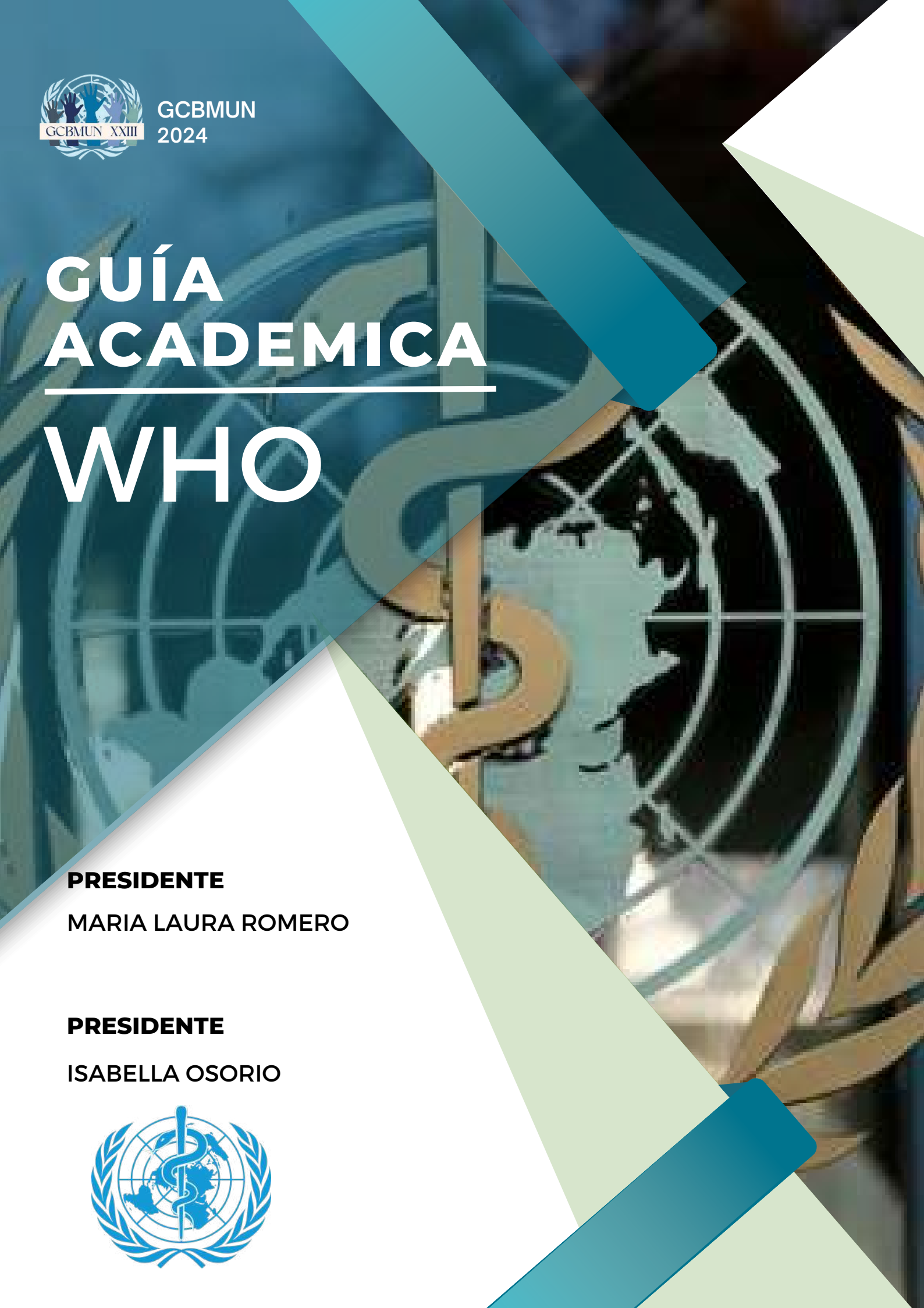
GCBMUN
2024

GUÍA ACADEMICA

WHO



PRESIDENTE

MARIA LAURA ROMERO

PRESIDENTE

ISABELLA OSORIO

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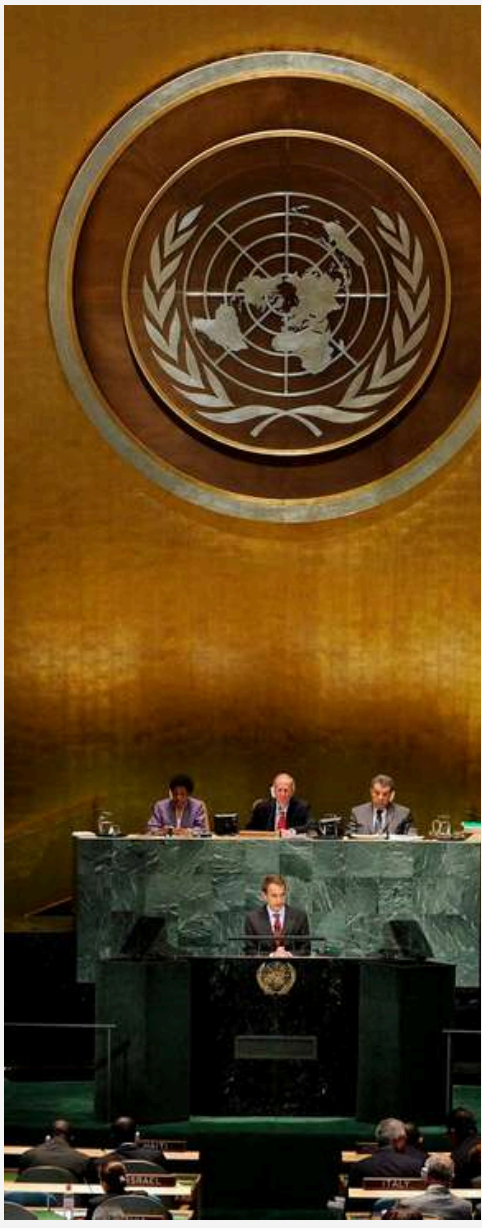

