WORLD HEALTH ORGANIZATION

HEALTH IN THE AGE OF CHANGE

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DIRECTOR LETTER

Hi, everyone!

My name is Archer Cyr Halbert, I use they/them pronouns, and I'm very excited to be your director for the World Health Organization! I'm a Geological Sciences major here at the University of Florida. I've been doing Model UN for over five years and have been directing for two of those, with many of those being GA. My love for GA comes from a love of the policy and procedure, but I also love the fast-paced updates of a crisis or spec, so I'm excited to be able to implement that in any way I can.

As a geological sciences major, it is not often that my job overlaps with the realm of medical science. But the impact that any physical science can have on the physical and mental state of people globally is something I do interact with. Without the proper implementation procedures, advancements, infrastructure, and understanding, health problems can become increasingly inflated and overwhelming for nations. With that being said, the World Health Organization may be focused on health above all, but this does not limit their scope of applicability and usage to combat more than just medical care. Access to medical care and coverage, mental health and disorder care, and the implementation of new and emerging technologies is incredibly important to furthering the WHOs mission statement. With this in mind, the World Health Organization at SUNMUN will focus on two topics: mental health and care as a priority in developing states, and the role of emerging technology in global healthcare.

Our first topic, mental health and care as a priority in developing nations, has long been addressed on the public global stage. A rise in de-stigmatization and a better understanding of what exactly mental health care means has significantly increased the availability of mental health care in developed nations. That being said, the stigmatization of mental illnesses and disorders is still present throughout a wide range of cultures and countries. As someone familiar with, and living with, mental disorders and illnesses, it's important that a wide variety of treatment options be available to me. In addition, having the correct support system, accommodations, and plans in place lets me live in a way that is comfortable and allows me to function in society alongside my peers. Mental health care is not only taking a rest day, journaling, or going for a walk--it can also be medication, schedule changes, accessibility devices, therapy, and so on. There is a sliding scale of the availability of treatment across the global landscape, and countries fall within this scale in a range of ways. What may be accessible in one nation may not be in another, be it for monetary, societal, or accessibility means. Allowing nations to utilize up and coming treatment options, funding, and begin to break down the stigma of mental health care beyond the care that we need to function well in society. I hope that, as delegates, you prioritize a wide range of mental health care options to promote in global societies, not just the pretty ones.

Our second topic fits hand in hand with the rapidly changing landscape of our time. It can easily be said that the world, especially in its global superpowers, has been pushing the boundaries of technology for nearly a decade. This comes with both benefits and drawbacks. A rapidly changing landscape makes innovation and creation incredibly important, especially in the aspect of application of such technology. But technology can also become expensive, break easily, and is often not even built to last. With that being said, the technological sector of world health is somewhat of an unknown. Accessibility to technology, especially in developing nations, can be difficult if not impossible, and even in developed nations, technology isn't replaced simply due to older technology still functioning, or functioning better than that which is new. With this topic, you'll have to strike a balance between a reasonable application of the technology, how to gain access as a global group, how to fund and loan this technology, and how to reap the benefits of what you sow.

With both of these topics I would love to see delegates address them according to existing frameworks and utilizing as much information as possible from the WHO, including past proposals, case studies, and all of the information offered in this guide. However, thinking from both an applicable and theoretical aspect will prove helpful in finding solutions that work practically, as well as on paper. As always, don't limit yourself to past ideas--feel free to find solutions that work outside the norm. Again, I am extremely excited to be working with you all and to see how you address the problems brought forth to the WHO. As always, good luck!

Archer Cyr Halbert,
Director, World Health Organization

COMMITTEE BACKGROUND

Introduction

Hello delegates, and welcome to the World Health Organization (WHO). The WHO, in short, is responsible for global health and safety, while also prioritizing and establishing the access to healthcare globally. Founded in 1948, the WHO works as a specialized body under the United Nations. It roots itself firmly in the belief of a right to wellbeing and health for all people, as outlined in its establishing constitution. Its guiding principle is “the attainment by all peoples of the highest possible level of health”. As such, this committee dedicates itself to the prioritization of global health throughout its work, advocating for the accessibility of proper care of the highest caliber.

That being said, the accessibility of this care as well as the application of such can be difficult for the size and scope of this body. As delegates, and representatives of your country, it is important that you work together to decide what policy is put in place, and how it benefits every country you interact with. A policy that benefits all those who reside under the WHO allows for a greater number of people benefiting from its established guidelines, systems, policies, institutions, and bodies generated.

