



2nd – 5th of May 2019

Study Guide

World Health Organization

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Welcome letter from the Secretariat

Dear delegates,

The EuroMUN 2019 Secretariat would like to warmly welcome you to the 11th edition of this conference. We are excited to provide an academically challenging experience which will motivate you to engage in insightful discussion while exploring our lovely city through the planned social program. Hopefully, you will enjoy the various events that will accompany the sessions, such as our talent night, our delegate's ball and our scavenger hunt through the city.

Our conference attracts individuals from over fifty nations to the city of Maastricht. This means that you will encounter points of view that will be very dissimilar to your own. See this conference as an opportunity to push yourself outside of your comfort zone, alongside people who might seem different, but at their core, just like you, are looking to expand their horizons beyond what they are confronted with at home. Be respectful but don't be afraid to challenge your beliefs and have them challenged in return. EuroMUN is a forum for discussion: take advantage of it, challenge yourself.

The slogan for this year's edition of EuroMUN is: Exploring the European Idea.

The European Idea is not geographically limited, but it refers to the goals of European integration. It demonstrates a move away from wide-scale disputes and towards collaboration. Every institution, organization, body, and committee represented at EuroMUN reflects the same idea: the will to work together instead of against each other. That is what is at the core of this notion.

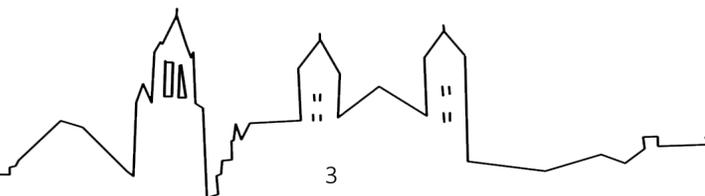
On that premise, the secretariat would like to pose the following question to you: What does the European Idea mean to you? Is it being connected through a common history? Or is it about staying united through adversity, change and the distinct characteristics of our culturally rich community?

Maastricht, the city where the Treaty on European Union was signed, provides the perfect backdrop to explore this concept. As the university hosts a diverse community of students from all over the world it truly demonstrates the possibilities the move towards collaboration can bring to the individual and the community. While we might not always fully appreciate the former, the benefits are not to be taken for granted. The environment in Maastricht and the assembly of delegates permit EuroMUN, now for the 11th time to provide this unique experience. Without each of these components, it would be impossible to replicate.

We hope that you enjoy your time at the European Model United Nations Conference 2019.

When in doubt: #fruitful

The EuroMUN Secretariat



Welcome letter from the chairs

Welcome to the World Health Organization! My name is Swann Jin, and I will be your Director for the upcoming conference. It is my absolute privilege to be chairing what I am sure to be heated and intellectually stimulating debate sessions.

The WHO, since its inception, has been working painstakingly to pursue the wellbeing of and equality in care to all parts of the globe. Today in 2019, the organization continues to adhere to such objectives, and I am eager to see how the delegates will be molding and shifting the narratives on two salient agendas in discussion: mental health in areas of conflict, and integration of technology in health care. The following study guide has been compiled by your chairs to assist you in kick-starting the research, but please be advised to conduct your own extensive research, as even the perspectives you take on may vary based on your delegation assignments.

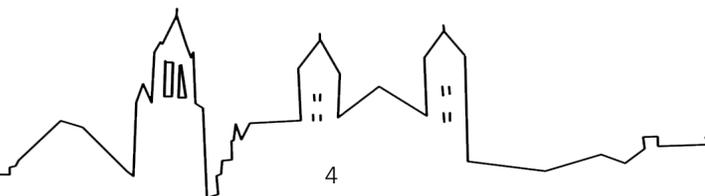
The binding nature of Model UN conferences can be powerful, and I expect EuroMUN 2019 to be yet another epitome. Delegates from different cultures, backgrounds, races, genders, and identities will convene under the common goal of bettering the global community. I always tell my mentees that “model” in “Model United Nations” have dual meanings: model, as in a replica of the actual system being the UN, but also model, as in a better version of the reality to aspire to become. The world is not a perfect place, nor is the United Nations system. However, WHO of EuroMUN 2019 invites you to become the model for what reality should look like. I am simply grateful to witness your brilliances at work! See you shortly!

Swann Jin

Welcome to EuroMUN 2019 and the WHO committee. I am Dimitra, and I am honored to be your Committee Director for this conference. I hope you are as excited as I am. In this committee, you will have the chance to discuss two very important topics: “Addressing Issues of Mental Health in Areas of Conflict” and “Integrating of Technology into Health Care in order to Assist the Response to Medical Emergencies.” In the present study guide, you can find all the basic information you need in order to begin your preparation. However, as you know, this is an intermediate committee, so we are expecting from you to expand your research beyond the present guide.

During the debate, you will have the chance to bring in your ideas, exchange opinions, debate to resolve conflicts, form coalitions and sit down to write a meaningful resolution. Also, you will have the chance to learn a lot about health governance and make many, new, like-minded friends. In the end of the day you should remember, MUN is not a competition, it is a conference where everyone is a winner.

Dimitra Psychari



Introduction to WHO

History

Since the UN System's birth in 1945, global health has been an integral part of discussion. The World Health Organization (WHO) constitution was adopted by 61 states in 1946 and was ratified on the 7th of April of 1948. Today, the WHO has 194 member-states (192 UN member states in addition to Cook Islands and Niue).¹

The WHO is a specialized agency in the United Nations, concerned with the international public health. It is the successor of the Health Organization, an instrument of the League of Nations. Its goal is the attainment of the highest possible level of health by all people.² In its mandate the WHO as a whole is able to provide assistance to UN Member States on public health issues whilst also being able to act independently to lead global action in emergencies such as epidemics. Since its establishment, the WHO has played a key role in the eradication of contagious diseases such as smallpox as well as provided humanitarian aids to regions of conflicts such as South Sudan and Syria.

Competencies & Functioning

There are two governing bodies within the organization: The World Health Assembly and the Executive Board. The main decision-making body is the World Health Assembly, The Assembly meets in regular annual sessions at Geneva, Switzerland, in addition to need-based emergency meetings.³ Its main functions are: determining the policies of the organization⁴, appointing the Director General, supervising the financial policies and reviewing and approving the programme budget. In addition, it takes into consideration reports by the Executive board which it instructs in regard to matters upon which further action, study, investigation, or report may be required.

