# HASMUN

WHO

2. **Integration into National Health Policies**

Dear Delegates,

Welcome to HASMUN 2025 — a journey that goes far beyond a typical Model United Nations conference.

This year, we invite you to become part of an experience built on diplomacy, dialogue, and the determination to create change. HASMUN has long stood as a platform for driven individuals to challenge perspectives, develop leadership, and speak for the world they envision. In every committee room, in every debate, we believe your voice has the power to shape not only resolutions, but real ideas for the future.

Whether this is your first MUN or one of many, we encourage you to approach each session with openness, curiosity, and commitment. The friendships you form, the ideas you exchange, and the challenges you overcome will stay with you long after the final gavel falls.

On behalf of the entire Secretariat, we are thrilled to have you with us. Prepare to question, to collaborate, and to grow.

We look forward to meeting you soon.

Warm regards,

Nazrin Sadigova

Secretary-General

HASMUN 2025

## I.      INTRODUCTION

### 1.    History of WHO

The World Health Organization (WHO) is a specialized agency of the United Nations

responsible for global public health. Established on April 7, 1948, the main objective of WHO

is "the attainment by all peoples of the highest possible level of health'. WHO is headquartered

in Geneva, Switzerland and it has six regional offices and 150 field offices worldwide. The

WHO relies on private funding from donors and, assessed and voluntary contributions from

member states. Currently, the WHO is directed by Tedros Adhanom, who is an Ethiopian

biologist, public health researcher. He is the first Director-General who is not a medical doctor.

Also, he became the First Director-General elected in a voting procedure open to all member

states. As stated in 2012 the role of WHO in public health can be summed up as providing

leadership on critical matters regarding health and encouraging partnerships where collective

action is needed, monitoring the health situation, and assessing health trends. On a macro-level,

the World Health Organization has been instrumental in:

a. Promoting practical handling of global health coverage.

b. Developing international health regulations and knowledge around topics of health.

c. Increasing access to medical products in all locations including those that are remote

and not easily accessible.

d. Researching influence of social, economic, and environmental factors on health v.

Preventing non-communicable diseases.

e. Emphasizing 'millennium development goals' such as poverty and access to care as they

are often related to issues of health, leading to the WHO needing to maintain broader

strategies.

The World Health Organization has been instrumental in establishing global standards and

giving strong advice to countries regarding rational public health measures which it coordinates

directly with member nations to establish global standards and give strong advice to countries

regarding rational public health measures.[i]

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2. **Structure**

The WHO is composed of the World Health Assembly, the Executive Board and the

Secretariat. The Assembly, which is the supreme decision-making body for WHO, is comprised

of 194 Member States and generally meets annually in May. The main focus of the Assembly

is forming and determining policies for the Organization. Furthermore, the Assembly possesses

the power to appoint a new Director-General every five years, as well as being responsible for

reviewing and voting on matters relating to budget and finance of the Organization. Most

importantly, the Assembly is tasked with electing 34 members who are experts in the field of

health, to take part in the Executive Board for three-year terms.

Being composed of 34 members, the Executive Board meets annually in January. Additionally, the Board gathers for a shorter meeting in May, immediately after the gathering of the Health Assembly, for administrative purposes. The main purpose of this Board is to facilitate the proceedings of the Organization and to give effect to the decisions and policies previously determined by the Assembly.[ii]

3. **Membership**

To become a member of WHO, states must ratify the Constitution of the World Health Organization. Currently, the Organization has 194 Member States (All Member States of the United Nations except Niue and the Cook Islands). Each member state of the United Nations Is an eligible candidate to become a member of WHO. Delegations of the Member States are appointed as delegates in the Healthy Assembly.[iii]

