MUIMUN

March 25th - March 29th 2020

WHO

Study Guide

Topic A:

Female Genital Mutilation as a major threat to Global Health

Topic B:

Prevention of patient harm in health care

Münster, March 2020
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Word of Welcome from the Chairs

Dear Delegates!

Welcome to the MUIMUN 2020 World Health Organization. We are Benevolence and Nora, and we will be your chairs during the conference. To give you an insight into who we are and why we are here, we will shortly introduce ourselves.

My name is Benevolence and I am a law student, who is always intrigued by the world of law and international relations. My journey with MUN began in junior high school, and this will be my fifth time chairing. I enjoy MUN as it not only stimulates dialogue but creates a rich space for interaction and tackling pressing issues. The topic I am introducing this year is **'Female Genital Mutilation as a major threat to Global Health'**. I am looking forward to hearing the solutions and stance the nations you will represent have on Female Genital Mutilation, which is currently affecting over 200 million girls worldwide.

My name is Nora, and I am currently doing my master's in Global Health in Glasgow. Two of the aspects of health that are very dear to me are health inequalities and area effects on health. I have participated at my first Model United Nations conference in 2014, and since then attended several conferences as a delegate, as a chair or as part of the broader organizational team. I'm still absolutely amazed by the concept of MUNs and the opportunity to experience international politics in such an in-depth way. In this study guide, you will find my introduction to the topic **'Preventing patient harm in healthcare'** which is one of the major challenges we need to tackle to achieve Universal Health Coverage until the year 2030.

We hope by the end of this conference, you will all have gained valuable skills such as public speaking, debating, critical thinking and dispute resolution. Most of all, we are glad that you chose to be part of WHO. The embodied experience in international relations that you will gain during the conference will enable you to view important political issues through a new perspective.

Please note that this Background Guide serves as an introduction to the topics for this committee. It is not intended to replace individual research. We encourage you to explore your Member State's policies in-depth and use the overview of the committee, extensive introductions to the two topics and annotated bibliography to further your knowledge on these topics. If you have any questions, please feel free to reach out to us before, during and after the conference. You can reach us under who.muimun@gmail.com.

Have fun with your conference preparations and the reading of this study guide - we are looking forward to getting to know you in person in Münster in March!

Best regards,
Benevolence Mbano & Nora Dornis

Table of Contents

Committee Overview

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

This definition of health originates from the World Health Organization's constitution that came into force on the 7th of April 1948. On this day - that is nowadays celebrated as World Health Day - the World Health Organization (WHO) came into existence as "the directing and coordinating authority on international health work"[1]. According to the constitution, WHO's overall objective is "the attainment by all peoples of the highest possible level of health".[2] One of its functions within the international health work is "to establish and maintain effective collaboration with the United Nations, specialized agencies, governmental health administrations, professional groups and such other organizations"[3].

In 1948, WHO's top priorities were communicable diseases such as tuberculosis and malaria[4]. These remain on WHO's agenda today, alongside with new diseases such as HIV/AIDS, noncommunicable diseases (NCDs) and broader goals, for example achieving Universal Health Coverage[5].

WHO works through offices in more than 150 countries, 6 regional offices and the headquarters in Geneva.[6] The 6 regional offices are responsible for the regions Africa, the Americas, South-East Asia, Europe, Eastern Mediterranean and Western Pacific. A good overview of the regions can be found at origin.who.int/about/regions/en/.

The WHO has three main organs: The World Health Assembly (WHA), the Executive Board and the Secretariat[7]. At MUIMUN, our committee will resemble the World Health Assembly.

The WHA is the highest decision-making body of the WHO, in which all 194 WHO Member States are represented[8]. The WHA is related to the WHO in the same way that the General Assembly is related to the United Nations. This means that the delegates of the WHA do not carry out any executive activities within the organization, but take decisions on the overarching strategies[9].

[1] WHO constitution Art 2a
[2] WHO constitution Art 1
[3] WHO consitution Art. 2b
[4] WHO, 2016, The Global Guardian of Public Health
[5] WHO, 2019, thirteenth general programme of work 2019–2023, p.30
[6] WHO, 2016, The Global Guardian of Public Health
[7] WHO constitution Art 9
[8] WHO constitution Art 10; WHO, 2016, The Global Guardian of Public Health
[9] WHO constitution Art 18

The WHA meets annually. In addition to adopting landmark resolutions, its tasks include the appointment of the Secretary-General, the appointment of the 34 members of the Executive Council, which implements the decisions of the WHA throughout the year, and the allocation of funds to the various WHO programs[10].

The WHA has three main possibilities to act in terms of content. Conventions can be adopted which become legally binding for member states as soon as they ratify these conventions[11], regulations can be issued[12], or non-binding recommendations can be made[13].

The only international convention ever adopted by the WHA is the 2003 WHO Framework Convention on Tobacco Control. To adopt a convention, a two-thirds majority is required.[14]

An example for existing regulations are the ICD (International Statistical Classification of Diseases and Related Health Problems), which lists all known diseases, and the IHR (International Health Regulations) regarding the prevention of internationally spreading diseases. Regulations are legally binding for WHO member states, but members may opt out within a period of time in order to avoid the legally binding consequences[15].

