



WORLD HEALTH ORGANIZATION **BACKGROUND**

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WHO



Introduction:

“Medical shortages in fragile environments”

Greetings, delegates, the World Health Organization Chair Welcomes you to the 15th edition of the Model of the United Nations Instituto Oriente.

We, as a Chair, are pleased and grateful that you have chosen to participate in this committee. We are confident that you all have the ability to perform at your best and show your debating and solution finding skills throughout this model. The problem is described accurately and completely below, along with objectives, conclusions and references so that you can use the information in this document. We, as your Chair, give you data on which you can base your specific knowledge on the subject.

Fragile, conflict-affected and vulnerable settings is a broad term describing situations of crisis induced by a variety of factors, there are generally seen to include those that experience humanitarian crisis , protracted emergencies, prolonged disruption to critical public services , etc. Due to political or economic challenges, What kind of conflicts? (Military conflicts, drug, wealth, health conflict, natural disaster or armed conflict). Same as the previous paragraph may be more at risk of major public health emergencies such as infectious disease outbreaks and natural disasters. That put further demand on services, Over 80% of major infectious disease epidemics occur in fragile, conflict-affected and vulnerable settings. Small paragraph, join with the last paragraph

State structures can not or do not want to guarantee the basic functions of the State in the field of security, the rule of law and public services. In these countries, there is often no constructive relationship between the authorities and the population. This is an issue that very few people are aware of, the situation of the people who live in these environments is quite painful, they are people with a low quality of life, who live with lack of resources and conflict, causing serious health problems, is at risk of becoming a fragile state is alarming, so by choosing this topic the Chair hope to encourage people to make a change.

There are currently more than 40 fragile states in the world. Nearly 1.5 billion people live in vulnerability, do not be repetitive regions, and

they are often in deplorable conditions. Often these people suffer from lack of resources and the consequences of violent conflict.

When the international community finds itself with an extremely fragile state, it is very difficult to carry out effective cooperation, since the very instability of the country prevents long-term planning and the lack of legitimacy of its institutions makes coordination with donors difficult.

Committee's History

The United Nations agency specialized in policy-making for health intervention, prevention, control, education, and research, both physical and mental, is the World Health Organization (WHO), primarily organized by the United Nations Economic and Social Council (ECOSOC), which promoted the drafting of the initial statutes of the health.

Following the end of World War II, the United Nations declared the necessity of creating an organization dedicated to advancing, researching, and preserving global health. In response to the health challenges that arose during this period, WHO was established with the goal of addressing global health problems and ensuring international collaboration in this field. Its foundation is based on the need for addressing the health issues worldwide to enable proper development of society.

The initial conference for this organization occurred in Geneva during 1948, arranged by the United Nations Economic and Social Committee. The Constitution of the World Health Organization (WHO) was established during the International Health Conference that transpired in New York across June 19 to July 22 in the year 1946. On the final day, representatives of 61 states signed the constitution, which became effective on April 7, 1948. The constitution was split into two sectors: the Health Organization of the League of Nations and the International Bureau of Public Hygiene. As a result, April 7 is celebrated globally as World Health Day to recognize the adoption of this constitution.

It plays a pivotal role in promoting global health. Our goals include conducting medical research, creating evidence-based health policies, providing aid during health emergencies, and coordinating global initiatives to enhance the quality of global health. The World Health Organization primarily focuses on non-infectious diseases, infectious diseases, emergency preparedness, monitoring and response, lifelong promotion of health, healthcare systems, and institutional services.

The World Health Assembly (WHA) committee, consisting of 194 health ministers from each WHO member state, is the most influential health policy-making institution globally. Recent technological advancements have aided in the prevention and treatment of numerous diseases, enabling the committee to become more efficient. Currently, 194 countries are members, and each year 34 experts elected by the World Health Assembly convene in Geneva. There are over 7,000 employees operating in 150 country offices, 6 regional offices, and the headquarters in Geneva.

Over the years, WHO has implemented noteworthy programs and campaigns, including the highly effective eradication of smallpox and the global promotion of vaccination, which have made a significant contribution to worldwide health. Additionally, WHO has made remarkable strides in medical research and disease eradication. For instance, our efforts have resulted in the elimination of polio in various regions of the world and have aided in reducing infant mortality rates.

