World Health Organization (WHO)

Background Guide

2026-2027

Cleveland Council on WORLD AFFAIRS

World Health Organization (WHO) Background Guide

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Written May 2026

The World Health Organization (WHO) is the specialized agency of the United Nations that is responsible for coordinating international public health efforts and promoting global health security. It was established in 1948 and is headquartered in Geneva, Switzerland. WHO works with all of the UN's 193 member states to address infectious diseases, strengthen healthcare systems, improve access to medical services, and coordinate responses to public health emergencies.

The WHO plays a central role in monitoring disease outbreaks, supporting vaccination programs, developing international health standards, and assisting states in preparing for and responding to health crises. Through frameworks such as the International Health Regulations (IHR), the organization facilitates cooperation among member states to detect, report, and contain public health threats before they develop into larger international emergencies.

Global health challenges, such as the economic and social fallout of infectious disease pandemics (most recently the COVID-19 coronavirus, Ebola, and hantavirus), inequities in research and treatments of rare diseases, and widespread healthcare system inequalities, continue to affect populations worldwide. The WHO remains one of the most important forums for international cooperation on public health policy and emergency response.

I. Eradication of Rare Diseases

Statement of Issue:

Rare diseases have increasingly emerged as a significant global health challenge despite the relatively small number of individuals affected by each condition. Collectively, rare diseases impact more than 300 million people worldwide and encompass over 7,000 distinct disorders.[1] Although each disease may affect only a small portion of the population, their cumulative burden

[1] Centers for Disease Control and Prevention, "Achieving the Eradication of Disease," *Morbidity and Mortality Weekly Report* 48, no. SU-01 (1999), https://www.cdc.gov/mmwr/preview/mmwrhtml/su48a7.htm

represents a major public health concern that affects healthcare systems, scientific research, economic development, and the quality of life of millions of individuals and families. Historically, rare diseases have received less attention than more widespread illnesses because of their low prevalence, resulting in limited research, delayed diagnoses, and inadequate treatment options. In recent years, however, advances in genetics, biotechnology, and international cooperation have brought renewed attention to the challenges faced by individuals living with rare diseases.

There is no universally accepted definition of a rare disease. Different countries and regions establish their own criteria based on prevalence rates within their populations. In the United States, a disease is generally considered rare if it affects fewer than 200,000 individuals nationwide, while the European Union defines a rare disease as one affecting fewer than five people per 10,000 inhabitants.[2] Despite differences in definition, rare diseases share many common characteristics. Most are chronic, progressive, and debilitating conditions that significantly affect quality of life. Many require lifelong medical care and can result in severe physical disabilities, developmental delays, organ dysfunction, or premature death. The impact of these diseases often extends beyond patients themselves, affecting caregivers, families, healthcare providers, and broader communities.

Scientific research has demonstrated that approximately 80 percent of rare diseases have a genetic origin.[3] These conditions result from mutations in one or more genes and are often inherited through families, although some occur spontaneously through new genetic changes. Examples include cystic fibrosis, Huntington's disease, Duchenne muscular dystrophy, spinal muscular atrophy, and numerous rare metabolic disorders. Other rare diseases may result from infectious agents, environmental factors, autoimmune disorders, or causes that remain poorly understood. Because many rare diseases affect multiple organ systems and present highly variable symptoms, diagnosis can be particularly difficult even for experienced healthcare professionals.

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[2] National Human Genome Research Institute, "Rare Diseases FAQ," accessed June 24, 2026, https://www.genome.gov/FAQ/Rare-Diseases.

[3] National Human Genome Research Institute, "Rare Diseases FAQ," accessed June 24, 2026, https://www.genome.gov/FAQ/Rare-Diseases.

One of the most significant challenges associated with rare diseases is obtaining an accurate diagnosis. Patients frequently experience what medical professionals refer to as a "diagnostic odyssey," a prolonged process involving consultations with numerous specialists, repeated testing, and years of uncertainty before a definitive diagnosis is reached. Research examining rare disease populations has found that many patients wait several years before receiving accurate diagnoses, while some remain undiagnosed indefinitely.[4] During this period, patients may receive inappropriate treatments, experience worsening symptoms, and face substantial emotional and financial burdens. Delayed diagnosis can also reduce opportunities for early intervention and limit the effectiveness of available treatments.

