



BACKGROUND GUIDE



United Nations International
Children's Emergency Fund

AGENDA

Providing stable medical supplies
to regions in need

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ABOUT THE COMMITTEE:

ABOUT UNICEF:

UNICEF, originally called the United Nations International Children's Emergency Fund, now officially United Nations Children's Fund is an agency of the United Nations responsible for providing humanitarian and developmental aid to children worldwide. It was created on 11 December 1946, in New York by the UNRRA to provide immediate relief to children and mothers devastated by World War II. The same year it was expanded to further provide post-war relief work. By 1950 it was extended to address the long-term needs of children and mothers, particularly in developing countries. By 1953, it became a permanent part of the UN system and though its name has been changed, it has retained its acronym. Today UNICEF is among the most widespread and most recognizable social welfare organization in the world, with a presence in 192 countries and territories.



AIMS AND ACTIVITIES OF UNICEF

UNICEF and its programs have stressed the importance of assisting every country in times of difficulties, particularly mothers, the silent warriors and children, the future of the world. They have emphasized the notion of promoting the health, social welfare, and well-being of children. In the coming years, UNICEF attempts to elevate the quality of life of children in developing countries.

INTRODUCTION TO AGENDA

COVID-19 is the latest episode of shortages of critical medical supplies. Historically and to the present day, medical supplies have been sourced from single regions in the world, thus rendering the supply chain vulnerable to a myriad of harmful circumstances. We argue that shortages in medications related and unrelated to COVID have illustrated the need for the UNICEF to diversify its medical supply sources before future pandemics, political crises, or natural disasters occur.

During World War II, the supply of quinine, which was primarily sourced in the Japanese-occupied 17 East Indies, was cut off. The United States suddenly found itself facing malaria across the globe without sufficient treatment, which resulted in major hospitalizations from malarial infections throughout different battles and theaters. In September 2017, Hurricane Maria devastated the territory of Puerto Rico—producer of 21 50% of America’s supply of intravenous saline—catapulting hospitals nationwide into a shortage. In late 2019, SARS-CoV-2 emerged from China and rapidly evolved into a pandemic, resulting in disrupted production and export of medications and personal protective equipment (PPE) around the world.



Human life depends on healthcare, so the supply chain needs to be able to withstand any unanticipated disruptions. The goal of the healthcare supply chain is to offer patients high-quality goods and efficient services as soon as possible at the lowest feasible cost. Medical expenses might be high and appear to be rising steadily. Hospitals are trying to identify points in the healthcare supply chain where they can cut down on response times and reliably meet demand. Hurricanes, storms, and terrorist attacks are examples of natural calamities that have compelled the government to enhance planning and funding for the resilience of the healthcare supply chain. Apart from the natural disaster and terrorist attack, the pandemic, COVID-19 has already increased costs across the board for healthcare and led to an unprecedented amount of spending by world governments.

GLOBAL HEALTH DISPARITIES

“If a health outcome is seen to a greater or lesser extent between populations, there is disparity,” according to HealthyPeople.gov. “Race or ethnicity, sex, sexual identity, age, disability, socioeconomic status and geographic location all contribute to an individual’s ability to achieve good health.”

Health disparities are far reaching and can affect a wide range of diverse patient populations.

One example is socioeconomic status. The World Health Statistics 2020: Monitoring Health for the SDGs study states that life expectancy and income level are positively correlated. Low-income countries have a life expectancy that is 18.1 years shorter than that of high-income ones.

The labor market, environmental variables, health practices, and access to care are some of the factors that have been highlighted by the Journal of the American Medical Association as contributing to the disparities that exist between people with low and high incomes. The term "social determinants of health" is another title for these elements. The conditions under which people are born, grow, live, work, and age are known as social determinants of health, according to the World Health Organization. These factors can have a major impact on a big portion of your health outcomes. Unequal access to COVID-19 vaccines has been a significant global challenge, contributing to disparities in health-related aid, the global health inequalities related to COVID-19 vaccine access are:

- High-income countries secured early and extensive access to COVID-19 vaccines, while many low- and middle-income countries faced delays and shortages.
- Some wealthier nations engaged in medical supplies nationalism, prioritizing their populations and acquiring a disproportionate share of available vaccine doses.

Limited medical supplies production capacity and challenges in the global supply chain hindered the timely distribution of medical supplies to regions in need.

Vulnerable populations, such as refugees, internally displaced persons, and those in conflict zones, faced additional challenges in accessing medical supplies due to logistical and political obstacles.

Unequal medical supplies distribution increases the risk of new variants emerging in areas with low vaccination rates, posing a threat to global health security.

The COVAX (COVID-19 vaccines global access) initiative aimed to provide equitable access to medical supplies, but it faced challenges, including funding gaps, supply issues, and difficulties in coordinating distribution.

Disparities in healthcare infrastructure and logistical challenges in some countries made the distribution and administration of medical supplies delayed.

Efforts are ongoing to address these disparities, including donations of vaccine doses, technology, and initiatives to boost production in different regions. However, achieving global vaccine equity remains a critical challenge.



IMPACT OF GLOBAL HEALTH DISPARITIES:

1. **Impact on Children:** lack of medical help can lead to serious health issues in children, both physically and mentally. It's crucial to ensure that all children have access to the healthcare they need.

