

**WHO**  
**(World Health Organization)**

*I.Letter from the Secretary General*

Highly Esteemed Delegates,

First of all, I would like to thank all of you for your enthusiasm and interest in our conference. My name is Yaren Keçili and I would like to express my gratitude to be able to welcome you to the seventh annual session of Troy Model United Nations Conference 2024 as your Secretary-General. This year, as always, we feel great joy to present to you our hard work. Both the academic and operations teams have been working very hard to serve you to the best of their abilities and give you an unforgettable experience. This year, the delegates of WHO will face the problem of Diseases Spread and Accessibility to Healthcare Facilities in War Zones. The World Health Organization is considered the backbone of the United Nations due to its comprehensive work worldwide. For this reason, we wish for our delegates to contribute and ponder on this matter. As a part of the Academic team, I am delighted to be able to witness the work of both the chair board and you. I hope to see genuine interest and attentiveness in the committee. I also wish to thank Cemre Altınışık, who will serve as your Under-Secretary-General in WHO and her chair board for their intricate work.

Once again I would like to welcome you all to both the conference and the committee. Buckle up and get ready because we have prepared an incredible ride for you. Let's have three days full of fun, diplomacy, and memories not to be forgotten.

Yours Sincerely,

Yaren Keçili

Secretary-General of TroyMUN

## *II. Letter from the Under Secretary General*

Most distinguished participants of this committee and TroyMun. I welcome you all to our annual conference TroyMun'24. As your under secretary general and part of TroyMun community I'm delighted to have you all. My name is Cemre Altınışik and I will be guiding you in this committee as your Under Secretary General. Me and my hardworking chairboard have prepared the this study guide for you for helping you through the committe. With the assistance of my chairboard and you delegates's efforts I believe that we can achieve great success in these three days. I would like to inform you all that only reading this guide will be not enough for you during the conference. I highly recommend you to do your own research regarding the agenda item to understand the subject. If you have any further question do not hesisate to ask me via my email address [cemris05@gmail.com](mailto:cemris05@gmail.com)

Best regards, Cemre Altınışik

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### Committee Introduction

Created in 1948 as part of the United Nations, the WHO has a broad mandate to guide and coordinate international health policy. Its primary activities include developing partnerships with other global health initiatives, conducting research, setting norms, providing technical support, and monitoring health trends around the world. Over the decades, the WHO's remit has expanded from its original focus on women's and children's health, nutrition, sanitation, and fighting malaria and tuberculosis. Today, the WHO monitors and coordinates activities concerning many health-related issues, including genetically modified foods, climate change, tobacco and drug use, and road safety.

## **WHO identifies three priorities for its work;**

1. providing health coverage to one billion more people,
2. protecting one billion more people from health emergencies such as epidemics,
3. ensuring another one billion people enjoy better health and well-being, including protection from non-infectious diseases such as cancer,,

### ➤ Global Health Trends

#### 1) Communicable Disease

Communicable diseases include HIV/AIDS, influenza, malaria, neglected tropical diseases (NTDs), sexually transmitted infections, tuberculosis, viral hepatitis, and of course COVID-19, Ebola, and other viruses. Many of these diseases are also global, but they are among the leading causes of death and disability in low-income countries and marginalized populations.

#### 2) Noncommunicable disease (NCD)

NCDs include cancer, cardiovascular diseases, chronic respiratory diseases, and diabetes, and include such risk factors as alcohol and tobacco use, obesity and unhealthy eating, and physical inactivity. These global health issues account for nearly three of every four deaths globally. But even NCD global health threats vary according to where you are, both physically and economically. Their presence is global, but 77 percent of NCD deaths occur in low- and middle-income countries.

#### 3) Food Security and Nutrition

Hunger and famine remain global health problems despite significant improvement in food security over recent decades. Even in wealthier countries, natural disasters can expose political and economic inequalities, and infrastructure is strained by population growth and environmental change. Human beings rely on only a handful of animal and plant species for most of their calories, and these food supplies face an array of threats. Threats to food supplies include diseases that infect livestock, invasive pests, loss of genetic diversity, and climate change.