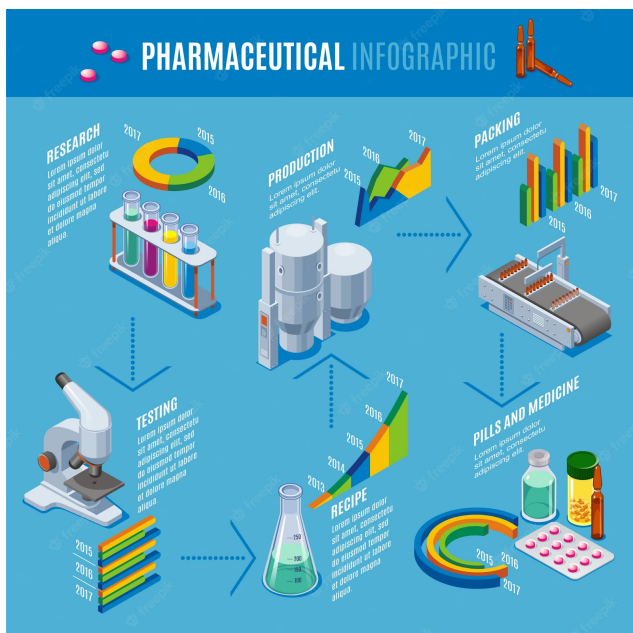
The organization collaborates closely with other international agencies, governments, and non-governmental organizations to tackle global health challenges. These partnerships are crucial for achieving its objectives. WHO collaborating centers are institutions, such as research centers, university faculties, or institutes, designated by the WHO Director-General for conducting activities in support of WHO programs. There are currently over 700 of these centers spread across more than 80 Member States collaborating with WHO on subjects including nursing, occupational health, communicable diseases, nutrition, mental health, chronic diseases, and health technology.

This committee is crucial in light of the prevailing health concerns, including epidemics, pandemics, communicable diseases, and other related conditions. WHO prioritizes improving the availability of tests, drugs, and vaccines, reducing territorial disparities, advancing our efforts against communicable diseases, and tackling drug resistance. It is also considered one of the most important gatherings within the United Nations, with the goal of creating a better and healthier future for individuals globally.

Long Term:

Healthcare shortages in fragile environments have been a major concern over the past few decades. Despite advances in global health care, the limited availability of medical services in these regions has had a disproportionate impact on the health and well-being of the population. Medical services have improved in many regions of the world, but in emerging countries the availability of medical services remains a pressing challenge.

The lack of investment in sound health systems is due to a variety of reasons, and the situation is different in each country, which makes several medicines inaccessible to large parts of the world's population, but also places a very significant burden on the public health budgets of governments.



There are a limited number of manufacturers of the finished product or active pharmaceutical ingredient, overly aggressive practices in reducing the prices of medicines they acquire, and the problem of rising costs adds to the economic pressures that all governments around the world face in adjusting their health budgets. In this context, it should be noted that there is little reliable information on drug prices and analysis of their components, which makes it difficult to develop pricing policies or assess their

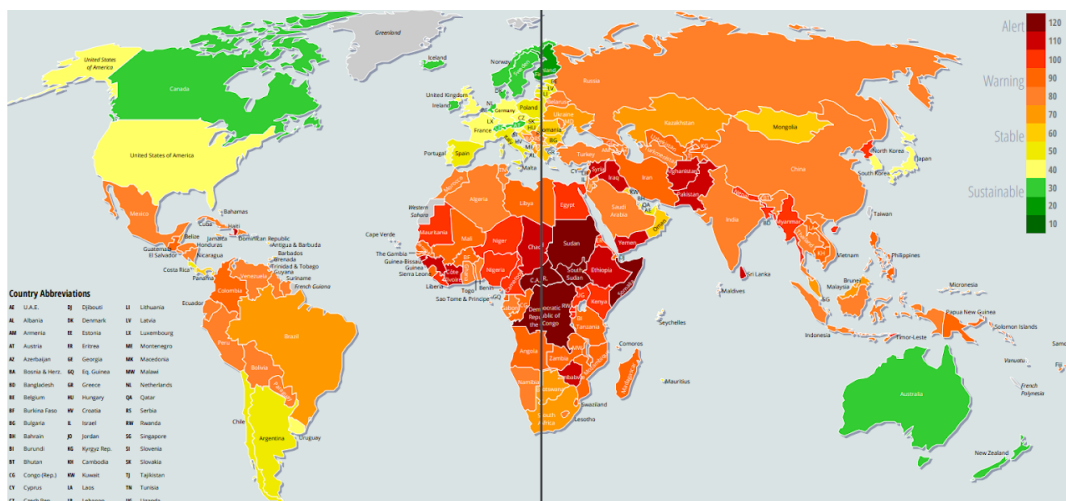
impact as a component of public expenditure.