- **Child Mortality:** An estimated 5.2 million children in a year under 5 years died mostly from preventable and treatable causes. Of these, 1.5 million deaths occurred in infants under the age of one year, and 1.3 million in children between the ages of one and four years. The remaining 2.4 million deaths were related to newborns (under 28 days).
- **Physical Health:** In the US, more than 20 million children face barriers to accessing essential health care. These barriers can be financial (high payment, high deductibles, unaffordable prescription drug prices) or non- financial (geographic barriers, informational barriers, etc.)
- **Drug and supply shortages:** Drugs and supplies intended for children are unique and often the first affected by shortages. When drugs or supplies are in, or nearing shortage, important patient procedures may be delayed or even cancelled. Instances in which substitute medications or supplies are required might potentially impact care routines due to shortages.
- **Developmental Support:** Some children may not receive the specific health care and developmental support they need to reach their full potential if they are not regularly monitored. Early therapies are especially important for kids who have impairments or developmental delays.

2. Impact on Society

When you ensure the reach of medical devices and supplies to the neediest person in society, you ensure a healthy society with great life expectancy, less mortality and fewer diseases. Highly accessible medical treatments and related medical supplies comprehensively benefit society.

- Unexpected shortages of medical products do not fit neatly into any single quality domain but can affect all of them. We cannot provide effective, efficient or timely care when medicines and other supplies required for crucial elements of care become difficult or impossible to acquire.
- **Low Quality Healthcare:** Low quality healthcare is increasing the burden of illness and health cost globally. Poor quality health services are holding back progress on improving health in countries at all income levels. This situation is worst in low and middle- income countries where 10 % of hospitalized patients can expect to acquire an infection during their stay.
- **Medicine Shortages:** Medicine shortages result from single or multiple causes, ranging from problems at the production level to weak supply chains that prevent medicines from reaching points of care. Irrespective of the causes, shortages lead to increased costs for health systems.
- **Vulnerability of Medical Product Supply Chain:** Global shortages of medical products accompanies the global spread of the disease, joined by high prices, the proliferation of suspect dealers and dramatic interventions by governments and industries has led to unsuccessful attempts to secure solution. All supply shortages endanger patients due to delays in care, rationing or denial of care, the use of substandard products, or heightened risk of error when using replacement products- risks that extend to increased mortality.
- **Impact on Health Care Delivery:** the shortage of health care supplies have a profound impact on the delivery of health care services. In some cases, the shortage of supplies force health care providers to ration care. In other cases, the shortage is causing delays in the delivery of care

3.Effect on Country

Due to insufficient capacity, medicines, and medical supplies, many countries have struggled to maintain healthcare activities and implement prevention strategies—a barrier to achieving the expected health outcomes for their population. Some effects are:-

- **Supply Chain Disruptions:** Many countries rely on the import of medical supplies from other countries, and disruptions in these supply chains can lead to shortages. In addition, global supply chains can be vulnerable to issues such as natural disasters and political instability, which can affect the availability of medical supplies.

- **Hoarding and Export Restrictions:** Some countries have imposed bans or limitations on the export of medical supplies, which can exacerbate shortages in import-reliant countries. For example, 80 countries and customs territories have banned or limited the export of face masks, protective gear, gloves, and other goods.
- **Medicine shortages:** - Medicine shortages are a global issue affecting various regions worldwide. A confluence of factors is driving the shortfall, including increased infections, inflation, supply-chain disruptions, and regulations. In a survey carried out by the Pharmaceutical Group of EU 29 countries reported experiencing shortages of medicines.
- **Impact on Health systems:** If supply chains are starved of supplies, import-reliant countries' health systems may suffer. This can be particularly challenging for low-income countries, where health systems are often less equipped to handle any breakdown in the supply chain.
- **Increased Healthcare Costs:** Shortages can lead to increased healthcare costs as providers may need to purchase more expensive alternatives or pay higher prices for scarce supplies.
- **Delayed Care:** Shortages can lead to delays in medical procedures and treatments, which can worsen health outcomes.
- **Compromised Quality of Care:** When healthcare providers don't have the necessary supplies, they may be forced to make do with what they have, potentially compromising the quality of care.
- **Increased Risk of Disease Transmission:** In the case of shortages of personal protective equipment (PPE), healthcare workers and patients are at a higher risk of transmitting and contracting infectious diseases.
- **Impact on Public Health Programs:** Shortages of vaccines, contraceptives, and other essential supplies can disrupt public health programs, leading to outbreaks of vaccine-preventable diseases and increased rates of unplanned pregnancies.



GAPS IN GLOBAL MEDICAL SUPPLY CHAIN DURING THE COVID 19 PANDEMIC

The COVID-19 pandemic has brought to light a multitude of gaps and challenges within the medical supply chain, revealing vulnerabilities that have far-reaching consequences on global healthcare systems. From disruptions in production and distribution to heightened risks of counterfeit and substandard products, the pandemic has exposed critical weaknesses that demand attention and strategic solutions. This introductory overview will delve into the various gaps in the medical supply chain, examining issues such as supply chain resilience, shortage of supplies and the urgent need for innovation to ensure the effective and equitable delivery of essential medical resources during times of crisis.