All other resolutions adopted by the WHA are recommendations which are not binding under international law, analogous to the resolutions adopted by the UN General Assembly. Regulations and recommendations are adopted with a simple majority[16]. Your task at MUIMUN will be to draft and ideally adopt recommendations on the two topics that will be described in detail on the following pages of this study guide. In order to stay in accordance with MUIMUN's Rules of Procedure, these recommendations shall be named as resolutions during session.

Since the WHA itself does not act in an executive capacity, one of its most important tasks is to instruct the Executive Board - and the Director-General - to implement concrete projects within the framework of the adopted resolutions. Additionally, the WHA has the authority to set up further WHO commissions and/or other institutions.[17]

All the tasks and powers of the WHA are precisely defined in the WHO Constitution, so we recommend taking a look at the document, in particular at Articles 10-23, during the preparation phase.

[10] WHO constitution Art 13, 18b, c, f
[11] WHO constitution Art 19
[12] WHO constituion Art 21
[13] WHO constitution Art 23
[14] WHO constitution Art 19
[15] WHO constitution Art 22
[16] WHA rules of procedure, Rule 71
[17] WHO constitution, article 18e, k, l

The financial resources of the WHO consist of the regular contributions of the member states, voluntary contributions of the member states & partner organizations such as foundations and civil society (also contributions in kind / non-cash contributions), and private sector contributions. Those private sector contributions only account for less than 1% of WHO's financial means whereas voluntary contributions account for more than three quarters.[18]

Sources of WHO financial means (WHO, 2016, The Global Guardian of Public Health)

Individual projects are also financed by public-private partnerships or by specially established funds. The WHA is responsible for supervising the finances of the WHO.[19] The common procedure is that the Director-General prepares a proposal on the distribution of the organization's financial resources among the various projects, which is then reviewed by the Executive Board and finally corrected and adopted by the WHA.[20]

Each member state has several duties towards the WHO. Every country needs to "report annually on the action taken and progress achieved in improving the health of its people"[21]. Further reporting duties include action taken concerning recommendations and other WHA resolutions, domestic laws, regulations & reports that are related to health and have been published, and statistical & epidemiological reports[22].

Current WHO strategic goals (WHO, 2019, thirteenth general programme of work 2019-2023)

The current main strategic goals according to WHO's thirteenth general programme of work 2019–2023 are "Achieving Universal Health Coverage, Addressing Health Emergencies and Promoting Healthier Populations"[23].

Universal Health Coverage (UHC) means that everyone has access to the health services they need. This includes affordable prevention, treatment, rehabilitation, and palliative care services.[24]

Addressing Health Emergencies is about preventing populations from health emergencies (for example epidemics)

[18] WHO, 2016, The Global Guardian of Public Health
[19] WHO constitution article 18f
[20] WHO constitution article 18f, 34
[21] WHO constitution article 61
[22] WHO constitution art 62-65
[23] WHO, 2019, thirteenth general programme of work 2019 - 2023
[24] WHO, 2019, Fact Sheet on UHC

and making sure that during a health emergency access to essential life-saving health services is sustained and guaranteed.[25]

The goal of Promoting Healthier Populations consists of five sub-platforms that shape the WHO strategy to tackle global public health as a whole. The five sub-platforms are the following[26]:

Improving human capital across the life course.

Accelerating action on preventing noncommunicable diseases and promoting mental health.

Accelerating elimination and eradication of high impact communicable diseases.

Tackling antimicrobial resistance.

Addressing health effects of climate change in small island developing States and other vulnerable States.

The MUIMUN 2020 WHO has been cultivated to spark a vivid debate and push you to engage with those overarching goals as well as with the concrete topics introduced in the following pages of this study guide which affect populations on a local and global level.

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- WHO (2016). The Global Guardian of Public Health, available at https://www.who.int/about/what-we-do/global-guardian-of-public-health.pdf
- WHO (2019). Thirteenth general programme of work 2019 - 2023, available at https://apps.who.int/iris/bitstream/handle/10665/324775/WHO-PRP-18.1-eng.pdf

[25] WHO, 2019, thirteenth general programme of work 2019 - 2023
[26] WHO, 2019, thirteenth general programme of work 2019 - 2023

Topic A: Female Genital Mutilation as a major threat to Global Health

DEFINITION OF KEY TERMINOLOGY

Female Genital Mutilation -An illegal (mostly traditional) practice that involves partially or totally removing external genitalia on young girls and women or other acts of mutilation.

Human Rights - a moral or principal every individual possesses by virtue of being a human being.[27]

State- a territory in which a community lives under a set of rules administered by a government.[28] e.g. Germany is a state

Infibulation[29] - A highly controversial but mostly traditional practice on most north eastern African cultures. This practice involves cutting the labia or clitoris of a young girl or woman and stitching together the edges of their vulva to prevent them from having sexual intercourse.