#### 4) Environmental Health

The environment influences global health in a variety of ways. Some scientists believe the virus that causes COVID-19 originally crossed over from a wild animal, partly because of human encroachment on what was once wilderness. Ebola and HIV also emerged as zoonotic infections. As people continue to move into formerly wild areas and come into contact with previously isolated animals, new infectious diseases may emerge. Thus, protecting the wilderness from development can also protect human beings.

Environmental pollution also impacts human health, and pollution released by one country can spread across national borders. Polluted air causes illness and millions of early deaths each year. Polluted water poisons both people and animals.

There is also cross-specialty research into the health impacts caused by climate change. As temperatures grow warmer, tropical diseases reach new areas, impacting the health of patients in areas once free of the disease.

#### 5) Health Inequity

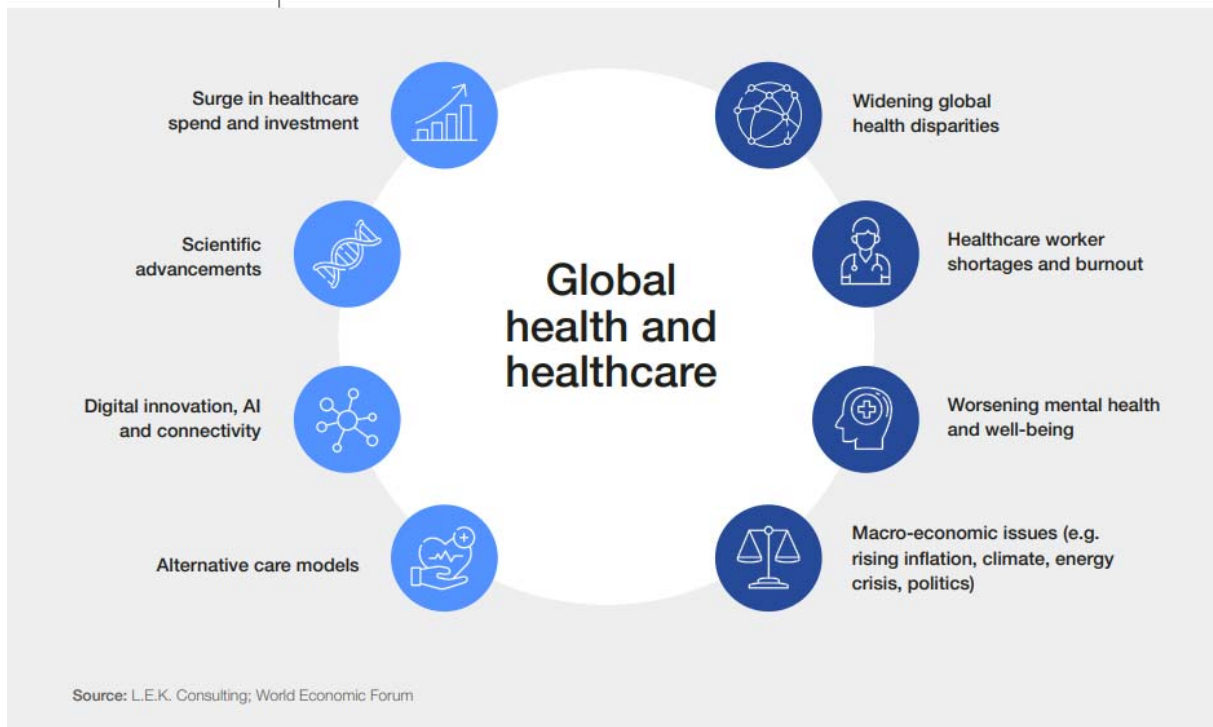
Health and health equity are impacted by biological determinants as well as the conditions in which people are born, grow, and live. Political, legal, and economic determinants can exacerbate health inequity, as can social norms and institutional processes. Some countries have advanced healthcare systems that are affordable and available to all patients. Other parts of the world, especially less wealthy countries, have less developed healthcare systems, and millions of people struggle to access care. Lack of access to healthcare, whether for financial or other reasons, contributes to millions of deaths each year.

#### 6) Mental Health

Often overlooked in the past, mental health is a global health issue that is finally getting the attention it deserves. Depression is a leading cause of disability, and suicide is a leading cause of death among 15- to 29-year-olds. Many people with severe mental health conditions die younger—as much as 20 years earlier than the average life span of their population—and they often experience human rights violations, discrimination, and stigma. Less severe mental health conditions can affect school or work performance, relationships with family and

friends, and the ability to participate in a community. Most people in the world have limited access to high-quality mental health care services.