SHORTAGE OF SUPPLY:

The pandemic and subsequent lockdowns have led to shortages in essential and non-essential medicines, raw materials, and medical products globally. Production and export disruptions, transport interruptions, and virus containment measures have limited market access and hampered manufacturing activities. This has resulted in an inflationary recession, particularly impacting the manufacturing sector, including health product production. The reliance of western countries on global supply chains, particularly from China and low-cost economies, has revealed vulnerabilities, with 35% of manufacturers reporting disruptions due to the pandemic. As COVID-19 cases rise, global competition for personal protective equipment (PPE) sourcing has left many medical facilities without sufficient stock and reliable resources to meet demand.

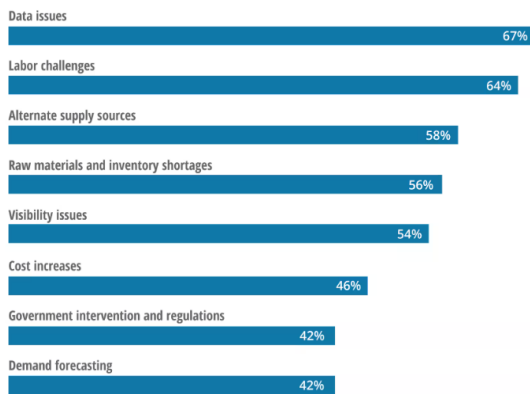
SUPPLY CHAIN VULNERABILITIES:

The pandemic led to widespread lockdowns, travel restrictions, and manufacturing disruptions, impeding the smooth flow of goods across borders. Export-dependent countries Nigeria, Angola and Vietnam experienced reduced demand and disrupted supply chains, affecting businesses, workers, and entire sectors. Import-dependent nations faced challenges securing essential goods as supply chains became unreliable.

The international trade network encountered unprecedented hurdles, including shipping delays and inventory shortages. The pandemic exposed and intensified supply chain vulnerabilities, necessitating a reassessment of resilience and adaptability.

The below graph shows the challenges faced by the supply chain during covid:

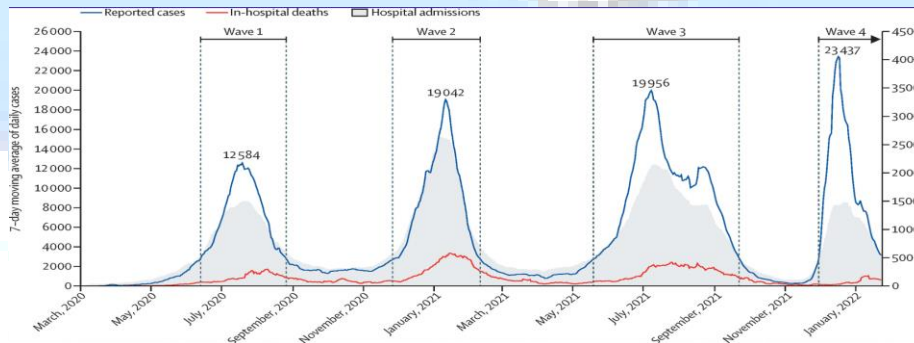
Supply chain leaders identify vulnerabilities exposed during the pandemic



RESOURCE CONSTRAINTS AND FUNDING GAP:

Strained health care system were a huge problem as it caused the surge in COVID-19 cases globally overwhelmed healthcare systems, challenging their capacity to provide timely and adequate medical care. As certain hospitals in low middle income countries faced difficulties in accommodating the influx of patients, leading to increased wait times, limited bed availability, and stretched medical staff.

There were challenges in vaccine research and distribution as he process of developing and distributing COVID-19 vaccines encountered numerous hurdles, from research obstacles to logistical challenges. Like certain pharmaceutical companies faced complexities in ensuring swift vaccine development, clinical trials, and establishing efficient distribution channels to meet global demand.



The above graph shows the huge number of people who had to be admitted in the hospitals during the pandemic and post pandemic

QUALITY CONTROL AND CONTORFEIT PRODUCTS:

The 2020 report shows the significant global impact of the COVID-19 pandemic on the pharmaceutical supply chain. Adulterated pharmaceuticals, primarily originating from China, Hong Kong, Singapore, and India, are distributed globally, including transit through economies like the United Arab Emirates, Singapore, Hong Kong, Yemen, and Iran. With an estimated

value ranging from USD 65 to 200 billion annually, the unlawful pharmaceutical market targets expensive lifestyle drugs in developed countries and life-saving medications in developing nations.

Counterfeit products exploit vulnerabilities in supply chains, distributed through e-commerce, social media, rogue pharmacies, and the dark web. Factors contributing to the prevalence of counterfeit drugs include high demand for affordable medications, limited availability, social tolerance, globalization, e-commerce, fragile supply chains, and weak regulatory policies.

