



**SRMUN CHARLOTTE 2021**  
*Unity: Coming Together to Address a Changing World*  
**March 26 - 28, 2021**  
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Greetings Delegates,

Welcome to the Virtual SRMUN Charlotte 2021 and the World Health Programme Executive Board (WHO-EB). The WHO is a specialized agency under the United Nations, and its mandate is to provide information about public health, advocate for universal healthcare, and monitor public health risks. The body is formed by 194 Member States and has offices in over 150 different Member States. The WHO is governed by two bodies: The World Health Assembly and the Executive Board. The WHO-EB consist of 34 members who are elected for three-year terms and meets annually to agree upon an agenda for the World Health Assembly (WHA), WHO's legislative and supreme body, as well as the resolutions to be considered by the body. The Executive Board acts as the executive organ and advisor to the WHA, and is mandated to take emergency measures, within the functions and financial resources of the WHO, to deal with events that require immediate action.

By focusing on the mission of the WHO, its executive board, and the SRMUN Charlotte 2021 theme of *Unity: Coming Together to Address a Changing World*, we have developed the following topics for the delegates to discuss come conference:

- I. Addressing Mental Health Needs of Populations in Crisis
- II. Improving Global Pandemic Response

The background guide provides a strong introduction to the committee and the topics and should be utilized as a foundation for the delegate's independent research. However, the guide should only serve as a starting point for delegates, as it is a surface level analysis of each topic. Delegates are expected to go beyond the background guide and engage in deep research on the topics, as well as their Member States' position on said topics. The position papers for the committee should reflect the complexity of these issues as well as their implications on the international community as a whole. Delegations are expected to submit a position paper and be prepared for a vigorous discussion at the conference.

Position papers should be no longer than two pages in length (single spaced) and demonstrate your Member State's position, policies and recommendations on each of the two topics. For more detailed information about formatting and how to write position papers, delegates can visit [srmun.org](http://srmun.org). **All position papers MUST be submitted no later than Sunday, March 7, 2021, by 11:59pm EST via the SRMUN website in order to be eligible for Outstanding Position Paper Awards.**

We are enthusiastic about SRMUN's first virtual WHO-EB, and we wish you all the best of luck in your conference preparation and look forward to working with you in the near future. Please feel free to contact Director-General Vanessa DuBoulay, Deputy Director-General Chantel Hover, or WHO-EB Director Sebastian Feculak if you have any questions while preparing for the conference.

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## History of the World Health Organization – Executive Board

The United Nations (UN) was created following the events of World War II as a tool to prevent further global conflict. Of equal importance to maintaining peace and stability was securing world health, which gave rise to the need for a unified response to address well-being as one of the primary tasks of the global institution.<sup>1</sup> With this in mind, the World Health Organization (WHO) was created and held its first meeting on July 24, 1948.<sup>2</sup> The WHO was officially founded on April 7, 1948.<sup>3</sup> The body is formed by 194 Member States and has offices in over 150 different Member States.<sup>4</sup> The WHO is a specialized agency under the UN, and its mandate is to provide information about public health, advocate for universal healthcare, and monitor public health risks.<sup>5</sup> There are over 7,000 people who work in the WHO, including professionals in the field of medicine, health specialists, and administrative workers.<sup>6</sup>

The WHO is governed by two bodies: The World Health Assembly and the Executive Board.<sup>7</sup> The Executive Board consists of 34 members who are elected for three-year terms.<sup>8</sup> The Executive Board meets annually in January where the elected members agree upon an agenda for the World Health Assembly (WHA), WHO's legislative and supreme body; as well as the resolutions to be considered by the body.<sup>9</sup> As a follow up to the WHA, the Executive Board meets again in May, to implement the decisions and policies that are made by the WHA.<sup>10</sup> WHO Member States appoint delegations to the WHA, who then elect members to the Executive Board based on their professional knowledge and technical qualifications in their fields.<sup>11</sup> Ten new members are elected annually to ensure revolving representation, and to guarantee that knowledge and information from the newer members continuously flows into the board.<sup>12</sup> It is also the WHA who determines the policies of the WHO, based on the advice from the Executive Board.<sup>13</sup>

The Executive Board's mandate was established by Chapter VI, Articles 24 through 29 of the Constitution of the WHO.<sup>14</sup> Since the Executive Board is the executive organ of the WHA, its funding also comes from the WHO, which operates with contributions made by its Member States.<sup>15</sup> Article 28 of the WHO Constitution defines the functions of the Executive Board.<sup>16</sup> The Executive Board acts as the executive organ and advisor to the WHA, and is mandated to take emergency measures, within the functions and financial resources of the WHO, to deal with events that require immediate action.<sup>17</sup>

In 2012, the WHO refocused its role in public health into seven different pillars: providing leadership on matters critical to health; shaping the research agenda; articulating ethical and evidence-based policy options; setting norms

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<sup>1</sup> "Milestone for health over 70 years," WHO at 70, World Health Organization, accessed June 16, 2020, <https://www.euro.who.int/en/about-us/organization/who-at-70/milestones-for-health-over-70-years>.

<sup>2</sup> "Milestone for health over 70 years," WHO at 70, World Health Organization, accessed June 16, 2020, <https://www.euro.who.int/en/about-us/organization/who-at-70/milestones-for-health-over-70-years>.

<sup>3</sup> "Who we are," World Health Organization, accessed July 8, 2020, <https://www.who.int/about/who-we-are>.

<sup>4</sup> "Who we are," World Health Organization, accessed July 8, 2020.

<sup>5</sup> "Who we are," World Health Organization, accessed July 8, 2020.

<sup>6</sup> "Structure," World Health Organization, accessed July 8, 2020, <https://www.who.int/about/who-we-are/structure>.

<sup>7</sup> "Executive Board," Executive Board, World Health Organization, accessed June 16, 2020, <https://www.who.int/about/governance/executive-board>.

<sup>8</sup> "Executive Board," Executive Board, World Health Organization.

<sup>9</sup> "Executive Board," Executive Board, World Health Organization.

<sup>10</sup> "Executive Board," Executive Board, World Health Organization.

<sup>11</sup> "Executive Board," Executive Board, World Health Organization.

<sup>12</sup> "Executive Board," Executive Board, World Health Organization.

<sup>13</sup> "Executive Board," Executive Board, World Health Organization.

<sup>14</sup> World Health Organization, *Basic Documents, Forty-ninth edition 2020*, Geneva: World Health Organization, 21, [https://apps.who.int/gb/bd/pdf\\_files/BD\\_49th-en.pdf#page=7](https://apps.who.int/gb/bd/pdf_files/BD_49th-en.pdf#page=7).

<sup>15</sup> "Global Guardian of Public Health," World Health Organization, accessed June 18, 2020, [https://www.who.int/docs/default-source/documents/about-us/global-guardian-of-public-health.pdf?sfvrsn=f59a271\\_2](https://www.who.int/docs/default-source/documents/about-us/global-guardian-of-public-health.pdf?sfvrsn=f59a271_2).

<sup>16</sup> "Constitution," World Health Organization, accessed June 18, 2020, <https://www.who.int/about/who-we-are/constitution>.

<sup>17</sup> World Health Organization, *Basic Documents, Forty-ninth edition 2020*, Geneva: World Health Organization, 21, [https://apps.who.int/gb/bd/pdf\\_files/BD\\_49th-en.pdf#page=7](https://apps.who.int/gb/bd/pdf_files/BD_49th-en.pdf#page=7).

and standards; providing technical support; and “monitoring the health situation and assessing health trends.”<sup>18</sup> In collaboration with the World Bank, the WHO also belongs to the core team responsible for administering the International Health Partnership (IHP+).<sup>19</sup> This partnership consists of Member States, development agencies, and civil society and has the goal to improve the health of citizens in developing Member States.<sup>20</sup>

Ultimately, because of the interdependence between the WHO and its governing bodies, the resolutions passed by the WHA are the results of the work and guidance of the Executive Board.<sup>21</sup> A key resolution passed by the WHA was the establishment of International Health Regulations with the purpose “to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks and that avoid unnecessary interference with international traffic and trade.”<sup>22</sup>

One of the key policies the WHO has been responsible for includes the Framework Convention on Tobacco Control, which came into force on February 27, 2005, and is legally binding in 181 ratifying Member States.<sup>23</sup> This framework seeks “to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke.”<sup>24</sup> The goals of this framework were achieved through universal standards that state the danger of tobacco and limit its use in all forms through rules that govern the production, sale, distribution, advertisement, and taxation of tobacco.<sup>25</sup> Another important framework was the Global Code of Practice on the International Recruitment of Health Personnel (2010).<sup>26</sup> The WHA adopted this resolution that resulted in the main international policy for addressing shortages and maldistribution of health professionals because of the increasing debate on international health worker’s recruitment.<sup>27</sup> This has resulted in an even distribution of health care workers between Member States.<sup>28</sup>

Lastly, in 2015, the UN adopted a set of new Sustainable Development Goals (SDGs) that have greatly shaped the work of the WHO.<sup>29</sup> The third goal set forth in the SDGs calls for the need “to ensure healthy lives and promote well-being for all ages.”<sup>30</sup> Therefore, it is of the utmost importance that the WHO, along with the Executive Board, further work to promote the accomplishment of SDG 3 and secure the well-being of all peoples around the globe.

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<sup>18</sup> “The role of WHO in public Health,” About WHO, World Health Organization, accessed June 17, 2020, <https://www.who.int/about/role/en/>.

<sup>19</sup> “Margaret Chan announces the International Health Partnership for UHC 2030 at UNGA meeting,” UHC2030 News, UHC2030, last modified September 2016, <https://www.uhc2030.org/blog-news-events/uhc2030-news/margaret-chan-announces-the-international-health-partnership-for-uhc-2030-357524/>.

<sup>20</sup> “Margaret Chan announces the International Health Partnership for UHC 2030 at UNGA meeting,” UHC2030 News.

<sup>21</sup> “Executive Board,” Executive Board, World Health Organization, accessed June 16, 2020, <https://www.who.int/about/governance/executive-board/>.

<sup>22</sup> Art. 2, International Health Regulations (2005), World Health Organization. January 2016, <https://apps.who.int/iris/bitstream/handle/10665/246107/9789241580496-eng.pdf;jsessionid=1FD446DFBDAC5C7E37C780DE387C0574?sequence=1>

<sup>23</sup> “Parties to the WHO Framework Convention on Tobacco Control,” WHO FCTC, accessed June 19, 2020, [https://www.who.int/fctc/signatories\\_parties/en/](https://www.who.int/fctc/signatories_parties/en/).

<sup>24</sup> “Landmark legal victory for public health and a major setback for the tobacco industry,” WHO FCTC, last modified June 10, 2020, <https://www.who.int/fctc/mediacentre/press-release/wto-landmark-legal-victory-tobacco-plain-packaging/en/>.

<sup>25</sup> Brandt, Allan M. *The Cigarette Century: The Rise, Fall, and Deadly Persistence of the Product That Defined America*. New York: Basic, 2007. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2598565/>.

<sup>26</sup> *International recruitment of health personnel: draft global code of practice*, Geneva: The Sixty-third World Health Assembly, May 2010, [https://apps.who.int/gb/ebwha/pdf\\_files/WHA63/A63\\_8-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA63/A63_8-en.pdf).

<sup>27</sup> *International recruitment of health personnel: draft global code of practice*, Geneva: The Sixty-third World Health Assembly.

<sup>28</sup> “Health workforce,” World Health Organization, accessed July 8, 2020, <https://www.who.int/hrh/migration/code/practice/en/>.

