



**United Nations World Health Organization
Background Guide**

Written by: *Mei Ling Wilson, George Washington University*
Tim Sprunt, Case Western Reserve University

The United Nations World Health Organization (WHO) was created on April 7, 1948. The WHO works with 194 United Nations Member States, across six regions, and together with over 150 offices around the world, to direct and coordinate international health within the United Nations system. The WHO's main areas of work are health systems; health through the life-course; non communicable and communicable diseases; preparedness, surveillance, and response; and corporate services.¹ The WHO plays an important role in coordinating the efforts of governments with partners including funds and foundations, civil society organizations, and the private sector. The organization also contributes research by collecting data on global health issues and reporting on health statistics in all nations in *The World Health Report*, WHO's flagship publication.

I. Combating Malnutrition in Middle and Low Income Nations

Statement of the Issue:

According to the World Health Organization, malnutrition refers to deficiencies or excesses in nutrient intake, imbalance of essential nutrients or impaired nutrient utilization. Malnutrition is evident across many different types of situations, as it carries the double burden of both undernutrition, manifested in wasting, stunting, underweight, and micronutrient deficiency, and obesity, which often makes individuals at risk for a number of different diet-related health concerns. In 2016, an estimated 155 million children under the age of 5 years were suffering from stunting, while 41 million were overweight or obese.²

Malnutrition is more common in middle and low income nations, although globalization and inequality of wealth has made low income individuals in wealthy countries more susceptible

to malnutrition. Across all scenarios, malnutrition carries a number of serious long-term implications, including damage to physical and cognitive development and loss of productivity.³ More often than not, malnutrition is perpetuated in a cycle of poverty and poor health.

Malnutrition continues to be a major cause of preventable deaths of young children around the world. The WHO estimates that around 45% of deaths among children under the age of 5 are linked to malnutrition.⁴ Malnutrition puts children at greater risk of dying from common infections, increases the frequency or severity of infection, and slows recovery.⁵ As malnutrition disproportionately affects women, children, and infants, a challenge for the international community will be to ensure solutions are appropriately catered to the receiving parties, and that solutions are focused on optimizing nutrition at the early stages of life for long-term health.

The United Nations General Assembly proclaimed 2016-2025 the “United Nations Decade of Action on Nutrition.” The “Decade,” led by the WHO and the Food and Agriculture Organization of the United Nations (FAO), calls for a number of policy actions that target malnutrition, including but not limited to: building safe and supportive environments for nutrition at all ages, strengthening and promoting nutrition governance, and accountability everywhere. States should make their best effort to address and implement their commitments made at the Second International Conference on Nutrition (ICN2), as well as toward the *Agenda for Sustainable Development* goals, within the United Nations’ given timeline.⁽²⁾

History:

As recently as the 1950s, the international scientific community did not know much about malnutrition, as our knowledge of the immune system was quite primitive. However, a paper completed in 1959 documented the cyclical interactions between malnutrition and infection. In 1968, the authors of the original paper transformed their work into a book, which was later published as a WHO monograph.⁶

The United Nations first formally recognized hunger and malnutrition at the World Food Conference on November 16th, 1974. Named, “The Universal Declaration on the Eradication of Hunger and Malnutrition,” the UN acknowledged the elimination of hunger and malnutrition as one of the objectives in the United Nations Declaration on Social Progress and Development. The Conference proclaimed that every man, woman, and child has the inalienable right to be free from hunger and malnutrition in order to develop fully and maintain their physical and mental faculties, and it is the fundamental responsibility of Governments to work together for

higher food production and a more equitable and equal distribution of food between and within countries.⁷

In the 21st century, the United Nations and WHO have further articulated a number of health and development targets to be realized within a given time period. The 2012 WHO Assembly Resolution 65.6: Comprehensive implementation plan on maternal, infant and young child nutrition specified 6 global nutrition goals to be achieved by the year 2025. The targets include achieve a 40% reduction in the number of children under-5 who are stunted; achieve a 50% reduction of anaemia in women of reproductive age; achieve a 30% reduction in low birth weight; ensure that there is no increase in childhood overweight; increase the rate of exclusive breastfeeding in the first 6 months up to at least 50%; reduce and maintain childhood wasting to less than 5%.⁸ Despite these goals, the 2018 Global Nutrition Report suggests the the world was not on track to meet the goals set. The data revealed that there had been reductions in the number of children affected by stunting since 2000, although the number of overweight among children under five years has increased over time.⁹

