NMMUN’25 BACKGROUND GUIDE

WHO COUNCIL

Agendas:

1) Health Security in Fragile States
2) Global Biosecurity Cooperation

By **Aarna Suri** and **Divya Kapoor**
Chairs of council

LETTER FROM CHAIRS

We, **Divya Kapoor** and **Aarna Suri**, the Chairs of the **World Health Organization (WHO)** for **NMMUN 2025**, are so excited to welcome you to this council, an important governing body within the **United Nations**, where we will discuss, negotiate, and debate issues focused on **global justice, health equity, and security**. In this council you have the power to shape the trajectory for these vital causes. It is our duty and privilege, as your Chairs, to steer you through the processes of **heated debate, constructive compromise, and decisive resolutions**, keeping you motivated, engaged, and intellectually stimulated for the duration of the sessions.

This is more than a council — this is a **dynamic platform** where decisions generate global ramifications and construct the course of international cooperation. Thus, we stress the need for you to be thoroughly prepared, as today's issues not only require your **attention and intellect**, but also your **diplomacy and creativity**. **We have created a Background Guide to help you get started with your research. However, it is only a starting point.** To enhance your experience in council, we challenge you to pursue research independently and to allow your delegation to operate at its highest level. Approach each agenda item with an **open mind**, consider other points of view, and engage with your fellow delegates in **constructive, solutions-focused conversations**.

Lastly, we understand that attending and participating in **Model UNs** can be intimidating, especially for first-time attendees. However, we promise it will be fruitful, and you will develop as a **speaker, negotiator, and global thinker**. If you have any questions or would like additional guidance, please feel free to reach out to us. Above all, **enjoy the process, embrace the challenge, and have fun!**

Best regards,
Chairs of WHO
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INTRODUCTION AND HISTORY OF WHO!

The **World Health Organization (WHO)**, founded in **1948**, is the UN's specialized agency for global health. Its mission is to ensure the highest standard of health for all by **promoting well-being**, **maintaining health security**, and supporting vulnerable populations.

WHO tracks health trends, develops policies, coordinates international responses, and helps countries strengthen healthcare systems. It provides leadership across areas like **infectious disease control**, mental health, and medical emergencies, while supporting progress toward the **health-related Sustainable Development Goals (SDGs)** and **Universal Health Coverage (UHC)**. Formed after World War II and officially established on **April 7, 1948**—now World Health Day—WHO has led major milestones, including the **successful smallpox eradication campaign**.

Today, it continues to shape health policy, respond to crises, and promote equity and sustainability, remaining a key force in building a healthier, more resilient world.

ISSUE 1: POST-PANDEMIC HEALTH SECURITY: STRENGTHENING INFRASTRUCTURE IN FRAGILE STATES

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Introduction

The COVID-19 pandemic revealed the fragility of healthcare systems in vulnerable and conflict-affected states. These countries, often facing political instability, weak governance, and economic or climate crises, lack the resources to respond to large-scale health emergencies, threatening both local and global health.

Strengthening healthcare systems in fragile states is key to post-pandemic recovery and future pandemic prevention. Challenges like conflict, displacement, poverty, and environmental degradation hinder basic medical care, requiring a long-term strategy linking health security with peacebuilding, governance reform, and sustainable development.

Priorities include improving health infrastructure, disease surveillance, and workforce capacity. Community-based surveillance, early warning systems, and digital health tools help

contain outbreaks early. Rebuilding public trust through transparency and equitable access is also essential.

The World Health Organization (WHO) and other UN agencies support these efforts via technical assistance, vaccine distribution, and emergency response, alongside partnerships with regional organizations, civil society, and the private sector to promote knowledge-sharing and innovation.

Sustainable health security relies on empowering local systems, strengthening national health governance, and investing in clinics, laboratories, sanitation, and supply chains. With rising global health threats from climate change, zoonotic spillover, and urbanization, combining immediate support with long-term capacity-building is vital to protect vulnerable populations and secure a safer world.

Key Terms

1. **Health Security** – The proactive protection of populations from health threats, including infectious diseases, through surveillance, preparedness, and resilient systems.

2. **Fragile and Conflict-Affected States** – Countries with weak institutions, limited governance capacity, chronic instability, or conflict, which hinder basic service delivery, including healthcare.

3. **Resilient Health Systems** – Health systems capable of absorbing shocks (like pandemics), maintaining core functions, and adapting to changing needs in crisis or fragile environments.

