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World Health Assembly Committee Background Guide 2022

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NATIONAL MODEL UNITED NATIONS



Dear Delegates,

Welcome to the 2022 National Model United Nations Conference in Washington, DC (NMUN•DC)! We are pleased to introduce you to our committee, the World Health Assembly (WHA). This year's staff are Director Joli McSherry and Assistant Director Janet N. Ekezie. Joli holds a master's degree in Global Communication with a concentration in Public Diplomacy from The George Washington University and works at a strategic communications firm in Washington, D.C. Janet is of Nigerian descent and holds a bachelor's degree in Political Science and Philosophy with minors in English and Honors Studies. Ekezie currently works for United Way of San Antonio Bexar County as a Family Engagement Ambassador for the Dual Generation Initiative. The topics under discussion for WHA are:

1. Addressing Global Vaccine Distribution Disparities
2. Improving Mental Health Access and Resources

This Background Guide serves as an introduction to the topics for this committee. However, it is not intended to replace individual research. We encourage you to conduct additional research, explore your Member State's policies in-depth, and examine the policies of other Member States to improve your ability to negotiate and reach consensus. In preparation for the conference, each delegation will use their research to draft and submit a [position paper](#). Guidelines are available in the [NMUN Position Paper Guide](#).

The [NMUN website](#) has many additional resources, including two that are essential both in preparation for the conference and as a resource during the conference. They are:

1. The [NMUN Delegate Preparation Guide](#), which explains each step in the delegate process, from pre-Conference research to the committee debate and resolution drafting processes. Please take note of the information on plagiarism, and the prohibition on pre-written working papers and resolutions. Delegates should not discuss the topics or agenda with other members of their committee until the first committee session.
2. The [NMUN Rules of Procedure](#), which includes the long and short form of the rules as well as an explanatory narrative and example script of the flow of procedure.

In addition, please review the mandatory [NMUN Conduct Expectations](#) on the NMUN website. They include the conference dress code and other expectations of all attendees. We want to emphasize that any instances of sexual harassment or discrimination based on race, gender, sexual orientation, national origin, religion, age, or disability will not be tolerated. If you have any questions concerning your preparation for the committee or the conference itself, please contact the Under-Secretary-General Chris Duggan at usgchris.dc@nmun.org or Secretary-General Adam Wolf at secgen.dc@nmun.org.

We wish you all the best in your preparations and look forward to seeing you at the conference!

Sincerely,
Joli McSherry, Director
Janet Ekezie, Assistant Director



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Committee Overview

“I envision a world in which everyone can live healthy, productive lives, regardless of who they are or where they live. I believe the global commitment to sustainable development – enshrined in the Sustainable Development Goals – offers a unique opportunity to address the social, economic and political determinants of health and to improve the health and well-being of people everywhere.”¹

Introduction

The World Health Assembly (WHA) is the decision-making body of the World Health Organization (WHO), which is the directing and coordinating authority on international healthcare issues within the United Nations (UN) system, promoting the attainment of the highest possible level of health by all people.² WHO intervenes within six intersecting areas of work: the provision of assistance to its 194 Member States in the development of their respective health systems; the eradication of non-communicable diseases; the promotion of good lifelong health; the prevention, treatment, and care for communicable diseases; the preparedness, surveillance, and response with respect to international health emergencies; and the extension of corporate services to the organization’s public and private partners.³ WHO is guided by the principle that health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.⁴

The **World Health Assembly (WHA)** is the decision-making body of the World Health Organization and a specialized agency of the United Nations, reporting to the Economic and Social Council (ECOSOC).

The *Constitution of the World Health Organization* (1946) was adopted by 51 UN Member States 10 additional states in 1946 and outlined the core principles of global health cooperation.⁵ After a complete breakdown of international health cooperation during the Second World War, an Interim Commission continued the activities of existing institutions until 26 Member States ratified WHO’s constitution.⁶ After the constitution entered into force in April 1948, the World Health Assembly (WHA), comprised of all WHO Member States, convened in Geneva on 24 June 1948 for the first time.⁷ Although WHO largely remained a stimulator for health research throughout its first decade, its operative programs gradually expanded in the following years.⁸ The adoption of WHA resolution 19.16 of 13 May 1966 on the “Smallpox Eradication Programme” marked the organization’s first global immunization campaign and eventually succeeded in eliminating the disease in 1980.⁹ Another defining moment for WHO was the 1978 International Conference on Primary Health Care, which declared access to primary health care for all as the organization’s key strategic objective and linked health to social and economic development.¹⁰ The *Declaration of Alma-Ata* (1978) served as the basis for WHO’s *Global Strategy for Health for All by the Year 2000* (1981), aiming to achieve universal primary healthcare.¹¹

Governance, Structure, and Membership

WHA meets annually in Geneva and is comprised of every Member State of the WHO, with each Member State having one vote.¹² Each Member State is allowed to have up to the three delegates present within the Assembly and one is designated as the chief delegate.¹³ Additionally, delegates are permitted to have

¹ WHO, *Vision statement by WHO Director-General*, 2018.

² WHO, *World Health Assembly*, 2018; WHO, *About WHO*, 2018; WHO, *Basic Documents – 48th ed. Including amendments adopted up to 31 December 2014*, 2014.

³ WHO, *What we do*, 2018.

⁴ WHO, *Constitution of WHO: principles*, 2018.

⁵ M. Palilonis. *A Brief History of Global Health*.

⁶ Ibid.

⁷ Ibid.

⁸ Ibid.

⁹ WHO, *The Third Ten Years of the World Health Organization – 1968-1977*, 2008, pp. 177-181.

¹⁰ Ibid, pp. 303-304.

¹¹ WHO, *Global Strategy for Health for All by the Year 2000*, 1981; International Conference on Primary Health Care, *Declaration of Alma-Ata*, 1978.

¹² WHO, *Constitution of the World Health Organization*, 1946, p. 5.

¹³ Ibid, p. 5; WHO, *World Health Assembly*, 2018.

alternates accompany them to the Assembly as well as advisors.¹⁴ The delegates themselves are typically leading technical experts in health fields within their own Member States.¹⁵ During its plenary, WHA is divided into two main committees, Committee A and Committee B.¹⁶ Committee A is responsible for the program and budgetary matters each session.¹⁷ Committee B is responsible for all administrative, financial considerations, and legal issues.¹⁸

While WHA holds a great amount of autonomy, it does have an elected executive board that governs over it for high-level decision-making.¹⁹ The Executive Board is comprised of 34 health experts, each appointed for a three-year term by a Member State of WHO.²⁰ The Board's key functions include the drafting of multiannual programs of work as well as submitting draft resolutions to WHA for consideration.²¹ Furthermore, the Board endorses decisions and policies of WHA and coordinates the organization's response efforts to international health emergencies.²² The Board meets at least twice per year, and also holds special sessions in the event of an international health emergency, such as in response to the Ebola outbreak in West Africa.²³

WHO's Director-General acts as chief technical and administrative officer with the support of the secretariat's administrative staff.²⁴ The Director-General also serves as the ex-officio secretary of WHA and the Executive Board, as well as of the organization's commissions and committees, and is responsible for submitting WHO's financial statements and budget estimates to the Executive Board.²⁵ Dr. Tedros Adhanom Ghebreyesus is the current Director-General of WHO, and was first elected on May 2017.²⁶ Under his term in 2018, WHO adopted the 13th General Programme of Work (GPW13).²⁷ The 13th General Programme of Work is a 5 year plan (2019-2023) that will focus on achieving the triple billion targets and the measurable impacts on public health such as universal health coverages, ensuring people are protected in the case of health emergencies and how to improve on better health and well-being for the public.²⁸

Mandate, Functions, and Powers

WHA is empowered and charged with the supervision of the organization's financial policies, determining WHO's governing policies, adopting its budget, and appointing the Director-General on the nomination of the Executive Board.²⁹ WHO's budget is funded through assessed contributions of Member States and voluntary contributions from both state and non-state donors.³⁰ Since the 1990s, voluntary contributions have provided the majority of WHO's income.³¹ In May 2021, WHO approved and adopted the Programme Budget for 2022-2023, the budget allocated US\$6121.7 million; however, the budget is still being fully developed as changes to Covid-19 continue such as increase in vaccinations and the lifting of mask restrictions.³² This is a drastic decrease from the US\$ 5.84 billion budget of 2020-2021, when the initial 2020-2021 budget did not account for the pandemic and was altered to reflect the impact from the

¹⁴ WHO, *Constitution of the World Health Organization*, 1946, p. 5.

¹⁵ Ibid.

¹⁶ WHO, *Rules of Procedure of the World Health Assembly*, 1955, p. 148.

¹⁷ Ibid.

¹⁸ Ibid.

¹⁹ WHO, *Constitution of the World Health Organization*, 1946, p. 8.

²⁰ WHO, *The Executive Board*, 2018.

²¹ WHO, *Governance*, 2018; WHO, *Constitution of the World Health Organization*, 1946, p. 9.

²² WHO, *Constitution of the World Health Organization*, 1946, p. 9.

²³ WHO, *The Executive Board*, 2018; WHO, *Special Session on the Ebola Emergency (EBSS/3/2015/REC/1)*, 2015.

²⁴ WHO, *Constitution of the World Health Organization*, 1946, p. 9.

²⁵ Ibid, pp. 9-10.

²⁶ WHO, *Biography: Dr Tedros Adhanom Ghebreyesus*, 2022.

²⁷ Ibid.

²⁸ WHO, *Thirteenth General Programme of Work 2019-2023*, 2019

²⁹ WHO, *Constitution of the World Health Organization*, 1946, p. 6.

³⁰ WHO, *Programme Budget 2018-2019*, 2017, p. 11.

³¹ Ibid.

³² WHO, *Programme Budget 2022-2023*, 2021.