In building upon these target goals, WHO is also working toward ending all forms of malnutrition by 2030 in accordance with the Sustainable Development Goals. The *Zero Hunger* goal emphasizes poor nutrition as a prevailing cause of death amongst children under the age of five. It also states the need for change within the global food and agriculture system as a prerequisite to ensuring food and nutrition security.¹⁰ In recognizing the need for a multi-sectoral approach that involves healthcare, sanitation, education, and agriculture, the WHO and international community will need to continue to work together in order to meet the targets by the specified year.

Analysis:

Malnutrition impacts people of all nations and ages, however, children and low-income individuals are more susceptible. Malnutrition has the capacity to limit an individual's development throughout the lifespan, beginning from childhood with the ability to learn and keep up with peers in academic settings, and all throughout life as malnutrition increases the likelihood of many noncommunicable diseases. In many cases, malnutrition perpetuates itself in a multi-generational cycle. For instance, a woman who becomes anaemic during pregnancy may likely give birth to an underweight baby that later encounters developmental delays.¹¹ As malnutrition is one of the leading causes of preventable deaths in children, it also contributes to a higher birth rate in low income countries, which contributes to a cycle of poverty. Combating

malnutrition thus requires solutions that holistically address root causes and enabling factors throughout multiple generations.

Around the world, globalization has been a major factor in the rise of nutrient-deficient food. Complex global supply chains and the availability of supermarkets, convenience stores, and fast food has allowed people greater access to cheaper, yet more unhealthy food.⁽³⁾ In a globalized world, traditional meals are more commonly being replaced by convenience-based, nutrient deficient food. Foods that are high in saturated fats, sodium, and sugar put individuals at risk of developing diet-related diseases and thus impact states on a macroeconomic level by raising the cost of healthcare and stunting the population's long-term economic productivity. The loss of human productivity has long-lasting consequences for a state's ability to develop its human capital.

It is clear that a focus on nutrition is necessary to sustainable international development. Nutrition programs have been a prominent area of international development for many years. For one, the United States Agency for International Development (USAID) has developed an approach to malnutrition that prioritizes nutrition-specific interventions for women and children, meaning investments are focused on addressing underlying or systemic causes of inadequate nutrition.

Many of the United Nations' high level forums have addressed global food security, while fewer have addressed nutrition specifically. The Millenium Development Goals, for instance, include the goal of eradicating "extreme poverty and hunger." The United Nations has progressed toward including specific mentions of nutrition in the more recent Sustainable Development Goals. Because ensuring nutrition security for all will continue to be a great challenge, it is important that the international community recognize the need for strengthened healthcare and food provision services and the need to act both state by state and as one community in these goals. Additionally, malnutrition and the diseases that come from it are preventable, and it is in the international community's interest to act on this issue. In the long term, it could likely prevent nations from spending money on matters of healthcare if populations remain more healthful.

Conclusion:

Malnutrition is a complex issue impacting people of all nations and backgrounds. While hunger and malnutrition has certainly been an enduring challenge throughout the existence of the human race, it remains as one of the leading causes of preventable deaths among young children around the world. The current era of globalization has radically altered individuals'

relationship to food; as a result, real solutions to malnutrition and hunger will need to reconcile with the challenges of today's changing food production and distribution landscape. For many of the current Sustainable Development goals, including ones involving education and women's empowerment, ensuring proper nutrition at an early stage will surely be a precursor to realizing the targets. If the international community is to invest in sustainable development, a coordinated focus on nutrition security, rather than food security in of itself, is needed.