The Executive Board consists of 34 members, qualified in the field of health, elected for a term of 3 years. While the World Health Assembly is constituted by member states, the Executive Board

¹ <http://www.who.int/countries/en/>

² http://www.who.int/governance/eb/who_constitution_en.pdf

³ Constitution of the World Health Organization, Chapter IV - Organs, Article 9 <http://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf?ua=1>

⁴ Constitution of the World Health Organization, Chapter IV - Organs, Article 13 <http://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf?ua=1>

works similarly to the Secretariats which is consisted of individuals with expertise on health.

The Executive Board has two meetings per year: one in January (with discussions on the agendas of the forthcoming Health Assembly and forwarding the resolution of the previous Health Assembly) and one in May (for administrative matters) The current Director-General is Dr. Tedros Adhanom Ghebreyesus and started his 5-year term at the 1st of July 2017. ⁵

The officials of the WHO periodically review and update the organization's leadership priorities.⁶ Over the period 2014-2019 the priorities are the following:

1. Assisting countries that seek progress toward universal health coverage
2. Helping countries establish their capacity to adhere to International Health Regulations
3. Increasing access to essential and high-quality medical products
4. Addressing the role of social, economic, and environmental factors in public health
5. Coordinating responses to noncommunicable disease
6. Promoting public health and well-being in keeping with the Sustainable Development Goals set forth by the UN. ⁷

According to such priorities, WHO operates based on the International Health Regulations (IHR) which spells out the functions and competencies of the WHO and its operations. The regulations establish a consented commitments and frameworks for states and WHO to contain and respond to epidemics that can endanger the public health of the international and regional community. The IHR requires all states to report public health emergencies of potential international concern such as chemical agents, radioactive materials, and contaminated livestock to WHO. In response to epidemics and/or outbreaks, the regional WHO on site will carry on the operations delivered by the central organization in conjunction with the state actors as well as on-site non-governmental organizations. WHO programmes and operations respect the sovereignty of states, and seek consent of state governments to enter and operate within the territories.

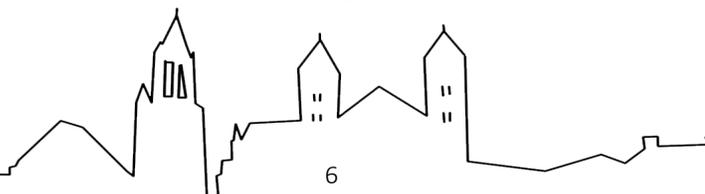
Financing and funding

The World Health Organization is financed by voluntary contributions by the member states and outside donors. Member states contributions and their amounts vary depending on population

⁵ <http://www.who.int/governance/en/>

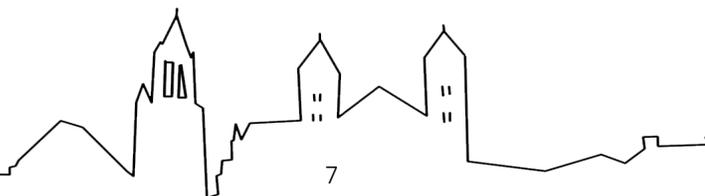
⁶ <http://www.who.int/en/news-room/detail/01-07-2017-dr-tedros-takes-office-as-who-director-general>

⁷ <https://www.britannica.com/topic/World-Health-Organization>



size and state wealth. More information about the most recent member states contribution assessment can be found here:

<https://www.who.int/about/finances-accountability/funding/assessed-contributions/en/>



Topic A: Addressing Issues of Mental Health in Areas of Conflict

The Status Quo: Mental Health, Trauma, and conflict

Definitions and Stigma against “Invisible Disability”

The definition of disability is “complex, dynamic, multidimensional and contested” (WHO & World Bank).⁸ Unfortunately yet inevitably, there is yet to be a common definition of disability in the international community. The World Health Organization describes disability as an “evolving concept.” According to the 2006 definition of disability by the UN Convention on the Rights of Persons with Disabilities (UNCPRD), “persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.”⁹ Despite the fluidity of the concept, disability unequivocally always include both physical and mental impairments — whether that be temporary or permanent.

The notion that mental health problem is an unequivocal “disability” offers a specific commonality in understanding the veiled concept of mental health and disorders. It yields that mental disorders are involuntary, medical conditions that must be treated as one would view and respond to a patient with a physical illness. Yet, because of its being an “invisible disability,” mental health patients are often subject to condemnation and discrimination. “Depression is ranked third in the global burden of diseases, and is the leading cause of years lost due to disability worldwide” (UN ECOSOC).¹⁰ Mental health problems include a wide range of functional and emotional impairments including but not limited to depression, personality disorders, trauma-related stress disorders, and substance abuses.¹¹ Although mental disability is by statistics one of the ten leading causes of

⁸ World Report on Disability, WHO, World Bank.

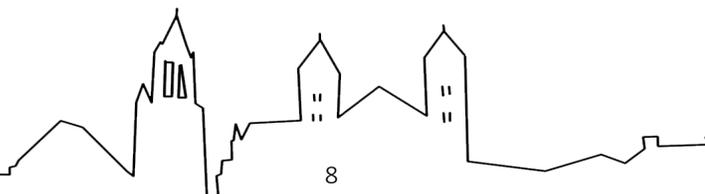
https://www.who.int/disabilities/world_report/2011/report.pdf

⁹ Preamble, CRPD. <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/preamble.html>

¹⁰ Mental Health and Development, ECOSOC.

<https://www.un.org/development/desa/disabilities/issues/mental-health-and-development.html>

¹¹ Ibid, see [3]



disability in countries regardless of development statuses, the often invisible neurological cause of mental health problems fragments the representation.¹² More often than not, mental disorders exhibit physical anti-social behaviours such as drug abuse, uncontrollable emotional responses, self-harm, triggered behaviours, and even suicide.¹³ As personal mental disorder and neurological pathways are to an individual, others frequently only see a fraction of mental disorder’s physical manifestation, and commit unwarranted discrimination and stigmatization.