FIGURE 1 | Recent trends in global health and healthcare – while COVID-19 triggered growth, it also brought about health, economic, political and environmental challenges



### **How does diseases spread?**

- Airborne transmission. Airborne transmission occurs when infectious agents are carried by dust suspended in the air
- Respiratory (droplet) transmission
- Sexually transmitted diseases (STDs)
- Animal or insect transmission
- Food or water transmission.
- Health care transmission

### ➤ **Healthcare Access**

Health care access is the ability to obtain healthcare services such as prevention, diagnosis, treatment, and management of diseases, illness, disorders, and other health-impacting conditions. For healthcare to be accessible it must be

affordable and convenient. Many people do not have access to adequate healthcare. This occurs widely in third-world countries.

Three important themes in healthcare access are the problem of poverty, the many barriers to healthcare access, and the question of healthcare resource allocation.

Inadequate health insurance coverage is one of the largest barriers to health care access, and the unequal distribution of coverage contributes to disparities in health. Health insurance alone cannot remove every barrier to care. Limited availability of health care resources is another barrier that may reduce access to health services and increase the risk of poor health outcomes.

#### □ **Comparing health quality in first and third world countries**

The quality of healthcare services is a critical determinant of public well-being and societal progress, holding particular significance across diverse global contexts, including first world and third world countries. First world countries, characterized by advanced economies and robust healthcare systems, often set benchmarks for quality healthcare delivery. In contrast, third world countries, representing developing or less developed economies, face unique challenges in providing high-quality healthcare to their populations. Understanding and comparing healthcare quality between these distinct categories of nations are essential steps toward identifying disparities, recognizing successful strategies, and formulating targeted interventions to improve healthcare outcomes worldwide.

#### First World Countries;

- **Advanced Economies:** Countries with high-income economies and advanced healthcare infrastructure will be considered as first world countries.
- **Healthcare Standards:** Nations known for high-quality healthcare delivery, access to advanced medical technologies, and favorable health outcomes will be included.

#### Third World Countries;

- **Developing or Less Developed Economies:** Countries with lower-income economies and varying levels of healthcare infrastructure will be categorized as third world countries.
- **Healthcare Challenges:** Nations facing challenges such as limited healthcare access, inadequate infrastructure, higher disease burden, and lower healthcare expenditure per capita will be considered.

First world countries generally boast a wider range of healthcare services and facilities, coupled with higher healthcare personnel-to-population ratios. Third world countries often face challenges such as limited healthcare infrastructure, uneven distribution of healthcare resources, and barriers to healthcare access in remote or rural areas.

First world countries tend to exhibit lower infant mortality rates, higher life expectancies, and better disease control measures due to advanced healthcare systems, comprehensive public health interventions, and widespread access to medical technology. Third world countries may experience challenges such as higher infant mortality rates, variable life expectancies influenced by socio-economic factors, and ongoing efforts to combat infectious diseases and improve healthcare infrastructure.

First world countries typically have more advanced medical technology, well-equipped hospitals, and comprehensive healthcare services, including specialized treatments and diagnostics. Third world countries may face limitations in accessing advanced medical technologies, maintaining healthcare facilities, and providing specialized care due to resource constraints.

### ➤ **Healthcare in Conflict Zones**

Wars defined as a temporal event with a start and a finish are a thing of the past. Instead, they have become chapters in prolonged and protracted conflicts that ebb and flow yet trap the hostage populations for decades, consuming the lives of generations and shaping their health needs and the provision of health care.

Health professionals working in these conflict zones—as clinicians, humanitarian actors, or policymakers—are faced with making ethically challenging decisions as they negotiate with different political actors and navigate competing yet equally pressing health needs. “Chronic emergencies” in places like the Gaza Strip or Yemen are no longer a contradiction in terms but a fair description of recurring wars that force health professionals to continuously divert limited resources from long-term capacity building to meeting immediate needs created by the latest military onslaught—to the long-term detriment of any health system infrastructure.

Health workers were killed in 2023 in large numbers, especially in Gaza, where the 2023 total killed is the highest in any conflict documented by SHCC since 2016. Russian forces killed military medics in Ukraine, many while providing care to wounded soldiers on the frontlines. In Israel, first responders and hospital staff were killed while administering aid to victims of the Hamas attacks of October 7.

