Houston Area
Model United Nations
Standard Committee

WHO

HAMUN

Chair | Omama Ahmed
Topic A: Increasing Access to Digital
Health
Houston Area Model United Nations 49
February 1 & 2, 2024

LETTER FROM THE CHAIR

Greetings Esteemed Delegates,

Welcome to the 49th session of the annual Houston Area Model United Nations. I hope you are prepared and excited to discuss, draft, and resolve some of the most important health crises currently ongoing in our world. My name is Omama Ahmed and I am enthralled to be serving as your Chair for the WHO committee. I am currently a senior at the University of Texas at Austin as a Public Health major with a concentration in Psychosocial behavior. I am also a pre-medical student in the process of applying to medical schools.

I have been a delegate with Hamun for 4 years, and this will be my fourth year as a staffer with Hamun. I have competition in the Collegiate Level National Model United Nations and can still say that I am excited for every and each conference. I have always loved MUN for the community its fosters and skill growth these conferences have given me. These are skills I use in both my personal and professional life, so I hope you are coming ready to grow.

I chose to chair the WHO committee because of my interest in both healthcare and the social factors that lead an individual to be more predisposed to a disease. In addition, in the age of telehealth and an increasingly aging population, I found that addressing the negative factors of these otherwise positive event to be imperative.

I am excited to see the discussions that will definitely unfold, and to see the immense growth that each of you delegates will unquestionably undergo. My biggest tip to you is to come excited and ready to engage! No matter how strong of a delegate you may feel you are, just know that every single one of you brings a special aspect to the conference. I am excited to meet you, and most importantly don't forget most importantly, have fun!

Best Wishes,
Omama Ahmed

Omama Ahmed
WHO
HAMUN 49
Omamaahmed@utexas.edu

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Committee Summary

The World Health Organization was founded in 1948 by the United Nations as an agency that aims to connect all partner nations and their people to improve safety and serve vulnerable populations to improve overall health and well-being. The committee aims to further guide the well-being of all people with an emphasis on science. In the scope of the United Nations, the World Health Organization aims to lead and champion global efforts to give equal access, quality, and opportunity to everyone everywhere. The WHO is currently leading efforts to create universal healthcare and direct and coordinate a multitude of emergency disaster relief programs. These programs range from environmental to war-inflicted disasters. The promotion of a healthier life starts from the moments of pregnancy and follows through old age.

https://www.reuters.com/world/europe/exclusive-who-says-it-advised-ukraine-destroy-pathogens-health-labs-prevent-2022-03-11/

https://www.theguardian.com/world/2021/jan/22/who-platform-for-pharmaceutical-firms-unused-since-pandemic-began

Executive Summary

Increasingly, digital health technology has now become an integral aspect of daily life. The population has become more interconnected in the digital sphere on an unprecedented level. However, using technological application to improve the overall accessibility and quality of health and populations without adequate access to digital health resources remains largely untapped. In addition, these communities, without access to digital health, have a lack of clinical engagement and a threshold of inadequate resources that prevents them from integrating readily available and promising digital solutions into their communities to reduce disease and illness and increase overall health and well-being.

This committee aims to discuss ways to increase the access of digital health to these underprivileged communities, while keeping ethical standards of safety and privacy upheld. This committee should discuss, not only ways to improve on already present technology in participating countries, but also how to increase access to base level forms of technologies in more isolated communities within participating countries. In addition, the three important objectives revolved around increasing access to digital health are as follows. First is the ability to translate, up-to-date data, and research it, and promote standards for data sharing within each independent member country. Second, increasing knowledge of information within the scientific community of science-based data but also digital practices within each member country. Creating an ability to assess and the link various member countries to each other to stay up to date with innovations and product development.

https://mhealthintelligence.com/news/health-systems-are-taking-a-more-mature-look-at-digital-health

Topic Concept

Digital health is now growing at an exponential rate, in which the international population is becoming increasingly more interconnected. Advancements in innovation has allowed for the application of their health to increase not only in developed, but also developing communities on the international school. However, the availability and quality of access when comparing developed country to developing countries create a stark contrast. The World Health Organization has three key objectives, in order to increase the levels of adoption in the skills of use of digital health and innovation. Each of the key objectives were discussed in the earlier off section in the executive summary, and should be the focus of the committee in further discussions and resolutions.

The World Health Organization has a primary focus on delivering equitable and affordable and universal access to quality healthcare services. However, this has proven to be quite difficult to attain, particularly in low and middle income countries. Digital health is defined as a broader multidisciplinary concept that is found in the intersection between technology advancements, and the various healthcare systems in each member country. It is the application of digital transformation and innovations to the healthcare field, which includes incorporating software, hardware, and services. Some of the more known tools used in digital health, include mobile health apps, electronic, health records, electronic, medical records, wearable, devices, telehealth, and telemedicine.