As a committee, we will discuss mental health and care in developing nations, as well as the role of technology in global health. With this, delegates should be mindful of the language they use to address the topic of mental health, illness, and disorders, as well as that surrounding developing nations. As the committee sets forth to discuss these topics, please bear in mind the social, economical, and personal impacts they make, as well as the physical, rather than just the clerical, solutions that can be put into place. Though the WHO works as a clerical body, their impact has always been seen in action, not just in resolutions and action plans.

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

History and the Foundations for Health

The World Health Organization (WHO) was established in April of 1948, followed by the first meeting of the World Health Agency (WHA), its governing body at the time, in July of that same year. The WHO effectively incorporated all of the previously used bodies of the UN predecessor, the League of Nations, including the League of Nations Health Organization, the International Office for Public Health, and the International Classification of Diseases. Work of the WHO officially began three years later after delays due to budgeting and fiscal difficulty were resolved. The WHO was the first specialized agency to which all Member States present at its conception actively subscribed. Its establishing constitution came into force on the first World Health Day when it was ratified by the 26th Member State. In its first years after establishment, the WHO's first priorities were to control the spread of malaria, tuberculosis and sexually transmitted infections (STIs), and to improve maternal and child health, nutrition, and environmental hygiene.

Operational History and Subgroups: A Breakdown

The operational history of the WHO begins with the establishment of a global information service for epidemics. Since then, WHO has focused on controlling, preventing the spread of, and eradicating illnesses such as tuberculosis, malaria, smallpox, a variety of tropical diseases, HIV/AIDs, measles, Ebola, and COVID-19. The WHO has established several subcommittees to accomplish these goals. The International Agency for Research on Cancer began in 1965 for the reason of its namesake, and the Expanded Programme on Immunization followed shortly after, as a partnership between the Food and Agriculture Organization, the WHO, the UN Development Programme, and the World Bank. In order to control, treat, and diagnose tropically based diseases, the WHO established the Special Programme for Research and Training in Tropical Diseases (TDR), at the request of the World Health Agency and partnered with UN Children's Fund, UNDP and the World Bank. In 1977-78, the first list of essential medicine was created, as well as the establishment of the WHO's guiding principle: "Health for All". In 1986, the WHO officially began its global programme on HIV/AIDS, followed by policy to prevent the discrimination of patients with HIV/AIDS. This was followed by a global initiative for the eradication of polio, dracunculiasis, TB, and measles. In 2002, funding increased for the fight against AIDS, TB, and Malaria, and revisions of the International Health Regulations were put into place. This allowed the WHO to declare epidemics a Public Health Emergency of International Concern, including the SARS epidemic, and later on, Ebola and COVID-19.

Recent Changes of the WHO

Following the perceived failure of response to the West Africa Ebola Outbreak, the World Health Organization established the World Health Emergencies program. This effectively changed the function of the WHO to a body that could respond operationally to health emergencies, rather than simply a normative agency. Additionally, the WHO has recommended, in the last year, the formation of the Global Health Emergency Council, which would have a specific focus on a new global health emergency workforce, and recommended a revision of International Health Regulations regarding such.

Foci of the WHO

The overall focus of the WHO, as defined by its constitution, "is the attainment by all people of the highest possible level of health". The WHO fulfills this objective through a variety of means outlined in its constitution, to "act as the directing...authority on international health work", to collaborate with the United Nations, agencies, governments, professional groups, and other such organizations to do so, to "assist governments...in strengthening health services", and to provide technical and health services, promote workplace and personal safety, eradicate and prevent disease, promote nutrition, sanitation, and working conditions, and to make recommendations with respect to international health matters. The WHO personally defined its role in public health as:

- providing leadership on matters of health
- shaping research and stimulating the generation, translation, and dissemination of health related information, alongside ethical and evidence-based policy options
- establishing norms and standards and promoting their implementation
- providing technical support and building sustainable institutional capacity
- monitoring the global health situation and assessing relevant trends.

In doing so, the WHO provides a basis on which they operate on the global scale.

Topics of the WHO

The WHO, as previously stated, has long since stood for the access of healthcare and related services for all member states. However, the focus of the WHO has shifted over time, moving with relevant health crises of the time periods. On a broad scale, the WHO focuses on five broad aspects, all under the third Sustainable Development Goal: improving life course, preventing noncommunicable disease and promoting mental health, elimination of communicable disease, tackling antimicrobial resistance, and health effects of climate change in vulnerable states.