Covid-19 Pandemic.³³ Many of the funds are dedicated directly to addressing the Covid-19 Pandemic.³⁴ WHO, in the current 2022-2023 budget, will refocus on four strategic points that demonstrate WHO's commitment to accomplishing its overall organization goals and its prior commitment to the Sustainable Development Goals (SDGs): preparing response capacities to health emergencies, building resiliency, increase leadership in scientific data and continuing progress towards achieving the Sustainable Development Goals such as SDG 3: Good Health and Well-Being.³⁵

In May 2011, the Executive Board launched a Member State-led reform to transform the organization into a more "effective and efficient, transparent and accountable" body to maintain its position as a key contributor in the 21st century.³⁶ The reform addresses three core areas: program and priority setting; governance and management; and tackling issues relating to accountability, human resources, evaluation, and communication.³⁷ The governance reform examined WHO's governing bodies' working methods, engagement practices with external stakeholders, and ultimately the organization's governance role in the global community on issues relating to health.³⁸ After seven years of reform, WHO has consolidated its position in influencing the global health agenda, improving prioritization based on country needs, and strengthening oversight and accountability.³⁹

Moreover, WHA has the authority to establish committees and instruct the Executive Board or the Director-General to bring attention to important health matters to the WHO or the global community at-large.⁴⁰ As illustrated by WHO's response to the 2014 Ebola outbreak in West Africa, WHO programs may operate on global, regional, and national levels simultaneously.⁴¹ In July 2015, WHO had approximately 1,100 technical experts and medical staff deployed in the three most affected states: Guinea, Liberia, and Sierra Leone.⁴² WHO's activities in these states were complemented by the work of the Global Outbreak Alert and Response Network, a coalition of Member States' scientific institutions, medical and surveillance initiatives, regional technical networks, the United Nations Children's Fund (UNICEF), the Office of the United Nations High Commissioner for Refugees (UNHCR), the Red Cross, and other humanitarian NGOs.⁴³

Another function of WHA is to create new committees and institutions needed to carry out the mission of the WHO.⁴⁴ WHA has the ability to adopt conventions or agreements on any matter related to WHO or global health initiatives.⁴⁵ Accordingly, WHA reports to ECOSOC concerning any agreement between the organization and the UN.⁴⁶ An example of this authority is the implementation of the *International Health Regulations* (IHR) (2005).⁴⁷ The IHR was adopted by WHA resolution 58.3 on "Revision of the International Health Regulations."⁴⁸ The resolution called for a legal framework strengthening states' disease surveillance capacities, an issue that became salient following a resurgence of several epidemic diseases in the 1990s, such as cholera in South America and plague in India.⁴⁹ The IHR came into force on 17 June 2007 and legally binds 196 states, including all WHO Member States, setting standards for the prevention of and response to acute, cross-border public health risks.⁵⁰

³³ WHO, *Programme Budget 2022-2023*, 2021.

³⁴ WHO, *Programme Budget 2020-2021*, 2019.

³⁵ Ibid.

³⁶ WHO, *WHO reform: overview of reform implementation (A68/4)*, 2015.

³⁷ Ibid; WHO, *Director-General Announces Structural Changes*, 2018.

³⁸ WHO, *WHO reform: overview of reform implementation (A68/4)*, 2015.

³⁹ WHO, *Leadership and management at WHO: evaluation of WHO reform, third stage (A70/50 Add.1)*, 2017.

⁴⁰ WHO, *Constitution of the World Health Organization*, 1946, p. 6.

⁴¹ WHO, *Partners: Global Outbreak Alert and Response Network (GOARN)*, 2018.

⁴² Ibid.

⁴³ Ibid.

⁴⁴ WHO, *Constitution of the World Health Organization*, 1946, p. 6.

⁴⁵ Ibid, p. 7.

⁴⁶ Ibid.

⁴⁷ WHO, *International Health Regulations (IHR)*, 2018.

⁴⁸ Ibid.

⁴⁹ Ibid.

⁵⁰ Ibid; WHO, *International Health Regulations (IHR)*, 2018.

Recent Sessions and Current Priorities

In 2018, WHO underwent a reform and established three new mandates focusing on how to assess and improve organizational efficiency; addressing gaps and interpretational ambiguities when considering additional, supplementary and urgent items; and, the shortcomings of the rules of procedures of governing bodies.⁵¹ The purpose of the reform was to reflect the Sustainable Development Goals and to demonstrate the organization is maximizing the most of the budget to complete WHO's goals and the SDGs.⁵² In 2021 a report was released regarding the WHO reform and the presence of WHO in different areas, this report is part of a biennial series report established in 2016 requested by the WHA to the Secretariat to prepare.⁵³ The 2021 report assesses how effective WHO is when responding to health emergencies; advances in universal health coverage and healthier populations; national partnerships and international development; and, progress toward the "Triple billion" targets.⁵⁴

The 74th session of the WHA was held in Geneva, Switzerland from 24 May through 1 June 2021.⁵⁵ The 74th session focused on a variety of topics ranging from antimicrobial resistance, immunization agenda, and standardization of medical devices, while also placing a huge focus on the Covid-19 and implementing effective responses to the pandemic.⁵⁶ As well, the session placed a focus on how WHO is able to provide better support to Member States in areas related to financial matters.⁵⁷ This included the "Triple billion" financial targets and how management mechanisms such as legal matters, audits, and future reporting are to be overseen, improved and carried out.⁵⁸

Another session was held from 18 January 2021 through 26 January 2021, in which the outcomes were detailed in the Report of the Executive Board on its 174th and the 178th session.⁵⁹ This executive board session specifically addressed the COVID-19 pandemic and how to implement best practices in response to the arising variants and other associated health concerns.⁶⁰ The special session addressed four pillars and their subtopics, which included universal health coverage, health emergencies, better health and well-being, and providing support to member states.⁶¹ These pillars fall in line with the scope and focus of other recent sessions held by the body.⁶² Regarding the COVID-19 pandemic, the special session emphasized their efforts to ensure fair and equitable access to vaccines done through the COVID-19 Vaccine Global Access (COVAX) and to identify the zoonotic source to the COVID-19 virus.⁶³

Conclusion

WHO is the coordinating authority on international healthcare issues within the UN system.⁶⁴ As the body responsible for the formulation of WHO's policies, WHA assumes a key responsibility in addressing current health priorities.⁶⁵ The global state of health is ever-changing and increasingly complicated, requiring strategic, creative, and unique solutions that adapt to local conditions and situations.⁶⁶ In light of persistent challenges across the priorities highlighted above, delegates are expected to develop effective

⁵¹ Ibid.

⁵² WHO, *WHO Reform Better Value, Better Health: Strategy and Implementation Plan for Value for Money in WHO*, 2018.

⁵³ Ibid.

⁵⁴ WHO, *WHO reform: WHO presence in countries, territories and areas: 2021 report*, 2021.

⁵⁵ WHO, *WHA 74th session Provisional agenda: Plenary*, 2021.

⁵⁶ Ibid.

⁵⁷ Ibid.

⁵⁸ Ibid.

⁵⁹ WHO, *Report of the Executive Board on its 147th and 148th sessions, and on its special session on the COVID-19 response*, 2021.

⁶⁰ Ibid.

⁶¹ Ibid.

⁶² Ibid.

⁶³ Ibid.

⁶⁴ WHO, *About WHO*, 2018.

⁶⁵ WHO, *The Executive Board*, 2018; WHO, *World Health Assembly*, 2018.

⁶⁶ WHO, *10 facts on the state of global health*, 2017; WHO, *World Health Statistics 2017: Monitoring health for the SDGs*, 2017.

solutions to address challenges to health and to achieve the health objectives set forth by the SDGs.⁶⁷ Additionally, the WHO and WHA have been impacted greatly by the Covid-19 Pandemic resulting in a rapid global transition that has impacted not only day-to-day life, but global economics, commercial and governmental operations and global health and well-being.⁶⁸ However, the WHA and WHO are dedicated to continuing aiding support in response to the Covid-19 pandemic and to recover it progress towards achieving he SDGs.⁶⁹

Annotated Bibliography

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The Constitution of the World Health Organization is a foundational document outlining the mission and governance of the organization. Specifically, the Constitution goes into great detail about the expressed powers of the World Health Assembly and grants the Assembly the ability to establish their own Rules of Procedure. Furthermore, the document will be a sufficient additional resource to research the feasibility and realistic solutions to the issues posed.

World Health Organization. (2014). *Basic Documents – 48th ed. Including amendments adopted up to 31 December 2014*. Retrieved 25 April 2018 from: <http://apps.who.int/gb/bd/PDF/bd48/basic-documents-48th-edition-en.pdf>

This document published by WHO compiles the organization's founding documents and accompanying legal provisions. It includes WHO's constitution, provides information on its governing bodies' rules and procedures, and specifies WHO's agreements with other intergovernmental and non-governmental organizations. Furthermore, the document specifies the legal provisions on WHO's financial administration. The document provides delegates with an encompassing overview of WHO's legal framework and details the formal mandate for the organization's operations.

World Health Organization. (2018). *About WHO*. Retrieved 28 April 2018 from: <http://who.int/about/en/>

This section of WHO's website provides delegates with access to comprehensive information on the organization's history and structure, WHO's main areas and locations of work, and background information on its governing bodies and WHO's cooperation with other organizations. The website represents a key resource that allows delegates to obtain an overview of not only WHO's formal structures and history, but also its role in the UN system and its work with Member States. While information provided on the website is fairly general, its subsections contain helpful links to more specific sources of information on the topics outlined above.

World Health Organization. (2018). *International Health Regulations (IHR)*. Retrieved 27 April r 2018 from: http://www.who.int/topics/international_health_regulations/en/

The response to public health risks is a consistent agenda item for the WHA. The IHR is an international legally binding document that requires all countries to report outbreaks of certain diseases and other public health events to the WHO to facilitate global public health monitoring. Also, the IHR outlines procedures that should be taken, including reporting the WHO, in cases of an outbreak.

World Health Organization, World Health Assembly, Seventy-fourth session. (2021). *Report of the Executive Board on its 147th and 148th sessions, and on its special session on the COVID-19 response (A74/2)*. Retrieved 1 May 2021 from: https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_2-en.pdf

The special session is important as it highlights the recent sessions and the specific topics that are being addressed, not only for the special session but for WHA and WHO.

⁶⁷ WHO, *WHO Director-General*, 2018.

⁶⁸ WHO, *Report of the Executive Board on its 147th and 148th sessions, and on its special session on the COVID-19 response*, 2021.

⁶⁹ Ibid.

This special session highlights the Covid-19 pandemic and the “Triple billion” targets that are being addressed in recent session. The allows delegates to gain a good grasp on the different areas of the concern surrounding the Covid-19 pandemic and the other areas of concern that still need to be addressed by the WHA and WHO.

