises and establish norms that promote human health more broadly. In light of persistent challenges across the priorities highlighted above, delegates are expected to develop effective solutions to address challenges to health, and to achieve the health objectives set forth by the SDGs.<sup>18</sup>

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<sup>13</sup> Ibid.

<sup>14</sup> Constitution of the World Health Organization, *WHO, 1946*.

<sup>15</sup> Ibid.

<sup>16</sup> About WHO, *WHO*.

<sup>17</sup> 10 Facts on the State of Global Health, *WHO, 2017*.

<sup>18</sup> WHO Director-General, *WHO*.



## Topic I: Addressing the Needs and Services for Children with Disabilities Globally

### *Introduction*

Disability and access are a matter of human rights because those with disabilities experience inequalities; some experience violations of dignity and others are denied autonomy.<sup>19</sup> Children with disabilities are one of the most marginalized and excluded groups of children, experiencing widespread violations of their rights.<sup>20</sup> The estimated number of children with disabilities between 0 and 18 years ranges between 93 million and 150 million.<sup>21</sup> The experience of childhood should not be in isolation but within their family and social environment.<sup>22</sup> Children with disabilities are less likely to attend school, leading to them experiencing limited opportunities and facing reduced employment opportunities as well as decreased productivity in adulthood.<sup>23</sup> Children under age 5 in developing Member States are exposed to multiple risks, including poverty, malnutrition, poor health, and unstimulating home environments, which can impair cognitive, motor, and social-emotional development.<sup>24</sup> The United Nations Convention on the Rights of Persons with Disabilities (CRPD) reinforces the need to protect the rights of children with disabilities and ensure their full and equal participation in society.

### *Current Situation*

Data from six developing Member States indicate that, on average, children with disabilities of primary school age (about 6 to 11 years in most Member States) are more likely to be out of school than their peers without disabilities.<sup>25</sup> The largest gap between children with and without disabilities was reported for Cambodia, with a 50-percent difference between the out-of-school rate of children with and without disabilities (57 percent versus 7 percent), meaning that children with disabilities are eight times more likely to be out of school than their peers without disabilities.<sup>26</sup> The out-of-school rates of children with disabilities are two to three times as high as those of children without disabilities in Colombia, the Maldives, Uganda and Yemen.<sup>27</sup> More and more Member States are trying to make their educational systems more inclusive for persons with disabilities, removing barriers and addressing discrimination on the grounds of disability.<sup>28</sup> Out of 194 United Nations Member States, 34 guarantee the right to education for persons with disabilities or protect against discrimination on the basis of disability in education in their constitutions.<sup>29</sup> Vietnam established the National Action Plan for Education for All (2003–2015) with a focus on inclusive educational opportunities for children with disabilities; Ethiopia adopted its first strategy of Special Needs Education in 2006 to help ensure that children with disabilities have access to

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<sup>19</sup> World Report on Disabilities, *WHO*, 2011.

<sup>20</sup> Children and Young People with Disabilities Fact Sheet, *UNICEF*, 2013.

<sup>21</sup> Youth with disabilities, *UN*.

<sup>22</sup> *Ibid.*

<sup>23</sup> *Ibid.*

<sup>24</sup> *Ibid.*

<sup>25</sup> UN flagship report disability, *UN*, 2018.

<sup>26</sup> *Ibid.*

<sup>27</sup> *Ibid.*

<sup>28</sup> *Ibid.*

<sup>29</sup> *Ibid.*



quality education; and South Sudan's Child Act includes the right to education for all, including persons with disabilities.<sup>30</sup>

The institutionalization, or placement within facilities, of persons with disabilities exists in many Member States. Data from nine developing Member States showed that 4 to 15 percent of persons with disabilities live in institutions or special homes for persons with disabilities.<sup>31</sup> Rates of institutionalization of children with disabilities also remain high in many Member States, especially in many low and middle-income Member States, these children are often removed from their families at birth or immediately following a medical diagnosis, at times against the expressed wishes of their parents.<sup>32</sup> Some Member States have made remarkable efforts to reduce the number of children in institutions, for example, in Serbia, the number of children in institutions declined by 63 percent between 2000 and 2011, while the number of children with disabilities declined by 37 percent.<sup>33</sup>