Under these large scale topics fall a variety of substantial topics, including health care, emergency work, surgery and trauma care, digital health, public health education, and pandemic response. Communicable disease has been at the forefront of the WHO for most of its established time, combating malaria, HIV/AIDS, polio, pandemic influenza, and TB. The research and dedication to controlling and eradicating these communicable diseases plays a significant part in the WHO's response to new and emerging pandemics, including H1N1, Ebola, and COVID-19. Its focus on non-communicable disease plays a role in understanding and evaluating everything from developmental disorders, chronic and lifetime illness, and mental disorders, to narcotic drug use and reproductive health. The WHO seeks to improve life course by promoting care, nutrition, physical health, and safe sexual health practices, as well as neonatal and childhood care, and reproductive health. By promoting safety in public health, physical health, mental health, and access to care, the WHO strives to establish a global scape that is beneficial and safe to live and thrive in.

TOPIC I:
MENTAL HEALTH AND CARE AS PRIORITY IN LDCS

Defining a Developing Nation and Defining Mental Health

The topic of mental health and care with a specific focus on developing nations cannot be tackled without the understanding of what a developing nation is and what defines mental health. A developing nation is defined as a "sovereign state with a lesser developed industrial base and a lower Human Development Index". This is not a perfect or standalone definition and is often widely disagreed upon on the global scale. The World Bank classified the world's economies into four distinct income brackets: high, upper-middle, lower-middle, and low income countries. This is based on gross national income per capita, i.e. how much a country can contribute internally and externally. The term 'developing' versus 'developed' has begun a transition process out of the global scope, but it is often used in terminology by the United Nations. The United Nations often uses the terms 'developing' and 'low-income' interchangeably, but since the end of the Cold War, has phased out the term 'third world' to discuss less economically developed countries. The official term for these nations is undecided, but they are often referred to as 'less economically developed countries' by international organizations.

The term mental health, as defined by the CDC, includes emotional, psychological, and social well-being. It is the overall wellness of how one thinks, regulates feelings, and behaves. Subjective well being, perceived self efficacy, autonomy, competence, and self actualization are all functions of mental health. A mental disorder or illness is a behavioral or mental pattern that causes distress or impairment of personal function. Features may be persistent, relapsing, remitting, or occur as single episodes. Mental disorders are usually defined by a combination of how someone feels, behaves, perceives, or thinks. Though these definitions give a broad scope to the understanding of mental health, the term mental health is broad, encompassing a wide range of disorders, illnesses, and struggles, as well as their cause and influencing factors. Cultural differences, assessments, and professional theories all come into play when defining mental health.

The WHO and Mental Health: A Study in Progress

The World Health Organization, in recent years, has increased its acknowledgement of the important role of mental health in achieving global development goals. Since then, it has been included in the Sustainable Development Goals. Suicide is the fourth leading cause of death in teens and young adults, up into age 30. Often, people with severe mental health conditions can die prematurely, due to preventable physical conditions. Despite significant progress, the WHO states that "people with mental health conditions often experience severe human rights violations, discrimination, and stimga". It states that investment is required on all fronts, to reduce stigma, increase access to quality mental health care and effective treatment, and to identify new treatments for mental disorders.

Mental health conditions and disorders can have a substantial impact on significant areas of life, such as school and work performance, relationships, and social participation. The two most common mental health conditions, depression and anxiety, affect around 20% of the world's children and adolescents. Though nearly 1 in 5 individuals from post-conflict settings experience mental health conditions due to trauma, it is not only post-conflict regions that suffer from extensive mental health conditions. Despite this, the global median for expenditures on mental health and care is less than 2%.

In 2019, the WHO established the WHO Special Initiative for Mental Health: Universal HeaCoverage for Mental Health, to begin the process of ensuring access to quality and affordable care for mental health conditions. In doing so, the WHO has helped to extend care to over 110 countries. Integration of general health care with mental health care, mental health care policy, support in humanitarian emergencies, development of psychological interventions, mental health in the workplace and in children and adolescents are among a few of the sectors in which the WHO has worked in. With this initiative, the WHO hopes to establish quality and affordable care for mental health conditions. Though the WHO response is broadly applicable, it is important that legislation such as this continues, especially with funding, de-stigmatization, underrepresented communities, and disorders.