Digital health has a variety of stakeholder said affected by the industry. Some of the stakeholders and digital field are the practitioners and providers that provide the services and care, and the patients that receive the services and care. Some other stakeholders within digital health field include the application developers in the medical device manufacturers and distributors that must adapt to the changes and resources. Some of the key issues that prevents from equitable access to the house includes all concerns in relation to aging, increases in child illness and mortality, the greater and exponential spread of epidemic and pandemics, the increase in costs of integrating,

these digital health resources, and the side effects of poverty and racial discrimination found within various healthcare systems. attached below is a visualization of possibilities your health technologies found in developed countries, but lack integration within developing low and middle income member states.

https://www.techtarget.com/searchhealthit/definition/digital-health-digital-healthcare
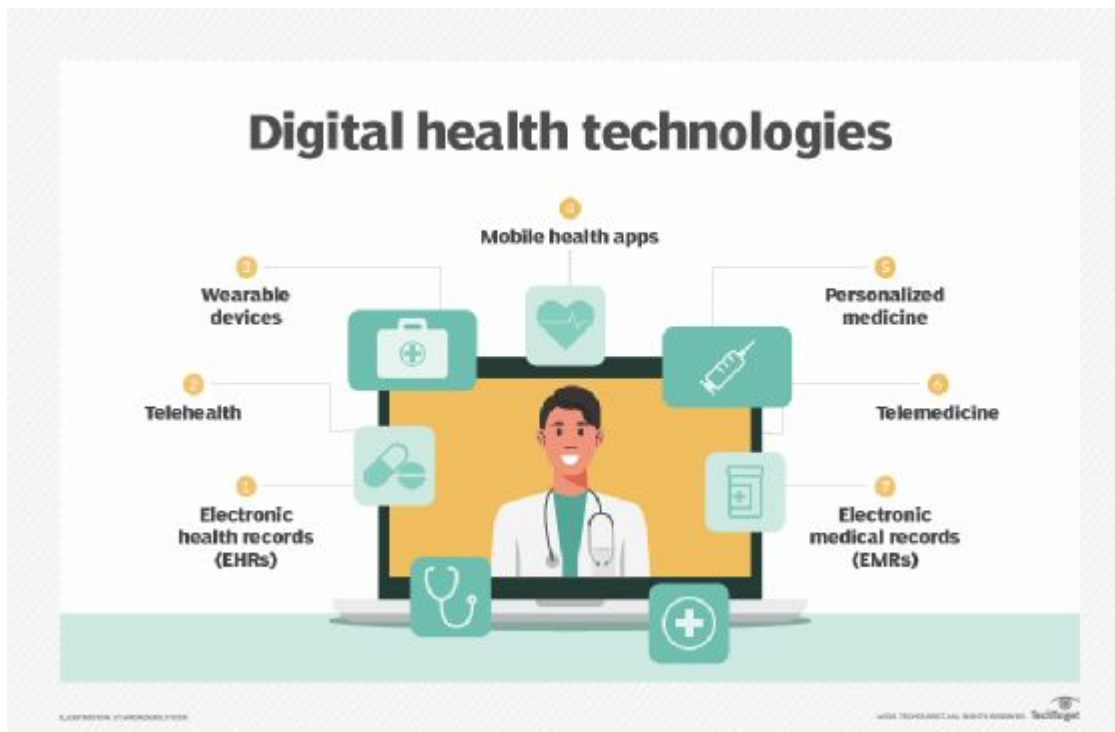
Possible, benefits, looking results after increasing access, additional health on international scale, includes reducing medication errors by using method, such as artificial intelligence, in order to analyze patient records, and find inconsistencies between the patient's health and prescriptions. Another benefit of increasing access additional health includes aiding in preventative care. There's an increase in current patients that flock to emergency rooms, with the system can allow providers to keep preventative care plans to prevent such a large surplus of frequent flyer patients. Another internal benefit of increasing access to social health includes the ability to staff more accurately. This would be done because predictive and I was measures could use the data that is being shared between the hospitals and clinics in order to predict admission rates at any given time in order to accurately staff preparation for these predictive admissions.

Topic History

The World Health Organization created a global strategy focusing on those your holes, and it was adopted in 2020 by the World Health assembly. The World Health Organization, global strategy holes create a set a roadmap that links, the most modernized and new developments in innovation and digital health in order to focus its outcomes towards improving overall health and primarily developing countries. Part of the strategy of the World Health Organization, global surgery under should a health is for did your health to become a tool that can be leverage for equitable and universal access to quality health services on an international scale. The strategy is designed to be accessible and usable by all member states, given those with existing limited access to digital technologies, goods and services.