### *Actions Taken by the UN*

The UN Convention on the Rights of the Child (UNCRC), adopted by the General Assembly in 1989, represented a major step forward.<sup>34</sup> Not only does it place the issue of both children and disability in the arena of international human rights law, but it does so in the context of both civil and political rights, and economic, social, and cultural rights.<sup>35</sup> Under article 24 of the UNCRC, every child has the right to enjoy the highest attainable standard of health and to have access to facilities for rehabilitation and the treatment of illness.<sup>36</sup>

The Global Partnership on Children with Disabilities (GPCWD) is a network of more than 240 organizations, including international NGOs, national and local NGOs, Disabled People's Organizations (DPOs), governments, academia and the private sector, whom are working to advance the rights of children with disabilities at the global, regional and local levels.<sup>37</sup> With a rights-based approach, this network provides a system for advocacy and collective action to ensure the rights of children with disabilities are not only included, but prioritized by both the Disability and Child Rights Movement.<sup>38</sup> This network established in March 2011 led to the inaugural conference, which was held from 14-15 September, 2012 at UNICEF House in New York where discussions were held to advocate for an inclusive post 2015-agenda.<sup>39</sup> During the Forum partners identified specific strategies to include disability on global agendas, in areas such as education, nutrition, and humanitarian action.

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<sup>30</sup> Ibid.

<sup>31</sup> Ibid.

<sup>32</sup> Ibid.

<sup>33</sup> Ibid.

<sup>34</sup> UNCRC, *Save the Children*.

<sup>35</sup> Ibid.

<sup>36</sup> Ibid.

<sup>37</sup> Global Partnership on Children with Disabilities, *UNICEF*.

<sup>38</sup> Ibid.

<sup>39</sup> Ibid.



## ***Regional and International Framework***

Under the Convention on the Rights of the Child (CRC) and the Convention on the Rights of Persons with Disabilities (CRPD), governments around the world have taken upon themselves the responsibility of ensuring that all children, irrespective of ability or disability, enjoy their rights without discrimination of any kind.<sup>40</sup> As of February 2013, 193 Member States had ratified the CRC and 127 Member States and the European Union had ratified the CRPD.<sup>41</sup> Montenegro's 'It's About Ability' campaign was launched in September 2010 and has had an impact on the public's knowledge of and attitudes and practices towards children with disabilities.<sup>42</sup> The campaign brings together a broad coalition of 100 national and international organizations ranging from the Government of Montenegro to the European Union, the Council of Europe, the Organization for Security and Co-operation in Europe, United Nations agencies, embassies, associations of parents of children with disabilities, print and electronic media, the private sector, local officials and children with and without disabilities.<sup>43</sup> A November 2011 surveys measuring the impact of the campaign reported that it contributed to an 18 percent increase in the number of people who consider children with disabilities as equal members of society and behavior toward children with disabilities and communication between them and people without disabilities were also seen to improve.<sup>44</sup> Community-based rehabilitation (CBR) programs were designed and are run by local communities under the World Health Organization (WHO) in the late 1970s and early 1980s.<sup>45</sup> CBR programs seek to ensure that people with disabilities have equal access to rehabilitation and other services and opportunities to improve their health, education, livelihoods.<sup>46</sup> An outreach initiative led by the Centre for Research and Post-Secondary Studies in Social Anthropology (CIESAS) in Oaxaca, Mexico, leads a CBR program for indigenous children with disabilities, their families and their community.<sup>47</sup> In collaboration with UNICEF and with financing from the state welfare agency DIF-Oaxaca, CIESAS used CBR programs work to advance the inclusion of children with disabilities in four remote rural communities with large indigenous populations and low Human Development Index scores, a measurement of progress in human rights.<sup>48</sup>

## ***Conclusion***

Overall, there is a vast need for international and governmental collaborative efforts in making sure children with disabilities globally get the right care. "Children with disabilities must be looked after by everyone carefully. We all need love and affection and a disabled child even more and a lifelong. We are all caregivers in that sense and not 'only' the Member States," - by Igi Nderi. What are some challenges that developed and developing Member States face in the process of Addressing the Needs and Services for Children with Disabilities? How can WHO and other international entities work with Member States to really address and help Children with disabilities globally?

