

World Health Organization (WHO)

Introduction

The World Health Organization (WHO) is a specialized agency of the United Nations (UN) that is responsible for promoting health globally, aiming to maintain a safe world and protect the vulnerable.¹ Through its priority directions - universal health coverage, emergency health programs, access to medicines and health products, reducing antimicrobial resistance, scientific innovation, and data sharing - WHO manages health emergencies via policies, guidelines, and programmes.²

WHO came into existence in 1948 on April 7 - the day that is now constituted as the World Health Day - after getting established at an International Health Conference in New York City in 1946, where a Technical Preparatory Committee developed its constitution.³ Upon establishment, WHO immediately focused its efforts towards combatting widespread diseases such as tuberculosis, malaria, and syphilis. Since then, the organization has broadened its scope to further areas.⁴

Presently, WHO is the largest international organization working towards Sustainable Development Goal (SDG) 3 (good health and well-being). While headquartered in Geneva, Switzerland, the WHO manages global response to health threats through their 6 regional and 150 field offices around the globe.⁵ Its General Programme of Work (GPW) determines WHO's periodic agenda and acts as a foundation for its biennial programme budget.⁶ While still under development, the newest *Fourteenth General Programme of Work* (GPW 14) for 2025-2028 strives to continue protecting global well-being; it most recently was considered in May of this year.⁷ Highlighting the newly emerged circumstances since the introduction of the SDGs, GPW 14 will offer a framework to assist the world in advancing health systems resilience during uncertain times.⁸

Governance, Mandate, Membership and Structure

The Constitution stands as the primary source for the governance of WHO and determines its mandate to serve as the directing and coordinating authority on international health work, advancing public health, expanding universal health coverage, and addressing health emergencies.⁹

Membership in WHO is open to all Member States of the UN once they sign its Constitution. Other states may be admitted by a simple majority of the World Health Assembly. The work of the agency is divided among its three bodies: The World Health Assembly (WHA), The Executive

¹ World Health Organization. *About WHO*. 2024.

² World Health Organization. *Our work*. 2024.

³ World Health Organization. *History of WHO*. 2024.

⁴ World Health Organization. *Public Health Milestones Through the Years*. 2024.

⁵ World Health Organization. *WHO Regional Offices*. 2024.

⁶ World Health Organization. *WHO's General Programme of Work*. 2024.

⁷ World Health Organization. *Draft Fourteenth General Programme of Work*. 2024.

⁸ Ibid.

⁹ World Health Organization. *Constitution of the World Health Organization*. 1946.

Board, and the Secretariat.¹⁰ The WHA is comprised of Member States' representatives who meet annually to consider health recommendations, conduct research via its institutions, and monitor financial policies. The Executive Board consists of 34 people elected for 3 years who work towards bringing the Assembly's policies and decisions into practice. Importantly, it can authorize the Director-General to take emergency measures in case of an epidemic or other urgent matters. Finally, The Secretariat includes the Director-General and other technical and administrative staff appointed by the former. The Director-General, elected by Member States via WHA, guides the organization towards achieving its global health objectives as well as prepares financial statements and estimations.¹¹

Topic: Closing Healthcare Gaps in Fragile Regions

Fragile regions are often referred to as fragile, conflict-affected and vulnerable (FCV) areas, which encompass a wide range of circumstances such as humanitarian crises, lasting emergencies, and armed conflicts¹². It is estimated that 1.4 billion people currently live in FCV conditions.¹³ 80% of people affected by health emergencies reside in conflict-affected settings.¹⁴ Under highly unstable conditions, almost 1 billion people are experiencing constant issues such as forced displacement, extreme poverty, and restricted access to public goods.¹⁵ Global problems such as climate change and food insecurity are further exacerbated in these areas, preventing states from achieving SDGs.¹⁶

According to the World Bank, *fragility* is defined as a systemic condition or situation characterized by an extremely low level of institutional and governance capacity, which significantly hinders a state's ability to function effectively, maintain peace, and foster economic and social development.¹⁷ *Conflict* is characterized as a situation of acute insecurity driven by the use of deadly force by a group with a political purpose or motivation.¹⁸

While through routinely operating services and transportation routes quality health systems may be able to provide sufficient timely resources to sustain citizens' health and prevent spreading of diseases, under unstable emergency conditions provision of quality healthcare becomes complicated and often impossible due to the transportation obstacles, the severity of conflict, and increased health needs.¹⁹ The focus on quality is vital – access to healthcare that is unsafe may only worsen the circumstances and increase vulnerability, leading to higher morbidity and waste of resources.²⁰ Still, agencies such as state and local health services as well as national and

¹⁰ Ibid.

¹¹ Ibid.

¹² World Health Organization. *Quality of care in fragile, conflict-affected and vulnerable settings*. 2021.