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1. Addressing Global Vaccine Distribution Disparities

Introduction

Vaccines play a crucial role in controlling and preventing the transmission of communicable diseases and viruses.⁷⁰ Once an individual is vaccinated, their body creates a natural defense within their immune system, reducing the risk of infection.⁷¹ The World Health Organization (WHO) outlines that vaccines exist as the most effective way in triggering a rapid defense response from our immune systems upon first contact with infections, in addition to ensuring long term protection.⁷² Highlighted in the United Nations (UN) Sustainable Development Goals (SDGs) of the *2030 Agenda for Sustainable Development*, access to safe, effective, and affordable medical essentials such as vaccines is vital in the achievement of SDG 3 (good health and well-being).⁷³ The focus of SDG 3 is ensuring healthy living and well-being for all, with targets areas concentrated on providing access to health resources and preventable death measures for communicable diseases.⁷⁴ However, there is still a considerable challenge in the promotion of global vaccination and equitable access.⁷⁵ WHO defines vaccine equity as the ability to distribute vaccines to all states in need, regardless of their economic or socio-political status.⁷⁶ The inability to distribute vaccines equitably on a global scale creates disparities in distribution, this impacts Member States on varying scales depending on their ability to afford, produce, and distribute vaccines to all their citizens.⁷⁷

With the continuing global COVID-19 pandemic, these distributions disparities have been most noted since the release of an approved COVID-19 vaccine.⁷⁸ Embarking on the third year of the pandemic, efforts in reducing the rate of transmission of the virus are now being focused on accelerating global vaccination.⁷⁹ To understand how to address these distribution disparities, we must understand the relationship between production and distribution.⁸⁰ With production for COVID-19 vaccines providing 1.5 billion doses per month, there is a readily available vaccine supply that could be distributed on an even global scale.⁸¹ However, the issue present is the inability to fairly and equitably distribute these doses based on need and population size, known as vaccine equity.⁸² Additionally, production costs and available health care spending also pose as a challenge to many states.⁸³ As noted in WHO's COVID-19 Dashboard, 71.36% of the population in developed states have been vaccinated compared to the 14.75% vaccinated rate in developing states.⁸⁴ These statistics illustrate the considerably low vaccinated threshold for developing states, however, concern is also recognized as developed states have struggled in certain aspects of distribution even with a secure access to vaccine supplies.⁸⁵ In both cases, production, technology capacities, healthcare systems, financing, and vaccine willingness have impacted certain aspects of distribution on varying scales between developed and developing states.⁸⁶ These challenges are noted as access and affordability barriers, which take a more direct focus on the scale between global and regional disparities between the most developed to the least developed states.⁸⁷

⁷⁰ WHO, *How do vaccines work?*, 2020.

⁷¹ Ibid.

⁷² UN DESA, *Sustainable Development Goal 3*, 2022.

⁷³ Ibid.

⁷⁴ Ibid.

⁷⁵ WHO, *Campaigns: Vaccine Equity*, 2022.

⁷⁶ UNDP, *Global Dashboard for Vaccine Equity*.

⁷⁷ Ibid.

⁷⁸ WHO, *Campaigns: Vaccine Equity*, 2022.

⁷⁹ Ibid.

⁸⁰ UNDP, *Global Dashboard for Vaccine Equity*.

⁸¹ WHO, *Campaigns: Vaccine Equity*, 2022.

⁸² Ibid.

⁸³ UNDP *Global Dashboard for Vaccine Equity*.

⁸⁴ WHO, *WHO Coronavirus (COVID-19) Dashboard*.

⁸⁵ UNDP, *Global Dashboard for Vaccine Equity: Accessibility*.

⁸⁶ WHO, *Consolidated Financing Framework for ACT-A Agency & In-Country Needs*, 2022.

⁸⁷ UNDP, *Global Dashboard for Vaccine Equity: Accessibility*.

International and Regional Framework

While the COVID-19 pandemic is still at the epicenter of focus and strategy in the discourse of global health, the international community has an extensive history of collaborating to promote the education, awareness, and international collaboration in efforts to reduce the transmission, infection, and possible fatalities caused by disease.⁸⁸ As international norms formed after World War II, the *International Covenant on Economic, Social, and Cultural Rights* (1966) outlined specific socio-economic rights to be protected, and included the right to healthy lives and access to medical care in Article 12.⁸⁹ WHO's *International Health Regulations* (2005), which was agreed to by its Member States, provided a legal framework that defines States parties' obligations in managing public health emergencies that have the potential to cross borders.⁹⁰ This legal framework was one of the first set of guidelines that helped codify expectations of how Member States are to respond to global public health emergencies, such as pandemics.⁹¹

The *Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from their Utilization* (2010) is a protocol to the *Convention on Biological Diversity* (1993) and emphasizes that genetic resources should be utilized and shared in a fair and equitable way.⁹² This includes different types of medical applications that utilize genetic material, such as vaccines.⁹³ In 2011, Member States of WHO adopted the *Pandemic Influenza Preparedness Framework*.⁹⁴ The Framework aims to improve the sharing of information about influenza viruses that have potential to cause pandemics and increase the access of vaccines and other life-saving products for developing countries during a pandemic.⁹⁵

Since the development of varying vaccines, the strategy of the organization has been encouraging well-sourced information about the vaccines, increasing the number of those vaccinated, and monitoring the developing variants of the virus.⁹⁶ In support of WHO, WHA has held special sessions that specific focus on pandemic preparedness and response.⁹⁷ The focus areas of the current pandemic brought light back to the Global Vaccine Action Plan (GVAP), presented by WHA in 2012.⁹⁸ The strategy of the GVAP framework was to highlight the urgency in the creation of agendas that provide funding and readily available medical resources for all, as a protection of the human right to health.⁹⁹ In 2019, the framework went under review, with the establishment of a new action plan to continue the progress made from GVAP, which is known as the Immunization Agenda 2030 (IA2030).¹⁰⁰ Within this agenda are new strategies that consider emerging health priorities and objectives, technology incorporation, financing, and areas of focus pertaining to global health shift regarding vaccines and immunization.¹⁰¹ The IA2030 is guided by the principles of collaboration amongst Member States and health leaders, financing partnership, data analyst, and political commitment.¹⁰²

The global sustainable development agenda, specifically Agenda 2030, also plays a large role in global health initiatives as they relate to vaccine distribution.¹⁰³ Sustainable Development Goal 3 on good health

⁸⁸ WHO, *International Health Regulations*, 2005.

⁸⁹ UN General Assembly, *International Covenant on Economic, Social and Cultural Rights (A/RES/2200 (XXI))*, 1966.

⁹⁰ WHO, *International Health Regulations*, 2005.

⁹¹ Ibid.

⁹² *Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from their Utilization to the Convention on Biological Diversity*, 2010.

⁹³ Ibid.

⁹⁴ WHO, *PIP@10 – Celebrating a decade of implementation*, 2021.

⁹⁵ Ibid.

⁹⁶ WHO, *Campaigns: Vaccine Equity*.

⁹⁷ WHO, *World Health Assembly*, 2021.

⁹⁸ WHO, *Global Vaccine Action Plan*, 2012.

⁹⁹ Ibid.

¹⁰⁰ WHO, *Immunization Agenda 2030: A Global Strategy to Leave No One Behind*, 2020.

¹⁰¹ Ibid.

¹⁰² WHO, *Immunizations, Vaccines and Biologicals: About Us*.

¹⁰³ UN DESA, *Sustainable Development Goal 3*, 2022.

and well-being is the primary goal and accountability mechanism as it relates to monitoring progress in global health, building capacity for health systems, and supporting more robust response to issues relating to public health.¹⁰⁴ Target 3.b of SDG 3 specifically promotes support for research, development and universal access to affordable vaccines and medicines.¹⁰⁵

In addition to these precedents, the UN and the international community have taken up action to develop frameworks to combat COVID-19 and accelerate global access to vaccines.¹⁰⁶ One of the most notable collaborations is *Political Declaration on Equitable Access to COVID-19 Vaccines* (2021), which is a non-binding declaration that outlines a multilateral approach from the international community to address disparities in production, distribution, and equal allocation of vaccines, specifically noted when discussing COVID-19.¹⁰⁷ The declaration was drafted by Lebanon's Ambassador to the UN, Amal Mudallali, and was signed by over Member States at the 75th session of the UN General Assembly in March of 2021.¹⁰⁸

Role of the International System

The World Health Assembly (WHA) acts as the decision-making body of WHO.¹⁰⁹ Under the governance all 194 Member States of WHO, WHA holds the power to discuss specific health agendas, programme budgeting, financing review, and policy discussions for WHO.¹¹⁰ During the 69th session of the World Health Assembly, the committee highlighted the priorities of the 2030 Agenda for Sustainable Development in agenda item 13.2, Health in the 2030 Agenda for Sustainable Development.¹¹¹ One of the key notes during this session was addressing the urgency in ensuring the global access to medical resources and supplies, which specifically included vaccines, and the influence this has on achieving the goals set out in the 2030 Agenda.¹¹² By addressing these concerns, WHA urged Member States for their commitment in prioritizing the strengthening of health care systems and access through policy restructuring and subject specific initiatives.¹¹³ Though addressing vaccine distribution disparities has a direct link to SDG 3 and its target priorities, by encouraging global commitment to this health focus will accelerate progress to achieving all 17 SDG's by ensuring all people across the globe have their health and well-being prioritized.¹¹⁴

Through partnerships between WHA, WHO, the international community, and the private sector, the global strategy to reduce disparities in access to vaccines developed strong partnerships and collaboration.¹¹⁵ A strategy founded by the partnerships between Gavi, the Vaccine Alliance, the Coalition for Epidemic Preparedness Innovations (CEPI), and WHO known as COVID-19 Vaccines Global Access (COVAX), challenges the production and equitable distribution of COVID-19 vaccines on a global scale.¹¹⁶ One of the largest contributing partnerships to the COVAX initiative is the United Nations Children's Fund (UNICEF), who secured the sourcing of vaccine doses, safe storage, and the required medical supplies for a population equivalent to four-fifths of the world's population among lower and higher income states.¹¹⁷ Within a 12 month period, UNICEF achieved the delivery of 1.2 billion doses to 144 Member States, with 85% representing low to middle income states.¹¹⁸ Further collaboration between WHO and UNICEF can be seen in the establishment of the COVID-19 Vaccine Market Dashboard, where the general public is able to see insight and data related to securement, allocation, and delivery of

¹⁰⁴ UN DESA, *Sustainable Development Goal 3*, 2022.

¹⁰⁵ Ibid.

¹⁰⁶ WHO, *COVAX: Working for global equitable access to vaccines*, 2021.

¹⁰⁷ Ibid.