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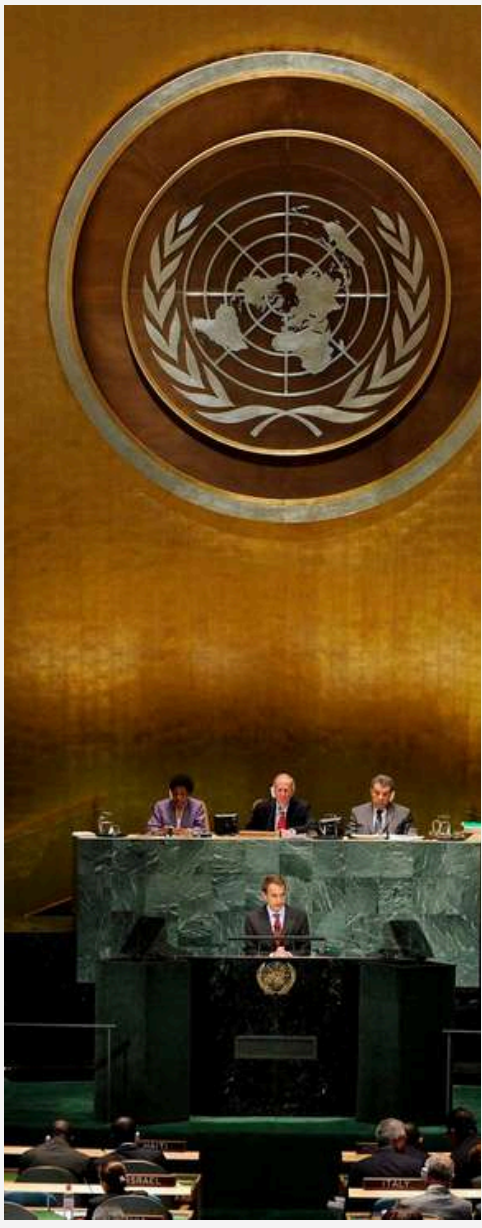

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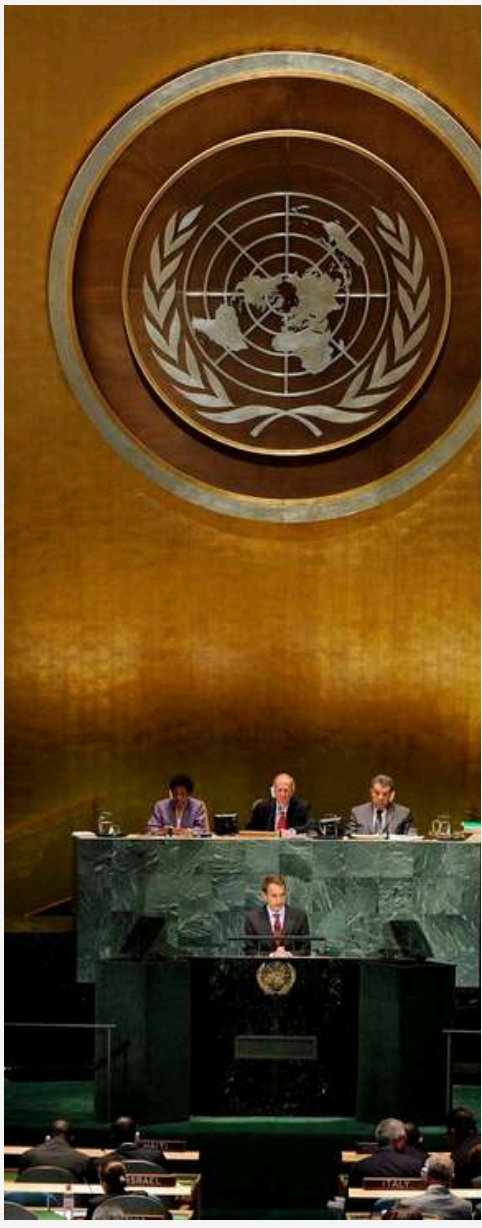


WELCOMING LETTER

UNITED NATIONS MODEL GCBMUN XXIV

GENERAL SECRETARY

FELIPE OSPINA

ACADEMIC SECRETARY

XIMENA PEÑA

ACADEMIC SUPPORT

XIMENA PEÑA

ACADEMIC SUPPORT IN CHARGE

XIMENA PEÑA

FELIPE OSPINA

GCBMUN DIRECTOR

FABIO CARDENAS

Dear delegates,

As your Dais it is a great pleasure to have you as part of this committee, and we. We would like to extend a warm welcome to each one of you, our esteemed delegates, to the committee of the World Health Organization (WHO).

This is an experience that goes beyond a simple role play, in which you will be looking forward to achieving innovative solutions. We are eager to follow your process during these days of debate in which you are expected to demonstrate your research, analytical and oratory skills. We expect that you give your very best, but also that you have lots of fun, and you enjoy this amazing experience, in which not only will you grow academically, as well as personally.

We encourage you to conduct research, express your ideas with clarity, and show respect towards your fellow delegates. Constructive dialogue and diplomacy will be key elements for the success of our deliberations which will always look forward to understanding how the topics we are discussing here go far beyond what is being debated here, having a social impact in people from countries all around the world. Understanding everything that will be discussed is bigger than us.