¹³ World Health Organization. *WHO's Work in emergencies: prepare, prevent, detect and respond annual report*. 2018.

¹⁴ Ibid.

¹⁵ International Monetary Fund. *Fragile and conflict-affected states (FCS)*. 2024.

¹⁶ Ibid.

¹⁷ World Bank Group. *Classification of Fragile and Conflict-Affected Situations*. 2023.

¹⁸ Ibid.

¹⁹ World Health Organization. *Quality of care in fragile, conflict-affected and vulnerable settings*. 2021.

²⁰ World Health Organization. *Quality of care in fragile, conflict-affected and vulnerable settings. Taking action*. 2020.

international military teams and nongovernmental organizations (NGOs) attempt to deliver health support to these vulnerable settings.²¹

The global community has developed significant documents to address health issues in fragile areas and encourage action-oriented policies. The *International Covenant on Economic, Social and Cultural Rights (ICESCR)* (1966) establishes in its article 12 that States shall ensure access to medical services for all and exercise preventive measures, treatment, and disease control in case on an epidemic.²² WHA urged Director-General to enhance capacities in emergency, critical and operative care services, both for routine resilience and emergency response through policy options, technical guidance, and educational strategies.²³ WHO also developed its *Framework on Integrated People-Centered Health Services* that proposes five interconnected strategies and policy suggestions for attaining access to sufficient healthcare, such as organizing provision of outreach services for underserved communities via mobile units and telemedicine services.²⁴

Protecting the health of refugees

Refugee communities are a population that is especially vulnerable to health risks. According to the *1951 Convention Relating to the Status of Refugees*, refugees are defined as people forced to flee their home country in pursuit of safety in another country due to the fear of persecution.²⁵ Under multiple threats such as armed conflict, violence, or public disorder, they are unable to return home.²⁶ By the end of 2022, there were 108.4 million people who were forcibly displaced globally due to conflict, disasters, human rights violations, and other events significantly disturbing the public order.²⁷

Refugees have a complex variety of physical and mental health needs. Depending on the reasons for leaving their home, refugees may require health assistance ranging from immediate emergency care to nutrition aid to support with post-traumatic stress disorder symptoms (PTSD).²⁸ With this exacerbated vulnerability, refugees are at a higher risk of communicable diseases, particularly measles and food- and waterborne diseases.²⁹ Undertaking frequently long, unprotected routes to a new country, refugees often lack access to clean water and adequate sanitation conditions. Poor mental health is another common health concern as tough conditions at refugees' home countries put them under significant stress, leading to depression, anxiety, and other mental health disorders.³⁰ From 2009 to 2017, more than 300 outbreaks of various diseases were reported across 108 refugee camps worldwide, highlighting the dire health conditions faced by displaced

²¹ Ibid.

²² United Nations, General Assembly. *International Covenant on Economic, Social and Cultural Rights (A/RES/2200 (XXII))*. 1966.

²³ World Health Assembly. *Integrated emergency, critical and operative care for universal health coverage and protection from health emergencies (WHA76.2)*. 2023.

²⁴ World Health Organization. *Framework on integrated, people-centered health services*. 2016.

²⁵ United Nations High Commissioner for Refugees. *Convention (1951) and Protocol Relating to the Status of Refugees (1967)*.

²⁶ United Nations High Commissioner for Refugees. *Refugees*. 2024.

²⁷ United Nations High Commissioner for Refugees. *Global Trends 2022*.

²⁸ World Health Organization. *Mental health and forced displacement*. 2021.

²⁹ World Health Organization. *Refugee and migrant health*. 2024.

³⁰ World Health Organization. *Mental health and forced displacement*. 2021.

populations.³¹ In fragile contexts, this is complicated by the shortage of medical supplies and secure healthcare facilities.³² Yet, refugees are often excluded from national healthcare systems responsible for disease prevention, health promotion, and basic care.³³

The *Rabat Declaration* (2023) reaffirms the right of refugees, among everybody else, to enjoy the highest attainable standard of physical and mental healthcare. It further calls upon committed States to increase health and social protection measures within their national policies. WHO has developed its own *Comprehensive Mental Health Action Plan* (2013-2030) aiming to advance mental health support by proposing policy solutions such as collaborating with emergency committees to incorporate mental health needs in emergency preparedness through services that address psychological trauma and foster recovery for both affected communities and medical professionals.³⁴

Furthermore, WHO has taken action by leading the *Global Health Cluster*, an initiative directed at aiding those affected by humanitarian and public health emergencies, such as refugees.³⁵ Collaborating globally, Health Cluster partners build healthcare facilities, train professionals for providing efficient health response, and provides further technical and policy assistance ensuring sufficient health support for vulnerable populations.³⁶ Additionally, WHO works with United Nations Office for the Coordination of Humanitarian Affairs (OCHA) on providing on-the-ground support, such as medical kit, as well as financial assistance through OCHA's funds during outbreaks and emergencies, incorporating local organizations into the process.³⁷