<sup>29</sup> “About the Sustainable Development Goals,” The United Nations, accessed July 8, 2020, <https://www.un.org/sustainabledevelopment/sustainable-development-goals/>

<sup>30</sup> “Sustainable Development Goals,” WHO Europe, <https://www.euro.who.int/en/health-topics/health-policy/sustainable-development-goals>

## I. Addressing Mental Health Needs of Populations in Crisis

### *Introduction*

The World Health Organization (WHO) defines mental health as, “A state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.”<sup>31</sup> Mental illnesses, as defined by the American Psychiatric Association, are health conditions involving “changes in emotion, thinking or behavior (or a combination of these).”<sup>32</sup> Mental illnesses are associated with distress and/or problems functioning in social, work or family activities.”<sup>33</sup> These mental illnesses can be temporary or lead to more serious, persistent, and permanent mental disorders.

Historical data collected by the WHO estimates that 22 percent, or one in five people, who have experienced conflict – such as but not limited to war, insurgencies, and forced relocations – in the last decade of their lives will suffer from some form of mental illness.<sup>34</sup> Further data collected by the WHO suggests that nine percent, or one in 11 people who have experienced war or other conflicts will have a severe mental disorder.<sup>35</sup> Mental disorders, as defined by the WHO can be, but are not limited to: depression, bipolar disorder, schizophrenia, and dementia.<sup>36</sup> There are various other circumstances that can impact the well-being of a population and lead to long term illnesses and disorders. Humanitarian crises, to include events such as transient populations, global pandemics, and war, have a lasting impact on the mental health of not only individuals but societal populations as a whole causing more disruption for those already in a state of crisis.

In the latter half of 2019 to present day, the international community has suffered the effects of the COVID-19 pandemic. Many experts believe that the pandemic will have lasting effects on the global community for several years to come.<sup>37</sup> The pandemic has highlighted key areas where taking a population health approach is imperative to promote the psychological well-being of each Member State’s population as a whole.<sup>38</sup> The existing capacity of many Member State’s health care systems is inadequate in addressing the behavioral health needs that have been magnified during the pandemic.<sup>39</sup> The WHO estimates that almost all people affected by emergencies, such as the COVID-19 pandemic, experience some form of psychological distress that improves over time if treated.<sup>40</sup>

Mental health problems that the WHO identifies as areas of concern during an emergency can be broken down into social and mental health problems.<sup>41</sup> Social areas of concern include pre-existing issues such as poverty and the discrimination of marginalized groups, as well as emergency-induced issues of familial separation, economic losses, disrupted social networks, scarcity of resources, and lowered perception of trust and safety in the overall

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<sup>31</sup> World Health Organization, (WHO). “WHO Urges More Investments, Services for Mental Health,” May 11, 2012. [https://www.who.int/mental\\_health/who\\_urges\\_investment/en/](https://www.who.int/mental_health/who_urges_investment/en/).

<sup>32</sup> American Psychiatric Association, (APA). “What Is Mental Illness?” What Is Mental Illness? 2020. <https://www.psychiatry.org/patients-families/what-is-mental-illness>.

<sup>33</sup> American Psychiatric Association, (APA). “What Is Mental Illness?”

<sup>34</sup> World Health Organization, (WHO). “Depression: Let's Talk.” World Health Organization. World Health Organization, June 11, 2019. <https://www.who.int/news-room/fact-sheets/detail/mental-health-in-emergencies>.

<sup>35</sup> World Health Organization, (WHO). “Depression: Let's Talk.”

<sup>36</sup> World Health Organization, (WHO). “Mental Disorders.” World Health Organization. World Health Organization, November 28, 2019. <https://www.who.int/news-room/fact-sheets/detail/mental-disorders>.

<sup>37</sup> World Health Organization, (WHO). “What we Know About Long Term Effects of Covid-19.” World Health Organization. World Health Organization, Last Modified September 9 2020. [https://www.who.int/docs/default-source/coronaviruse/risk-comms-updates/update-36-long-term-symptoms.pdf?sfvrsn=5d3789a6\\_2](https://www.who.int/docs/default-source/coronaviruse/risk-comms-updates/update-36-long-term-symptoms.pdf?sfvrsn=5d3789a6_2)

<sup>38</sup> World Health Organization, (WHO). “What we Know About Long Term Effects of Covid-19.”

<sup>39</sup> World Health Organization, (WHO). “Mental Disorders.” World Health Organization. World Health Organization, November 28, 2019. <https://www.who.int/news-room/fact-sheets/detail/mental-disorders>.

<sup>40</sup> World Health Organization, (WHO). “Depression: Let's Talk.” World Health Organization. World Health Organization, June 11, 2019. <https://www.who.int/news-room/fact-sheets/detail/mental-health-in-emergencies>.

<sup>41</sup> World Health Organization, (WHO). “Mental Disorders.” World Health Organization. World Health Organization, November 28, 2019. <https://www.who.int/news-room/fact-sheets/detail/mental-disorders>.

population.<sup>42</sup> Mental health problems that the WHO has identified in times of emergencies are pre-existing mental illnesses and disorders, and emergency induced mental illnesses and disorders that center around grief and acute stress, leading to an increased likelihood to experience depression, post-traumatic stress disorder, and anxiety.<sup>43</sup> During a crisis, a population may suffer from increased cases of anxiety and depression due to misinformation, lack of resources, and community support.<sup>44</sup> The WHO recognizes these as areas of humanitarian concern that have seen a rise in the recent years.<sup>45</sup> With both the implications of current global emergencies, and mental health needs of populations in crises, addressing this issue has become a more prevalent global and social matter.

## **History**

The issue of mental health has been of interest to the international community for many years. The first notable documentation on the issue came with the United Nations (UN) Convention on the Rights of Persons with Disabilities (CRPD) in 2006.<sup>46</sup> The CRPD was created as an instrument to promote and protect the human rights of those with disabilities, further defining the fundamental freedoms of all of those with disabilities.<sup>47</sup> This convention was worked on for eight sessions of the UN General Assembly before finally being ratified.<sup>48</sup> The significance of the content on this document is aptly demonstrated by the number of signatories on opening day – 82 for the convention, 42 for the optional protocol, which was more than any other convention in the history of the UN.<sup>49</sup> This document not only created the framework for addressing future mental health issues in the international community, but was the first comprehensive legislation on human rights of the twenty-first century.<sup>50</sup> To this day, there have been 182 ratifications and accessions to the convention, and 164 Member States are identified as signatories.<sup>51</sup>

In the 14 years since the CRPD was ratified, many Member States have made progress in building legislation and policies that promote equity and inclusion. Since its inception, the CRPD has established a Committee on the Rights of Persons with Disabilities that reviews provisions in the document, communicates any violations of human rights as listed in the convention, and considers national reports on their implementation of the convention.<sup>52</sup> The committee has further strengthened coordination between different UN organs on creating funds and programs that improve inclusivity and accessibility to persons with disabilities; this inter-agency cooperation has led to programs that raise awareness of mainstreaming disability issues at the national, regional, and international levels.<sup>53</sup> The WHO

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<sup>42</sup> World Health Organization, (WHO). “Depression: Let's Talk.” World Health Organization. World Health Organization, June 11, 2019. <https://www.who.int/news-room/fact-sheets/detail/mental-health-in-emergencies>.

<sup>43</sup> World Health Organization, (WHO). “Depression: Let's Talk.” World Health Organization.

<sup>44</sup> Centers for Disease Control and Prevention, (CDC). “Long-Term Effects of Covid-19.” Centers for Disease Control and Prevention. Centers for Disease Control and Prevention, November 13, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/long-term-effects.html>

<sup>45</sup> World Health Organization, (WHO). “Depression: Let's Talk.” World Health Organization. World Health Organization, June 11, 2019. <https://www.who.int/news-room/fact-sheets/detail/mental-health-in-emergencies>.

<sup>46</sup> Department of Economic and Social Affairs Disability, United Nations. “Convention on the Rights of Persons with Disabilities (CRPD) Enable.” United Nations. United Nations, 2016.

<https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>.

<sup>47</sup> Department of Economic and Social Affairs Disability, United Nations. “Convention on the Rights of Persons with Disabilities (CRPD) Enable.”

<sup>48</sup> Department of Economic and Social Affairs Disability, United Nations. “Convention on the Rights of Persons with Disabilities (CRPD) Enable.”

<sup>49</sup> Department of Economic and Social Affairs Disability, United Nations. “Convention on the Rights of Persons with Disabilities (CRPD) Enable.”

<sup>50</sup> Department of Economic and Social Affairs Disability, United Nations. “Convention on the Rights of Persons with Disabilities (CRPD) Enable.”

<sup>51</sup> Department of Economic and Social Affairs Disability, United Nations. “Convention on the Rights of Persons with Disabilities (CRPD) Enable.”

<sup>52</sup> Department of Economic and Social Affairs Disability, United Nations. “10th Anniversary of the Adoption of Convention on the Rights of Persons with Disabilities (CRPD) Enable.” United Nations. United Nations, 2016.

<https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/the-10th-anniversary-of-the-adoption-of-convention-on-the-rights-of-persons-with-disabilities-crpdcrpdc-10.html>.

<sup>53</sup> Department of Economic and Social Affairs Disability, United Nations. “10th Anniversary of the Adoption of Convention on the Rights of Persons with Disabilities (CRPD) Enable.”

and World Bank estimate that over one billion – 15 percent – of the world’s population lives with one or more types of disability defined by the convention.<sup>54</sup>

Building upon the legacy of the CRPD was the WHO’s Mental Health Gap Action Programme (mhGAP) which was first introduced in 2008 and the WHO’s Mental Health Atlas.<sup>55</sup> The premise of the mhGAP was to help Member States with lower capacity to respond to the growing challenges that mental, neurological, and substance use disorders present.<sup>56</sup> The goal of mhGAP was to reduce the burden of Member States in dealing with these issues through interventions and prevention management courses via collective action for priority conditions – mainly depression, suicide, schizophrenia and other psychotic disorders, and disorders due to the use of illicit drugs and alcohol.<sup>57</sup> The WHO’s Mental Health Atlas was first published in 2011 with the purpose of distributing information on the global population’s mental health.<sup>58</sup> The Atlas reflects the current global breakdown of resources available for treating mental health in each Member State, and raises concern for equity issues involved in resource distribution showcasing areas for improvement in the prevention and treatment of mental disorders.<sup>59</sup>

Furthermore, in 2012, the World Health Assembly (WHA) adopted resolution WHA65.4, a comprehensive action plan to address the issue of mental health.<sup>60</sup> The plan outlined actions to be taken by Member States from the year it was adopted – 2013 – to the year of 2020.<sup>61</sup> The goals of this action plan were to use a multisectoral approach to coordinate mental health services in both the health and social sectors at a national level first, before expanding more broadly to a regional level.<sup>62</sup> It built upon the work of the mhGAP and expanded resources to combat issues related to mental health.<sup>63</sup> To continue the momentum of the WHA65.4, the UN included mental health in its 2015 Sustainable Development Goals (SDGs). The focus of goal three of the SDGs is “ensuring healthy lives and promoting well-being for all at all ages.”<sup>64</sup> A sub-goal of SDG 3 is “the prevention and treatment of noncommunicable diseases, including behavioral, developmental and neurological disorders, which constitute a major challenge for sustainable development.”<sup>65</sup> All of these historical documents have led to improvements in addressing global mental health needs, but have yet to direct any quantifiable solutions.

### ***Current Situation***

According to the UN’s SDG’s 2020 report, SDG 3 was below target projections at the end of 2019, though many areas of the health and medical field continued to grow.<sup>66</sup> Between 2000 and 2017, the maternal mortality rate had fallen by 38 percent.<sup>67</sup> Child mortality had also been reduced in the two decades, from 76 deaths per 1,000 live births in 2000 to 18 deaths per 1,000 in 2018.<sup>68</sup> Other areas of global health have seen a reverse since 2019 and

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<sup>54</sup> Department of Economic and Social Affairs Disability, United Nations. “10th Anniversary of the Adoption of Convention on the Rights of Persons with Disabilities (CRPD) Enable.”

