World Health Assembly
Background Guide

When United Nations diplomats convened in 1945, an aspect on their agenda included the setup of a global health organization. Thus, as of April 7, 1948, the WHO Constitution came into effect—a date now recognized as World Health day. It was established that all countries that are Members of the UN are eligible to become a part of WHO by accepting its Constitution. The executive board is comprised of individuals designated in accordance to WHO region. In terms of its role in the United Nations in its entirety, WHO is responsible for directing and coordinating authority for health within the global system. WHO also provides leadership on global health matters, shapes the health research agenda, articulates evidence-based policy options, distributes technical support to countries, and assesses current health trends.

I: Addressing the Potential for Global Epidemics

Over the course of the past century there have been at least ten global epidemics, ranging from the 1910 Manchurian plague outbreak to the 2016 Zika virus. Though modern medicine has saved millions of lives around the world, the potential for another epidemic in the coming years is high. Because of this, many nations have devoted considerable resources to ensuring the health and safety of their citizens against the spread of deadly diseases. Despite this however, due to current trends in trade and travel, the risk still remains high.

As the global urban population increases, the potential for a global health epidemic becomes increasingly grave. The United Nations predicts urban areas will account for 66% of the world’s total population by 2050, raising concerns about how population density could quickly spread disease. In 1990, only ten of the world’s cities had populations of over 10 million people, but by 2014 the number of these “mega-cities” jumped to 28. Mega-cities and other densely-populated urban areas exacerbate the spread of disease, due to the close contact that people have with each other on a daily basis in crowded environments. In the event of widespread illness, larger urban centers could possibly face shortages of food, water, and medicine as panic spreads. The inevitable global rise in population over the next century will lead to increased international travel, which in turn could negatively impact the rate of disease transmission and result in devastating effects on international trade. With over two billion people traveling internationally each year, the spread of disease could be nearly unstoppable.

1 CNN, “Deadly diseases: epidemics throughout history,” CNN, 2017
2 Senthilingam, Meera, “Seven reasons we’re at more risk than ever of a global pandemic,” CNN, 10 Apr, 2017
3 Ibid.
Worsening global warming effects also create a deeper concern for the potential of a global epidemic. As ice melts, due to increases in global temperatures, the potential for waterborne illnesses follows. Flooding as a result of higher sea levels creates breeding grounds for insects such as mosquitos, which carry diseases such as Malaria and Dengue Fever. Though 400 million people are already infected with Dengue Fever every year around the world, the number is expected to rise following population and water level increases. The Intergovernmental Panel on Climate Change (IPCC) predicts that nearly five to six billion people could potentially contract Dengue Fever by the 2080s. Historically, Dengue Fever impacted tropical regions with warm and humid climates that were perfect for mosquitos; however, in today’s world, the disease now affects 128 countries and nearly half of the world’s population, due to the unnatural warming of the globe’s urban centers outside of the common tropical regions.

Effects of a global epidemic will more than likely disproportionately impact certain regions of the globe over others. The world’s poorest regions, such as West and Central Africa and Southeast Asia, could experience some of the harshest side effects of an epidemic. Not only are these regions economically-disadvantaged, but also have fewer clinics, health workers, and medicinal resources. During the earlier phases of the 2009 swine flu pandemic, the world’s wealthier countries ordered vaccinations in advance, while poorer countries fell behind in their attempts to combat the disease, as they were “crowded out.” Countries such as the United Arab Emirates, The Netherlands, and China are also reportedly the world’s most prepared countries to handle the health crises of the future, due to their advanced medical technology. Other countries, however, lack the advanced technology that will be necessary to endure the world’s next epidemic and are at a greater risk of higher death tolls and higher rates of illness in general.

Overall preparedness to endure a global health crisis varies from country to country, even within specific regions. The number of health professionals within a country could have a significant impact on a country’s overall ability to withstand the effects of an epidemic. Out of the top ten countries with the most physicians per capita, seven are in Europe, which underlines a prospect that higher-income nations have the means and ability to address disease

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5 Cho, Renee, “How Climate Change Is Exacerbating the Spread of Disease,” Earth Institute, Columbia University, 4 Sep, 2014
6 Ibid.
8 Oppenheim, Ben and Yamey, Gavin, “Pandemics and the Poor,” The Center for Policy Impact in Global Health, 23 Jun, 2017
9 Ibid.
10 Kimpen, Jan, “Which countries are the best – and lest prepared for tomorrow’s health threats?” World Economic Forum, 13 Sep, 2016
11 Kaltwasser, Jared, “The 10 Countries with the Most Physicians Per Capita,” MD Magazine, 05 Dec, 2014
outbreaks more easily than poorer nations. Though a greater access to health care professionals could increase the survival rates during an epidemic, it does not necessarily affect the country’s susceptibility to different diseases. Countries with higher numbers of hospital beds would have an easier time dealing with an influx of patients. Japan, Belarus, and the Republic of Korea all have over 100 hospital beds per 10,000 people, indicating a higher level of preparedness in response to an outbreak of disease.

According to recent studies, the world’s next major pandemic could emerge from tropical regions where disease-carrying species are common and people live in closer contact with various animals. In fact, one study found that bats could be the likely carriers of the next big pandemic, judging by their abilities to easily transmit diseases and reach larger populations of people. In Southeast Asia, bush meat hunting and increased deforestation has led to greater contact between bats and humans, which would inevitably lead to heightened risks of disease transmission.

