



SPC1: Special Conference on Global Health Threats

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Issue: Supporting health systems in the midst of the COVID-19 crisis

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I. Introduction

Supporting healthcare has great importance even when the pandemic is over. Within this context, healthcare is one of the most fundamental needs of humans as people will always be in urgent need of a sufficient healthcare system. However, unfortunately, countries that have lower human development index scores may have problems creating a budget for providing such services. Such budget shortcomings eventually result in a healthcare crisis in extraordinary situations. In the COVID-19 pandemic, the world has witnessed the gravity of healthcare collapsing. The biggest and most impactful healthcare crashings occurred in Latin American countries and low-income countries of Asia. In order for delegates to gain insight regarding the negative effects of COVID'19 in the aforementioned regions, the abstract of the situation will be given with a special focus on the Americas. Latin America is a region in which citizens face great numbers of challenges such as an economic crisis, unsatisfactory health systems, and controversial regimens. With that being the case, it could be said that a pandemic outbreak was not appropriately handled. In countries whose economy relies mostly on tourism, such as Cuba, the suggested travel restrictions and closing of the borders were not implemented thoroughly. Additionally, both President of Brazil Jair Bolsonaro and President of Mexico Manuel Lopez Obrador regarded the COVID'19 crisis as a conspiracy and advised against adopting measures at the national level (such measures being: isolation, mandatory home quarantine for travelers returning from abroad, travel restrictions, closing borders, prohibition of public gatherings, and encouragement of social distancing).

As another example of neglect, the following evidence can be brought forward: both the Gross Domestic Product (GDP) and central government healthcare expenditure are significantly lower than in developed countries. In 2018, according to the United Nations Economic Commission for Latin America (CEPAL), 16 Latin American countries dedicated less than 4% of their GDP to healthcare (exception Chile with %4.5). Notwithstanding this was not the first outbreak that this country had to witness (the H1N1 Influenza virus of 2009), Latin America's response capabilities fell short. Latin American countries already struggle with the limited capacity of hospitals due to the ongoing fight with life-threatening diseases such as tuberculosis, hemorrhagic dengue, and yellow fever; for that reason when disaster struck, the resources and inability of existing healthcare combined with governmental neglect became the main factors of the high rate of contagion on the continent. In addition to the fight with the COVID'19 pandemic, governments should not have dismissed other services that healthcare usually covers, such as but not limited to, chronic disease



treatments, cardiology, oncology, infant and newborn care. Upgrading facilities and equipment in low-income countries as well as in high-income countries will directly improve health, responsiveness, and fairness of financing. Nonetheless, in the current situation, it is evident that the requirements and coverage are insufficient and the needs of ideal health systems are not being met. To sum up and create an understanding of what should be achieved, health system crashings are expected to a certain extent in times of an outbreak but should thoroughly be funded and reinforced beforehand.

II. Involved Countries and Organizations

World Health Organization (WHO)

The World Health Organization (WHO) is a specialized agency of the United Nations responsible for international public health. The WHO Constitution, which establishes the agency's governing structure and principles, states its main objective as "the attainment by all peoples of the highest possible level of health". The World Health Organization creates guidelines for dealing with pandemic diseases, financially helps low-income countries, and raises awareness. At the start of the COVID-19 pandemic, the majority of people were ignorant about how to behave in a pandemic, WHO created an understanding and established an ideal government policy to stop the spread. Additionally, when China first reported viral pneumonia, WHO cooperated with the Chinese government in order to determine the cause of the disease, eventually declaring it was some type of coronavirus. However, they were late to inform the public regarding the disease's contagiousness; up until 22 January 2020, the human-to-human spread of COVID-19 was not accepted.

International Monetary Fund (IMF)

The International Monetary Fund (IMF) is an international financial institution, headquartered in Washington, D.C., consisting of 190 countries working to foster global monetary cooperation, secure financial stability, facilitate international trade, promote high employment and sustainable economic growth, and reduce poverty around the world while periodically depending on the World Bank for its resources. During the pandemic, the IMF started multiple initiatives to help the member countries most in need. Those initiatives are (such as, but are not limited to) capacity development, debt relief, and emergency financing. More than 90 countries received help from the IMF during the outbreak.