Mental Health in Areas of Conflict

The OECD defines “conflict affected and high-risk areas” as the “presence of armed conflict, widespread violence or other risks of harm to people.”¹⁴ According to such definition, armed conflict is prevalent but not necessary in order for an area to be “conflict-affected and high-risk.” Such areas can include areas under economic fragility (i.e., Venezuela, former Greece) or environmental hazard (i.e., Haiti, Nepal) just as much as ongoing political armed conflicts.

Importantly, all areas of conflict pertaining to politics, military, economy, and environment, are humanitarian crises.¹⁵

Currently, the Office for the Coordination of Humanitarian Affairs (OCHA) under the UN Secretariat coordinates emergency relief.¹⁶ The OCHA has multiple working funds to respond to emergencies, such as the UN Central Emergency Response Fund (CERF) which is supported by donations, volunteers, and targeted contributions by donors to specific regions. The OCHA emergency relief additionally cooperate with four main UN entities: United Nations Development Programme (UNDP), the UN High Commissioner for Refugee (UNHCR), the UN Children’s Fund (UNICEF), and the World Food Programme (WFP).¹⁷¹⁸ Most agencies are programme-based and closely coordinates with on-site Non-Governmental Organizations to prioritize humanitarian relief. The

¹² Ibid, see [3]

¹³ Ibid, see [2]

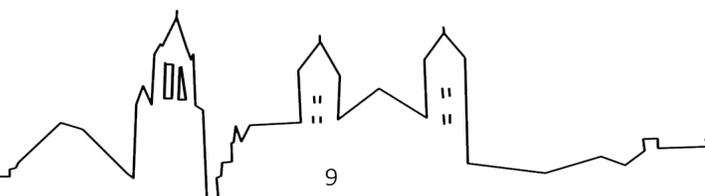
¹⁴ Due Diligence: Chain of Supply in Conflict-Affected Areas, OECD, <https://www.oecd.org/daf/inv/mne/GuidanceEdition2.pdf>

¹⁵ Due Diligence: Defining ‘Conflict-Affected’ and ‘High-Risk Areas’, OHCHR. https://www.ohchr.org/Documents/Issues/Business/ForumSession2/Events/3Dec.1.SideEventProposal_GenevaAcademy.pdf

¹⁶ OCHA. <https://www.unocha.org/about-us>

¹⁷ CERF. <https://cerf.un.org/about-us/who-we-are>

¹⁸ Ibid, see [17]



humanitarian relief and aid protocol responds to immediate relief and protection of the affected civilians in areas pertaining to: shelter, food, medical assistance.¹⁹ Specifically in regard to health, the WHO provides health research agenda, coordinates evidence-based policy options, and technical support and monitoring system to assess follow-up health trends after immediate relief.²⁰

Trauma & Mental Health

Medically, the conflict as it breaks out is analysed as a “stressor” that acts as a trauma.²¹ Acute stressors can cause lasting traumatic effects on individual’s mental stability. Unfortunately, different areas of conflict —whether that be political, military, economic, or environmental— each makes the relief process difficult. First, in many areas of conflict and instability, the conflict carries on for multiple weeks, months, or even years.²² Noting the prolonged duration of the stressor, assistance in regard to mental health is deadlocked as the stressor is not removed. Therefore, relief and rehabilitation of mental health cannot occur in the presence of ongoing trauma.

Another correlation that complicates the mental health assistance protocol is the one between areas of conflict and subsidiary traumas, most notably sexual assault. The WHO defines conflict-related sexual violence as “rape, sexual slavery, forced prostitution, forced pregnancy, enforced sterilization, or any other form of sexual violence against women, men, girls, or boys.”²³ The 2012 WHO report on Mental Health and Psychosocial Support for Conflict-Related Sexual Violence: Principles and Interventions claims that there is both a direct and indirect nexus between the conflict and the prevalence of subsidiary traumas such as sexual assault.²⁴ The UN Action Against Sexual Violence in Conflict also states a “temporal, geographical and/or causal link” exists between

¹⁹ Ibid, see [17]

²⁰ What we do: About, WHO. <https://www.who.int/about/what-we-do>

²¹ Schneiderman, Neil, Gail Ironson, and Scott D. Siegel. "Stress and health: psychological, behavioral, and biological determinants." *Annu. Rev. Clin. Psychol.* 1 (2005): 607-628.

<https://www.annualreviews.org/doi/full/10.1146/annurev.clinpsy.1.102803.144141>

²² Tol, Wietse A., Vivi Stavrou, M. Claire Greene, Christina Mergenthaler, Mark Van Ommeren, and Claudia García Moreno. "Sexual and gender-based violence in areas of armed conflict: a systematic review of mental health and psychosocial support interventions." *Conflict and health* 7, no. 1 (2013): 16.

²³ Ibid, see [23]

²⁴ World Health Organization. *Mental health and psychosocial support for conflict-related sexual violence: principles and interventions: summary*. No. WHO/RHR/HRP/12.18. World Health Organization, 2012.

conflict and sexual violence.²⁵ Both aforementioned documents assert that supports for psychological well-being and response to sexual violence should not be mutually exclusive programs but integrated into the general health services in unison. However, because the tackling of sexual violence in areas of conflict crosses paths with accountability, the unstable nature of the conflict-affected region makes sexual violence to be a tricky subject to resolve. Additionally, returning to the prolonged durations of stressor, the victims/survivors of sexual violence in conflict-struck areas may not be able to fully escape the reality before receiving psychological assistance, which nullifies any relief attempts.

In addition to prolonged stressor and sexual violence, traumas of any form leave residual reflexive illness called Post Traumatic Stress Disorder, or PTSD.²⁶ PTSD can manifest a number of real symptoms such as anxiety, panic attacks, triggered violence, and delusions.²⁷ PTSD is a tricky disorder to deal with because its cause and effect is cyclical: PTSD symptoms are triggered by a recollection of the trauma, which cyclically enforces the trauma itself and its effects.²⁸ Especially in areas of conflict in which the stressor is not entirely unique on a personal level but more widespread, triggers can be ubiquitous and nonstop for a wide range of individuals. Another fine line that PTSD blurs is the blame factor. As aforementioned, subsidiary violence and trauma tend to increase correlated to areas of conflict. Because PTSD neurologically stifles the activities of the frontal lobe (responsible for impulse control, judgement, spontaneity, memory) and the amygdala (responsible for emotions like fear), symptoms often manifest in anti-social behaviours.²⁹ Relief of subsidiary violence caused by members of the society is an important part of disaster and emergency relief of the UN, but those who do perpetrate subsidiary violence are more often than not trauma-struck as well.