The Role of Mental Health in the Sustainable Development Goals

The Sustainable Development Goals are built on the experience of the Millennium Development Goals, consisting of 17 broad goals with 169 individual targets. They were adopted in 2015 by the United Nations as a call to action to complete the goals by the year 2030. It is a priority of the World Health Organization and the UN to continue to prioritize mental health and care, as mental health is a core factor of the United Nations Sustainable Development Goals (SDGs). In 2015, mental health was included in the definition for SDG 3, prioritizing good health. The goal specifically referenced substance abuse and its links with mental health.

Additionally, target 3.4 on premature death from non-communicable diseases (including mental disorders and substance abuse) aims for a reduction by “one third through prevention and treatment and promotion of mental health and wellbeing”, with target 3.5 addressing prevention and treatment of substance abuse. Additionally, mental health practices are underlined in areas such as SDG 4, 5, 10, and 16, which prioritize education, rights to life, and protections for individuals globally. The rights of people with disabilities are referred to in goals 4, 8, 10, and 11. In order to realistically achieve these SDGs, increased resilience in the face of change is fundamental, and the World Health Organization’s definition of good mental health—a state of wellbeing in which individuals realize their potential, can cope with normal life challenges, can work productively, and can contribute to their communities—makes this clear.

Mental Health Care in Developing Nations

The improvement of mental health in developing countries is centered on the necessity for national governments to work collaboratively to improve their health systems. Working alongside organizations such as the World Federation for Mental Health, the World Health Organizations, and other globally based organizations can help fund projects and allow nations the opportunity for growth with necessary support.

Some of the projects undertaken using the support of the WHO and similar organizations include:

- In Pakistan: the Family Networks for Kids Project, which shifts tasks from health care workers to relatives and neighbors as well, creating a strong network of individuals able to care for youth
- In Kenya: a model to enlist African traditional healers, faith healers, and community health workers to help detect and treat mental illness
- In Zimbabwe: the Friendship Bench Program, which creates a safe space and sense of belonging in communities, improving mental wellbeing.

Nations can also implement strategies related to the World Health Organization Quality Rights Toolkit, which provides nations with practical information and tools to assess the quality of human rights standards in mental health and social care facilities.

Mental Health Care in Developing Nations: Uganda

As previously mentioned, there has been a significant global shift in the stigmatization of mental health and treatment for mental health, as a global effort to encourage and support national governments to strengthen integrated healthcare systems continues. This approach varies in effect mostly due to a lack of human resources available, alongside a lack of funding for training and resource management.

In Uganda, the main challenge of the mental health system includes access, a weak referral system, staff shortages and lack of stock, and an overall need to strengthen supervision and monitoring of existing programs to promote effectiveness. Task-shifting (non-specialist performing care instead of a specialist) is common due to cultural, linguistic, and social orientation between the patient and the caregiver. This makes blanket coverage of care a difficult option, compounded with a lack of infrastructure for transportation to major hospitals.

In order to better implement strategies pertaining to mental health, Kopinak 2015 suggested that Uganda could continue to follow a Western model of mental health care systems. However, establishing a “model based on their needs with small baseline in-country surveys” would better accommodate a range of values, beliefs, resiliency, health promotion, and recovery. This method would lead to a more “efficient mental health system with improved care”, as it was formatted for the country, rather than as a blanket system.

Mental Health Care in Developing Nations: Chile

Mental health care, in recent years, has also shifted to a digital frontier. With much of the world being shifted to a digital workspace in recent years, the healthcare system, including mental health, has as well. Telehealth and e-health have surged in Western nations where the internet is widely used, but also allow access to a doctor or technician in rural areas, where physically seeing a doctor may be impossible.

E-health research development has also been ongoing. In Chile, there has been slow but progressive development toward suitable systems for e-health research and use. Internet based technologies that individuals used as interventions have begun to reduce the gap in access to mental health care in Chile. A study (Rojas et al, 2016) of their remote collaborative depression care programs found that the program received a higher user satisfaction ratio at six months of care. The program utilized internet and telephone for interventions, with aid provided by a care professional. A similar project, also studied, was the Mascayano, where mental health providers created a suicid prevention program utilizing online interventions strategies. Through their study, Rojas found that the spread of mental health care through technology is beneficial to younger generations already in tune with technology, and also provides support to rural communities without verifiable access to in-person treatment. If this were to be considered a long-term solution, Rojas understands that systems would need to be put in place to further support infrastructure, especially that of internet systems and access to the internet.

