

ACIBADEM

MODEL UNITED NATIONS



WORLD HEALTH ASSEMBLY

STUDY GUIDE

ATAKAN ESER
İLAYDA TANGİL

Table of Contents

I. Introduction to The Committee.....6

II. Introduction to The Agenda Item A: Accessibility to Health Care Facilities

- a. Non Discriminations
- b. Physical Accessibility
- c. Economic Accessibility(Affordability)
- d. Information Accessibility

Introduction to The Agenda Item B: Availability and Standardization of Qualifications of Health Care Facilities

- e. Standardization in Non-Healthcare Facilities
- f. Standardization in Healthcare Facilities
- g. Standardization in Public Health
- h. Standardization in Patient Safety
- i. Definition and Dimension of Quality in Healthcare
- j. Roles and Responsibility in Quality Improvement
- k. The purpose of Quality Management in Healthcare
- l. The Importance of Standardization in Healthcare

III. Points to Consider During Debate

IV. Bibliography

Letter from Secretary General

Distinguished participants and my future family members,

I, as the Presidents of Acıbadem University Model United Nations Club and Acıbadem University Model United Nations Conference 2020, would like to welcome you all to the very first session of ACUMUN which will be held on 17-20 January 2020. It is more than an honor for me to be able to lead such a precious and professional team under the umbrella of newly-established ACUMUNC as, with its unprecedented campus and well-qualified members, it will be one of the most important entities in MUN community.

In this conference, we prepared highly special committees with very specific procedures which are gathered from not only United Nations bodies but also other governmental bodies. Before stating several details upon our committees, I would like to proudly mention Midnight Crisis system which was simulated by me and my crisis team for the first time in Turkey and spread throughout other conferences. Since our first application of this unique procedure in HPALMUN, we have been supervising the ways to implement it in a better way and hopefully, you will have the chance to experience it. Starting from our committees, we have SOCHUM from our previous conference as being the most demanded committee within our application process. Our committees are all in Harvard Rules of Procedure so you can really experience a high-level academic quality even if it is commonly suggested to beginners and intermediate delegates. What is more, we have expert committee on child rights which is a common and remarkable subject lately, considering latest news upon numerous violations. Apart from them, we have security-based committees with cabinets, councils, secret FBI missions, futuristic councils and of course, world wars. Although it is really hard to define every single of them as having complicated Rules of Procedures, you should believe me on that it will not even resemble to any of your previous experiences. Operations will be more detailed, this simulation would not be separated from its real version, so please check the real functions of your committees before coming to our conference. One more difference from your other experiences, -if you have experienced my crisis committees before when I was an USG, you would definitely know this- you will be experiencing really intense crisis committee with significant number of updates and outcomes of your actions. You will be in need of tackling every single issue detailedly and also simultaneously with other issues. It might seem like it will be hard, yes but, you will be enjoying the themes very much that you would not like to leave this conference on 20th January.

Apart from the context of the committees, whole committees will be directed in accordance to Harvard Rules of Procedure which is more delegate-centered version that allows the members of the committees to firstly discuss the content of possible resolutions and then write it jointly. Other crisis committees would have several additional procedures that are specific to committee structure. Summing up, we are preparing a conference with the best academic and organizational quality. We will have numerous surprises for you within the conference process.

Do not forget, we are Acıbadem, it is your place, it is where we unite the worlds.

I am really excited to see you all in the Conference.

Yours sincerely,
Korhan KARADENIZ
President of ACUMUNC and ACUMUN 20'

Letter from Under-Secretary-General

Honorable Delegates,

It is my distinct pleasure to welcome you all to World Health Assembly Committee at Acibadem University Model United Nations Conference 2020. Prepare yourselves for four days of heated yet fruitful debates and being challenged as a delegate. You will have the opportunity to meet students of diverse backgrounds and have an all-around amazing experience, both in and outside of committee.

I will be serving as your Under-Secretary General. My name is Atakan Eser and I am currently studying at Yıldız Technical University. I'm second year in Industrial and System Engineering. On campus, I'm part of the Yıldız Technical University System Engineering Society, the Yıldız Technical University Model United Nations Conference Club. I am also the player in American Football team. I served as the president of my high school MUN club and I've chaired DISEC, as well as the ECOSOC, SOCHUM, numerous times. I cherish my MUN experiences a great deal and hope to pass on my passion for it to the next generation of MUNers. MUN has taught me to appreciate different viewpoints and value true friendship. Through it, I've also been able to enhance my analytic skills concerning world affairs.