World Bank

The World Bank is an international financial institution that provides loans and grants to the governments of low- and middle-income countries for the purpose of pursuing capital projects. It comprises



two institutions: the International Bank for Reconstruction and Development (IBRD), and the International Development Association (IDA). The World Bank is a component of the World Bank Group. The World Bank's most recently stated goal is the reduction of poverty. Over 15 months, through June 2021, the World Bank Group is making available up to \$160 billion in financing tailored to the health, economic and social shocks countries are facing, including \$50 billion of IDA resources on grant and highly concessional terms.

Brazil

The Brazilian government overtly had one of the biggest struggles in its fight with the coronavirus outbreak in comparison with other countries worldwide. They reported more than half a million Brazilian citizens died due to COVID, making Brazil the second region with the highest death rates. Evidence from a representative of the vaccine manufacturer Pfizer was particularly damning. He told the inquiry the company repeatedly offered to sell the government vaccines last year. This offer was ignored - for months. Over 100 emails went unanswered and now the Brazilian people are unable to find vaccines. According to a witness statement President Bolsonaro was in a contract to buy an unapproved Covid vaccine from India, ergo, the delay of the arrival of Pfizer, however, the President has denied any knowledge and any wrongdoing. The citizens of Brazil pressured President Bolsonaro to resign for his neglect and failure to respond to the outbreak but Jair Bolsonaro continued as the president.

Argentina

The health systems in Argentina are collapsing due to overflowing hospitals and exhausted healthcare workers. The number of patients who need extensive care and intubation is rapidly increasing especially in the younger population (age between 30-50). Argentina has reported the highest number of hospitalized children. Since the beginning of the pandemic, the third-largest country in South America, with a population of 45 million, has recorded more than 3.6 million cases, and more than 75,000 deaths. Concomitantly with the inflation and economic crisis, the budget for healthcare is insufficient and the resources are not enough for an appropriate response. Taking into consideration the gravity of this situation, a shutdown was issued by the government. The shutdown was not welcomed by the public. Educational dilemmas added with the distrust in the official figures caused its citizens to revolt.

India

India has reported more than 32 million Covid cases since March last year, third only to the US and Brazil. Official figures show that over 435,000 people have died, but experts say the real figure is likely to be much higher. The effect of the coronavirus had been observed in two waves in India. The second wave



which struck on April 9, 2021 was the more devastating one. During the first wave the government had initiated a lockdown which slowed down the spread of the virus however during the second wave several Administrative barriers affected the coordination among the state -such barriers being: regional variations in health literacy, health care inequity, and poor risk perceptions among the general people- The experts say India can only enter an endemic state if only more than half a population is vaccinated. As of now only %15 percent of the whole population is vaccinated.

The United States

In the United States 43,459,809 confirmed cases have been reported since January 2020, with 697,842 deaths, the highest death rate of any country. COVID-19 is the third leading cause of death and the deadliest pandemic in US history. At the beginning of the pandemic, the president of the United States was Donald Trump. During his presidency at the midst of the pandemic, Mr. Trump had been criticized severely by experts and the public on the grounds that he was underestimating the seriousness of the crisis. Him not encouraging the citizens to take necessary precautions and not wearing masks in his political gatherings prove the criticism's validity. After the presidential elections of 2020, Joe Biden became the President of the United States. Some may justifiably say he managed to deal with the coronavirus crisis more effectively.

III. Focused Overview of the Issue

In order to properly address the agenda item at hand, an insight into the concept of an ideal health system should be shared. World Health Organization states that in a normally functioning health system, there are three main levels of focus:

"At the community level: creating demand for and ensuring the provision of essential and affordable health and related services of appropriate quality, building on integrated community case management; working to influence social norms or barriers that deny the rights of children and women to access care; supporting initiatives to overcome financial barriers to health service access; improving the accountability of local health and community leaders for the key determinants of health and for health outcomes, and strengthening resilience and emergency response capacity.