Current Action Plans

At the 66th World Health Assembly, the WHO announced that, alongside its 194 Member States, it would adopt the WHO Comprehensive Mental Health Action Plan. Beginning in 201, extending to 2020, and then endorsed a second time in 2021, the plan built upon preceding documents regarding mental health and care to set clear actions for Member States moving forward. The document set forth clear actions for Member States, the WHO Secretariat, and international, regional, and national partners to promote mental health, prevent mental health conditions, and to achieve universal coverage for mental health services. The updated plan now includes new and improved indicators and implementation options, building on the groundwork of four major objectives: effective leadership and governance, comprehensive, integrated mental health and social care services in communities, promotion and prevention strategies, and strengthened information systems for information sharing, research, and evidence.

The document emphasized these core objectives for Member States alongside a set of key principals and targets. The WHO emphasized proactive identity and support for groups at risk, a multisectoral strategy combining intervention techniques and reducing stigmatization, discrimination, and human rights violations, identifying those at risk for suicide, including members of underrepresented communities, and improving, overall, research capacity, academic collaboration, and the integration of mental health into routine health information.

As of 2022, the WHO has not yet reaffirmed their Comprehensive Mental Health Action Plan. As the year 2030 approaches and the WHO and the UN work toward achieving and completing the Sustainable Development Goals outlined in 2015, mental health still remains at both the forefront and the background of policy. By strengthening mental health care and services for mental health disorders, including non-communicable diseases, the WHO hopes to end stigmatization, reduce harm, promote health and wellness, and deliver on their goal of the highest standard of care for every individual on the globe.

Questions to Consider

When considering this topic, delegates should focus on the impact that mental health and care has on their individual nations, what solutions have worked in the past, and which solutions can be improved upon for their own countries and developing nations

- How does the member state prioritize mental health in comparison to other health issues?
- What programs are offered or are in place nationally?
- How can these programs be further implemented and how will they be supported?

TOPIC II:
COMBATING THE SPREAD OF EMERGING INFECTIOUS DISEASE

What is an Emerging Infectious Disease?

The World Health Organization, with its work in global healthcare, has always played a role in the understanding, combatting, and treatment of infectious disease, whether it be new, longstanding, or reemerging. Many of the policies surrounding the spread of emerging infectious disease are used alongside those for long standing disease and new disease, regardless of the situation already in place. In terms of addressing emerging infectious disease, it is important to establish a baseline to categorize disease.

Hand in hand with pandemic preparedness, a focus on combating emerging infectious disease continues throughout the WHO's mission statement of providing high quality health care to all.

Emerging infectious diseases (EIDs) are categorized as an infectious disease whose occurrence has increased recently within years, and could increase in the near future. It could have infected a population prior, died out, and reemerged, or become a new perceived threat. It is rapidly spreading in nature, either in terms of the number of people getting infected, or to new geographical areas. They are often zootic in nature, meaning that the disease has crossed over the species barrier between humans and animals. Often, humans have little to no natural immunity, due to the origin of EIDs, making them both difficult to predict and combat. Therefore, solutions to control, prevent, and treat EIDs are often global to region specific, rather than on a country by country basis.

Emerging infectious diseases are often the precursor to epidemics or pandemics depending on the level of preparedness and the understanding of the disease at play. Since 1940 there has been a steady increase of the number of EID events stemming from wildlife related zoonosis. Human activity, including a loss of biodiversity, is considered to be the primary driver of this increase.

Important Emerging Infectious Diseases

EIDs account for nearly 12% of all known human pathogens. Though many evolve from newly identified microbes (including novel viruses), or are zoonotic, some evolve from known pathogens, creating new strands of an already identified virus or disease. They may also change in the face of transport to a new area, or when areas undergo ecological transformation. Others can experience a re-emergence due to a mutation (such as drug resistance). Most emergent viruses are zoonotic.

Since 2015, the WHO has defined a set of diseases as new and emerging with the following tagline: for accelerated research and development for severe emerging diseases with potential to generate a public health emergency, and for which no, or insufficient, preventative and curative solutions exist. These viral diseases include:

- Avian Influenza
- Chikungunya
- Crimean-Congo haemorrhagic fever
- Dengue
- Ebola virus disease
- Hantavirus
- Hand, foot, and mouth disease
- Japanese encephalitis
- Nipah virus
- Novel human coronavirus
- Rabies
- Rift Valley fever
- Viral hepatitis

Bacterial diseases included those such as anthrax, botulism, leptospirosis, plague, salmonellosis, and tularemia. Parasitic diseases included those such as toxoplasmosis and trichinellosis.

These diseases were chosen based on measures including: transmissibility, severity, evolutionary potential, available countermeasures, difficulty in control/detection, public health context, potential scope of outbreak, and potential societal impact.