I look forward to seeing all of you have to offer. I expect each and every one of you to be well read - going beyond the background guide - and give your very best at this conference. I look forward to meeting you all. I promise you will have an unforgettable experience at ACUMUN 2020. In the meantime, please do not hesitate to contact me should you have any questions or concerns.

Yours sincerely,

Atakan Eser

Under- Secretary General of the World Health Assembly Committee, ACUMUN 2020

atakaneser@outlook.com

Letter from Academic Assistant

Honorable Delegates,

It is my utmost pleasure to welcome you to the committee of the World Health Assembly at the very first session of the Acıbadem University Model United Nations Conference. I am currently doing my major in Sociology at Acıbadem University and this year I will be serving as your co-chair in this committee. I have been participating in several MUN conferences since the year of 2012 and I am nothing but delightful to share my experiences with you guys.

In this committee, you will have the opportunity to discuss two topics that have a crucial place in the world of the 21st century: “Availability and Standardization of Qualifications of Health Care Facilities” and “Accessibility to Health Care Facilities”. In this study guide, you can find information and have general knowledge about topics that are going to be addressed in this particular committee. During debating sessions, you will have the chance to present your ideas, exchange opinions and be decisive of conflicts.

I look forward to seeing and meeting all of you on 17-20th of January and I wholeheartedly believe that you will be able to meet people who have diverse perspectives and also have the opportunity to have a wonderful experience in and outside the committee at ACUMUN 2020.

If you have any questions regarding the committee, please do not hesitate to contact me, I will try my best to come up with suitable solutions. Looking forward to meeting with all of you!

Best regards,

İlayda Tangil

Academic Assistant of the World Health Assembly Committee, ACUMUN 2020

ilaydatangil@hotmail.com

I.Introduction to the Committee: World Health Assembly

The World Health Assembly (WHA) is the forum through which the World Health Organization (WHO) is governed by its 194 member states. It is the world's highest health policy setting body and is composed of health ministers from member states.

Each year, senior health officials from Member States of the World Health Organization (WHO) travel to Geneva to participate in the World Health Assembly (WHA). It is at WHA that WHO's work is reviewed, new goals are set, and new tasks assigned. Some of the main functions of the WHA are to determine the policies of WHO, appoint the Director-General, supervise financial policies, and review and approve the proposed program budget.

WHA always promises to be a whirlwind week with a full agenda, with discussions that bring people together and help drive action. The real work will begin after the meeting closes, in the countries working to prevent and control typhoid and other diseases. Even the most fruitful discussions with all the world's best global health leaders are only impactful if national decision-makers have the support, guidance, information, and resources to take action and work for the communities most impacted by typhoid.

The process at the annual World Health Assembly

At the Health Assembly 2 main types of meetings are held, each with a different purpose:

- **Committees** meet to debate technical and health matters (Committee A), and financial and management issues (Committee B), and approve the texts of resolutions, which are then submitted to the plenary meeting.
- **Plenary** is the meeting of all delegates to the World Health Assembly. The Health Assembly meets in plenary several times in order to listen to reports and adopt the resolutions transmitted by the committees. The Director-General and Member States also address the delegates at the plenary.

In addition, **technical briefings** are organized separately on specific public health topics to present new developments in the area, provide a forum for debate and to allow for information sharing.

II. Introduction the Agenda Item A: Accessibility to Healthcare Facilities

Access to healthcare is a concept which measures the capacity of the health system to reach the population without excluding part of it from receiving healthcare services. Ensuring a high degree of access to healthcare improves people's overall health status, prolongs life expectancy and decreases health inequalities.

While most EU countries are committed to provide universal access to healthcare for their citizens, various social groups often experiencing difficulties in accessing the care they need. Multiple factors can influence this, such as the lack of healthcare coverage, the distance from healthcare facilities, the price and quality of medicines, as well as the presence of healthcare staff with the right skills.

