# World Health Organization

## *Introduction*

Over the last several months WHO helped facilitate discussion on a range of health topics at both a regional and international level. Broadly, heath topics that were featured include disability; children's health; medical devices and technology; ageing; HIV/AIDS, and human resources for health.[1] The 134th session of the Executive Board was held from 20-25 January 2014 in Geneva, Switzerland. This annual session is held in advance of the annual meeting of the World Health Assembly. The Board generates resolutions which are than adopted at the Assembly, thus becoming concrete global health policy and standards. The Director-General of WHO, Dr. Margaret Chan, noted that the 2014 session saw the largest agenda of any previous EB session in a non-budget year, highlighting the diversity of topics and the huge interest in the meeting as indicative of the strong support and interest in global health.[2]

## *The 134th session of the Executive Board of the World Health Organization*

### *Communicable diseases*
On this topic the Board reviewed and adopted a new Global strategy and targets for tuberculosis prevention, care and control after 2015, discussed the *Global vaccine action plan*, and assessed progress in implementing relevant resolutions from the World Health Assembly on the *Global health sector strategy on HIV/AIDS, 2011–2015* (resolution WHA64.14) and *Eradication of dracunculiasis* (resolution WHA64.16).

### *Noncommunicable diseases*
In terms of noncommunicable diseases, the Board discussed follow-up activities in the context of the *Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases*, and also the topics of maternal, infant and young child nutrition, disability, and the implementation of a WHA resolution on Child injury prevention (resolution WHA64.27).

### *Promoting health through the life course*
This broad topic was at the center of discussions at the 66th session of the World Health Assembly held 20-28 May 2013. In follow-up to this, the Board discussed progress on a variety of issues, with particular emphasis on the achievement of health-related Millennium Development Goals and discussion of health as part of the post-2015 agenda featured heavily, as did a range of other diverse topics including action on ageing, combatting violence against women and girls, reproductive health, youth, implementation of internationally-agreed upon health goals, and climate change on health.

### *Health systems*
WHO describes a good health system as one which "delivers quality services to all people, when and where they need them," the exact configuration of which varies "from country to country, but in all cases requires a robust financing mechanism; a well-trained and adequately paid workforce; reliable information on which to base decisions and policies; well-maintained facilities and logistics to deliver quality medicines and technologies."[3] Under this agenda item, issues related to traditional medicine, access to essential medicines, and topics such as health intervention and technology assessment, the availability of specific health products, and substandard/spurious/falsely-labelled/falsified/counterfeit medical products were discussed. Intellectual property also falls under this agenda item, as does the topic of organ and tissue transplantation – both of which were touched on during the Board meeting.

### *Preparedness, surveillance and response*
On the topic of preparedness, surveillance and response, the Board discussed the *Implementation of the International Health Regulations* (2005), as well as issues related to pandemic influenza, Poliomyelitis, hepatitis, antimicrobial drug resistance, and smallpox eradication. Further, there was evaluation of the extent to which the WHA resolution

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[1] WHO, *WHO Director-General addresses the Executive Board*, 2014; WHO, *Provisional agenda (annotated) (EB134/1)*, 2013.
[2] WHO, *WHO Director-General addresses the Executive Board*, 2014.
[3] WHO, *Health topics: Health Systems* [Website], 2014.

on "WHO's response, and role as the health cluster lead, in meeting the growing demands of health in humanitarian emergencies" (resolution WHA65.20) has been implemented.

***Recent Policy Outcomes***

The WHO Executive adopted a range of resolutions establishing policy on multiple health issues, as laid out above. However, it is important to understand generally the type of action that the outcomes called for as it provides a framework for understanding the way in which the Board operates. Broadly, resolutions adopted by the Board on existing policy frameworks focused on urging or requesting action from Member States and the Director-General of WHO, however depending on the issue, resolutions will also call on relevant UN system entities and other related organizations to take action on the topic. There are a variety of potential actions that the Board can take by virtue of the fact that the mandate of WHO is so expansive.

*Implementation of global policy frameworks and strategies*
When the WHO adopts a new policy – for example, the Global strategy and targets for tuberculosis prevention, care and control after 2015 – the resolution will begin with the adoption of the strategy, followed by sub clauses enumerating the elements of the policy, such as the vision, milestones, principles, and action pillar.[4]

*National level implementation by Member States*
Member States are ultimately responsible for the health of their citizens, thus the focus of most resolutions adopted by the WHO Executive Board often is on urging Member State implementation of the resolution at hand. Almost all resolutions urged Member States to take action on a national level by integrating the relevant policy recommendations into their own internal health systems, specifically asking countries to "take action, implement, monitor and evaluate national-level policies and actions" with the goal of preventing or addressing the health challenge at hand."[5] Domestically, Member States are increasingly being urged to engage fully "with a wide range of stakeholders," including not only civil society, but also health ministries and other relevant ministries, such as ministries of the environment, labor, industry, economy, and agriculture.[6]

Member States were also encouraged to take the necessary domestic measure to sign, ratify and implement the relevant policy frameworks as well as specific health-related international conventions, such as the *Minamata Convention on Mercury*, for example, and additional actively participate in national, regional and international implementation efforts.[7] Information exchange featured prominently, with resolutions encouraging Member States to facilitate the exchange of epidemiological information concerning health impacts, trends and developments.[8] Finally, most resolutions contain the request that Member States support the WHO Secretariat.