4. **Disease Surveillance** – The methodical gathering, examination, and interpretation of health data to identify, track, and address disease outbreaks, enabling early warning and rapid response.

5. **Universal Health Coverage (UHC)** – Ensuring all individuals have access to essential health services—prevention, treatment, rehabilitation, and palliative care—without financial hardship.

6. **Pandemic Preparedness** – The capacity of a health system to anticipate, detect, respond to, and recover from infectious disease outbreaks at local, national, and global levels.

7. **Local Empowerment** – Enhancing local communities' and institutions' leadership, decision-making, and resource management to promote culturally relevant, sustainable health interventions.

8. **Public Health Infrastructure** – The physical (clinics, labs, supply chains), institutional, and workforce foundations required to deliver essential public health

services.

9. **International Aid Coordination** – Harmonizing financial and technical assistance from donors and agencies to strengthen national ownership, prevent duplication, and ensure effective health interventions.

10. **Community Engagement** – Involving local populations in decision-making, risk communication, and trust-building to ensure the success of health interventions.

General Overview

Fragile states face unique challenges that make them highly susceptible to health crises and infectious disease outbreaks.

1. **Weak Governance and Political Instability:** Unstable political structures hinder the implementation of effective public health policies, leading to fragmented health systems, corruption, and poor crisis coordination.

2. **Inadequate Infrastructure and Resources:** Limited hospitals, clinics, medical equipment, and unreliable supply chains make emergency response difficult. Countries like Somalia and South Sudan, weakened by conflict, are especially prone to outbreaks of diseases like Ebola or cholera.

3. **Humanitarian Crises and Population Displacement:** Conflicts and natural disasters cause large-scale displacement. Overcrowded refugee and IDP camps with poor sanitation facilitate rapid disease spread.

4. **Limited Health Workforce:** Shortages of trained healthcare workers, many of whom have left or are overworked, restrict the capacity to provide basic care or respond to large-scale health emergencies.

History and Case Studies

1. Yemen – A Long-Term Conflict with a Collapsing Health System

Background:
Yemen's health system has been devastated by civil war since 2015, leaving over half of medical facilities non-operational and millions without essential care.

COVID-19 Impact:
The country's fragmented response relied heavily on humanitarian aid. Lack of surveillance, medical supplies, and hospital capacity made outbreak management nearly impossible, with vaccine coverage among the lowest globally.

Key Challenge:
Ongoing instability and the absence of a peace process hinder coordinated aid and long-term health system rebuilding, preventing an effective national response.

2. Nigeria – Managing Health Risks Amid Security and Governance Challenges

Background:
Nigeria faces regional insurgencies, weak health infrastructure, and high rates of diseases like cholera, malaria, and Lassa fever, with governance and security challenges further straining its fragile health system.

COVID-19 Response:
Building on lessons from the 2014 Ebola outbreak, Nigeria initially used case-tracking and lockdowns, but misinformation, limited testing, and slow vaccine rollout hindered containment.

Post-Pandemic Efforts:
The country now focuses on digital disease surveillance, training community health workers, and decentralizing health governance to improve local response capacity.

Key Takeaway:
Public trust, accurate information, and strong local governance are essential for effective health crisis management in populous, lower-middle-income countries.

3. Afghanistan – Health System Collapse After Political Transition

Background:
Afghanistan's health system, built around the Basic Package of Health Services (BPHS) and supported by donor-funded NGOs, expanded rural healthcare access but remained fragile.

COVID-19 Challenges:
The pandemic strained limited hospital capacity. After the 2021 Taliban takeover, halted or redirected donor funding caused supply shortages, unpaid staff, and widespread service disruptions.

Current Situation:
UN agencies and NGOs continue emergency operations, but political instability and lack of international recognition impede long-term health system rebuilding.

Key Takeaway:
Health systems reliant on external aid need resilience mechanisms to withstand political upheaval, funding changes, and governance crises.

4. Ukraine – Preserving Health Services During Armed Conflict

Background:
Since the 2022 Russian invasion, Ukraine's civilian infrastructure—including hospitals, supply chains, and medical storage—has suffered severe damage, particularly in frontline and occupied areas.

Conflict and COVID-19 Overlap:
The war struck while Ukraine was still managing COVID-19, forcing a shift from pandemic response to wartime healthcare. Resources focused on emergency care, mobile units, and trauma treatment, disrupting preventive services.