At a district level: improving health managers' capacity for evidence-based planning, budgeting supervision, and monitoring of priority interventions for children and women; integration with community-based systems;



coordination with other sectors (WASH, child protection, education, etc.); and efforts to formalize contingency planning and emergency response capacity.

At a national level: contributing to evidence-based and equitable national strategic plans and policies for children's and women's health, through strengthened use of evidence, equity analysis, costing, and fiscal space analysis (in close collaboration with government and partners); leveraging of national and international resources; and linking with UNICEF contributions in other sectors (child protection and welfare, social inclusion and protection, education, C4D, WASH, HIV, and nutrition)"

An adequate health system should cover and prioritize all of the aforementioned three main levels of focus. While considering supporting their representative country's health system, delegates should consider and cover these aspects with a special focus on equality for treatment. In their resolutions, they may consider adding these principles in order to strengthen their healthcare facilities and avoid corruption within their healthcare systems. Delegates should bear in mind that if these principles are decently implemented by the countries, global responsiveness will be directly improved as a result they struggle to contain coronavirus outbreaks will be more achievable. Moreover, the importance of building solidarity among nations should not go without mention. Globally entering the endemic stage and accessing a more healthy future can only be carried through if only nations build alliances to fight this virus together. Such alliances can be created by financial assistance and by aiding healthcare equipment and facilities.

Additionally, governments should acknowledge the fact that reinforcing as well as securing their health system before a disaster strikes, could save millions of lives and —in extreme cases such as the COVID-19 crisis— trillions of dollars. All around the world, the investments for COVID-19 are inspected under three branches. For administrative actions 0.9 trillion dollars, for legislative actions 5.9 trillion dollars, and for federal reserve actions 6.8 trillion dollars had been spent.

1. Could A Disaster Be Prevented?

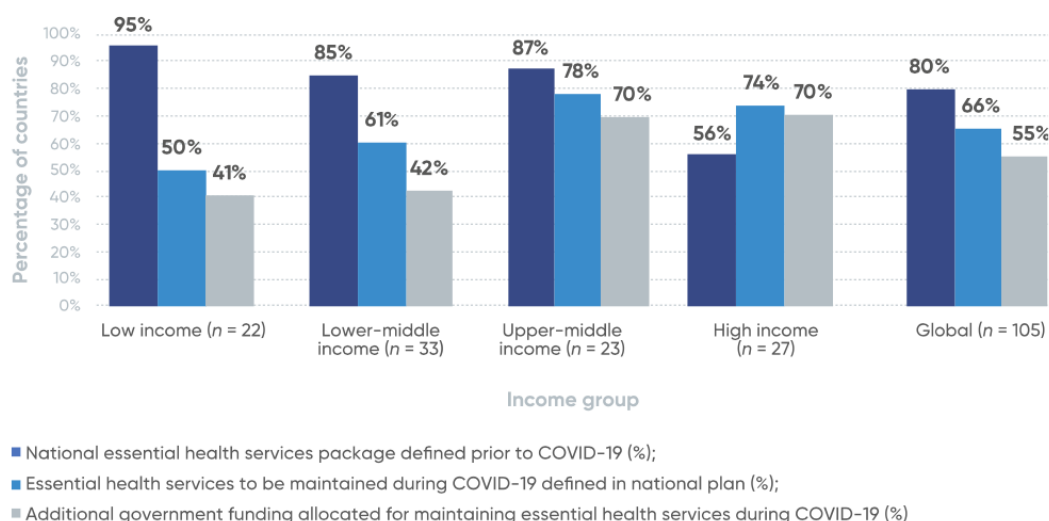
Even though the governments, non-governmental organizations, hospitals, and the public were caught unprepared for the COVID-19 pandemic, the epidemics and pandemics were not something unexpected. The world has faced the threat of contagious and deadly diseases multiple times and there is a moral certainty that this pandemic will not be the last one that our generation will have to witness. Pandemics are leptokurtic events meaning that they are low frequency, however, very high cost. For most of the time, countries may not have pandemic or epidemic-related losses -or they may have very insignificant values of loss- but as the world continues to experience the COVID-19 crisis, the governments are losing extremely high amounts of money every second. Truth be told, the West African Ebola Virus Epidemic of