CASE STUDIES:

1. PALESTINE:

INTRODUCTION:

The humanitarian situation in the southern part of Gaza is grave and dangerous due to the conflict between Israel and Hamas that broke out in the Gaza Strip, Palestine, at the beginning of October. Approximately 1.8 million people have been displaced due to intense bombardment and conflict, which accounts for about 80% of the Strip's entire population. Approximately one million people are being forced to move to the south, where conditions for living were already precarious and crowded even before the present crisis. "Appalling human suffering, physical destruction, and collective trauma" have resulted from more than eight weeks of fighting between Israel and Gaza

BACKGROUND:

Palestine is a region in the Middle East made up of the Gaza Strip and the West Bank. There's always a considerable risk of conflict, bombings, and mass casualties in these two Palestinian territories because of the high tensions. That is troublesome for areas where a humanitarian catastrophe has been brought on by limited access to necessities like food, water, energy, and medical care. Palestine's healthcare system finds it difficult to offer the treatment that all of its residents require. The Palestine Ministry of Health existed, but its capacity to construct hospitals, hire qualified medical personnel, and offer all Palestinian inhabitants the care they require was hampered by the region's restricted entry. The humanitarian situation in the south of Gaza is now dire and unsafe due to the ongoing war.

LACK OF HEALTHCARE:

Over a 24,000 are reported to be wounded out of which the children are known to be affected the most by the ongoing situation in the country of Palestine. Worrying reports of illness outbreaks and overpopulation are compounded by the destruction of hospitals, a growing lack of medicine, and severe restrictions on movement. Due to the closure of 70% of Gaza's primary care facilities,

the number of patients awaiting treatment is 150% of capacity. Because there aren't enough hospital beds, many patients are being treated on the ground. According to the MoH in Gaza, the prolonged fighting has forced the majority of the medical community in Gaza to flee, leaving the hospitals operating with fewer than one-third of their regular staffing levels. There is also severe movement restriction, a growing shortage of medications, and hospitals that have been damaged or destroyed. Most of the cases the hospitals are receiving are that from the war. Fractures and burns are the common sights seen in the overflowing hospitals. Shortage of painkillers and antibiotics along with lack of clean water facilities in Palestine are risking the lives of the citizens introducing them to several infections such as cholera and dehydrations along with the pain of their wounds. There have also been incidences of chicken pox, scabies, and diarrhea linked to unsanitary circumstances and the drinking of water from contaminated sources that have been detected.

CONDITION OF CHILDREN:

“In all wars it is children who suffer first and suffer most.”

Of Gaza's 2.3 million residents, around half are under the age of 18. The conflict has left many Palestinian children scarred in Gaza. They have been affected the most during the war and are in grave conditions. A child's chance of contracting diarrheal illnesses in Palestine, the most prevalent cause of dehydration and the world's top cause of death for children under five, can also be increased by the inadequate water sanitation conditions. The children in Gaza are suffering from malnourishment, acute watery diarrhea, dehydration, blood loss and anemia. Tens of thousands of youngsters are harmed, and some suffer lifelong disabilities, in addition to the deaths. The lack of medical facilities has the kids not being treated properly and the lack of food and clean water is pushing them into the hands of major illnesses. The newborn babies in incubators have a major risk of the electricity being cut off suddenly hence cutting their oxygen supplies. Even more than the physical health of these children, their mental health has been impacted majorly. The kids have a feeling of terror, insecurity and helplessness in them.

UN MEASURES:

WHO: The UN's World Health Organization has been involved in getting medical supplies into the besieged Gaza Strip through the Rafah border. It is working with partners to address the most urgent health needs, including through the provision of life-saving medical supplies. Vaccination activities resumed as three essential vaccines were extracted from the central warehouses in Gaza City and transported to the South of Gaza through a mission led by UNICEF and WHO. The UN's country-based pooled funds (CBPF) and its partners released life-saving trauma and emergency drugs and medical supplies to enable the health system in Gaza to respond to rising needs.

UNRWA: Mobile toilets and showers are being deployed to The United Nations Relief and Works Agency for Palestine Refugees, UNRWA shelters, as needed. The UNRWA is providing camp facilities and installations in schools and health centre.

UNICEF: The UN Children’s Fund (UNICEF) had psychosocial support experts ready to provide assistance to those who needed it in Gaza and in the West Bank. UNICEF distributed locally procured family hygiene kits in North Gaza. UNICEF has also reached 13,500 children with disabilities, through continuation and expansion of the recreational activities in 31 IDP shelters across Khan Younis, Deir Al Balah, Rafah, An Nuseirat, and Bani Suhila communities and camps in South Gaza.



2. AFGHANISTAN:

INTRODUCTION:

Millions of people in Afghanistan are living in poverty or without access to food and healthcare, which puts them at serious danger of malnutrition and disease outbreaks. The country is currently experiencing a protracted humanitarian crisis. The prohibition on education and employment has made women and girls even more vulnerable because of the greater barriers they must overcome to obtain healthcare.

BACKGROUND:

Afghanistan's healthcare sector was already suffering from decades of war and little funding from previous governments when the Taliban took control of the country in 1996. The morbidity and mortality rates for women, infants, and children increased for the worse during the Taliban regime. Regardless of the monitoring or accountability systems put in place to guarantee proper use of the funds, foreign donors first refused to pay for any services provided directly through the new administration when the Taliban assumed control of the nation in August 2021. To prevent complete collapse of the health systems, donors and the UN and the International Committee of the Red Cross (ICRC) provided stop-gap funding for hospital services outside the Sehatmand program. Thirty-three public hospitals were financed by the ICRC, and ninety-six public hospitals received operating funds from donors. 189 basic health centers and 17 hospitals are supported by the World Health Organization (WHO).