<sup>55</sup> World Health Organization, (WHO). “MhGAP Mental Health Gap Action Programme.” World Health Organization. World Health Organization, October 25, 2013. [https://www.who.int/mental\\_health/evidence/mhGAP/en/](https://www.who.int/mental_health/evidence/mhGAP/en/).

<sup>56</sup> World Health Organization, (WHO). “MhGAP Mental Health Gap Action Programme.”

<sup>57</sup> World Health Organization, (WHO). “MhGAP Mental Health Gap Action Programme.”

<sup>58</sup> World Health Organization, (WHO). *Mental Health Atlas 2011*. Geneva: World Health Organization, 2011. [https://apps.who.int/iris/bitstream/handle/10665/44697/9799241564359\\_eng.pdf;jsessionid=25DDD3773A0896919474707CDE92D88C?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/44697/9799241564359_eng.pdf;jsessionid=25DDD3773A0896919474707CDE92D88C?sequence=1)

<sup>59</sup> World Health Organization, (WHO). *Mental Health Atlas 2011*.

<sup>60</sup> World Health Assembly. “Comprehensive Mental Health Action Plan 2013–2020,” May 27, 2013. [https://apps.who.int/gb/ebwha/pdf\\_files/WHA66/A66\\_R8-en.pdf?ua=1](https://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_R8-en.pdf?ua=1).

<sup>61</sup> World Health Assembly. “Comprehensive Mental Health Action Plan 2013–2020.”

<sup>62</sup> World Health Assembly. “Comprehensive Mental Health Action Plan 2013–2020.”

<sup>63</sup> World Health Assembly. “Comprehensive Mental Health Action Plan 2013–2020.”

<sup>64</sup> World Health Organization, (WHO). “Mental Health Included in the UN Sustainable Development Goals.” World Health Organization. World Health Organization, January 14, 2016. [https://www.who.int/mental\\_health/SDGs/en/](https://www.who.int/mental_health/SDGs/en/).

<sup>65</sup> World Health Organization, (WHO). “Mental Health Included in the UN Sustainable Development Goals.”

<sup>66</sup> Department of Economic and Social Affairs Statistics Division, United Nations. “- SDG Indicators.” United Nations. United Nations, 2020. <https://unstats.un.org/sdgs/report/2020/goal-03/>.

<sup>67</sup> Department of Economic and Social Affairs Statistics Division, United Nations. “- SDG Indicators.”

<sup>68</sup> Department of Economic and Social Affairs Statistics Division, United Nations. “- SDG Indicators.”

2020. However, since the COVID-19 pandemic, the UN estimates that the years of progress in achieving SDG 3 have now been reversed.<sup>69</sup>

Areas of decline in the progress of SDG 3 directly related to the pandemic are widespread. As an example, the correlation between routine health care disruptions and a decrease in food are expected to increase child and maternal mortality rates of those with low or middle socio-economic status across Member States by 9.8 percent to 44.8 percent per month over the span of six months.<sup>70</sup> Interrupted childhood immunizations have also increased globally.<sup>71</sup> Fifty-three percent of Member States are reporting moderate to severe disruptions in routine health care services, especially in the months of March and April 2020.<sup>72</sup> Furthermore, important vaccine campaigns have been suspended, included but not limited to: 27 Member States suspending measles campaigns, 38 Member States suspending polio campaigns, 26 Member States with potential vaccine shortages, and 24 million people in 21 Member States with a lower per capita Gross Domestic Product (GDP) at risk of missing vaccines against typhoid, yellow fever, cholera, meningitis A, rubella, polio, measles, rotavirus, and human papillomavirus (HPV).<sup>73</sup> Deaths from non-communicable diseases – the four main non-communicable diseases being cardiovascular disease, cancer, diabetes, and chronic respiratory disease – which declined from 22 percent in 2000 to 18 percent in 2016 for people between the ages of 30 to 70 are also likely to increase once statistics are gathered from 2020 and 2021, as the population with non-communicable diseases is far more susceptible to the COVID-19 virus.<sup>74</sup> Likewise, disruptions for treatment of communicable diseases has also increased in the last year.<sup>75</sup> These communicable diseases, where advances have been small since 2015, include but are not limited to human immunodeficiency virus (HIV), malaria, tuberculosis, and neglected tropical diseases.<sup>76</sup> Investments into treatments, research, and community-based programs to combat the fatalities of these diseases has been put on hold in favor of the pandemic.<sup>77</sup>

Other areas of concern in relation to SDG 3 are universal healthcare coverage, rising out-of-pocket health expenses, and a shortage of medical personnel worldwide. One objective of SDG 3 is to achieve universal healthcare coverage by the year 2030.<sup>78</sup> Universal healthcare coverage, as defined by the UN, is the access of all health services for all people when and where they need them without financial hardship.<sup>79</sup> This not only includes essential health services, but also prevention, treatment, rehabilitation, and palliative care.<sup>80</sup> As of 2017, only one-third of the global population – approximately 2.5 billion people – had access to essential services.<sup>81</sup> Out-of-pocket expenses also continue to increase year by year. More than 12.7 percent of the global population paid at least ten percent of their household budgets towards health services in the year 2015.<sup>82</sup> An estimated 90 million people were also pushed into extreme poverty due to out-of-pocket health payments that year, all of which is now being currently exacerbated by the pandemic.<sup>83</sup> Medical personnel shortages have also become apparent in recent years. As of 2020, over 40 percent of all Member States have fewer than ten medical doctors for every 10,000 people.<sup>84</sup> Furthermore, more than 55 percent of Member States have only 40 nursing personnel for every 10,000 people.<sup>85</sup> It has been identified that more than 18 million health care workers are needed globally, especially in less developed Member States in order to meet the targets of SDG 3 by the year 2030.<sup>86</sup>

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<sup>69</sup> Department of Economic and Social Affairs Statistics Division, United Nations. “- SDG Indicators.” United Nations. United Nations, 2020. <https://unstats.un.org/sdgs/report/2020/goal-03/>.

<sup>70</sup> Department of Economic and Social Affairs Statistics Division, United Nations. “- SDG Indicators.”

<sup>71</sup> Department of Economic and Social Affairs Statistics Division, United Nations. “- SDG Indicators.”

<sup>72</sup> Department of Economic and Social Affairs Statistics Division, United Nations. “- SDG Indicators.”

<sup>73</sup> Department of Economic and Social Affairs Statistics Division, United Nations. “- SDG Indicators.”

<sup>74</sup> Department of Economic and Social Affairs Statistics Division, United Nations. “- SDG Indicators.”

<sup>75</sup> Department of Economic and Social Affairs Statistics Division, United Nations. “- SDG Indicators.”

<sup>76</sup> Department of Economic and Social Affairs Statistics Division, United Nations. “- SDG Indicators.”

<sup>77</sup> Department of Economic and Social Affairs Statistics Division, United Nations. “- SDG Indicators.”

<sup>78</sup> Department of Economic and Social Affairs Statistics Division, United Nations. “- SDG Indicators.”

<sup>79</sup> Department of Economic and Social Affairs Statistics Division, United Nations. “- SDG Indicators.”

<sup>80</sup> Department of Economic and Social Affairs Statistics Division, United Nations. “- SDG Indicators.”

<sup>81</sup> Department of Economic and Social Affairs Statistics Division, United Nations. “- SDG Indicators.”

<sup>82</sup> Department of Economic and Social Affairs Statistics Division, United Nations. “- SDG Indicators.”

<sup>83</sup> Department of Economic and Social Affairs Statistics Division, United Nations. “- SDG Indicators.”

<sup>84</sup> Department of Economic and Social Affairs Statistics Division, United Nations. “- SDG Indicators.”

<sup>85</sup> Department of Economic and Social Affairs Statistics Division, United Nations. “- SDG Indicators.”

<sup>86</sup> Department of Economic and Social Affairs Statistics Division, United Nations. “- SDG Indicators.”

The other half of the current issue is the mental health needs of people in crisis. In 129 studies conducted by the WHO among 39 Member States, it was determined that 22 percent of people suffer from mental disorders in areas where the population is conflict-affected.<sup>87</sup> In a 2014 review that studied 90 refugee camps across 15 lesser-developed Member States, 41 percent of health care visits were conducted for mental, neurological, and substance-use disorders.<sup>88</sup> The WHO has endorsed guidelines for interagency mental health and psychosocial support, but emphasizes the point that many Member States have insufficient systems for handling issues related to mental health after emergencies.<sup>89</sup> In 2019, the WHO also took steps to support coordination for mental health responses in the Member States of Bangladesh, Iraq, Jordan, Lebanon, Nigeria, South Sudan, Syria, Turkey, Ukraine, and the West Bank and Gaza strip during large-scale emergencies.<sup>90</sup>

## *Case Study*

### *The Syrian Crisis*

Since 2011, the Syrian Arab Republic has been embroiled in a civil war that has led to the displacement of thousands of its people.<sup>91</sup> According to reports from the UN, there are currently 7,350,000 children in need, 18,800,000 people in need overall, and a 38 percent funding gap in meeting population needs for food, health, education, and other resources.<sup>92</sup> Furthermore, this crisis has led to an estimate of one in 30 citizens suffering from a severe mental health condition.<sup>93</sup> The corrosion in infrastructure and continued civil unrest has led to a prolonged health crisis in Syria. However, there are several programs coordinating with the WHO to repair the situation.

In conjunction with Managed Health Network Incorporated (MHN), the WHO has been able to create and fund family well-being health centers in Syria. The first health center was established in 2016 in the city of Aleppo.<sup>94</sup> Since 2016, MHN and the WHO have provided more than 89,507 services to families in Syria through their well-being health centers, mobile units, and emergency response teams.<sup>95</sup> These programs and health centers are currently funded by the Norwegian Agency for Development Cooperation (NORAD), the Department for International Development (DFID) of the United Kingdom, the European Commission, the European Civil Protection and Humanitarian Aid Operations (ECHO), and the United States Agency for International Development (USAID).<sup>96</sup> Other partners the WHO is working with to promote mental health in the region include, but are not limited to, HAMA: Society Care and Kindness Act Association, Lattakia: Syrian Association for Children with Special Needs, Al-Hassakeh, and Al-Hol camp: Archbishopric of Syria Catholic Center Mar Assia and Al-Yamama.<sup>97</sup> In 2019,

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<sup>87</sup> World Health Organization, (WHO). “Depression: Let's Talk.” World Health Organization. World Health Organization, June 11, 2019. <https://www.who.int/news-room/fact-sheets/detail/mental-health-in-emergencies>.

<sup>88</sup> World Health Organization, (WHO). “Depression: Let's Talk.” World Health Organization.

<sup>89</sup> World Health Organization, (WHO). “Depression: Let's Talk.” World Health Organization.

<sup>90</sup> World Health Organization, (WHO). “Mental Health Conditions in Conflict Situations Are Much More Widespread than We Thought.” World Health Organization. World Health Organization, June 11, 2019. <https://www.who.int/news-room/commentaries/detail/mental-health-conditions-in-conflict-situations-are-much-more-widespread-than-we-thought>.

<sup>91</sup> UNICEF, United Nations. “UNICEF Syria Crisis - Humanitarian Situation Report (July-September 2020) - Syrian Arab Republic.” ReliefWeb, December 28, 2020. <https://reliefweb.int/report/syrian-arab-republic/unicef-syria-crisis-humanitarian-situation-report-july-september-2020>.

<sup>92</sup> UNICEF, United Nations. “UNICEF Syria Crisis - Humanitarian Situation Report (July-September 2020) - Syrian Arab Republic.”

<sup>93</sup> Samarji, Nabil. “Family Well-Being Centers: Delivering Community-Based Mental Health Support in Syria.” Mental Health Innovation Network, September 27, 2019. [https://www.mhinnovation.net/innovations/family-well-being-centers-delivering-community-based-mental-health-support-syria?qt-content\\_innovation=3](https://www.mhinnovation.net/innovations/family-well-being-centers-delivering-community-based-mental-health-support-syria?qt-content_innovation=3).