Children healthcare needs

Today, 1 in 4 children lives in FCV settings.³⁸ Within these unstable areas, more children die from diseases linked to unsafe drinking water and sanitation than from direct violence.³⁹ Attacks on healthcare facilities and shortages of healthcare experts additionally exacerbate children's vulnerability, preventing them from receiving essential treatment. Supporting children's well-being is crucial for recovery of FCV regions from the crisis and for fostering strong, resilient future generations.⁴⁰

In the environment of disasters and violence, food insecurity and disrupted food provision systems occur, intensifying malnutrition and putting children at a higher risk of death from common childhood illnesses such as diarrhea, pneumonia, and malaria.⁴¹ Furthermore, when newborns and children lack access to essential micronutrients such as vitamins and minerals required for healthy

³¹ United Nations. *COVID-19 in Fragile Settings: Ensuring a Conflict-Sensitive Response*. 2024.

³² World Health Organization. *Refugee and migrant health*. 2024.

³³ Ibid.

³⁴ World Health Organization. *Comprehensive Mental Health Action Plan 2013-2030*. 2021.

³⁵ Health Cluster. *Our Work*. 2024.

³⁶ Health Cluster. *Newsroom*. 2024.

³⁷ World Health Organization. *United Nations Office for the Coordination of Humanitarian Affairs (OCHA)*. 2023.

³⁸ United Nations Children's Fund. *Health in emergencies*. 2024.

³⁹ Ibid.

⁴⁰ Ibid.

⁴¹ World Health Organization. *Children: improving survival and well-being*. 2024.

development, they become prone to growth complications and illnesses.⁴² Being exposed to extreme stress and instability also increases the risks of experiencing cognitive, behavioral, and emotional difficulties as well as delays in development among children under 8.⁴³

Launching the *2030 Agenda for Sustainable Development* has solidified the UN's commitment to addressing this issue through SDG 3 target 2 on ending preventable deaths of newborns and children.⁴⁴ The mandate of the Special Representative for Children and Armed Conflict was introduced to strengthen protection of conflict-affected children, including addressing their health needs.⁴⁵ Furthermore, United Nations Children's Fund's (UNICEF) *Core Commitments for Children* (2020) that are based on the *Convention of the Rights of the Child* (1989) highlight the goal to support children in FCV areas through providing accessible, quality humanitarian supplies and investing in preparedness with a focus on enabling effective and timely response.⁴⁶

In 2021, WHO launched its *Technical Package on Quality of Care in Fragile, Conflict-affected and Vulnerable Settings* that consists of comprehensive collection of guidelines and tools on actions that must be taken to ensure provision of and access to sufficient healthcare for the people in FCV regions, including children.⁴⁷ It brings attention to UN- and NGO-led projects that suggest actions that must be taken to provide access to quality water, sanitation and hygiene resources, first-need vaccination for children, and safe childbirth. WHO's Health Cluster also organizes data-based webinars educating women experts on specific needs of children in emergencies as well as describing responsive and flexible action plans for taking care of children.⁴⁸

Building resilience to emergencies

An important direction of WHO work is to advance the preparedness of the communities to emergencies, helping them develop capacities for dealing with crises once they occur.⁴⁹ Large-scale epidemics result in extensive death and intense struggles, disproportionately affecting vulnerable communities, such as those living in fragile areas. The latest COVID-19 pandemic was no different, with little to no access to vaccines and testing or the ability to maintain social distancing.⁵⁰

Enhancing countries' preparedness includes developing new and improving existing operational capacities of Member States and international health organizations in responding to healthcare threats.⁵¹ In practice, it often entails conducting continuous research and monitoring on the ground, collecting health-related data to work as an early warning system for predicting potential health

⁴² Ibid.

⁴³ United Nations Children's Fund. *Early childhood development in emergencies*. 2024.

⁴⁴ United Nations, General Assembly. *Transforming our world: the 2030 Agenda for Sustainable Development (A/RES/70/1)*. 2015.

⁴⁵ United Nations, General Assembly. *The mandate of the Special Representative (A/RES/51/77)*. 1996.

⁴⁶ United Nations Children's Fund. *Core Commitments for Children in Humanitarian Action*. 2022.

⁴⁷ World Health Organization. *Introducing the WHO technical package on quality of care in fragile, conflict-affected and vulnerable settings*. 2021.

⁴⁸ Health Cluster. *Webinar series: Strengthening Nurturing Care in Humanitarian Response*. 2023.

⁴⁹ World Health Organization. *Health emergencies*. 2024.