¹⁰⁸ UN, President of the General Assembly, *The Political Declaration on Equitable Global Access to COVID 19 Vaccines*, 2021.

¹⁰⁹ WHO, *Governance: World Health Assembly*.

¹¹⁰ Ibid.

¹¹¹ WHO, *World Health Assembly*, 2016.

¹¹² Ibid.

¹¹³ Ibid.

¹¹⁴ Ibid.

¹¹⁵ WHO, *Immunization Agenda 2030: A Global Strategy to Leave No One Behind*, 2020.

¹¹⁶ WHO, *COVAX: Working for global equitable access to vaccines*, 2021.

¹¹⁷ UNICEF, *COVAX: Ensuring global equitable access to COVID-19 vaccines*.

¹¹⁸ UNICEF, *One year on: COVAX gains momentum to drive vaccine equity*, 2022.

vaccines.¹¹⁹ The dashboard is vital to the transparency and tracing of global distribution, in addition to the help inform various vaccine donation and delivery strategies conducted by individual countries and intergovernmental organizations, such as those implemented by the United States and European Union.¹²⁰

COVAX exists as a pillar under the Access to COVID-19 Tools (ACT) Accelerator, which is a global collaboration from supporting bodies which includes Gavi, CEPI, WHO, The World Bank, global health organizations, scientists, and civil society.¹²¹ The ACT Accelerator is organized into four pillars: diagnostics, treatment, vaccines, and health system strengthening.¹²² The collaboration of this initiative is focused on the equitable distribution of the all the resources required within each pillar, in addition to considering the financial costs required for its completion.¹²³ Within this initiative is the introduction of a fair share model strategy, which calls on contribution in accordance with the financial capabilities for each individual state.¹²⁴ Considering the large financial requirements in ensuring vaccine equity is reached on a global scale, this strategy allows for transparent monitoring and progress reporting.¹²⁵

Data sharing and monitoring vaccine equity on a global scale is vital to the establishment of actionable insights and strategies.¹²⁶ In collaboration between WHO, the United Nations Development Programme (UNDP), and the University of Oxford, the Global Dashboard for Vaccine Equity was established to allow for the breakdown of data on a global, regional, and state level analysis.¹²⁷ The data shared within this dashboard illustrates how vaccine disparities can be compared between high-income to low-income states to understand how socio-economic factors that impact equitable distribution.¹²⁸ Further, this dashboard shows insight into the affordability of purchasing vaccines based on the increased health care spending based on the targeted 70% vaccinated population threshold.¹²⁹ Developed states only needed an increase of overall health care spending by approximately 0.8%, compared to the 56.6% increase seen for lower-income states.¹³⁰ Analyzing the gap in health care spending from higher-income to lower-income to finance vaccine distribution, consideration to distribution disparities must also factor the strengthening of health care frameworks as a whole.¹³¹

Financing Global Vaccination

The financial costs associated with production, distribution, and delivery of vaccines plays is a factor in global distribution disparities.¹³² For example, the average cost to finance the COVID-19 vaccine can range anywhere from \$2-\$40 USD per dose, with an additional estimated \$3.70 USD cost for delivery.¹³³ For developed states, costs for healthcare increased approximately by 3%, compared to lower-income states who see an increase anywhere from 30% to 60%.¹³⁴ With a global target to vaccinate approximately 70% of the world's population, this poses a challenge when considering the disparity in the cost of healthcare in lower-income states.¹³⁵ According to the International Monetary Fund, to achieve a 70% vaccinated population in these states will require an estimated \$50 billion.¹³⁶ The financial costs associated with global vaccination reiterate the urgency in a collaborative and global approach that

¹¹⁹ UNICEF, *COVID-19 Vaccine Market Dashboard*.

¹²⁰ Ibid.

¹²¹ WHO, *COVAX: Working for global equitable access to vaccines*, 2021.

¹²² WHO, *Consolidated Financing Framework for ACT-A Agency & In-Country Needs*, 2022, p. 3.

¹²³ Ibid., p. 2.

¹²⁴ Ibid., p. 2.

¹²⁵ Ibid., p. 8.

¹²⁶ UNDP, *Global Dashboard for Vaccine Equity*.

¹²⁷ Ibid.

¹²⁸ Ibid.

¹²⁹ Ibid.

¹³⁰ UNDP, *Global Dashboard for Vaccine Equity: Accessibility*.

¹³¹ UNDP, *Global Dashboard for Vaccine Equity: Affordability*.

¹³² UNDP *Global Dashboard for Vaccine Equity*.

¹³³ Ibid.

¹³⁴ Ibid.

¹³⁵ WHO, *Strategy to Achieve Global COVID-19 Vaccination by mid-2022*, 2021, p. 7.

¹³⁶ Ibid., p. 7.

focuses on partnerships within the international community and civil society.¹³⁷ Noted in the Consolidated Financing Framework for ACT-A Agency & In-Country Needs report, collaboration is required not only in providing vaccine doses to reduce distribution disparities, but also in consolidating a shared financing mechanism that will assist in stabilizing spikes in overall health care spending.¹³⁸

Another approach to address the financing burden in global vaccination is through compensation mechanisms.¹³⁹ The COVAX No-Fault Compensation Program for Advance Market Commitment (AMC) Eligible Economies allows for accessibility of vaccines to low-income countries that are unable to access vaccines due to their vulnerable economies.¹⁴⁰ Through donor-funded doses and joint collaboration between WHO, UNICEF, and Gavi, this process allows for assessment, allocation, and the later delivery of COVID-19 doses contributing to the reduction of vaccine equity on a global scale.¹⁴¹

Unused vaccines that later are disposed of are an opportunity to reduce global disparities, and aid in reducing financial barriers in vaccine equity.¹⁴² Through a swap-based approach that allows the sharing of vaccines between Member States with a vaccine surplus and those who need more doses, Member States will not only ensure all doses are being allocated, delivered, and distributed, but also work towards the 70% global vaccinated population goal.¹⁴³ By facilitating partnerships between COVAX and regional efforts, such as the African Vaccine Acquisition Trust (AVAT), dose-sharing partnerships can reduce financing burdens through approaches such as re-routing vaccine delivery schedules.¹⁴⁴ Noted in the Global Dashboard for Vaccine Equity, some higher-income states are receiving vaccines at a rate over 200% to their population size, compared to lower-income states receiving vaccine doses as low as 8% to their population size.¹⁴⁵ Through a shared-based approach of doses, this will allow for an uptake in global vaccine access without heavily increasing cost of production or overall health care spending.¹⁴⁶

Ensuring Vaccine Supply Access During Pandemic Preparedness

One of the strategies developed to address this issue is the creation of a fair allocation mechanism framework.¹⁴⁷ This strategy uses the resources between the international community, different governing bodies in the United Nation, and a shared-based approach that allows partnership and the sharing of medical resources, supplies, and vaccines to reduce the distribution disparities.¹⁴⁸

The impact of the on-going global pandemic highlighted the importance of having a pre-established international response plan that pushes a unified agenda by all Member States.¹⁴⁹ During the 74th session of the General Assembly, agenda item 123 that was adopted in General Assembly resolution 74/252 elaborated on the work to be done in strengthening the UN system by ensuring essential medical supplies and vaccines are readily available when facing COVID-19 and future health crises.¹⁵⁰ Considering the disruption a pandemic has on global communication, transportation, and supply access, ensuring proper procedure is in place to access urgent health supplies is essential in maintaining equitable distribution between developed and developing states.¹⁵¹ This led to outcomes, such as the adoption of General Assembly resolution 74/273 on “International cooperation to ensure global access to medicines, vaccines

¹³⁷ WHO, *Consolidated Financing Framework for ACT-A Agency & In-Country Needs*, 2022, p.8.

¹³⁸ *Ibid.*, p. 2.

¹³⁹ WHO, *COVAX No-Fault Compensation Programme*.

¹⁴⁰ *Ibid.*

¹⁴¹ Gavi, *Gavi COVAX AMC*, 2022.

¹⁴² WHO, *Strategy to Achieve Global COVID-19 Vaccination by mid-2022*, 2021, p.10.

¹⁴³ WHO, *Consolidated Financing Framework for ACT-A Agency & In-Country Needs*, 2022, p.10.

¹⁴⁴ WHO, *Strategy to Achieve Global COVID-19 Vaccination by mid-2022*, 2021, p.10.

¹⁴⁵ UNDP, *Global Dashboard for Vaccine Equity: Accessibility*.

¹⁴⁶ WHO, *Strategy to Achieve Global COVID-19 Vaccination by mid-2022*, 2021, p.13.

¹⁴⁷ UNICEF, *COVAX: Ensuring global equitable access to COVID-19 vaccines*, 2022.

¹⁴⁸ *Ibid.*

¹⁴⁹ UN General Assembly, *International Cooperation to ensure global access to medicines, vaccines and medical equipment to face COVID-19 (A/RES/74/274)*, 2020.

¹⁵⁰ *Ibid.*

¹⁵¹ *Ibid.*

and medical equipment to face COVID-19,” which outlines suggested measures and actions to fill the global gap in vaccines.¹⁵²

Considering the special request of WHA during the 74th session, an international action plan is critical in ensuring the current cap in access to vital medical supplies such as vaccines does not widen when challenged with another potential global pandemic.¹⁵³ WHO also identifies that a key factor that will assist in pushing for universal access to health care is the promotion of stronger health care systems and collaboration from global health leaders.¹⁵⁴ During the Global Pandemic Preparedness Summit held by CEPI, the union of international policymakers and civil society endorsed for a new global strategy that allows for readily available access to global vaccines through regulating health care systems and restructuring global manufacturing.¹⁵⁵ However, a challenge that faces the international community is collective commitment in investing in the financing and policy shift on national levels that can be leveraged to partner on a global scale.¹⁵⁶

The 8th meeting of the Multilateral Leaders Task Force on COVID-19, was held in March 2022 and set out a list of key priorities and recommendations for the international community to consider in order to address vaccine supply and access.¹⁵⁷ Central to their outlook was deploying financial assistance quickly to ensure developing countries can properly handle vaccine supplies.¹⁵⁸ Their recommendations also emphasized immediate support for the COVID-19 Tools (ACT) Accelerator.¹⁵⁹ Within the ACT Accelerator, data sharing falls into the diagnostics pillar as it aids in understanding research gaps and investment opportunities, which subsequent assist in understanding the demand required and assessment on future partnerships.¹⁶⁰

Another target area to be considered to reduce vaccine disparities during a pandemic, is the importance of data share and analysis.¹⁶¹ During the Eight Meeting of Multilateral Leaders Task Force on COVID-19 in March of 2022, they also identified the lack of medical infrastructure in developing countries, especially robust data systems, to be a continued roadblock towards ending the pandemic.¹⁶² The task force recommended researching success stories, such as those in Bangladesh, Viet Nam, and Peru where vaccine rates increased sharply, can help draw good practices for future collaboration.¹⁶³

Conclusion

As one of the most rapid defenses in fighting off viruses, vaccines hold a vital role in the health and safety of our communities across the globe.¹⁶⁴ Utilizing vaccines ensures long term protection for an individual’s immune system while also supporting global health systems through ensuring preventable viruses do not lead to increased mortality and an exhausted health care system as a whole.¹⁶⁵ The UN and international system has made immense effort to help combat the disparities in vaccine production and supply, especially through the development of COVAX.¹⁶⁶ WHO further outlines there is ample room for partnership on a global scale to close the gap in vaccine equity and utilize partnerships through dose-

¹⁵² Ibid.