<sup>94</sup> Samarji, Nabil. “Family Well-Being Centers: Delivering Community-Based Mental Health Support in Syria.” Mental Health Innovation Network.

<sup>95</sup> Samarji, Nabil. “Family Well-Being Centers: Delivering Community-Based Mental Health Support in Syria.” Mental Health Innovation Network.

<sup>96</sup> Samarji, Nabil. “Family Well-Being Centers: Delivering Community-Based Mental Health Support in Syria.” Mental Health Innovation Network.

<sup>97</sup> Samarji, Nabil. “Family Well-Being Centers: Delivering Community-Based Mental Health Support in Syria.” Mental Health Innovation Network.

there were more than 21,816 mental health awareness sessions held in Syria.<sup>98</sup> Furthermore, there were 252 sessions of low intensity psychological interventions, 175 specialized mental health consultations, 615 recreational activities for well-being, 9,069 MHPSS individual sessions, and 985 vocational training sessions through services provided by MHN.<sup>99</sup> Still there is much to be done to continue the work of programs such as MHN on a global and more far-reaching scale.

## **Case Study**

### *Transforming the Philippines*

In 2013, Typhoon Haiyan hit the Philippines and caused damage to more than 600 health facilities and more than 3.4 million families were left affected.<sup>100</sup> The Philippines Department of Health (DOH) and the WHO representative Office in the Philippines coordinated efforts for the emergency response.<sup>101</sup> This coordination led to the delivery of 500 tons of medical equipment and supplies and the training of 330 health care workers in mental health.<sup>102</sup> They also coordinated 150 foreign medical teams that provided more than 20,000 consultations and 5,000 surgeries, a vaccination campaign, and the replacement of old medical equipment.<sup>103</sup>

In a case study conducted after the typhoon, 42 percent of the participants stated they had mental health problems related to the typhoon.<sup>104</sup> When asked again after 30 months, 12 percent reported persistent mental health issues.<sup>105</sup> As well, 21 percent were assessed to have continual psychological issues related to the typhoon, and six percent had severe mental health issues.<sup>106</sup> The study concluded that mental health issues were exacerbated by those who did not receive mental health treatment, but reduced by those who had.<sup>107</sup> In 2001, only three to five percent of the national health budget was spent on mental health, and the ratio of mental health workers to the population was two for every 100,000.<sup>108</sup> Before the typhoon, only two facilities in the Philippines provided basic mental health services.<sup>109</sup>

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<sup>98</sup> Samarji, Nabil. "Family Well-Being Centers: Delivering Community-Based Mental Health Support in Syria." *Mental Health Innovation Network*.

<sup>99</sup> Samarji, Nabil. "Family Well-Being Centers: Delivering Community-Based Mental Health Support in Syria." *Mental Health Innovation Network*.

<sup>100</sup> McPherson, Michelle, Megan Counahan, and Julie Lyn Hall. "Responding to Typhoon Haiyan in the Philippines." *Western Pacific surveillance and response journal: WPSAR*. World Health Organization, November 6, 2015. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4710071/>.

<sup>101</sup> McPherson, Michelle, Megan Counahan, and Julie Lyn Hall. "Responding to Typhoon Haiyan in the Philippines." *Western Pacific surveillance and response journal: WPSAR*. World Health Organization.

<sup>102</sup> McPherson, Michelle, Megan Counahan, and Julie Lyn Hall. "Responding to Typhoon Haiyan in the Philippines." *Western Pacific surveillance and response journal: WPSAR*. World Health Organization.

<sup>103</sup> McPherson, Michelle, Megan Counahan, and Julie Lyn Hall. "Responding to Typhoon Haiyan in the Philippines." *Western Pacific surveillance and response journal: WPSAR*. World Health Organization.

<sup>104</sup> Hugelius, Karin, Mervyn Gifford, Per Örtengwall, and Annsofie Adolfsson. "Health among Disaster Survivors and Health Professionals after the Haiyan Typhoon: A Self-Selected Internet-Based Web Survey." *International journal of emergency medicine*. Springer Berlin Heidelberg, December 2017. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5371534/>.

<sup>105</sup> Hugelius, Karin, Mervyn Gifford, Per Örtengwall, and Annsofie Adolfsson. "Health among Disaster Survivors and Health Professionals after the Haiyan Typhoon: A Self-Selected Internet-Based Web Survey." *International journal of emergency medicine*.

<sup>106</sup> Hugelius, Karin, Mervyn Gifford, Per Örtengwall, and Annsofie Adolfsson. "Health among Disaster Survivors and Health Professionals after the Haiyan Typhoon: A Self-Selected Internet-Based Web Survey." *International journal of emergency medicine*.

<sup>107</sup> Hugelius, Karin, Mervyn Gifford, Per Örtengwall, and Annsofie Adolfsson. "Health among Disaster Survivors and Health Professionals after the Haiyan Typhoon: A Self-Selected Internet-Based Web Survey." *International journal of emergency medicine*.

<sup>108</sup> Lally, John, Rene M Samaniego, and John Tully. "Mental Health Legislation in the Philippines: Philippine Mental Health Act." *BJPsych international*. Cambridge University Press, August 2019. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6646847/>.

<sup>109</sup> Lally, John, Rene M Samaniego, and John Tully. "Mental Health Legislation in the Philippines: Philippine Mental Health Act." *BJPsych international*. Cambridge University Press.

The first comprehensive legislation on mental health to ever be officially signed into law in the Philippines was signed on June 21, 2018.<sup>110</sup> It was originally proposed in 2015 as a response to Typhoon Haiyan, and provides guidance on the rights of all patients with mental health needs.<sup>111</sup> Furthermore, the act seeks to integrate mental health into the educational system, promotes mental health programs, and highlights the need to provide psychological support and treatment to those in need of it.<sup>112</sup> Its core principles are in line with the UN Resolution of the Principles for the Protection of Persons with Mental Illness and for the Improvement of Mental Health Care.<sup>113</sup> It has become a milestone for psychiatry in the Member State, and a positive step forward for global mental health.

### ***Conclusion***

With a growing global population that has been impacted in recent years by armed conflicts and pandemics, developing infrastructures to assist in better mental health is imperative. It is essential to develop proactive measures to counteract these issues so that the global community can meet the SDGs by 2030. This can be done through creating more infrastructure and training opportunities for medical professionals in regard to mental health. It can be further accomplished by establishing more outreach programs in communities where hospitals and clinics are not currently available. By making mental health a priority, and treatment for it more readily accessible, the percentage of those left untreated in the global community will decrease. Educating our global community on the importance of mental wellness is also crucial to developing a healthy international society, and to eliminate the stigma surrounding mental disorders. A combination of increasing supplies and funding towards mental health and education is a positive beginning to the overall health of the global population.

### ***Committee Directive***

There are already many policies and strategies in place to bring access to mental health professionals and facilities to people in crises. Bringing more healthcare workers and retaining those who currently work in the medical field is a crucial part of meeting SDG 3, but we must also not lose sight of providing universal health coverage as the issue of mental health cannot be resolved in isolation. Delegates should focus on how can these strategies and policies to incorporate mental health services be better improved? What incentives could be created to encourage others to go into the medical profession? What programs could be established to create awareness of the effects of crises on mental health? What are some ways to close the gap on the number of shortages seen globally in relation to mental health needs? What programs or resources could be made readily available to address the mental health needs of populations affected by crises?

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<sup>110</sup>Lally, John, Rene M Samaniego, and John Tully. "Mental Health Legislation in the Philippines: Philippine Mental Health Act." BJPsych international. Cambridge University Press.

<sup>111</sup>Lally, John, Rene M Samaniego, and John Tully. "Mental Health Legislation in the Philippines: Philippine Mental Health Act." BJPsych international. Cambridge University Press.

<sup>112</sup>Lally, John, Rene M Samaniego, and John Tully. "Mental Health Legislation in the Philippines: Philippine Mental Health Act." BJPsych international. Cambridge University Press.

<sup>113</sup>Lally, John, Rene M Samaniego, and John Tully. "Mental Health Legislation in the Philippines: Philippine Mental Health Act." BJPsych international. Cambridge University Press.

## II. Improving Global Pandemic Response

### *Introduction*

Member States have experienced numerous pandemics since the beginning of the twenty-first century, and with each they have learned different lessons.<sup>114</sup> Just between 2011 and 2016, over 1,000 epidemics were recorded in over 168 Member States.<sup>115</sup> No single group, demographic, or region is immune from the effects of a pandemic, whether directly or indirectly.<sup>116</sup> Even today, in the midst of COVID-19, Member States are rushing to adapt and understand the different and fluctuating dynamics of the virus that challenges contemporary institutions in providing rapid response.<sup>117</sup> United Nations (UN) Secretary-General Antonio Guterres has called the current situation a, “global health crisis unlike any in the 75-year history of the United Nations,” and further called on global solidarity in response.<sup>118</sup> This echoes the challenge of improving international coordination of information sharing and reporting, research, funding mechanisms, and mitigation strategies.<sup>119</sup>

A pandemic crisis can be minimized with proper preparation and response.<sup>120</sup> Some experts say there may be millions of other undiscovered viruses for which we need to continuously maintain vigilant preparations and continue to invest towards research and development in these areas.<sup>121</sup> Different pathogens can spread at different rates.<sup>122</sup> Some can spread faster from person to person, remain undetected for longer, and therefore become global pandemics while others are more localized and remain only in certain regions, making containment easier.<sup>123</sup> “Since 1980 alone, the numbers of outbreaks per year has more than tripled,” while “new infectious diseases such as SARS, HIV and Covid-19 have increased by nearly fourfold over the past century.”<sup>124</sup> Even as our knowledge and understanding of disease(s) progresses, the interconnected nature of current global dynamics only exacerbates these issues.<sup>125</sup> With the accessibility of travel and instant connection, mitigation and containment of any disease is severely challenged. The recent Covid-19 pandemic has exposed the vulnerabilities associated with this interconnectedness.<sup>126</sup>

### *History*

The history of coordinating institutional efforts to regional and global health crises can be traced back to the mid-19<sup>th</sup> century in Europe, with outbreaks of cholera between 1830 and 1847.<sup>127</sup> As a result of these repeated waves of cholera, the first International Sanitary Conference in Paris convened in 1851 with the goal of coordinating a multi-

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<sup>114</sup> “How the 4 Biggest Outbreaks since the Start of This Century Shattered Some Long-Standing Myths,” World Health Organization (World Health Organization, September 1, 2015), <https://www.who.int/csr/disease/ebola/ebola-6-months/myths/en/>.

<sup>115</sup> WHO Press, WHO's Emergency Response Framework § (2013). [https://www.who.int/hac/about/erf\\_.pdf](https://www.who.int/hac/about/erf_.pdf).

<sup>116</sup> “How the 4 Biggest Outbreaks since the Start of This Century Shattered Some Long-Standing Myths,” World Health Organization (World Health Organization, September 1, 2015), <https://www.who.int/csr/disease/ebola/ebola-6-months/myths/en/>.

<sup>117</sup> Walsh, Bryan. “Covid-19: The History of Pandemics.” BBC Future. BBC. <https://www.bbc.com/future/article/20200325-covid-19-the-history-of-pandemics>.

<sup>118</sup> Antonio Guterres, “‘This Is, above All, a Human Crisis That Calls for Solidarity,’” United Nations (United Nations, March 19, 2020), <https://www.un.org/en/un-coronavirus-communications-team/above-all-human-crisis-calls-solidarity>.

<sup>119</sup> Angela Merianos and Malik Peiris, “International Health Regulations (2005),” *The Lancet*, October 5, 2005, [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(05\)67508-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(05)67508-3/fulltext).

<sup>120</sup> Walsh, Bryan. “Covid-19: The History of Pandemics.” BBC Future. BBC. <https://www.bbc.com/future/article/20200325-covid-19-the-history-of-pandemics>.