As your Dais, we are confident that your participation in this committee will contribute to its development. Regardless of any obstacles that may be presented during its development, we are sure you will be able to handle them and give your best effort when it comes to reaching an outstanding performance during the three days of debate.

Once again, we welcome you to WHO. We are eagerly awaiting the amazing exchange of ideas during the following days of debate. Together, we believe that we can make a positive impact on the world and improve the health situation all around the world by sharing our ideas.
As your Presidents, we also encourage you to reach out for help whenever you need it. Please do not hesitate to contact us if you have any questions or require additional guidance. We are here to support you in every step of the process.

Sincerely,
Your presidents,
Maria Laura Romero and Isabella Osorio

HISTORY OF THE COMMITTEE

The World Health Organization (WHO) is an agency of the United Nations (UN), that focuses on international public health. The history behind the creation of WHO started on 1945, when the concept of an International Health Organization was first proposed in a conference at the United Nations, also known as the San Francisco Conference (Acerca De La OMS, n.d.).

The WHO Constitution was adopted by the International Health Conference held in New York City from June 19 to July 22, 1946. The Constitution was signed by 61 countries and entered into force on April 7, 1948, after being ratified by a considerable number of member states. (Acerca De La OMS, n.d.). After all this process, WHO was officially established on April 7, 1948.

The main focus of the World Health Organization is to promote health and the wellbeing for all people globally. It is present when we have to combat diseases, when we have to straighten health systems, and to ensure a universal and transparent health system. It has been recently present on different things as the amendments to improve the International Health Regulations, on the Medicines for Children project, on updates of the Covid 19 pandemic and in the fight to fulfill its main task, which is to comply with the principle that all people, everywhere, should enjoy the highest standard of health (Carreras, n.d.).

World Health Organization (WHO) | NCD Alliance. (2013, November 13). NCD Alliance. https://ncdalliance.org/world-health-organization-who

Although WHO continues to face abysmal inequities in access to health services, in de deficiencies in global defenses against health emergencies and threats from harmful products and the climate crisis, it recognizes that all those challenges can only be fought using global cooperation and pacific alliances.

Up to now, WHO continues playing a very important role in shaping global health policies, on coordinating international responses to health emergencies, and on promoting the well-being of all populations from all the world through various initiatives, discussions and programs.

SPECIFICATIONS OF THE COMMITTEE

This committee works according to its constitution adopted by the International Health Conference held in New York from 19 June to 22 July 1946 (Constitution, n.d.) which is in conformity with the Charter of the United Nations, looking forward to achieving the attainment by all peoples of the highest possible level of health (Constitution, n.d.). It is most important to take into account article 1 and 2 of the constitution for the development of the committee taking into account they establish the objective to be reached as well as the different functions of the committee to achieve said objective, such as assisting Governments, upon request, in strengthening health services. The committee goes beyond international relations where WHO as a specialized agency was created with the purpose of co-operation among the parties and with others to promote and protect the health of all peoples.

Huang, P. (2020, April 28). Explainer: What does the World Health Organization do? NPR. https://www.npr.org/sections/goatsandsoda/2020/04/28/847453237/what-is-who-and-what-does-it-do

WHO will be working the days of debate according to everything established in the GCBMUN Handbook. All delegates are expected to follow the procedure in the Handbook while participating actively in the committee, showing a high performance and great understanding of the topics discussed. Participation is fundamental during the committee which is why prior to the model delegates must prepare for the debate by researching about their country, and its position on each topic, showing a high level of understanding and argumentation developing ideas for the debate as well as solutions for the issues presented based on their knowledge.

In order to follow the preparation for the committee and encourage it, it will be required that all delegates hand certain papers: An opening speech and two position papers.

Opening speech:

Each delegate must make an opening speech regarding both topics for which will be read at the beginning of the committee, with the delegates having a maximum of one and a half minutes to read it out.

Position papers:

A position paper will be made for each topic, it will not be read out; however, it must be handed in which you are expected to go further in the position of your country regarding the topic being discussed.

GENERAL MISSION

WHO has the goal of ensuring everyone has the highest possible level of health, that a billion more people have universal health coverage, to protect a billion more people from health emergencies, and provide a further billion people with better health and well-being (What We Do, n.d.) basing itself on its constitution and all its principles. 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 (Sundholm, 2018).

The actions of the committee mostly depend on the situation, but it always looks forward to ensuring health worldwide.
For universal health coverage, WHO:

- focus on primary health care to improve access to quality essential services
- work towards sustainable financing and financial protection
- improve access to essential medicines and health products
- train the health workforce and advise on labour policies
- support people's participation in national health policies
- improve monitoring, data and information (What We Do, n.d.)

World Health Organization Vacancy; Consultant. (n.d.). Congress Intercultural. https://selliliar.live/product_details/47257775.html

And in the case of a health emergency, WHO:

- prepare for emergencies by identifying, mitigating and managing risks
- prevent emergencies and support development of tools necessary during outbreaks
- detect and respond to acute health emergencies
- support delivery of essential health services in fragile settings. (What We Do, n.d.)

It mostly addresses all topics regarding health like social determinants while promoting intersectional approaches for health and prioritizing health in all policies and healthy settings

TOPIC A
ARMED CONFLICT AS A PUBLIC HEALTH PROBLEM

Health care in danger - Canadian Red Cross blog. (n.d.). Red Cross Canada. https://www.redcross.ca/blog/category/health-care-in-danger

INTRODUCTION

OOn out committee the first topic to be discussed fundamental for the development of health systems around the world is armed conflicts as a public health problem. As you may know, armed conflict is a prominent public health problem that affects social cohesion and public health systems, causing displacement, unemployment and in many cases poverty. Armed conflict is a major cause of injury and death worldwide, and this is why it is considered a public health problem as it as well deteriorates the health system in the countries that are affected. The WHO committee has based two cases of study: Gaza strip and African countries, which are based in mainly those countries that currently present a high rate of armed conflicts or at least their health systems have been greatly affected by all the attacks.