Mental Health and Development

The importance and necessity to address mental health in areas of conflict is not simply about individual health, but also about sustainable development. The Sustainable Development Goals

²⁵ UN Action against Sexual Violence in Conflict, Office of the Special Representative of the Secretary General on Sexual Violence in Conflict. <https://www.un.org/sexualviolenceinconflict/about-us/un-action/>

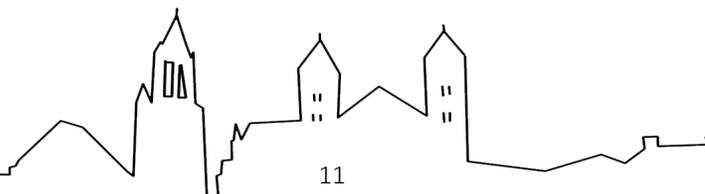
²⁶ Ibid, see [25]

²⁷ Herman, Judith Lewis. "Complex PTSD: A syndrome in survivors of prolonged and repeated trauma." *Journal of traumatic stress* 5, no. 3 (1992): 377-391.

²⁸ Ibid, see [28]

²⁹ Kienzler, Hanna. "Debating war-trauma and post-traumatic stress disorder (PTSD) in an interdisciplinary arena." *Social Science & Medicine* 67, no. 2 (2008): 218-

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third agenda is to ensure healthy lives and promote well-being for all at all ages. The 2030 Agenda for Sustainable Development and the Sustainable Development Goals (UN, 2015) states “a world with equitable universal access to quality education at all levels, to health care and social protection, where physical, mental and social well-being are assured.”³⁰ With the infrastructural damages during conflicts, development pertaining to reconstruction of the infrastructure and system including the health care system is an important relief work of the WHO.³¹ It will be the challenge of the committee to incorporate accountable and lasting agenda to ensure psychological well-being into the developmental system of a conflict-struck area.

Resolution and Agreements

Here you will find some existing resolutions and agreements about mental health in general, or mental health pertaining to areas of conflict.

Constitution of WHO

- The WHO’s constitution ratified and passed by the UN in 1946 defines health in its preamble as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.”³²

“Building Back Better”: Sustainable mental health care after emergencies

- The Building Back Better Report is a compilation of case studies that the WHO published on disaster relief pertaining to mental healthcare, which the delegates may find extremely helpful and relevant.

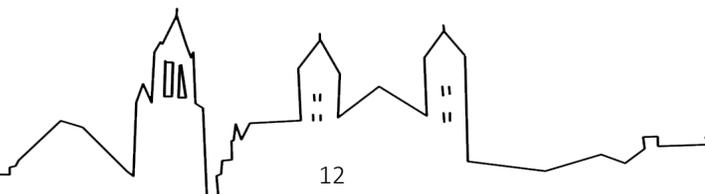
Afghanistan

- Afghanistan post-Taliban government declared mental health as a priority health issue, as well as included mental health as the country’s Basic Package of Health Services. Since 2001, more than a thousand health workers received training in basic mental health care

³⁰ Assembly, General. "Sustainable development goals." SDGs, Transforming our world: the 2030 (2015).

³¹ Izutsu, Takashi, Atsuro Tsutsumi, Harry Minas, Graham Thornicroft, Vikram Patel, and Akiko Ito. "Mental health and wellbeing in the Sustainable Development Goals." *The Lancet Psychiatry* 2, no. 12 (2015): 1052-1054.

³² Conference, International Health. "Constitution of the World Health Organization. 1946." *Bulletin of the World Health Organization* 80, no. 12 (2002): 983.



by the WHO and its program partners. Consequently, nearly 100,000 people in Nangarhar Province alone were diagnosed and treated of mental disorder.³³

Aceh, Indonesia

- In Aceh, Indonesia, mental health services were reformed post-tsunami in 2004. With the help of the WHO, Aceh region was able to move away from a sole mental hospital responsible for all psychological welfare, to primary health care including mental healthcare in all district hospitals. Today, 13 out of 23 districts have allocated mental health budgets that they use solely for the betterment of mental healthcare, while there was none a decade ago.³⁴

The West Bank and Gaza Strip

- The West Bank and Gaza Strip showed significant improvements as mental health was integrated to not only primary care, but also community-care. In the midst of political instability, health institutions such as hospitals often play secondary role to community-care provided by community leaders trained to provide counselling and emergency relief. Community-based-care is an important means of relief when it comes to psychological welfare because the pre-existing establishment of trust relationships, as well as the “insider status” of the counsellor.³⁵

UNHRC Mental Health Resolution

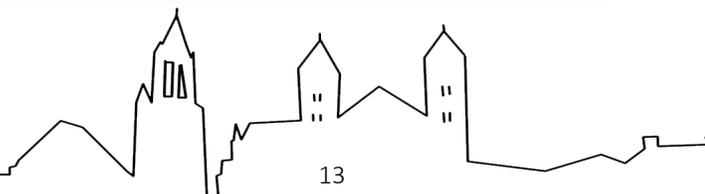
- Led by Portugal and Brazil as well as sixty-one additional sponsor countries, the UNHRC adopted a new resolution on mental health. The resolution stresses the states’ responsibility to be actively integrating mental welfare in citizens’ health care, as the principles of human rights grant psychological welfare to be a part of right to happiness and well-being. The resolution(s) show how the discussion of human rights should not be separate from the discussion of mental health; persons with disabilities are stated under the inalienable human rights to be protected by the state government, which means conflict relief operations in which the state governments are inapt to protect, the organizations such as WHO has the responsibility to attend to those with not just physical injuries but also mental disorders.³⁶

³³ Ibid, see [33]

³⁴ Ibid, see [33]

³⁵ Ibid, see [33]