Violation - exhibiting actions that show no respect for others, customs, laws and property.

Female Circumcision[30]- A common and traditional but illegal practice in most cultures which involves partially or totally removing external genitalia of a young woman or girl. There are no known medical benefits for this practice.

Rite of passage - "a ceremony or event marking an important stage in someone's life, especially birth, the transition from childhood to adulthood, marriage, and death."[31]

Global- relating to the whole extension of the World.

Threat - a suggestion or possibility of danger, or trouble.

Global Health[32] - the health of populations in the worldwide context. It is further "an area of study, research and practice that places a priority on improving health and achieving equity in health for all people worldwide"

[27] "Human Rights | United Nations." https://www.un.org/en/sections/issues-depth/human-rights/. Accessed 25 Feb. 2020.
[28] According to the Elements of a State as proposed by Georg Jellinek, https://archive.org/details/allgemeinestaat00jellgoog/page/n7/mode/2up. Accessed March 1, 2020.
[29] "Female genital mutilation and other harmful practices - WHO." https://www.who.int/reproductivehealth/topics/fgm/fgm_reinfibulation_central_Sudan/en/. Accessed 25 Feb. 2020.
[30] "Female genital mutilation - World Health Organization." 3 Feb. 2020, https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation. Accessed 25 Feb. 2020.
[31] "Rites of Passage With Wisdom to Grow", Psychology Today, https://www.psychologytoday.com/us/blog/your-write-health/201408/rites-passage-wisdom-grow. Accessed 1.03.2020.
[32] "'Global health': meaning what? | BMJ Global Health." Accessed February 25, 2020. https://gh.bmj.com/content/3/2/e000843.

Sustainable Development Goals[33] - a collection of 17 global goals designed to be a "blueprint to achieve a better and more sustainable future for all".

Prevalent - widespread in an area or at a particular time.

Cultural Norms - "relating to the ideas, customs, and social behavior of a society."

Perpetuate - "make (something) continue indefinitely."[34]

Health Complications - a secondary disease or condition that follows and aggravates an already existing health condition.

Survivor - "a person who survives, especially a person remaining alive after an event in which others have died / a person who copes well with difficulties in their life."[35]

INTRODUCTION

Female Genital Mutilation (FGM) is a practice that not only demeans but dehumanizes girls and women. It is an unjustifiable practice no matter the circumstances surrounding it. However, many states have tried to justify it as part of custom and tradition, part of women's sexuality, religion and social pressures. FGM is a practice common in Africa, Southern Asia, the Middle East and now in many migrating communities in America and Europe.[36]

Global health is focused on human health issues that transcend national borders; it has components of both preventative and individual-level clinic care. It plays an increasingly crucial role in both global security and the security of the world population. As the world and its economies become increasingly globalized, including extensive international travel and commerce, it is necessary to think about health in a global context. Rarely a week goes by without a headline about the emergence or re-emergence of an infectious disease or other health threat somewhere in the world. WHO proposes new guidance and promotes cooperation between developed and developing countries on emerging health issues of global importance.

FGM is a major threat to global health, as the practice involves cutting and removal of parts or all the female genitalia. The following are some of the reasons used to justify the practice[37]. (i) "Social and cultural causes lead amongst the reasons why many families allow their daughter to undergo FGM. Some however practice FGM as a religious belief. (ii) FGM is seen as an important symbol for formation of ethnic identity in a society

[33] "About the Sustainable Development Goals - United Nations ...." Accessed February 25, 2020. https://www.un.org/sustainabledevelopment/sustainable-development-goals/.
[34] https://www.lexico.com/en/definition/perpetuate, Accessed March 1,2020.
[35] https://www.lexico.com/en/definition/survivor, Accessed March 1, 2020
[36] Nkanathe, JK, 2014, pp93-97,94.
[37] SaraÃ§oglu,Â M, 2014, p2

in which a woman lives. It is considered a rite of passage as it reflects transitions from teenage hood to womanhood for those who practice. (iii) In FGM practicing communities most men prefer women who are circumcised when it comes to selecting a woman to marry. (iv) There is a belief an uncircumcised woman will be infertile or that their infants will die. Amongst the listed reasons, practicing FGM has been reported as a money-making practice as those who practice it make large amounts of money and have a high renownin society."[38]

Female Genital Mutilation is classified into 4 types:

- Type 1- referred to as clitoridectomy[39] which is the partial or total removal of the clitoris and in some cases the prepuce (the fold of skin surrounding the clitoris)[40]
- Type 2- referred to as excision[41], which is a partial or total removal of the clitoris and labia minora, with or without excision of labia majora.
- Type 3- referred to as infibulation[42], which is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora or labia majora, most times through stitching with or without the removal of the clitoris.[43] (Infibulation can only be rectified by deinfibulation which is the practice of cutting open the sealed vaginal opening. This is usually done to improve health being and well being as well as facilitate childbirth or allow sexual intercourse)
- Type 4- includes all and any other harmful procedures to the female genitalia for non-medical purposes. This can be in the form of piercing, pricking, incising, cauterizing and scraping to the genitalia[44]