II.    <u>**UNDERSTANDING NATURAL DISASTERS AND HEALTH SYSTEMS**</u>

1. **Introduction to the Agenda Item**

Building resilient health systems is more important than ever in an era of climate change and rising disaster frequency[iv]. Natural disasters, including earthquakes, hurricanes, floods, and

pandemics, pose serious challenges to health systems around the world. These events frequently occur without warning, overwhelming healthcare infrastructure, disrupting essential services, and exacerbating pre-existing health vulnerabilities. A health system that can foresee, absorb, adjust to, and recover from shocks while still providing the populace with necessary medical care is said to be robust. Strong leadership, community involvement, integrated information systems, responsive public health policies, and strong infrastructure and supply chains are all necessary to strengthen such systems. The significance of resilience in healthcare is examined in this introduction, which also lays the groundwork for a discussion of frameworks and tactics that can improve readiness, response, and recovery in the event of a natural disaster. Natural catastrophes have become more frequent and intense in recent years, primarily due to climate change and environmental degradation. This has made it imperative for nations to improve the resilience of their health systems. A resilient health system is not just one that makes it through a crisis; it is one that keeps up its good work during crises, safeguards the health and welfare of people, and bounces back fast with knowledge gained to enhance future responses. Strengthening healthcare facilities and supply chains, educating healthcare professionals in emergency response, guaranteeing continuity of care for vulnerable populations, incorporating disaster risk management into health policies, and improving coordination between the government, civil society, and international partners are all components of building resilience[v]. Furthermore, resilient systems need to be flexible enough to react to both expected and unexpected problems while preserving accessibility and equity for all facets of society.

## 2. Classification of Natural Disasters

Natural disasters come in all shapes and sizes ranging from a community fire to a large-scale tsunami. Currently, existing scales for natural disasters define severity levels in terms of intensity. Overall, intensity levels are in fact not the best way to describe the severity levels of a disaster because they are an indication only of the strength but notthe impact of a disaster. The impact depends on where a disaster occurs, e.g. a populated city or rural area. The descriptive terms for disasters are not sufficient to clearly distinguish the severity level. Natural events that cause fatalities, injuries and property damage are identified as emergencies, disasters, calamities, cataclysms, and catastrophes. The severity of the impact of natural disasters increases with an increase in the impact to humans and their possessions and with an increase in intensity of an event for a given population density. Existing scales measure the destructive power of the disasters. If existing scales also demonstrate the severity of a given disaster, then there should be relationship between the existing scale and the impact parameters such as fatalities, injuries, economic damage. The impact of disasters on people, facilities, and the economy should be studied in detail to understand the severity of a natural disaster. The factors, such as the number of fatalities, injuries, homelessness, affected population, affected area, and cost of damage can be considered for a multi-dimensional scale which may provide a technique to compare and contrast the impacts of different types of disasters. A one dimensional scale based on fatalities is introduced as follows as an initial step. Natural disasters are significant environmental events that can cause widespread destruction, loss of life, and serious health challenges. These events, whether sudden or slow onset, often disrupt healthcare services, damage infrastructure, and exacerbate existing health vulnerabilities in affected communities. Understanding how

natural disasters are classified particularly from a health perspective is crucial for designing effective preparedness, response, and recovery strategies[vi].

### a. Vulnerabilities in Health Systems

Humanitarian settings, such as natural disasters, cause human suffering and destruction, especially in low- and middle-income countries (LMICs)[vii]. In a challenging scenario, such as the aftermath of a natural disaster, health systems can collapse under the burden of casualties. However, qualified surgical care remains crucial in LMICs when exposed to the debilitating consequences of natural disasters. With LMICs experiencing three times more fatalities in the event of natural disasters compared to high-income countries, it is essential to establish minimum standards of care when initiating surgical care activities. From an annual total of 33 catastrophes in 1960 to a peak of 441 disasters in 2000, there have been more than 11 000 natural disasters documented since 1960. As evidenced by the 510 837 deaths and 3.9 billion people affected by 6681 natural disasters between 2000 and 2019, the rising death rate demonstrates how populations remain vulnerable to natural disasters, particularly in LMICs[viii]. According to the analysis of the Emergency Events Database (EM-DAT), low-income nations experience more than three times as many fatalities from disasters as high-income countries do. Though lower-income nations had 44% of the disasters, they suffered 68% of the fatalities, compared to higher-income countries' 56% of disasters and 32% of fatalities. Natural disasters pose significant challenges to the provision and accessibility of healthcare services, especially in low-income countries. Events like floods, earthquakes, and hurricanes can inflict damage on critical

