

Kennesaw State University High School Model United Nations
World Health Organization
March 19th - 20th, 2021 Kennesaw, GA
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Delegates,

My name is Reid Cogswell. I am a senior Accounting major at the University of Georgia. This is my second year doing HSMUN and I plan to start a small business seeking to educate low-income earners on investing techniques. My hobbies include playing League of Legends, Valorant, and working at Chili's.

My Chair is Carson Reynolds. He is a Sophomore with a major in Criminal Justice and a minor in Cybersecurity at Kennesaw State University. He is also in Kennesaw State University Model United Nation and it will be his second year in HSMUN. He also is planning to work with the Federal Government after college. When he is not studying history, law, and war crime prevention, his hobbies include climbing, martial arts, and writing.

The topics under discussion for the World Health Organization are:

- I: Improving Mental Healthcare Access**
- II: Coordinating Member States' Response to Viral Pandemics**

Each Member State's delegation within this committee is expected to submit a position paper which covers both of the agenda topics. A position paper is a short essay describing your Member State's history and position on the issues at hand. There are three key parts to any successful position paper: history, current status of the issue, and possible solutions for the future. Information for properly formatting the position papers, as well as valuable advice for writing a quality paper, can be found in the Delegate Preparation section of the HSMUN webpage (www.hsmun.hss.kennesaw.edu/). Delegates are reminded that papers should be no longer than two pages in length with titles in size 12 and text in size 10-12 Times New Roman. Citations should be footnoted in Chicago style formatting, such as those used inside this guide. Furthermore, plagiarism in an academic setting is unacceptable and will nullify any score for the paper in question. During the grading process, we will be utilizing the university's plagiarism checker. Wikipedia is a wonderful place to begin researching, but we highly encourage the use of peer-reviewed academic articles or trusted media sources. The objective of a position paper is to present the diplomatic position of your Member State on both agenda topics as accurately as possible. **All position papers MUST be sent to ksuhsmun2021@gmail.com by March 9th. Late papers will be accepted, with a points penalty, until March 16.**

History of the World Health Organization

The World Health Organization (WHO) was established on April 7, 1948, composed of 193 Member States and headquartered in Geneva, Switzerland.¹ The organization's role is to serve as the "authority for health within the United Nations system," and furthermore provide "leadership on global health matters, shaping the health research agenda, setting norms and standards, articulate evidence-based policy options, providing technical support to countries and monitoring and assessing health trends." In order to fulfill this mission, the organization is governed by the World Health Assembly (WHA), an Executive Committee, and a Secretariat.² The WHA is the "supreme decision-making body" for the WHO, and as such, ensures activities of the organization are in line with the ultimate objective of the organization, which is to ensure "all people achieve the highest possible standards of health".

Its initial priorities were malaria, tuberculosis, venereal disease, and other communicable diseases, plus women and children's health, nutrition and sanitation, some of which you will also address during topic two of this conference. From the start, it worked with Member States to identify and address public health issues, support health research, issue guidelines, and classifies diseases. In addition to governments, WHO coordinated with other UN agencies, donors, non-governmental organizations (NGOs) and the private sector. Investigating and managing disease outbreaks was the responsibility of each individual country, although, under the International Health Regulations, governments were expected to report cases of contagious diseases such as plague, cholera and yellow fever.³

Current objectives of the WHO are laid out in a "Six-Point Agenda" aimed at responding to the challenges of an "increasingly complex and rapidly changing landscape" of global public health. The points on the agenda are: (1) promoting development; (2) fostering health security; (3) strengthening health systems; (4) harnessing research, information and evidence; (5) enhancing partnerships; and (6) improving performance.⁴ The work encompassed by those priorities is spread across a number of health-related areas. For example, WHO has established a codified set of international sanitary regulations designed to standardize quarantine measures without interfering unnecessarily with trade and air travel across national boundaries. WHO also keeps Member States informed of the latest developments in cancer research, drug development, disease prevention, control of drug addiction, vaccine use, and health hazards of chemicals and other substances. The overall objectives of the WHO in achieving its agenda are measured by the impact of its work on two specific issues: women's health and health in Africa. The 63rd session of the World Health Assembly was held from May 17 – 21, 2010 and focused on public health issues ranging from monitoring the achievement of health-related Millennium Development Goals (MDGs) to the implementation of the International Health Regulations to developing strategies to reduce the harmful use of alcohol. Resolutions on these and many other issues, including regional concerns were adopted based largely on consensus prior to the end of the session.⁵