The challenges associated with diagnosis are particularly severe in low- and middle-income countries. Advanced diagnostic tools such as genomic sequencing, specialized laboratory testing, and genetic counseling services remain inaccessible to many populations worldwide. Healthcare systems in developing countries often face shortages of trained specialists, limited funding, and insufficient infrastructure to support comprehensive rare disease care. As a result, significant disparities exist between countries regarding the ability to identify and manage rare diseases effectively. These inequalities contribute to broader concerns regarding health equity and access to healthcare services on a global scale.

Treatment availability also presents another major obstacle. Although scientific understanding of rare diseases has improved dramatically over recent decades, effective therapies remain unavailable for the vast majority of conditions. According to discussions within the World Health Organization, more than 95 percent of rare diseases currently lack approved treatments.[5] Patients living with these conditions often rely on symptom management rather than curative therapies, and many continue to experience progressive health deterioration despite medical intervention. Even when treatments do exist, they are frequently associated with

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[4] Carlos R. Ferreira, "Rare Diseases and Orphan Products: Accelerating Research and Development," in *Rare Diseases Epidemiology: Update and Overview*, ed. Manuel Posada de la Paz and Stephen C. Groft (Bethesda, MD: National Center for Biotechnology Information, 2010), Accessed June 24 2026 https://www.ncbi.nlm.nih.gov/books/NBK98117/.

[5] World Health Organization, *Rare Diseases: An Urgent Global Health Priority*, Executive Board, 156th Session, EB156/CONF./2 (Geneva: World Health Organization, 2026), accessed June 24, 2026, https://apps.who.int/gb/ebwha/pdf_files/EB156/B156_CONF2-en.pdf.

extremely high costs that place them beyond the reach of many individuals and healthcare systems.

The economic challenges associated with rare disease treatment are closely linked to the unique characteristics of pharmaceutical development. Because rare diseases affect relatively small patient populations, companies may face difficulties recovering the substantial costs associated with research, clinical trials, regulatory approval, and production. To address these challenges, many governments have adopted orphan drug policies designed to encourage investment in rare disease research. These policies often include tax incentives, grants, regulatory support, and periods of market exclusivity for approved treatments. While such initiatives have contributed to important scientific advances, significant gaps in treatment availability continue to persist.

Recent developments in biotechnology have generated considerable optimism regarding the future treatment of rare diseases. Advances in genomic sequencing have dramatically improved the ability of researchers and healthcare providers to identify disease-causing genetic mutations. These technologies have transformed understanding of disease mechanisms and enabled the development of increasingly targeted therapies. In particular, gene therapy and gene-editing technologies have emerged as some of the most promising innovations in modern medicine. Rather than simply managing symptoms, these approaches seek to address the underlying genetic causes of disease by modifying or replacing defective genes.

Among these emerging technologies, CRISPR gene-editing systems have attracted significant attention from researchers and policymakers. Scientists have demonstrated that CRISPR may be capable of correcting specific genetic mutations responsible for certain inherited disorders.[6] Early clinical trials have produced encouraging results, raising hopes that some rare diseases may eventually become treatable or potentially curable through genetic intervention. Nevertheless, these technologies remain associated with significant challenges, including concerns regarding long-term safety, ethical considerations, affordability, and regulatory

[6] Yale School of Medicine, "The Future of Gene Editing Treatments for Rare Diseases," accessed June 24, 2026, https://medicine.yale.edu/news-article/the-future-of-gene-editing-treatments-for-rare-diseases/

oversight. Ensuring equitable access to these innovations remains a major concern within international health policy discussions.

Beyond their medical implications, rare diseases also raise important social and economic concerns. Patients and families frequently face substantial financial burdens associated with medical expenses, travel costs, lost income, and long-term caregiving responsibilities. Educational and employment opportunities may be limited by disease-related disabilities, while social stigma and lack of awareness can contribute to isolation and discrimination. The cumulative economic impact of rare diseases extends beyond individual households, affecting healthcare systems, labor markets, and national economies. Consequently, addressing rare diseases requires comprehensive approaches that extend beyond medical treatment alone.