2013-2016 should have raised awareness about the necessary precautions in case this type of crisis emerges again. Disappointingly, when the current situation is evaluated, the pandemic budget seems to be incapable, health system crashings are evident especially in low-income countries, and the fragmentation of crisis response is heartbreakingly high. With that being the case, supporting the health system in high-income countries may be a struggle whereas in low-income countries supporting the health system is considered nearly impossible. Since people can not find the opportunity to be treated because hospitals are at their full capacity, the spread of the virus can not be slowed down. As a consequence, the governments which have failed to prevent the health system from crashing will have to leave hundreds and sometimes thousands of people to their demise. This outcome could be precluded if a strong health infrastructure were to exist in our current situation.

The Sustainable Development Goal (SDG) 3, target D, outlines the responsibility of the international community to prepare for pandemics. In light of this, countries are urged to create a standing pandemic budget for a more sustainable future. Realistically, before the COVID-19 crisis, this encouragement of preparedness was not answered with drastic actions. Whilst developing countries could not even meet the essential provision of healthcare services even prior to the COVID-19 outbreak, how could they fight with such a crisis without any help? There are funds which are created by the IMF and the World Bank particularly intended to aid the indigent developing countries during COVID. Utilizing these advantages may help the countries to create a more efficient budget for their health systems.

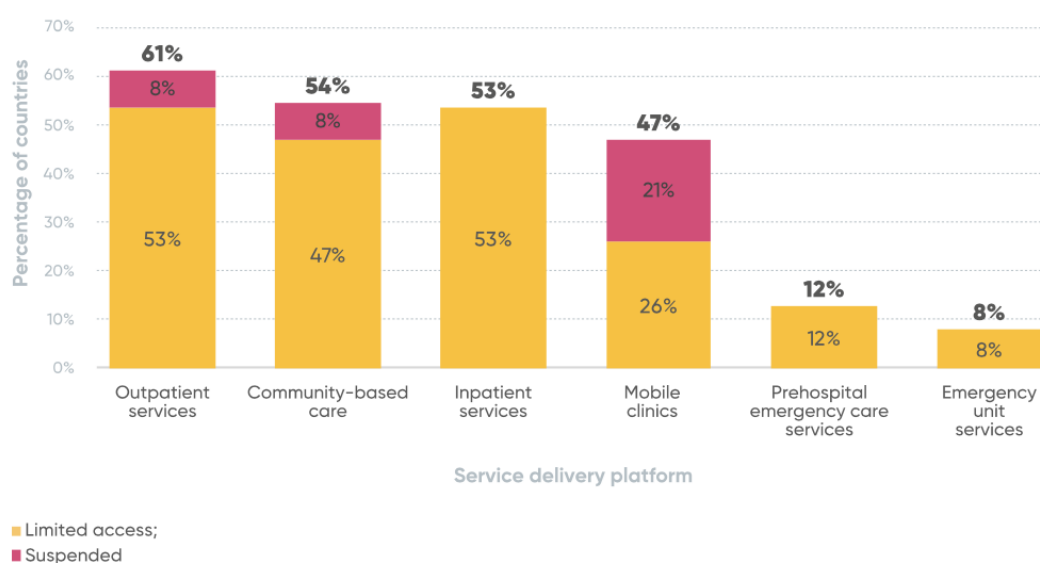
2. Effects of COVID-19 on Essential Health Services



"Picture 1: Countries with national health service packages and government funding (by income group)"