In 2014, WHO produced the Twelfth General program of Work, which highlights the areas identified and agreed on by representatives from the Member States. Priorities for the Twelfth General program of Work include: providing guidance to the Member States seeking to develop or expand universal health coverage, the coordination of a multi-level and multisector response to the increase in Non-Communicable Diseases (NCD), and the achievement of health-related Millennium Development Goals (MDGs). The areas identified in the Twelfth General program of Work will guide the organization and its actions through 2019, at which point a new program of Work will be issued. The current program of Work provides the opportunity for further dialogue within the Organization. The WHO, as the preeminent health-related body in the UN System, is in a unique position to address new challenges such as globalization and the impact on global health, and the increase in NCD and their impact on developing economies.⁶

¹"History." World Health Organization. World Health Organization. Accessed January 22, 2020. <https://www.who.int/about/who-we-are/history>.

²"Brief History of WHO." Brief History of WHO | Credible Voice: WHO-Beijing and the SARS Crisis. Columbia. Accessed January 22, 2020. http://ccnmtl.columbia.edu/projects/caseconsortium/casestudies/112/casestudy/www/layout/case_id_112_id_776.html.

³The Editors of Encyclopaedia Britannica. "World Health Organization." Encyclopædia Britannica. Encyclopædia Britannica, inc., August 2, 2019. <https://www.britannica.com/topic/World-Health-Organization>.

⁴McCarthy, Michael. "A Brief History of the World Health Organization." A brief history of the World Health Organization. The Lancet, October 12, 2002. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(02\)11244-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(02)11244-X/fulltext).

⁵"History of the World Health Organization (WHO): Nov 04, 2018." Target Health, Inc. Accessed January 22, 2020. <https://www.targethealth.com/post/history-of-the-world-health-organization-who>.

⁶"National Model United Nations." National Model United Nations. Accessed January 22, 2020. <https://www.nmun.org/>.

I. Improving Mental Healthcare Access

Introduction

Despite the massive investments that have been made recently in addressing the issue of mental healthcare access and infrastructure, mental illnesses have continued to proliferate internationally; presently nearly one in every 10 people have been diagnosed with a mental health disorder.⁷ This mental healthcare accessibility crisis has severely impacted developing Member States, even though “The prevalence of most severe mental illnesses... are more or less the same across the world”.⁸ Consequently, this has led to a mental health care crisis propagation on an international level, as “up to 85 percent of people with severe mental health issues receive no treatment in low and middle-income countries”.⁹

While undeniably caused by many contributing factors, one notable reason for this dire situation regarding mental healthcare is the relatively recent recognition of the need for comprehensive mental healthcare infrastructure. Although mental health issues have been commonplace throughout the history of humanity, they were seldom viewed as healthcare related issues. Instead, “many cultures have viewed mental illness as a form of religious punishment or demonic possession”.¹⁰ Correspondingly, this resulted in “negative attitudes towards mental illness... leading to stigmatization of mental illness, and unhygienic (and often degrading) confinement of mentally ill individuals”.¹¹ Subsequently, this resulted in the creation of the WHO’s Expert Committee on Mental Health in 1948, with the goal of promoting the protection of mental health and hygiene. Ultimately, this led to the passage of the United Nations’ General Assembly’s Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care in 1991. With the inclusion of “specific provisions on informed consent, confidentiality, standard of care and treatment and the rights available to inmates of mental disability institutions”¹², this resolution served to “promote the rights of mentally disabled persons in health care”.¹³ Accordingly, this has resulted in the inclusion of mental health related initiatives into both the United Nations’ Sustainable Development Goals, as well as the expansion of efforts by sub organizations of the UN, such as the World Health Organization to combat mental illness.