¹⁵³ Ibid.

¹⁵⁴ WHO, *Immunizations, Vaccines and Biologicals: About Us*.

¹⁵⁵ CEPI, *The Global Pandemic Preparedness Summit*.

¹⁵⁶ Ibid.

¹⁵⁷ World Bank Group, *Eighth Meeting of the Multilateral Leaders Task Force on COVID-19, 1 March 2022: “Third Consultation with the CEOs of leading vaccine manufactures” Joint Statement, 2022.*

¹⁵⁸ Ibid.

¹⁵⁹ Ibid.

¹⁶⁰ WHO, *Consolidated Financing Framework for ACT-A Agency & In-Country Needs, 2022, p.10.*

¹⁶¹ Ibid.

¹⁶² World Bank Group, *Eighth Meeting of the Multilateral Leaders Task Force on COVID-19, 1 March 2022: “Third Consultation with the CEOs of leading vaccine manufactures” Joint Statement, 2022.*

¹⁶³ UNICEF, *The COVID-19 vaccine success stories, 2022.*

¹⁶⁴ WHO, *Vaccines and Immunizations: What is vaccination?. 2021.*

¹⁶⁵ WHO, *Global Vaccine Action Plan, 2012.*

¹⁶⁶ Gavi, *Gavi COVAX AMC, 2022.*

donation and shared-based financing.¹⁶⁷ Moving forward, meeting the financial, logistical, and materials needs of developing countries will be crucial so they not only can maintain a robust supply of vaccines, but also conduct effort methods to educate their citizens about their benefits and administer them in a timely and efficient manner.¹⁶⁸

Further Research

As delegates are considering how to potentially consider addressing this topic, it will be very important to understand the last special session of WHA, and how the possible introduction of an international convention or collaborative effort will work in addressing vaccine distribution disparities. What other bodies can be recommended in the monitoring of global distribution and equity? What updates have since developed in fair allocation mechanisms? What new challenges does the international community face in accelerating global vaccination with the discovery of new variants from around the world? Considering the importance of a preparedness plan that includes the securement of medical supplies and vaccines, how might this framework come together through the collaboration of the international community?

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Written by WHO in 2020, this report is essential in understanding the strategies and key goals the organization must address barriers in global immunization. Reviewing the efforts from the previous Global Action Plan of 2010, this source will help delegates understand how the organization has pivoted since then and grew the spectrum of focus for immunization and vaccines. Within this report is a detailed overview of statistics related to immunization, financing, disparities between developed and developing nations, as well developing technologies that can be utilized in working towards equitable access to immunization.

World Health Organization. (2020). *WHO concept for fair access and equitable allocation of COVID-19 health products*. Retrieved 12 February 2022 from: <https://www.who.int/docs/default-source/coronaviruse/who-covid19-vaccine-allocation-final-working-version-9sept.pdf>

When WHA drafted the Global Vaccine Action Plan, one of the main priorities was to ensure the access to health products in the support of immunization and vaccination. Adapted from that priority, this document is the up-to-date plan of WHO to continue this priority in providing health products on an even global scale. What differentiates this document is the focus on COVID-19 vaccines, and the time sensitive nature of this action plan. As the pandemic will be key area of discussion in vaccine distribution disparities, this source will allow delegates to have a better understanding when conducting research and offering policy recommendations.

World Health Organization. (2021). *COVAX: Working for global equitable access to vaccines*. Retrieved 09 February 2022 from: <https://www.who.int/initiatives/act-accelerator/covax>

The source will allow delegates to have a greater understanding of the partnerships between WHO and other bodies of the UN, as well as private parentships and organizations, as it details the work being completed by WHO's COVAX initiative. Delegates will find this source useful as it will help them gain a better understanding of how WHO is working to provide equitable access to vaccines through the allocation based on scale of population size. Additionally, it highlights the efforts in distribution of

¹⁶⁷ WHO, *Consolidated Financing Framework for ACT-A Agency & In-Country Needs*, 2022, p.2.

¹⁶⁸ World Bank Group, *Eighth Meeting of the Multilateral Leaders Task Force on COVID-19*, 1 March 2022: "Third Consultation with the CEOs of leading vaccine manufactures" Joint Statement, 2022.



the COVID-19 vaccine, and investment opportunities that for accelerated global vaccination.

World Health Organization. (2021). *Strategy to Achieve Global COVID-19 Vaccination by mid-2022*. Retrieved 10 February 2022 from: <https://www.who.int/publications/m/item/strategy-to-achieve-global-covid-19-vaccination-by-mid-2022>

As the current focus of global health strategies is the COVID-19 pandemic, this report details the efforts of WHO and supporting organizations in trying to reduce the rate of transmission through accelerating vaccination on a global scale. The report details resource requirements, risk factors, potential barriers, and funding requirements needed. Additionally, it outlines what targets need to be completed on a regional, international, and global scale. This will be a very useful documents for delegates as it will offer insight into what work their specific Member State can accomplish to resolve these targets.

World Health Organization. (2022). *Consolidated Financing Framework for ACT-A Agency & In-Country Needs*. Retrieved 11 February 2022 from: <https://www.who.int/publications/m/item/consolidated-financing-framework-for-act-a-agency-in-country-needs>

A part of the mandate of WHA is to overview the finances of WHO and provide policy review to the committee. Within this document is a financial overview of the strategy to gain funding to support equitable global vaccination through the commitment of Member States, shareholders, and grant donors. Delegates can use this document to understand how WHO plays a role promoting collaboration within the UN system and supporting stakeholders to gain funding for health initiatives and targets. This will also help delegates in understanding the mandate of the committee, and strategies they can consider when discussing the financing aspect of this topic.

World Bank Group. (2022). *Eighth Meeting of the Multilateral Leaders Task Force on COVID-19, 1 March 2022: "Third Consultation with the CEOs of leading vaccine manufactures" Joint Statement*. Retrieved 11 February 2022 from: <https://www.who.int/publications/m/item/consolidated-financing-framework-for-act-a-agency-in-country-needs>

This statement is one of the most recent documents outlining the challenges and progress in implementing a global vaccine effort. It outlines a joint statement between IGOs and the private sector highlighting data and policy suggestions to further advance vaccine administration across the world. Delegates will find this resource helpful in digesting recent dialogue and priorities around vaccine distribution.

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2. Improving Mental Health Access and Resources

“Good mental health and well-being are essential for all of us to lead fulfilling lives, to realize our full potential, to participate productively in our community, and to demonstrate resilience in the face of stress and adversity.”¹⁶⁹

Introduction

Globally, over 300 million people suffer from a mental health condition, yet their needs remain largely unaddressed, impacting their wellbeing and ability to function in their communities.¹⁷⁰ Thus, the improvement of mental health access and resources is an essential policy priority for the World Health Assembly (WHA).¹⁷¹ Recent WHA decisions—such as the extension of the World Health Organization’s (WHO) Comprehensive Mental Health Action Plan 2013-2020—affirmed WHO’s efforts—in particular, the Special Initiative for Mental Health (2019-2023: Universal Health Coverage for Mental Health)—by ensuring mental health is a priority for Member States and stakeholders from the private and public sector.¹⁷² Foundational and transformative documents such as WHO’s Comprehensive Mental Health Action Plan 2013-2030 defined the necessity of a global agenda for mental health contemporarily.¹⁷³

WHO defines mental health as a state of well-being in which an individual’s abilities are fully realized and can cope with the stressors of life while productively contributing to their community.¹⁷⁴ Furthermore, people with mental health conditions—conditions that pertain to mood, anxiety, personality, and psychosis—and non-communicable diseases (NCDs)—a group of conditions, with long-term health consequences, that cannot be caused by acute infection and require long-term care and treatment—often experience human rights violations, discrimination, and stigma.¹⁷⁵ Women, children, adolescents, and refugees are also a vulnerable population, due to gender-based violence, neglect, and the stressors of displacement, respectively.¹⁷⁶

According to The Lancet, investments in mental health can address socioeconomic disparities for individuals trying to access services and resources.¹⁷⁷ In fact, the inclusion of mental health in universal health coverage could help overcome cycles of poverty and alleviate the effects of poor mental health.¹⁷⁸ In addition, the burden of poor mental health on the global economy is devastating, since the culminative impact of mental health conditions would cost \$16 trillion over the next 20 years.¹⁷⁹ This collective burden emphasizes the importance of mental health and psychosocial support services (MHPSS).¹⁸⁰ Literature states MHPSS—administered by a mental health physician and/or specialist—is support that an individual receives to protect, preserve, and promote their mental and psychosocial wellbeing.¹⁸¹ In response to the effect of COVID-19 on mental health, pandemic planning should include psychosocial—social conditions relating to mental health—support.¹⁸² The future of mental health then relies on the efforts of Member States, as an investment in universal health coverage, the reappropriation of government expenditure on mental health, and other respective measures, would ensure public health infrastructures can anticipate a public health crisis’ impact on societal and cultural resilience.¹⁸³

¹⁶⁹ WHO, *Comprehensive Mental Health Action Plan 2013-2030*, 2021, p. v.

¹⁷⁰ WHO, *Mental Disorders*, 2019.

¹⁷¹ WHO, *Mental Health*.

¹⁷² Ibid.

¹⁷³ WHO, *Comprehensive Mental Health Action Plan 2013-2030*, 2021.

¹⁷⁴ Pan American Health Organization, *Mental Health*.