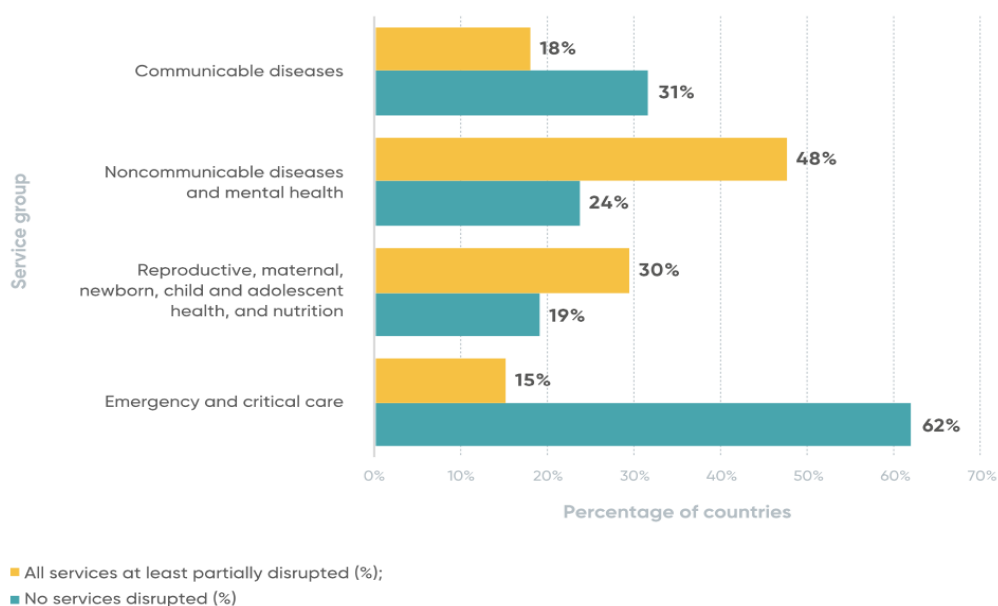


This graph provides the necessary insight regarding the great difference in the ability to allocate funds for healthcare systems after COVID-19 between the high-income countries and low-income countries. Low and lower-middle-income countries such as Brazil, Argentina, Mexico, and Turkey are the countries with the highest reported coronavirus-affected patient numbers. It can be said that there is a strong correlation between the insufficient support of the health systems and the high numbers of affected patients. This being the case those countries and many more that have not been mentioned need global help from other nations and NGOs.



"Picture 2: Government Policies in Relation to Service Delivery Platforms (n=105)"

After the outbreak, the governments' general spending on the healthcare budget is as given above. The suspended and the limited accesses of the above-mentioned delivery platforms are the results of the insufficiency and unpreparedness for a pandemic. While supporting their healthcare systems, delegates first must know which platform to prioritize for the first-hand response to the virus. And after that, accounting this graph should also be a guideline so as to take action for an idealized supported health system that should not have such a high percentage of limit to their services.



"Picture 3: Percentages of Countries Reporting Disruptions Across Entire Service Groups (n=105)"

To create thoroughly supported healthcare systems, the disrupted healthcare services should be taken into account. Even though they may not seem as deadly as the coronavirus at the moment, none of the healthcare service coverage should be neglected and should be financed accordingly and fairly. After prioritizing the fight against COVID-19 and adapting to the new normal such budget limitations should be mentioned and readjusted in future resolutions.

3. Assistance for Supporting Healthcare Systems

Development finance can be broadly defined as the use of public sector resources to facilitate private sector investment in low- and middle-income countries where the commercial or political risks are too high to attract purely private capital. So development finance is an undoubtedly significant concept for financing health systems in countries where the need can not be met by the governing bodies. In the interest of achieving a globally sustainable future, financial mobilization and solidarity are crucial with the aim of supporting health systems everywhere. However, in the midst of the COVID-19 pandemic, the preeminent focus of development finance is towards fighting the virus rather than strengthening the healthcare infrastructure. This notion needs to change in order to build more solid foundations of health systems and meet the challenge of universal health coverage, especially in underprivileged countries.