Rushing, E. (2021, August 30). Influencing behaviour in armed conflict – what is the point? Humanitarian Law & Policy Blog. https://blogs.icrc.org/law-and-policy/2020/03/12/influencing-behaviour-armed-conflict

The committee's focus on the Gaza Strip and African countries allows the issue to be defined clearly and effectively. This facilitates a structured and focused development of debates within the committee. These specific cases provide a clear framework for analyzing the impact of armed conflict on public health. With the support of case studies, the topic focuses on specific geographical areas and defined problems which guarantees an exhaustive analysis that addresses the complexities and problems of public health in contexts of armed conflict.

HISTORY AND DESCRIPTION OF THE TOPIC

The armed conflict has been present since lots of years before. It is important to know all the background of these conflicts, to be able to debate about this topic taking into consideration the political, cultural, and economic aspects of the conflict. On the W HO committee, we are going to base the debate on the two cases of study (Gaza strip and African Countries), so it is asked to have full knowledge about these two conflicts in order to have a conscious and structured debate.

Gaza strip:

The Gaza conflict is a complex dispute with historical roots extending back to the early 20th century. The ones that are most affected with the conflict are the Israel population and the Palestinians, especially those residing in the Gaza Strip or on its surroundings. The tensions notably escalated following the establishment of the State of Israel in 1948 and the ensuing Arab Israeli War, which led to the massive displacement of Palestinian populations (Sala, À, 2023).

Sala, À. (2023, October 17). Las fechas clave del conflicto entre Israel y Palestina. historia.nationalgeographic.com.es.

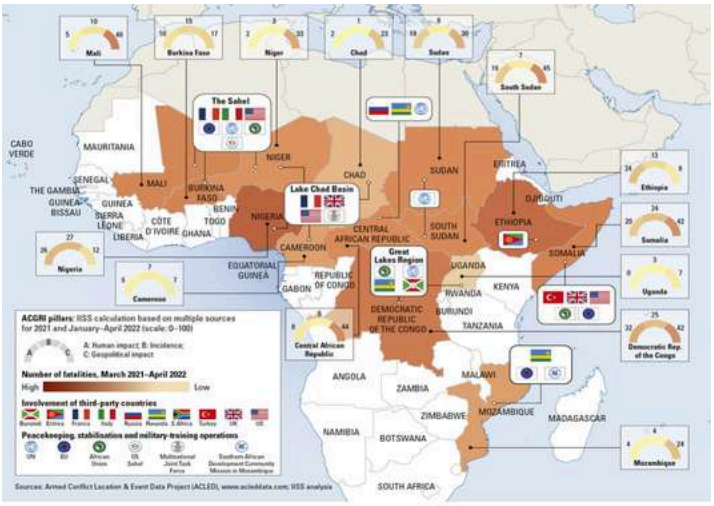
Gaza has remained a critical flashpoint in the Israeli-Palestinian conflict over the years. Israel seized control of Gaza during the Six-Day War in 1967 but later withdrew its troops and dismantled settlements in 2005. Nonetheless, a blockade imposed by Israel and Egypt has left Gaza in a state of hardship. Since 2007, Hamas, a militant group, has governed Gaza, resulting in frequent clashes with Israel, including military operations and rocket exchanges, causing significant humanitarian crises on both sides.

Despite numerous international mediation efforts and temporary ceasefire agreements, the Gaza conflict persists as one of the most enduring issues in the Middle East. It embodies decades of mistrust, suffering, and an unfulfilled desire for peace and justice. Thanks to the conflict, numerous people have been affected (Sala, À, 2023).

African countries:

The conflict on African countries is spread among all the territory; on the image bellow, you can see some of the regions that are more affected.

HISTORY AND DESCRIPTION OF THE TOPIC



Sub-Saharan Africa. (s/f). IISS. Recuperado el 23 de junio de 2024, de https://www.iiss.org/online-analysis/online-analysis/2022/11/acs-2022-sub-saharan-africa/

Burkina Faso, Mali, Niger, Nigeria and Somalia ranked among the top ten countries worldwide most impacted by terrorism. This causes a worsening trend of political instability and authoritarianism was unapparent on the continent. This conflict is basically created by the widespread poverty that people are facing on the continent. Most of the time there is a lack of democratic decisions and participation and also there are weak central governments. For a further understanding of the history beyond this conflict, you as a delegate must consider the following aspects that lead to the armed conflict generation:

- Poverty and lack of basic needs.
- The legacy of colonialism.
- Separatist movements on the continent.
- Lack of democracy.
- Weak governments.
- Control of natural resources.
- Demographic and foreign interference. (Sub-Saharan Africa, 2024)

CURRENT SITUATION

According to the World Bank, 2 billion people currently live in areas that are fragile or affected by conflict (Social Cohesion and Resilience, n.d.). Now as always conflicts influence violence, displacement, infrastructure damage and the disruption of public health services. There are 68.5 million people currently displaced by conflict, which is due to people seeking refuge from active conflict to escape the direct danger of warfare, food insecurity and loss of livelihoods (Social Cohesion and Resilience, n.d.).