The FGM procedure is not regulated by any medical profession, serves no known medical benefits but results in severe pain and bleeding that can lead to haemorrhaging. It further has long-term effects late complication such as sexual dysfunction, chronic infections and inflammatory complications (AIDS, Tetanus, Keloid scar), gynaecological complications such as vulva abscess. infertility and problems during pregnancy etc. Other late complications such as urological problems (urinary infection and urethral stricture), bladder stones, Vesicovaginal fistula with ,urinary incontinence or increased residual urine have been

[38] SaraÃ§oglu,Â M, 2014, p2
[39] Odukgobe, A, 2017,pp 138-148, 139.
[40] WHO, Female genital mutilation, https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation, Accessed March 1, 2020.
[41] Odukgobe, A, 2017,pp 138-148, 139.
[42] Odukgobe, A, 2017,pp 138-148, 139.
[43] WHO, Female genital mutilation, https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation, Acessed March 1, 2020.
[44] WHO, Female genital mutilation, https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation, Acessed March 1, 2020.

reported).[45] FGM also has psychological (and social) effects as it is a practice surrounded by fear from the survivors.[46]

Unfortunately, until now, FGM is still culturally acceptable and those who fail to undergo the practice are severely stigmatized. Threats of jail terms and intimidation seem to drive the practice underground.

HISTORY/ORIGINS OF PRACTICE

Exact origins of the practice are unknown or unclear, but most sources on FGM date back to pre-colonial times, however it has been in existence for centuries, with the oldest written source on it dating back to 500 B.C[47]. Some scholars have proposed the origins to be from Ancient Egypt – which is now present-day Sudan and Egypt, after noting the discovery of circumcised mummies from the fifth century BC. A theory states that the practice was spread by slave trade routes, expanding through the western shore of the Red Sea to the Southern West African Regions. Another theory affirms that it was brought to Africa from the Middle East by Arab traders. The practice was also believed to have been implemented on female slaves in Ancient Rome in a bid to deter them from sexual intercourse or pregnancy.[48]

Many countries have tried eradicating FGM since the early 1900s. In the mid-1900s, e.g. in 1940 and 1950, Sudan and Egypt passed laws to prohibit FGM. Later in the 1960s and 1970s women across the world led campaigns to raise awareness of the effects of FGM. Unfortunately, in many States perpetrators receive low sentences for the crime, which prevents the total abolishment of the practice.[49]

RECENT DEVELOPMENTS

UN Actions and Initiatives

In 1979, WHO sponsored the first Seminar on Harmful Traditional Practices Affecting the Health of Women and Children[50] in Khartoum (Sudan).

In 1993, Declaration on the Elimination of Violence Against Women,[51] which has been adopted by the UN General Assembly and which characterizes FGM as a form of violence.

[45] SaraÃ§oglu, M 2014, p2
[46] "The psychological and social impact of female genital mutilation." Accessed February 25, 2020. https://pureportal.coventry.ac.uk/files/12390286/16_388_Glover_et_al.pdf.
[47] SaraÃ§oglu, M,Â 2014, p2
[48] Llamas, J, 2017, pp1-8, 2.
[49] Docker, M, 2011, pP1-90, 10.
[50] "Fact Sheet No.23, Harmful Traditional Practices Affecting the ...." Accessed February 25, 2020. https://www.ohchr.org/Documents/Publications/FactSheet23en.pdf.
[51] "Declaration on the Elimination of Violence against Women ...." Accessed February 25, 2020. https://www.un.org/en/genocideprevention/documents/atrocity-crimes/Doc.21_declaration%20elimination%20vaw.pdf.

In 1997, WHO issued a joint statement against the practice of FGM together with UNICEF and UNFPA to accelerate prevention and managing complications of FGM.

In 2007, UNFPA and UNICEF initiated the Joint Programme[52] on Female Genital Mutilation/Cutting.

In 2010, WHO published a "Global[53] strategy to stop health care providers from performing FGM".

In 2012, UN General Assembly adopted a resolution [54]to eliminate FGM.

In 2016, WHO collaborated with UNFPA-UNICEF and launched first evidence-based guidelines[55] to the management of health complications from FGM.

In 2018, UNHRC adopted 10 texts[56], requesting a meeting on female genital mutilation and decided to hold a panel discussion on women's rights.

Present Situation[57]

FGM currently affects over 200 million women and girls[58] all over the world. The practice is mostly carried out in the name of religion and culture by traditional circumcisers. Some health care service providers have attempted to carry out the procedure medically, under the false assumption that it is safe when medicalized[59]. However, WHO strongly urges against FGM, despite which means or form of procedure it has been carried out, even if it is by health professionals. This is because FGM violates personal rights to be free from torture and cruel degrading treatment and the right to life.