Decisions in which companies must face both the problems and the trends of the pharmaceutical environment, in which organizational changes are made in order not to extinguish the company or the industry. The general drug crisis, the shortage of medicines at all levels of health care, as well as the restrictions in obtaining foreign currency for imports, make it difficult for those responsible for managing organizations to make these decisions, causing fragmented and low volume markets.

Families face a significant financial burden when trying to access high-cost private medical care and have to rely on public hospitals where the doctor-to-patient ratio is unfavorable, with each doctor typically seeing a large number of patients in a short period of time. In some cases, people have to travel long distances to receive basic health care, timely diagnosis and appropriate treatment. Marginalized communities, due to their low economic income, have limited access to medical care outside their community and lack the means to seek alternatives.

Resolution "1604 of 2013" of the Ministry of Health and Social Protection, talks about the supply of medicines, in which it describes that the delivery of pending medicines must be made a dispensation within a maximum of 48 hours, but this regulation remained on paper and has not been implemented.

In 2014 it was known some governments have failed their people catastrophically and some have done it intentionally and violently. Sometimes countries with very strong governments are the most repressive. Often, those are governments who choose to not have a social contract with the whole of their population and continue to choose their own interests, or the interests of a few, over the good of all. It is critical to call attention to those governments and the way they operate.

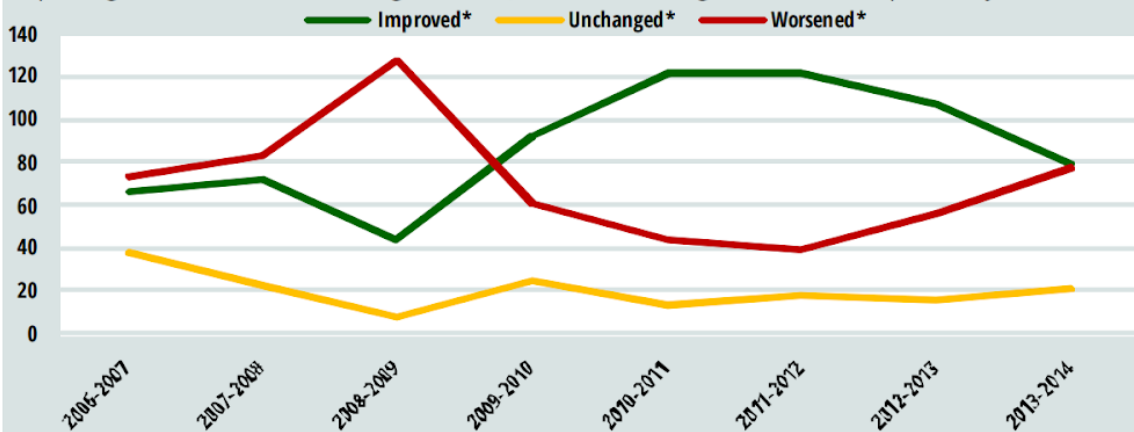


Meanwhile, the long-term trends demonstrating the most-worsened countries over the past decade should come as no surprise. Libya is by far the most worsened country, along with Senegal, Mali, Guinea Bissau, the Central African Republic, and Syria. Though Tunisia is widely regarded as having weathered the Arab Spring better than most of its regional neighbors, it has nevertheless experienced a

significant amount of turbulence, leaving it the eighth-most worsened country in the past decade. Perhaps one of the least obvious developments of the past decade has been the improving fortunes of Sierra Leone. In 2005, Sierra Leone ranked in the FSI's first ever Top 10. But in the intervening decade this formerly civil - armed conflict wracked country has managed to gradually rise again. This year, Sierra Leone has become the first ever country to exit the "Alert" category after having once been as high as the Top 10.

How is the World Doing?