However, even as new diseases, including a significant measles outbreak, have emerged, the medical system has been beset by shortages of drugs and supplies, as well as in staffing, monitoring, and infection control measures.

LACK OF HEALTHCARE:

About 28.8 million people in Afghanistan require immediate assistance, up from 18.4 million before August 2021 but due to the inadequate health services due to distance, high costs, insecurity and lack of awareness, the people of Afghanistan are unable to receive the medical aid that they need at the moment. After the global pandemic of Covid-19, the country has prevalent diseases like acute watery diarrhea, measles, dengue fever and so forth that they have to fight against. And to worsen matters, funding from NGOs and international aids suffered a great shortfall because of the returning of Taliban into power. Healthcare professionals also observed a decline in the availability of services for expectant mothers, newborns, and children. Of these, 42.9% of public and private health workers saw a decline in the provision of antenatal care. Malnutrition increased by 57.1%, while obstetric and neonatal problems increased by 26.2%. These effects were known to be linked to the economic crisis, in addition to reductions in the availability of care. Because they could not afford to travel or pay for medication, women have been discouraged from seeking care for themselves or their families as a result of the economic crisis.

CONDITION OF CHILDREN:

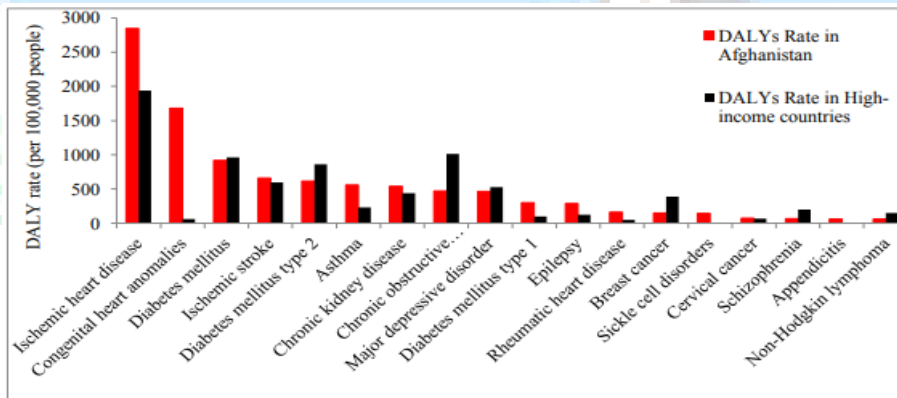
Children make up more than half (57%) of the population in need of emergency humanitarian assistance in Afghanistan. Child protection structures inside the country are severely lacking. Afghan children grow up with the constant threat of violence and according to recent evaluations, over one-third of kids have experienced psychological distress as a result of losing family members and friends as well as the ongoing danger of harm and death. It was also anticipated that 2.3 million Afghan boys and girls would experience acute malnutrition this year due to the ongoing drought and the collapse of the country's economy. Large volumes of life-saving food have been supplied by humanitarian agencies, but the need is still so great that 50% of Afghans still live in extreme poverty, and 6 million adults and children—nearly one eighth of the country's population—are on the verge of starvation. The other diseases prevalent among the children in Afghanistan are measles, typhoid and so forth.

UN MEASURES:

WHO: The World Health Organization(WHO) has been responding to the health crisis in Afghanistan by associating with other agencies and health actors, ensuring the continuity of health services, timely response to potential outbreaks, providing life-saving medical supplies, and responding to urgent trauma needs. Despite the challenges posed by the economic and humanitarian crises, WHO'S efforts aim to save lives, protect livelihoods, ease suffering and prevent further displacement in Afghanistan.

UNICEF: By the end of 2022, UNICEF opened 50 day-care centers across Kabul. They are an oasis of hope and respite in communities. Each center caters solely to women and children on malnutrition treatments. UNICEF has more than doubled the number of places where a child can be treated. More nutrition nurses and nutrition counselors were set up into overflowing hospitals, putting them directly into communities where people live. They were laid into mobile clinics that reach very small and isolated populations and into day care center spaces in poor urban areas.

UNAMA: By highlighting the “interconnectedness” of the issues in Afghanistan, the UN implicitly acknowledged its involvement in diverse aspects of aid and reconstruction and that The United Nations Assistance Mission in Afghanistan, UNAMA had grown to encompass a wide spectrum of duties. For example, UNAMA’s involvement in election monitoring, counter-narcotics efforts, infrastructure development and anti -corruption efforts all extended beyond its original mandate.



3.HAITI:

INTRODUCTION:

The humanitarian situation in Haiti has dramatically worsened in 2023 as a result of a confluence of factors including increasing violence, inflation, economic contraction, and political impasse. Due to the actions of armed groups, especially in Port-au-Prince, the capital city, this complex conflict has resulted in an unprecedented situation. Internal displacement and massive attacks on the populace have thus grown frighteningly frequent. The prolonged economic downturn in Haiti, which has lasted for three years, has left almost 90% of the people impoverished. A concerning 48 percent rise in inflation has reduced purchasing power and made it more difficult to pay for necessities like medicine, health care, and other necessities.