In 2010, WHO estimated its global annual incidence to be that 3 million underwent FGM [60]every year. However, there has been some reduction in specific countries such as Egypt, Kenya, Burkina Faso and Senegal which implemented legislation banning FGM and established organizations to tackle FGM in communities. Further actions might include increasing health education especially for girls.

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[52] "UNFPA-UNICEF Joint Programme on Female Genital ...." Accessed February 25, 2020. https://www.unfpa.org/publications/unfpa-unicef-joint-programme-female-genital-mutilationcutting-accelerating-change.
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ISSUES ARISING AND CHALLENGES

FGM has several negative impacts on its victims, such as an impact on identity - many FGM survivors feel differently from women who have not undergone FGM. There is also an emotional impact as many survivors are filled with shame, and many are constantly triggered about the procedure by small things such as smells or sharp objects. The relation impact comes into effect as trust in general and marital relationships are affected by the procedure. FGM further has a physical impact on survivors as many of them tend to experience pain, and health complications during pregnancy and childbirth. [61]

The following are a list of core challenges surrounding FGM:

Local structures of power and authority such as religious and community leaders, circumcisers and in some cases medical personnel contribute to upholding the practice

In some societies the practice is often regarded as a cultural tradition making it challenging to discontinue

In some FGM practicing communities the practice is considered a rite of passage to womanhood and marriage.

Fear of being shunned out by communities, to be accepted socially and social pressure to conform to what others do, are strong motivations which perpetuate the practice

QUESTIONS A RESOLUTION SHOULD ANSWER

- Which Sustainable Development Goals advocate gender equality?
- How can the WHO interrogate traditions and cultures which lead to gender inequality and FGM?
- What obligations do nations have to eradicate health violating practices like FGM?
- How can the WHO assist survivors of FGM?
- What measure can be taken against citizens adamant on practicing FGM?
- What solutions can be put forward to further eradicate FGM?
- What can be done about countries practicing FGM?

[61] Glover, J, (2017), pp219-238

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- World Health Organization, (2018), Female Genital Mutilation: Fact Sheet , Available athttps://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation [Accessed 02 December 2019]

Additional Resources

- Desert Flower, (2009) (movie)
- Jaha Dukureh, TEDxBari , FGM: How to Face the Desert of Indifference Available at: https://www.youtube.com/watch?v=QdCooRyg5Ls
- Jaha's Promise (documentary) Available at: https://www.youtube.com/watch?v=wP5vkznpAdc

— World Health Assembly, 61. (2008). Female genital mutilation. World Health Organization. Available at: https://apps.who.int/iris/handle/10665/23532

Useful Websites

— Wikipedia (Only as a starting point, just to get a general idea. NEVER quote it or get statistics from it.)

— News Websites

— UN System: UN Organizations(www.unsystem.org)

— The United Nations Handbook

— United Nations

— United Nations Women (www.unwomen.org)

Topic B: Prevention of patient harm in health care

CONCEPTS & DEFINITIONS

Below, you can find the main concepts and some definitions that are used throughout this introduction. If not stated otherwise, they originate from the "Glossary of Patient Safety Concepts and References" that was published by the WHO in 2009. The glossary is linked in the Bibliography.[62]

adverse event - An event that harms a patient in healthcare and is not associated with the underlying disease but with the treatment.

Direct & indirect costs - "Direct costs represent the costs associated with medical resource utilization, which include the consumption of in-patient, out-patient, and pharmaceutical services within the healthcare delivery system. Indirect costs are defined as the expenses incurred from the cessation or reduction of work productivity as a result of the morbidity and mortality associated with a given disease." [63]

harm - physical, psychological or emotional impairment that can be temporary or permanent

health intervention - "A health intervention is an act performed for, with or on behalf of a person or population whose purpose is to assess, improve, maintain, promote or modify health, functioning or health conditions."[64]

patient safety - "the prevention of errors and adverse effects to patients associated with health care" [65]

quality of care - the extent to which health care services (for individuals and populations) improve health outcomes.

Universal Health Coverage - "Universal health coverage (UHC) means that all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship."[66]

[62] WHO, 2009
[63] - Boccuzzi, 2003
[64] - WHO, 2018, International Classification of Health Interventions
[65] - WHO, 2019, Patient Safety
[66] WHO 2019, UHC Fact Sheet

INTRODUCTION AND SCOPE

"No one should be harmed while receiving health care. And yet globally, at least 5 patients die every minute because of unsafe care"

With this statement, WHO Director-General Tedros Adhanom Ghebreyesus pointed out the urgency of tackling patient harm in health care in the lead to the very first World Patient Safety Day that was celebrated on the 17th of September 2019.[67]

In low- and middle-income countries (LMICs) alone, unsafe patient treatment and conditions result in 5.7 to 8.4 million deaths annually which makes up for about 15 percent of all deaths in LMICs. By improving patient safety, those deaths could be prevented and unnecessary additional treatment could be avoided - which are extremely expensive. In terms of indirect costs, productivity is lost to poor-quality care when people cannot work. The cost of lost productivity in LMICs is estimated to be between 1.4 trillion and 1.6 trillion US dollar each year.[68]

Poor-quality care is also a problem in High-Income Countries (HIC). Different studies suggest that up to 15 percent of all direct hospital costs in OECD nations can be attributed to patient harm from adverse events.