The chart below demonstrates the number of countries that either improve or worsen in their total FSI scores from year to year. Since 2010, more countries have improved their scores than have experienced a worsened score. This would suggest that, in general, that for the past few years, more countries have been improving than have been worsening. However, this trend has begun to slow in the past two years.



* The "margin of error" is considered to be +/- 0.2. Therefore, for us to consider a country to have improved or worsened, its score must change by +/- 0.3 or more.

Short Term:

Unforeseen global or regional health crises can lead to an unforeseen increase in demand for a drug, and the pharmaceutical industry cannot adapt to such an increase from one moment to the next, and demand collides with supply, leading to shortages. Another form of demand that causes shortages is the increasing demand for some medicines due to their efficacy, leading to shortages.

The globalization of manufacturing may mean that only one or very few manufacturing sites can supply products globally. Therefore, a failure at one of these locations could result in a global supply shortage. In addition, the production of certain key products may be dependent on a single contract manufacturer.

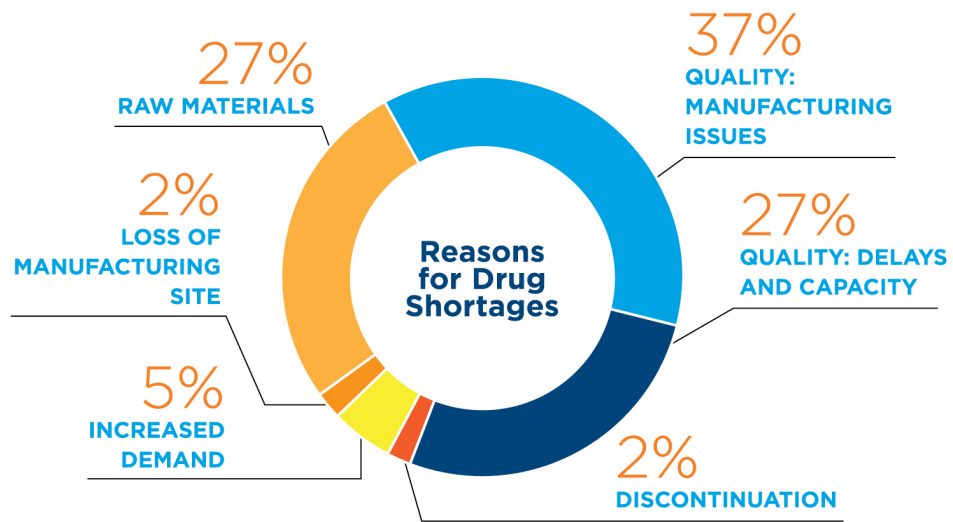
The detection of a quality defect in a production batch can lead to the resolution of the problem by requiring the prolonged closure of a manufacturing plant, triggering shortages in the entire range of drugs it produces, which has a major impact on the availability of these products internationally. Examples of quality failures that have occurred in recent years include the contamination of drugs with mold, bacteria, glass, metal and other materials.

The Ministry of Health's latest list of medicines with a maximum retail price, i.e. regulated prices, includes 22,361 registrations up to March 2023. The same active ingredient can appear many times due to different presentations and concentrations. Although this is the reason for the shortage of some drugs, its impact is small, according to the experts consulted.

National pricing policies and company commercial strategies are also often behind shortages. Studies show that drugs with lower prices or lower profitability for the company are more likely to be affected by supply problems. In this context, it is common for laboratories to carry out voluntary recalls of medicines as part of their commercial strategy to put pressure on authorities to negotiate prices or to promote the launch of other products of greater commercial interest to the company. This type of strategy is particularly common for some essential drugs. Examples include generic cancer treatments and antibiotics.

Pediatric medicines are also in short supply. Many regulatory agencies have limited capacity to formulate appropriate regulations to ensure good quality pediatric products; clinical trials are not always

conducted in the pediatric population; and there are problems in the ability to diagnose rare diseases in children. For example, pediatric endocrine disorders, which when identified can be effectively treated with a small group of essential medicines, most of which are off-patent, appear to be in short supply around the world.



