



MUNBU 2021

Study Guide

World Health Organization

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Dear Delegates, Organization and Academic Team Members,

On behalf of Model United Nations Bilkent University, it is my absolute honor to welcome you all to our annual conference this January 2021. With our current circumstances, our conference will be held virtually, on Zoom where our teams will be working to assist you through each step of the conference.

The beginning of this year marked a new milestone, one which we had to adapt to without much of a choice. All around the world, offices, academic institutions, and social functions have been put to rest upon the upsurge of COVID-19 cases across the globe. However, behind closed doors, and computer screens, policy makers along with specialists in this field worked to combat the virus's further spread. When everything was halted, diplomatic roles were not. It is in times like these where we witness the importance of policy making and governance. Model United Nations conferences aim at cultivating the diplomat within you. The caucuses allow you to convey your beliefs, within your country's policies, and formulate solutions together through means of diplomatic debate.

Since the establishment of the Model United Nations Society in Bilkent University, we strove to uphold the values that the United Nations entails, diplomacy being the highest amongst them. Which is why, this year, despite the circumstances, I am proud to announce that MUNBU will be one amongst the few conferences which have committed to their message and maintained their annual conference, albeit virtually.

Model United Nations, as I am sure anyone who has experienced it before, shapes you, and defines your views as you continue to move forward. So for those who have experienced it, I am very happy that you are here once again today, giving this experience another chance and allowing it to mold you into a more refined version of yourself. For those who are coming here for the first time, I promise you that our team will offer you the same experience that has been offered to those before you. One which will push you to become an individual integral to your society's development and prosperity.

This year, our committees have been chosen not on the basis of future challenges, but rather they were specifically picked based on what we see today; pandemics, security threats, needs for social and economic reforms, and a call for stable regimes. It is now your duty to fill in the shoes of world leaders and diplomats and come up with the solutions which will allow us to move forward.

We hope to welcome you all to our conference this January!

And until then, stay safe

Sincerely,

Mona El Wali

Secretary General of MUNBU'21.

Highly esteemed participants,

I am Rozerin Irmak. I am a junior student at TED University in the Architecture Department. You are all welcomed to MUNBU'21. It is a great pleasure to serve you as under-secretary-general at the WHO committee under current circumstances.

WHO is a committee which works for the right to access health care without any discrimination. We are under a global disaster right now still earthquakes, explosions and many other disasters are not stepbacks. This year, in MUNBU'21, you are going to search for solutions to disaster areas.

Finally, I want to thank our Secretary-General Ms Mona El Wali for trusting me and letting me be part of this precious conference. Also, I would like to thank our deputy secretary-general İdil Timuroğlu. Especially, I want to thank my academic assistant, Mr Haider Raheem for his hard work and precious efforts for this pre-conference document. I couldn't handle this process without him.

Best regards,

Stay safe!

Rozerin Irmak

1)Committee Information

a) What does the committee do?

In 1945, when the UN established, the main agenda was setting a global health organization for a better future. WHO set on the 7th of April in 1948. WHO works with 194 member states with 150 offices. WHO staff not only include medical doctors, public health specialists and epidemiologists but also people who are experts in finance, information systems, health statistics and emergency relief. (WHO, n.d.)

b) What is the aim of it?

WHO defines health as “state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” and acknowledges the fact that access to the highest health standard is a fundamental human right without distinction of race, religion, political belief, economic or social condition. (WHO, n.d.)Role of WHO is to direct and coordinate international health within UN systems. Main work areas of WHO can be listed as health systems, health through the life-course; non communicable and communicable diseases; preparedness, surveillance and response; and corporate services. (WHO, n.d.)

c) Which types of problems are the committee generally facing?

WHO works worldwide to promote health, keep the world safe, and serve the vulnerable. To accomplish their aims, WHO committee deals with human capital across the life-course, noncommunicable diseases prevention, mental health promotion, climate change in small island developing states, antimicrobial resistance, elimination and eradication of high-impact communicable diseases. (WHO, n.d.)