Further indirect costs of patient harm include the loss of trust in health systems, governments and social institutions. From a political and economic point of view, improving patient safety is therefore a very profitable investment. [69]

Patient safety is absolutely crucial in achieving Universal Health Coverage (UHC) as it includes the provision of effective care. If the health services lack quality and harm patients, the effectiveness of the treatment is not given.

There are several ways of harming a patient's health. In a report on Patient Safety of the WHO Director-General from March 2019, the following examples of common harms are mentioned:[70]

- Medication errors
- Health care-associated infections
- Unsafe surgical care
- Unsafe injections practices
- Diagnostic errors

[67] WHO 2019, urgent action to reduce patient harm in healthcare
[68] National Academies of Sciences, Engineering, and Medicine (2018)
[69] WHO Director-General (2019)
[70] WHO Director-General (2019), Patient safety - global action on patient safety

- Unsafe transfusion practices
- Radiation errors
- Sepsis
- Venous thromboembolism
- Unsafe care in mental health settings

The latest WHA resolution (see Recent Developments) also mentions the issue of environmental hygiene and infrastructure that can lead to patient harm. Environmental hygiene refers to the possible transmission of pathogens through surfaces of beds, buttons and more.

HISTORICAL BACKGROUND

The WHO first recognised the need for action concerning quality of care and patient safety in the year 2002. With Resolution **WHA55.18** "*Quality of care: patient safety*", the WHA drew the attention of member states to the challenges of patient safety.

In 2004, the **World Alliance for Patient Safety** was launched. The goal to which many stakeholders, including heads of agencies, health policymakers, representatives patients' groups and the World Health Organization, committed was "*First do no harm*". This slogan stands for the importance of not making the health of people worse or harming them even more when they come to receive health care. The campaign was set up to raise awareness for adverse health and social consequences of unsafe health care, and to reduce them. [71]

In the year 2005, the WHO set up the first so-called **Global Patient Safety Challenge**. It was called "*Clean Care is Safer Care*" and aimed to reduce infections through improved hand hygiene. In 2008, the next challenge called "*Safe Surgery Saves Lives*" was launched, and in 2017 the most recent one called "*Medication Without Harm*"[72]. All three challenges aimed for policymakers to engage with and commit to the topics raised. As WHO conducted an evidence-based analysis of the key problems and proposed solutions and helped to implement these solutions, the first two challenges were very successful. The third challenge will be running until the year 2022 with the ambitious goal to reduce severe, avoidable harm related to medications by 50% globally.[73]

To give the challenges of patient safety a global priority, the governments of Germany and the United Kingdom agreed in 2016 to initiate annual **Global Ministerial Summits on Patient Safety** . At those

[71] World Alliance for Patient Safety (2004)
[72] WHO Director-General (2019)
[73] WHO (2017) Global Patient Safety Challenge

summits international experts, ministers of health and other policy-makers have the possibility to exchange and engage with each other.[74]

Another initiative started by the government of the United Kingdom and the WHO is the **Global Patient Safety Collaborative**. This Collaborative aims to enable countries to collaborate towards ensuring patient safety in order to achieve UHC and the Sustainable Development Goals (SDGs). The work is organised in three different areas: leadership, education & training, and research. The Collaborative represents a knowledge resource for policymakers from HICs and LMICs.[75]

Another network that the WHO created is the **Global Patient Safety Network**, an online platform where stakeholders share ideas, approaches, tools & best practices to improve patient safety.[76] This Network closely works together with the WHO-established **Patients for Patient Safety Network** that gives patients and their families a voice.[77]

Since the WHO first engaged with the challenges of patient harm in healthcare, it also created an own vast knowledge and resource base, including teaching curricula, a safe childbirth checklist and a surgical safety checklist, a user guide to learn from adverse events and standard operating procedures for safe clinical practices.[78]

RECENT DEVELOPMENTS

In the year 2015 the 17 **Sustainable Development Goals** (SDGs) came into force. They set the overall agenda of the United Nations and related organizations & agencies until the year 2030. SDG 3 is called "*Ensure healthy lives and promote well-being for all at all ages*". Sub-Target 3.8 is to achieve universal health coverage. [79]Patient safety is a prerequisite for strengthening health care systems and making progress towards effective universal health coverage and is therefore essential to consider under this sub-target. It is though not explicitly mentioned.