No more child soldiers as tools of war! (2020, March 14). ENTREMUNDOS. https://www.entremundos.org/revista/youth/no-more-child-soldiers-as-tools-of-war/?lang=en

The 20th century saw over 191 million conflict-related deaths which were due to either the direct attack of by being unable to access a health installation because they were destructed or don't have the access necessary to materials to attend their patients (Social Cohesion and Resilience, n.d.). Now a days data shows clearly how conflicts are affecting health worldwide in which case would be more evident in those places where the armed conflicts have been especially active which would be our case studies.

Gaza:
Since 2023, almost 25.000 people have died thanks to this conflict and there are 1.7 million people that are victims of forced displacement in Gaza, without considering the large number of people that have been injured (Sala, À, 2023).

The current health situation in Gaza is critical, primarily due to the overwhelming impact of repeated armed conflicts on its healthcare infrastructure. The most recent large-scale conflict, the 2014 Gaza War, resulted in over 11,000 injuries and more than 2,200 civilian deaths. Injuries were primarily caused by blasts and explosions (72.9%), leading to shrapnel wounds, burns, and fractures. Nearly 26% of the injured suffered permanent disabilities, with physical impairments being the most common. The destruction of 17 hospitals and 50 primary health centers further strained the healthcare system, which was already operating under significant limitations, including inadequate supplies and damaged infrastructure (Mosleh, 2018).

CURRENT SITUATION

African countries:

Armed conflicts across Africa have created a severe public health crisis, leading to huge rates of death, injury, and long-term disability. According to the World Health Organization (WHO), around 9% of global deaths are linked to war-related injuries, with over 5 million people affected by violence annually (Social Cohesion and Resilience, n.d.). For instance, in regions like the Central African Republic and South Sudan, conflicts have resulted in hundreds of thousands of deaths and have displaced millions (Mosleh, 2018). In South Sudan alone, a civil war that erupted in 2013 has led to over 400,000 deaths, and in the Democratic Republic of Congo (DRC), decades of conflict have claimed more than 5.4 million lives, largely due to the indirect consequences of war, such as disease and malnutrition. (Mosleh, 2018).

No more child soldiers as tools of war! (2020, March 14). ENTREMUNDOS. https://www.entremundos.org/revista/youth/no-more-child-soldiers-as-tools-of-war/?lang=en

In the Sahel region or Somalia, healthcare systems have collapsed under the strain of violence. Hospitals are destroyed, medical staff are targeted, and access to essential healthcare services becomes nearly impossible for the civilian population. In Africa, it is estimated that for every direct death from violence, there are nine indirect deaths due to the breakdown of public health systems, with diseases and malnutrition leading to high mortality (Mosleh, 2018)

Admin. (2015, August 16). Ethical principles of healthcare in times of armed conflicts & other emergencies - IFMSA. IFMSA. https://ifmsa.org/ethical-principles-of-healthcare-in-times-of-armed-conflicts-other-emergencies/

CURRENT SITUATION

These conflicts have also caused long-term disability in millions of survivors. In war-torn countries, over 25% of war-injured victims sustain permanent physical disabilities (Mosleh, 2018). Africa's ongoing conflicts mirror these outcomes, with thousands of individuals in countries like Sudan and Nigeria suffering from untreated injuries due to the lack of medical care, leading to chronic health issues and disability. Ultimately, armed conflicts in Africa not only cause immediate deaths but also devastate health systems, creating long-lasting public health crises.

ANALYSIS & SOCIAL IMPACT

The effects of armed conflict in health go far beyond the casualties that are presented. Armed conflicts severely impact health and health systems, creating both direct and indirect consequences that extend beyond where the war is being developed.

The most evident effect of armed conflict is the one presented as a direct effect, such as trauma and injuries of the people present in the place of the attacks, which results in immediate physical harm or death, most of the times related to the lack of access that is presented as the system is greatly affected which the infrastructure destroyed and the access to sources blocked. However, there are other effects that are even more extensive, manifesting as widespread disease outbreaks due to the collapse of health infrastructure, overcrowding, and poor sanitation which will require the further implementation of the IHR, the next topic to be discussed in our committee.

Food insecurity also worsens during conflicts, as agricultural activities are interrupted and food becomes scarce, leading to malnutrition, especially among women and children, which in turn weakens immune systems and increases vulnerability to diseases. Displacement exacerbates these issues, as millions of people flee their homes and settle in overcrowded camps or urban areas with limited access to clean water, sanitation, and healthcare, creating a perfect environment for disease outbreaks.

For example, children born during conflict may suffer from malnutrition, which increases their risk of developing chronic health issues in adulthood. The economic impact of civil wars can set back national development by decades, stopping health system recovery due to the loss of healthcare workers, damaged infrastructure, and disrupted services.

This means an invitation to think of a more comprehensive public health approach is needed, one that not only addresses the immediate effects of conflict but also considers the broader social determinants of health, such as poverty, education, and societal breakdown.

Melzer, (2024, July 23). Armed conflict in Sudan: a recap of the basic IHL rules applicable in non-international armed conflicts. Humanitarian Law & Policy Blog. https://blogs.icrc.org/law-and-policy/2023/06/15/armed-conflict-sudan-ihl-rules-applicable-non-international-armed-conflicts/

GLOSSARY

Armed Conflict: Hostilities between states or non-state actors, including wars, insurgencies, and large-scale violence, which can lead to significant casualties and disruption.
Public Health: The science of protecting and improving the health of communities through education, policy making, and research for disease and injury prevention. *(What Is Public Health? n.d.)*
Humanitarian Crisis: A singular event or a series of events that pose a critical threat to the health, safety, or well-being of a community or large group of people, often seen in conflict zones.
Internally Displaced Persons (IDPs): Individuals who have been forced to flee their homes but remain within their country's borders due to conflict or disaster.
Malnutrition: A condition that arises from eating a diet in which certain nutrients are lacking, in excess, or in the wrong proportions, often exacerbated by conflict.
Trauma: Physical injury or psychological damage caused by violence or accidents, prevalent in conflict zones.
Health Infrastructure: The basic physical and organizational structures needed for the operation of health services (hospitals, clinics, health workers), often targeted or damaged during conflicts.
Mental Health: A person's condition with regard to their psychological and emotional well-being, significantly impacted by the stress of living in conflict areas.