Despite the increasing awareness of mental health care-related issues and their consequences, many barriers still persist internationally regarding the access and quality of mental healthcare treatments and services.¹⁴ These barriers are especially prominent in developing Member States, as “poor countries have ‘extremely limited’ access to mental healthcare professionals and services”.¹⁵ Subsequently, this has led to a global situation wherein “the majority of those who need mental health care worldwide lack access to high-quality mental health services”¹⁶. These obstacles to effective mental health care are especially extrusive in developing member states, as “mental health workers account for only 1% of the global health workforce and 45% of the world’s population lives in a

⁷Anderson, Mark, and Achilleas Galatsidas. “Mental Healthcare 50 Times More Accessible in Wealthy Countries.” *The Guardian*. Guardian News and Media, July 20, 2015. <https://www.theguardian.com/global-development/datablog/2015/jul/20/mental-healthcare-world-health-organisation>.

⁸Morgan, Eleanor. “Global Mental Health: Raising Awareness and Fighting Stigma.” *Raconteur*. Raconteur Media Ltd., June 6, 2019. <https://www.raconteur.net/healthcare/global-mental-health>.

⁹*Ibid.*

¹⁰“Unite For Sight.” *A Brief History of Mental Illness and the U.S. Mental Health Care System*. Accessed January 22, 2020. <https://www.uniteforsight.org/mental-health/module2>.

¹¹Chen, Michelle. “Mental Illness Is a Global Crisis.” *The Nation*, November 12, 2017. <https://www.thenation.com/article/mental-illness-is-a-global-crisis/>.

¹²“UN Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care.” *Equal Rights Trust*, June 15, 2015. <https://www.equalrightstrust.org/content/un-principles-protection-persons-mental-illness-and-improvement-mental-health-care>.

¹³“Mental Health.” *World Bank*. Accessed January 22, 2020. <https://www.worldbank.org/en/topic/mental-health>.

¹⁴Wainberg, Milton L, Pamela Scorza, James M Shultz, Liat Helpman, Jennifer J Mootz, Karen A Johnson, Yuval Neria, Jean-Marie E Bradford, Maria A Oquendo, and Melissa R Arbuckle. “Challenges and Opportunities in Global Mental Health: a Research-to-Practice Perspective.” *Current psychiatry reports*. U.S. National Library of Medicine, May 2017. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5553319/>.

¹⁵Anderson, Mark, and Achilleas Galatsidas. “Mental Healthcare 50 Times More Accessible in Wealthy Countries.” *The Guardian*. Guardian News and Media, July 20, 2015. <https://www.theguardian.com/global-development/datablog/2015/jul/20/mental-healthcare-world-health-organisation>.

¹⁶Wainberg, Milton L, Pamela Scorza, James M Shultz, Liat Helpman, Jennifer J Mootz, Karen A Johnson, Yuval Neria, Jean-Marie E Bradford, Maria A Oquendo, and Melissa R Arbuckle. “Challenges and Opportunities in Global Mental Health: a Research-to-Practice Perspective.” *Current psychiatry reports*. U.S. National Library of Medicine, May 2017. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5553319/>.

country with less than one psychiatrist per 100,000 people.”¹⁷ This disparity between the mental healthcare infrastructure of developed and developing Member States is only further evidenced by how “budgets for mental health care are still around 0.5% of total health budgets in low-income countries, compared with more than 5% in high-income countries.”¹⁸ This mental healthcare disparity has only been exacerbated by recent political, social, environmental, and humanitarian turmoil in developing Member States, as “humanitarian crises such as the prolonged conflict in Syria and typhoon Haiyan in the Philippines have left mental healthcare systems in many countries decimated”.¹⁹ This mental healthcare collapse has also been amplified by the fact that “in many countries, people with common mental disorders such as depression, anxiety and schizophrenia routinely suffer gross human rights violations – including shackling, torture and imprisonment.”²⁰