In particular, vulnerable groups in the population, such as migrants, people with low health literacy, low-income people, ethnic minorities, and people living in remote areas, experience systematic barriers which prevent them from accessing healthcare services. Consequently, limited accessibility to healthcare not only negatively affects people's quality of life and health outcomes, but also causes socio-economic inequalities.

Access to healthcare is a concept which measures the capacity of the system to reach the population, without excluding part of it from receiving healthcare services. Evidence shows that a higher degree of access to healthcare improves people's overall health status, is essential for a good quality of life, prolongs life expectancy and decreases health inequalities. While most EU countries are committed to providing universal access to healthcare for their citizens, various social groups often experiencing difficulties in accessing the care they need. Multiple factors can influence this, such as the lack of healthcare coverage, the distance from healthcare facilities, the price and quality of medicines, as well as the presence of healthcare staff with the right skills. Moreover, certain sub groups of the population (vulnerable groups) – e.g. migrants, people with low health literacy, low-income people, ethnic minorities (e.g. Roma), and people living in remote areas - experience systematic barriers which prevent them from accessing healthcare services, such as cost, social stigma, administrative, language or cultural barriers. ESI funds can play an important role supporting interventions aimed at improving access to healthcare, which in turn can positively affect the quality of life and socio-economic circumstances of vulnerable groups.

Of the health-relevant projects identified, 923, or around 12%, support improving access to healthcare. The share of all projects across thematic blocks is depicted in the following figures. The share of improving access to healthcare projects in terms of project size is similar. The total budget of thematic block 1 projects is nearly EUR 1.3 billion or around 15% of all health projects identified.

a) Non Discrimination

The principle of non-discrimination seeks “to guarantee that human rights are exercised without discrimination of any kind based on race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status such as disability, age, marital and family status, sexual orientation and gender identity, health status, place of residence, economic and social situation”.

Health facilities, goods and services accessible to all, especially marginalized and vulnerable populations. Discrimination is prohibited on the grounds of race, color, sex, language, religion, political or other opinion, national or social origin, property, birth, physical or mental disability, health status (including HIV/AIDS), sexual orientation and civil, political, social or other status.

States are immediately obligated, upon ratifying the ICESCR, to ensure non-discrimination in access to health care and the underlying determinants of health. This is an immediate obligation for all states, regardless of resources because CESCR “stresses that many measures, such as most strategies and programmes designed to eliminate health-related discrimination, can be pursued with minimum resource implications through the adoption, modification or abrogation of legislation or the dissemination of information.”

States must prohibit discrimination in access to health care and the underlying determinants of health, as well as the means and entitlements to their procurement. CESCR also emphasizes the need for equality of access to health care and health care services. CESCR explains that discrimination is prohibited on the basis of race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth, physical or mental disability, health status (including HIV/AIDS), sexual orientation and civil, political, social or other status.

CESCR highlights the interdependence and interrelatedness of the right to health and other human rights. However, the field of health and human rights extends beyond the interrelatedness of human rights. From the outset, the health and human rights field sought to explore the intersection of the field of health and the field of human rights. As Jonathan Mann and colleagues explained:

b) Physical Accessibility

Health facilities, goods and services, medical services, and the underlying determinants of health are all provided with in safe physical reach for all sections of the population. Assessment of physical access to health services is extremely important for planning. Complex methods that in

corporate data inputs from road networks and transport systems are used to assess physical access to healthcare in industrialised countries. However, such data inputs hardly exist in many developing countries. Straight-line distances between the service provider and resident population are easily obtained but Their relationship with driving distance and travel time is unclear. This aimed to investigate the relationship between different measures of physical access, including straight-line distances, road distances and travel time and the impact of these measures on the vaccination of children in Yemen. Coordinates of houses and health facilities were determined by GPS machine in Urban and rural areas in Taiz province, Yemen. Road distances were measured by an odometer of a vehicle driven from participants' houses to the nearest health centre. Driving time was measured using a stop-watch. Data on children's vaccination were collected by personal interview and verified by inspecting vaccination cards.