Contributing Factors to EIDs

A 1992 IOM report distinguished six key factors that contribute to the emergence of new diseases, which was later extended to thirteen specific factors:

- Adaptation: microbial adaptation to the environment, such as genetic drift in Influenza A,
- Changing human susceptibility: change in the ability to fight off the disease, mass immunocompromisation events,
- Climate change: diseases transmitted biologically, moving from the tropics to warm climate,
- Changes in human demographics: an increase in travel or movement facilitating rapid global spread, such as SARS related coronaviruses,

- Economic development: new changes to product availability, such as the use of antibiotics increases antibiotic resistance,
- War and famine: reducing livable space, cleanliness, and access to food resulting in easier rates of transmission and susceptibility,
- Inadequate public health services: a lack of care or support for nations leading to an increase in disease,
- Poverty and social inequality: a similar lack in care or support for low-income regions due to funding,
- Bioterrorism: the use of biological agents for the intent for harm, such as anthrax,
- Land use: harmful use of land, such as the use of pesticides or bouts of standing water contributing to malaria,
- Vaccine hesitancy: a reduction in the rollout of vaccines contributing to a rise in cases of a disease, such as measles,
- Wildlife trade: specifically linked to zoonotic transference of infectious disease, including in unregulated wet markets and wildlife farms.

Additionally, factors such as international trade, lack of political will, human demographics, and available technology and industry can increase the spread of communicable disease. Without the proper structures in place, to identify, combat, and contain a communicable disease, epidemics and pandemics are easily started.

Typical Response

The typical response to EIDs can be classified in several ways. The best is a tier system, in which preparedness, research, combat, and prevention/mitigation lie. In order to consider how to respond to an EID, a country must have the baseline of understanding of the disease, how it affects a population, and how it is transferred. Then, a member state must be ready to act on cases it receives and understand what works best before working to prevent future outbreaks. Above all, systems must be in place for member states to respond appropriately and with the right tools—without these systems in place, countries may fail to respond appropriately or at all, allowing an EID to survive and thrive.

Many countries have established tier lists in order to better understand the impact of infectious disease. These lists rely heavily on the likelihood of transference, mortality rates, and the special attention needed to combat the disease. The broad scope of these plans will often include pathogens, biological agents, bacteria and bacterial infections, and viruses.

Immunological studies are often conducted at the behest of the host nation, allowing for the advancement of understanding regarding host defenses that may be applicable to the biodefense effort. These include the possibility of innate immunity, adaptive immunity, and mucosal immunity, as well as possible adjuvants, including vaccines and other medications able to boost the immune system.

Pandemic prevention and mitigation is another multifaceted step in preventing the spread of EIDs. The first step to pandemic prevention is the establishment of infrastructure and global development. Robust and collaborating public health systems that have the capacity for active pandemic surveillance are nearly essential to stop a contagion efficiently. Proper global infrastructure, information exchange, and minimal bureaucratic delays can contribute to the success of halting an EID. Testing and containment in the early stages of discovery of an EID are essential for preventing the further spread of an EID. Timely use and development of testing systems for novel viruses allow for continued research and understanding of spread, as well as recognition of common symptoms and traits of the virus. With testing and containment, the possibility for mutation and syndromic surveillance can increase the chance of containing a communicable disease before it reaches epidemic or pandemic stages.

Above all, the proper system in place is required to respond and effectively combat and mitigate an EID. Delegates must bear in mind that not all countries may be equipped with the necessary systems and tools to effectively combat a disease in full. In establishing any multi step plan, a strong support is necessary to grow upon.

The Global Burden of Disease

The Global Burden of Disease provides a tool to understand and further quantify the impact of health loss from disease, injury, and risk factors globally, so that policy in health systems may be improved or eliminated. As a project, the GBD is a collection of over 7000 researchers from more than 156 countries capturing data from 350 diseases and injuries. Data collection began in 1990 and continues to this day to allow for comparison across time, age groups, populations, and areas. This allows for an understanding of health trends over time.

Other than the organization responsible for data collection, disease, especially that of EIDs and similar communicable diseases, poses a significant challenge to healthcare systems, global policy, economic stability, and a population's overall health and safety. The emergence and re-emergence of EIDs account for a significant increase in mortality rate across the globe. There is an additionally related impact to the economy, especially from lesser developed nations, to combat the disease, leading to a paradoxical decline in the stability of a nation's economy throughout the combat and recovery process. The economic burden usually depends on the preparedness of a nation to respond to the particular EID.