³⁶UN HRC Adopts Resolution on Mental Health, Human Rights, Policy, Social Justice, Well-being., IOGT.
<https://iogt.org/news/2016/07/01/un-hrc-adopts-resolution-mental-health/>



Convention on the Rights of Persons with Disabilities (CRPD), 2006

- The Convention on the Rights of Persons with Disabilities (CRPD) outlines the rights of persons with both physical and mental disabilities and stresses the state parties' responsibility to provide appropriate measures to enhance the quality of life. Clause 16.4 of the convention's agreement underscores the importance of state governments to promote "physical, cognitive and psychological recovery, rehabilitation, and social reintegration of persons with disabilities who become victims of any form of exploitation, violence or abuse, including through the provision of protection services."³⁷

"Sendai Framework for Disaster Risk Reduction" 2015 38

- The Sendai Framework is a post-2015 framework for disaster risk reduction, and was adopted to guide national, regional, and global efforts to resuscitate disaster-prone or struck communities in aspects including humanitarian relief, infrastructural reconstruction, and health relief. It is an improvement from the Hyogo Framework for Action 2005-2015, which included a limited single reference to mental health and disability. It also refers to "Building Back Better" which stresses rehabilitation and reconstruction.

The Sendai Framework stands out as it stresses the role of stakeholders (under the Role of Stakeholder section) which includes "persons with disabilities and their organizations are critical in the assessment of disaster risk and in designing and implementing plans tailored to specific requirements, taking into consideration, inter alia, the principles of universal design." Such guideline directly gives voice to persons of disabilities including mental disabilities to frame developmental operations in healthcare pre- and post-disasters.

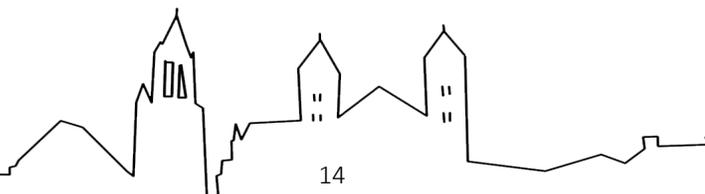
Resolution Goals and the Controversy

Entity of Relief and Reformation

Although humanitarian and medical assistance from the outside is critical in emergency relief, mental healthcare is a very particular subject. Because mental health requires a persistent and

³⁷ Márton, Sándor Mészáros, Gergely Polk, and Disability Rights Center Fiala. "Convention on the Rights of Persons with Disabilities." (2013).

³⁸ Aitsi-Selmi, Amina, Shinichi Egawa, Hiroyuki Sasaki, Chadia Wannous, and Virginia Murray. "The Sendai framework for disaster risk reduction: Renewing the global commitment to people's resilience, health, and well-being." *International Journal of Disaster Risk Science* 6, no. 2 (2015): 164-176.



prolonged level of care that involves follow-ups, the entity that provides or implements the relief and/or reform must be sustainable, not temporary. Therefore, the difficulty in tackling the accountability of any sustainable mental healthcare in areas of conflict will be inevitable in drafting resolutions. There are a number of entities to consider:

State Government:

- The states' responsibility to provide mental welfare for its citizen is in relation to human rights. The WHO Mental Health Pledge expanded its membership over the time span of the 1990s, with China joining the pledge in November 1999. According to the unalienable human rights, all people deserve protection of a state government, with the right to highest attainable standard of physical and mental health.³⁹ Therefore, the state government is one of the multilateral entities to integrate mental healthcare into its system. However, it is important to understand the restriction of state government's capacity in the face of conflict. Political and armed insurgencies often lead to the impotence or debilitation of the government functions, which then makes the government an unreliable and unsustainable entity to replace mental welfare system.

Community-based:

- The WHO stresses the importance and efficiency of community-based mental health crisis relief, especially for areas post-conflict. As a part of a grass-root reconstruction, training members and leaders of the community to be equipped with basic mental health care system such as counselling is beneficial on multiple levels. First, the relationship between the counsellor and the counselled already exists on a trusted relationship; second, the program can be sustainably-run with the members of the community; and third, any further reform or reconstruction of mental health care system are likely to occur more seamlessly as the leaders of the communities are already incorporated. However, this does not answer all the concerns pertaining to areas where conflict is ongoing for a prolonged period of time. So, the question becomes, how do forms of medical aid and humanitarian aid in areas of conflict where stressors are prolonged, successfully build a sustainable infrastructure that is both community-level and state-level?

Limitations of WHO in Areas of Conflict

³⁹ Assembly, UN General. "Universal declaration of human rights." UN General Assembly (1948).

It is crucial to understand that the committee needs to discuss not simply the complex nature of mental health, but particularly in the context of conflict-struck regions. As aforementioned, psychological traumas often require removal of the stressor or the perpetrator, which is not always guaranteed in areas of conflict. Especially secondary traumas such as sexual violence which has proven to be substantially more likely in disaster (both natural and artificial) targeted areas, mental health interventions must operate within a system of accountability. Therefore, it is important to understand the limitations of WHO operations in areas of ongoing conflicts and construct a working system that both minimizes/prevents further damages as well as responds to the damages done. One example is visualized as follows by the WHO Report on Sexual Violence and Mental Health.⁴⁰