ç) What are the solution methods and recent actions of this committee?

Due to health emergencies WHO prepare for emergencies by identifying, mitigating and managing risks, preventing them and supporting development of tools necessary during outbreaks. They detect and respond to acute health emergencies, support delivery of essential health services in fragile settings. (WHO, n.d.)

2) Academic Team's Expectations

a) Why is this topic related to the committee?

Recently we are living under pandemic conditions. Meanwhile, disaster zones continue to suffer. Access to health care facilities in disaster zones is a very crucial problem in general but today, we are globally facing a natural disaster. Increasing the health care access of the vulnerable is urgent more than before.

b) Which kinds of actions does the committee authorized to take?

During crisis times and emergencies WHO applies WHO Emergency Programme. This programme provides support to preparedness of the country, they monitor new and ongoing public health events to assess, communicate and recommend action for public health risks. In addition, WHO works with countries to provide life-saving health services to affected populations in countries with ongoing emergencies.

c) How should state relationships be?

State relations in the committee must consider the courtesy rules and diplomatic attitude. So none of the countries are allowed to involve any internal affairs of other countries. All UN members accept the Constitution and are defined as WHO members as well. Still, countries have different action plans during disaster times, non of the countries can criticize the other by addressing them directly.

3) Definition of Disaster Area

Disaster can be described as a "catastrophic situation in which normal patterns of life have been disrupted and special emergency interventions are needed to save and preserve human life and the environment." (National Institute of Disaster Management and Ministry of Home Affairs, Government of India, n.d.)

Over the years, humanity has faced lots of disasters and emergencies that had a huge impact on the health of the people. These disasters have caused the loss of lives, injuries, permanent and temporary disabilities and a lot of psychological trauma. Each disaster or emergency situation poses its own threats. These health impacts can be reduced by a system of disaster risk management. (UNISDR 2009)

a) Disaster Identification and Classification:

Technological, natural, biological and societal disasters put the health of the public at risk. The health of the public is harmed significantly due to these hazards and disasters. Disasters can be classified as; natural disasters, biological disasters, technological disasters societal disasters (WHO, n.d.)

Natural Disasters

Floods, tsunami, cyclones, earthquake and drought are examples to natural disasters.

The number of deaths from natural disasters can be highly variable from year-to-year; some years pass with very few deaths before a large disaster event claims many lives.

If we look at the average over the past decade (1999-2019), approximately 60,000 people globally died from natural disasters each year. This represents 0.1% of global deaths. (Ritchie 2014)

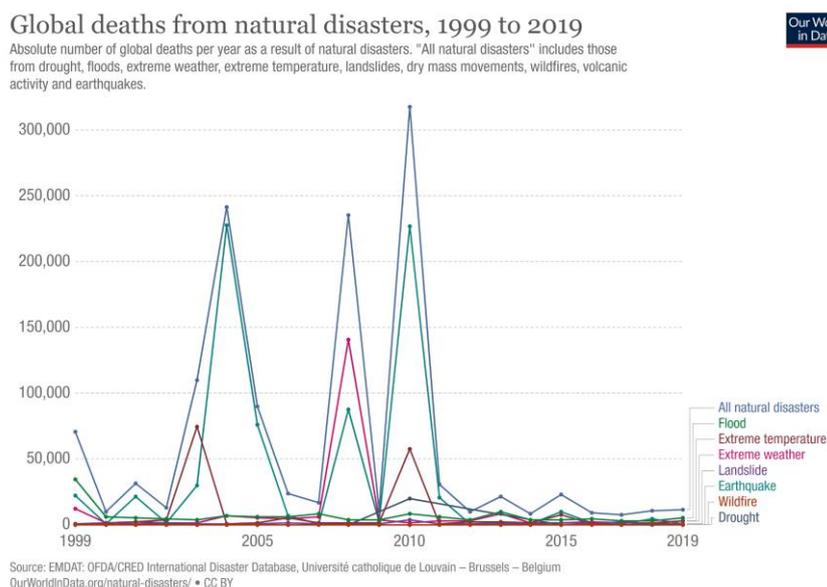


figure1 (GHDx,

n.d.)