¹⁷⁵ WHO, *Mental Health*.

¹⁷⁶ Roberts, *Mental Illness is a Global Problem: We Need a Global Response*, *Health Poverty Action*, 2018.

¹⁷⁷ The Lancet, *Mental Health: Time to Invest in Quality*, 2020.

¹⁷⁸ Ibid.

¹⁷⁹ Coleman, S., et al., *Time to Invest in Mental Health Part 3: Why Investing in Mental Health Pays Dividends: A Case for Individuals, Society, and Funders*, *Harvard Global Health Institute*, 2020.

¹⁸⁰ London, *Why Investment in Mental Health is Needed Now More Than Ever*, *World Economic Forum*, 2020.

¹⁸¹ Government of the Netherlands, *What is Mental Health and Psychosocial Support (MHPSS)?*, 2019.

¹⁸² The Lancet, *Mental Health: Time to Invest in Quality*, 2020.

¹⁸³ Ibid.

International and Regional Framework

In 1948, mental health was affirmed as a fundamental principle by WHO within its Constitution.¹⁸⁴ In its final report, Nations for Mental Health—a WHO initiative for mental health in underserved populations—defined the ways in which mental health was addressed as a policy priority from 1991 to 2001.¹⁸⁵ Meetings, such as *Placing Mental Health on the International Agenda* in April 2000, brought awareness to the need for adequate mental health and began the conversation on improving resources and access to care.¹⁸⁶ Regional and national agendas, such as the creation of a psychosocial rehabilitation center in Romania, training of primary care providers in Egypt, and the consideration of socio-economic enterprises for individuals with mental health conditions in Argentina have demonstrated action and intention toward closing the access gap in mental health care.¹⁸⁷

In 2006, the *Convention on the Rights of Persons with Disabilities* (CRPD) was adopted.¹⁸⁸ CRPD broadly defines individuals with disabilities as subjects, with rights to be upheld and protected, who are capable of self-determination and are fundamental members of society.¹⁸⁹ The Convention is the result of decades of work by the United Nations (UN) aimed to change attitudes toward persons with disabilities.¹⁹⁰ The Sustainable Development Goals (SDG) (2012) acknowledge and encourage developmental progress in response to global challenges.¹⁹¹ In fact, SDG 3 highlights the importance of adequate health and well-being for all.¹⁹² SDG 3, target 3.4.2 aims to improve mental health, which is indicated by a reduction of the suicide mortality rate.¹⁹³ In addition, SDG 3, target 8 aims to provide universal health coverage to overcome inequalities in access to care, which helps reduce the burden of mental health care services for individuals with non-communicable diseases and underserved populations.¹⁹⁴

In its forty-third session, the Human Rights Council (HRC) ascertained mental health to be a fundamental human right to be enjoyed by all; affirming the right to appropriate mental health.¹⁹⁵ According to the HRC, the right to mental health should especially be protected for women and girls since they are vulnerable to violence, abuse, and discrimination when seeking care.¹⁹⁶ Furthermore, a human rights perspective should be applied when providing mental health services to respect the dignity of those in need.¹⁹⁷ The HRC indicates a human rights-based approach would require a paradigm shift in clinical practice, policy, research, education, and investment in mental health.¹⁹⁸ Additionally, decision-making mechanisms, such as peer support and safeguards against abuse and duress within support arrangements, would protect and respect the rights of individuals seeking mental health care and services.¹⁹⁹

The MHPSS Minimum Service Package (MSP) is an intersectoral resource that ensures access to mental health resources in times of humanitarian crisis.²⁰⁰ MSP, supports humanitarian intervention through the design and implementation of a prompt, predictable, coordinated, evidence based MHPSS response.²⁰¹ MSP was established in 2021 via a multilateral effort by WHO, UNICEF, United Nations High Commissioner for Refugees (UNHCR), and United Nations Population Fund (UNFPA).²⁰²

¹⁸⁴ WHO, *Constitution of the World Health Organization*, 1948, p.1.

¹⁸⁵ WHO, *Nations for Mental Health: Final Report*, 2002, pp. 3-5.

¹⁸⁶ *Ibid.*, p. 65.

¹⁸⁷ *Ibid.*, p. 66.

¹⁸⁸ UN DESA, *Convention on the Rights of Persons with Disabilities (CRPD)*.

¹⁸⁹ *Ibid.*

¹⁹⁰ *Ibid.*

¹⁹¹ Enel Américas, *Sustainable Development Goals (SDGs): Our History and Close Relationship*.

¹⁹² UN DESA, *Ensure Healthy Lives and Promote Well-being for All at All Ages*.

¹⁹³ *Ibid.*

¹⁹⁴ *Ibid.*

¹⁹⁵ HRC, *Mental Health and Human Rights (A/HRC/43/L.19)*, 2020, p. 1.

¹⁹⁶ *Ibid.*, p. 4.

¹⁹⁷ *Ibid.*, p. 3.

¹⁹⁸ *Ibid.*, p. 5.

¹⁹⁹ *Ibid.*, p. 5.

²⁰⁰ Inter-agency Network for Education in Emergencies, *The MHPSS Minimum Service Package*, 2021.

²⁰¹ *Ibid.*

²⁰² *Ibid.*

United for Global Mental Health (UGMH) is a non-governmental organization (NGO) that raises awareness for MHPSS while working with international entities, national governments, and other NGOs.²⁰³

In 2021, UGMH set a three-year goal to narrow focus and investment in mental health through four areas of strategic impact.²⁰⁴ By 2024, UGHM aims to advise and participate in multilateral efforts to: increase accountability when setting goals and targets for mental health; create a sustainable source of funding for mental health; ensure mental health is acknowledged in national health policies and health plans; and further mobilize mental health advocacy and its impact.²⁰⁵

In 2021, WHO's Comprehensive Mental Health Action Plan 2013-2020 was extended to further emphasize the need for and importance of mental health.²⁰⁶ WHA resolved to extend the Plan to 2030 to build upon its 2013 predecessor through revised indicators, implementations, and global targets, as the plan retains its initial priorities and its four original objectives are expressed.²⁰⁷ Those objectives are more effective leadership and governance for mental health; the provision of comprehensive, integrated mental health and social care services in community-based settings; implementations of strategies for promotion and prevention; and strengthened information systems, evidence, and research.²⁰⁸

Role of the International System

WHO introduced the Quality Rights Initiative in 2017 to promote the rights of people with mental health conditions while improving access to care.²⁰⁹ The initiative also provides Member States with a tool kit or source of information and instructions to ensure human rights standards in mental health care facilities.²¹⁰ The WHO Quality Rights tool kit provides two assessment tools—an interview tool and a review of documents and an observation tool—which guide the conduct of interviews of service-users, family members, friends, caregivers, and staff along with how to document and observe within a facility.²¹¹ In addition, the tool kit provides two reporting forms—a facility based-assessment report and a country-wide assessment report—which assist assessment teams in the analysis of their findings, conclusions, and recommendations for individual facilities and Member States.²¹² The tool kit, informed by CRPD, is for low-, middle-, and high-income states.²¹³

As for monetary action, WHO sourced \$28.4 million in development assistance for mental health in 2018, according to the Institute for Health Metrics and Evaluation.²¹⁴ Additionally, in 2019, WHO launched the Special Initiative for Mental Health (2019-2023): Universal Health Coverage for Mental Health.²¹⁵ The Initiative seeks to ensure universal healthcare coverage bolsters access to quality and affordable care for mental health conditions to 100 million more people in 12 priority states.²¹⁶ WHO's Mental Health Atlas reports the progress of Member States as they work to achieve benchmarks set by the Comprehensive Mental Health Action Plan 2013-2030.²¹⁷ WHO also hosts, MiNDbank, an online platform that amalgamates international resources, national policies, and laws on the issues of mental health,

²⁰³ United for Global Mental Health, *UGMH Three-Year Strategy: July 2021-June 2024*, 2021, p. 3.

²⁰⁴ *Ibid.*, p. 3.

²⁰⁵ *Ibid.*, p. 14.

²⁰⁶ WHO, *Comprehensive Mental Health Action Plan 2013-2030*, 2021.

²⁰⁷ *Ibid.*

²⁰⁸ *Ibid.*

²⁰⁹ United for Global Mental Health, *UN Agencies and Mental Health: A Review*, p.1.

²¹⁰ *Ibid.*

²¹¹ WHO, *WHO QualityRights Tool Kit*, 2012.

²¹² *Ibid.*

²¹³ United for Global Mental Health, *UN Agencies and Mental Health: A Review*, p.1.

²¹⁴ Institute for Health Metrics and Evaluation, *Financing Global Health*, 2021.

²¹⁵ WHO, *The WHO Special Initiative for Mental Health (2019-2023): Universal Health Coverage for Mental Health*, 2019.

²¹⁶ *Ibid.*

²¹⁷ WHO, *Mental Health Atlas 2020*, 2021.

disabilities, and human rights.²¹⁸ Additionally, most WHO regional offices acknowledge the initial Comprehensive Mental Health Action Plan 2013-2020 and proposed a regional framework in response.²¹⁹ Frameworks—usually determined by a respective WHO regional committee—provide the region’s Member States with objectives and recommendations that can be prioritized depending on needs and resources at the national, regional, and local levels.²²⁰ In 2022, WHO also published the ICD-11, which “provides a common language that allows health professionals to share standardized information across the world,” and includes information about primary death causes and other illnesses, including mental illnesses.²²¹

Regionally, Member States and organizations continue to improve mental health access and resources considering the COVID-19 pandemic.²²² For instance, the Technical Advisory Group (TAG) on the Mental Health Impacts of COVID-19 in the European region was established in 2021 as part of the region’s recovery efforts.²²³ TAG is charged with examining mental health impacts, identifying gaps in evidence-based needs and implications in capacity building for mental health services within the European region.²²⁴ In the Americas, indigenous and afro-descendant populations are psychosocially vulnerable due to systemic economic and social inequalities exacerbated by the pandemic.²²⁵ In response, the Pan American Health Organization (PAHO), WHO, and the Public Health Agency of Canada (PHAC) collaborated to support and strengthen government and community MHPSS responses for Bolivia, Guatemala, Haiti, and Honduras.²²⁶ The multilateral initiative aims to reduce suffering and improve access to mental wellbeing for indigenous and afro-descendant populations affected by the pandemic.²²⁷

United Nations Children’s Fund (UNICEF) defined MHPSS for children and adolescents as an institutional priority.²²⁸ The provision of MHPSS extends to caregivers and is affirmed in UNICEF’s Strategic Plan (2022-2025) and Core Commitments for Children in Humanitarian Action—which was revised in 2020.²²⁹ In partnership with WHO, UNICEF also worked to decrease the access gap in mental health care for children and families.²³⁰ The Helping Adolescents Thrive Toolkit, produced in 2021, aims to strengthen prevention and reduce behavioral issues among adolescents.²³¹ Additionally, UNICEF produced guidelines for capacity building to provide MHPSS to children, adolescents, and families.²³² According to UNICEF’s Technical Note on Mental Health and Psychosocial Support, the first 1000 days of a child’s life, their protection, care, and education are found to be crucial accelerators for proper mental health and psychosocial wellbeing.²³³ UNICEF’s operational guide on Community Based Mental Health and Psychosocial Support in Humanitarian Settings, published in 2018, provides three-tiered support for children and families.²³⁴ The three tiers—child development, wellbeing, and resilience—can be actualized through a framework that involves circles of support; activities; the monitoring and evaluation of goals, impact, and key outcomes; and community engagement.²³⁵

²¹⁸ WHO, *MiNDbank: More Inclusiveness needed in Disability and Development*.