*Technical Support and Capacity-Building*
Essentially every resolution adopted recently requested that the Director-General to "provide technical support" and "guidance to Member States on how to adapt and operationalize the strategy," with reference to a particular aspect.[9] Language varied by resolution, but largely requested support in all aspects of implementation, ranging from setting targets and measurements for implementation to assisting with public education and awareness raising.[10]

*Coordination with Relevant Actors*
Resolutions on topics ranging from tuberculosis, to the health impacts of mercury to also request the Director-General "co-coordinate and contribute the implementation of a specific policy strategy working with relevant

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[4] WHO, *Global strategy and targets for tuberculosis prevention, care and control after 2015 (EB134.R4)* [Resolution], 2014, para. 4.

[5] Ibid.

[6] Ibid., para. 2; WHO, *Public health impacts of exposure to mercury and mercury compounds: the role of WHO and ministries of public health in the implementation of the Minamata Convention (EB134.R5)* [Resolution], 2014, para. 2

[7] WHO, *Public health impacts of exposure to mercury and mercury compounds: the role of WHO and ministries of public health in the implementation of the Minamata Convention (EB134.R5)* [Resolution], 2014, para. 2.

[8] Ibid.

[9] WHO, *Global strategy and targets for tuberculosis prevention, care and control after 2015 (EB134.R4)* [Resolution], 2014, para. 4.

[10] Ibid.

actors."[11] For example, on the implementation of the "Global strategy and targets for tuberculosis prevention, care and control after 2015," the Director-General is requested to work with "Member States, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the International Drug Purchase Facility (UNITAID), and other global and regional financing institutions, and all constituencies of the Stop TB Partnership and the additional multisectoral partners required to achieve the goal and objectives of the strategy."[12] Similarly, in the context of discussing the "impact of mercury," the Director-General was requested to "cooperate closely with the Minamata Convention Intergovernmental Negotiating Committee, the Conference of the Parties and other international organizations and bodies, mainly UNEP, to fully support the implementation of the health-related aspects of the *Minamata Convention on Mercury* and to provide information to the Committee and Conference of the Parties on the progress made in this regard."[13]

*Monitoring, measuring and evaluating progress*
One of the most important developments over the last several years is an increasing focus on developing ways in which to measure progress in implementing policy frameworks. In this regard, resolutions adopted by the Board recently, for example, called for the support of the Director-General in the development of "nationally-appropriate indicators, milestones and targets to contribute to local and global achievement of the 2035 target."[14] Another resolution had a similar request for systematic information collection and strengthened monitoring, including for the Director-General to support Member States in "systematizing information collection and strengthening monitoring mechanisms, in order to better detect and understand the causes."[15]

*Working with the UN system, civil society, academic institutions and other partners*
On topics that are addressed by United Nations programs, funds and specialized agencies, resolutions specifically called on relevant entities to take action on the issue. In the resolution on "Hepatitis," for example, UN system entities are called upon "to include prevention, diagnosis and treatment of viral hepatitis in their respective work programmes and work in close collaboration."[16] Additionally, resolutions requested that both Member States and the Director-General promote the involvement of civil society and enhance collaboration In situations where there is one large global entity that is the focal point for promoting action on a specific health topic, and other entities that focus substantially on that topic, resolutions requested that Member Stats and the Director-General collaborate those organizations. For example, the Director-General was requested by the Board, to work with the Stop TB Partnership in several ways, including "including active support of the development of the global investment plan, and, where appropriate, seeking out new partners who can leverage effective commitment and innovation within and beyond the health sector in order to implement the strategy effectively."[17] Another example of this can be seen in the resolution adopted on the topic of access to essential medicines, which requested collaboration "with other competent international organizations, technical support, including, where appropriate, to policy processes to Member States."[18]

*Conclusion*

As the determinants of health have expanded to become broad and complex, the agenda of WHO has also expanded.[19] The challenges faced by all countries in terms of the demands on scarce resources for health services are enormous and will only continue to increase.[20] In order to meet these challenges, WHO needs to reform internally to strengthen its decision-making processes as well as focus in on the most urgent needs of the worlds most vulnerable.[21]  As it has been over the course of its history thus far, and will continue to be for the foreseeable future, WHO is integral in assessing, developing, and executing efforts globally to ensure the right to health is protected

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[11] WHO, *Global strategy and targets for tuberculosis prevention, care and control after 2015 (EB134.R4)* [Resolution], 2014.
[12] Ibid., para. 4(2)
[13] Ibid.
[14] Ibid., para 4(4)
[15] WHO, *Access to essential medicines (EB134.R16)* [Resolution], 2014, para. 2(8).
[16] WHO, *Combating antimicrobial resistance, including antibiotic resistance (EB134.R13)* [Resolution], 2014, para. 3(1).
[17] WHO, *Global strategy and targets for tuberculosis prevention, care and control after 2015 (EB134.R4)* [Resolution], 2014, para. 4.
[18] WHO, *Combating antimicrobial resistance, including antibiotic resistance (EB134.R13)* [Resolution], 2014, para. 2(8).
[19] WHO, *WHO Director-General addresses the Executive Board*, 2014.
[20] Ibid.
[21] Ibid.; Medicus Mundi International Network, *WHO Reform: The Debate* [Website], 2014.

and promoted globally, and is thus is at the forefront of policymaking initiatives within the UN system in the field of public health.

*The World Health Organization at NMUN•NY 2014*

The World Health Organization (WHO) "is the directing and coordinating authority for health within the United Nations system. It is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends."[22]

At NMUN•NY 2014, we are simulating the Executive Board of the WHO in terms of composition and size; however, delegates are not limited to the strict mandate of the Board in terms of its role as a budgetary and administrative body. On the contrary, for the purposes of NMUN•NY 2014, and in line with the educational mission of the conference, the committee has the ability to make programmatic and policy decisions on issues and topics within the mandate of WHO in line with the overall function of the organization.