infrastructure, including healthcare facilities, making it difficult to provide care to those in need. The aftermath of these disasters can lead to power outages, water shortages, road damage, and communication system interruptions, which can severely disrupt healthcare delivery. Consequently, healthcare providers face numerous obstacles that can significantly impact their ability to deliver timely and appropriate care to those affected. One aspect of healthcare disruption during natural disasters that is often overlooked is the impact on healthcare workers. During these events, healthcare workers are often overworked and under immense stress, which can result in physical and emotional exhaustion. Such conditions can compromise their ability to deliver quality care, which can negatively impact patient outcomes. Moreover, healthcare workers may also be personally affected by the disaster, which can lead to disruptions in both their personal and professional lives. Case studies of recent natural disasters highlight the impact on healthcare and surgical care in LMICs. For instance, floods have destroyed health facilities in extreme cases, as demonstrated by the flooding in Tamale, Ghana, in July 2017, which caused the collapse of two major hospitals, the Tamale Teaching Hospital and the Central Hospital[8]. This inevitably increased the workload of other hospitals' surgical and medical staff in Northern Ghana. Water entered the wards and operating rooms as a result of the flood, causing many health services, including surgical procedures, to be halted due to contamination concerns. Accra Hospital in Ghana reported significant losses of medical equipment, medicines, and other supplies stored in their warehouse during a similar flood in 2015.Having access to quick, high-quality surgical treatment is imperative, but not all countries offer the same level of surgical care. The WHO established structural and procedure standards for the delivery of surgical care in 2003, which was a significant step in the direction of standardized surgical care in LMICs district hospitals. Natural disasters have become more common as a result of global climate change.

Although it is impossible to prevent natural disasters, it is possible to reduce the devastating impact of natural disasters on healthcare services. LMICs are especially vulnerable to the consequences of natural disasters, so global efforts to improve outcomes are critical.

### III.    Key Components of Resilient Health Systems

Health systems need to be ready to handle both ordinary medical requirements and unforeseen medical crises like epidemics, pandemics, and natural disasters. A resilient health system is one that can continue to provide all populations with necessary health services while absorbing shocks, adjusting to difficulties, and changing when necessary. The need to invest in long-term resilience was highlighted by the COVID-19 pandemic, which revealed weaknesses in even the best-funded health systems[ix].

Three essential elements that are crucial to attaining such resilience are the subject of this section:

**1. Health Workforce**

"No health system can function without a strong, well-supported workforce."

Physicians, nurses, midwives, community health workers, pharmacists, laboratory personnel, mental health specialists, and managers of health systems are all considered to be part of the health workforce. Support workers like cleaners, secretaries, and ambulance drivers are also included, particularly during emergencies. A health workforce that is resilient needs to be, large enough to accommodate the needs of the population fairly split between rich and poor, urban and rural, well-trained and armed with the most recent information and equipment.Protected and safeguarded, particularly in times of public health emergency. Current Global Challenges which is significant migration and shortages, there is a severe lack of healthcare personnel in many nations, particularly in Sub-Saharan Africa, Southeast Asia, and some sections of Latin America. These shortages are made worse by the brain drain the movement of skilled workers to more developed nations[x].The training gaps, some nations' antiquated or underfunded educational institutions do not adequately educate their workforce for complicated catastrophes. Moreover occupational hazards, especially in fragile or conflict-affected environments, health workers are frequently exposed to hazards like infections, burnout, violence, and mental health stress.Last but not least gender disparities despite accounting for over 70% of the global health workforce, women are underrepresented in leadership positions and frequently earn less money. WHO's role upon these issues, WHO offers governments technical assistance in creating national health workforce plans. It is in charge of the Global Health Workforce Network (GHWN), which advocates for ethical hiring practices and global collaboration. WHO helps lower-income nations with capacity building, retention tactics, and workforce projections.

## 2. Financing and Risk Pooling

"A health system cannot be resilient if people are pushed into poverty by health costs."[xi]

The mobilization, pooling, and utilization of financial resources to guarantee that everyone has access to essential health services is referred to as health finance. Revenue collection (taxes, premiums, etc.), money pooling (insurance plans, etc.), and service procurement are all included. A financial tool known as risk pooling makes sure that people's medical expenses are distributed among a larger group of people, lessening the financial strain on those who become ill and averting financial hardship brought on by medical bills.A resilient financing system ensures:

**Equity**: All people should have access to high-quality healthcare, regardless of their financial situation.

**Efficiency:** Resources are distributed to those in need and used prudently.

**Sustainability:** Despite pandemics or economic downturns, funding is constant.

**Challenges Faced Globally,**

**Out-of-Pocket Expenditures (OOP):** Patients in many low- and middle-income nations pay for medical treatments out of pocket, which can result in financial ruin or care avoidance.