In 2019, the **Thirteenth General Programme of Work** of the WHO was launched. It determines WHO's strategies & goals until the year 2023. The need for patient safety is included as an essential prerequisite to achieve UHC although there is no special focus or priority given to it.[80]

[74] WHO (2019) Global Ministerial Summits on Patient Safety
[75] WHO & UK Department of Health & Social Care (2019)
[76] WHO (2019) Networks and Partnership
[77] WHO Director-General (2019)
[78] WHO Director-General (2019)
[79] UN GA (2015) Agenda 2030
[80] WHO (2019) 13th General Programme of Work 2019-2023

The WHO set the topic of Patient Safety on its agenda in the year 2019. At the WHA meeting in March, the resolution "Global action on patient safety"[81] was passed. This resolution sets the framework for tackling patient safety for the Member States and the WHO. You as delegates should familiarize yourself with the resolution and closely consider the weaknesses outlined in the section *Current Challenges* below. In the resolution, the WHA decided to set up the "World Patient Safety Day" that will be celebrated on the 17th of September every year. The first celebrations were held in many countries & cities around the world in September 2019.

CURRENT CHALLENGES

In the 2019 WHA resolution, the overarching strategy and prioritization of patient safety were lined out. Now, it needs to be defined which concrete actions need to be taken in order to prevent patient harm in health care for the different areas. A very good starting point for the solution finding is the report A72-26 published by the WHO Director-General in March 2019. The following section will examine some of the current challenges for preventing patient harm in health care without claiming completeness.

The report of the WHO General-Director from March 2019 indicates five existing gaps in the current patient safety response. Firstly, a **knowledge gap**, which means that the extent & causes of patient harm are mostly not very clear. Secondly, a **policy gap** that reflects an insufficiently designed policy environment as most health systems do not have regulations in place to ensure patient safety. The third existing gap is a **design gap** as scientific approaches and rigorous intervention evaluations are not used often enough in order to set up policies, strategies and tools for patient safety. This is especially the case in settings where resources are constrained. Fourth, there is a **delivery gap** as health care professionals are often neither sufficiently trained nor involved in policy-making. The fifth existing gap is a **communication gap** between different countries, regions and communities that needs to be closed in order to make the implementation of cost-effective and already tested interventions and policies possible.[82]

Even for high-income settings, interventions & programmes have often had limited impacts in the past.[83] Therefore, a scientific approach is needed to validate and evaluate the impact of interventions concerning patient safety, and their cost-effectiveness. As the budget of interventions is often very limited and mostly used up during the intervention delivery phase that takes place before the evaluation, evaluations are mostly not carried out carefully enough If we do not know which measures were actually effective and why, it is not possible to take those measures to other contexts, and ineffective interventions might be implemented on a big scale without having the desired effect.

[81] resolution WHA72.6
[82] WHO Director-General (2019)
[83] WHO Director-General (2019)

There are no coherent measurement strategies for patient harm. Different scholars use different methods to determine the extent of patient harm in health care. Possible methods are for example the evaluation of physician-reported harm, of patient-reported experiences of harm or the random assessment of medical records. It is also not clear which units of measurement shall be used to measure patient harm. You could for example use the proportion of patient encounters ("harm occurs in x out of every 100 encounters"[84]) or the temporal proportion of the population ("x% of people experience harm each year"[85]).[86]

Especially in primary & ambulatory healthcare, patient harms occurs frequently. The report of the WHO Director-General states that 4 out of 10 patients experience safety problems and that 80% of the patient harm in primary & ambulatory healthcare settings could be prevented. An important challenge in patient safety is therefore to guarantee a continued high quality of care throughout different areas of health services, such as home, primary and community care, as well as acute, long-term and palliative care.[87]

According to the report on patient safety by the Director-General, health care professionals need to work in an environment that is focused on collective improvement and teamwork in order to be able to guarantee a high quality of care in all of these settings. The culture should be blame-free as it is only possible to improve the situation if health professionals are able to speak about their errors or potential harm, and are subsequently encouraged to learn from those situations.[88] This can only be achieved with leadership at all levels of the health system, including political leadership.[89]

Healthcare-associated infections (HAIs) affect between 7 and 10 out of 100 patients, depending on the country setting[90]. Infection control measures are therefore vital to improve patient safety. Among others, the improvement of hand hygiene and water & sanitation conditions are effective measures to be considered[91]. Here, the interconnection with other SDGs, as for example SDG 6 "*Clean Water and Sanitation*" is obvious. Many of the ways to harm a patient's health mentioned in Section *2 - Introduction* above, are interlinked with hygiene. How can it be made sure that good hygiene conditions throughout hospitals and especially other health service providers are established?

In developing health interventions, the participation of the concerned population is crucial in order to ensure the effectiveness of interventions. Therefore, good communication with the patient and their families might be an important matter. Which mechanisms could ensure sufficient communication and patient participation?