**Format:** The Executive Board of WHO is a resolution writing committee.

**Voting:** Each Member State present may vote once on procedural and substantive matters. Matters are decided by a majority vote.

**Membership:** The Executive Board of WHO consists of representatives from 34 Member States.

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|---|---|---|---|
| Albania | Andorra | Argentina | Australia |
| Azerbaijan | Belgium | Brazil | Cameroon |
| Chad | Croatia | Cuba | Dem. People's Rep. of Korea |
| Egypt | Iran (Islamic Republic of) | Japan | Lebanon |
| Lithuania | Malaysia | Maldives | Mexico |
| Myanmar | Namibia | Nigeria | Panama |
| Papua New Guinea | Qatar | Republic of Korea | Saudi Arabia |
| Senegal | Sierra Leone | South Africa | Suriname |
| Switzerland | Uzbekistan | | |

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> *Civil society organizations play an essential role within international negotiations and processes, with global public health discourse being no exception. This document is an extensive report providing insight and commentary on every item on the agenda of the Executive Board's 134th session. This invaluable source should be an essential source for delegates as it will enable them to gain a fuller, more comprehensive picture of WHO as a body, and the current issues on the global public health agenda.*

World Health Organization. (n.d.). *Report on the 134th session of the WHO Executive Board*. Retrieved 12 February 2014 from: http://www.who.int/maternal_child_adolescent/news_events/news/2014/executive-board/en/index.html
> *This article summarizes the discussion during the 134th session of the WHO Executive Board, which was held in Geneva, Switzerland in late January 2014. The agenda contained a record 69 items and 17 resolutions for discussion, and also saw a record-breaking number of participants. Of particular relevance include 25 technical and health items, specifically the issues of Promoting*

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[22] WHO, *About WHO* [Website].

*health through the life-course and Monitoring the achievement of the health-related MDGs in the context of health post-2015.*

World Health Organization, 134th session. (2014). Executive Board 134. *World Health Organization Documentation* [Website]. Retrieved 13 February 2014 from: http://apps.who.int/gb/e/e_eb134.html
> *This website is the hub for resources related to the 134th session of the WHO Executive Board meeting. All pre-sessional and informational documents are provided, allowing delegates to gain immediate access to the most up-to-date analysis and information on the latest relevant actions of WHO. Delegates will also find the full-text of the resolutions and decisions adopted by the body particularly helpful in gaining a fuller understanding regarding the options for the committee.*

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# I. Improving Access to Mental Health Resources in Industrializing Countries

***Introduction***

The World Health Organization (WHO) recognizes that good mental health is essential not only for individual well-being, but also socioeconomic development within the surrounding community.[23] However, social stigma often results in discrimination against persons with poor mental health, and when these people lack access to services and treatment, consequences only worsen and can lead to unemployment, substance use, homelessness, and even suicide.[24] The need for comprehensive mental health services has been a primary area of concern for WHO, particularly in low- and middle-income countries where human security is fragile and disadvantaged populations are the most vulnerable.[25] As such, the WHO Mental Health Gap Action Programme (mhGAP), which advocates for improved mental health and addiction services, places special attention on industrializing countries.[26]

In September 2013, WHO released the report *Investing in Mental Health: Evidence for action*, which discusses how investments in mental health systems at the national level can positively affect personal and societal development, improve economic efficiency, and preserve human rights.[27] WHO also launched the *Comprehensive Mental Health Action Plan 2013-2020,* which was adopted by the 66th World Health Assembly.[28] Strategies for implementing the new Action Plan were the primary topic of discussion at the 5th meeting of the mhGAP World Forum in October 2013 and are outlined in the associated Summary Report.[29]

Among the growing mental health problems are various forms of stress that can be considered an epidemic; consequently, WHO adopted new mhGAP *Guidelines for the Management of Conditions Specifically Related to Stress* (2013).[30] Also, emergencies and natural disasters pose unique problems for individuals with mental disorders as well as their caregivers, and many people who were not previously affected by a mental disorder are likely to develop one as a result of the experience.[31] The recent WHO report *Building back better: sustainable mental health care after emergencies* (2013) showcases examples of how a crisis can be and has been translated into capacity-building opportunities for improving mental health service infrastructure.[32] Furthermore, as part of its health and human rights mainstreaming effort known as QualityRights, WHO launched the online MiNDbank database in conjunction with "Human Rights Day" on 10 December 2013.[33] This platform connects national and international resources on health, disability and development in order to "facilitate dialogue, advocacy and research to promote reform."[34]

The Human Rights Council (HRC) has also continued consideration of this topic, emphasizing human rights approaches to health, including mental health.[35] In August, the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health issued his annual report to the General Assembly, which focused on the right to health in conflict situations.[36] This newest report joins earlier 2013 reports to the HRC focused on the right to health as it concerns migrant workers, who are especially vulnerable to mental illness due to the stressful experience of their regular relocation, and access to medicines, which are essential to combating all diseases.[37] Additional entities outside the UN system have also recently discussed the topic. As a

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[23] WHO, *Investing in Mental Health: Evidence for action*, 2013.

[24] Ibid.

[25] WHO, *Mental Health and Psychosocial Support in Emergencies*, 2013.

[26] WHO, *WHO Mental Health Gap Action Programme (mhGAP)*, 2013.

[27] WHO, *Investing in Mental Health: Evidence for action,* 2013.

[28] WHO, *Comprehensive Mental Health Action Plan 2013-2020*, 2013.

[29] WHO, *Mental Health Gap Action Programme (mhGAP) Forum 2013: Summary Report*, 2013.

[30] WHO, *Guidelines for the Management of Conditions Specifically Related to Stress*, 2013.