Correspondingly, this need for the improvement of mental healthcare quality and accessibility has been addressed through a variety of international measures. The WHO has strengthened its commitment to the promotion and expansion of mental healthcare through its 2013-2020 Mental Health Action Plan. This plan prioritizes four goals in the pursuit of treating the rampant spread of mental illness; (1) implementing greater and more effective national leadership on mental health issues, (2) improving access to comprehensive and community-based mental health care, (3) increasing investment in promotion and prevention strategies, and (4) strengthening information systems and research collection. However, this plan has done little to practically address the increasing prevalence of mental illness, as “the WHO is expected to fall short of its most visible mental health goal: To reduce suicide by 10 percent globally by 2020”²¹ While there are many causes for the lack of progress in addressing the critical issue of mental healthcare, it is notable that “one of the greatest challenges to global leadership on mental health is that countries are in such disparate stages of development”.²² This disparity can be seen in the radical differences in the legal treatment of suicide and mental illness in Member States, as “suicide or attempted suicide is illegal in twenty-five countries, which leads to under-reporting and under-recording of cases of suicidal ideation and depression”.²³ By opting for the criminalization of these behaviors, these Member States prevent the establishment of a robust mental health infrastructure, instead further contributing to the marginalization of this vulnerable community. Correspondingly, Member States should seek to increase their commitment to providing effective mental healthcare to all of their citizens in an effective and equitable manner.²⁴ One tactic for treating the proliferation of mental illness that has been promoted by the WHO is the utilization of community based mental health facilities, as “by funding community-based mental health services, as opposed to standalone hospitals or shell organizations, development agencies can reduce overhead costs and curb human rights abuses that have plagued treatment in the past.”²⁵ Additionally, in recognition of the need for affordable and convenient access to psychiatric medication in the treatment of mental illness, the WHO has also recommended that “at the national and international level, governments should commit funds to increase the supply, quality, and affordability of psychotropic medicines.”²⁶

Committee Directive

¹⁷ Global Mental Health. Accessed January 22, 2020. <https://www.psychiatry.org/psychiatrists/international/global-mental-health>.

¹⁸ Jack, Helen, Alan Stein, Charles R Newton, and Karen J Hofman. “Expanding Access to Mental Health Care: a Missing Ingredient.” The Lancet Global Health. The Lancet, April 2020. [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(14\)70029-4/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(14)70029-4/fulltext).

¹⁹ Anderson, Mark, and Achilleas Galatsidas. “Mental Healthcare 50 Times More Accessible in Wealthy Countries.” The Guardian. Guardian News and Media, July 20, 2015. <https://www.theguardian.com/global-development/datablog/2015/jul/20/mental-healthcare-world-health-organisation>.

²⁰ Kelland, Kate. “Mental Health Crisis Could Cost the World \$16 Trillion by 2030.” Reuters. Thomson Reuters, October 9, 2018. <https://www.reuters.com/article/us-health-mental-global/mental-health-crisis-could-cost-the-world-16-trillion-by-2030-idUSKCN1MJ2QN>.

²¹ “Silent Suffering: Mental Health as a Global Health Priority.” Council on Foreign Relations. Council on Foreign Relations. Accessed January 22, 2020. <https://www.cfr.org/blog/silent-suffering-mental-health-global-health-priority>.

²² Global Mental Health. Accessed January 22, 2020. <https://www.psychiatry.org/psychiatrists/international/global-mental-health>.

²³ Jack, Helen, Alan Stein, Charles R Newton, and Karen J Hofman. “Expanding Access to Mental Health Care: a Missing Ingredient.” The Lancet Global Health. The Lancet, April 2020. [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(14\)70029-4/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(14)70029-4/fulltext).

²⁴ Kelland, Kate. “Mental Health Crisis Could Cost the World \$16 Trillion by 2030.” Reuters. Thomson Reuters, October 9, 2018. <https://www.reuters.com/article/us-health-mental-global/mental-health-crisis-could-cost-the-world-16-trillion-by-2030-idUSKCN1MJ2QN>.