<sup>121</sup> Walsh, Bryan. “Covid-19: The History of Pandemics.” BBC Future. BBC

<sup>122</sup> Walsh, Bryan. “Covid-19: The History of Pandemics.” BBC Future. BBC

<sup>123</sup> Walsh, Bryan. “Covid-19: The History of Pandemics.” BBC Future. BBC

<sup>124</sup> Walsh, Bryan. “Covid-19: The History of Pandemics.” BBC Future. BBC

<sup>125</sup> Walsh, Bryan. “Covid-19: The History of Pandemics.” BBC Future. BBC. <https://www.bbc.com/future/article/20200325-covid-19-the-history-of-pandemics>.

<sup>126</sup> Walsh, Bryan. “Covid-19: The History of Pandemics.” BBC Future. BBC

<sup>127</sup> “Frequently Asked Questions about the International Health Regulations (2005),” World Health Organization (World Health Organization, n.d.), <https://www.who.int/ihr/about/FAQ2009.pdf?ua=1&ua=1>.

national response.<sup>128</sup> This meeting led to corresponding conventions in the next several decades, such as the Sanitary Conference in Venice in 1892 and the International Sanitary Convention in 1903, ultimately resulting in the founding of the World Health Organization (WHO) in 1946.<sup>129</sup> Soon after the WHO was established to help coordinate response to international health emergencies, the body adopted the International Sanitary Regulations in 1951, later amended and renamed the International Health Regulations (IHR) in 1969.<sup>130</sup> Though originally limited in its scope to only six major infectious diseases (cholera, plague, yellow fever, smallpox, relapsing fever and typhus), the IHR became the leading document outlining pandemic response for over three decades until its revisions in 2005.<sup>131</sup>

By the mid-1990s, steps were taken to begin major revisions and adapt the IHR to meet the specific problems of rapid transmission and proliferation of large-scale outbreaks due to increased transportation and technological innovations over time.<sup>132</sup> The process led to the 2005 unanimous adoption of the resolution WHA58.3 and the document came into force soon after in 2007.<sup>133</sup> The key to the revision of the IHR was to reflect an understanding and adapt to globalization and the rapid rate of intermodal connections.<sup>134</sup> During the late industrial era, development, urbanizations, and transportations rapidly increased, therefore so did the challenges of mitigating diseases such as recurring waves of cholera or the Spanish Flu.<sup>135</sup> Further reforms were initiated through adopting the Cluster System approach from the Humanitarian Reforms of the Inter-Agency Standing Committee (IASC) of the UN.<sup>136</sup> This approach identifies the division of labor and responsibility through different disaster sectors in coordination with governments, local officials, non-governmental organizations (NGOs) and other partners.<sup>137</sup> As a leading member of the IASC, the WHO commands direct responsibility for leading the response to the Global Health Cluster utilizing this framework.<sup>138</sup> This was subsequently adopted in 2011 by WHA as part of resolution WHA65.10 at the recommendation of and through the working group meetings of the IASC.<sup>139</sup>

As part of the Global Health Cluster, WHO focuses on five specific functions of the IHR to accomplish its goals: notification; national focal points and WHO Contact Points; requirements for national core capacities; recommended measures; and, external advice regarding the IHR.<sup>140</sup> The notification provision requires Member States to notify the WHO of incidents that may result in a “public health emergency of international concern” so appropriate measures may be taken for prevention.<sup>141</sup> Notifications should be communicated through a developed network of national contact points with the appropriate WHO contacts.<sup>142</sup> Further, the IHR defines appropriate requirements for growing varied national public health capacities such as surveillance and creating appropriate facilities at national entry points such as airports.<sup>143</sup> The fourth function emphasizes recommended measures by WHO that can be quickly

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<sup>128</sup> “Frequently Asked Questions about the International Health Regulations (2005),” World Health Organization.

<sup>129</sup> “Origin and Development of Health Cooperation,” World Health Organization (World Health Organization, May 30, 2011), [https://www.who.int/global\\_health\\_histories/background/en/](https://www.who.int/global_health_histories/background/en/).

<sup>130</sup> “Origin and Development of Health Cooperation,” World Health Organization.

<sup>131</sup> “Frequently Asked Questions about the International Health Regulations (2005),” World Health Organization (World Health Organization, n.d.), <https://www.who.int/ihr/about/FAQ2009.pdf?ua=1&ua=1>.

<sup>132</sup> “Revision Process of the International Health Regulations (IHR),” World Health Organization (World Health Organization, October 4, 2017), <https://www.who.int/ihr/revisionprocess/revision/en/>.

<sup>133</sup> “Revision Process of the International Health Regulations (IHR),” World Health Organization.

<sup>134</sup> “Revision Process of the International Health Regulations (IHR),” World Health Organization.

<sup>135</sup> “Frequently Asked Questions about the International Health Regulations (2005),” World Health Organization (World Health Organization, n.d.), <https://www.who.int/ihr/about/FAQ2009.pdf?ua=1&ua=1>.

<sup>136</sup> WHO Press, WHO’s Emergency Response Framework § (2013). [https://www.who.int/hac/about/erf\\_.pdf](https://www.who.int/hac/about/erf_.pdf).

<sup>137</sup> “The Cluster System,” World Health Organization, Last Updated 2021, <https://www.who.int/health-cluster/about/cluster-system/en/#:~:text=The%20Global%20Health%20Cluster%20was,humanitarian%20response%20by%20building%20partnerships>

<sup>138</sup> WHO Press, WHO’s Emergency Response Framework § (2013). [https://www.who.int/hac/about/erf\\_.pdf](https://www.who.int/hac/about/erf_.pdf).

<sup>139</sup> “WHO’s response, and role as the health cluster lead, in meeting the growing demands of health in humanitarian emergencies,” World Health Organization, WHA 65.20, May 26, 2012, [https://apps.who.int/iris/bitstream/handle/10665/80494/A65\\_R20-en.pdf?sequence=1&isAllowed=y](https://apps.who.int/iris/bitstream/handle/10665/80494/A65_R20-en.pdf?sequence=1&isAllowed=y)

<sup>140</sup> “Frequently Asked Questions about the International Health Regulations (2005),” World Health Organization (World Health Organization, n.d.), <https://www.who.int/ihr/about/FAQ2009.pdf?ua=1&ua=1>.

<sup>141</sup> “Frequently Asked Questions about the International Health Regulations (2005),” World Health Organization.

<sup>142</sup> “Frequently Asked Questions about the International Health Regulations (2005),” World Health Organization.

<sup>143</sup> “Frequently Asked Questions about the International Health Regulations (2005),” World Health Organization.

implemented once outbreaks are discovered and which are based on a risk assessment of the situation.<sup>144</sup> Lastly, the IHR requests the external review and advice of an emergency committee to advise the governing body of WHO on events that may become a large scale health emergency.<sup>145</sup>

### *Identifying and Responding to a Pandemic*

Pandemics do not spontaneously appear and become a public health emergency.<sup>146</sup> First, there is an outbreak, which is defined by a sudden increase in an illness among a large group of people.<sup>147</sup> The outbreak can remain within the group or continue to spread, whether as a new and unknown disease or a recurring disease.<sup>148</sup> The continued spread is known as an epidemic, which is defined as a rapid spread of an infectious disease that affects a larger group than an outbreak and travels rapidly.<sup>149</sup> The prolonged spread of an epidemic could finally lead to a pandemic, which is defined as a “worldwide spread of a new disease.”<sup>150</sup>

To appropriately monitor and organize preparedness, the WHO has developed a system of six phases, of which “phases one through three correlate with preparedness, including capacity development and response planning activities, while phases four through six clearly signal the need for response and mitigation efforts.”<sup>151</sup> Typically, influenza pandemics originate from animals, these diseases are usually identified through the first three phases.<sup>152</sup> Phase one does not include any identified virus spreading between animals that could infect humans.<sup>153</sup> In phase two, a transmission has occurred of an animal influenza virus from an animal to a human and is identified as a “potential pandemic threat.”<sup>154</sup> Phase three includes more common but sporadic spread of animal influenza to humans.<sup>155</sup> There are small “clusters” of outbreaks, however, human to human transmission has yet to “sustain community-level outbreaks.”<sup>156</sup>

Phase four initiates mitigation efforts, and at this point there are “verified human-to-human or human-to-animal cases of influenza reassortment virus able to cause ‘community-level outbreaks.’”<sup>157</sup> This increases the risk of a “sustained” presence of a disease in a group or community, and increases the ability of spread, which is likely to quickly reach an epidemic status.<sup>158</sup> It is also at this point that coordination with WHO and other international bodies should begin to mitigate the situation.<sup>159</sup>

Phase five classifies the disease as an epidemic as infections begin to cross borders.<sup>160</sup> During this phase, a high alert is announced prior to a pandemic declaration, and at this point coordination efforts and preparedness should be near completion.<sup>161</sup> Finally, phase six is the pandemic stage, in which there are identified outbreaks in separate WHO regions, away from the origin.<sup>162</sup>

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<sup>144</sup> “Frequently Asked Questions about the International Health Regulations (2005),” World Health Organization.

<sup>145</sup> “Frequently Asked Questions about the International Health Regulations (2005),” World Health Organization.

<sup>146</sup> “Pandemics: Definition, Prevention, and Preparation,” WebMD (WebMD, April 2, 2020), <https://www.webmd.com/cold-and-flu/what-are-epidemics-pandemics-outbreaks>.

<sup>147</sup> “Pandemics: Definition, Prevention, and Preparation,” WebMD.

<sup>148</sup> “Pandemics: Definition, Prevention, and Preparation,” WebMD.

<sup>149</sup> “Pandemics: Definition, Prevention, and Preparation,” WebMD.

<sup>150</sup> “What Is a Pandemic?,” World Health Organization (World Health Organization, March 12, 2020), [https://www.who.int/csr/disease/swineflu/frequently\\_asked\\_questions/pandemic/en/](https://www.who.int/csr/disease/swineflu/frequently_asked_questions/pandemic/en/).

<sup>151</sup> “Current WHO Phase of Pandemic Alert for Pandemic (H1N1) 2009,” World Health Organization (World Health Organization, October 8, 2020), <https://www.who.int/csr/disease/swineflu/phase/en/>.

<sup>152</sup> “Current WHO Phase of Pandemic Alert for Pandemic (H1N1) 2009,” World Health Organization.

<sup>153</sup> “Current WHO Phase of Pandemic Alert for Pandemic (H1N1) 2009,” World Health Organization.

<sup>154</sup> “Current WHO Phase of Pandemic Alert for Pandemic (H1N1) 2009,” World Health Organization.

<sup>155</sup> “Current WHO Phase of Pandemic Alert for Pandemic (H1N1) 2009,” World Health Organization.

<sup>156</sup> “Current WHO Phase of Pandemic Alert for Pandemic (H1N1) 2009,” World Health Organization.

<sup>157</sup> “Current WHO Phase of Pandemic Alert for Pandemic (H1N1) 2009,” World Health Organization.

<sup>158</sup> “Current WHO Phase of Pandemic Alert for Pandemic (H1N1) 2009,” World Health Organization.

<sup>159</sup> “Current WHO Phase of Pandemic Alert for Pandemic (H1N1) 2009,” World Health Organization.

<sup>160</sup> “Current WHO Phase of Pandemic Alert for Pandemic (H1N1) 2009,” World Health Organization.

<sup>161</sup> “Current WHO Phase of Pandemic Alert for Pandemic (H1N1) 2009,” World Health Organization.

<sup>162</sup> “Current WHO Phase of Pandemic Alert for Pandemic (H1N1) 2009,” World Health Organization.