Questions:

1. In the age of globalization and its accompanying inequality, how can middle and low income nations offer their growing populations more nutritious alternatives to cheap, processed food?
2. How can nutrition aid best be suited to address the so-called "double burden" of malnutrition?
3. How can we ensure that food-related aid is, in fact, sustainable development?

Resources

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- ³The Changing Face of Malnutrition: The State of the World's Children 2019. (n.d.). Retrieved June 26, 2020, from <https://features.unicef.org/state-of-the-worlds-children-2019-nutrition/>
- ⁴Malnutrition. (n.d.). Retrieved June 26, 2020, from <https://www.who.int/health-topics/malnutrition>
- ⁵Malnutrition in Children. (2020, March). Retrieved June 26, 2020, from <https://data.unicef.org/topic/nutrition/malnutrition/>
- ⁶Keusch, G. T. (2003). The History of Nutrition: Malnutrition, Infection and Immunity. *The Journal of Nutrition*, 133(1). doi:10.1093/jn/133.1.336s
- ⁷Declaration on the Eradication of Hunger and Malnutrition. (n.d.). Retrieved June 26, 2020, from <https://www.ohchr.org/EN/ProfessionalInterest/Pages/EradicationOfHungerAndMalnutrition.aspx>
- ⁸*Global Nutrition Targets 2025: Policy Brief Series* (Publication). (2014). World Health Organization.
- ⁹*2018 Global Nutrition Report: Shining a light to spur action on nutrition* (Rep.). (2018). Bristol, UK: Development Initiatives.
- ¹⁰Goal 2: Zero Hunger – United Nations Sustainable Development. (n.d.). Retrieved July 10, 2020, from <https://www.un.org/sustainabledevelopment/hunger/>
- ¹¹The Faces of Malnutrition. (2016, July 20). Retrieved June 26, 2020, from https://www.unicef.org/nutrition/index_faces-of-malnutrition.html

II. Mental Health Awareness and Improving International Responses to Mental Health Crises

Statement of the Issue:

The United Nations recognizes that mental health awareness is vital for creating a better society. Persons with mental and psychosocial disabilities represent a significant proportion of the world's population, as millions of people globally have mental health conditions and about one in four will experience a mental health condition in their lifetime. Additionally, suicide is the third leading cause of death among young people every year, and depression is cited as the leading cause of years lost due to disability worldwide. In developed and developing countries, mental health problems, including substance abuse, are among the ten leading causes of disability.

Fortunately, there is growing recognition within the international community that invisible disabilities like mental health are one of the most essential developmental issues in achieving worldwide development goals.¹ In 2015, the General Assembly at the United Nations included mental health and substance abuse in the Sustainable Development Agenda. This was the first formal action taken by world leaders in recognizing the promotion and importance of mental health and well-being, and is likely to have a positive impact on communities and countries where millions of people will receive help.²

History:

The first formal resolution specifically devoted to those with mental illnesses was adopted through the General Assembly in December of 1991. In comparison, the UN has passed action devoted to persons with disabilities for many decades. The resolution on mental illness was officially titled "Principles for the protection of persons with mental illness and the improvement of mental health care," and the principles outlined were to be applied without discrimination of any kind. These included elements ranging from the recognition of basic human rights and the protection of minors, to confidentiality, the role of community and culture, and determinations of medication and treatment, in addition to language covering mental health facilities.³

In 2012, the WHO launched the QualityRights Initiative, aimed at improving access to quality mental health and social services, along with promoting the rights of people with mental health conditions, psychosocial, intellectual, and cognitive disabilities. The objectives were to reform national policies and legislation, improve quality of care related to both inpatient and

outpatient services, and create community based and recovery oriented programs that respect and promote human rights as it relates to mental health.⁴

One year later, the 66th World Health Assembly adopted the WHO's comprehensive mental health action plan, set from 2013-2020. Cited as a landmark achievement, it focused international attention on an action plan calling for changes in attitudes that perpetuate stigma and discrimination, and called for an expansion of services in order to promote greater efficiency in the use of resources. The action plan had four major objectives. Chief among them were strengthening effective leadership and governance for mental health, along with strengthening information systems, evidence, and research for mental health programs.⁵