[31] WHO, *Mental Health Gap Action Programme (mhGAP) Newsletter: December 2013*, 2013.

[32] WHO, *Building back better: sustainable mental health care after emergencies*, 2013.

[33] WHO, *Mental health information at your fingertips – WHO launches the MiNDbank,* 2013.

[34] WHO, *WHO MiNDbank*, 2013.

[35] OHCHR, *Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health*, 2013.

[36] UN General Assembly, *Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health (A/68/297)*, 2013.

[37] UN HRC, *Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health (A/HRC/23/41),* 2013.

follow-up to its December 2011 report *Sick on the Job? Myths and Realities about Mental Health and Work*, which emphasized the relationship between socioeconomic policies and mental illness, the Organization for Economic Cooperation and Development (OECD) has released country-specific studies that examine how policymakers are enacting the report's recommendations; the most recent study on Switzerland was published 23 January 2014.[38] The World Economic Forum also acknowledges the challenges of mental health in the workplace and, as part of its initiative to bring together international thought leaders and industry representatives into issue-specific forums, organized the Global Agenda Council on Well-Being and Mental Health to span 2012-2014.[39] The Council's objectives are to host a "Strategic Dialogue on Well-being for Sustainable Economic Growth" as well as raise awareness for all aspects of mental illness, reduce social stigma, and encourage global action with the support of individual governments in the post-2015 development era.[40] Further, "The Mental Health Imperative" was discussed at the World Economic Forum Annual Meeting, which convened 22-25 January 2014.[41]

Several human rights documents continue to reinforce efforts on this topic, including the *Convention on the Rights of Persons with Disabilities* (2006), the *International Covenant on Economic, Social, and Cultural Rights* (1966), the *International Covenant on Civil and Political Rights* (1966), and the *Standard Rules on the Equalization of Opportunities for Persons with Disabilities* (1993).[42] The Economic and Social Council *General Comment No. 14* (2000), related to article 12 of the *International Covenant on Economic, Social, and Cultural Rights,* also provides modern context for the assurance of "the highest attainable standard of health," which should encompass equitable access to health systems.[43]

### *Recent Developments*

*Awareness, Political Pressure, and Stigma*
As previously mentioned, numerous agencies have ongoing initiatives to improve the reach and quality of mental health resources, all of which require increased awareness about the burdens and underlying causes of disease as well as cooperation with national governments in order to be effective. Some of the most stigmatized mental disorders include neurological conditions such as epilepsy and dementia, because lack of understanding results in differing perceptions around the world.[44] In Timor-Leste, a pilot project including educational outreach campaigns and improved distribution of antiepileptic medication to three targeted rural areas yielded vast improvements in the number of epilepsy sufferers with access to treatment.[45] These successes from focusing on community health providers have encouraged the government to apply the same methods throughout the country.[46]

Older adults require special physical health needs which are often compounded by the presence of mental health disorders, but social stigma discourages many from seeking help.[47] The profile of this topic was recently raised for the annual "World Mental Health Day" on 10 October 2013; on the heels of WHO's report *Dementia: A public health priority* (2012), the theme in 2013 was "Mental health and older adults."[48] This theme was echoed at the G8 Summit *Global Action Against Dementia*, which convened on 11 December 2013 and resulted in a declaration, which commits Member States to a global plan for reducing burdens associated with the disease and increasing

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[38] OECD, *The OECD Mental Health and Work Project,* 2013; OECD, *Sick on the Job? Myths and Realities about Mental Health and Work,* 2011.

[39] World Economic Forum, *Global Agenda Council on Well-being & Mental Health 2012-2014*, 2014.

[40] Ibid.

[41] World Economic Forum, *World Economic Forum Annual Meeting 2014 Programme*, 2014; Insel, *Director's Blog: Mental Health in Davos,* 2014.

[42] UN General Assembly, *Convention on the Rights of Persons with Disabilities (A/RES/61/106),* 2006; UN General Assembly, *International Covenant on Economic, Social and Cultural Rights (A/RES/2200 (XXI))*, 1966; UN General Assembly, *International Covenant on Civil and Political Rights (A/RES/2200 (XXI))*, 1966; UN General Assembly, *Standard Rules on the Equalization of Opportunities for Persons with Disabilities (A/RES/48/96)*, 1993.

[43] UN ECOSOC, *General Comment No. 14 (E/C.12/2000/4)*, 2000.

[44] Alzheimer's Disease International, *World Alzheimer Report 2012 Overcoming the stigma of dementia: Executive Summary*, 2012.

[45] WHO, *Timor-Leste: Better epilepsy services means better care*, 2013.

[46] Ibid.

[47] World Federation for Mental Health, *Mental Health and Older People: World Mental Health Day 10 October 2013*, 2013; WHO, *Mental health and older adults*, September 2013.

[48] WHO, *Dementia: A public health priority*, 2012; WHO, *World Health Organization*, 2013.

efforts to develop an effective therapy by 2025.[49] Civil society organizations are also active in furthering progress on the topic such as Alzheimer's Disease International which will lead a task force along with its member associations to mitigate the dementia epidemic as a follow-up to the G8 Summit. [50]

*Conclusion*

This topic does not exclusively relate to individual, holistic health, but also cuts across economic and development concerns, human security and human rights. Furthermore, many industrializing countries are not only disproportionately affected by mental illness and its effects, but also usually lack adequate resources to respond.[51] For example, increases in the prevalence of dementia are expected to be highest in industrializing countries and therefore will require a coordinated, global response with the support of industrialized countries in order to effectively combat the disease.[52] With many aspects of mental health to consider and numerous resources available for recommendations, future action on this topic can be both creative and concrete.