Though it is nearly impossible for epidemiologists and the World Health Organization to predict exactly when the next disease epidemic will erupt, countries can begin to take steps to prepare for the world’s next outbreak. With potentially devastating diseases such as Ebola, MERS-Cov, and SARS, it is in the best interest of the international community to work together to develop a plan of action in the event of the unthinkable.

Questions to Consider: Should higher-income nations be able to “crowd out” lower-income nations in order to protect themselves over their neighbors? What is the role of the World Health Organization in preparation for the world’s next epidemic? What are the initial steps that the international community should take in the beginning stages of a pandemic?

II: The Use of Traditional Medicines in the 21st Century

For thousands of years, people in nearly every culture across the globe have used traditional herbal medicines as effective remedies for the prevention and treatment of health conditions. With first accounts coming out of China and India documented nearly 5000 years ago, today many people around the globe depend on traditional medicines as their primary source of healthcare, with the practice becoming increasingly popular as supplemental healthcare in developed countries.

Because the use of herbal and traditional medicine is so prolific, it is vitally important for the World Health Organization and member states to ensure their safety and efficacy as a

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12 WHO Data, “Hospital beds (per 10 000 population), United Nations Statistics Division,
13 Ferris, Robert, “Here are the places where the next pandemics are likely to pop up,” CNBC, 21 Jun, 2017
14 Ibid.
15 Rivera JO, Loya AM, Ceballos R, “Use of Herbal Medicines and Implications for Conventional Drug Therapy Medical Sciences”. Altern Integr Med 2:130. 2013
strategic outcome of their work to promote the health and safety of all; however, at present little research has been done on the effectiveness of traditional medicines, their potential harms, or their interactions with other traditional or modern medicines.\textsuperscript{16} Furthermore, in many countries, herbal and traditional medicines are either under-regulated or unregulated entirely, creating challenges for doctors who are unsure about potential interactions with conventional prescriptions or therapies;\textsuperscript{17} an issue that is compounded by the increasing accessibility to herbs due to globalization.\textsuperscript{18}

The role of culture is incredibly important in understanding the use of traditional medicines with many countries having “their own traditional or indigenous forms of healing which are firmly rooted in their culture and history.”\textsuperscript{19} Because this represents an important element in cultural heritage, the World Health Organization has taken many steps to address concerns by protecting this cultural heritage, while working to advance the health and safety of people across the globe. In 2013, the WHO established the “WHO Traditional Medicine (TM) Strategy 2014–2023” in response to the 2009 World Health Assembly resolution (WHA62.13) (1) on traditional medicine.\textsuperscript{20} “Urging national governments to respect, preserve, and widely communicate traditional medicine knowledge,”\textsuperscript{21} Resolution 62.13 pressed member states towards the goals of “harnessing the potential contribution of TM to health, wellness and people-centered health care; [and] promoting the safe and effective use of TM by regulating, researching and integrating TM products, practitioners and practice into health systems, where appropriate”\textsuperscript{22} by supporting states in a number of areas including the development of enforcement policies, research and development, regulation, education and training, and safety and quality assessment.\textsuperscript{23}

While the use of herbal remedies and therapies, such as yoga and acupuncture constitute a considerable mass of the traditional medicine issue, the use of traditional medicines in some parts of the world have also created a number of other challenges, such as the use of drugs, and the illicit trade of endangered animals and animal products frequently used in Chinese, Indian, and African traditional medicines.\textsuperscript{24} The use of animal products is particularly an issue in regards to traditional Chinese medicine (TCM), which frequently uses

\textsuperscript{17} Ibid.
\textsuperscript{18} Ibid.
\textsuperscript{19} World Health Organization, “WHO Traditional Medicine Strategy, 2014-2023”, WHO.
\textsuperscript{20} Ibid.
\textsuperscript{22} World Health Organization, “WHO Traditional Medicine Strategy, 2014-2023”, WHO.
\textsuperscript{23} Ibid.
items such as tiger bones, elephant and rhinoceros horns, and shark fins, among others,\textsuperscript{25} putting immense pressure on endangered species populations and contributing to a rise in poaching and the black market. To understand the scope of the issue, it is estimated that while only 13\% of TCM is derived from animals, “at least a quarter of the world’s human population use medical practices based on TCM;”\textsuperscript{26} a number that continues to grow as population increases and the use of TCM gains popularity across the globe. This further contributes to other global issues including an increase in poaching, smuggling, and organized crime.

Though there have been great advancements in modern medicine over the last century, the use of traditional and herbal medicine remains a significant aspect of global health and wellness. Used by billions of people across the globe as treatments for minor and severe injuries, illnesses, and medical conditions, these medicines represent an important piece of cultural identity and heritage. Despite this, however, many doctors and scientists have failed to adequately research, study, and analyze the effectiveness of traditional medicines in favor of modern scientific medicine. This lack of institutional knowledge coupled with the scope of its use has created a significant challenge for the World Health Organization in its quest to balance cultural identity and values while promoting the health and safety of those around the globe

\textbf{Questions to Consider:} How can the World Health Organization work to protect cultural heritage and medical advancement? What barriers exist in improving the safety and efficacy of traditional cultural medicines? What challenges to individual states face in improving or addressing the use of traditional medicines within their borders? What other issues does the use of traditional medicine create or influence?


\textsuperscript{26} Ibid.