"Care is an absolute. Prevention is the ideal."
- Christopher Howson

Past and Current WHO Actions

As previously stated, due to the nature of the WHO as a whole, the WHO has worked toward preventing, mitigating, and combating communicable disease and EID throughout their known history. Beginning in the 1960s, the WHO has addressed diseases such as TB, HIV/AIDs, Hepatitis, and Malaria, as well as new and emerging diseases such as SARS related viruses, Influenza, Dengue, and West-Nile Virus.

The Division of Programmes for Disease Control is at the forefront of these efforts. It is tasked with ending infectious diseases such as vaccine preventable disease, HIV/AIDS, malaria, hepatitis, and TB. Additionally, it also works to manage non-communicable diseases, such as cancer, diabetes, and mental health conditions. The Division works alongside WHO country offices to provide relief, work to establish programs, and provide treatment and treatment plans for emerging diseases.

In 2011 at the World Health Assembly, several resolutions came into effect to establish and reiterate the importance of responses for EIDs. Recommendation 14 stated that nations should “reach agreement on sharing of viruses and access to vaccines and other benefits”. Recommendation 15 stated that they should additionally “pursue a comprehensive influenza research and evaluation programme.” This was further bolstered by recommendations throughout the document, including calls to streamline management of guidance documents, develop and implement a strategic, organization-wide communications policy, strengthen WHO’s internal capacity for sustained response, and, for long term solutions, develop and apply measures to assess severity, and reinforce evidence based decisions on international travel and trade. Without these measures reinforced, reestablished, or permanently established, further decisions could not be made on the subject of response to EIDs.

The most well known standard for addressing unknown communicable diseases in any of their states is known as Disease X. Disease X is a placeholder name adopted by the WHO in 2018 on their shortlist of blueprint priority diseases to represent an unknown pathogen capable of causing a future epidemic. The concept behind Disease X was to allow the WHO to focus their research efforts on an entire class of viruses, rather than a single strain, allowing their capability of responding to multiple strains in an impactful way. Disease X was added to the list of 10 EIDs, which is updated yearly in response to EIDs globally.

In July of 2021, the WHO successfully established the Scientific Advisory Group for Origins of Novel Pathogens, or SAGO, a permanent advisory body of the WHO. The group was formed with the broad objective of examining emerging infectious diseases in all its facets.

Despite the success of policy implemented by the WHO and recommended to member states, it is quintessential that member states addressing this topic reapply this baseline of support and structure before continuing on to stronger policy. By establishing quota for all nations to meet, an overall global response to EIDs, their prevention and mitigation, their recovery, and their research, can be improved.

Questions to Consider

With the rapidly changing nature of the globe and the necessity for long standing plans, it can be difficult for nations to accurately plan for EIDs. That being said, delegates may find it helpful to reference these questions when planning for this committee.

- How does this member nation contribute to global pandemic response?
- How can pandemic response be improved in both the short term and long term based on current standards?
- What action plans does the WHO have in place that can be made more broad or widespread?
- How can the plans in place for this member nation be utilized on a broader scale for the region?

OTHER INFORMATION

Delegate Expectations

Please refer to the Delegate Handbook for more details. The Delegate Handbook remains the first and final guide for all delegate expectations at SunMUN I.

- All other delegates, staff, and non-participants are to be treated with respect and courtesy, including properly interacting with facilities of the University of Florida. Discrimination on all bases, including race, gender, sexual orientation, national origin, religion, age, or disability, is never acceptable. If you believe you have seen any instances of discrimination or sexual harassment, do not hesitate to bring it to the attention of your chair or the SunMUN secretariat.
- Maintaining professionalism is expected of all delegates, including: keeping academic integrity, using polite and professional language, as well as wearing Western Business Attire.
- The safety and security of both attendees of this conference and its hosts remains our primary concern which is why we ask all participants to observe all appropriate public health measures, not leave any important personal items unattended, refrain from any substance abuse, as well as follow any and all local ordinances.