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> *Like many mental disorders, dementia is a disease that creates additional burdens on the community as those afflicted lose the ability to function independently and require caregivers, whether relatives or provided by the community, or else they risk harm to themselves and others. The Group of 8 (G8) comprises some of the countries with the most robust economies in the world. Therefore, delegates should become familiar with the recent commitments by these industrialized countries and consider how their support can best be utilized in the interests of the global community.*

World Federation for Mental Health. (2013). *Mental Health and Older People: World Mental Health Day 10 October 2013* [Report]. Retrieved 5 January 2014 from: http://wfmh.com/wp-content/uploads/2013/11/2013_wmhday_english.pdf
> *It is a fact that the world's population is aging, and the number of people over the age of 60 will double by the year 2050. Elderly populations are considered vulnerable groups under most international issues, and this is no less true in the field of health, despite—or perhaps because of—medical advances that have increased longevity. Consequently, mental health in older adults is a popular sub-topic that has been gaining attention in recent years. The first article of this report was submitted by WHO, and the report as a whole not only explains unique challenges faced by elderly persons with mental disorders, but also provides recommendations for governments and individuals. As the founder of "World Mental Health Day," the World Federation for Mental Health (WFMH) has also published many other reports that may be helpful to delegates in preparation for discussing this topic at the conference.*

World Health Organization. (2013). *Building back better: sustainable mental health care after emergencies* [Report]. Retrieved 21 January 2014 from: http://apps.who.int/iris/handle/10665/85377
> *Natural disasters seem to be occurring at alarming rates in recent years, and many nations, particularly those that are not yet industrialized, struggle both to prepare for and respond to these emergencies. There are many factors to anticipate in the event of an emergency: safety and evacuation needs, health and sanitation, provision of basic supplies, etc. Amid this confusion it can be easy to overlook mental health care preparations until it is too late, and even then diminished financial resources during an emergency may require that such services be sacrificed for the sake of others deemed more necessary. This report provides 10 case studies of countries that managed not only to rebuild their mental health systems after an emergency, but also*

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[49] United Kingdom Department of Health, *G8 Dementia Summit Declaration*, 2013.
[50] World Federation for Mental Health, *Mental Health and Older People: World Mental Health Day 10 October 2013*, 2013; Alzheimer's Disease International, *ADI to lead post-G8 global dementia task force*, 2013.
[51] Clay, *Introducing the Mental Health Action Plan*, 2014, p. 20.
[52] Alzheimer's Disease International, *ADI to lead post-G8 global dementia task force*, 2013.

*improved them beyond their pre-emergency state. Delegates should review these cases in order to develop response preparations as well as consider enacting prospective developments where feasible.*

World Health Organization. (2013). *Investing in Mental Health: Evidence for action* [Report]. Retrieved 5 January 2014 from: http://apps.who.int/iris/handle/10665/87232
> *This report opens with an examination of the idea of mental health as defined by WHO. It also presents the cross-cutting nature of the issue by examining the various topics that are intertwined with mental health, such as human rights, economic development, and universal health coverage. Further, evidence-based research on national investments in mental health services and their correlated outcomes direct the reader with clear priorities for future action that will be most effective. Delegates can read this report for inspiration that can be translated into new initiatives in cooperation with fellow delegates at the conference.*

World Health Organization. (2013). "WHO MiNDbank." *World Health Organization* [Web Site]. Retrieved 5 January 2014 from: http://www.who.int/mental_health/mindbank/en/index.html
> *While not narrowly focused on mental health, WHO's recent MiNDbank initiative provides a public platform that brings together relevant resources in an effort to stimulate more inclusiveness for "disability and development". Resources include international framework documents, national policies, good practice standards, and progress reports by the UN, WHO, Special Rapporteurs, and the Committee on the Rights of Persons with Disabilities. This makes MiNDbank the only comprehensive repository for such information as it relates to health, human rights, and development topics.*

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# II. Strengthening Partnerships, Research, and Response Preparedness to Combat Pandemic and Resistant Diseases

## Introduction

By collaborating with governments, non-governmental organizations, and experts, the World Health Organization (WHO) has been instrumental in coordinating responses to and preparing Member States for disease outbreaks.[53] Challenges to combating pandemic and drug-resistant diseases may vary as a result of many factors. A Member State's region, level of development, or even where most of its population is concentrated may change the way this issue must be addressed, and it is for this reason that partnerships with Member State's governments are crucial.[54] Researchers, activists, and health care professionals also continue to play an instrumental role in combating the spread of disease, as do regional organizations and NGOs.[55]

Controlling and eliminating pandemic disease has been central to WHO's mandate since the Organization's inception, and as new obstacles and opportunities present themselves, such as drug resistance and the challenge of achieving universal immunization, the issue remains at the fore of WHO's work.[56] WHO's regional offices have continued work toward solutions for alert and response systems tailored to the needs of their respective regions, and new regional partnerships outside of WHO have emerged to address the prevention and containment of disease outbreaks.[57] Furthermore, the Strategic Advisory Group of Experts on Immunization (SAGE), the advisory body to WHO on the issue of vaccination, convened in late 2013 and in 2014 published its report detailing its efforts to strengthen partnerships to improve global vaccination coverage and to eradicate diseases for which immunizations are available, among other efforts.[58] On the whole, WHO, its partners, and other actors invested in global health have shown strong progress as of late in their efforts – joint and separate – to ramp up disease prevention, research, and preparedness.[59]

## Recent Developments

### Strengthening Alert and Response Systems

Alert and response systems are a major component of preparedness for disease outbreaks, and WHO is involved with monitoring for outbreaks and for supporting Member States in capacity-building for epidemic emergencies.[60] WHO continues to work toward an international response system by which Member States may quickly be alerted to health crises worldwide and better anticipate them.[61]