Recovery and Adaptation Efforts:
Ukraine has invested in digital health systems, mobile healthcare units, and mental health services, with international partners providing crucial support and expertise.

Key Takeaway:
Rapid adaptation, strong international collaboration, and maintaining core health functions are vital for sustaining health security in conflict-affected settings.

Initiatives Taken by WHO/UN

The COVID-19 pandemic highlighted the urgent need to strengthen health security in fragile states—those affected by conflict, political instability, humanitarian crises, or resource shortages. Vulnerabilities in these regions pose significant global health risks, prompting the WHO and the UN to launch initiatives to improve pandemic preparedness and build resilient health systems in high-risk contexts.

1. Global Health Security Agenda (GHSA)

Launched in 2014, GHSA strengthens fragile states' ability to prevent, detect, and respond to infectious disease threats through collaboration, surveillance, and context-specific preparedness.

2. WHO Health Emergencies Programme (WHE)

WHE enables rapid response to epidemics, disasters, and crises, focusing on preparedness, risk communication, and local capacity-building in culturally appropriate ways.

3. UN Interagency Collaboration

WHO partners with UNICEF, WFP, UNDP, and others to deliver vaccinations, nutrition, sanitation, and maternal-child health programs, ensuring a coordinated, comprehensive response in fragile settings.

4. COVAX and Vaccine Equity

COVAX, led by WHO, Gavi, and CEPI, promotes equitable vaccine access in low-resource and conflict-affected countries, addressing shortages, logistics, and hesitancy.

5. Health System Strengthening

WHO and partners focus on infrastructure, workforce training, supply chains, and disease surveillance, promoting locally led, sustainable health systems that can withstand future crises.

Possible Solutions

Addressing health insecurity in fragile states requires more than short-term aid—it demands a long-term approach that builds local capacity, fosters community trust, and ensures resilience. The WHO, with its partners, emphasizes strategies that balance emergency response with sustainable health system strengthening, creating systems capable of withstanding future crises while improving everyday care access.

1. Strengthening Local Health Systems

Building resilient health systems requires trained healthcare workers, reliable supply chains, and robust infrastructure. Community health programs improve access and trust, forming the foundation of sustainable health security.

2. Ensuring Good Governance and Sustainable Funding

Transparent, accountable financing aligned with national priorities and supported by domestic resources is essential. Strong governance, anti-corruption measures, and community oversight ensure aid reaches the most vulnerable and builds lasting capacity.

3. Early Warning Systems and Community-Based Surveillance

Robust disease surveillance and early warning systems are crucial to prevent outbreaks. Training local health workers, using digital tools, and providing clear, culturally sensitive communication enable timely detection and response, saving lives and building resilience.

4. Promoting Regional and International Cooperation

Health threats cross borders, so multilateral collaboration is vital. Joint surveillance, information sharing, and regional labs, with partners like WHO and regional bodies, enable coordinated responses, strengthen global health security, and build solidarity among fragile states.

Questions to consider to guide your research

1. How did fragile and conflict-affected states respond to the COVID-19 pandemic, and what key weaknesses were exposed in their health systems?

2. What role did international organizations (e.g., WHO, World Bank, UNICEF, GAVI) play in supporting health infrastructure during and after the pandemic?

3. How can fragile states develop sustainable disease surveillance and reporting systems despite limited governance and financial resources?

4. What measures can be taken to ensure equitable vaccine access and distribution in politically unstable or low-resource settings?

5. How can international aid coordination be improved to avoid duplication, corruption, and inefficiency in post-pandemic recovery efforts?

6. What policies can strengthen the resilience of health workers (training, safety, payment, mobility) in fragile or conflict-affected regions?

7. How can digital health technologies and telemedicine be used to strengthen health delivery systems in areas with limited infrastructure?

8. What lessons can be learned from case studies like Yemen, Afghanistan, or Nigeria in rebuilding health security after crises?

9. How can countries balance short-term humanitarian aid with long-term system building, especially when political instability persists?

10. What role should regional and global cooperation play in preventing future pandemics and ensuring collective health security in fragile states?

ISSUE 2: PREVENTING THE NEXT PANDEMIC: GLOBAL COOPERATION ON BIOSECURITY

Introduction

The COVID-19 pandemic highlighted how quickly a local outbreak can become a global crisis, exposing weaknesses in preparedness and coordination. It emphasized the need for stronger international biosecurity cooperation, which focuses on prevention, transparency, and joint action against biological threats—systems designed to prevent the accidental or deliberate release of infectious agents.