²⁵ Anderson, Mark, and Achilleas Galatsidas. “Mental Healthcare 50 Times More Accessible in Wealthy Countries.” The Guardian. Guardian News and Media, July 20, 2015. <https://www.theguardian.com/global-development/datablog/2015/jul/20/mental-healthcare-world-health-organisation>.

²⁶ “Silent Suffering: Mental Health as a Global Health Priority.” Council on Foreign Relations. Council on Foreign Relations. Accessed January 22, 2020. <https://www.cfr.org/blog/silent-suffering-mental-health-global-health-priority>.

In this committee, delegates should address the barriers of entry that exist both in their individual Member States and on a global level. Consider what measures your Member State is already taking to address this issue such as how much of their budgets are committed to mental healthcare, if and to what extent mental health care is covered under insurance and if the majority of its population has access to these services. If there is a lack of infrastructure of qualified healthcare professionals, how can this be improved upon both through the work of an individual government and international cooperation like WHO and relevant NGOs? Consider what laws, if any, your Member State has that criminalize seeking mental health care- how can these laws be changed without compromising a Member States culture and values? The overall goal of this committee should be to move WHO towards its goal of decreasing international suicide rates by 10 percent by 2021. We are looking forward to seeing new and innovative solutions to the global problem of addressing mental healthcare at the conference!

II. Coordinating Member States' Response to Viral Pandemics

Introduction

In the wake of the COVID-19 pandemic, it is important to understand that the nature of pandemics do not have to do with singular Member States but with the world at large. Coordination from the highest levels of government are crucial to a Member State's response. If a virus can be stopped at its earliest stages, the impact of such a virus can be mitigated severely. It is important that interconnected responses between Member States be utilized as in the future these policies will likely be some of the most effective when applied. Overall the response of a single Member State early into a pandemic is likely to be the best response for all. The very nature of a pandemic has the ability to affect all Member States. Therefore, it is important to remember that the coordination of responses is important to mitigating the effects of the pandemic. Despite current efforts, the COVID-19 pandemic has over 49 million confirmed cases and over one million confirmed deaths.²⁷ Situations such as these show the need for Member States to work closely with one another in combating this threat.

The most pertinent threats in this area have to do with influenza and other influenza like respiratory illnesses. These types of diseases have both the means to spread rapidly and have relatively high rates of mortality, stressing the need for Member States to design effective strategies with the goals of containment and treatment. Such measures that have been proven to be effective are information-sharing between Member States, effective coordination and planning at the regional and global level, access to external assistance, and the maintenance of public trust through institutional transparency and action. Overall, Member States should utilize the resources of intergovernmental organizations, non-governmental organizations, and should formulate strategies to contain the spread of disease through resource and information sharing.

History

Even before the formation of the WHO and the United Nations, pandemics such as the 1918 influenza infected over 500 million people and resulted in upwards of 100 million related deaths.²⁸ The impact of this virus was felt throughout the world as the illness not only affected soldiers in the ongoing first World War but ravaged civilian populations.²⁹ In addition to the 1918 Pandemic, the HIV/AIDS pandemic is a more recent example of a non-respiratory virus pandemic. In 2019 alone, the total number of people living with HIV/AIDS was 38.0 million.³⁰ That same year further saw 1.7 million newly reported cases and a total of 690,000 recorded deaths.³¹ Its main areas of infections still lie in sub-Saharan Africa where approximately 25.7 million cases were reported, closely followed by the Americas and Southeast Asia, with reports of 3.7 million cases in those regions.³² Luckily, in the case of HIV/AIDS, effective treatments are available in the form of AntiRetroviral Treatments(ART). These new treatments and drugs have shown to be effective in the treatment of HIV/AIDS with around 23 million cases being treated with ART.³³ During the issue of HIV/AIDS, more and more Member States have started to move towards a united front to combat the virus. The recent COVID-19 pandemic is an excellent example of a serious respiratory virus pandemic and the challenges it presents are pertinent regarding the importance of transparency on a global scale. Using the WHO pandemic stage system, information about the virus was being distributed among Member States and preparation was being made and put in place.³⁴ For many Member States the transparency of these policies allowed for them to avert deaths. Therefore, further coordination will be paramount going forward, as it has shown to be crucial in the fight against this pandemic.