Health workers were kidnapped, often for ransom, in conflicts across Africa, as well as a large number in Haiti. Health worker arrests increased in Afghanistan and the Occupied Palestinian Territory and continued at high levels in Myanmar. Arrests and long-term detentions of health workers persisted in Sudan and Syria.

In Sahel and elsewhere, rising insecurity limits health workers’ ability to reach patients and access health care, which has devastating consequences for health outcomes.

This was also true in Sudan, Burkina Faso, Central African Republic, and Tigray in Ethiopia. Attacks also created fear of seeking care in health facilities perceived to be unsafe. Looting and hijacking of vehicles and supplies resulted in impaired health services and erosion of health worker safety and morale, despite heroic efforts by them to repair facilities and overcome obstacles.

The Safeguarding Health in Conflict Coalition, composed of 40 groups including medical charities, reported 2,562 incidents of violence or obstructions including arrests, killings and kidnappings of doctors and strikes across hospitals



in 30 conflicts including Gaza, Ukraine and Sudan. That is up by about a quarter compared with 2022.

The Geneva Conventions, implemented in the wake of World War 2's unparalleled atrocities, were established as the foundation of conduct in war. Article 18 of the First Geneva Convention explicitly decrees that civilian hospitals “may in no circumstances be the object of attack”. Article 20 adds that health-care workers must also be shielded from harm. These conventions were not solely focused on promoting honourable warfare; they were a plea for humanity in chaos. Even if a hospital shields militants, harm to civilians must remain proportional and minimal, as stipulated in Article 51 of Additional Protocol I to the Geneva Conventions. However, across the globe, from Gaza to Ukraine, and Sudan to Myanmar, these principles are routinely being flouted by state actors with apparent impunity.

From Afghanistan to Syria and Yemen, medical facilities have often found themselves caught in conflict.

In a war, people are injured, malnourished and sick. Yet the greater the need for medical treatment, the more difficult it is to obtain such treatment, because the few places and people that can help, come under attack.

The ICRC (International Committee of the Red Cross) found that within three years, 2,400 attacks against patients, health personnel, facilities and transports occurred in 11 conflict-affected countries. That's more than two attacks per day, every day, for three years.

In 2015, the World Health Organization announced that 60% of health-care facilities in Syria had been damaged or destroyed, while 25,000 people were wounded every month.

✓ **How to solve;**

- Align domestic legislation, and encourage other States to follow suit, in line with obligations under international law and with ethical principles of the medical sector;
  - Train military personnel to minimize disruptions to health-care services, while safeguarding legitimate security concerns;
  - Support local health-care organizations to maintain minimum service, through tailor-made solutions;
  - Improve the legal protection for patients and health-care workers by ensuring the proper use of protective emblems, enhancing legal protection for medical ethics and addressing violations;
  - Ensure that every weapons transfer is done with an assurance to respect IHL, and targeted training that focuses on the protection of medical personnel and facilities.
- Health consequences of armed conflicts

Since 2014, over 1,500 health care workers have been directly attacked and many more have been threatened, injured, tortured, or driven away from their line of work. Not only does this hurt the physician population in countries with weakened healthcare systems, but it could hinder younger generations from entering this line of work. Many facilities have been forced underground, into basements or other unsafe places where staff work in fear of helping their patients. In Ukraine, 120 facilities have been damaged, causing over 50 casualties of workers. In the Tigray region of Ethiopia, 80 percent of hospitals are fully destroyed, with the remaining lacking the necessary utilities and staff to work at full capacity. And it's not only health facilities that are suffering—conflicts have also escalated to targeting supplies, electricity, water, and transportation (including ambulances).

Afghanistan, despite the official end of conflict in 2021, continues to suffer from a lack of supplies and workers, causing an increase in child mortality, a decrease in immunizations, and a decline in prenatal care visits. Since these services are no longer available, costs rise. The cycle continues: fewer services, higher costs, worse access. In Ukraine, 50 percent of residents reported a barrier to care, the majority being cost. Twenty percent could not access medication, again due to either high costs or to them not being available at pharmacies. Women are being impacted at higher rates. Households of only women have significantly less

income, and are therefore unable to access care. It appears that health disparities hold true, even in war.