BACKGROUND:

Haiti has been dealing with a lot of health issues, especially with regard to children. The nation's population has health disparities due to socioeconomic, environmental, and political reasons. Hurricanes, earthquakes, and other natural catastrophes frequently strike Haiti, also disrupting healthcare operations and making medical conditions worse. Haiti, which is regarded as the poorest country in the Western Hemisphere and with 80% of its people living below the poverty line, also has a public health care system that is "dying." In the Port-au-Prince metropolitan area (PAPMA), about 48% of hospitals are situated in areas that are controlled or influenced by gangs. Attacks against patients, employees, or facilities have resulted in the closure of several medical facilities. The multi-sectoral needs assessment (MSNA), conducted in July 2022, ranks health as the third most important requirement (44 percent of families), after housing (53 percent) and food assistance (58 percent).

LACK OF HEALTHCARE:

Armed gangs have set up roadblocks in and around Port-au-Prince, shutting off citizens and medical facilities from access to petrol and clean water, exacerbating the country's public health and safety crises. The primary problems found in evaluating the gaps in health care were insufficient money, a shortage of medical personnel, restricted access to essential services, assaults on medical institutions, a shortage of blood supplies, and a dearth of engaged local health partners. Furthermore, partner engagement is very low and emergency preparedness receives no financing, highlighting pressing issues that need to be addressed. As of June 2023, concerning statistics from health evaluations surfaced. When 33,450 kids between the ages of 6 and 59 months were examined for malnutrition, alarming percentages of severe and moderate wasting were found. In addition, a cholera outbreak in October 2022 prompted a swift expansion of the illness, resulting in over 58,230 suspected cases and 823 confirmed deaths by August 2023. The lack of access to clean water continues to be a factor in the cholera outbreak. The worsening working conditions are criticized by several healthcare professionals. The hospital-sanatorium in Port-au-Prince has resident doctors who have issued warnings about the impossibility of treating patients.

CONDITION OF THE CHILDREN:

The Western Hemisphere's highest rate of infant mortality is found in Haiti. Each year, diarrheal illnesses, acute respiratory infections, and other curable conditions linked to malnutrition claim the lives of about 20,000 children under the age of five. According to UNICEF, the number of children in Haiti experiencing severe acute malnutrition (SAM), sometimes referred to as severe wasting, has increased due to armed conflict and has increased by 30% since 2022. This year's nationwide Standardized Monitoring and Assessment of Relief and Transitions (SMART) nutrition survey indicates that cholera, food shortages, and violence-plagued Caribbean islands are experiencing an increase in child malnutrition. Compared to 87,500 in 2022, more than 115,600 children were predicted to experience severe wasting in 2023. A cholera outbreak that is still going strong has exacerbated the starvation situation and hurt youngsters who are severely malnourished. In Haiti, there have been reports of over 41,000 suspected cases of cholera, with 46% of cases involving minors. Many of the poorest Haitian children lack access to safe drinking water, soap for hand washing, and other basic sanitation supplies, which increases their risk of contracting cholera in the midst of the country's rising levels of violence, instability, and economic hardship. Furthermore, the insecurity and fuel shortages limit the services that hospitals can provide.



UN MEASURES:

UNICEF: They ensure a steady supply of **Ready-to-Use Therapeutic Food (RUTF)**, a shelf-stable high-energy peanut paste enriched with vitamins and minerals that is a highly effective treatment for **severe acute malnutrition (SAM)**. The teams are also working with partners in vulnerable communities to improve access to safe drinking water and distribute supplies to help fight the spread of the disease, which can be lethal for a malnourished child. It is also supporting the rollout of a national vaccination campaign, launched by Haiti's Ministry of Health, by providing oral cholera vaccine doses, cold boxes for vaccine transport and educating communities about cholera risks. UNICEF even continues to advocate against armed violence against children and communities, including attacks on schools, while working to make sure children who need psychosocial support can get it.

responders, policymakers, and specialists on ethics in epidemics, emergencies, and disasters. It facilitates communication and collaboration between stakeholders to build a global ethics community, especially during global emergencies like the COVID-19 pandemic.



DEVELOPING NORMATIVE GUIDANCE TO ADDRESS ETHICAL CHALLENGES IN GLOBAL HEALTH:

The World Health Organization (WHO) has developed normative guidance to address ethical challenges in global health. WHO supports policymakers and governments by developing guidance using the best available expertise to meet the ethical challenges that arise in public health, clinical practice, health research, and more. The broad variety of health issues covered by WHO's ethics guidelines reflects the fact that ethical issues are relevant to all aspects of health. WHO has produced disease-specific guidelines on moral issues concerning COVID-19, HIV, Ebola, TB, and vector-borne illnesses. Human genome editing, aging, digital health technologies, public health surveillance ethics, and universal health care are among the other top concerns. Research ethics include implementation research, human challenge studies, research indicators, and research conducted during emergencies and outbreaks. These are key areas of interest for researchers.



UN INVOLVEMENT AND LEGAL FRAMEWORKS

UNICEF has a development aid section that develops policies and delivers programs to advance children's rights and wellbeing. UNICEF regularly issues appeals for funding to support its work, such as the West and Central Africa Region Appeal, which requests \$79.8 million to prepare for and respond to emergency needs in 11 countries.