## *SARS-CoV*

Outbreak of severe acute respiratory syndrome coronavirus (SARS-CoV), first identified in 2003, originated in Guangdong province, and it rapidly spread to 26 Member States with over 8,000 identified cases and an estimated several hundred deaths.<sup>163</sup> The outbreak was predominantly seen to impact wealthier urban areas, spreading in more developed environments at a quicker rate.<sup>164</sup> This incident contradicted the idea that only less developed Member States remained at-risk of becoming pandemic hotspots, as Toronto, Hong Kong, Taipei, and Singapore all developed “chains of human-to-human transmission.”<sup>165</sup> The spread outside of China was linked to a single medical doctor who had treated patients and died from the disease in February 2003.<sup>166</sup> Before checking himself into a hospital, the doctor infected at least 16 other guests of the Metropole Hotel in Hong Kong causing the virus to spread into various metro areas.<sup>167</sup>

When a potential pandemic is discovered, there are multiple ways to intervene and slow down or stop the spread.<sup>168</sup> The interventions include “isolating, case-patients, quarantining close contacts, and enhancing infection control.”<sup>169</sup> These modern interventions were effective in quickly mitigating the spread of the SARS-CoV epidemic.<sup>170</sup> Targeted and effective quarantines identify any people that may have been exposed rather than arbitrary implementation that can be done in a discriminatory fashion such as by socioeconomic or racial divides.<sup>171</sup> In the case of SARS-CoV outbreak, individuals exposed to symptomatic people were separated and monitored during the incubation period of the virus.<sup>172</sup> During this period, those exposed were actively monitored typically at home, and in rare instance under legally required police surveillance.<sup>173</sup>

Within four months of discovery, the SARS outbreak was contained due in part to the successful efforts of international coordination spearheaded by WHO alongside the Global Outbreak Alert and Response Network (GOARN).<sup>174</sup> During this time, China approached the WHO to assist in coordinating a response within a couple of weeks of the outbreak in Hong Kong.<sup>175</sup> Besides technical and laboratory support, WHO was able to release a global alert, identify the strain, and name the disease to help track its spread.<sup>176</sup>

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<sup>163</sup> “SARS (Severe Acute Respiratory Syndrome),” World Health Organization (World Health Organization, April 26, 2012), <https://www.who.int/ith/diseases/sars/en/>.

<sup>164</sup> “How the 4 Biggest Outbreaks since the Start of This Century Shattered Some Long-Standing Myths,” World Health Organization (World Health Organization, September 1, 2015), <https://www.who.int/csr/disease/ebola/ebola-6-months/myths/en/>.

<sup>165</sup> “SARS (Severe Acute Respiratory Syndrome),” World Health Organization (World Health Organization, April 26, 2012), <https://www.who.int/ith/diseases/sars/en/>.

<sup>166</sup> J.S. Mackenzie, “The WHO Response to SARS and Preparations for The Future,” Learning from SARS: Preparing for the Next Disease Outbreak: Workshop Summary. (U.S. National Library of Medicine), <https://www.ncbi.nlm.nih.gov/books/NBK92476/>.

<sup>167</sup> J.S. Mackenzie, “The WHO Response to SARS and Preparations for The Future,” Learning from SARS: Preparing for the Next Disease Outbreak: Workshop Summary. (U.S. National Library of Medicine).

<sup>168</sup> David M Bell, “Public Health Interventions and SARS Spread, 2003,” Emerging infectious diseases (Centers for Disease Control and Prevention, November 2004).

<sup>169</sup> David M Bell, “Public Health Interventions and SARS Spread, 2003,” Emerging infectious diseases (Centers for Disease Control and Prevention, November 2004).

<sup>170</sup> David M Bell, “Public Health Interventions and SARS Spread, 2003,” Emerging infectious diseases (Centers for Disease Control and Prevention, November 2004).

<sup>171</sup> David M Bell, “Public Health Interventions and SARS Spread, 2003,” Emerging infectious diseases (Centers for Disease Control and Prevention, November 2004).

<sup>172</sup> David M Bell, “Public Health Interventions and SARS Spread, 2003,” Emerging infectious diseases (Centers for Disease Control and Prevention, November 2004).

<sup>173</sup> David M Bell, “Public Health Interventions and SARS Spread, 2003,” Emerging infectious diseases (Centers for Disease Control and Prevention, November 2004).

<sup>174</sup> J.S. Mackenzie, “The WHO Response to SARS and Preparations for The Future,” Learning from SARS: Preparing for the Next Disease Outbreak: Workshop Summary. (U.S. National Library of Medicine), <https://www.ncbi.nlm.nih.gov/books/NBK92476/>.

<sup>175</sup> J.S. Mackenzie, “The WHO Response to SARS and Preparations for The Future,” Learning from SARS: Preparing for the Next Disease Outbreak: Workshop Summary. (U.S. National Library of Medicine).

<sup>176</sup> J.S. Mackenzie, “The WHO Response to SARS and Preparations for The Future,” Learning from SARS: Preparing for the Next Disease Outbreak: Workshop Summary. (U.S. National Library of Medicine).

As the spread continued and more cases were being identified globally, the mission shifted into a “multifaceted, multilateral, and multidisciplinary response” between “WHO Headquarters, Switzerland, and by the WHO WPRO, the Philippines.”<sup>177</sup> WHO was able to deploy hundreds of expert staff to help contain outbreaks in various Member States under the coordination of GOARN.<sup>178</sup> It also created a network that met regularly and created updates on the different needs for tools and strategies to manage containment.<sup>179</sup> WHO’s efforts were able to virtually unite experts, epidemiologists, public health institutions and other various government leaders and institutions to quickly disseminate information to all partners.<sup>180</sup> Furthermore, GOARN was able to form the epidemiology network and a laboratory network to produce singular consensus through collaborative understanding in its response.<sup>181</sup>

## *H1N1*

In 2009, the first influenza outbreak of the century happened with a new strain of Influenza A (H1N1), or more commonly known as the swine flu.<sup>182</sup> Just as with SARS-CoV, immediate assumptions of its origin and impact were incorrect, and may have resulted in the reduced speed and effectiveness of response.<sup>183</sup> Initially believed to have begun in Asia as an avian flu, the virus was discovered to have originated in North America and transmitted by swine, with Mexico being the epicenter.<sup>184</sup> Months following the outbreak, the international community learned the following: it’s rapid transmission required immediate cooperation between Member States. The speed of new information and progress required effective networks and media to communicate updates to the public and professionals; and lastly, preparation was key in ensuring mitigation.<sup>185</sup> Within six months of the pandemic, 208 Member States had reported over 10,000 cases globally.<sup>186</sup>

April 15, 2009, marked the first identification of this new strain circulating among humans in California by the United States of America’s Center for Disease Control (CDC).<sup>187</sup> A second case was found two days later 130 miles away.<sup>188</sup> Between 2005 and 2009, there were sporadic reports of animal-to-human transmission of the H1N1 virus, however, there was no record of human-to-human transmission. Therefore the risk of an outbreak was low until a couple of disconnected cases appeared during the same time period in California.<sup>189</sup> By April 18, 2009, the CDC had followed the IHR and reported the cases to WHO, as well as the Pan American Health Organization (PAHO),

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<sup>177</sup> J.S. Mackenzie, “The WHO Response to SARS and Preparations for The Future,” Learning from SARS: Preparing for the Next Disease Outbreak: Workshop Summary. (U.S. National Library of Medicine).

<sup>178</sup> J.S. Mackenzie, “The WHO Response to SARS and Preparations for The Future,” Learning from SARS: Preparing for the Next Disease Outbreak: Workshop Summary. (U.S. National Library of Medicine).

<sup>179</sup> J.S. Mackenzie, “The WHO Response to SARS and Preparations for The Future,” Learning from SARS: Preparing for the Next Disease Outbreak: Workshop Summary. (U.S. National Library of Medicine).

<sup>180</sup> J.S. Mackenzie, “The WHO Response to SARS and Preparations for The Future,” Learning from SARS: Preparing for the Next Disease Outbreak: Workshop Summary. (U.S. National Library of Medicine).

<sup>181</sup> J.S. Mackenzie, “The WHO Response to SARS and Preparations for The Future,” Learning from SARS: Preparing for the Next Disease Outbreak: Workshop Summary. (U.S. National Library of Medicine).

<sup>182</sup> “The 2009 H1N1 Pandemic: Summary Highlights, April 2009-April 2010,” Centers for Disease Control and Prevention (Centers for Disease Control and Prevention), <https://www.cdc.gov/h1n1flu/cdcresponse.htm>.

<sup>183</sup> Carlos del Rio and Jeannette Guarner, “The 2009 Influenza A (H1N1) Pandemic: What Have We Learned in the Past 6 Months,” Transactions of the American Clinical and Climatological Association (American Clinical and Climatological Association, 2010), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2917128/>.

<sup>184</sup> Carlos del Rio and Jeannette Guarner, “The 2009 Influenza A (H1N1) Pandemic: What Have We Learned in the Past 6 Months,” Transactions of the American Clinical and Climatological Association (American Clinical and Climatological Association, 2010).

<sup>185</sup> Carlos del Rio and Jeannette Guarner, “The 2009 Influenza A (H1N1) Pandemic: What Have We Learned in the Past 6 Months,” Transactions of the American Clinical and Climatological Association (American Clinical and Climatological Association, 2010).

<sup>186</sup> Carlos del Rio and Jeannette Guarner, “The 2009 Influenza A (H1N1) Pandemic: What Have We Learned in the Past 6 Months,” Transactions of the American Clinical and Climatological Association (American Clinical and Climatological Association, 2010).

<sup>187</sup> “The 2009 H1N1 Pandemic: Summary Highlights, April 2009-April 2010,” Centers for Disease Control and Prevention (Centers for Disease Control and Prevention), <https://www.cdc.gov/h1n1flu/cdcresponse.htm>.

<sup>188</sup> “The 2009 H1N1 Pandemic: Summary Highlights, April 2009-April 2010,” Centers for Disease Control and Prevention.

<sup>189</sup> “The 2009 H1N1 Pandemic: Summary Highlights, April 2009-April 2010,” Centers for Disease Control and Prevention.

Canada, and Mexico.<sup>190</sup> The CDC continued to collect samples of possible cases and began the process of producing a vaccine.<sup>191</sup> Samples acquired by the CDC from Mexico confirmed numerous cases there, and the report of the findings were shared with Canada and Mexico.<sup>192</sup>

Following the guidelines of the IHR, ten days after the identification of a possible new influenza (flu) pandemic, “the Director-General of WHO declared the 2009 H1N1 outbreak a Public Health Emergency of International Concern and recommended that countries [Member States] intensify surveillance for unusual outbreaks of influenza-like illness and severe pneumonia.”<sup>193</sup> On the same day, several clusters were identified across the United States and a public health emergency was declared.<sup>194</sup> On April 27, 2009, as a result of the growing identified outbreaks, WHO announced a level four pandemic alert which confirmed that there was active human-to-human transmission actively occurring at the time.<sup>195</sup> A travel advisory also went into place as numerous deaths and clusters had already been reported in Mexico.<sup>196</sup> Other safety advisories were also announced for those predisposed to high-risk complications due to influenza effects.<sup>197</sup> Two days later, the WHO raised the alert from level four to five which identified a pandemic that has crossed borders and labels the concern to “imminent.”<sup>198</sup>

On June 11, 2009, the WHO declared a global pandemic and increased the alert level to six as the influenza had spread to 213 Member States.<sup>199</sup> Dr. Nancy Cox of the CDC stated that the finding of the H1N1 influenza was partially due to coordination of the CDC to prepare for possible outbreaks of the avian flu or H5N1.<sup>200</sup> The first identification happened during a “trial of an investigational diagnostic tool that had been developed to detect the H5N1 influenza A virus; the other human case was identified from a sample collected as part of an influenza surveillance project.”<sup>201</sup> While the first cases were discovered in the United States, similar cases in Mexico were incorrectly identified as SARS.<sup>202</sup> These were later determined to be false through lab testing.<sup>203</sup> As samples were sent to the CDC in Atlanta and Health Canada in Winnipeg, the three Member States and their medical and disease control institutions realized they were identifying the same strain of H1N1.<sup>204</sup> However, at that point, the number of cases had already increased rapidly and spread globally.<sup>205</sup>

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<sup>190</sup> “The 2009 H1N1 Pandemic: Summary Highlights, April 2009-April 2010,” Centers for Disease Control and Prevention.