For a period of twenty years, in 8500 natural catastrophes have occurred, affecting about 2.6 billion people. A comparative study of the data on catastrophes in Latin America discovered that each tragedy is listed in there are about 20 other national lists of disasters, catastrophes that have a destructive effect on local populations which are not documented.

In Latin America, ten years' combined impact of local disasters have been found to have a greater effect on the vulnerable than any one-off occurrence. The frequency of natural

disasters has risen and the effects of climate change will intensify the danger to millions of people, their homes, their ecosystems and the facilities that sustain them. (Abrahams 2017)

Biological Disasters

Pandemic diseases, epidemic diseases and pest infestations are examples of biological disasters. Biological crises have been particularly relevant over the past few decades: global outbreaks of new and re-emerging infectious diseases such as SARS, influenza (H1N1 and H5N1) and cholera. (Abrahams 2017)

Recently the covid-19 pandemic has proved to be a biological disaster. It has affected millions of people all over the world. (Abrahams 2017)

Technological Disasters

Reactor Meltdowns, airplane crashes, chemical substance, radiological hazards are examples on technological disasters.

The International Federation of the Red Cross has reported that since 1998 to 2007, almost 3 200 technological disasters have occurred, with about 100 000 people killed and almost 2 million affected. (Abrahams 2017)

Societal Disasters

Terrorism, stampedes, conflicts are examples of societal disasters.

Complex emergencies, like war, continue to affect tens of millions of people, resulting in migration of citizens within and around boundaries. An estimated 27 million people were internally displaced by armed violence around the world in 2010. (Abrahams 2017)

b) Impact of Disasters on Health

The disasters and emergencies cause direct or indirect affect to the health of the public. The direct effect is caused to the vulnerable local people at the place of disaster. Whereas indirect effect is caused due to destruction of infrastructure and damage to healthcare facilities and systems. Basic human infrastructure needed for good health such as water supplies, food supplies and shelter are also affected due to disasters. (Abrahams 2017) In disaster areas, sanitation and water supplies, communicable and vectoral diseases, damaged health facilities, mental health problems and population displacement are major problems that occur. (U.S. International Library of Medicine, n.d.)

Earthquakes, hurricanes or reactor meltdowns not only affects daily lives and civil people but also health infrastructure as well. (U.S. International Library of Medicine, n.d.)After natural disasters, sanitation and water supply is the most common and urgent problem of the area. On the contrary, they are the least recognized and visible issues. These systems are expensive and generally they are in a state of disrepair. So that, even at non-disaster times, maintenance of these systems is a challenge. (U.S. International Library of Medicine, n.d.)

Sometimes, disaster may bring another potential crisis. For instance, some natural disasters like earthquakes or floods, may bring several communicable or vectoral diseases. The Cholera outbreak in Haiti after the catastrophic earthquake is an example of it. Standing water promotes ideal conditions for mosquito breeding. In such disasters (floods, hurricanes) malaria, zika virus or dengue is one of the concerns of the area. (National Institute of Disaster Management and Ministry of Home Affairs, Government of India, n.d.)

Mental health is another aspect to be considered in disaster zones. Mental health of survivors, humanitarian workers and close relatives of victims and survivors are important. (U.S. International Library of Medicine, n.d.)