For low and middle-income countries to live up to the standard healthcare system an annual budget of USD 370 billion is required, yet the Official Development Assistance (ODA) could only create a budget of USD 26 billion in 2018, USD 35.1 billion in 2019, and USD 161.2 billion in 2020. (The COVID-19 crisis urged all nations to mobilize to fight with this emergency, however, even with the increased quantity, the



composed budget remains insufficient to fulfill universal healthcare standards for low and lower-middle-income countries) The unsatisfactory budget issues a reduced capacity for the other essential health services. Such disruption results in substantial increases in child and maternal mortality which had also been observed during the Ebola crisis in Guinea, Liberia, and Sierra Leone. In 2017, an article by Duke Global Health Institute and the Coalition of Epidemics Preparedness Innovations (CEPI) made a very accurate observation about the response to epidemics or pandemics by the global community by stating the following: “The global pandemic response has typically followed cycles of panic followed by neglect. We are now, once again, in a phase of neglect, leaving the world highly vulnerable to massive loss of life and economic shocks from natural or human-made epidemics and pandemics.” These sentences are successful at summing up our current situation in the midst of the COVID-19 pandemic. We were unprepared and now we are vulnerable, and financing has a key role in overcoming our obstacles in providing fundamental health systems. In global financing, the International Monetary Fund (IMF) and World Bank are the two most important leading platforms. Outstandingly, the World Bank has four main facilities to deal with specifically pandemic-related emergencies. The names and missions of the aforementioned facilities are as follows:

The Pandemic Emergency Financing Facility (PEF): Being more comprehensive than International Development Association (IDA) and International Bank for Reconstruction and Development (IBRD), PEF (also named Pandemic Bonds) solely focuses on financing outbreak response in impoverished regions. The operations of Pandemic Bonds are divided into two branches: insurance window and cash window (funded by traditional donors). The money from the cash window is used when the insurance criteria are not being met. The budget from PEF can be utilized directly by the governments or UN-approved non-governmental organizations such as WHO and UNICEF. Its main donors are Japan, Germany, and Australia.

Catastrophe Deferred Drawdown Options (Cat-DDOs): In case of an abrasive natural disaster or an emergency that threatens the majority of public health Cat-DDOs have the ability to provide instantaneous liquidity. In order to oversee the proper and expedient utilization of such extensive help, the admittance of the countries is according to specific criteria. According to the official World Bank website, the approval criteria obliges recipient countries to have an adequate macroeconomic policy framework and a satisfactory disaster risk management program. Nepal, Colombia, Romania, Maldives, and Morocco benefited from the Cat-DDOs in response to the COVID-19 outbreak.

Contingency Emergency Response Components (CERC): By accessing the funds that had not been distributed to the IDA allocation of a country, a CERC reduces the waiting period for help thus enabling the counties' to a faster response to the crisis. A CERC also waives the need for restructuring.



Crisis Response Window (CRW): In the interest of IDA countries to be eligible for taking advantage of the CRW fund, an event that forces countries to an economic shock should be apparent. Such events could be natural disasters, public health emergencies, economic crises, food shortages, and disease outbreaks. This source of aid is used as a last resort. “Under IDA19, CRW will provide \$2.5 billion in crisis response financing, including up to \$500 million in resources dedicated to the new early response financing framework.”

These facilities are used for financial aid for lower and lower-middle-income countries’ direct response to crises. Although they are very effective for taking immediate actions for nationwide catastrophes, they can not be utilized for long-term solutions to strengthen and support the health systems. Delegates may take advantage of the above-mentioned funds for their outbreak response nonetheless they also need to find different solutions for backing their healthcare infrastructure.

Additionally, the World Health Organization offers two facilities of financial aid to fight the pandemic crisis. The names and missions of the aforementioned facilities are as follows:

Health Emergency Programs: This concept is the primary strategy for WHO to assist the countries to strengthen their healthcare service capacities in times of outbreaks. Its budget is approximately USD 500 million.