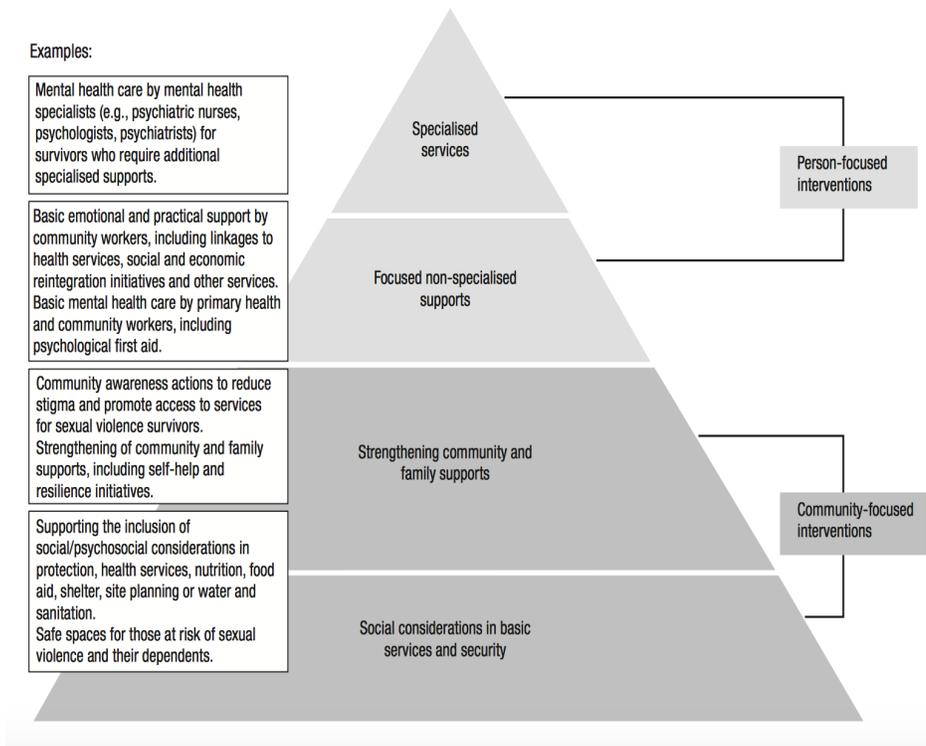


Figure 1. Different levels of psychological and mental health intervention for survivors of conflict-related sexual violence (Inter-Agency Standing Committee, 2007)

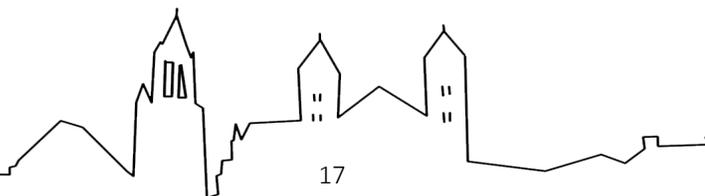
⁴⁰ World Health Organization. Mental health and psychosocial support for conflict-related sexual violence: principles and interventions: summary. No. WHO/RHR/HRP/12.18. World Health Organization, 2012.

Note that the pyramid is simply a guide, an abstract that advises approaches, not a resolution. It will be up to the delegates to formulate working operational guidelines to supplement and revise the status quo.

Nature of Mental Health and Treatment

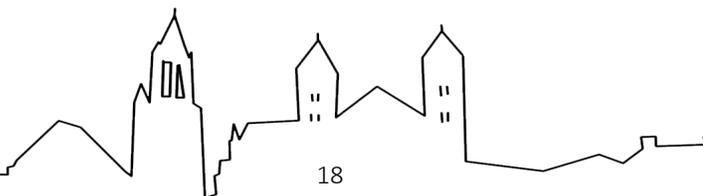
Last but most certainly not the least, the delegates should return to the core problem mental health faces in the world. The invisibility of mental disorders and consequently the stigma and taboo which exacerbate the symptoms and stifles the patients' recovery is not an easy monster to slay. A great deal of health framework that tackles mental health should focus on rewiring and reformatting the societal perception on mental health; the goal is not simply to provide immediate relief in conflict-affected areas with mental health crisis, but also to build a sustainable, more resilient community in regard to psychological wellbeing.

The discussion on mental health in any context can easily fall into the trap of being inane and abstract. Such nature makes it a more difficult level of discussion; one of the key tips for the delegates, therefore, would be to frame the sessions in a more concrete way with specifics, case studies, and details. Why do we need to care for mental health in areas of conflict? Has it been prioritized before, and if not, why? Why should we change that? How should WHO go about providing assistance? Who should make changes? Target specific questions and produce specific answers. And have fun!



Further Readings

- <https://iogt.org/news/2016/07/01/un-hrc-adopts-resolution-mental-health/>
- https://apps.who.int/iris/bitstream/handle/10665/85377/9789241564571_eng.pdf?sequence=1
- <https://www.un.org/development/desa/disabilities/issues/mental-health-and-development.html>
- https://apps.who.int/iris/bitstream/handle/10665/75179/WHO_RHR_HRP_12.18_eng.pdf;jsessionid=CF7973E61FE0C6E0AB285C9B0AF33CE6?sequence=1
- https://www.who.int/mental_health/media/en/400.pdf
- <http://pubdocs.worldbank.org/en/619761454942779225/Mental-Health-Well-being-Disability-A-New-Global-Priority.pdf>
- <https://www.ohchr.org/EN/HRBodies/HRC/RegularSessions/Session32/Pages/ResDecStat.aspx>
- <http://pubdocs.worldbank.org/en/619761454942779225/Mental-Health-Well-being-Disability-A-New-Global-Priority.pdf>
- <http://www.responsiblemineralsinitiative.org/emerging-risks/conflict-affected-and-high-risk-areas/>



Topic B: Integration of Technology into Health Care to Assist Medical Emergency Response

Definitions & General Information

Definitions

Health Technology

The application of organized knowledge and skills in the form of devices, medicines, vaccines, procedures and systems developed to solve a health problem and improve quality of life. It is used interchangeably with ‘health care technology’. ⁴¹

Medical Device

An article, instrument, apparatus or machine that is used in the prevention, diagnosis or treatment of illness or disease, or for detecting, measuring, restoring, correcting or modifying the structure or function of the body for some health purpose. Typically, the purpose of a medical device is not achieved by pharmacological, immunological or metabolic means. ⁴²

Medical Equipment

Medical devices requiring calibration, maintenance, repair, user training and decommissioning – activities usually managed by clinical engineers. Medical equipment is used for the specific purposes of diagnosis and treatment of disease or rehabilitation following disease or injury; it can

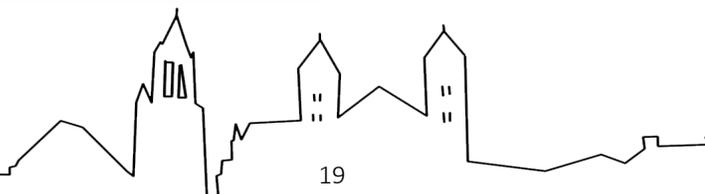
History of the topic

Origins

Technology was always paramount to medicine. If you look at various objects in everyday life, for example eyeglasses, a wheelchair, the stethoscope your GP uses, an asthma spray, they are all