In addition to strategic measures created and followed through from an internal source within the WHO, their are also additional partnerships existing to further levitate resources in order to increase access to digital health. These partnerships include the WHO-ITU BeHe@lthy Bemobile, WHO-Global Digital Health Partnership, and the WHO-Group on Earth Observations (GEO). The WHO-Group on Earth Observations (GEO) is a pre-existing organization, that connects government institutions, academic and research and solutions, businesses, engineers, terrorist, and sciences and experts, in order to create an invading solutions with the focus on decreasing overall global challenges in relation to human development and climate change out of national and disciplinary boundaries. The WHO-ITU BeHe@lthy Bemobile and WHO-Global Digital Health partnerships both work with the organization HealthIT. Gov. HealthIT.gov is an organization that operates with the mission statement that the world vision is better health, which is enabled through data. They have history creating resources that aided in the COVID-19 pandemic and they have been working on updating versions of the HIPAA security risk assessment tools.

The current status of digital health varies on the member state being addressed. However, the concept of using Acacian of information and communication technology in order to provide access to digital health interventions, and in order to increase disease, prevention and improve. Overall quality of life is not a new concept within the healthcare industry. However, there is quite a few barriers specifically and low in middle income. Member states to prevent them from adopting these did your health resources.

In order to understand the importance of increasing access to general health is the timeline of various developments within the visual health community must be observed. At the beginning around 1897 telemedicine included. The adoption of phone visits was indicated. The first documented diagnosis of an airway infection was conducted using a distinctive cough heard during the telephone consultation with the physician. Much later, the growth of digital health began between 1950 to 1999 during the second half of the 20th century. This growth includes development of ultrasound, imaging techniques, the creation of artificial organs, and the creation understanding of DNA sequencing to a degree that can be used in medicine. during this time, many professional associations appeared around developed member states, including the international medical informatics Association, therapy, and health, telematics Association, and the American telemedicine Association..

Later on during the maturation period between the years of 2000 to 2015, there is a more increased desire in order to further digitize healthcare. Developments, such as the World Wide Web and more user-friendly platforms for patients to gain access to the world of medicine remotely. New concepts in the realm of digital health such as mobile health, electronic health, and personalized health became normalized in discussions. During this time, the use of digital therapeutics in order to treat oh medical and psychological disorders begin to appear. Currently most developed countries are in the bright future section which began late 2015, which includes an increase in investments in digital health, in both the private and public sectors and more developed member states. However, lower and middle income, member states continue to fall behind their developed counterparts, in level of access to digital health.

Case Study: Chile

Chile conducted a system in which the integrated a system known as Accu health, which is a health management company that runs on the basis of artificial intelligence which powers thermal monitoring. The artificial intelligence focuses on the management of the patients specifically. This is integral to truly because they have an increase of untreated and unregulated chronic diseases. In fact on a worldwide scale, not submitted 41 million deaths or is a result of chronic disease which creates a financial burden on many governments. In Chile, they are projected to have close to 5 million people, which is a large percentage for one number state to have of chronic illnesses. Accu health, unlike other management companies focuses on using real time monitoring which allows providers and health coaches to focus on more high risk and chronic conditions, and those who may be in need of immediate intervention. It's a form to more effectively triage patients removing human error from the equation. How do you health credit to different models to work with within the public and private sector. There was a fee for service sandwich.

The public sector paid a small fee per member per month Anaghe health managed everyone's population. There's also a shared savings system, which only high cost patients were enrolled, which was more focused on the private sector. As a result of this case, some of the benefits was allowing patients to have more autonomy within their own treatments. They were able to self monitor and follow their treatment protocol. However, patient spell themselves, not engaging with the system, unless they were prompted to by their providers. It also created a further degree of loneliness and social isolation because May the patients were not regularly seeing the providers as much as they were before because of less need of interaction with the benefit of telemedicine and digital health. As a result of the integration of increased access to digital health resulted in a higher focus on prevention, and wellbeing, an increase in interoperable data and platforms, and increased consumer engagement and empowerment.In addition, specifically, with well designed digital health systems, such as OccuHealth, there was an increase in a culture of innovation, better, data governance, and higher leadership commitment to clinical quality in public health.

Questions to Consider

1. To what level should a member states allow for digital HealthCare/HealthCare technology to exist on a standard level?
2. What are some problems that can occur with an increase of digital healthcare and technology?
3. What are some problems that can occur with a lack of access additional health when communicating between developed and developing member states?
4. What are some possible problems that cannot be solved through digital health and technology?
5. What are possible obstacles to increase or improve on access and use of technology within healthcare?
6. What are some possible methods that social media can be used in order to improve access and quality of digital health?
7. What are some possible regulatory requirements that can be applied to digital health or creation of software products within the healthcare system on an international school?
8. How can issues regarding access to a Royal technology in developing member states be addressed overall in order to improve on access to digital health?
9. What are some ethical concerns regarding patient privacy and health when increasing access to digital health?
10. What are some ethical benefits regarding patient privacy and health in relation to increasing access to digital house?
11. What systems could be put in place in order to create protective measures against information of use in conjunction to increasing access digital health?
12. What are the disparities that are already prevalent between developed and developing member states because of imbalance of access to digital health and telemedicine services?
13. How can access a digital health affect immigration patterns?

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Further Reading / References

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Linda Banks

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