Recognition of rare diseases as a global health issue has grown substantially in recent years. International advocacy organizations, patient groups, researchers, and healthcare professionals have increasingly emphasized the need for coordinated action to improve diagnosis, treatment access, research funding, and patient support services. These efforts have contributed to greater visibility within international institutions such as the World Health Organization and the broader United Nations. Discussions during the Seventy-Eighth World Health Assembly and subsequent WHO Executive Board meetings highlighted the growing consensus that rare diseases represent an important component of global health equity and universal health coverage efforts.[7]

The World Health Organization has increasingly encouraged member states to strengthen national policies addressing rare diseases while promoting international cooperation in research, surveillance, and healthcare delivery. Current discussions emphasize improving diagnostic capabilities, supporting innovation, expanding treatment access, strengthening healthcare infrastructure, and reducing disparities between developed and developing countries. These initiatives reflect a broader recognition that although individual rare diseases may affect relatively small populations, their collective impact requires sustained international attention and collaboration.

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[7] World Health Organization, *Rare Diseases: An Urgent Global Health Priority*, Executive Board, 156th Session, EB156/CONF./2 (Geneva: World Health Organization, 2026), accessed June 24, 2026, https://apps.who.int/gb/ebwha/pdf_files/EB156/B156_CONF2-en.pdf.

Ultimately, rare diseases present a complex challenge that intersects with issues of healthcare access, scientific innovation, economic development, and human rights. Significant progress has been achieved through advances in genetics, biotechnology, and international cooperation. However, millions of individuals continue to face barriers related to diagnosis, treatment, affordability, and long-term care. As member states consider future strategies for addressing rare diseases, delegates must evaluate how governments, international organizations, healthcare providers, researchers, and private industry can work together to improve outcomes for affected populations while ensuring that scientific progress benefits individuals worldwide.

History:

Although rare diseases have existed throughout human history, they remained largely overlooked within healthcare systems and public health policy for much of the twentieth century. Medical research traditionally focused on diseases affecting large populations, often leaving individuals with rare conditions without adequate treatment options or scientific attention. Many rare diseases were poorly understood, misdiagnosed, or entirely unrecognized due to limited medical knowledge and the absence of modern genetic technologies. As a result, patients frequently experienced significant delays in diagnosis and received little support from healthcare institutions.[8]

The development of modern genetics during the twentieth century transformed scientific understanding of rare diseases. Researchers increasingly discovered that many rare conditions resulted from inherited genetic mutations, allowing physicians to better understand the biological causes of diseases that had previously remained unexplained. Advances in molecular biology and genetic research enabled scientists to identify links between specific genes and numerous rare disorders.

A major turning point in rare disease policy occurred during the late twentieth century with growing recognition that traditional pharmaceutical markets provided few incentives for developing treatments for rare conditions. Because patient populations were relatively small,

[8] Carlos R. Ferreira, "Rare Diseases and Orphan Products: Accelerating Research and Development," in *Rare Diseases Epidemiology: Update and Overview*, ed. Manuel Posada de la Paz and Stephen C. Groft (Bethesda, MD: National Center for Biotechnology Information, 2010), accessed June 24, 2026, https://www.ncbi.nlm.nih.gov/books/NBK98117/.

pharmaceutical companies often considered research and development efforts financially unprofitable. This challenge led to the emergence of the "orphan disease" movement, which sought to encourage governments and industry to invest in treatments for neglected conditions. The passage of the United States' Orphan Drug Act in 1983 represented one of the most significant milestones in rare disease policy. The legislation introduced tax incentives, research grants, and market exclusivity protections for companies developing therapies for rare diseases. These measures significantly increased pharmaceutical investment and later served as a model for similar policies adopted by other countries and regions.[9]

Scientific progress accelerated further with the launch of the Human Genome Project in 1990. This international initiative aimed to identify and map all human genes, fundamentally transforming the understanding of genetic diseases. Completed in 2003, the project provided researchers with powerful tools for identifying disease-causing mutations and investigating the genetic foundations of thousands of rare disorders. Improvements in genetic sequencing technologies following the completion of the Human Genome Project dramatically reduced the cost and time required to analyze genetic information. These advances enabled physicians to diagnose rare diseases with greater accuracy and contributed to the development of personalized treatment approaches.[10]

Throughout the early 21st century, patient advocacy organizations became increasingly influential in promoting awareness of rare diseases. Families, healthcare providers, and advocacy groups worked to draw attention to the challenges faced by individuals living with rare conditions, including delays in diagnosis, limited treatment options, and inadequate healthcare services. These organizations played an important role in encouraging governments to recognize rare diseases as a broader public health concern rather than isolated medical conditions. International cooperation among advocacy groups also contributed to greater research

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[9] Carlos R. Ferreira, "Rare Diseases and Orphan Products: Accelerating Research and Development," in *Rare Diseases Epidemiology: Update and Overview*, ed. Manuel Posada de la Paz and Stephen C. Groft (Bethesda, MD: National Center for Biotechnology Information, 2010), accessed June 24, 2026, https://www.ncbi.nlm.nih.gov/books/NBK98117/.