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<sup>40</sup> THE STATE OF THE WORLD'S CHILDREN: Children with Disabilities, *UNICEF*, 2013.

<sup>41</sup> *Ibid.*

<sup>42</sup> *Ibid.*

<sup>43</sup> *Ibid.*

<sup>44</sup> *Ibid.*

<sup>45</sup> *Ibid.*

<sup>46</sup> *Ibid.*

<sup>47</sup> *Ibid.*

<sup>48</sup> *Ibid.*



## Topic II: Healthcare for Women & Children in Developing Member States

### *Introduction*

The Sustainable Development Goals (SDGs), adopted in 2015, were developed to promote the healthy lives and well-being for those among the most vulnerable populations. The third goal of the 17 sustainable development goals is to “ensure healthy lives and promote well-being for all at all ages.”<sup>49</sup> There remains no question that access to healthcare is essential to the development of a fellow Member State. Since 1990, there has been unprecedented progress in the development of healthcare of millions of people, specifically, women and children, who are at the highest exposure to a wide variety of diseases and mortality in developing Member States.<sup>50</sup> As of 1990, the total number of under-5 year old deaths, who died from preventable and treatable causes, was about 12.6 million globally; that number has been reduced to 5.2 million deaths in 2019.<sup>51</sup> Regarding maternal health, the maternal mortality ratio fell by 38% between 2000 and 2017, from 342 deaths per 100,000 births to 211 deaths per 100,000 births globally.<sup>52</sup> Despite this progress, an average of 830 women die a day from preventable causes related to pregnancy and childbirth around the world.<sup>53</sup> Additionally, more than 225 million women continue to have an unmet need for contraceptive methods or family planning; this lack of access to contraceptive methods causes maternal mortality rates to rise in areas that lack access to prenatal care, or care during the pregnancy.<sup>54</sup> This burden, regarding the unique need of reproductive health services, causes ever-increasing inequality in healthcare access among women.<sup>55</sup> Regarding children, globally an average of 6.2 million children and young adolescents die from mostly preventable causes annually; of those 6.2 million deaths, 45% were attributed to malnutrition.<sup>56 57</sup> What remains the largest challenge of improving the access and quality of healthcare to women and children in developing Member States is continued poverty and inequality. Currently, 122 women between the ages of 25 to 34 live in poor conditions for every 100 men of the same group; children account for almost half of the global extreme poor especially young girls.<sup>58</sup> Developing Member States in the past 20 years have increased the amount of healthcare spending among women and families at an average of \$11 USD, but this continues to be under the WHO recommended spending of \$30-40 USD.<sup>59</sup> Gender-discrimination and violence also prevents women and children from achieving better healthcare access, with an average of 11.5% of women reporting sexual violence by the age

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<sup>49</sup> WHO, “Goal 3: Ensure healthy lives and promote well-being for all at all ages,” *UN*, 2020.

<sup>50</sup> *Ibid*.

<sup>51</sup> WHO, “Children: improving survival and well-being,” *WHO*, 2020.

<sup>52</sup> UNDESA, “SDG Goals: Goal 3, 2020 Report,” *UN Statistics Division*, 2020.

<sup>53</sup> UNWomen, “SDG:3 Ensure healthy lives and promote well-being for all at all ages,” *UN Women*, 2020.

<sup>54</sup> Singh, Darroch and Ashford, “Adding It Up: The Costs and Benefits of Investing in Sexual and Reproductive Health 2014,” *Guttmacher Institute*, 2014.

<sup>55</sup> Ibrahim, “Women’s Health Scourge in Developing Countries: A Health Governance challenge,” *United Nations University: Malaysia*, *Moj Women’s Health*, Vol 4, Issue 1, 2017.

<sup>56</sup> WHO, “Goal 3: Ensure healthy lives and promote well-being for all at all ages,” *UN*, 2020.

<sup>57</sup> UNICEF, “UNICEF and Sustainable Development Goals,” *UNICEF*, 2020.

<sup>58</sup> Sanchez-Paramo and Munoz-Boudet, “No, 70% of the world’s poor aren’t women, but that doesn’t mean poverty isn’t sexist,” *World Bank*, 2018.