Currently, WHO is monitoring outbreaks of the avian influenza A (H7N9) virus in Asia and North America, but has not recommended trade or travel restrictions as a means of containing the disease.[62] WHO has also continued to monitor cases of Middle East respiratory syndrome coronavirus (MERS-CoV), and has issued recommendations for health care providers and researchers.[63] Information regarding both outbreaks has been made available through the collaborative Global Outbreak Alert & Response Network, which connects Member States with entities such as the Red Cross, UNICEF, UNHCR, and non-governmental organizations.[64]

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[53] WHO, *Regional Strategy on Prevention and Containment of Antimicrobial Resistance,* 2014.
[54] WHO Regional Office for South-East Asia, *Regional Strategy on Prevention and Containment of Antimicrobial Resistance* 2010.
[55] WHO, *Weekly Epidemiological Record* 2014.
[56] WHO, *Pandemic and Epidemic Diseases* 2014.
[57] WHO Regional Office for South-East Asia, *Regional Strategy on Prevention and Containment of Antimicrobial Resistance* 2010.
[58] WHO, *Summary of the SAGE November 2013 meeting* 2013.
[59] WHO, *Pandemic and Epidemic Diseases* 2014.
[60] WHO, *Global Alert and Response (GAR)* 2014.
[61] Ibid.
[62] WHO, *Human infection with avian influenza A(H7N9) virus – update* 2014.
[63] WHO, *Middle East respiratory syndrome coronavirus (MERS-CoV) – update* 2014.
[64] WHO, *Global Outbreak Alert & Response Network* 2014.

*Promoting Vaccination to Prevent Disease Outbreaks*
The Strategic Advisory Group of Experts on Immunization (SAGE) continues to advise WHO on strategies for eradicating vaccine-preventable disease.[65] SAGE convened in November 2013 and put forth several recommendations related to the prevention and eradication of endemic disease.[66] Polio remained a priority for the Advisory Group, and the group recommended the introduction of a dose of inactivated polio virus (IPV) and multiple doses of oral polio vaccine (OPV) into vaccine schedules in countries where such a vaccine schedule is not already in place.[67] SAGE also addressed its concern about conflict zones, such as Syria, where supply problems and failures to implement immunization plans could lead to outbreaks of preventable diseases.[68] The Advisory Group called for the coordination of partners in Syria in order to address immunization coverage and manage disease there.[69]

WHO has also scheduled World Immunization Week for  23-30 April 2014. The theme for this event is "Are you up to date?"[70] This event is expected to raise awareness regarding immunization and contribute to the prevention of diseases for which vaccinations are available and to avert mortality as a result of those diseases.[71]

*Regional Approaches*
States in some regions have undertaken to address drug-resistant and pandemic disease in joint programming efforts for research and policy.[72] The Joint Programming Initiative on Antimicrobial Resistance (JPIAMR) is one example of such an effort. JPIAMR includes 19 Member States; most are located in Europe, though Israel and Canada are included in that number as well, and the Initiative has collaborated with governments outside of its membership for research.[73] In December 2013, JPIAMR adopted a strategic research agenda to guide its work over the course of the next several years. Priority topics noted in the agenda include developing alternatives to antibiotics, improving diagnostics to strengthen treatment and prevention, standardization of surveillance systems, and examining environmental factors that contribute to drug-resistant diseases.[74] JPIAMR will open a call for research projects from participating states on January 27, 2014.[75] The purpose of this call is so that participants may pool their resources and collaborate in order to "overcome antibiotic resistance."[76] While the efficacy of JPIAMR's approach remains to be seen, it represents a concerted regional effort to combat disease.

WHO's Regional Office for South-East Asia (SEARO) is another example of regional programming in the interest of eradicating disease, though it is not only an example of cooperation between states within a region, but between the United Nations (UN) system and those states.[77] The spread of diseases that are preventable by the use of vaccines continues to be a topic of high importance for SEARO, and at the most recent session of the Regional Committee, SEARO's 11 Member States committed to a plan to control or eliminate measles and rubella in South-East Asia by 2020.[78] SEARO has also undertaken to combat drug-resistant disease, and continues to be guided by the 2010 Regional Strategy on Prevention and Containment of Antimicrobial Resistance. The Regional Strategy will continue to guide SEARO's work in the area of antimicrobial resistance until 2015.[79]

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[65] WHO, *Summary of the SAGE November 2013 meeting* 2013.

[66] Ibid.

[67] Ibid.

[68] Ibid.

[69] Ibid.

[70] WHO, *World Immunization Week: 23-30 April 2014* 2014.

[71] Ibid.

[72] Joint Programming Initiative on Antimicrobial Resistance, *Strategic Research Agenda* 2013.

[73] Joint Programming Initiative on Antimicrobial Resistance, *Participating members* 2014.

[74] Joint Programming Initiative on Antimicrobial Resistance, *Strategic Research Agenda* 2013.

[75] Joint Programming Initiative on Antimicrobial Resistance, *Pre-Call Announcement* 2013.

[76] Ibid.

[77] WHO Regional Office for South-East Asia, *Regional Strategy on Prevention and Containment of Antimicrobial Resistance* 2010.

[78] WHO Regional Office for South-East Asia, *Measles Elimination by 2020* 2013.

[79] WHO Regional Office for South-East Asia, *Regional Strategy on Prevention and Containment of Antimicrobial Resistance* 2010.