[10] National Human Genome Research Institute, "Rare Diseases FAQ," accessed June 24, 2026, https://www.genome.gov/FAQ/Rare-Diseases.

collaboration and increased public awareness regarding the collective burden of rare diseases worldwide.[11]

Advances in genomic medicine during the 2010s further transformed the rare disease landscape. New diagnostic technologies enabled healthcare providers to identify disease-causing mutations more efficiently than ever before, while researchers began developing targeted therapies designed to address specific genetic abnormalities. Rather than simply treating symptoms, scientists increasingly focused on understanding and correcting the underlying causes of disease. These developments contributed to the growth of precision medicine, an approach that tailors medical treatment to the genetic characteristics of individual patients.[12]

More recently, innovations in gene therapy and gene-editing technologies have generated considerable optimism regarding the future treatment of rare diseases. Technologies such as CRISPR-Cas9 have demonstrated the potential to modify disease-causing genetic mutations directly, raising the possibility of treating or even curing certain inherited disorders. Researchers have reported promising results in early clinical studies, particularly for conditions caused by single-gene mutations. Although many of these therapies remain under development, they represent one of the most significant scientific advances in rare disease research and have attracted growing attention from governments, healthcare institutions, and international organizations.[13]

International recognition of rare diseases has continued to expand in recent years. Discussions within the World Health Organization, the United Nations, and other international institutions have increasingly emphasized the need to improve diagnosis, strengthen healthcare systems, expand access to treatment, and promote research collaboration. During the Seventy-Eighth World Health Assembly in 2025, member states highlighted rare diseases as an important global health issue and called for greater international cooperation to address the challenges faced by affected individuals and families. These discussions culminated in further action by the

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[11] Justyna Zurek et al., "Rare Diseases as a Global Health Priority: Progress, Challenges, and Future Directions," *International Journal of Environmental Research and Public Health* 19, no. 19 (2022), accessed June 24, 2026, https://pmc.ncbi.nlm.nih.gov/articles/PMC9554627/.

[12] National Human Genome Research Institute, "Rare Diseases FAQ," accessed June 24, 2026, https://www.genome.gov/FAQ/Rare-Diseases.

[13] Yale School of Medicine, "The Future of Gene Editing Treatments for Rare Diseases," accessed June 24, 2026, https://medicine.yale.edu/news-article/the-future-of-gene-editing-treatments-for-rare-diseases/

WHO Executive Board, which advanced proposals encouraging member states to strengthen rare disease policies and improve healthcare access for affected populations.[14]

Today, rare diseases are increasingly recognized as a significant component of global health equity and universal health coverage efforts. While scientific advances have dramatically improved understanding of these conditions and created new opportunities for treatment, millions of individuals continue to face barriers related to diagnosis, affordability, healthcare access, and long-term care. As research continues to advance and new therapies emerge, policymakers must determine how to ensure that these innovations are accessible to patients worldwide.[15]

Analysis:

The growing recognition of rare diseases as a global health priority reflects broader changes in international healthcare policy, scientific research, and public awareness. Although each rare disease affects a relatively small number of individuals, their collective impact affects more than 300 million people worldwide and presents significant challenges for healthcare systems, governments, researchers, and patients. The World Health Organization (WHO) has increasingly emphasized that rare diseases should be addressed through comprehensive approaches that strengthen healthcare systems, improve diagnostic capabilities, expand treatment access, and promote international cooperation.[16] Despite considerable scientific progress, numerous obstacles continue to prevent affected individuals from receiving timely diagnoses, effective treatments, and adequate long-term support. As a result, rare diseases remain an important and evolving issue within contemporary global health governance.

One of the most significant challenges associated with rare diseases is delayed diagnosis. Because many rare diseases affect only a small number of individuals, healthcare providers often

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[14] World Health Organization, "Seventy-Eighth World Health Assembly – Daily Update, 24 May 2025," accessed June 24, 2026, http://www.who.int/news/item/24-05-2025-seventy-eighth-world-health-assembly---daily-update--24-may-2025.

[15] World Health Organization, *Rare Diseases: An Urgent Global Health Priority*, Executive Board, 156th Session, EB156/CONF./2 (Geneva: World Health Organization, 2026), accessed June 24, 2026, https://apps.who.int/gb/ebwha/pdf_files/EB156/B156_CONF2-en.pdf.