Specific to Gaza:
Blockade: The restriction of movement of goods and people, often leading to shortages of essential supplies, including medical supplies, seen in Gaza.
Casualty: A person injured or killed in a conflict or accident, with Gaza experiencing high casualty rates due to ongoing hostilities.
Sanitation Crisis: The inadequate access to clean water and proper sewage systems, prevalent in Gaza due to infrastructure damage from conflict.
Ceasefire: A temporary suspension of fighting, typically one that can lead to humanitarian aid delivery in conflict zones like Gaza.
Human Shield: The use of civilians to deter attacks on combatants, a tactic often reported in Gaza.
Trauma Care: Emergency medical services provided to those injured in conflict, crucial in Gaza's context due to frequent military engagements.
Electricity Shortages: Interruptions in the power supply, significantly impacting healthcare delivery in Gaza due to the blockade and damage to infrastructure.

Specific to Africa:
Civil War: A war between factions within the same country, common in various African nations and leading to major public health crises.
Ethnic Conflict: Disputes and violence between different ethnic groups, a significant driver of armed conflict in Africa.
Peacekeeping Missions: Interventions by international forces aimed at maintaining peace and security, often deployed in African conflict zones.

GLOSSARY

Human Rights Violations: Breaches of fundamental rights, often widespread in African conflict zones.

Food Insecurity: Lack of reliable access to sufficient quantities of affordable, nutritious food, frequently exacerbated by conflict in African regions.

Epidemics: Widespread outbreaks of infectious diseases, which can rapidly spread in conflict zones due to disrupted health services and poor living conditions.

Genocide: The deliberate killing of a large number of people from a particular nation or ethnic group, with the intent to destroy that group, such as in Rwanda.

Conflict-Related Sexual Violence (CRSV): Acts of sexual violence committed by combatants against civilians during conflict, a critical issue in many African wars.

PREPARATION QUESTIONS

In order to ensure a comprehensive and informed debate about topic A, delegates are encouraged to preparate their position as a delegation using the following questions:

1.What are the key armed conflicts currently affecting all countries, and what are their historical and socio-political backgrounds?

2.How have these conflicts impacted the public health infrastructure in the affected regions?

3.What are the immediate and long-term health consequences for the civilian populations in the armed conflict affected regions?

4.What are the reasons that led to the start of this armed conflict problems?

5.What strategies have been implemented by the governments of affected regions to address the public health crisis?

6.What examples of successful collaborations between governments, international bodies, and NGOs can be found? How can we implement them to strengthen health quality in affected regions?

7.What ethical considerations should be considered when delivering healthcare in conflict zones?

8.What specific human rights violations have been documented in the conflicts in the Gaza Strip and African countries? How are these violations being addressed by international human rights organizations?

9.What rights do refugees and IDPs have under international law, and how are these rights being upheld in conflict zones?

10. How is your delegation involved in this conflict? Can your delegation take action to strengthen humanitarian assistance and ensure the delivery of essential services to affected populations?

WHO

TOPIC B

EFFECTIVENESS OF THE INTERNATIONAL HEALTH REGULATIONS (IHR)

INTRODUCTION

Many years have passed since the International Health regulations were created, and, we have been through different pandemics and epidemics. Because of that, IHR have been modified to suit better to nowadays problems. On the committee it is going to be discussed if there is a high rate of effectiveness regarding to the International Health Regulations and to how they have been working up to now.

IHR MEETING | Redes de conocimiento en Recursos Humanos multinais. (s.d.). https://ihrmeeting.com/

It is important to consider the pandemics that we have been facing in previous years like Monkey pox and COVID 19. These pandemics have showed that the IHR are not 100% efficient and that in today's world is very easy to spread viruses thought all the planet thanks to the globalized economy and the increase of tourism and of means transportation; because of that it must be considered of high priority to find ways to straighten these regulations and to encourage all countries to follow them properly.

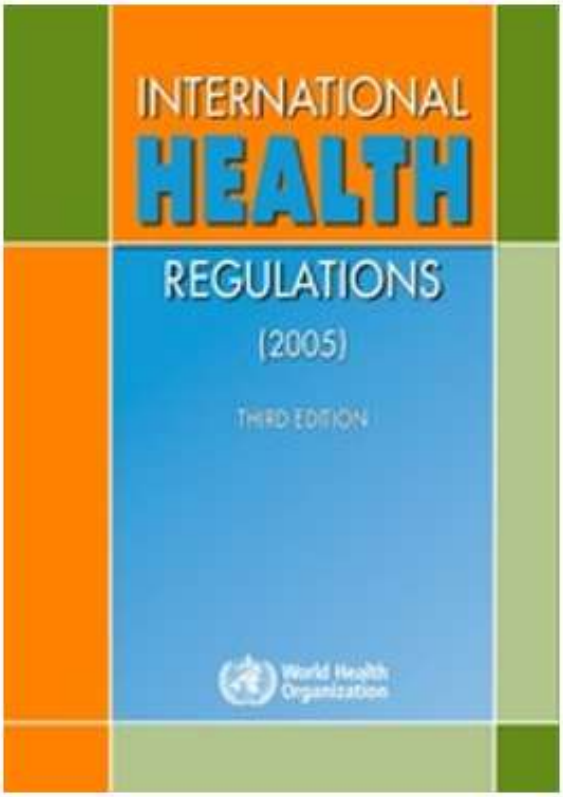
HISTORY OF THE TOPIC

The IHR (International Health Regulations) are an instrument of international law that is legally-binding on 196 countries, including the 194 WHO Member States were established in response to the need for a global framework to prevent and control the spread of diseases across national borders (Health Emergencies, n.d.). These regulations were initially stablished on 1969 by the World Health Organization (WHO). The IHR aimed to monitor and manage the spread of six major infectious diseases, such as cholera, plague, and yellow fever.