## ❖ Disease Spreadness among war zones

### *1. Breakdown of Healthcare Systems*

- **Disrupted Services:** Hospitals and clinics are often targets in war, leading to destruction or abandonment. Without functioning health services, vaccination programs, disease surveillance, and basic healthcare provision are halted, allowing diseases to spread unchecked.

- Healthcare Workers: Many doctors, nurses, and other healthcare workers are forced to flee or become casualties of the conflict, further reducing access to care.

## *2. Displacement of Populations*

- Refugee Camps: War forces large numbers of people to flee their homes, resulting in overcrowded refugee camps or informal settlements. These camps often lack basic sanitation, clean water, and proper waste management, all of which are essential for controlling the spread of diseases.

- Cross-Border Spread: Displaced populations move across borders, potentially spreading diseases to neighboring regions or countries that may not be equipped to handle the influx.

## *3. Water and Sanitation Problems*

- Waterborne Diseases: With access to clean water compromised, diseases like cholera, dysentery, and typhoid become rampant. In war zones, broken water systems and contamination of drinking water sources by waste or chemicals are common.

- Poor Hygiene: Lack of hygiene products and inadequate sewage disposal further fuel outbreaks of diarrhea and other diseases, especially in children.

## *4. Vector-Borne Diseases*

- Malaria and Dengue Fever: War zones, especially in tropical and subtropical regions, see a surge in vector-borne diseases due to increased standing water (from damaged infrastructure) and a lack of mosquito control efforts. For example, malaria and dengue fever have been known to spread rapidly in conflict areas.

- Leishmaniasis: A parasitic disease spread by sandflies, leishmaniasis has been reported in war-torn areas like Syria, where displaced populations are more vulnerable.

## *5. Communicable Diseases*

- Measles, Tuberculosis (TB), and Polio: These diseases thrive in war zones due to the breakdown of vaccination programs. Measles outbreaks have been particularly deadly in conflict regions where children are not vaccinated. TB, a respiratory disease, spreads easily in overcrowded and unsanitary conditions, while polio can resurge when immunization efforts stop.

- COVID-19: More recently, COVID-19 posed a new layer of complexity in war zones, with limited access to medical supplies, testing, and vaccines.

## *6. Malnutrition and Weakened Immunity*

- Food Shortages: War disrupts food supplies, leading to widespread malnutrition. Malnourished individuals, particularly children, are more vulnerable to infectious diseases due to weakened immune systems.

- Famine: In severe cases, famine conditions can arise, particularly in areas where conflict blocks humanitarian aid. Diseases such as acute respiratory infections, diarrhea, and measles become leading causes of death, especially among children.

## *7. Case Studies*

- Yemen: Yemen has seen a massive cholera outbreak during its ongoing civil war. With over 1 million suspected cases, it is one of the worst cholera outbreaks in recent history, exacerbated by poor water, sanitation, and health services.

- Syria: During the Syrian civil war, the healthcare infrastructure was decimated, resulting in outbreaks of leishmaniasis and polio, both of which had been previously under control.

- Democratic Republic of Congo (DRC): In conflict zones in the DRC, measles and Ebola outbreaks have ravaged communities. Displacement, malnutrition, and lack of healthcare made controlling these outbreaks particularly difficult.

## *8. Mental Health and Its Impact on Disease*

- Stress and Trauma: The psychological toll of war can weaken individuals' overall health, making them more susceptible to physical illnesses. The mental

health crisis in war zones is an often-overlooked factor that contributes to the overall disease burden.

### *9. Humanitarian Aid and Challenges*

- **Restricted Access:** Humanitarian aid is often hampered in war zones by insecurity, making it difficult for medical teams to deliver essential services, such as vaccines and medicines.

- **Political Barriers:** In some conflict areas, warring parties prevent access to aid for political reasons, which further compounds the health crisis.

The spread of disease in war zones is a multifaceted issue fueled by poor sanitation, malnutrition, displacement, and the collapse of healthcare infrastructure. Preventing disease spread in conflict areas requires concerted international effort, improved access to healthcare, and robust humanitarian aid interventions. Long-term stability and rebuilding healthcare systems are essential for addressing the root causes of disease spread in these regions.