Contingency Fund for Emergencies (CFE): This budget is used for direct and rapid response to crisis, in extraordinary cases, the help from this budget may come within 24 hours. Between the years of 2015 and 2019, it funded 78 emergency allocations for a budget of about USD 120 million. Its main donors are Japan, Germany, and the United Kingdom.

Similar to the subsidy facilities provided by the World Bank, these financial aiding systems are very useful and efficient for countries’ emergency needs but are inoperative for building a strong foundation of healthcare systems.

Strategic Preparedness and Response Plan (SPRP) was a strategic plan that aimed to plan the actions that we must take at national, regional, and global levels to overcome the ongoing challenges in the response to COVID-19. With SPRP, World Health Organization used what the people had experienced during the first year of the pandemic and turned that knowledge into educated and strategic actions to especially address the treatment inequity and financing fairness.

As stated above, the International Monetary Fund (IMF) has an important role in enhancing global financing, thus the actions of the IMF should not go without mention in the COVID-19 crisis. With the aim of



helping the war against the COVID-19 pandemic, the IMF expanded the budget of its Catastrophe Containment and Relief Trust (CCRT).

IV. Key Vocabulary

Epidemic: When a contagious disease spreads through a population with largely numbered people in a short period of time, it is called an epidemic. For example in meningococcal infections, if more than 15 people in a population of 100.000 reports have compatible symptoms within two weeks of time, it will be considered an epidemic.

Pandemic: Pandemic is a general term that is given when a communicable disease spreads through and seriously affects very wide geographical areas such as a continent or the whole world. According to World Health Organization's description, the disease can only be named a pandemic if the following three conditions are apparent:

- if the reported disease is discovered unprecedented
- if the disease is contagious and consequently revealing symptoms that are threatening to the public health
- if the commonality of the disease is very high and easily transmitted between people

Global Public Good: Global public good is a good that is non-rivalrous and non-excludable. This means that consumption of this good does not devalue its worth to other parties as well as ensuring the availability of this good to anyone who desires to utilize it, with that being mentioned one can say global public goods can be used worldwide.

Global Mobilization: This term refers to the social act of assembling. In extraordinary situations such as war, pandemic, or any other worldwide or national emergency, creating preparedness and cooperation means mobilization; when this readiness is provided globally then the term becomes global mobilization.

Official Development Assistance (ODA): The OECD Development Assistance Committee (DAC) created the ODA fund in order to support the economic enhancement and prosperity in developing countries. Since 1969, Official Development Assistance has been seen as the optimal source of foreign aid and it continues to be the primary source of financing the developing countries' essential development needs.

Development Co-operation: United Nations Economic and Social Council (ECOSOC) delineates this concept as an activity that aims explicitly to support national or international development priorities, is not driven by



profit, discriminates in favor of developing countries and is based on cooperative relationships that seek to enhance developing country ownership.

V. Important Events & Chronology

Date (Day/Month/Year)	Event
31 December 2019	'viral pneumonia' in Wuhan, People's Republic of China was detected by WHO
9 January 2020	WHO reported that Chinese authorities have determined that the outbreak is caused by a novel coronavirus.
11 January 2020	Chinese media reported the first death from the novel coronavirus
11 March 2020	The World Health Organization declared the outbreak as a pandemic
26 March 2020	The Director-General addressed the Extraordinary G20 Summit on COVID-19, chaired by King Salman of Saudi Arabia, and called on G20 leaders to fight, unite, and ignite against COVID-19.
7 April 2020	WHO issued a document outlining what the health sector/system can do to address COVID-19 and violence against women.
11 April 2020	WHO published a draft landscape of COVID-19 candidate vaccines.
7 May 2020	The UN launched an update to the Global Humanitarian Response Plan for \$6.7 billion to minimize the most debilitating effects of the pandemic in 63 low and middle-income countries.