*Conclusion*

Combating the spread of disease has been central to WHO's mandate since the Organization came into existence. As the UN system grows, it has become necessary for WHO to partner with Member States, intergovernmental organizations, and non-governmental organizations in order to effectively approach this issue. Regional approaches are emerging as effective means of addressing the specific needs of certain states, but preventing and treating pandemic and drug-resistant diseases remains a global concern.

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> *The Joint Programming Initiative on Antimicrobial Resistance is one example of a regional initiative intended to combat disease. This program will bring together researchers and experts from several countries on a smaller and ostensibly more operable scale, allowing them to address needs unique to themselves. Delegates may use this resource as an example of a regional health initiative operating independently of the UN system.*

World Health Organization. (2014). *Human infection with avian influenza A(H7N9) virus – update*. Retrieved 10 January 2014 from: http://www.who.int/csr/don/2014_01_10_h7n9/en/index.html.
> *This update relates to the current threat of avian influenza. The update is one example of an alert that WHO publishes in order to keep governments and health care providers abreast of current threats to health. Delegates should monitor updates on avian influenza and other diseases in order to keep current on the diseases that pose the greatest threat to global health currently.*

World Health Organization. (2014). *Pandemic and Epidemic Diseases* [Website]. Retrieved 10 January 2014 from: http://www.who.int/csr/disease/en/.
> *This web page is WHO's landing page for the topic of pandemic disease. From this page, delegates will have access to reports regarding current pandemic threats, programs for combating disease, and special initiatives that address specific risks. While in-depth information is not found on the page itself, this resource should serve as a directory through which delegates may access further information.*

*World Health Organization. (2013). Summary of the SAGE November 2013 meeting* [Website]. Retrieved 9 January 2014 from: http://www.who.int/immunization/sage/report_summary_november_2013/en/index.html.
> *SAGE is the body that advises WHO on the topic of immunization. Immunization has long been recognized as one of the most important factors to the prevention of disease outbreak. This web page contains a summary SAGE's most recent meeting, where the body discussed current challenges to the objective of eliminating vaccine-preventable diseases, such as polio.*

World Health Organization. (2014). *World Immunization Week: 23-30 April 2014* [Website]. Retrieved 10 January 2014 from: http://www.who.int/campaigns/immunization-week/2014/event/en/index.html.
> *World Immunization Week is an event that seeks to raise awareness of the necessity of vaccination. WHO seeks to ensure that children do not remain susceptible to vaccine-preventable disease, with a goal of eradicating childhood diseases such as polio, measles, and rubella. World Immunization Week is one of many awareness-raising events that WHO hosts, with each "Week" intended to bring focus to a single health issue.*

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# III. Improving Women's Health by Integrating Gender, Equity, and Human Rights

*Introduction*

Increasing women's access to health services and improving the quality of the care they receive are two crucial elements to ensuring the equal status of women in the context of both human rights and development. The World Health Organization (WHO) is one of several bodies within the United Nations (UN) system currently working to improve women's health worldwide. In 2013, WHO and the Economic and Social Council have taken steps toward this goal by continuing with a plan for gender mainstreaming, both within WHO and within the UN system as a whole.[80] Gender mainstreaming is a concerted attempt throughout the UN system to ensure that women's rights are treated as inextricable from human rights, and for WHO, this broad strategy has ongoing implications that cut across health topics.[81]

WHO has also made more concentrated efforts to improve maternal and reproductive health, integrating gender mainstreaming into its research, recommendations, and responses to disasters.[82] The Organization has also updated its guidelines and recommendations in several subject areas relating to women's health.[83] WHO and other bodies have turned their attention to the health of women during humanitarian crises, where inequity can hold grave consequences.[84]

*Recent Developments*

*Gender Mainstreaming*
Gender mainstreaming, as an approach to building health care systems, means creating such systems with considerations for the diverse needs of users of all genders.[85] This entails ensuring that health care personnel are knowledgeable about the specific medical needs of women at various stages in life, promoting the use of sex-disaggregated data (which can be used to identify deficiencies or discrepancies in the care of men and women), and addressing inequalities and inefficiencies in existing health care systems.[86] A similar approach is being adopted throughout the United Nations system, as gender is an issue that intersects with most other subject matter addressed at an international level. WHO's gender mainstreaming process continues to be guided by Resolution WHA60.25.[87] This document elaborates on how WHO plans to implement ECOSOC's Agreed Conclusions 1997/2, among other recommendations related to meeting goals related to health and, in particular, women's health and reproductive health.[88]

ECOSOC reaffirmed its standing commitment to implementing gender mainstreaming in Resolution 2013/16, adopted July 24, 2013.[89] This Resolution seeks to bolster the United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women, requesting continued support from involved agencies as they implement the plan internally, consistent reporting of progress on the initiative, and prioritization of remedial measures for existing inequalities.[90] The objective of gender mainstreaming, as this Resolution reaffirms, is to ensure that gender is not ancillary to the work produced by the UN system – or in the case of WHO, not ancillary to the functioning of health care systems – but rather that it is integrated from the start into the UN system's work, and that issues primarily affecting women are treated as issues affecting humanity.[91]

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[80] UN Economic and Social Council, *Economic and Social Council Adopts Resolution on Gender Mainstreaming in the United Nations System,* 2013.
[81] WHO, *Strategy for Integrating Gender Analysis and Actions Into the Work of WHO,* 2009.
[82] WHO, *Gender mainstreaming in WHO: what is next?,* 2011.
[83] WHO, *Publications,* 2014.
[84] WHO, *WHO and partners begin reaching people in need on many Philippine islands hit by typhoon*, 2013.
[85] WHO, *Strategy for Integrating Gender Analysis and Actions Into the Work of WHO* 2009.
[86] Ibid.
[87] Ibid.
[88] Ibid.
[89] UN Economic and Social Council, *Mainstreaming a gender perspective into all policies and programmes in the United Nations system (2013/16)*, 2013.
[90] Ibid.
[91] Ibid.