The global community sees these disasters and hazards as hindrances in achieving health related Millennium Development Goals (MDGs). These disasters prove to be major setbacks for partially achieved goals. (Abrahams 2017)

c) Disaster Management

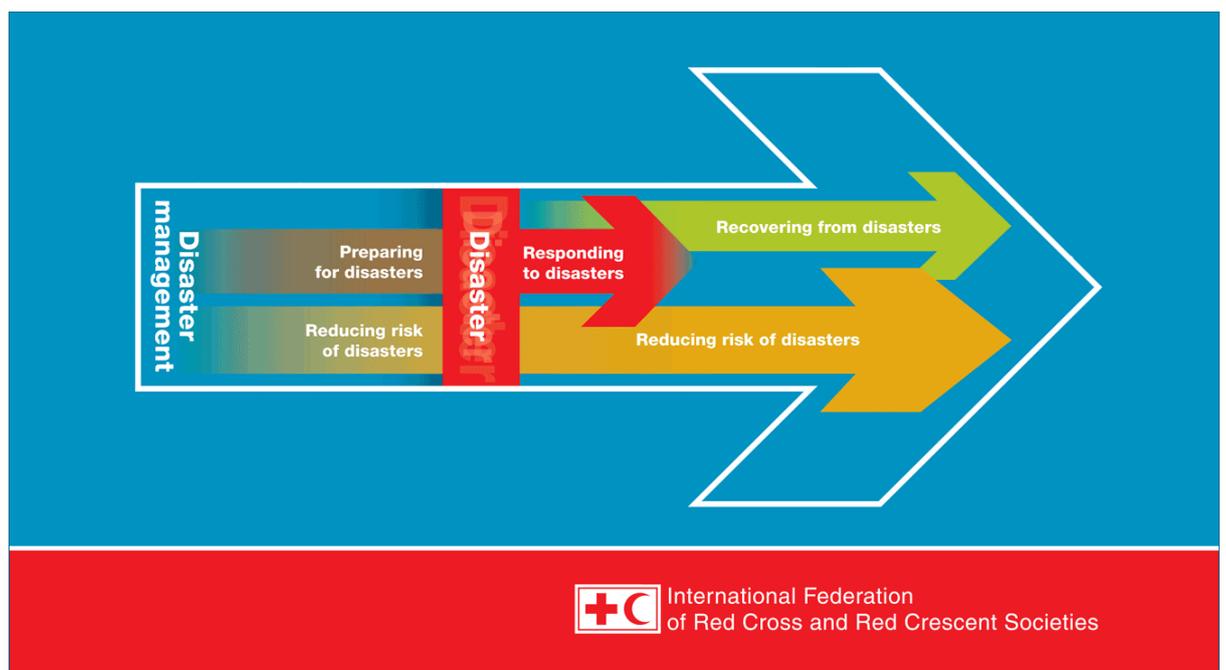


figure2

The traditional health care systems do not have the ability to respond to large scale disasters and systematic policies are not in place to ensure rapid response to emergencies. There is a current need for upscaling the health sector to meet the wide range of needs in disasters. Systematic policies are needed that make sure that a proactive response is provided in case of emergency. (Abrahams 2017)

However, a number of high-risk countries have improved their mitigation of disasters, readiness and response systems; the health sector has led in several countries initiatives to develop multi-sectoral approaches to catastrophe risk management. (Abrahams 2017)

Disaster management is a tool to get prepared for possible crisis, instantly respond to emergencies and after the crisis getting prepared again by learning from the past. Disaster management aims to deal with human, materials, economic or environmental impacts of disasters. (O'Reilly 2020)