U.S. Food & Drug Administration

The position of the United Nations:

Improving conditions in fragile states requires innovation, determination, and a strong focus on results. To assist the "bottom billion" living in fragile states, the Development Assistance Committee (DAC) of the Organization for Economic Cooperation and Development (OECD), which unites the world's major aid donors, has outlined a framework for developed country governments to take action and assist fragile states. In April 2007, development ministers from OECD member countries endorsed DAC Principles for Good International Action for Fragile States and Institutions. These principles are based on two years of testing in 10 countries and provide basic guidelines for improving aid management while engaging in other areas such as security, peacebuilding, and public administration strengthening. The principles entail significant policy and operational implications.

Fragile states necessitate continuous and diligent commitment over time to ameliorate the livelihoods of ordinary individuals. Tackling these predicaments demands collaboration with numerous partners, such as emerging donors, civil society, and the private sector in unstable regions. Furthermore, progressive techniques, like the newly instituted Partnership for Democratic Governance, are undergoing assessment to overturn prevailing tendencies and notably narrow the MDG discrepancy for the least advantaged billion by 2015. Recognizing the multifaceted nature of fragile states, the United Nations has integrated various programs and solutions for the populations of all fragile states.

Solutions or treaties

To address these challenges, the various stakeholders participating in the World Humanitarian Summit recognized the need to strengthen the humanitarian-development nexus and overcome long-standing institutional, financial and attitudinal barriers.

It is this concept of "collective results" that underpins the agreement on a novel approach to work, encapsulated in the Commitment to Action signed by the Secretary-General and the heads of eight UN agencies at the World Humanitarian Summit. The Commitment to Action has been supported by the World Bank and the International Organization for Migration (IOM). The new approach to working strategically supports the efforts of humanitarian and development organizations, along with their national and local partners, to collectively deliver results that mitigate risk and vulnerability while advancing progress on the SDGs.

DARES

To support this aim, the DARES partnership was established by WHO, UNICEF, WFP and the World Bank in July 2017. In this partnership, the agencies committed to delivering swift and lasting outcomes in countries that are affected by conflict or are fragile. The partners agreed on several guiding principles that underpin our efforts in these areas, including supporting national systems. Based on the experience and lessons learned from operations in Yemen, the DARES approach is now being implemented in other fragile countries, including the Central African Republic, the Democratic Republic of Congo, and Libya.

The DARES partnership, founded in 2017 by the World Bank, UNICEF, WFP and WHO, seeks to work in unstable settings, with a focus on prevention. This involves enhancing national capabilities to offer necessary services, as well as effectively responding to disease outbreaks while prioritizing inclusivity.

UNDP (United Nations Development Programme)

Tailored to various country contexts, UNDP's work is guided by three broad development environments. These challenges often coexist within the same country, demanding customized solutions to address specific barriers and deficits. The three development challenges are foundational to a core set of developmental needs, which encompass enhancing gender equality, empowering women, and girls and safeguarding human rights.

UNDP is tackling both inequality and poverty to ensure no one is left behind. Focusing on the process of moving out of poverty and preventing regression. This involves addressing intertwined socio-economic, environmental, and governance obstacles that push individuals into poverty or increase their chances of relapse.

To return to sustainable development, strengthen resilience by aiding governments in managing risk, preventing, responding to, and recovering from crises effectively, and addressing their underlying causes in a fully integrated manner. This support is established on the cornerstone of inclusive and accountable governance with a significant emphasis on gender equality.

ILO (International Labour Organization)

The ILO has played a significant role in state-building processes by promoting democratic participation, social dialogue, and

fundamental rights. This has involved breaking down complex issues into smaller, more manageable parts, ensuring that every word contributes to the overall message, and using professional vocabulary that is appropriate for a wide audience. Throughout this process, the ILO has been careful to maintain the original meaning of the text, while also clarifying any ambiguous terms and structuring the text in a logical and coherent manner. In recent years, the organization has adopted a targeted approach to peacebuilding and disaster response in reconstruction processes. Overall, these efforts have helped to enhance the clarity, conciseness, and precision of the ILO's communications, while also ensuring that the organization remains appropriately formal and professional in its language use. Thus, the Crisis Response and Reconstruction Program has been replaced by the Fragile States and Disaster Response Group, which is part of the Employment Policy Department. This group is responsible for coordinating ILO involvement in post-conflict and post-disaster situations across the entire office.