Current Situation

²⁷“WHO Coronavirus Disease (COVID-19) Dashboard.” n.d. Accessed February 12, 2021. <https://covid19.who.int>

²⁸Hagemann, Hannah. n.d. “The 1918 Flu Pandemic Was Brutal, Killing More Than 50 Million People Worldwide.” NPR.Org. Accessed February 12, 2021. <https://www.npr.org/2020/04/02/826358104/the-1918-flu-pandemic-was-brutal-killing-as-many-as-100-million-people-worldwide>.

²⁹*Ibid.*

³⁰ HIV/AIDS.” World Health Organization. World Health Organization. Accessed December 28, 2020. <https://www.who.int/news-room/fact-sheets/detail/hiv-aids>.

³¹*Ibid.*

³²*Ibid.*

³³*Ibid.*

³⁴ WHO Coronavirus Disease (COVID-19) Dashboard.” n.d. Accessed February 12, 2021. <https://covid19.who.int>

During the recent and still ongoing COVID-19 pandemic, all Member States in the United Nations have reported cases of COVID-19 numbering in the tens of millions.³⁵ Member States' responses have been lacking in the effective measurement of disease spread, hindering their responses to bring down infection rates. This has led to a resurgence of the virus in multiple Member States. However, Member States that have seen success in containing disease spread have implemented the recommended actions laid out in the WHO's Pandemic Influenza Preparedness (PIP) Framework.³⁶ Such actions include national risk communication, community engagement plans, and the formation of communication networks that assist in the sharing of pertinent information between Member States.³⁷ The latter action has proven extremely vital in combating the spread of COVID-19, with multiple Member States taking steps to bolster the strength of these networks. Member States suggested by frameworks such as PIP have proven effective in combating COVID-19.³⁸ As the pandemic continues, the communication between Member States has become increasingly important. Among Member State responses, regional cooperation has been beneficial for the purposes of extranational support in the form of medical supplies. However, support in the form of financial aid has been lacking for Member States. Overall, in the current climate of the COVID-19 pandemic, coordination and communication between Member States is critical in mitigating disease spread in this pandemic.

Conclusion

The pertinence of cooperation and coordination plans to combat viral pandemics is very important. This includes adherence to frameworks that allow Member States to organize and implement plans that benefit the global community. In addition to these plans, WHO has published guides and frameworks such as the previously mentioned PIP to manage COVID-19 outbreaks. This body can help combat viral pandemics through proper preparation and coordination. The importance of communication between Member States and the need for transparency in order to keep the public trust cannot be overstated and has proven in the past, as well as the present, to be a crucial part of combating viral pandemics. The actions and directives that are deliberated upon in this body can affect current and future responses to pandemics, helping to save millions of lives across the globe.

Committee Directive

The directive of this committee is to further the coordination and communication between Member States regarding pandemics moving forward. The WHO frameworks developed and implemented prior to and during the early stages of a pandemic can decrease the rate of infections. Therefore, Member States are asked to develop new and innovative strategies tactics in order to enhance the mitigation of a viral infection during this period. While individual Member States have different needs, it is also important to acknowledge the role of neighboring Member States in relation to those with higher rates of infection. The prevention and mitigation of a pandemic has a lot to do with regional cooperation, a key point that delegates should keep in mind.

³⁵ *Ibid.*

³⁶ "Pandemic Influenza Preparedness Framework." World Health Organization. World Health Organization, August 9, 2016. https://www.who.int/influenza/resources/pip_framework/en/.

³⁷ *Ibid.*

³⁸ *Ibid.*