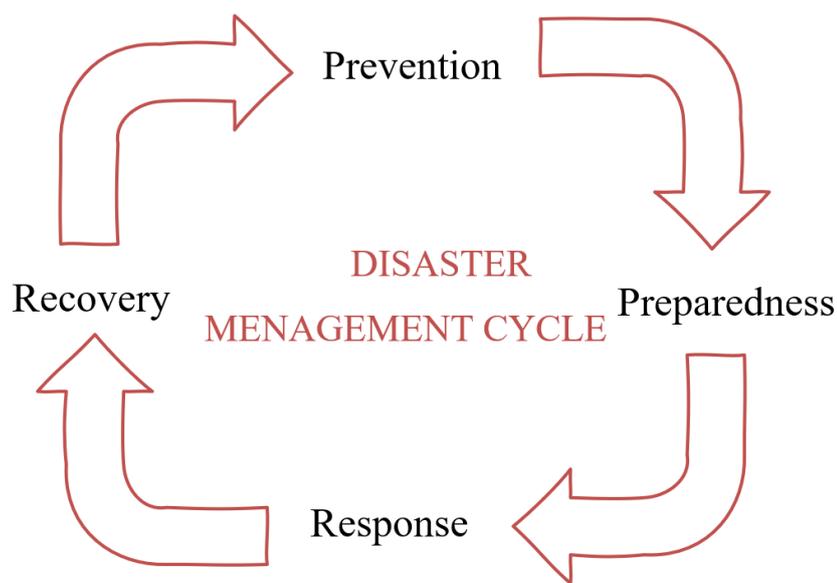


figure3

(Chondekar 2019)

In general this cycle (figure 3) does not occur in this precise order. Phases may overlap into each other depending on the length of the process.

Prevention is the phase that focuses on precaution before the disaster happens. This phase includes, identifying danger, analyzing possible casualties and understanding possible impacts of natural and technological hazards. Possible actions in this phase is raising awareness, regulating policies accordingly. (Chondekar 2019)

Preparedness is a stage that focuses on minimizing the effects of the disaster, improving response to the operation at institutional or individual scale. Response plans, training, evacuation routes are also part of this phase. (Chondekar 2019)

Response phase is the time to act during the disaster. The important point here is to apply plans that have been created in preparedness and prevention. Aim is to reduce suffering of victims and alleviate economic losses. (Chondekar 2019)

During a recovery phase, which takes place after an incident has occurred, the affected community is assisted in restoration of the concerned area. Recovery concerns social, physical and economic damage taken under the disaster meanwhile long term solutions are taken under this phase. Efforts to reduce future risk factors should also be included in the plan. (Chondekar 2019)

Current Capacity of Countries

Progress has been made at international, regional and national levels and at community scale , but the potential of the countries for risk prevention, disaster response, reaction and restoration remain highly variable.

The WHO Global Assessment of 2007 noticed that less than 50% of the national health sectors have a budget for emergency preparedness and response.

Capacity considerations include:

- Poor health and emergency recovery programs.
- lack of access to services and know-how.
- continuation of insecurity due to war.

4) Current healthcare situation of disaster zones

Most of the nations that are disaster-affected have restricted critical health services and the technology, which greatly exacerbates the challenge for emergency management. Countries that have well-developed frameworks are more robust and better prepared for the tragedy. Health care services should have core capacity for emergency risk management. (Abrahams 2017)

Dealing with disaster is always a challenge for people but in 2020, with Covid-19 pandemic, the whole world has become a disaster zone. In such desperate environment, explosions, terrorism, earthquakes, floods and wildfires continued to happen. Due to Covid-

19 and lots of patients are administered in hospitals and have exhausted the health care facilities and in case of any catastrophe coping up is tough.

Background of the Covid 19 and pandemic

Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered. Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people, and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness.

The COVID-19 virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes, so it's important that you also practice respiratory etiquette (for example, by coughing into a flexed elbow).

Disaster Zones During the Pandemic

Australian Bushfire

According to research every year almost 180 000 die due to Wildfires and WHO considers it one of a major Natural Disaster. An estimated 180 000 deaths every year are caused by burns – the vast majority occur in low- and middle-income countries. Non-fatal burn injuries are a leading cause of morbidity. Burns occur mainly in the home and workplace. Burns are preventable. WHO is also supporting the development and use of a global burn registry for globally harmonized data collection on burns and increased collaboration between global and national networks to increase the number of effective programmes for burn prevention. (WHO, n.d.)