There was a strong correlation between straight-line distances, driving distances and driving time (straight line distances vs. driving distance $r = 0.92$, $p < 0.001$, straight line distances vs. driving time $r = 0.75$; $p < 0.001$, driving distance vs. driving time $r = 0.83$, $p < 0.001$). Each measure of physical accessibility showed strong association with vaccination of children After adjusting for socio-economic status. Straight-line distances, driving distances and driving time are strongly linked and associated with vaccination uptake. Straight-line distances can be used to assess physical access to health services where data inputs on road networks and transport are lacking. Impact of physical access is clear in Yemen, highlighting the need for efforts to target vaccination and other preventive healthcare measures to children who live away from health facilities.

c) Economic Accessibility (Affordability)

Health facilities, goods and services are affordable for all. Health care services and services related to the underlying determinants of health must be based on equity, meaning affordable for all and not disproportionately burdensome for the poor .

Over the last decades, total health expenditures have increased significantly (Meltzer, 2001; Folland et al., 2004). Governments in low- and middle-income countries (LMICs) as well as in high-income countries face the difficult challenge of ensuring that necessary interventions are accessible for those who need them, while keeping care affordable. Since good quality health care and new medical interventions can be expensive, the process of balancing the goals of ensuring access to good quality health care for all citizens and ensuring affordability of health care is a difficult one (Weale, 1998).

The need for both efficient financing and budget allocation in health care hence is ever increasing. Economic resources being limited, the issue of how health care can be organized in an affordable manner is at the heart of many policy discussions. It is ultimately also scarcity

that forces politicians and policymakers alike to decide on how to organize health care, what interventions to implement and how to finance them. This is a daunting task since setting priorities or rationing care which encompasses “explicit and regular attempts to define how much of which services should be provided and moving resources between services” (Hunter, 1997), clearly are unpopular topics among constituents. Although both LMICs and high-income countries are confronted with issues of scarcity and affordability, the degree of scarcity obviously differs between these countries. The main aim of this thesis is to contribute to the understanding of the role and importance of affordability in relation to choices in health care and to its measurement. This thesis does so through several studies in both LMICs and high-income countries.

d) Information Accessibility

Information is accessible and includes the right to seek, receive and impart information and ideas on health issues, while respecting the right to confidential personal health data.

The Internet is an increasingly important source of health-related information for consumers. One recent survey estimated that more than 60 million US residents went online in search of health information in the past year. The online population is becoming more representative of the larger US population in terms of race, age, income, and educational attainment. Among those who use the Internet, more than 70% report the health information they find influences a decision about treatment.

The ability to obtain accurate medical information quickly, conveniently, and privately online presents to consumers an opportunity for better-informed decision making and greater participation in care. Little is known, however, about whether the available material is sufficiently complete and accurate to support consumer decision making. Several studies of single medical conditions have suggested deficiencies in the quality of Web-based health information.

Several organizations have developed criteria to guide and evaluate health-related Web site content (eg, HON Code, American Medical Association, Internet HealthCare Coalition, Hi-Ethics, MedCertain), but these criteria have not been systematically applied to a broad set of Web pages and conditions. Furthermore, because many of these systems rely on voluntary self-assessments by Web page developers, the reliability and validity of many of these evaluations is unknown.

Even if online materials are comprehensive and accurate, the ability of users to apply these assessment tools depends on their ability to locate and understand those materials. The Internet

has the potential to eliminate barriers in access to information for patients, but only if online material can be read and understood by many different types of users.

Introduction to The Agenda Item B: Availability and Standardization of Qualifications of Health Care Facilities

The process of standardization has shown improvements and success in industries apart from healthcare. When the process of the road to standardization in healthcare facilities is analyzed, it can clearly be seen that the progression of standardization has been much slower or to illustrate a positive influence in patientsafety in comparison to other industries. In relation to Standard operating procedures, WHO has developed the “The High 5s Project”. This project can be depicted as an action to develop global patientsafety, implement and the evaluate and operating protocols while being in a global environment. It is a significant Project for learning how to achieve sustainable and determinable reductions in challenging patient safety reductions.

The High 5s Project's essential goal is to answer if it is applicable to apply standardized healthcare processes in individual hospitals, between among multiple hospitals across country boundaries or within individual countries. In accordance with this situation, the method which this Project follows in order to achieve development and evolution is multifaceted. In addition, the second essential answer which this Project seeks to find is to understand the influence of standardization on the safety problems which the Project targets. Standardization can mainly be defined as the process of promoting, developing and as well as creating standards that are suitable for establishing a good or service based on the general agreement of all the significant parties that take place in the industry. The standards which are set primarily serve to ensure that the services or the goods produced in a particular industry arrive with constant quality and are corresponding to other related products or services which are in the same industry.