Insufficient Risk Pools: People are not adequately protected by disjointed health systems with limited insurance plans.

**Donor Dependency:** Some nations rely significantly on foreign assistance, which is unpredictable and not always sustainable.

Inefficiencies: Health financing is weakened by corruption, bad governance, and a lack of transparency in budgetary allocations.

WHO's Role, WHO offers policy recommendations on how to finance Universal Health Coverage (UHC). It tracks health spending and provides advice on risk pooling arrangements in partnership with organizations such as the World Bank and OECD. WHO advocates for prepayment methods (insurance-based or tax-based) as opposed to cash payments.

## 3. Community Engagement and Trust

"Health systems are only as effective as the trust communities place in them."

Working with people, families, and communities to comprehend their needs, include them in health decision-making, and promote cooperation between the general public and the healthcare system are all part of community engagement. Compliance with vaccination campaigns, disease surveillance, and public health guidelines all depend on trust. Communities are involved in a resilient system to developing social capitals that encouraging individuals to take charge of their

health improves the resilience of society. Also encourage behavior changes, better public collaboration results from trusted communications from local authorities and medical professionals. And the asssuring cultural sensitivity, that community-based strategies adapt solutions to regional languages, customs, and values. Key issues regarding these ;

**Mistrust and Misinformation:** Resistance and unfavorable health outcomes can result from misinformation regarding immunizations, therapies, and the causes of diseases.

**Marginalization:** Communities that are marginalized or at risk may not be included in planning and decision-making processes.

**Absence of Representation:** In the absence of representation, national health policy may fail to take into account local requirements.

**Post-Crisis Fatigue:** If community voices are not heeded, recurring crises can cause distrust in institutions.

WHO's Role is during medical emergencies, WHO encourages the use of Risk Communication and Community Engagement (RCCE) and Health Promotion initiatives.To provide grassroots initiatives, the group collaborates with community-based organizations, NGOs, and civil society. WHO backs health literacy initiatives to dispel myths and foster confidence, particularly during illness outbreaks.

## VI. POLICY AND GLOBAL FRAMEWORKS

Seeing the frequent and and intensive natural disasters, healthcare systems worldwide are required to be supported by stable, evidence based frameworks that will guarantee resilience, coordination, and response at the right moment. There are two crucial components:

1- ***World Health Organization's Health Emergency and Disaster Risk Management (Health EDRM) Framework[xii]***

Health EDRM Framework is a worldwide strategy by WHO to increase health systems' capacity to address risks and impacts of all hazard types, ranging from natural hazards to epidemics and technological hazards. Focusing on prevention, preparation, response, and recovery.

Key points are:

- ***Risk assessment and surveillance:*** Identification of potential risks and surveillance for disease outbreaks in real time.

- ***Safety of health infrastructure:*** Ensuirng hospitals and clinics are disaster resilient

- ***Emergency response coordination:*** Creating open lines of communication between sectors.

- ***Familiarization of communities:*** Educating and training populations.

- ***Training of the workforce:*** Training health personnels in emergency risk management.

2- ***Integration into National Health Policies*** To be effective, global frameworks must accommodate Member States integrate principles of Health EDRM into national health strategies. These include:

- ***Integrating risk management into primary healthcare:*** To ensure early detection and local-level preparation.

- ***Developing national disasters response plans:*** Create and update national disaster response with decision making support.

- ***Providing budget for emergency preparation:*** Offer long term budgets for health emergency prevention and capacity development.

- ***Collaboration with local communities and Non Governmental Organizations (NGOs):*** to ensure grassroots engagement.