<sup>59</sup> Ibrahim, “Women’s Health Scourge in Developing Countries: A Health Governance Challenge,” *United Nations University: Malaysia*, *Moj Women’s Health*, Vol 4, Issue 1, 2017.



of 15.<sup>60</sup> There remains no question that the issues of women's health and children's health are broad, have several causes and are clear challenges to be overcome, but it is feasible with proper cooperation and commitment.

### ***International Framework***

The 12<sup>th</sup> article of the *Convention on the Elimination of All Forms of Discrimination against Women* of 1979 provided the first initial framework for the provision of women's health as it declared that Member States should "take all appropriate measures to eliminate discrimination against women in the field of healthcare in order to ensure equality of men and women, access to health care services....[especially] those related to family planning."<sup>61</sup> The major blueprint for the provision of gender equality and advocacy for women's health is the *Beijing Declaration of 1994*.<sup>62</sup> It declared that women's rights are human rights and that every person has the right to control their reproductive health.<sup>63</sup> The affirmation of the Beijing Declaration sets standards that everyone woman should have access to appropriate, affordable and quality healthcare; strengthened preventive programs that address women's health; undertake gender-sensitive initiatives that address reproductive health issues; promoted research of women's health and provide increased resources for healthcare access.<sup>64</sup> This was further expanded upon in the 43<sup>rd</sup> Commission on the Status of Women where it provided greater insight and advocated for greater awareness of women's health issues such as infectious diseases, mental health and occupational diseases.<sup>65</sup> The Millennium Development goals adopted in 2000 addressed women's health in two of the eight major goals; MDG5 specifically focused on the improvement of maternal health and MDG6 focused on infectious diseases of women.<sup>66</sup> In 2005, the World Health Assembly passed *Resolution WHA58.33* where the Member States were required to provide better access to healthcare financing to the most vulnerable populations: women and children.<sup>67</sup> In 2015, the General Assembly established 17 Sustainable Development Goals to achieve by 2030; of the 17, Goal 3 and Goal 5 address the issues pertaining to women and children's health.<sup>68</sup> The 13<sup>th</sup> General Program of Work (GPW 13) was adopted by Member States in May 2018 that sets goals of having 1 billion people be protect from health emergencies and begin implementing universal health coverage (UHC), especially those populations who are of the highest risks.<sup>69</sup> A vital foundation to the development of children's health can be traced back to the *Declaration of the Rights of the Child* of 1989. This declaration recognized that children are "human beings" and are entitled to set rights with their specific needs, including the right to health.<sup>70</sup> In 2014, the WHO launched the Technical Guidance on the application of the rights of the child by taking

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<sup>60</sup> Ibid.

<sup>61</sup> WHO, "Women's Health and Rights: 25 Years of Progress," 2020.

<sup>62</sup> Ibid.

<sup>63</sup> Ibid.

<sup>64</sup> Ibid.

<sup>65</sup> Ibid.

<sup>66</sup> Ibid.

<sup>67</sup> Yates, "Women and Children First: An Appropriate First Step towards Universal Coverage," WHO, 2011.

<sup>68</sup> UN, "The 17 Goals," UN, 2020.

<sup>69</sup> WHO, "13<sup>th</sup> General Programme of Work (GPW13): WHO Impact Framework," WHO, 2019.

<sup>70</sup> WHO, "Convention on the Rights of the Child," WHO, 2015.



initiatives in reducing and eliminating preventable under-5 child mortality.<sup>71</sup> The Sustainable Development Goals, adopted in 2015, developed SDG 3.2.1 and 3.1.1 in recognition of the rights of children with the goal of ending preventable deaths of newborns/children and reduce the global maternal mortality ratio.<sup>72</sup> The World Health Organization, in attempts to achieve the SDG goals by 2030, continually advocates the addressing of health inequity by incorporating the use of universal healthcare coverage for children and mothers.<sup>73</sup>