While WHO's gender mainstreaming strategy is expansive, the strategy in its current form does not account for the mainstreaming of transgender identities, non-binary gender identities, or gender-diverse cultures.[92] The strategy appears to conflate sex and gender and speaks in terms of "men and women," using language that may exclude those who identify as neither men nor women or whose physiological sex does not match their gender expression.[93] This erasure has not yet been addressed in subsequent progress reports on the strategy.

*Women's Health During Humanitarian Crises*
The importance of securing appropriate health services for women in times of crisis once again came to the forefront of WHO's attention when Typhoon Haiyan left many in the Philippines without access to care, especially non-emergency care.[94] WHO responded by partnering with the government of the Philippines to deliver midwifery kits and other resources, including resources to assist women with specific obstetric needs.[95]

In addition to responding to disasters, WHO continues to take preventive measures to secure the health of all people during humanitarian crises under the guidance of the Hyogo Framework for Action.[96] The Hyogo Framework recognizes gender as a cross-cutting issue that affects how its measures should be implemented[97]. While the Framework does not focus specifically on the health needs of women, it takes those needs into account by integrating women's perspectives into the implementation of early warning systems, disaster preparedness programs, and the training of health care personnel.[98]

*Updated Guidelines Related to Women's Health*
2013 brought several changes to WHO's guidelines for managing some key health concerns for women. WHO published guidelines for the diagnosis and treatment of cervical cancer, appropriate responses to domestic and sexual violence, the diagnosis of hyperglycemia in pregnant women, providing counseling to new mothers, and for calcium supplementation in pregnant women.[99] Each guide makes recommendations for programs, training of health care personnel, and for the treatment and care of women.[100] The guides are aimed not only at health care providers themselves, but also at lawmakers and non-governmental organizations.[101] Notably, three of the fifteen guides that WHO updated or added in 2013 focus on maternal and prenatal health, and one-third of the 2013 guides focused on health topics pertaining specifically to women.[102] The impending deadline for the Millennium Development Goals, including the goals to promote gender equality and improve maternal health, may have been the impetus for this focus, as noted in one guide.[103]

***Conclusion***

As of late, WHO has been active in promoting women's health. WHO has been working to integrate the UN system's plan for gender mainstreaming in the interest of promoting gender equity, and in light of recent humanitarian crises, the Organization has also been active in responding to disasters. Still, WHO must seek further methods for promoting women's health, and in order to be successful, the issue must remain at the forefront of WHO's activities.

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[92] WHO, *Strategy for Integrating Gender Analysis and Actions Into the Work of WHO,* 2009.

[93] Ibid.

[94] WHO, *WHO and partners begin reaching people in need on many Philippine islands hit by typhoon*, 2013.

[95] Ibid.

[96] World Conference on Disaster Reduction, *Hyogo Framework for Action 2005-2015* 2005.

[97] Ibid.

[98] Ibid.

[99] WHO, *Publications*, 2014.

[100] Ibid.

[101] WHO, *Calcium supplementation in pregnant women* 2013.

[102] WHO, *Publications* 2014.

[103] WHO, *Calcium supplementation in pregnant women* 2013.

*This resolution from the Economic and Social Council outlines recent progress on gender mainstreaming and the next steps for gender mainstreaming throughout the UN system. Gender is an issue that cuts across most other issues discussed throughout the UN system, including WHO. Delegates should familiarize themselves with recent documentation related to gender mainstreaming at WHO and beyond; this resolution serves as a recent example of such documentation.*

World Health Organization (2014). *Publications* [Website]. Retrieved 8 January 2014 from: http://www.who.int/publications/guidelines/year/en/index.html.

> *WHO maintains a list of its publications by year. This list contains all of WHO's published guidelines for specific health issues and provides a snapshot of WHO's areas of focus. From this page, delegates may access WHO's guidelines for care, which are generally targeted toward health professionals, but which may provide insight into WHO's priorities and recommendations.*

World Health Organization (2013). *Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines* [Guideline]. Retrieved 9 January 2014 from: http://apps.who.int/iris/bitstream/10665/85240/1/9789241548595_eng.pdf.

> *This text is an example of one of WHO's guidelines aimed at health care workers. The guide seeks to improve women's health by giving health care professionals the tools they need to respond to violence against women, as health care providers are frequently the first to become aware of a domestic or sexual violence situation or experience. WHO's guidelines are one of several concrete ways that the Organization is currently working to promote gender equity in health care.*

World Health Organization (2013). *WHO and partners begin reaching people in need on many Philippine islands hit by typhoon* [Press Release]. Retrieved 8 January 2014 from: http://www.who.int/mediacentre/news/releases/2013/typhoon-haiyan-20131115/en/.

> *Typhoon Haiyan was a test of WHO's partnerships with governments for the purpose of responding to humanitarian crises. Frequently, the health needs of women are neglected during crises, where resources are spread thin. This press release elaborates on the steps WHO has taken in the Philippines to address deficiencies in women's health care ad to improve women's access to necessary care.*

World Health Organization (2014). *WHO gender mainstreaming strategy* [Website]. Retrieved 9 January 2014 from: http://www.who.int/gender/mainstreaming/strategy/en/index.html.

> *Gender mainstreaming is accepted within the UN system as the most effective means to ensure that women's needs are addressed appropriately. This document outline WHO's own strategy for gender mainstreaming, and delegates should familiarize themselves with it in order to better contextualize WHO's work for gender equity in health care. Gender mainstreaming is an ongoing project and central to the issue of women's health.*

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