- ***Establishing intersectoral coordination between ministries (health, environment, etc…)***

## VII. **Case Studies**

1. **Health System Response in Earthquakes**

   4. **Responses to Floods and Hurricanes**

Health System Responses to Natural Disasters: Earthquakes, Floods, and Epidemics Natural disasters pose one of the greatest threats to public health worldwide. Their impact ranges from sudden catastrophic damage to long-term socio-economic and health consequences. Whether they take the form of earthquakes, floods, or epidemics, these events expose critical weaknesses in healthcare systems and test their ability to respond swiftly, equitably, and effectively. With the increasing frequency of such disasters, driven by factors like climate change, urbanization, and globalization, health systems must evolve to become more resilient. The World Health Organization (WHO), as the leading authority on global health, plays a central role in supporting countries to strengthen their preparedness, improve emergency response capabilities, and protect the most vulnerable populations. This essay explores how health systems can and must respond to three major types of natural disasters earthquakes, floods and hurricanes, and epidemics highlighting the unique challenges each poses and the strategies needed for a coordinated response.

## 2. Epidemics as Natural Disasters

### a. Earthquakes: Health System Response to Sudden-Onset Disasters

Earthquakes are among the most unpredictable and devastating natural disasters, often occurring without warning and causing immense physical and psychological damage. In urban areas with weak infrastructure, poor building regulations, or informal settlements, the consequences can be catastrophic. Beyond immediate trauma and casualties, earthquakes frequently lead to the collapse of healthcare infrastructure, severely limiting the system's capacity to respond when it is needed most.In the aftermath of a powerful earthquake, hospitals may be destroyed or rendered non-functional, roads blocked, and medical personnel injured or unreachable. Equipment may be buried, and life-saving supplies rendered inaccessible. Power outages can disrupt surgeries, endanger patients in intensive care, and spoil medications requiring refrigeration. Emergency departments are quickly overwhelmed by mass casualty events, where triage becomes essential to determine who receives urgent care. Crush injuries, fractures, hemorrhages, and burns are common, requiring skilled trauma teams that many systems cannot afford or rapidly mobilize. Furthermore, health risks escalate in the days and weeks following the earthquake. Clean water becomes scarce, and unsanitary conditions in shelters often lead to outbreaks of respiratory infections, skin diseases, and diarrheal illnesses. Mental health challenges such as post-traumatic stress disorder (PTSD), depression, and anxiety also rise sharply among survivors. To mitigate such outcomes, disaster preparedness plans must include pre-positioned emergency supplies, mobile clinics, and rapid deployment Emergency Medical Teams (EMTs) accredited by the WHO. Building hospitals and clinics to withstand seismic activity is vital, especially in earthquake-prone regions. Training communities in first aid ensures life-saving assistance in the

critical hours before professional help arrives. A key example is the 2015 Nepal earthquake, where over 1,000 health facilities were damaged or destroyed. WHO played a central role in coordinating over 150 international medical teams, reestablishing health surveillance systems, and preventing secondary disease outbreaks.

**b. Floods and Hurricanes**

Responding to Climate-Driven DisastersUnlike earthquakes, floods and hurricanes often come with some degree of warning. Yet, the destruction they leave behind can be just as severe if not more prolonged. Climate change has exacerbated the frequency and intensity of hydro-meteorological disasters, particularly affecting developing regions where poor infrastructure and inadequate health services heighten vulnerability.The immediate health consequences of floods and hurricanes include injuries from falling debris, drowning, and blunt force trauma. However, it is the longer-term public health implications that often prove most devastating. Floodwaters frequently contaminate drinking water sources, leading to outbreaks of waterborne diseases such as cholera, typhoid, and hepatitis A. Standing water becomes a breeding ground for mosquitoes, accelerating the spread of malaria, dengue, and other vector-borne diseases. Malnutrition rises due to the destruction of crops and food supply chains. Moreover, access to chronic disease medications and maternal care is often disrupted, disproportionately affecting women, children, and people with disabilities. Health systems must therefore be equipped to respond before, during, and after such events. Pre-disaster planning should involve hazard mapping, evacuation drills, and community education on hygiene and first aid. During the emergency phase, mobile

clinics and telemedicine platforms can reach isolated populations. Environmental health interventions such as clean water distribution, latrine construction, and proper waste disposal are vital to prevent secondary disease outbreaks. Vaccine cold chains must be maintained despite power outages, requiring solar fridges or alternative energy sources. The experience of Hurricane Maria in 2017 illustrates these vulnerabilities. When the storm struck Puerto Rico, hospitals were flooded, power was lost for months, and oxygen supplies ran dry. Although the storm had passed, thousands died in the months that followed due to the collapse of basic health services. WHO and its regional office, PAHO, coordinated efforts to rebuild health infrastructure, restore essential services, and implement mental health and disease surveillance programs. This disaster highlighted that resilience is not only about immediate emergency response but also long-term health system recovery and reform.