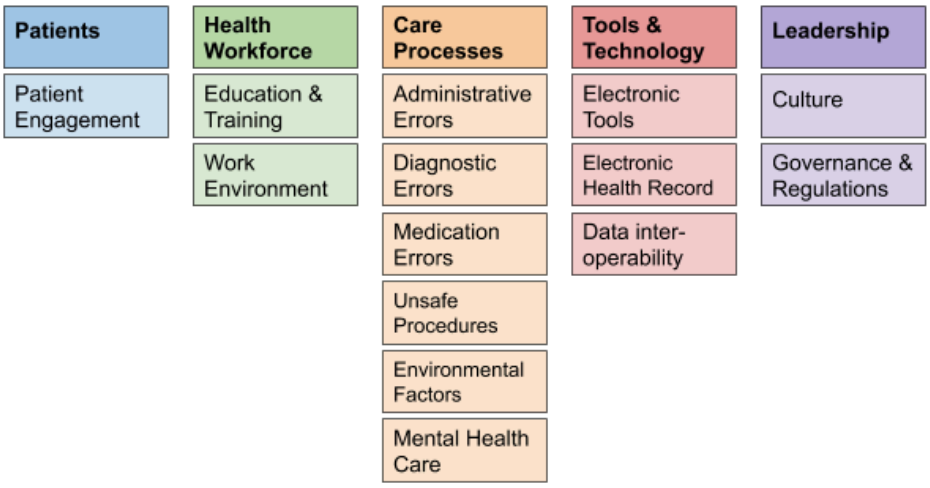
[84] OECD Patient Safety Snapshot Survey (2018)
[85] ibid.
[86] OECD Health Working Paper No. 106 (2018)
[87] WHO Director-General (2019)
[88] WHO Director-General (2019)
[89] National Academies of Sciences, Engineering, and Medicine (2018)
[90] WHO (2019)
[91] WHO (2016)

Closely linked with patient participation is the use of electronic tools. One opportunity is the use of electronic devices that patients are already familiar with for reporting the quality of health or adverse events, enhancing electronic health records or electronic prescriptions.

Electronic or digital tools are also being used by service providers. For example electronic health records can simplify knowledge transfer and transitions between different health care providers[92]. Intelligent medical devices can support the safety of surgical procedures and telemedicine makes it possible to provide health care from a distance. Those tools represent big opportunities in health care but can also create new patient risks, for example data protection issues. How can WHO support member states with balancing advantages and threats?

A population that is especially vulnerable are mental health patients. Adverse events rates due to false medications were found to be the highest in inpatient psychiatric units in comparison to other health care settings. There are two types of patient harm incidents in mental health care settings: Adverse events that also occur in other health care settings but eventually more often in mental health settings and adverse events that occur mainly in association with mental health conditions. Those are for example related to seclusion and restraint use, self-harming behaviour and suicide, absconding, and reduced capacity for self-advocacy.[93]How can patient harm be prevented in mental health settings?

The figure below shows possible Action Fields in accordance with WHO publication series "*Technical Series on Safer Primary Care*" and issues raised in this text. These are possible points to be considered in the resolution.



Potential Action Fields
(figure created in accordance with the WHO publication series "*Technical Series on Safer Primary Care*" and issues raised in this introduction)

[92] WHO (2016)
[93] Brickell et al (2019)

QUESTIONS A RESOLUTION SHOULD ANSWER

The resolution should focus on the different ways to prevent patient harm in healthcare, or in other words, to improve patient safety. It should make a differentiation between which concrete steps are to be taken by the member states and which actions need to be done by the WHO bodies.

From the points raised above, the following points should be considered more closely:

- How can it be guaranteed that interventions and programmes are carefully evaluated and that the knowledge gained from those evaluations is made available to other stakeholders?
- How can a coherent patient safety measurement strategy be set up?
- What financing mechanisms can be set up to guarantee a cost-effective response?
- How can patient safety be ensured in mental health care settings?
- How can effective patient participation in developing patient safety interventions be ensured?
- Which regulations concerning digital tools need to be set up?

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Conference and Research Tips

In preparation for the moderated caucus during the conference delegates are required to submit opening statements which will highlight their country's position on the topic. A speakers list will be opened to member states in order to create a platform that allows engagement, making short comments on the issue at hand.

Typically, delegates will be required to adhere to the rules of procedure when participating in the debate. In preparation for the Conference, each delegate will be required to submit a Position Paper in accordance with the MUIMUN guidelines

The key to being successful at MUN is thorough and comprehensive preparation. We recommend that all delegates become familiar with the following five areas of study. Each area should be addressed in the following order, as each is progressively more in-depth than the one listed before:

- The UN
- General Background of Country
- The Committee
- The Topic
- Your Country's position on said topic

Delegates, be aware above all that the objective of your opening speech is to persuade and even convince others and not merely to state an opinion. Be aware of the strengths and weaknesses of your cause and that of your opponent. A speech is only heard once and it should leave a strong impression as other speeches will follow, and you want yours to be remembered. Select the most important points and arrange them in ascending order of importance. The final point should be the most important one.

When formulating the resolution, be aware that in a WHA resolution, the delegates can urge Member States to do something or concretely request the WHO Director-General to implement things. The MUIMUN resolution should therefore contain a section with commitments of the Member States and a section with requests to the WHO Director-General or the WHO Executive Board. You can also add sections with requests to other UN organizations or general stakeholders. Please familiarize yourselves with the structure of WHA resolutions during the preparation for the conference and before drafting resolutions!

If you have any questions, please feel free to contact us under who.muimun@gmail.com.