With only ideals and guidelines, UNICEF would basically be an institution with the dream of a world where children are able to triumph over their opportunities and unlock their full potential. To transform these visions to reality, UNICEF had established the **UNICEF Supply Division**, one of the paramount branches of UNICEF. Furthermore, the supply division primarily aims at providing humanitarian aid and support to regions in dire need of stable medical supplies and subjugation to humanitarian crises, all under the guidance of the Strategic Plan and the **Core Commitments for Children (CCCs)**, which highlights what UNICEF commits to do across all emergencies around the world.



Additionally, the supply division mobilizes life-saving supplies for children affected by humanitarian crises and works towards early recovery, long-term development, and sustainable preparation for the future of children. Other than ensuring the provision of essential supplies like education, medicines and health protocols, water and sanitation and nourishing nutrition, the supply division also collaborates with substantial organizations and development donors such as the **European Union (EU)** through which they effectively and strategically cooperate in achieving meaningful and long-lasting impact for children.

Moreover, **The Development Aid Section** advocates for children's rights in EU policy development such that it takes into consideration children's rights and best interests in their drafting. Through sharing information about needs and outcomes and offering proof of UNICEF-EU's development activities, the team promotes support for children's rights. Furthermore, UNICEF is progressing by harnessing solar energy, empowering the health, water and educational facilities and also increasing the distribution of vaccines against diseases like malaria in African countries as well.

WHO the agency under UNICEF has established many international eminent programmes, one of which is the WHO Emergencies Programme. The programme primarily aims to minimize the health consequences of outbreaks and emergencies by:

- Supporting nations in enhancing their ability to recognize, avoid, and handle medical emergencies;
- Reducing the likelihood of infectious risks and diseases that pose a significant threat;
- Identifying and evaluating health emergencies and providing information to support public health decision-making;
- Reacting to crises in a timely and efficient manner while using an integrated event management system;
- Making certain that the World Health Organization's response to crises is efficiently run, sustainably funded, suitably manned, and operationally prepared to carry out its mandate.



The programme thus focuses on early detection and preparation against outbreaks of epidemics and pandemics, providing core services for emergencies along with collaboration and partnerships with both public and private sector companies.

According to WHO, the availability and distribution of vaccination has prevented millions of deaths and disabilities in the Western Pacific Region. Yet, inequitable access to vaccination remains a major problem in many countries. Due to this, The Vaccine-Preventable Diseases and Immunization (VDI) unit plays a crucial role and aims to build a Region free from vaccine-preventable diseases. This is accomplished by helping Member States meet the

objectives of the Global Vaccine Action Plan's Regional Framework for Implementation.

A groundbreaking international partnership, the ACT Accelerator aims to expedite the creation, manufacturing, and fair distribution of COVID-19 diagnostics, therapies, and vaccinations. Along with UNICEF, a crucial delivery partner, COVAX is co-led by the World Health Organization (WHO), Gavi, and the Coalition for Epidemic Preparedness Innovations (CEPI). In the Americas, the PAHO Revolving Fund is the designated procurement agent for COVAX. It aims to accelerate the development and manufacture of vaccines and to guarantee fair and equitable access for every country in the world.



UNICEF and WHO are working with manufacturers and partners and In collaboration with the **PAHO Revolving Fund**, they are leading the procurement and delivery for low and middle-income countries while also supporting upper middle-income and high-income nations to access vaccines. This also includes procuring and transporting immunization supplies such as syringes, safety boxes for their disposal, and cold chain equipment such as vaccine refrigerators and freezers as well as delivery of diagnostics, therapeutics, personal protective equipment (PPE) and other essential items.

medically equipped, advanced healthcare facilities, thus redefining the vast potential of the medical field. Hence, WHO and UNICEF together are continuously making an effort to progress more than the present situation and by setting up these international and fundamental programmes it brings them a step closer to laying the foundations of much more

CONCLUSION

“Providing Stable Medical Supplies to Regions in Need” is a complicated and multidimensional problem that calls for the collaboration and coordination of numerous parties, including governments, international organizations, non-governmental organizations, the commercial sector, and local communities, to provide consistent medical supplies to areas in need.

The challenges of ensuring access, quality, affordability, and sustainability of medical supplies are intensified by factors such as conflicts, natural disasters, poverty, corruption, and weak health systems. The vulnerability and inequity of the global health system, as well as the demand for more funding and innovation in medical supply chains, have all been brought to light by the COVID-19 pandemic.

UNICEF and its specialized agencies, such as WHO, UNHCR, WFP and UNDP have been playing key roles in providing medical supplies to regions in need, especially in humanitarian emergencies and low-resource settings. They do, however, also have to deal with drawbacks and limits such as lack of finance, logistical difficulties, security threats, and political meddling. To increase their capability and efficiency, they therefore require the cooperation and support of other stakeholders, including donor nations, regional organizations, the private sector, and civil society.

The delegates are expected to discuss the many aspects of this subject and put up workable and creative solutions to enhance the accessibility and distribution of medical supplies to areas that require them. The delegates should also think about the possible advantages and difficulties of putting their ideas into practice, as well as the ethical, legal, and human rights implications of them. The goal should be to adopt a comprehensive and all-encompassing strategy that can balance the interests and viewpoints of the various parties involved in this issue, as well as the short- and long-term needs.