Despite improvements, many countries remain reactive, lacking the infrastructure, surveillance, and communication networks to contain threats at their source. A unified global biosecurity system is needed for timely information sharing, joint risk assessments, and equitable access to medical resources. Dual-use research, which could be weaponized, also requires international oversight and trust.

Global biosecurity is not just about managing pandemics; it is about building a long-term collective defense, where strengthened partnerships between governments, organizations, and research institutions safeguard health, science, and humanity against future threats.

Key Terms

1. **Biosecurity**
   The set of policies and measures designed to prevent the accidental or deliberate release of harmful biological agents, ensuring safe handling and containment of

pathogens.

2. **Global Health Security**
   The collective effort of nations to prevent, detect, and respond to infectious disease threats that cross borders, safeguarding populations worldwide.

3. **International Health Regulations (IHR)**
   A legally binding framework established by the WHO to guide global health emergency responses and enhance countries' ability to detect and report public health risks.

4. **Pandemic Preparedness**
   The process of planning and building systems to anticipate, identify, and respond quickly to outbreaks before they escalate into pandemics.

5. **One Health Approach**
   A collaborative strategy recognizing that human, animal, and environmental health are interconnected, emphasizing joint action to prevent zoonotic diseases.

6. **Dual-Use Research of Concern (DURC)**
   Scientific research that, while beneficial, could be misapplied to pose a threat to public health or security, highlighting the need for ethical oversight.

7. **Pathogen Surveillance**
   Continuous monitoring and analysis of disease-causing agents to detect new or re-emerging health threats early.

8. **Pandemic Accord (Pandemic Treaty)**
   A proposed WHO-led international agreement aimed at strengthening global cooperation, transparency, and equity in pandemic prevention and response.

9. **Vaccine Equity**
   Ensuring fair and equal access to vaccines, diagnostics, and treatments for all nations, regardless of income or geographic location.

10. **Global Data Sharing**
    The transparent exchange of scientific and health data among nations to accelerate the detection of outbreaks and coordinate timely responses.

General Overview

Preventing future pandemics requires a comprehensive approach addressing the biological, technological, and political aspects of health security. Despite post-COVID progress, gaps still undermine global detection, prevention, and response capabilities.

1. Global Surveillance and Early Detection:

Many countries lack real-time surveillance to detect new pathogens, allowing diseases to spread. Strengthening labs, data sharing, and community monitoring is essential.

2. Gaps in International Health Regulations (IHR):

The IHR suffers from inconsistent compliance, delayed reporting, and weak oversight. Modernization is needed for transparency, accountability, and timely data exchange.

3. The Dual-Use Dilemma:

Pathogen research can aid vaccines but also be misused. A global framework with ethical guidelines, oversight, and responsible collaboration is needed to prevent harm.

4. Unequal Access and Capacity Gaps:

Developing countries often lack labs, trained personnel, and rapid response tools, weakening global preparedness. Capacity-building, equitable access, and international cooperation are crucial.

History and Case Studies

1. The 2003 SARS Outbreak – The Wake-Up Call for Global Surveillance

Background:

The 2003 SARS outbreak exposed gaps in global disease detection, spreading to over 25 countries, including China, Hong Kong, and Canada.

Global Response:

WHO's GOARN coordinated tracking and containment, but delayed reporting highlighted the need for faster, transparent information sharing.

Key Takeaway:

SARS prompted the 2005 IHR revision, strengthening legal obligations for timely reporting and international outbreak cooperation.

2. The 2014–2016 Ebola Crisis in West Africa – Failure of Early Detection and Coordination

Background:

Ebola rapidly hit Guinea, Liberia, and Sierra Leone, killing over 11,000 and overwhelming fragile health systems. Slow global response exposed gaps in biosecurity and coordination.

Biosecurity Lessons:

Weak labs, limited trained staff, and community mistrust delayed containment, showing localized outbreaks can have global consequences.

Post-Ebola Reforms:
WHO created WHE and the R&D Blueprint to speed outbreak response and vaccine development.

Key Takeaway:
Ebola highlighted the need for early warning systems, cross-border cooperation, and rapid international funding.

3. The COVID-19 Pandemic – The Largest Global Biosecurity Test

Background:
COVID-19 exposed major flaws in global preparedness and cooperation, with many countries unready for widespread health, trade, and governance disruptions.