<sup>191</sup> “The 2009 H1N1 Pandemic: Summary Highlights, April 2009-April 2010,” Centers for Disease Control and Prevention.

<sup>192</sup> “The 2009 H1N1 Pandemic: Summary Highlights, April 2009-April 2010,” Centers for Disease Control and Prevention.

<sup>193</sup> “The 2009 H1N1 Pandemic: Summary Highlights, April 2009-April 2010,” Centers for Disease Control and Prevention.

<sup>194</sup> “The 2009 H1N1 Pandemic: Summary Highlights, April 2009-April 2010,” Centers for Disease Control and Prevention.

<sup>195</sup> “The 2009 H1N1 Pandemic: Summary Highlights, April 2009-April 2010,” Centers for Disease Control and Prevention.

<sup>196</sup> “The 2009 H1N1 Pandemic: Summary Highlights, April 2009-April 2010,” Centers for Disease Control and Prevention.

<sup>197</sup> “The 2009 H1N1 Pandemic: Summary Highlights, April 2009-April 2010,” Centers for Disease Control and Prevention.

<sup>198</sup> “The 2009 H1N1 Pandemic: Summary Highlights, April 2009-April 2010,” Centers for Disease Control and Prevention.

<sup>199</sup> Institute of Medicine (US) Forum on Microbial Threats, “Workshop Overview,” *The Domestic and International Impacts of the 2009-H1N1 Influenza A Pandemic: Global Challenges, Global Solutions: Workshop Summary*. (U.S. National Library of Medicine) <https://www.ncbi.nlm.nih.gov/books/NBK52789/>.

<sup>200</sup> Institute of Medicine (US) Forum on Microbial Threats, “Workshop Overview,” *The Domestic and International Impacts of the 2009-H1N1 Influenza A Pandemic: Global Challenges, Global Solutions: Workshop Summary*. (U.S. National Library of Medicine).

<sup>201</sup> Institute of Medicine (US) Forum on Microbial Threats, “Workshop Overview,” *The Domestic and International Impacts of the 2009-H1N1 Influenza A Pandemic: Global Challenges, Global Solutions: Workshop Summary*. (U.S. National Library of Medicine).

<sup>202</sup> Institute of Medicine (US) Forum on Microbial Threats, “Workshop Overview,” *The Domestic and International Impacts of the 2009-H1N1 Influenza A Pandemic: Global Challenges, Global Solutions: Workshop Summary*. (U.S. National Library of Medicine).

<sup>203</sup> Institute of Medicine (US) Forum on Microbial Threats, “Workshop Overview,” *The Domestic and International Impacts of the 2009-H1N1 Influenza A Pandemic: Global Challenges, Global Solutions: Workshop Summary*. (U.S. National Library of Medicine).

<sup>204</sup> Institute of Medicine (US) Forum on Microbial Threats, “Workshop Overview,” *The Domestic and International Impacts of the 2009-H1N1 Influenza A Pandemic: Global Challenges, Global Solutions: Workshop Summary*. (U.S. National Library of Medicine).

<sup>205</sup> Institute of Medicine (US) Forum on Microbial Threats, “Workshop Overview,” *The Domestic and International Impacts of the 2009-H1N1 Influenza A Pandemic: Global Challenges, Global Solutions: Workshop Summary*. (U.S. National Library of Medicine).

Coincidentally, in April 2009 the CDC had hosted a conversation for the Council of State and Territorial Epidemiologists on influenza, which highlighted a number of key goals to prepare for global pandemics.<sup>206</sup> The goals included: “speedier identification of novel influenza A virus (IAV) infections in humans; assessment of risk for the potential for human-to-human transmission of novel IAV’s; identifying risk groups for severe disease; the development and global distribution of diagnostic reagents capable of identifying novel IAV infections; and the development of vaccine strain candidates of novel IAVs with pandemic potential.”<sup>207</sup>

In June 2009, the United States organized a workshop in order to review their response to the pandemic.<sup>208</sup> At the event, Dr. Keiji Fukuda of WHO, highlighted several successes including: “early detection and reporting of the novel virus; early and ongoing scientific investigations; functional global communications among countries and organizations; wide sharing of viruses, genetic sequences, and related information; provision of assistance and guidance; on-time development and production of a pandemic vaccine; increased access to antiviral drugs; and modest enactment of trade and travel restrictions.”<sup>209</sup>

### *Current Situation*

Often, the impact of pandemics are viewed solely in the context of their death tolls.<sup>210</sup> However, that view alone is limited, and increasingly seen as insufficient.<sup>211</sup> The IHR revisions of 2005 broaden the scope of understanding how outbreaks impact travel and the economies of Member States.<sup>212</sup> Lee Jong-wook, former Director-General of WHO, appropriately stated that, “pandemics do not respect international borders.”<sup>213</sup> As safety and security is questioned at the beginning of an outbreak, Member States often become disincentivized from reporting outbreaks due to fear of an economic downturn.<sup>214</sup> However, for containment and mitigation to have immediate and lasting effects, time is of the essence.<sup>215</sup> Forgoing timely outbreak reports could make economic problems worse, and also strain political systems and national institutions.<sup>216</sup> Therefore, it is the job of the international community to ensure that early and rapid communication about possible outbreaks is better enforced. The 2005 revisions of the IHR sought to better regulate reporting of events within Member States to make sure that early response was made possible.<sup>217</sup> Nonetheless, the IHR remains the only “international legal framework governing how WHO and its Member States

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<sup>206</sup> Institute of Medicine (US) Forum on Microbial Threats, “Workshop Overview,” *The Domestic and International Impacts of the 2009-H1N1 Influenza A Pandemic: Global Challenges, Global Solutions: Workshop Summary*. (U.S. National Library of Medicine).

<sup>207</sup> Institute of Medicine (US) Forum on Microbial Threats, “Workshop Overview,” *The Domestic and International Impacts of the 2009-H1N1 Influenza A Pandemic: Global Challenges, Global Solutions: Workshop Summary*. (U.S. National Library of Medicine).

<sup>208</sup> Institute of Medicine (US) Forum on Microbial Threats, “Workshop Overview,” *The Domestic and International Impacts of the 2009-H1N1 Influenza A Pandemic: Global Challenges, Global Solutions: Workshop Summary*. (U.S. National Library of Medicine).

<sup>209</sup> Institute of Medicine (US) Forum on Microbial Threats, “Workshop Overview,” *The Domestic and International Impacts of the 2009-H1N1 Influenza A Pandemic: Global Challenges, Global Solutions: Workshop Summary*. (U.S. National Library of Medicine).

<sup>210</sup> “Frequently Asked Questions about the International Health Regulations (2005),” World Health Organization (World Health Organization, n.d.), <https://www.who.int/ihr/about/FAQ2009.pdf?ua=1&ua=1>.

<sup>211</sup> “Frequently Asked Questions about the International Health Regulations (2005),” World Health Organization (World Health Organization, n.d.).

<sup>212</sup> “Frequently Asked Questions about the International Health Regulations (2005),” World Health Organization (World Health Organization, n.d.).

<sup>213</sup> Sara Davies, “National Security and Pandemics,” United Nations (United Nations), accessed September 12, 2020, <https://www.un.org/en/chronicle/article/national-security-and-pandemics>.

<sup>214</sup> “Frequently Asked Questions about the International Health Regulations (2005),” World Health Organization (World Health Organization, n.d.), <https://www.who.int/ihr/about/FAQ2009.pdf?ua=1&ua=1>.

<sup>215</sup> “Frequently Asked Questions about the International Health Regulations (2005),” World Health Organization (World Health Organization, n.d.).

<sup>216</sup> Sara Davies, “National Security and Pandemics,” United Nations (United Nations), accessed September 12, 2020, <https://www.un.org/en/chronicle/article/national-security-and-pandemics>.

<sup>217</sup> Sara Davies, “National Security and Pandemics,” United Nations.

should respond to infectious disease outbreaks.”<sup>218</sup> Other regional frameworks have since been negotiated between Member States, but even then, they too include many shortfalls such as only relying on self-reporting.<sup>219</sup>

### ***Covid-19***

On December 31, 2019, the IHR focal contact at the WHO Western Pacific Regional Office (WHO/WPRO) received a translated news report of an outbreak of an unknown cluster of a pneumonia-like disease in Wuhan, China.<sup>220</sup> The following day, the WHO, following its responsibility under the IHR, initiated the Incident Management Support Team (IMST) per the Emergency Response Framework (ERF).<sup>221</sup> On January 2, 2020, WHO contacted GOARN about the pneumonia-like outbreaks.<sup>222</sup> In the next ten days, samples and tests were conducted to identify the virus and whether there was a possibility of human-to-human transmission, even as Japan uncovered its own cases of Covid-19 on January 16, 2020, the first cases confirmed internationally.<sup>223</sup> Three days later the WHO/WPRO found “evidence of limited human-to-human transmission,” as the United States reported its first confirmed case on January 21, 2020.<sup>224</sup> Within days, France confirmed their first cases on January 24, 2020, resulting in three continents confirming cases in less than a month, without an identification of whether this event was a “public health emergency of international concern (PHEIC) yet.”<sup>225</sup> Finally, on January 30, 2020, as many other regions began confirming cases and preparing mitigation efforts, a PHEIC was announced by the WHO Director General.<sup>226</sup>

With rapid spread, Member States scrambled to contain the deadly virus with little luck.<sup>227</sup> A large part of the infected population remained asymptomatic or had mild symptoms.<sup>228</sup> This made tracking of the virus incredibly difficult, with epidemiologists estimating its spread to be between two and three people per each person infected.<sup>229</sup> The next month saw rapid scrambling of resources that included identifying and mobilizing supply chains through the Pandemic Supply Chain Network and effective digital efforts, to support WHO in coordinating a response.<sup>230</sup> Both of these actions rely on coordination with the private sector to supplement the ability of WHO in those areas.<sup>231</sup>

By March 11, 2020, the WHO labeled COVID-19 as a pandemic, and a couple days later Europe was declared the epicenter.<sup>232</sup> Immediate need for funding was needed to boost preparedness in developing regions that lacked necessary resources, and coordination with refugee organizations began to help in areas not directly covered by government interventions.<sup>233</sup> By March 25, 2020, the key response document for humanitarian crises was published, the Global Humanitarian Response Plan (GHRP), a key plan to tackle immediate needs including to “secure supply chains and humanitarian personnel mobility.”<sup>234</sup> As a result, this document did not address secondary or tertiary

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<sup>218</sup> Sara Davies, “National Security and Pandemics,” United Nations.

<sup>219</sup> Sara Davies, “National Security and Pandemics,” United Nations.

<sup>220</sup> “Listings of WHO’s Response to COVID-19.” World Health Organization, June 29, 2020, <https://www.who.int/news/item/29-06-2020-covidtimeline>.

<sup>221</sup> “Listings of WHO’s Response to COVID-19.” World Health Organization.

<sup>222</sup> “Listings of WHO’s Response to COVID-19.” World Health Organization.

<sup>223</sup> “Listings of WHO’s Response to COVID-19.” World Health Organization.

<sup>224</sup> “Listings of WHO’s Response to COVID-19.” World Health Organization.

<sup>225</sup> “Listings of WHO’s Response to COVID-19.” World Health Organization.

<sup>226</sup> “Listings of WHO’s Response to COVID-19.” World Health Organization.

<sup>227</sup> Jin Wu et al., “How the Virus Got Out,” *The New York Times* (The New York Times, March 22, 2020), <https://www.nytimes.com/interactive/2020/03/22/world/coronavirus-spread.html>.

<sup>228</sup> Jin Wu et al., “How the Virus Got Out,” *The New York Times*.