⁵⁰ World Bank. *How is the World Bank tackling COVID-19 in fragile and conflict-affected settings?* 2020.

⁵¹ World Health Organization. *Health emergencies*. 2024.

issues and identifying the best solutions.⁵² WHO's *Early Warning, Alert and Response System (EWARS)* (2015) is an example of it.⁵³ Since its creation, it has supported over 100 million emergency-affected people. Its latest update in 2023 created a mobile app that allows for real-time reporting from the areas and hospitals, data visualization and communication between the ground, surveillance offices and laboratories. It also involves evaluating existing public health policies and strategies on their effectiveness and relevance.⁵⁴

WHO's *Strategic Framework for Emergency Preparedness* (2017) defined the core elements of effective health emergency preparedness.⁵⁵ It offers countries guidance on how to implement the framework, such as through developing multi-hazard and risk-specific plans to assess countries' readiness and weak spots, as well as including funding for health issue responses into national emergency preparedness budgets.⁵⁶ WHA's *Strengthening WHO Preparedness for and response to health emergencies* resolution established a special Working Group to consider recommendations from various sources and to promote global information sharing, addressing misinformation.⁵⁷

Conclusion

In conclusion, addressing health concerns in fragile, conflict-affected and vulnerable areas is essential for global sustainable development. It is not only an internationally recognized human right of all to receive the highest possible level of healthcare, but a vital element for countries' recovery processes and future peaceful, prosperous growth. Certain vulnerable groups are disproportionately prone to experiencing suffering under such unstable conditions and may develop specific health needs. WHO has been playing an active role in supporting communities in FCV regions, providing technical aid to address their special healthcare needs, such as through mobilizing vaccination campaigns, preserving healthcare facilities, and organizing trainings. Formulating policies, WHO further suggests action plans and guidelines for countries to achieve quality healthcare within emergencies and fragile fields. Yet, while it is crucial for the international community to provide sufficient resources to support vulnerable communities in need, it is also critical to build national capacities. WHO enhances countries' preparedness to respond effectively to potential future crises and health emergencies, essential for universal sustainable growth.

Questions to consider:

1. What prevents vulnerable communities from receiving quality healthcare?
2. What other vulnerable communities are at a higher risk of health issues?
3. What is the role of other UN agencies in addressing this problem?
4. What policies have already been established by UN and other international organizations to navigate healthcare?

⁵² World Health Organization. *WHO's Work in Emergencies: Prepare, Prevent, Detect and Respond. Annual Report 2018.*

⁵³ World Health Organization. *Early Warning, Alert and Response System (EWARS).* 2024.

⁵⁴ Ibid.

⁵⁵ World Health Organization. *A strategic framework for emergency preparedness.* 2017.

⁵⁶ Ibid.

⁵⁷ World Health Assembly. *Strengthening WHO Preparedness for and response to health emergencies (WHA74.7).* 2021.

5. What capacity building initiatives could be taken to enhance health emergencies preparedness?

Helpful links:

1. <https://www.who.int/publications/i/item/9789240037182>
2. <https://documents1.worldbank.org/curated/en/844591582815510521/pdf/World-Bank-Group-Strategy-for-Fragility-Conflict-and-Violence-2020-2025.pdf>
3. <https://www.undp.org/library/dfs-overcoming-setbacks-understanding-impact-and-implications-covid-19-fragile-and-conflict>
4. <https://www.who.int/emergencies/operations>
5. <https://documents1.worldbank.org/curated/en/855631522172060313/pdf/124654-WP-PUBLIC-MaximizingImpactLowresFINAL.pdf>
6. https://www.who.int/health-topics/vaccines-and-immunization#tab=tab_1
7. <https://www.unicef.org/health/emergencies>
8. <https://www.unhcr.org/us/what-we-do/protect-human-rights/public-health/access-healthcare>

Regional organizations:

African Union

<https://www.au.int/>

Arab League

<http://www.arableagueonline.org/>

Association of Southeast Asian Nations

<http://asean.org/>

Asian Cooperation Dialogue

<http://www.acd-dialogue.org/>

European Union

https://europa.eu/european-union/index_en

Economic Community of West African States

<http://www.ecowas.int/>

Organization of American States

<http://www.oas.org/en/>

Pacific Islands Forum

<http://www.forumsec.org/>

Union of South American Nations

<http://www.unasur.int/en>

International Agencies

International Monetary Fund

<http://www.imf.org/>

United Nations Entities

Office for the Coordination of Humanitarian Affairs

<https://www.unocha.org/>

United Nations Developmental Programme

<https://www.undp.org>

United Nations Relief and Works Agency for Palestine Refugees in the Near East

<http://www.unrwa.org/>

UN Women

<https://www.unwomen.org/en>

World Bank

<https://www.worldbank.org/en/home>

World Food Programme

<https://www.wfp.org>