QUESTIONS A RESOLUTION MUST ANSWER

1. How can technology and innovation help to mitigate medical supply shortages?
2. What strategies can be used to improve transparency in government and non governmental bodies dealing with medical supply chains?
3. How can we reduce global disparities in health and medical access?
4. How can we make a sustainable and a trustable supply chain of medicines to regions in need?
5. How to manage supply shortages and surges in demand, and how do you ensure that medical supplies reach their intended destinations in a timely and efficient manner?

POSITION PAPER GUIDELINES

Font: Times New Roman

Font Size: 12

Position Paper Page Limit: One page (excluding bibliography)

Position Paper Format Page One:

Delegate Name: _____

Country: _____

Institution: _____

Topic: _____

‘A quote is preferred, not compulsory’

Paragraph one: Introduction to the topic and steps taken by the UN on the topic at hand.

Paragraph two: Elaboration on the country’s laws and policies regarding the topic and how it is affected by the topic at hand, its and measures incorporated by the country to combat the problem. Statistical Data is preferred.

Paragraph three: Unique solutions suggested by the delegate to combat the problem.

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Page two:

Bibliography -----

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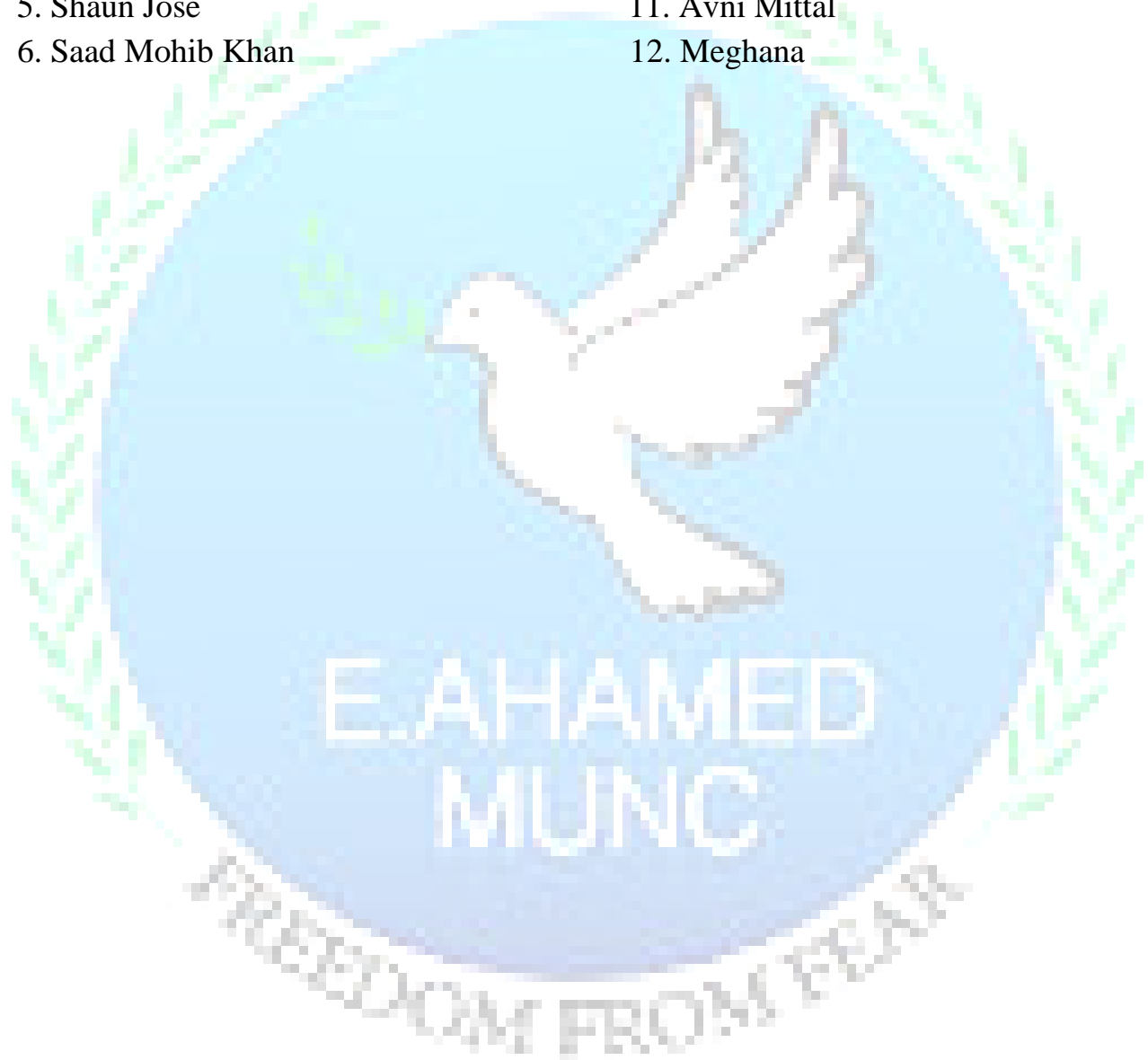
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