<sup>229</sup> Craig McCool, “How Quickly Does Coronavirus Spread?,” University of Michigan, March 15, 2020, <https://labblog.uofmhealth.org/lab-report/how-quickly-does-coronavirus-spread>.

<sup>230</sup> “Listings of WHO’s Response to COVID-19.” World Health Organization, June 29, 2020, <https://www.who.int/news/item/29-06-2020-covidtimeline>.

<sup>231</sup> “Listings of WHO’s Response to COVID-19.” World Health Organization.

<sup>232</sup> “Listings of WHO’s Response to COVID-19.” World Health Organization.

<sup>233</sup> “Listings of WHO’s Response to COVID-19.” World Health Organization, June 29, 2020, <https://www.who.int/news/item/29-06-2020-covidtimeline>.

<sup>234</sup> “Listings of WHO’s Response to COVID-19.” World Health Organization, June 29, 2020, <https://www.who.int/news/item/29-06-2020-covidtimeline>.

impacts of COVID-19.<sup>235</sup> GHRP initially called for over USD 2 Billion to mitigate the impacts of COVID-19 to those covered under the plan, though in May 2020 it was updated to USD 6.7 Billion and expanded its coverage to “63 low and middle-income countries.”<sup>236</sup>

As our understanding of COVID-19 grew, so did anticipation of how cases and deaths may increase in the coming months, especially during flu season, which could both increase hospitalizations and reduce capacity for treatment.<sup>237</sup> To try and counteract this, and to slow down the spread of COVID-19, WHO and Member States sprang into action to convene meetings and share knowledge and research around developing a vaccine.<sup>238</sup> WHO initiated several conversations between experts and leaders in the first few months of the outbreak, and drafted the “landscape of COVID-19 vaccines.” In April 2020, WHO released statements from over 130 scientists with their commitment to develop a vaccine and opened collaboration on their platform, Access to COVID-19 Tools Accelerator, or ACT-Accelerator, to speed up the process of vaccine development.<sup>239</sup> Throughout June and July 2020, the COVAX Facility, “a mechanism designed to guarantee rapid, fair and equitable access to COVID-19 vaccines worldwide,” began collaboration to ensure financing for the COVID-19 vaccine as well as to promote equitable access to it.<sup>240</sup> At the time, the partners only represented 60 percent of the world’s population.<sup>241</sup>

Additionally, there are still challenges in making sure everyone gets the vaccine that’s necessary for herd immunity.<sup>242</sup> Herd immunity is a concept used for vaccination, in which a population can be protected from a certain virus if a threshold of vaccination is reached.<sup>243</sup> It is estimated that right now only about 10 percent of the population has been exposed to COVID-19, and it will take vaccination to reach a significantly higher percentage to reach threshold. For instance, to reach herd immunity for polio or measles, an 80 percent and 95percent threshold was required respectively.<sup>244</sup> As questions around distribution grow, so do concerns that some people may not want to take vaccines due to misinformation or fear.<sup>245</sup>

## ***Conclusion***

According to the WHO, there have been over 90 million cases and over two million deaths reportedly due to COVID-19.<sup>246</sup> Disease does not discriminate, and “the world is only as strong as its weakest health system,” as put by UN Secretary-General Antonio Guterres.<sup>247</sup> With growing economies and rapid movement across the globe, risks

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<sup>235</sup> “Global Humanitarian Response Plan; COVID-19,” Unite Nations Coordinated Appeal, April – December 2020, <https://www.unocha.org/sites/unocha/files/Global-Humanitarian-Response-Plan-COVID-19.pdf>

<sup>236</sup> “Listings of WHO’s Response to COVID-19.” World Health Organization, June 29, 2020, <https://www.who.int/news/item/29-06-2020-covidtimeline>.

<sup>237</sup> Jett, Lauren. “Vaccine Challenges.” Vaccine Challenges | Harvard Medical School. The President and Fellows of Harvard College, September 10, 2020. <https://hms.harvard.edu/news/vaccine-challenges>.

<sup>238</sup> “Listings of WHO’s Response to COVID-19.” World Health Organization, June 29, 2020, <https://www.who.int/news/item/29-06-2020-covidtimeline>.

<sup>239</sup> “Listings of WHO’s Response to COVID-19.” World Health Organization, June 29, 2020, <https://www.who.int/news/item/29-06-2020-covidtimeline>.

<sup>240</sup> “Listings of WHO’s Response to COVID-19.” World Health Organization, June 29, 2020, <https://www.who.int/news/item/29-06-2020-covidtimeline>.

<sup>241</sup> “Listings of WHO’s Response to COVID-19.” World Health Organization, June 29, 2020, <https://www.who.int/news/item/29-06-2020-covidtimeline>.

<sup>242</sup> Jett, Lauren. “Vaccine Challenges.” Vaccine Challenges | Harvard Medical School. The President and Fellows of Harvard College, September 10, 2020. <https://hms.harvard.edu/news/vaccine-challenges>.

<sup>243</sup> “Listings of WHO’s Response to COVID-19.” World Health Organization, June 29, 2020, <https://www.who.int/news/item/29-06-2020-covidtimeline>.

<sup>244</sup> “Listings of WHO’s Response to COVID-19.” World Health Organization, June 29, 2020, <https://www.who.int/news/item/29-06-2020-covidtimeline>.

<sup>245</sup> Jett, Lauren. “Vaccine Challenges.” Vaccine Challenges | Harvard Medical School. The President and Fellows of Harvard College, September 10, 2020. <https://hms.harvard.edu/news/vaccine-challenges>.

<sup>246</sup> WHO Coronavirus Disease (COVID-19) Dashboard, World Health Organization, Last Updated January 16, 2021, <https://covid19.who.int>.

<sup>247</sup> ‘We Are Only as Strong as the Weakest’, Secretary-General Stresses, at Launch of Economic Report on COVID-19 Pandemic, United Nations, March 31, 2020, <https://www.un.org/press/en/2020/sgsm20029.doc.htm>.

of exposure grow. But so, do our capabilities to better tackle these problems with modern breakthroughs in medicine and technology, and greater collaboration between Member States. It's no wonder that global health has been such a priority that it holds almost 150 years of international cooperation, and the WHO remains at the forefront of this conversation. However, it will take more than just the challenges of understanding disease itself, but also the many complex long-term consequences of a pandemic and the questions that come with a collective response.

### *Committee Directive*

Under the IHR, the WHO has been able to provide guidance in pandemic response for decades. But some pandemics continue to challenge the ability to respond quickly enough in every part of the world, at times leading the disease to cross borders before it is identified. Delegates should review the impacts of individual pandemics on their populations as well as the sort of response that was implemented. Some questions for delegates to consider are were there long-term effects of the pandemics that still require attention? Were all the necessary resources and information adequately distributed? Is there equitable access to information and healthcare? How are mitigation efforts, quarantines, and contact tracing effectively instituted? How did cooperation between international partners and institutions succeed? How can Member States benefit from improving existing response plans? How can Member States be accountable to their commitments to report outbreaks in a timely manner?

## Annotated Bibliography

### I. Addressing Mental Health Needs of Populations in Crisis

"Substantial investment needed to avert mental health crisis," The World Health Organization, May 14, 2020, <https://www.who.int/news/item/14-05-2020-substantial-investment-needed-to-avert-mental-health-crisis> (Accessed January 13, 2021)

In May 2020, the World Health Organization (WHO) recognized that the COVID-19 pandemic highlighted the urgent need to increase investments for mental health services. The WHO reported specific populations that have been in particular risk of COVID-19-related psychological distress include frontline healthcare workers who have faced life-or-death decisions, significantly heavy workloads, and the risk of infecting themselves. Despite recognizing the need for mental health services, the WHO noted that the pandemic caused interruptions to such physical and mental health services. The WHO article includes quotes, statistics from Member States, and other informative information regarding mental health service effects from the pandemic.

Policy Brief: COVID-19 and the Need for Action on Mental Health. The World Health Organization. May 13, 2020. [https://www.un.org/sites/un2.un.org/files/un\\_policy\\_brief-covid\\_and\\_mental\\_health\\_final.pdf](https://www.un.org/sites/un2.un.org/files/un_policy_brief-covid_and_mental_health_final.pdf) (Accessed January 13, 2021)

The WHO published a policy brief highlighting how the COVID-19 crisis has been the "seeds of a major mental health crisis." The policy brief noted there are populations in psychological distress due to the immediate health impacts of COVID-19, plus the results of physical isolation and the fear of being distant or losing loved ones and friends. The economic effects of the pandemic may also result in additional mental health stress. The WHO policy brief includes details statistics and details of the virus' effect on mental health and health services.

"Technology's growing role in fixing the mental health crisis," Fortune, January 15, 2021, <https://fortune.com/2021/01/15/technology-mental-health-workit-health-cisco-covid-fortune-brainstorm/> (Accessed January 13, 2021)

The financial impact, the challenges of caring for sick relatives, the growing death rate, and the fear of catching a virus have added a significant deal of stress to people's lives and their minds. In the Fortune podcast "Brainstorm," the program's hosts discuss how technology can alleviate the mental health crisis. Robin McIntosh, co-founder and co-CEO of the online rehab service Workit Health, joins the program to further note how virtual treatment has been a major key to increasing mental health service accessibility,

## II. Improving Global Pandemic Response

"Timeline: WHO's COVID-19 response," The World Health Organization, [https://www.who.int/emergencies/diseases/novel-coronavirus-2019/interactive-timeline?gclid=CjwKCAiAgJWABhArEiwAmNVTBzEYIsHUU5\\_UpNsH4A5RBQjSsEx0OZkn481RyzxCN\\_ubWPxlhrWgBBBoCNEUQAvD\\_BwE#event-115](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/interactive-timeline?gclid=CjwKCAiAgJWABhArEiwAmNVTBzEYIsHUU5_UpNsH4A5RBQjSsEx0OZkn481RyzxCN_ubWPxlhrWgBBBoCNEUQAvD_BwE#event-115) (Accessed January 13, 2021)

The WHO developed an interactive timeline graphic detailing the organization COVID-19 response with information further detailing its role in advice, leadership, science, response, and resourcing. The WHO timeline includes additional articles, speeches, and videos on specific responses made by the health organization. The website features the latest global dashboard and situation reports.

"WHO and UNICEF to partner on pandemic response through COVID-19 Solidarity Response Fund," The World Health Organization, April 3, 2020, <https://www.who.int/news/item/03-04-2020-who-and-unicef-to-partner-on-pandemic-response-through-covid-19-solidarity-response-fund> (Accessed January 13, 2021)

To further tackle the COVID-19 pandemic, the WHO and the United Nations Children's Fund (UNICEF) formed a response fund partnership. In early April 2020, the COVID-19 Solidarity Response Fund facilitated "an unprecedented global response" by further supporting the WHO's Strategic Preparedness and Response Plan. The partnership helped allow UNICEF to receive funds for their work with vulnerable children and communities. The funds will be used for a variety of services including training and equipping communities and healthcare workers to detect, treat, and prevent COVID-19.

"International Day of Epidemic Preparedness, 27 December," The United Nations, <https://www.un.org/en/observances/epidemic-preparedness-day> (Accessed January 13, 2021)

The United Nations (UN) commemorated December 27, 2020, as the first International Day of Epidemic Preparedness. The UN acknowledges that global health crises threaten health systems, which are already overwhelmed with disruptions in supply chains across the world. The UN calls for the strengthening of epidemic prevention by "applying lessons learned on epidemic management and how to prevent the stoppage of basic services, and to raise the level of preparedness in order to have the earliest and most adequate response to any epidemic that may arise, and recognizing also the value of an integrated One Health approach that fosters integration of human health, animal health and plant health, as well as environmental and other relevant sectors." To improve response times, the international community must have cooperation and multilateralism. The WHO has played an important role in coordinating responses to health crises, while recognizing the role and responsibility of national governments in combating global health challenges, especially affecting women who comprise as the majority the world's health workers.