21 May 2020	WHO signed a new agreement with the UN Refugee Agency, with a key aim for 2020 of supporting ongoing efforts to protect some 70 million forcibly displaced people from COVID-19.
15 July 2020	The COVAX Facility, a mechanism designed to guarantee rapid, fair and equitable access to COVID-19 vaccines worldwide, secured engagement from more than 150 countries, representing over 60% of the world's population.
17 July 2020	UN Under-Secretary-General for Humanitarian Affairs marked the release of the updated Global Humanitarian Response Plan for COVID-19 for \$10.3 billion to fight the virus in low-income and fragile countries.
30 September 2020	The UN and partners welcomed nearly US\$1 billion in new financing for the Access to COVID-19 Tools (ACT) Accelerator, from governments, the private sector, civil society, and international organizations.
21 November 2020	The Director-General addressed the G20 Leaders' Summit, calling for action to: ensure COVID-19 vaccines are allocated fairly as global public goods.
22 January 2021	COVAX, the global initiative to ensure rapid and equitable access to COVID-19 vaccines for all countries, announced the signing of an advance purchase agreement for up to 40 million doses of the Pfizer-BioNTech vaccine
7 April 2021	COVAX delivered life-saving vaccines to over 100 economies, 42 days after its first international delivery. As of this date, COVAX had delivered more than 38 million doses across six continents.



VI. Past Resolutions and Treaties

[General Assembly 2 April 2020: A/RES/74/270:](#)

- Global solidarity to fight the coronavirus disease 2019 (COVID-19).

[20 April 2020 A/RES/74/274:](#)

- International cooperation to ensure global access to medicines, vaccines, and medical equipment to face COVID-19.

[Security Council 1 July 2020 S/RES/2532:](#)

- Maintenance of international peace and security.

In addition to UN resolutions At the World Health Assembly, the 194 members of the WHO have adopted on 31 May 2021 the decision to discuss a new international treaty on pandemics at a special session to be held in November 2021.

All of those actions, though managing to address the situation at hand successfully, have not been able to compensate for the damages of the economy of the low-income countries as well as not being able to resolve healthcare insufficiency.

VII. Failed Solution Attempts

The G20 leaders on 26 March 2020 agreed that: "...consolidating Africa's health defense is key for the resilience of global health. We will strengthen capacity building and technical assistance, especially to at-risk communities." The WHO set up a "Strategic Preparedness and Response Plan (SPRP)" in February 2020, which outlined the main operational needs to fight the epidemics. It then estimated the funding needs for this plan at USD 675 million, requested through the Contingency Fund for Emergencies (CFE). The DAC strongly responded to this call, with above USD 125 million of funds provided. For the period starting in April, the WHO launched a Coronavirus Response Fund and estimates its total funding requirement for WHO's COVID-19 response at USD 1.7 billion until the end of 2020. The UN Secretary-General has launched a UN framework for the immediate socio-economic response to COVID-19, outlining the UN Development System's social and economic support during the pandemic. The humanitarian response is coordinated at the level of the United Nations and guided by UN OCHA's Global Humanitarian Response Plan (GHRP).



VIII. Possible Solutions

Financial or staff support from the EU could be requested by developing countries. Bilateral agreements between countries could be formed or private donors could be encouraged to support health systems. Solidarity between DAC members will be beneficial to compose global mobilization. A campaign in order to promote development co-operation is needed to support essential development aid in low-income countries. Better monitoring will help countries to address the gaps in pandemic preparedness. Budgeting supervision should be crucial for governments in order to maintain financial fairness. Also, coordination and cooperation with the other sectors such as education will help to support the health systems at the district level.

IX. Useful Links

<https://www.who.int/news/item/29-06-2020-covidtimeline>

<https://www.worldbank.org/en/about/what-we-do/brief/world-bank-group-operational-response-covid-19-coronavirus-projects-list>

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<https://www.consilium.europa.eu/en/policies/coronavirus/pandemic-treaty/>

<https://www.who.int/news/item/21-05-2020-who-and-unhcr-join-forces-to-improve-health-services-for-refugees-displaced-and-stateless-people>

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