Australia bushfire started in December 2019, and continued wildly without slowing down. Many countries called for an emergency in January. As per a report published in the Medical Journal of Australia, the Australian bushfire burned an estimated 18.6 million hectares, destroyed over 5,900 buildings, and killed at least 34 people, while over 400 people were killed due to the residual smoke inhalation. (Jani 2020)

Beirut Explosion

On 4 August 2020 the most recent technological disaster occurred at the main port in Beirut that caused a lot of deaths and destructed the infrastructure of the city. The things worsened as the city's intensive care units were preoccupied due to COVID-19 patients. Almost 5000 injured, 100 missing and over 300000 people being displace were reported in just

three days. This happened in the Beirut explosion when the Emergency care wards were full of Covid-19 patients. The injured were not catered properly and they had to wait for international help. (Health Cluster 2020)

In the Beirut Explosion, Emergency Trauma and Surgical Supply kits were provided by WHO that helped in treatment of 200 people. The United Arab Emirates, a partner of WHO, also played a pivotal role in giving health care supplies to Lebanon. Currently Global Health Cluster and International Medical Corps deployed lots of mobile medical units to provide healthcare. World Vision International is also working on providing the psychological support to displaced people. (Health Cluster 2020)

Earthquakes In Turkey, The Caribbean, China, Iran, Russia, Philippines & India

There have been so many earthquakes in 2020 that if I sat to categorise each as a natural disaster the list would be unnaturally long. So far there have been 45 earthquakes characterised over 6 magnitudes. Jamaica and Russia were the worst hit with earthquakes over magnitude 7. (Jani 2020)

The earthquake in Turkey claimed 41 lives. 70 people saved from collapses. 2000 people stayed out of their houses. 3000 buildings were detected as heavily damaged. The earthquake in Turkey(İzmir) also affected Greek island Samos. 2 teenagers died and eight people were injured. Local authorities took action and tried to sustain immediate housing for those who became homeless and temporary sanitation services at affected areas. (BBC News 2020)

Floods In India, Bangladesh, Japan & China

Monsoon rainfall affects the region more than ever. Local authorities called for a national emergency. Countries' challenges vary according to their situation in virus combat. (Okura 2020)China has reduced the effect of Corona virus significantly whereas Bangladesh had hard times while trying to recover from floods with its poor policies on virus prevention. (Guo and et al. 2020)Without proper policies risk of virus transmission increases a lot. (Okura 2020)

5) Current actions of the UN, WHO and International Community.

The World Health Organization (WHO) coordinates the international response to humanitarian health emergencies. WHO 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. In the 21st century, health is a shared responsibility, involving equitable access to essential care and collective defence against transnational threats.

During fiscal year 2012-13, the Global Facility for Disaster Reduction and Recovery (GFDRR) supported disaster risk management and recovery initiatives in over 80 developing countries. Last year, 85 percent of the World Bank's Country Assistance and Country Partnership Strategies incorporated disaster and climate risk analysis, a substantial increase from 44 percent during the mid-2000s. GFDRR, managed by the World Bank, provides cutting edge knowledge and advice on disaster risk management to countries and communities.

6) Questions to be answered

- 1) What is the definition of disaster zone?
- 2) What are the possible measures can countries take to prevent disasters? How can the UN be part of this prevention?
- 3) How can countries combat the impact of disasters? What should be the attitude of the UN and member states under the corona outbreak
- 4) Possible actions that WHO may take regarding the health impacts of disasters.

Further Readings:

[https://www.who.int/publications/m/item/scaling-up-covid-19-outbreak-readiness-and-response-in-camps-and-camp-based-settings-\(jointly-developed-by-iasc-ifrc-iom-unhcr-who\)](https://www.who.int/publications/m/item/scaling-up-covid-19-outbreak-readiness-and-response-in-camps-and-camp-based-settings-(jointly-developed-by-iasc-ifrc-iom-unhcr-who))

[https://www.who.int/publications/i/item/preparedness-prevention-and-control-of-coronavirus-disease-\(covid-19\)-for-refugees-and-migrants-in-non-camp-settings](https://www.who.int/publications/i/item/preparedness-prevention-and-control-of-coronavirus-disease-(covid-19)-for-refugees-and-migrants-in-non-camp-settings)

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