⁴¹ WHO Resolution WHA60.69 https://www.who.int/medical_devices/resolution_wha60_29-en1.pdf?ua=1

⁴² Definition of the terms “Medical Device” and “In Vitro Diagnostic (IDV) Medical Device”, Global Harmonization Task Force, 2012 <http://www.imdrf.org/docs/ghtf/final/sg1/technical-docs/ghtf-sg1-n071-2012-definition-of-terms-120516.pdf#search=>



products of medical technology. The rapid Increase in digital telecommunication, has driven a wide range health information technology projects and made mobile Health a promising tool that claims to improve health outcomes, support health services and public health practices through remote and online health services. This raised the question how healthcare technologies can be designed to support and improve healthcare services for all citizens in need, on a global scale. To find answers and consensus on these delicate questions, will form the main body of our debate. In section C, you will find the current legislation regarding medical technology, on the UN level but also on national levels. The documents underline the relevance of medical technology and the need of expertise on their adaption, and measures for an effective implementation.

As you will see in the “Presentation of the issues” section, there are many different issues within the wide spectrum of implementing medical technology for emergencies. However, since it is practically unable to discuss all the issues in our debate, this guide will focus on the crucial issue of organ transplants and the prioritization of medical emergencies.

Chronology of Developments in Medical Technology

1250: The first Magnifying glass was constructed

1752: First eyeglasses, flexible catheter

1815: Stethoscope

1841: Anaesthesia

1874: Brain waves

1895: X-ray

1903: Electrocardiogram

1910: Laparoscopy

1924: Electroencephalogram

1935: Lobotomy

1936: Pacemaker

1937: Electroconvulsive therapy

1943: Dialysis

1944: Disposable catheter

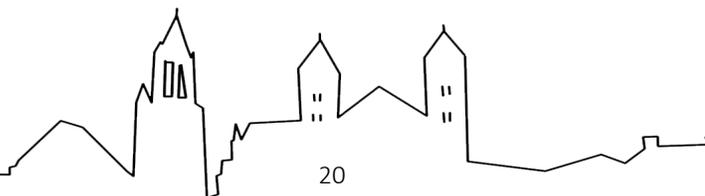
1947: Cardiac defibrillation

1950: Intraocular lens

1952: Mechanical heart, Magnetic resonance

1953: Heart/lung bypass, cochlear prosthesis

1954: Kidney transplant



1958: Pacemaker, fetal ultrasound
1961: Minimally invasive surgery
1963: Artificial heart, liver transplant
1965: Portable defibrillator, commercial ultrasound
1967: Heart transplant
1971: CT scanner
1973: Insulin pump
1978: MRI
1989: Synthetic blood
1992: DNA Sequencing, imaging thought
2000: Human genome
2004: Adaptive artificial knee
2006: Artificial liver ⁴³

The framework of the topic

United Nations

60th World Health Assembly:

The first UN resolution ever adopted regarding health technologies by the World Health Assembly is WHA60.29, passed in May 2007. In this resolution:

- The importance of the role of technology in the health sector is acknowledged
- The need for expansion of expertise was underlined, especially in medical devices
- The WHO was requested to take specific actions in order to support the member states ⁴⁴

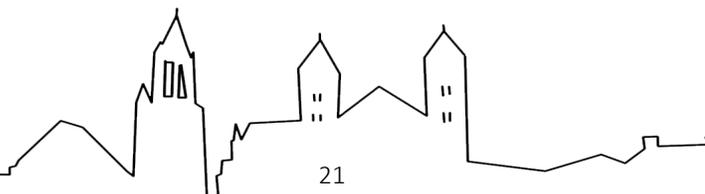
Regional Committee for the Eastern Mediterranean

In the 44th session of the body, (October 1997), resolution EM/RC44/R.3 was passed. It recognized the importance of proper technology evaluation, selection, adaption and the need for its rational

⁴³ The New York Times, Health, Milestones in Medical Technology

https://archive.nytimes.com/www.nytimes.com/interactive/2012/10/05/health/digital-doctor.html?_r=0#/#time15_328

⁴⁴ WHO Resolution WHA60.69 https://www.who.int/medical_devices/resolution_wha60_29-en1.pdf?ua=1



use. It called the member states to develop national health technology programmes and the strengthening of the role of the WHO on the matter.⁴⁵

In the 53rd session of the body, (September 2006), resolution EM/RC53/R7 was adopted, regarding medical devices and equipment in modern health care. Their indispensable character was underlined, and states were urged to develop plans to promote their appropriate use.⁴⁶

Regional Committee for Africa

In the 44th session of the body, (September 1994), resolution AFR/RC44/R15 was passed, that urged all member states to develop health technology policies.⁴⁷

In the 49th session of the body, (September 1999), resolution AFR/RC49/R12 was passed, urging Member States to develop and implement comprehensive and consistent health technology policies and plans for the improvement of health care services, containment of costs and reduction of dependence.⁴⁸

European Commission and Council

The work of the Commission:

Enhancing competitiveness while ensuring the safety and efficacy of medical devices is a key objective of the European Commission. To achieve this, the Commission regularly liaises with patient and industry associations to explore ways of bringing innovation to patients while helping enterprises and maintaining growth.⁴⁹

Regulations:

The European Commission, in order to reflect the progress regarding the medical technologies, has recently adopted two regulations:

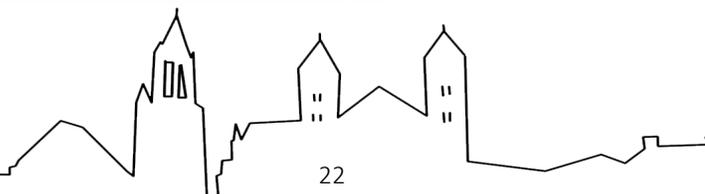
⁴⁵ WHO, Regional Committee for the Eastern Mediterranean, 44th session (October 1997), Resolution EM/RC44/R.3 https://www.who.int/medical_devices/policies/resolution_emro_rc44r3.pdf?ua=1

⁴⁶ WHO, Regional Committee for the Eastern Mediterranean, 53rd session (September 2006), Resolution EM/RC53/R.7 https://www.who.int/medical_devices/policies/resolution_emro_rc53r7.pdf?ua=1