Furthermore, the essential benefit which the concept of standardization brings with itself is that it gives guidance in ensuring the safety, interoperability, and compliance of the goods which are produced in the market. In the subject of standardization, particular parties must be associated with the process of this concept. These parties are corporations, users, governments, interest groups, and standards organizations.

The fundamental goal of standardization is to assure the uniformity to certain processes within the industry. In addition, it focuses on the creation process of the product, application of the businesses, technology which is in use as well as the specificity of compulsory processes.

e. Standardization in Non-Healthcare Facilities

Standardization is a concept which is also used in international and it is also considered to be primary requirement in order to join to World Trade Organization. Safety critical industries and organizations which are commonly referred as “high quality” are encompassed by the examples of standardization. High reliability institutions have well implanted safety cultures and standardized management application towards to risks that can come.

f. Standardization in Healthcare Facilities

In comparison to the process of standardization in non-healthcare facilities, standardization process in healthcare facilities has been slightly slower in terms of minimizing accidents, catastrophic errors and most importantly the delivery of healthcare. Safety approaches that are standardized recognize the possibility of failure from the beginning to its very end by deliberately identifying, mitigating and assessing risk. In addition, they constitute monitoring systems that have defined accountabilities and establish barriers to potential risk which can come. Part of the people who are associated with this concept believes that standardization has the ability to enhance the function system of the healthcare team and most importantly the positive influence which it can bring with itself to self-care. However, accomplishing process consistency while maintaining the ability to recognize and accommodate alteration in inputs is considered as a major challenge to the standardization in healthcare.

In another perspective, evidence shows that various models of care can result in worse clinical outcomes. Due to this situation, some believe that the removal of variation can be good for reducing risk, costs, and inefficiencies. In this particular case, the initial reason why the concept of standardization hasn't worked in healthcare in comparison to other high-risk fields.

The reasons can be listed as:

1. Not being able to associate the lack of standardization with the emergence of patient harm and errors.
2. The absence of investment in technological innovations which improves the safety of high risk processes.
3. Not having suitable pieces of training for people who want to follow the process of standardization.

4. The complications of health care processes.
5. The self-reliant mindset of health care facilities and practitioners.
6. The variations of the nature of health care.
7. The resistance that people have towards standardization within and across diverse cultures.
8. Misperception of standardization is a concept with sets a minimum admissible standard that may prevent the pursuance of innovation.
9. The worldwide difference in operating procedures which can be considered as a barrier to standardizing protocols.
10. The concern of systems becoming too standardized since it can lead to false reassurance and automatic behavior.

g. Standardization in public health

The World Health Organization and other associated public health institutions have been showing the upmost effort to developing standardization and guidance about public health interventions. The examples of standardization and applications in public health can be depicted as:

WHO International Classification for Patient Safety.¹

WHO standardized checklists or vaccine administration.

WHO standardized checklists for safe surgery and trauma care. ²

International Organization for Standardization standards for medical laboratories.³

WHO standards for biological products, such as vaccines, therapeutic products, blood products and selected in vitro diagnostic devices.⁴

WHO Tuberculosis (TB) diagnostic test sputum smear examination to detect pulmonary TB.⁵

WHO Directly Observed Treatment Short course.⁶

The WHO Antiretroviral Treatment Guidelines, which recommend a range of standardized HIV diagnostics tests, as well as standardization of laboratory equipment and laboratory policies to

¹ World Health Organization Conceptual Framework for the International Classification for Patient Safety, 2009 Geneva, Switzerland: World Health Organization

² World Health Organization Trauma care checklist <http://www.who.int/patientsafety/implementation/checklists/trauma/en/index.html> (17 June 2013, date last accessed)

³ ISO 15189 Medical laboratories http://en.wikipedia.org/wiki/ISO_15189 17 June 2013, date last accessed)

⁴ WHO Biologicals www.who.int/biologicals/en/index.html (17 June 2013, date last accessed)

⁵ World Health Organization, Planning the Development of Human Resources for Health for Implementation of the Stop TB Strategy: a Handbook, 2008 Geneva, Switzerland: World Health Organization