²¹⁹ WHO, *WHO Regional Offices*.

²²⁰ *Ibid.*

²²¹ WHO, *ICD-11 2022 Release, 2022*; WHO, *ICD-11 for Mortality and Morbidity Statistics, 2022*.

²²² *Ibid.*

²²³ WHO Regional Office for Europe, *Technical Advisory Group on the Mental Health Impacts of COVID-19 in the WHO European Region About us, 2021*.

²²⁴ *Ibid.*

²²⁵ Pan American Health Organization, *Responding to Mental Health and Psychosocial Support (MHPSS) Needs During Covid-19 in Indigenous and Afro-Descendant Communities in the Americas*.

²²⁶ *Ibid.*

²²⁷ *Ibid.*

²²⁸ United for Global Mental Health, *UN Agencies and Mental Health: A Review*, p.2.

²²⁹ *Ibid.*, p. 2.

²³⁰ *Ibid.*, p. 2.

²³¹ WHO, *Helping Adolescents Thrive Toolkit, 2021*.

²³² United for Global Mental Health, *UN Agencies and Mental Health: A Review*, p.2.

²³³ Hijazi & Eriksson, *Mental Health and Psychosocial Technical Note, 2019*.

²³⁴ UNICEF, *Operational Guidelines Community-Based Mental Health and Psychosocial Support in Humanitarian Settings: Three-tiered Support for Children and Families (Field Test Version), 2018*.

²³⁵ *Ibid.*

In 2021, the United Nations High Commissioner for Human Rights (OHCHR) convened to discuss ways to harmonize national laws, policies, and practices for mental health in relation to CRPD.²³⁶ The virtual inter-sessional consultation was attended by UN entities, governmental bodies, and civil society organizations.²³⁷ Outcomes of the consultation were reported at HRC's forty-ninth session and highlighted legal and policy reforms that suggest a human rights-based approach to mental health.²³⁸

The Sustainable Development Solutions Network is a nonprofit that publishes the annual World Happiness Report.²³⁹ The 2021 report from presented a comprehensive review of COVID-19's effect on mental health.²⁴⁰ Within the report, researchers also detailed mental health's evolution throughout the pandemic and suggested policy recommendations.²⁴¹

Disparities in Mental Health Access and Resources

Though adequate mental health is a global priority, disparities in mental health still exist and are found to affect access to services and resources.²⁴² According to the American Psychiatric Association, racial, gendered, and sexual minorities—for instance, queer and transgendered individuals—often suffer because of inaccessibility to adequate care, cultural stigma, discrimination, and lack of awareness about mental health services and resources.²⁴³ Furthermore, a lack of parity in psychosocial support can even exacerbate mental health issues for individuals in need or suffering.²⁴⁴

According to Sorsha Roberts, 35% to 50% of people with severe mental health disorders receive no MHPSS in the Global North or high- and middle-income states.²⁴⁵ Those numbers almost double for people in the Global South, or low and lower-middle-income states, with 76% to 85% not receiving appropriate care.²⁴⁶ Refugees and asylum seekers are also disproportionately affected, as a majority are located in low- and lower-middle-income states.²⁴⁷ Over 65 million persons are displaced and about 1 in 3 refugee and asylum seekers experience a mental health condition, such as depression, anxiety, and post-traumatic stress disorder (PTSD).²⁴⁸ Yet, because of barriers to care—lack of education of the mental health system and resources, inability to access transportation, and health insurance issues—approximately 3% of refugees are referred to receive mental health care.²⁴⁹

Mental Health Atlas 2020 illustrated inequality in the areas of mental health resources and their allocation between high- and low-income states across regions.²⁵⁰ The report indicated significant gaps in the implementation and monitoring of policy, plans, and law to improve mental health resources.²⁵¹ Additionally, the report expressed limitations in Member States' mental health information systems, which report indicators for the utilization of mental health services.²⁵²

Moreover, according to Mental Health Atlas 2020, the percentage of government health budgets appropriated for mental health has hardly changed since 2018, remaining at about 2%.²⁵³ In 2020, UGMH published a report, the Return on the Individual (ROI), that expressed that investing in mental health

²³⁶ OHCHR, *Mental Health and Human Rights*.

²³⁷ Ibid.

²³⁸ Ibid.

²³⁹ Sustainable Development Solutions Network, *World Happiness Report*.

²⁴⁰ Helliwell, J., et al., *World Happiness Report 2021*, Sustainable Development Solutions Network, 2021.

²⁴¹ Ibid.

²⁴² The Lancet, *Mental Health: Time to Invest in Quality*, 2020.

²⁴³ American Psychiatric Association, *Mental Health Disparities: Diverse Populations*, 2021.

²⁴⁴ HRC, *Mental Health and Human Rights (A/HRC/43/L.19)*, 2020, p. 3.

²⁴⁵ Roberts, *Mental Illness is a Global Problem: We Need a Global Response*, *Health Poverty Action*, 2018.

²⁴⁶ Ibid.

²⁴⁷ Song et al., *Mental Health Facts on Refugees, Asylum Seekers, & Survivors of Forced Displacement*, p. 1.

²⁴⁸ Ibid., p. 2.

²⁴⁹ Ibid., p. 3.

²⁵⁰ WHO, *Mental Health Atlas 2020*, 2021.

²⁵¹ Ibid.

²⁵² Ibid.

²⁵³ UN DGC, *World Misses Most 2020 Mental Health Targets: WHO*, *UN News*, 2021.

generates returns for the individual and their community.²⁵⁴ In fact, with every \$1 invested in mental health care, there is a return of \$4, according to WHO.²⁵⁵ Mental Health Innovation Network (MHIN) states this return should be understood from a cost-benefit analysis, where the socioeconomic benefits of proper mental health should include an intrinsic value (improved wellbeing and health) and an instrumental value, which is one's ability to function and contribute to society despite their mental health.²⁵⁶ MHIN states exercising such an analysis can inform decision-makers and innovations in global mental health policy.²⁵⁷

According to the World Economic Forum, if spending on mental health reached its recommended level of 20% annually, there could be at least 60 million fewer cases of anxiety, depression, and epilepsy between now and 2030.²⁵⁸ Additionally, 25 million healthy years of life can be gained, and 200,000 deaths could be avoided.²⁵⁹ UGMH notes adequate mental health increases economic productivity and healthy workers maintain economic competitiveness.²⁶⁰ Yet, 20% of the working population has experienced a mental health disorder.²⁶¹ Even further, in a study of the world's largest Member States, 12 billion days of productivity are lost each year due to depression and anxiety, which costs the global economy \$925 billion.²⁶²

Progress is still to be made in mental health access, but recommendations suggest ways to close the access gap and improve resources.²⁶³ According to The Lancet, universal health coverage would free people of economic hardship when seeking mental health care.²⁶⁴ Poverty can also exacerbate poor mental health by creating a barrier to the access of resources and services.²⁶⁵ Universal health coverage would then relieve vulnerable populations of the socioeconomic burden of poor mental health and help them fulfill their well-being's potential, according to The Lancet.²⁶⁶ In addition, WHO recommends the decentralization of mental health care.²⁶⁷ Such care would allow people-centered and community-based support and empower patient autonomy and their decision-making.²⁶⁸ Furthermore, an investment in mental health data would strengthen mental health services and aid in social resiliency in times of crisis, according to WHO Unit Head, Dr. Tarun Dua.²⁶⁹ Moreover, such an investment would lead to reliable mental health information systems and the reporting of indicators for improving access to mental health resources.²⁷⁰ Lastly, Member States are encouraged to reimplement the new targets set by WHO's Comprehensive Mental Health Action Plan 2013-2030, since social, political, and economic indicators can exacerbate disparities and affect the quality of life.²⁷¹

According to The Lancet, Member States pledged to include mental health care in universal health coverage as a commitment to the Sustainable Development Goals.²⁷² Yet, this pledge was not actualized due to limited commitment and funding for a sustainable improvement in mental health access and resources.²⁷³ Although investment in mental health is an economic issue, it can also be argued as an

²⁵⁴ United for Global Mental Health, *2020 Highlights*, 2020, p.8.

²⁵⁵ Coleman, S., et al., Time to Invest in Mental Health Part 3: Why Investing in Mental Health Pays Dividends: A Case for Individuals, Society, and Funders, *Harvard Global Health Institute*, 2020.

²⁵⁶ Chisholm & Clark, *Return on Investment in Global Mental Health Innovation: A Primer*, 2016, p. 5.

²⁵⁷ *Ibid.*, p. 15.

²⁵⁸ London, Why Investment in Mental Health is Needed Now More Than Ever, *World Economic Forum*, 2020.

²⁵⁹ *Ibid.*

²⁶⁰ *Ibid.*

²⁶¹ *Ibid.*

²⁶² *Ibid.*

²⁶³ UN DGC, World Misses Most 2020 Mental Health Targets: WHO, *UN News*, 2021.

²⁶⁴ The Lancet, *Mental Health: Time to Invest in Quality*, 2020.

²⁶⁵ *Ibid.*

²⁶⁶ *Ibid.*

²⁶⁷ UN DGC, World Misses Most 2020 Mental Health Targets: WHO, *UN News*, 2021.