In response to the destruction of healthcare facilities, mobile clinics have been deployed in some war zones, offering temporary but essential healthcare services.

Organizations like the World Health Organization (WHO), Médecins Sans Frontières (MSF), and the Red Cross play a crucial role in providing medical services in conflict areas. However, they face many logistical and security challenges.



### **Current war zones suffering lack of health care**

- 1) Ukraine: The ongoing conflict with Russia has decimated healthcare infrastructure, resulting in widespread disruption to essential services. In addition to physical injuries from warfare, the spread of infectious diseases, including COVID-19, tuberculosis, and polio, is a growing concern. Displacement, lack of clean water, and food insecurity exacerbate health challenges.

- 2) Sudan: Both the Sudanese civil war and conflict in South Sudan have severely affected healthcare systems, leading to outbreaks of waterborne diseases like cholera. Malnutrition is also rampant due to food shortages, especially affecting children. In 2023 and 2024, health services have been overwhelmed by the needs of internally displaced people, further exacerbating disease outbreaks.
  
- 3) Somalia: The civil war in Somalia, along with persistent drought, has led to high levels of malnutrition and food insecurity. Outbreaks of diseases such as cholera and measles are widespread, particularly among children, and healthcare services are struggling to meet the needs of the population.
  
- 4) Yemen: The civil war in Yemen has triggered one of the worst cholera outbreaks in modern history, alongside other waterborne diseases. Malnutrition rates remain critically high, and the destruction of healthcare facilities has left millions without access to medical care.
  
- 5) Afghanistan: Following decades of conflict, Afghanistan continues to face a significant healthcare crisis. Tuberculosis, polio, and other preventable diseases remain rampant, while healthcare services are under severe strain due to a lack of resources and ongoing conflict. Malnutrition, particularly among children, remains a pressing issue.

- A common image would include makeshift clinics filled with injured people, some lying on the ground due to a lack of medical equipment. Doctors and nurses would be overwhelmed, with limited supplies to treat patients.

- Another powerful visual would be undernourished children, often depicted waiting in line for food or medical care, which highlights the dual burden of malnutrition and lack of healthcare.

- Surrounding areas would show bombed-out hospitals or clinics, demonstrating the collapse of healthcare infrastructure. Smoke and rubble often surround these scenes.



## **International Health Care Agreements**

### *1. World Health Organization (WHO) International Agreements*

- International Health Regulations (IHR): The IHR is a legally binding agreement between 196 countries, including all WHO member states, to work together for global health security. It focuses on preventing the international spread of diseases and ensuring a coordinated response to public health risks such as pandemics.

- This framework was critical during the COVID-19 pandemic, where countries were required to report cases to the WHO and adhere to global guidelines on disease management and response.

- Framework Convention on Tobacco Control (FCTC): This is the world's first global public health treaty under the WHO, which aims to reduce tobacco use and its health consequences through international cooperation. It covers measures to restrict advertising, promote cessation, and control tobacco supply and demand.



## *2. Global Health Partnerships*

- Global Fund to Fight AIDS, Tuberculosis, and Malaria: This public-private partnership involves countries, organizations, and private sector actors. The fund supports countries in their efforts to fight these three major diseases by providing financial assistance and strategic guidance.

- Gavi, the Vaccine Alliance: This international initiative works with low-income countries to improve access to vaccines for diseases like measles, polio, and COVID-19. Gavi pools funds from donors and works with governments to ensure vaccine equity, particularly in underserved regions.

- COVAX (COVID-19 Vaccine Global Access): A part of the ACT-Accelerator, COVAX is a global initiative aimed at equitable access to COVID-19 vaccines. It is co-led by Gavi, the WHO, and the Coalition for Epidemic Preparedness Innovations (CEPI). The program negotiates contracts with vaccine manufacturers to ensure distribution to low- and middle-income countries.

## *3. Bilateral Healthcare Agreements*

- Countries often engage in bilateral agreements to address specific healthcare needs, such as access to medicines, training of healthcare workers, or disease surveillance. Examples include:

- U.S.-Mexico Border Health Commission: An agreement between the U.S. and Mexico to improve health conditions along the border, focusing on infectious disease control, maternal health, and environmental health.