### ***Case Study: COVID-19 and Developing States***

As of November 2020, the COVID-19 Pandemic has spread to all 195 UN Member States with over 46 million cases and a million deaths.<sup>74</sup> With the world currently facing an international pandemic, the most vulnerable populations are at significant risk of losing nearly all the progress made in the last 25 years. Healthcare disruptions associated with COVID-19 have the potential to cause hundreds of thousands of deaths for those under 5.<sup>75</sup> Additional disruptions in the providing of immunization programs and medicines for tropical diseases can cause a near doubling of deaths.<sup>76</sup> Reproductive health and maternal health access are currently under strain as the pandemic is diverting resource away; this has the potential to claim an increase of deaths to almost 113,000 women.<sup>77</sup> The lack of available resources to reproductive health also has the projection of 7 million unplanned pregnancies; for every three months of lockdown, 2 million more women will lack access to contraceptives.<sup>78</sup> Currently 1.54 billion children are enduring school closure, 369 million children are missing out on daily school meals and 80 million children have a higher risk of contracting preventable diseases due to lack immunization access by the COVID-19 epidemic.<sup>79</sup> Prior to the COVID-19 epidemic, the percentage of children lacking access to education and healthcare was about 47% with the impact of COVID-19 that percentage rises to 56%.<sup>80</sup> With all the total effects presented by COVID-19, a total increase of 1.2 million under-five deaths could increase in six months with continued strain of resources.<sup>81</sup>

In response to the COVID-19 pandemic, the United Nations created three main priorities to for developing Member States to follow to lessen the impact upon women and children: 1. Ensure women's equal representation in all COVID-19 response planning and decision making; 2. Drive transformative change for equality by addressing the care economy, paid, and unpaid; 3. Target women and girls in all efforts to address the socioeconomic impact of COVID-19.<sup>82</sup> Regarding the mitigation of healthcare impact, the UN has advocated for women and children to have access to COVID-19 public health messages, provide attention to women frontline workers and provide necessary women's health services, especially reproductive.<sup>83</sup> Awareness campaigns of the

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<sup>71</sup> WHO, "Launch of the Technical Guidance on the Application of a Human Rights Based Approach to reduce and eliminate preventable under-5 child mortality and morbidity," *WHO*, 2015.

<sup>72</sup> WHO, "Children: improving survival and well-being," *WHO*, 2020.

<sup>73</sup> *Ibid.*

<sup>74</sup> WHO, "Coronavirus Disease (COVID-19) Pandemic," *WHO*, 2020.

<sup>75</sup> UN, "Goal 3: Ensure Healthy Lives and Promote Well-Being for all at all ages," *UN*, 2020.

<sup>76</sup> *Ibid.*

<sup>77</sup> *Ibid.*

<sup>78</sup> *Ibid.*

<sup>79</sup> UNICEF, "Coronavirus (COVID-19) Global Response Appeal," 2020.

<sup>80</sup> UNICEF, "COVID-19 and Children," *UNICEF*, 2020.

<sup>81</sup> *Ibid.*

<sup>82</sup> UN, "Policy Brief: The Impact of COVID-19 on Women," *UN*, 2020.

<sup>83</sup> *Ibid.*



situations regarding the impact to women are vital to provide assistance and the alleviation of suffering.<sup>84</sup> With most of the developing Member States' children being out of school and undergoing a massive health crisis, to maintain the core ideals of the *Declaration of the Rights of the Child*, the United Nations has established two main focuses regarding children: 1. Establishing a public health response to reduce transmission and mortality; [provide] health, HIV, nutrition, education, WASH, child protection, gender-based violence, social protection and other social services; 2. Assessing and responding to the immediate socio-economic impacts of the COVID-19 response.<sup>85</sup> Assuming that public health measures are taken and successful innovation and COVID response, the public health impacts can be lessened by the end of 2021, but for the overall socio-economic impact of COVID-19 it is estimated that it may take 5 years or more.<sup>86</sup>

### ***Conclusion***

Though significant progress has been made in the development of healthcare of women and children, there remains significant work to be done, even more now than ever with the current COVID-19 pandemic. How can the international community continue to improve upon the development and access to healthcare for women and children? What other innovative methods can be used to address the increasing inequity of healthcare access? What other international frameworks can be utilized or how can current frameworks be improved? How can COVID-19 damages be mitigated?

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<sup>84</sup> Ibid.

<sup>85</sup> UNICEF, "Coronavirus (COVID-19) Global Response Appeal," UN, 2020.

<sup>86</sup> Reuters, "Global economic recovery may take 5 years, World Bank chief economist says," *Thomson Reuters Foundation*, 2020.



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