TRIPURA STAR NEWS. (2024, June 2). 77th World Health Assembly adopts amendments to International Health Regulations 2005 based on 300 proposals by member states. - TRIPURA STAR NEWS. TRIPURA STAR NEWS - Tripura's Latest News, Views & News Portal. https://www.tripurastarnews.com/77th-world-health-assembly-adopts-amendments-to-international-health-regulations-2005-based-on-300-proposals-by-member-states/

However, the limitations of the original regulations became apparent over time, particularly as new and emerging diseases like SARS (severe acute respiratory syndrome), which highlighted the need for a more comprehensive and flexible approach. The 2003 SARS outbreak, which spread rapidly across continents, underscored the necessity of international cooperation and updated information to prevent global health emergencies (Health Emergencies, n.d.).

In response, the IHR were significantly revised in 2005 to expand their scope beyond a limited set of diseases.



Health Security Preparedness (HSP). (2016b, January 1). International Health Regulations (2005) – Third edition. https://www.who.int/publications/i/item/9789241580496

HISTORY OF THE TOPIC

The updated regulations focus on preventing, protecting against, controlling, and providing a public health response to the international spread of diseases, while minimizing interference with international traffic and trade. The 2005 IHR introduced obligations for member states to report public health emergencies of international concern and to strengthen their capacities to detect, assess, and respond to public health risks

But there are still things to make better and to correct from previous pandemics, because as we saw, COVID 19 pandemic showed us that we have still things to get better and to fix, so the pandemics can be prevented on a more effective way, because we are leaving on an era where thanks to technologies and transportation is easier to spread diseases worldwide, and so it is more difficult to control and prevent pandemics (Health Emergencies, n.d.).

CURRENT SITUATION

Currently, after a deep understanding of how the IHR failed in the COVID-19 it was decided that the IHR will have some new amends this year which will be implemented for a greater control of future pandemics.

The new Amendments to the International Health Regulations | Think Global Health. (2024, June 4). Council on Foreign Relations. https://www.thinkglobalhealth.org/article/new-amendments-international-

The new amendments to the International Health Regulations (IHR) introduce key changes to improve global pandemic response. They will define a "pandemic emergency," a level of alert higher than a Public Health Emergency of International Concern (PHEIC), to ensure quicker response actions (The New Amendments to the International Health Regulations | Think Global Health, 2024).

The amendments also establish a Coordinating Financial Mechanism to mobilize resources, ensuring solidarity and equity in supporting low and middle-income countries with pandemic control measures. To monitor the implementation, new bodies like the States Parties Committee and National IHR Authorities are formed, tasked with overseeing member state cooperation and internal compliance. The amendments emphasize equity and expand the definition of essential pandemic response tools to include medicines, vaccines, and diagnostics (The New Amendments to the International Health Regulations | Think Global Health, 2024).

However, reactions have been mixed, with concerns raised about the lack of a compliance mechanism, and it still is important that you understand how the IHR were implemented when the COVID-19 pandemic happened and how it failed or how it was unable to prevent its expansion.

COVID-19 – IHR Implementation:
The effectiveness of the International Health Regulations (IHR) during the COVID-19 pandemic presents a mixed picture. Implemented in 2005, the IHR aimed to improve global health security by enabling better prevention, detection, and containment of diseases. However, during the pandemic, their efficacy was constrained by partial application and weak compliance from many countries. (Aavitsland P, 2021).

One critical area of failure was inadequate compliance with IHR preparedness obligations, which contributed to the pandemic's escalation. Countries did not fully adhere to the IHR's requirement for preparedness, leading to delays in response and exacerbation of the global health emergency. Does this mean that the IHR are effective but their wrongful implementation by the states is what is inefficient?

CURRENT SITUATION

WHA approves new IHR amendments, resets timeline for pandemic agreement negotiations. (2024, June 3). CIDRAP. https://www.cidrap.umn.edu/covid-19/wha-approves-new-ihr-amendments-resets-timeline-pandemic-agreement-negotiations

Additionally, early warning systems, though designed to trigger rapid responses, were not effectively implemented. Many countries delayed in recognizing and reporting community transmission of COVID-19, leading to slower global response efforts. The review found that better adherence to existing IHR obligations could have improved the timeliness of actions (Aavitsland P, 2021).

Despite these challenges, the IHR remain a critical framework for managing global health risks. Strengthened national and international commitment, coupled with improved early warning systems and accountability, can enhance its effectiveness in future pandemics.

ANALYSIS

It is easy to understand the purpose of the International Health Regulations and to know how they have worked until today, but what is important to consider for the debate is whether they have been effective when implemented in the different cases presented until today. After the COVID-19 pandemic there were some concerns on how the IHR were being implemented, but it is important that in the future they are effective and function with no problems to prevent more deaths or health crises.

The IHR (2005) were designed to prevent the international spread of diseases and to coordinate a global response to health emergencies. They are meant to act as a support for global health security, outlining surveillance, alert, and coordination responsibilities to limit disease transmission across borders. Despite this, the COVID-19 pandemic exposed several weaknesses in the IHR.