⁶ WHO Tuberculosis www.who.int/tb/dots/en/ (17 June 2013, date last accessed)

simplify Antiretroviral therapy.⁷

WHO guidelines in Hand Hygiene in Health Care, which provide standardized evidence-based recommendations to reduce health care-associated infection.⁸

h. Standardization in patient safety

In patient safety, there are several examples of standardization in particular areas. There are the area of patient safety informatics and classification and definitions, as well as recent developments in standardizing interventions, protocols, outcome measurement, data collection, patient handovers, medication use, patient monitoring and medical facility design.

i. Management in Healthcare Facilities Definition and Dimension of Quality in Healthcare

In general, quality in healthcare includes the forms of care, outcomes of patients as well as the care delivery processes. The quality which is considered to be high in healthcare can be depicted as care in which patients receive care which does not contain any risk, can reach to most effective drugs and most importantly are in control.

When the dimensions of quality are taken into consideration, there are several key points which are associated with this concept. The first key dimension is the appropriateness of quality of care. This most generally means the suitability of the service which the patient receives concerning his/her clinical necessity. The second key point is the availability of the quality of care, a topic that holds a significant place on this particular issue. Availability is depicted as the degree to which an individual's clinical urgencies are obtained. Competency, which is the third key point, is illustrated as the practitioners' skills to achieve patient satisfaction and good clinical results. In this particular point of view, the continuity, effectiveness, efficiency and most importantly respect and caring for the quality of care holds a remarkable place in this particular issue.

j. Roles and Responsibility in Quality Improvement

The initial role in quality improvement is to enhance the level of performance of the

⁷ World Health Organization ARV treatment guidelines and technical and operational recommendations for ART <http://www.who.int/3by5/publications/briefs/oms09arvguidelines.pdf> (17 June 2013, date last accessed)

⁸ World Health Organization, WHO Guidelines on Hand Hygiene in Health Care , 2009 Geneva, Switzerland: World Health Organization

particular action or method by assuring compliance to regulatory and statutory requirements. Subsequently, the quality control should be done in order to prevent any problems from happening. When controlling the quality, the process of study should be studied in a collaborative way, the sources of failure, inefficiency, and dysfunction should be analyzed in the most efficient way possible and most importantly creating optimal solutions that can help improve any issues will help achieve the utmost level of quality of care.

k. The purpose of Quality Management in Healthcare

Total quality management in healthcare has the application of fulfilling the best possible care treatment by continuously improving the effectiveness of the service and surpassing the expectations of the physician, staff or the patient. When this situation is taken into consideration, it can be said that the total quality management has shown an increment in the productivity of the people who are related to this area and as well as the effectiveness.

l. The Importance of Standardization in Healthcare

The benefits that standardization brings with itself holds a significant place in the improvement of healthcare. Since standardization provides systematical methods and reliable data, it can clearly be said that it brings innovation. In another perspective, it can also be depicted that it makes the process of disseminating ideas easier and also widen the knowledge about leading-edge techniques.

In accordance with this situation, when the importance of standardization is analyzed, the essential thing which should be looked at is the advantage that it brings to the healthcare sector. Benefits of standardization can be listed as:

1. Standardization gives investigators the chance to compare data and as well as analyze the efficiency of a particular innovation.
2. Healthcare workers can connect in meaningful ways.
3. If more hospitals start to use standardized protocols with the same data fields, preventing risk from occurring will be enhanced.
4. The concept of standardization will enable healthcare workers to work and address things in a more meaningful way by analyzing each process.
5. Standardization will be integrated with the architecture of hospitals and most importantly it will provide the highest level of safety by suitable equipment and foremost technology.
6. The standardization of devices and technology will decrease the chance of human error since it will increase the likelihood of user familiarity.
7. It will provide better policy and also help in the process of decision making.

8. Since it will be built on a solid foundation, the unstructured environment will not be seen as a risk and the safety concepts will work in the best way possible due to technological improvements that it brings with itself.

Points to Consider During Debate

- The actions which have been taken in the topic of standardization and availability of qualifications of healthcare facilities.
- Understanding the importance of standardization and the impact which it has on the development of the High 5s Project.
- Acknowledging the initial purpose of quality management in healthcare facilities.
- Depicting the role of quality management in the process of standardization.

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