[16] World Health Organization, *Rare Diseases: An Urgent Global Health Priority*, Executive Board, 156th Session, EB156/CONF./2 (Geneva: World Health Organization, 2026), accessed June 24, 2026, https://apps.who.int/gb/ebwha/pdf_files/EB156/B156_CONF2-en.pdf.

have limited familiarity with their symptoms and progression. In many cases, patients experience years of uncertainty before receiving an accurate diagnosis, a process commonly referred to as the "diagnostic odyssey." Research examining rare disease populations has found that individuals frequently consult multiple specialists, undergo repeated testing, and receive incorrect diagnoses before their condition is properly identified.[17] These delays may result in disease progression, reduced treatment effectiveness, emotional distress, and increased healthcare costs. For many patients, obtaining an accurate diagnosis represents the first major obstacle in managing their condition.

The diagnostic challenge is particularly severe in low- and middle-income countries. Modern diagnosis of rare diseases increasingly relies upon advanced technologies such as genomic sequencing, molecular testing, and specialized laboratory analysis. However, access to these technologies remains highly uneven across the international community. Many healthcare systems lack the infrastructure, funding, and trained personnel necessary to perform comprehensive genetic testing. Consequently, patients in developing countries often face significantly longer diagnostic delays than those living in wealthier nations.[18] These disparities contribute to broader inequalities in health outcomes and limit opportunities for early intervention.

Closely connected to diagnosis is the issue of healthcare awareness and education. Because thousands of rare diseases exist, most healthcare providers encounter only a limited number of cases throughout their careers. Medical education programs often devote relatively little time to rare disease recognition, making it difficult for physicians to identify symptoms that may indicate an uncommon condition. As a result, patients frequently receive inappropriate treatments or referrals before obtaining accurate diagnoses. Expanding professional education,

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[17] Carlos R. Ferreira, "Rare Diseases and Orphan Products: Accelerating Research and Development," in *Rare Diseases Epidemiology: Update and Overview*, ed. Manuel Posada de la Paz and Stephen C. Groft (Bethesda, MD: National Center for Biotechnology Information, 2010), accessed June 24, 2026, https://www.ncbi.nlm.nih.gov/books/NBK98117/.

[18] World Health Organization, *Rare Diseases: An Urgent Global Health Priority*, Executive Board, 156th Session, EB156/CONF./2 (Geneva: World Health Organization, 2026), accessed June 24, 2026, https://apps.who.int/gb/ebwha/pdf_files/EB156/B156_CONF2-en.pdf.

increasing awareness among healthcare providers, and improving access to specialized expertise could help reduce diagnostic delays and improve patient outcomes.[19]

Treatment availability represents another major challenge. While scientific understanding of rare diseases has improved significantly over recent decades, effective therapies remain unavailable for the vast majority of conditions, leaving many patients with limited treatment options. [20] Many patients therefore rely on supportive care and symptom management rather than therapies capable of addressing the underlying causes of disease. Even when treatments exist, they may not be universally accessible due to regulatory barriers, high costs, or limitations within healthcare systems.

The challenge of financing rare disease treatment has become one of the most debated issues within contemporary healthcare policy. While advances in biotechnology have led to the development of innovative therapies for certain rare diseases, these treatments are frequently associated with exceptionally high costs. Gene therapies and other advanced treatments often require years of research, extensive clinical testing, and complex manufacturing processes. Because rare diseases affect relatively small patient populations, pharmaceutical companies may face difficulties recovering research and development costs through traditional market mechanisms. As a result, many rare disease treatments are among the most expensive therapies currently available.

This reality creates difficult policy dilemmas for governments and healthcare systems. On one hand, rare disease patients often have few or no alternative treatment options, making access to innovative therapies potentially lifesaving. On the other hand, governments must balance the needs of rare disease patients with broader public health priorities and finite healthcare budgets. Policymakers therefore face challenging questions regarding how limited resources should be allocated and whether exceptionally expensive treatments should receive public funding. These

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[19] Carlos R. Ferreira, "Rare Diseases and Orphan Products: Accelerating Research and Development," in *Rare Diseases Epidemiology: Update and Overview*, ed. Manuel Posada de la Paz and Stephen C. Groft (Bethesda, MD: National Center for Biotechnology Information, 2010), accessed June 24, 2026, https://www.ncbi.nlm.nih.gov/books/NBK98117/.