A new resolution on Mental Health and Human Rights was adopted in 2016 which called on member States to view mental health care from a human perspective and take action accordingly. The resolution echoed sentiments from the WHO that "health is a state of complete physical, mental, and social well-being," emphasizing that mental health is an integral part of the right to good health. There was also formal acknowledgement that greater commitment by member States is needed to address this challenge and ensure that measures are taken to maximize the potential of the current existing resources.⁶

Analysis:

There are personal, economic, and societal costs of mental health. Persons with these disabilities are often the recipients of unfair stigma and discrimination and are more likely to experience high levels of physical and sexual abuse. Poor mental health is also a leading cause and consequence of poverty, mediocre education, gender inequality, and violence. The ability to work productively and to one's full capacity, as well as the potential to make contributions to his or her community, can be extremely limited.¹

The approach of mental health from the international community needs to take on a different perspective, and one with greater haste, following the COVID-19 outbreak. Health experts at the United Nations have warned that a mental illness crisis is looming as millions of people across the world are surrounded by death and disease and forced into isolation, poverty, and extreme anxiety. Devora Kestel, director of the WHO's mental health department, said that governments should put this issue "front and center." Children and young people, who are lacking social interaction, along with healthcare professionals operating on the frontlines are groups of people who are potentially more vulnerable to mental distress and depression. Calls have been made to reinvest in psychological services and establish more remote therapy options through tele-counseling for frontline workers, along with those at a higher risk for

domestic violence and acute impoverishment.⁷ The stress of the pandemic has also led to an increase in substance abuse. According to Canada's national statistics agency, one fifth of Canadians aged 15-49 had increased their alcohol consumption since the start of the crisis. These addictive behaviors can lead to a rise in "deaths of despair," more commonly known as deaths related to suicide and the misuse of alcohol and drugs. In the United States alone, the effects of the virus likely mean that as many as 75,000 more people will die from drug or alcohol misuse or suicide.⁸

Lastly, the international community should take note of the differences in treatment individuals receive with mental health issues around the world. Both care for mental health issues and social norms surrounding them differ greatly in each country; the United Nations should fight for equitable and just treatment of all individuals.

Conclusion:

Mental health awareness has been difficult to address over the years because it is an invisible disability. However, this does not take away its extreme importance and relevance on the international stage. The United Nations and the international community should continue to adopt resolutions and formulate action plans aimed at addressing mental health around the world. Decades of neglect and underinvestment in addressing people's mental health has been exposed more deeply by the COVID-19 pandemic. It is likely that a host of initiatives and programs aimed at combating the effects of the virus on mental health will be established. However, it is imperative that the movement continue beyond the pandemic, as this is an issue that will always be present globally.

Questions:

1. In what ways can the international community quickly and effectively combat mental health issues?
2. How can the international community help raise mental health awareness in the wake of COVID-19?
3. In past decades, mental health has been framed as a human rights issue. Is this an effective approach, or would the issue fare better if placed under a different category?
4. In an era of social media and technology where perceptions can be altered, what can be done to reduce unfair stigmas surrounding mental health?

Resources

- ¹“Mental Health and Development Enable.” *United Nations*, United Nations, www.un.org/development/desa/disabilities/issues/mental-health-and-development.html.
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- ³“Principles for the Protection of Persons with Mental Illness.” *OHCHR*, www.ohchr.org/EN/ProfessionalInterest/Pages/PersonsWithMentalIllness.aspx.
- ⁴“WHO QualityRights Initiative – Improving Quality, Promoting Human Rights.” *World Health Organization*, World Health Organization, 25 May 2020, www.who.int/mental_health/policy/quality_rights/en/.
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- ⁸Dwyer, Colin. “Some Of The Greatest Causes Of Misery: U.N. Warns Of Pandemic's Mental Health Costs.” *NPR*, 14 May 2020, www.npr.org/sections/coronavirus-live-updates/2020/05/14/855894146/some-of-the-greatest-causes-of-misery-u-n-warns-of-pandemic-s-mental-health-cost.