- European Union (EU) Cross-Border Healthcare: EU countries have agreements that allow citizens to seek medical treatment in another EU country and get reimbursed under their national healthcare system, ensuring access to services that may not be available in their home country.

## *4. Trade and Health Agreements*

- TRIPS Agreement (Trade-Related Aspects of Intellectual Property Rights): Overseen by the World Trade Organization (WTO), this agreement balances intellectual property rights with access to medicines. It includes provisions (e.g., compulsory licensing) that allow countries to produce generic drugs in cases of public health emergencies, such as during the HIV/AIDS crisis.

- Pharmaceutical Agreements: Countries and regional blocs, such as the European Union or NAFTA, sign agreements to regulate the import and export of medicines and medical technologies, ensuring both safety standards and affordability.

### *5. Pandemic Preparedness Agreements*

- Pandemic Influenza Preparedness Framework (PIP)\*: Managed by the WHO, this framework facilitates the sharing of influenza viruses with pandemic potential between member states and ensures access to vaccines and antiviral medicines during pandemics.

- International Pandemic Treaty: In response to the COVID-19 pandemic, there has been momentum toward creating a new international pandemic treaty. This would obligate countries to cooperate in pandemic prevention, preparedness, and response, sharing resources like vaccines, treatments, and data.

### *6. Regional Health Agreements*

- African Union's Africa CDC: The Africa Centres for Disease Control and Prevention (Africa CDC) facilitates regional cooperation in disease surveillance, epidemic preparedness, and health system strengthening across African nations.

- ASEAN Health Cooperation: The Association of Southeast Asian Nations (ASEAN) has agreements to cooperate on cross-border health issues, focusing on communicable disease control, disaster preparedness, and health information sharing.

- **What have done regarding this issue so far?**
  
- Humanitarian Aid: Organizations like the International Committee of the Red Cross (ICRC) and Médecins Sans Frontières (Doctors Without Borders) provide medical care, supplies, and support to affected populations. They often set up mobile clinics and field hospitals.
  
- Public Health Initiatives: Programs have been implemented to manage infectious diseases, malnutrition, and maternal and child health. Vaccination campaigns are frequently launched to prevent outbreaks of diseases like measles and polio.
  
- Mental Health Support: Recognizing the psychological impact of conflict, there are increasing efforts to provide mental health services, including counseling and community support programs.
  
- Coordination and Research: Agencies like the World Health Organization (WHO) work to coordinate health responses in war zones, assess health needs, and conduct research to understand the specific health challenges in these environments.
  
- Training Local Health Workers: Initiatives to train local healthcare providers help ensure the sustainability of health services even after international organizations leave.
  
- Advocacy and Policy Work: Advocacy for the protection of healthcare workers and facilities is crucial. Efforts include promoting international laws that protect medical personnel and ensure access to healthcare in conflict areas.
  
- Emergency Response Planning: Many organizations are now focused on disaster preparedness, developing protocols for rapid response to health crises in war zones.

These efforts face numerous challenges, including security issues, funding shortages, and the difficulty of accessing affected populations. However, the commitment to improving health in war zones continues to grow, emphasizing the need for comprehensive approaches that address both immediate medical needs and longer-term health system strengthening.



# World Health Organization

## □ *Solution ideas for disease spreadness*

- 1) Strengthening Health Infrastructure
- 2) Vaccination Campaigns
- 3) Water and Sanitation
- 4) Public Health Education
- 5) Mental Health Support
- 6) Research and Data Collection
- 7) Disease Response Teams
- 8) International Cooperation

## ✓ Questions to Ponder

- ⇒ What steps can be taken internationally through disease spreading among war zones?
- ⇒ Which organisations should be involved regarding solving this issue?
- ⇒ What are the main causes of health inequity, lack of health care access, water sanitation and food security globally?

- ⇒ How successful current frameworks and programs are about disease spreading through war zones? If so, how can they be improved and become more applicable worldwide?
- ⇒ How can health inequity between first world countries and developing countries can be minimized?
- ⇒ What measures can be taken towards armed conflicts targetting health institution and health professionals?
- ⇒ How can people in conflict zones may be prepared for possible disease spreading among them?
- ⇒ Which organizations will be in charge for funding new developments about improving health care qualities in war zones?
- ⇒ If necessary developments are not implemented, what are the possible consequences of this issue?

**SOURCE**

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