### 3. Epidemics as Health System Shocks: The Invisible Disaster

Though not geological or meteorological in nature, epidemics can be equally if not more destructive. They are sudden, widespread, and deeply destabilizing. Unlike earthquakes or floods that destroy buildings, epidemics can incapacitate entire systems from within. As seen with COVID-19, Ebola, SARS, and Zika, these crises quickly reveal structural weaknesses in healthcare systems: lack of testing capacity, insufficient personal protective equipment (PPE), overwhelmed hospitals, and uncoordinated response protocols. One of the most critical aspects of epidemic management is early detection. Strong surveillance systems, laboratory capacity, and syndromic reporting are essential in identifying and containing outbreaks before they spread. Health worker protection is another pillar without proper training, PPE, and mental health support, the frontline collapses. At the same time, epidemics

often cause routine healthcare to be suspended: immunizations are delayed, chronic diseases go unmanaged, and maternal health services are neglected. Perhaps one of the most damaging aspects of an epidemic is the erosion of public trust. Misinformation, conspiracy theories, and poor communication can sabotage even the most well-intentioned health interventions. Vaccine hesitancy, stigma, and denial delay containment efforts and deepen inequality. WHO promotes several core strategies to strengthen health systems against epidemics: risk communication, infection prevention, community engagement, and international cooperation. The "One Health" approach, which integrates human, animal, and environmental health, is crucial in detecting zoonotic diseases early and preventing cross-species transmission.The COVID-19 pandemic offered a painful global lesson in preparedness or the lack thereof. Some nations implemented effective testing, contact tracing, and vaccine rollout programs. Others suffered system-wide collapses. WHO played a central role, issuing daily technical guidance, deploying experts to over 150 countries, and spearheading the COVAX initiative to promote equitable vaccine access. Yet, disparities remain. The long-term consequences of COVID-19 will shape global health governance and emergency preparedness for decades to come[xiii].

## VI. Conclusion and Recommendations

Natural disasters don't give warnings. In just moments, they can tear down hospitals, separate families, and overwhelm entire health systems. But how we respond and more importantly, how we prepare can make the difference between chaos and coordinated care. *The Big Picture disasters test the strength of health systems and too often, they expose just how unprepared we are.* From collapsed clinics during earthquakes to outbreaks after floods, the most vulnerable people suffer the most. But it doesn't have to be that way. By investing in preparedness, building resilient health services, and working together globally, we can protect more lives and recover faster when disaster strikes. In addition to surviving disasters, a resilient health system is one that protects vulnerable populations, keeps up its good work in the face of difficulty, and grows stronger as a result of lessons gained. Developing such systems necessitates a comprehensive strategy. Resilient supply chains, well-trained staff, robust infrastructure, and integrated information systems make up the operational and structural foundation of resilience. Policy frameworks that include disaster risk reduction, community participation to promote collaboration and trust, and leadership that can direct prompt, coordinated responses are all equally crucial.

## QUESTIONS HAS TO BE ANSWERED

1. How can health systems be built to prepare for, withstand, adjust to, and recover from different kinds of natural catastrophes, such as earthquakes, hurricanes, floods, and pandemics?

2. How has the increased frequency and severity of natural disasters been influenced by climate change, and how should this affect the planning and funding of the health system?

3. What role do strong leadership, community engagement, and intersectoral coordination play in enhancing health system resilience?

4. What is the role of international cooperation and partnerships in supporting national efforts to build resilient health systems?

5. How can equity and accessibility be maintained in health service delivery during disaster situations, particularly in underserved or marginalized communities?

6. What specific measures can improve health system preparedness for earthquakes?

7. How should health systems prepare for and respond to climate-driven disasters like floods and hurricanes?

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