Biosecurity Issues:
Shortages of tests, PPE, and vaccines revealed inequities, and national self-interest delayed containment.

Positive Developments:
Initiatives like COVAX, Solidarity Trials, and GISAID showed the benefits of scientific cooperation despite political challenges.

Key Takeaway:
The pandemic highlighted the need for a binding global biosecurity framework, equitable resources, and transparent information sharing.

4. The WHO BioHub Initiative – Towards a Global Pathogen-Sharing System

Background:
Launched in 2021, the WHO BioHub System enables safe and transparent sharing of biological materials to accelerate research and vaccine development.

Implementation:
The pilot facility in Switzerland serves as a central pathogen repository, promoting trust and data transparency among member states.

Key Takeaway:
BioHub shifts pathogen sharing from ad hoc to systematic global cooperation, supporting fairer and faster pandemic responses.

5. The Ongoing Negotiations for a WHO Pandemic Accord (2021–Present)

Background:
After COVID-19, WHO Member States began negotiating a Pandemic Accord to improve global pandemic prevention and response.

Goals:
It aims to ensure transparency, equitable access, surveillance cooperation, and accountability in health emergencies.

Challenges:
Disagreements persist over sovereignty, data sharing, financing, and compliance.

Key Takeaway:
The Accord offers a chance to institutionalize global biosecurity and turn COVID-19 lessons into a lasting preparedness framework.

Initiatives Taken by WHO and the United Nations

The WHO, with UN agencies and partners, leads efforts to improve pandemic preparedness, equitable health access, and international cooperation.

1. Pandemic Accord:
A proposed legally binding treaty to enhance global cooperation, ensure vaccine and treatment equity, strengthen early warning systems, and promote transparent data sharing and governance.

2. WHO BioHub System:
A global network for safe, transparent pathogen sharing, speeding up vaccine and diagnostic development while maintaining biosecurity and fostering trust among nations.

3. Strengthening IHR Compliance:
WHO supports countries with training, technical aid, and capacity assessments to improve surveillance, labs, and emergency response, enabling real-time detection and reporting of health threats.

4. Global Health Emergency Corps:
Launched in 2024, this network of trained public health professionals can be rapidly deployed to outbreaks, ensuring swift, coordinated, science-driven responses.

5. UN-WHO Collaborative Programs:
Through partnerships with UNICEF, UNDP, and the World Bank, initiatives like the GPMB strengthen health infrastructure, coordination, and resource mobilization for pandemic preparedness in vulnerable regions.

Possible Solutions

A cooperative, science-driven strategy is key to preventing future pandemics.

1. Public Health Infrastructure:
Invest in labs, epidemiologists, health workers, and surveillance networks so all countries can detect and respond to outbreaks efficiently.

2. International Biosecurity Regulations:

Establish a binding framework for safe pathogen handling, emergency response, and accountability, promoting transparency and preventing misuse.

3. One Health Approach:

Integrate human, animal, and environmental health to detect zoonotic diseases early through coordinated veterinary and public health efforts.

4. Global Research & Technology Sharing:

Collaborate on research, genomic sequencing, and vaccine technology, creating platforms to share innovations, accelerate responses, and reduce disparities between countries.

Questions to consider to guide your research

1. What gaps currently exist in global biosecurity governance, and how can international institutions better coordinate efforts to prevent future pandemics?

2. To what extent should the World Health Organization (WHO) have enforcement powers in ensuring countries comply with international biosecurity standards?

3. How can global data sharing and transparency be strengthened to allow rapid detection and containment of emerging infectious diseases?

4. What role should the Biological Weapons Convention (BWC) and other international treaties play in regulating dual-use biological research?

5. How can nations balance national sovereignty and global responsibility when it comes to sharing pathogen samples, genomic data, and outbreak information?

6. What mechanisms can be established to monitor and regulate high-risk laboratories (BSL-3 and BSL-4 labs) that handle dangerous pathogens?

7. How can public trust and misinformation management be improved globally to ensure effective compliance during future pandemics?

8. What lessons from COVID-19, SARS, and Ebola outbreaks can be applied to create a stronger, more coordinated international biosecurity framework?

9. How can the “One Health” approach — linking human, animal, and environmental health — be integrated into national and international biosecurity policies?

10. What financial and technical support systems can ensure that low- and middle-income countries participate effectively in global biosecurity cooperation?

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