Currently, the work it carries out in fragile and complex situations is focused on:

- Improving labor market governance through social dialogue by enhancing the ability of ILO constituents to participate more actively in prevention, reduction, preparation, and recovery efforts, and to follow up with communities and countries in fragile or disaster-affected situations.
- Promoting employment opportunities and social protection for both women and men within a comprehensive and coherent policy framework that aids in the socioeconomic reintegration and poverty reduction of households and communities. For instance, in the Democratic Republic of Congo, the ILO supported cooperative development to foster socioeconomic integration. In Afghanistan, the National Emergency Employment Program generated employment opportunities as a tangible outcome of peace through labor-intensive investments in both labor and infrastructure.

Controversy Points:

Why is the topic controversial?

The issue of medical shortages in fragile settings has been the subject of intense debate due to the complex and multifaceted challenges it presents. The limitation of medical resources, both financial and human, in settings characterized by fragility adds to the complexity of the issue. The fair and effective allocation of these resources becomes a central challenge, leading to disagreements about the criteria and methods for their distribution.

What positions are there on the topic? In favor or against?

Healthcare is a fundamental right, and everyone should have access to medicines. One view is that ensuring stability and security is crucial to provide sustained access to medical care, as an unstable environment can hinder the delivery of healthcare services.

Another view is that the provision of immediate and essential health care to affected populations, regardless of circumstances, is a humanitarian imperative. There is a movement that supports investing in resilient and sustainable health systems in fragile environments to reduce the occurrence of medical shortages and their lasting negative impact. Collaboration between governments, international organizations, NGOs (Non-Governmental Organizations), and other stakeholders is essential in effectively addressing medical shortages in fragile contexts and establishing a comprehensive support network.

Why is there a debate?

The question of prioritizing needs adds nuance to the debate. Should healthcare take precedence over other pressing priorities such as security, political stability, or infrastructure development? While some argue for the irrefutable supremacy of healthcare, others advocate taking a contextual and holistic approach to weigh priorities proportionately.

The issue of equity in accessing medical care also adds an ethical dimension to the debate. In times of conflict or crisis, there is debate surrounding whether all individuals should receive equal levels of medical care, regardless of their origins or circumstances. This topic

creates a divide between those who support universality and individuals who prioritize assisting the most vulnerable populations or areas.

Another point of disagreement revolves around interventional strategies for addressing medical shortages. Within this category, two main perspectives arise: one prioritizing security and stability as the primary basis for enabling the delivery of medical services, and the other emphasizing the urgent provision of emergency medical care. While some advocate for the establishment of strong and sustainable healthcare systems in the long term, others prioritize urgent interventions during times of crisis.

Objective:

On behalf of The World Health Organization, seeks the stabilization of fragile countries that suffer in all areas, including health, economy, politics, and society.

In response to these issues, delegates are expected to provide possible solutions to these problems, such as:

- Address how policy is affected and what policy actions are taken in fragile states.
- How minors are affected by being in these environments in terms of family, health, etc.
- To study what difficulties countries and regions can exacerbate in order to get out of poverty.
- The impact that these fragile countries have on their environment.
- Implicating problems faced by the population living in a fragile environment.
- Solving economic problems in which these states are involved.
- Eradication of food insecurity, increasing inequalities, demographic changes and socio-economic impacts.
- Eradicate conflicts and violence, which constitute a fundamental problem for the development of these states.
- Find out the percentage of the world's resource-developing population living in fragile and conflict-affected contexts.
- Reduce conflicts that can spill over national borders, reducing their consequences, such as forced displacement.
- To study how the health impact of COVID-19 affected various aspects, including economic, political, social and health.
- To take into account measures taken by different fragile countries such as Yemen, Somalia, Syria for their stabilization.

- How to reduce the different epidemics suffered by these countries as well as diseases of concern such as infectious diseases like respiratory diseases, diarrhea, HIV/AIDS, tuberculosis, malaria, etc.
- Study the impact on the mental and physical health of the population.
- Finding solutions to the lack of decent housing is a problem suffered by the majority of the population in these countries, who are forced to live on the streets, where they can contract various harmful infections.
- How to avoid the lack of access to basic education, essential for the development of the country.
- Eradicating the lack of access to clean water and sanitation, which causes many residents to contract deadly infections due to water conditions.
- Studying nutritional deficiencies in the diet, which is one of the main causes of death in these countries.