²⁶⁸ HRC, *Mental Health and Human Rights (A/HRC/43/L.19)*, 2020, p. 5.

²⁶⁹ UN DGC, World Misses Most 2020 Mental Health Targets: WHO, *UN News*, 2021.

²⁷⁰ WHO, *Mental Health Atlas 2020*, 2021.

²⁷¹ UN DGC, World Misses Most 2020 Mental Health Targets: WHO, *UN News*, 2021.

²⁷² London, Why Investment in Mental Health is Needed Now More Than Ever, *World Economic Forum*, 2020.

²⁷³ The Lancet, *Mental Health: Time to Invest in Quality*, 2020.

ethical imperative that aims to address inequalities in providing mental care.²⁷⁴ The Lancet Commission on Global Mental Health and Sustainable Development recommends the inclusion of a broad range of stakeholders to improve the delivery of mental health resources.²⁷⁵ The Commission also suggests stakeholders should include those with lived experience of mental health disorders to represent the patient in the implementation of appropriate mental health services.²⁷⁶ Ultimately, The Lancet Commission on Global Mental Health and Sustainable Development encourages Member States to look beyond the monetary factor of investment in mental health and consider the opportunity to empower their communities, while those of high-income states should learn from the innovations of low- and middle-income settings.²⁷⁷ Therefore, a collective response and collaborative perspective would help address disparities in mental health access and resources, while prioritizing the improvement of quality and affordable mental health care for today and the future.²⁷⁸

The Future of Mental Health

Amid a pandemic, adequate mental health is needed for a society to sustain its collective wellbeing.²⁷⁹ COVID-19 has shown how a lack of focus on mental health can reduce individual and societal resilience, and deter social, economic, and cultural recovery.²⁸⁰ According to a survey conducted by WHO, people with severe pre-existing mental health conditions were most affected by disruptions in services due to COVID-19.²⁸¹ School closures, restricted access to nutritious food, breakdown in family relationships, neglect, and abuse seriously impacted children and adolescents.²⁸² The elderly, another vulnerable group, are afraid of infection due to pre-existing conditions, dying, and are isolated from loved ones because of social distancing.²⁸³ Additionally, health care workers (HCW) are targets of stigmatization, while facing a greater risk of infection and exceptional workloads.²⁸⁴ A report by the APPNA Institute of Public Health highlighted the stigma and violence HWC faced in Pakistan while working in COVID-19 facilities in 2020.²⁸⁵ According to the report, 41.9% of HCW experienced a form of violence (verbal, physical, and stigma), while over 98% worried about experiencing a form of violence while working in a COVID-19 health care facility.²⁸⁶ Thus, because COVID-19 has touched several sectors of our society, improving mental health access requires a cross-sectoral effort.²⁸⁷

Yet, experts wonder how governments and NGOs can improve mental health considering a pandemic.²⁸⁸ Although most Member States included MHPSS in their COVID-19 response plans, only 17% of those states ensured funding to cover additional services.²⁸⁹ In an open letter signed in 2020 by over 1,000 mental health experts and advocates from more than 40 Member States, global leaders were called to integrate mental health into recovery plans.²⁹⁰

Public health experts suggest there are key areas where Member States can improve mental health access in national policy.²⁹¹ An investment in public health campaigns would help normalize and

²⁷⁴ Ibid.

²⁷⁵ Ibid.

²⁷⁶ Ibid.

²⁷⁷ Ibid.

²⁷⁸ Ibid.

²⁷⁹ Ibid.

²⁸⁰ Ibid.

²⁸¹ WHO, *The Impact of COVID-19 on Mental, Neurological and Substance Use Services*, 2020.

²⁸² The Lancet, *Mental Health: Time to Invest in Quality*, 2020.

²⁸³ Ibid.

²⁸⁴ Ibid.

²⁸⁵ Khan et al., Violence and Stigma Experience by Health-Care Workers in COVID-19 Health-Care Facilities in Three Cities of Pakistan, *International Committee of the Red Cross*, 2021, p.4.

²⁸⁶ Ibid., p. 12-13.

²⁸⁷ The Lancet, *Mental Health: Time to Invest in Quality*, 2020.

²⁸⁸ London, Why Investment in Mental Health is Needed Now More Than Ever, *World Economic Forum*, 2020.

²⁸⁹ WHO, *COVID-19 disrupting mental health services in most countries*, WHO survey, 2020.

²⁹⁰ London, Why Investment in Mental Health is Needed Now More Than Ever, *World Economic Forum*, 2020.

²⁹¹ Veldhuis et al., *Five Urgent Public Health Policies to Combat the Mental Health Effects of COVID-19*, 2021.

destigmatize mental health conditions while promoting wellness and preventative measures.²⁹² Member States should also target mental health interventions and screen at-risk populations.²⁹³ In addition, a focus on capacity building would help reduce disparities in mental health care and ensure the behavioral health workforce can withstand demand in times of crisis.²⁹⁴ Finally, when Member States look to improve mental health access and resources to endure crisis, they should consider the challenges COVID-19 posed to all industries across society.²⁹⁵ Ultimately, Member States share considerable responsibility in ensuring these recommendations are implemented according to their regional and national governance.²⁹⁶

Conclusion

The HRC states that mental health is a policy priority that requires a comprehensive and collaborative effort, global leaders and public health experts should continue to utilize a humanistic perspective when informing mental health policies.²⁹⁷ As mental health continues to face disparities in monetary investments, global leaders should consider the implementation of economic policies within their government to include mental health in universal health coverage.²⁹⁸ It is imperative that global leaders consider the ways in which an investment in mental health goes beyond awareness and solidifies access for those in need.²⁹⁹ Though there are various milestones for improving mental health access and resources, various determinants impede its development and progress.³⁰⁰ Thus, the goals Member States affirm in WHA will ensure the trajectory of mental health and its potential.³⁰¹

Further Research

Delegates should consider these questions when conducting topical research: How can their governments incorporate a humanistic approach when attempting to improve access to mental health care? How do social and economic disparities affect access to mental health care and resources in their country? How does the economic burden of poor mental health translate at the communal and national levels? How can universal health coverage be included in their states' health policies and sustained in infrastructure for public health? How do their states' COVID-19 recovery and response plans prioritize mental health access and resources? How do efforts made by civil society organizations inform the conversation and culture around mental health in their state?

Annotated Bibliography

Chisholm, D. & S. Clark. (2016). *Return on Investment in Global Mental Health Innovation: A Primer*. Mental Health Innovation Network. Retrieved 29 April 2022 from: <https://www.mhinnovation.net/sites/default/files/downloads/resource/Mental%20Health%20Return%20on%20Investment%20Guidance%20%28December%202016%29.pdf>

The document was published by MHIN, a community of researchers, policymakers, and donors. The document is considered a 'primer' that introduces the idea of a return on investment in the context of global mental health. Page two of the document provides an analytical framework that details the values necessary for an analysis that would determine the cost of innovation in mental health. Delegates should find this source useful as it illustrates the analytic framework of a cost-benefit analysis of an investment in mental health and the formula for determining its economic return.

²⁹² Ibid.

²⁹³ Ibid.

²⁹⁴ Ibid.

²⁹⁵ WHO, *World Health Assembly Recommends Reinforcement of Measures to Protect Mental Health During Public Health Emergencies*, 2021.

²⁹⁶ Ibid.

²⁹⁷ HRC, *Mental Health and Human Rights (A/HRC/43/L.19)*, 2020, p. 3.

²⁹⁸ WHO, *World Health Assembly*.

²⁹⁹ The Lancet, *Mental Health: Time to Invest in Quality*, 2020.

³⁰⁰ WHO, *WHO Report Highlights Global Shortfall in Investment in Mental Health*, 2021.

³⁰¹ WHO, *World Health Assembly*.



World Health Organization. (n.d.). *Mental Health*. Retrieved 9 February 2022 from: https://www.who.int/health-topics/mental-health#tab=tab_1

This webpage is a comprehensive source that includes WHO's definition of mental health and gives an overview of mental health and its burden on the global community. The webpage offers a brief explanation of WHO's response to the issue of mental health. This page also allows access to key documents and programs mentioned in the background guide such as the Comprehensive Mental Health Action Plan 2013-2020 and Mental Health Gap Action Programme (mhGAP). In addition, the webpage also provides fact sheets and data about certain mental disorders, resources, and policies. Delegates should also find this source useful as it provides statistics on mental health conditions worldwide.

World Health Organization. (2019). *The WHO Special Initiative for Mental Health (2019-2023): Universal Health Coverage for Mental Health*. Retrieved 10 February 2022 from: <https://apps.who.int/iris/rest/bitstreams/1209393/retrieve>

In May 2019, WHO launched the Special Initiative for Mental Health (2019-2023): Universal Health Coverage for Mental Health to aid in the achievement of humanity's highest form of mental health and wellbeing. This report details key components of the initiative which are its actions, plans, and targets. The report also answers why the initiative is important, what it will do, and how it will be implemented and measured. This report provides a comprehensive look into a recent action taken by WHO, thus it is a useful source for delegates hoping to understand the role of the international system.

World Health Organization. (2021). *WHO Report Highlights Global Shortfall in Investment in Mental Health*. Retrieved 19 March 2022 from: <https://www.who.int/news/item/08-10-2021-who-report-highlights-global-shortfall-in-investment-in-mental-health>

This news release features the 2020 edition of the Mental Health Atlas, which highlights the progress of global targets set by the Comprehensive Mental Health Action Plan 2013 to 2020. The new release notes four of the major objectives were substantially unmet at the international and regional levels. The source concludes by mentioning the rationale behind the new 2030 target and potential trajectories for mental health. This is a source that quickly summarizes key findings of the Mental Health Atlas, which would inform delegates as they consider disparities and socioeconomic determinants that may affect the improvement of mental health access at the national level.

World Health Organization. (2022). *ICD-11 2022 release*. Retrieved 13 February 2022 from: <https://www.who.int/news/item/11-02-2022-icd-11-2022-release>

This source details the new features of the International Classification of Diseases (or ICD-11), along with the original purpose of the global standard for diagnostic health information. The use of ICD is broad and diverse, but what is known of the extent, causes, and consequences of human disease and death worldwide relies on data classified, coded, and reported by the ICD. Additionally, statistics encoded within ICD support payment systems, service planning, and health service research. Delegates should utilize this source to understand key medical terminology and concepts—like noncommunicable diseases and what is classified as mental and/or behavioral disorders—which would be found within the background guide and their research.

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