The primary limitation of the IHR lies in its inability to enforce mandatory compliance by states, which significantly weakened its utility in managing the COVID-19 crisis. The regulations base hugely on the goodwill and transparency of states to report potential public health emergencies, but this assumption proved overly optimistic. For instance, China's delayed reporting on COVID-19's early transmission challenged the IHR implementation.

The IHR also lacks provisions for intermediate levels of alerts that could have provided earlier guidance and mitigation measures before the situation escalated into a global emergency. The absence of such measures led to countries being left without structured guidance during critical early phases of the outbreak.

The new Amendments to the International Health Regulations | Think Global Health. (2024b, June 4). Council on Foreign Relations. https://www.thinkglobalhealth.org/article/new-amendments-international-health-regulations

ANALYSIS

Another critical weakness is the absence of enforcement mechanisms within the IHR. States are only bound by recommendations and not by mandatory actions. Article 43 of the IHR allows states to implement health measures beyond WHO's recommendations, provided these measures are scientifically justified and proportionate (Burci, G. L, 2020). However, many states-imposed travel restrictions and border closures without adhering to WHO's guidance or providing evidence-based justifications. The WHO's inability to enforce compliance with its recommendations or to hold states accountable for violations severely limits the IHR's capacity to coordinate a global response to health crises.

The lack of transparency in state actions, along with WHO's limited capacity to monitor or impose actions in the states, further weakens the overall framework. In the case of COVID-19, many states failed to report their actions to the WHO, limiting the organization's ability to foster international cooperation. The reliance on voluntary state compliance, coupled with a lack of enforcement tools, has been a major impediment to the IHR's effectiveness.

But what can we do to make the IHR more effective or what do we need to take into consideration? While the IHR represents a crucial international legal framework for managing public health emergencies, its effectiveness is severely compromised by structural weaknesses, political pressures, and the lack of enforcement mechanisms. The COVID-19 pandemic has demonstrated that without some reforms, the IHR cannot serve as a reliable instrument for preventing future global health emergencies.

Finally, it is important to have into consideration as well the inequality in resource, capacity, and power between high-income countries and low-income and middle-income countries. An effective IHR must be built on the base of equity, where rights and responsibilities are well coordinated, benefits and burdens are fairly distributed, national and global interests are carefully balanced, and short-term assistance and long-term capacity-building are provided with the intention of benefiting local populations the different countries.

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GLOSSARY

International Health Regulations (IHR): A legally binding framework established by the World Health Organization (WHO) to prevent, protect against, control, and provide a public health response to the international spread of diseases.

Public Health Emergency of International Concern (PHEIC): An extraordinary event determined by the WHO that constitutes a public health risk to other countries through the international spread of disease and potentially requires a coordinated international response.

Surveillance: The systematic collection, analysis, and interpretation of health data essential for planning, implementation, and evaluation of public health practice.
Notification: The process by which countries report certain public health events to the WHO under the IHR framework.

Risk Assessment: The process of identifying, evaluating, and estimating the levels of risk involved in a situation, followed by the coordination and application of resources to minimize, monitor, and control the probability or impact of unfortunate events.

Preparedness: The state of readiness to respond to a public health emergency, including the development of plans, training, and exercises.

Response: The actions taken to deal with the immediate effects of a public health emergency, including containment, treatment, and mitigation efforts.

Biosafety: The principles, technologies, and practices implemented to prevent unintentional exposure to pathogens and toxins, or their accidental release.

Case Definition: A set of standard criteria for classifying whether a person has a particular disease, syndrome, or other health condition.

Health Emergency Preparedness, Response, and Resilience (HEPR): The capacities and actions required to effectively prepare for, respond to, and recover from health emergencies.

Universal Health and Preparedness Review (UHPR): A peer-review mechanism to assess and improve national health security and preparedness capacities.

Specific to COVID-19
COVID-19: The disease caused by the novel coronavirus SARS-CoV-2, first identified in December 2019, leading to a global pandemic.

SARS-CoV-2: The virus responsible for COVID-19, characterized by its high transmissibility and potential to cause severe respiratory illness.

GLOSSARY

Isolation: The separation of people who are infected with a contagious disease from those who are not infected, a critical measure during the COVID-19 pandemic.

Vaccination: The administration of a vaccine to help the immune system develop protection from a disease, a major component of the COVID-19 response.

Diagnostics: Tests and procedures used to identify diseases, crucial for detecting COVID-19 cases.

Emergency Committee: A group of experts convened by the WHO Director-General to provide advice on whether an event constitutes a PHEIC and on public health measures that should be taken, which played a significant role during the COVID-19 pandemic.

Strategic Preparedness and Response Plan (SPRP): A plan developed by WHO to guide countries in their response to COVID-19, outlining key actions in areas such as surveillance, community protection, and access to countermeasures.

PREPARATION QUESTIONS

In order to ensure a comprehensive and informed debate about topic B, delegates are encouraged to preparate their position as a delegation using the following questions:

1. What are the key objectives of the International Health Regulations (IHR), and how have they evolved since their initial establishment in 1969?

2. How do the revisions made to the IHR in 2005 address the limitations of the original regulations, particularly in response to new and emerging diseases?

3. What things from the IHR can be fixed or improved?

4. What are the main challenges that countries face when implementing and following the IHR, especially during global health emergencies?

5. How has globalization, including increased travel and trade, complicated the implementation of the IHR?

6. How can the IHR be adapted to better address the challenges posed by a globalized world with rapid movement of people and goods?

7. What are the ethical implications of using stricter international health regulations?

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