Academic Integrity

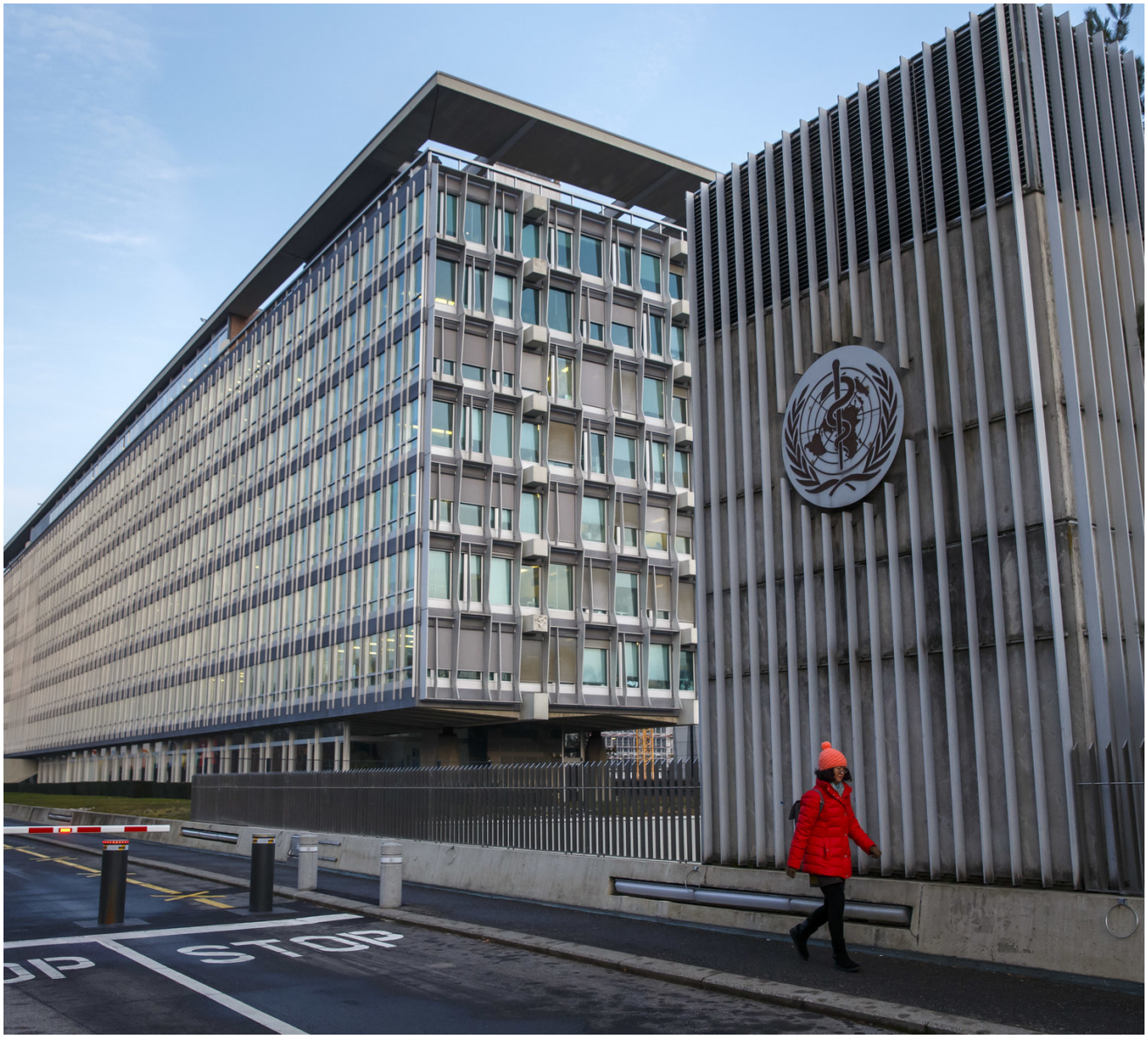
We maintain a zero-tolerance policy in regards to plagiarism. Delegates found to have used the ideas of others without properly citing those individuals, organizations, or documents will have their credentials revoked for the duration of the conference. This is a very serious offense. Additionally, pre-writing is strictly prohibited as well. Any work which is pre-written will not be recognized. All committee work will be completed on GoogleDocs shared with the dais.

Technology Policy

The usage of technology during committee remains first and foremost within the discretion of the dais and the GatorMUN secretariat. Still, the usage of technology on non-committee related grounds is strongly discouraged.

Land Acknowledgement

The University of Florida resides on land of the Timucua people and the Seminole Tribe of Florida. It is important to understand the long-standing history that has brought us to reside on the land, and to seek to understand our place within that history. Land acknowledgements do not exist in a past tense, or historical context: colonialism is a current ongoing process, and we need to build our mindfulness of our present participation. It is also worth noting that acknowledging the land is Indigenous protocol. For more information, visit http://www.lspirg.org/knowtheland.



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