⁴⁷ WHO, Regional Committee for Africa, 44th session (September 1994), Resolution AFR/RC44/R15 https://www.who.int/medical_devices/policies/resolution_afro_rc44r15.pdf?ua=1

⁴⁸ WHO, Regional Committee for Africa, 49th session (September 1999), Resolution AFR/RC49/R12 https://www.who.int/medical_devices/policies/resolution_afro_rc44r15.pdf?ua=1

⁴⁹ European Commission, Internal Market, Industry, Entrepreneurship and SMEs, Sectors, Medical Devices https://ec.europa.eu/growth/sectors/medical-devices_en



- Regulation (EU) 2017/745: regulation regarding the medical devices ⁵⁰
- Regulation (EU) 2017/746: regulation regarding in vitro diagnostic medical devices ⁵¹

Directives:

The Directives that currently regulate the medical devices in the European Member-states are:

- Council Directive 90/385/EEC: on Active Implantable Medical Devices
- Council Directive 93/42/EEC: on Medical Devices
- Council Directive 98/79/EC: on in vitro diagnostic Medical Devices

Presentation of the Issues

Investments in new technologies that can be revolutionary.

However far medicine has reached, there are always some medical emergencies that are life threatening and still there is a long way for us to be able to say that they can be successfully tackled. One of them is organ shortage, mostly in kidneys and livers. As in January 2019, more than 113.000 people of all genders and ages were waiting in lists for organs. Every day 20 people are dying waiting on those lists. ⁵² Aside from encouragement for organ donation and favourable legislations ⁵³, according to researchers, new technology of 3D printing is being considered as potentially helpful. Kaiser Permanente's Los Angeles Medical Centre is perfecting the use of 3D printers to replicate multidimensional models of problematic areas inside patients. Surgeons can handle the models and simulate a variety of possible operation replicas before performing the actual surgery. Alternatively, 3D printing can be used in reproducing bones or other organs in the human body. This advance in technology is also pushing into prosthetics. ⁵⁴ However, the issue is that 3D organ transplantation is still under research. What could be done in order to face life

⁵⁰ Regulation (EU) 2017/745 of the European Parliament and of the Council <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:32017R0745>

⁵¹ Regulation (EU) 2017/746 of the European Parliament and of the Council <https://eur-lex.europa.eu/legal-content/EN/TXT/?qid=1542301249315&uri=CELEX:32017R0746>

⁵² US Department of Health and Human Services, US Government Information on Organ Donation and Transplantation, Organ Donation Statistics <https://www.organdonor.gov/statistics-stories/statistics.html>

⁵³ NHS, Blood and Transplant, Welsh legislation <https://www.organdonation.nhs.uk/supporting-my-decision/welsh-legislation-what-it-means-for-me/>

⁵⁴ Humanitas University website, How Technology is changing the world of medicine <https://www.hunimed.eu/news/technology-changing-world-medicine/>

threatening conditions like organ shortages is to increase the amount of WHO funds that are invested to research.

Introduction of a system of remote monitoring

One of the most useful and practical innovations in recent years is remote monitoring technology. The systems can be used by patients in the comfort of their homes to reduce the time and financial cost of recurring visits to the doctor. By using a small device designed to measure a particular health issue, doctors can analyse a patient’s data remotely without the need for them to come down to the hospital. Pacemaker patients have made great use of remote monitoring devices. ⁵⁵

The issues

Such a technology introduction could be proven helpful. It can give to the patients more independence, reduce their hospital visits and rarely think themselves as “patients”. However, this would be very expensive. Questions that need to be explored here is how patients/hospitals could be able to afford such systems and with what funding. Another question that might arise would be regarding the extent of usefulness of remote monitoring. Can a visit to the actual doctor will be fully substituted?

Accelerated Experimentation with Cells from Organisms that Closely Resemble Human Cells

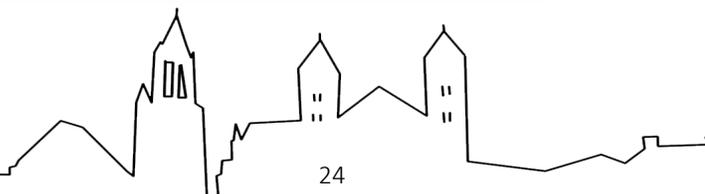
The Ebola outbreak has shown that expedited medical research and experimentation are possible. Due to the fact that the World Health Organization (WHO) feared the detrimental effects of a world outbreak, vaccination research efforts have increased. Scientists have started using advanced methods such as chimp adenovirus, which is “closely related to a human version that causes upper respiratory tract infections.” ⁵⁶

Artificial Intelligence

Artificial Intelligence can be proved very helpful in emergency management. It can help to predict, evaluate, and simulate the different incidents that might occur to improve response times and

⁵⁵ Humanitas University website, How Technology is changing the world of medicine
<https://www.hunimed.eu/news/technology-changing-world-medicine/>

⁵⁶ Humanitas University website, How Technology is changing the world of medicine
<https://www.hunimed.eu/news/technology-changing-world-medicine/>



help prioritize the resources allocation. Artificial Intelligence is implemented in emergency management in Los Angeles and many cities of the San Mateo county, through a platform called “One Concern”.

Resolution goals

What the resolution should answer

- What medical technologies already exist in order to face medical emergencies?
- What other medical technologies could be introduced? How could this be possible? (funding, research...)
- In cases of pandemics, would a crisis response system be helpful? How would it look like?
- What are the priorities for different countries/regions? Do all countries have the same needs?
- What is the current legislation for medical technology? How can it be ameliorated?

Further Readings

- <https://www.hunimed.eu/news/technology-changing-world-medicine/>
- https://www.who.int/medical_devices/global_forum/4th_gfmd/en/
- <https://www.geospatialworld.net/blogs/how-technology-has-changed-the-world-of-medicine/>
- <https://www.vertitechit.com/history-healthcare-technology/>
- https://archive.nytimes.com/www.nytimes.com/interactive/2012/10/05/health/digitaldoctor.html?_r=0#/time15_369
- <https://www.organdonor.gov/statistics-stories/statistics.html>