Conclusion:

The World Health Organization has identified the multiple challenges that fragile states encounter in diverse sectors and is striving to enhance stability in these nations to provide favorable medical, economic, social, and political situations for its citizens.

Violent conflicts have surged significantly in the past decade, and the fragility landscape is progressively intricate. Since the beginning of the COVID-19 pandemic, various regions throughout the world have encountered significant challenges in maintaining stability.

These recent developments add to the many risks that affect FCV environments, including food insecurity, climate change, growing inequality, demographic shifts, and the socioeconomic impacts of pandemics. Furthermore, these environments may be susceptible to significant public health emergencies that increase demand for services, such as infectious disease outbreaks and natural disasters.

The topic to be discussed is a concerning global issue. The Chair urges our delegates to propose effective solutions and dedicate themselves to making a change. Our goal is to promote stability and reduce inequality in affected nations.

During this edition of MUNIO, we, as a Chair expect our delegates to give their best, to apply everything they will learn during this period in a responsible way, to follow the protocol and to participate in a conscious way, thus forming a strong and enjoyable working team, The Chair are fully confident that our delegates will do an amazing job throughout the model.

Change starts with us, knowledge is the way to health.

Countries:

Bolivarian Republic of Venezuela.

The Bolivarian Republic of Venezuela has been in the midst of a profound economic crisis for several years. This crisis is defined by hyperinflation, a devalued currency, and a contracting economy. The government's mishandling of the economy, such as implementing price and currency exchange controls, has obstructed pharmaceutical companies from importing raw materials and manufacturing vital medicines. This issue has only been aggravated by corruption and maladministration by the Venezuelan government. There have been reports of embezzlement and diversion of resources intended for healthcare, hindering efforts to address the crisis.

Federal Republic of Nigeria.

The Federal Republic of Nigeria encounters obstacles in its pharmaceutical manufacturing and distribution infrastructure. Numerous pharmaceutical companies in the country face limitations in capacity, outdated equipment, and inadequate quality control measures. Economic instability, exchange rate fluctuations, and high inflation rates can affect the cost of producing and importing medicines, leading to higher pharmaceutical prices that hinder accessibility for the general population.

Republic of India.

The Republic of India has a large population, and the demand for pharmaceuticals is considerable. This high demand can put pressure on the supply chain and lead to shortages, especially of essential medicines. It is worth mentioning that the Republic has a vast pharmaceutical industry, and regulatory oversight can sometimes lag behind the growth of the industry. Problems related to compliance with good manufacturing practices (GMP), quality control and regulatory approvals can lead to temporary closures of manufacturing facilities, disrupting drug supply.

The Islamic Republic of Afghanistan.

The security situation in the Islamic Republic of Afghanistan poses a significant challenge to both the delivery of medical supplies and the functioning of healthcare facilities. The continuous conflicts, assaults on health workers, and infrastructure damage can impede the

distribution of medications. In addition, corruption in the healthcare system and ineffective resource management can worsen the shortages of drugs. Funds earmarked for the procurement of medicines are often used inefficiently, resulting in inadequate availability of medicines.

The Islamic Republic of Pakistan.

Pakistan's healthcare system is plagued with economic and pricing issues that lead to a shortage of drugs. The healthcare infrastructure in the country is frequently underfunded, and public spending on healthcare is restricted. Given the situation, drug manufacturers may be hesitant to invest in production or opt to allocate their resources to more lucrative drugs. Government policies to control drug prices with the aim of making them affordable may also impact drug manufacturers profitability, which can further discourage production of essential drugs by pharmaceutical companies. These economic factors can lead to a reduction in critical drug supply, causing market shortages.

Countries in G5:

United States of America

Russian Federation

French Republic

United Kingdom of Great Britain and Northern Ireland

People's Republic of China

Countries invited to the debate and listening countries:

United Mexican States.

Bolivarian Republic of Venezuela.

Democratic Republic of the Congo.

Federal Republic of Nigeria.

Syrian Arab Republic.

Republic of Honduras.

Republic of India.

Republic of Kenya

Republic of Iraq.

Republic of Lithuania

Republic of South Africa

The Islamic Republic of Afghanistan.

The Islamic Republic of Pakistan.

The Republic of the Sudan

The Republic of Azerbaijan

The Republic of Haiti

The Republic of Liberia

The Republic of Uganda
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