[20] World Health Organization, *Rare Diseases: An Urgent Global Health Priority*, Executive Board, 156th Session, EB156/CONF./2 (Geneva: World Health Organization, 2026), accessed June 24, 2026, https://apps.who.int/gb/ebwha/pdf_files/EB156/B156_CONF2-en.pdf.

debates have become increasingly prominent as new gene therapies enter the market and treatment costs continue to rise.[21]

Closely connected to treatment financing is the issue of orphan drug development. Historically, pharmaceutical companies devoted limited attention to rare diseases because small patient populations reduced potential financial returns. In response, many governments introduced orphan drug policies designed to encourage research and innovation through tax incentives, grants, market exclusivity protections, and regulatory support. These policies have contributed to significant advances in treatment development and have increased the number of therapies available for rare disease patients. [22] Nevertheless, questions remain regarding whether existing incentive structures effectively balance innovation, affordability, and equitable access.

Another important concern involves the relationship between rare diseases and global health equity. Historically, public health initiatives have often prioritized diseases affecting large populations because they produce the greatest measurable impact on the population level. Rare disease advocates argue, however, that prevalence alone should not determine healthcare priorities. From this perspective, individuals living with rare diseases should have the same opportunity to access diagnosis, treatment, and support services as individuals affected by more common conditions. Recent discussions within the World Health Organization have increasingly framed rare diseases as a matter of health equity, emphasizing that all individuals deserve access to healthcare regardless of how common or uncommon their condition may be.[23]

Differences in national healthcare capacity further complicate efforts to promote equitable access. Wealthier countries generally possess advanced diagnostic technologies, specialized treatment centers, and greater financial resources to support patients living with rare

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[21] Justyna Zurek et al., "Rare Diseases as a Global Health Priority: Progress, Challenges, and Future Directions," *International Journal of Environmental Research and Public Health* 19, no. 19 (2022), accessed June 24, 2026, https://pmc.ncbi.nlm.nih.gov/articles/PMC9554627/.

[22] Carlos R. Ferreira, "Rare Diseases and Orphan Products: Accelerating Research and Development," in *Rare Diseases Epidemiology: Update and Overview*, ed. Manuel Posada de la Paz and Stephen C. Groft (Bethesda, MD: National Center for Biotechnology Information, 2010), accessed June 24, 2026, https://www.ncbi.nlm.nih.gov/books/NBK98117/.

[23] World Health Organization, *Rare Diseases: An Urgent Global Health Priority*, Executive Board, 156th Session, EB156/CONF./2 (Geneva: World Health Organization, 2026), accessed June 24, 2026, https://apps.who.int/gb/ebwha/pdf_files/EB156/B156_CONF2-en.pdf.

diseases. By contrast, many low- and middle-income countries continue to struggle with shortages of healthcare workers, limited laboratory capacity, and insufficient healthcare funding. Consequently, significant disparities exist regarding who can obtain an accurate diagnosis, receive specialized treatment, or participate in clinical research. These inequalities raise important questions regarding the role of international organizations in supporting healthcare capacity building and reducing disparities between countries.[24]

Research collaboration represents another area of growing importance. Because many rare diseases affect relatively small numbers of individuals, collecting sufficient data to understand disease progression and evaluate potential treatments can be challenging. International cooperation has therefore become essential for advancing scientific knowledge. Researchers increasingly rely upon multinational patient registries, data-sharing initiatives, and collaborative clinical trials to overcome the limitations imposed by small patient populations. Such cooperation may accelerate scientific progress while reducing duplication of effort and improving treatment development. At the same time, policymakers must address concerns regarding patient privacy, data protection, and equitable participation in international research initiatives.[25]

Despite the benefits of international research cooperation, significant challenges remain in coordinating research efforts across countries. Because many rare diseases affect relatively small patient populations, international collaboration is often necessary to advance scientific understanding and support the development of new therapies. The World Health Organization has emphasized the importance of strengthening research capacity and encouraging cooperation among member states to improve diagnosis and treatment. At the same time, differences in healthcare systems, research infrastructure, and available resources may limit the ability of countries to participate equally in international research initiatives. As cooperation continues to

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[24] Justyna Zurek et al., "Rare Diseases as a Global Health Priority: Progress, Challenges, and Future Directions," *International Journal of Environmental Research and Public Health* 19, no. 19 (2022), accessed June 24, 2026, https://pmc.ncbi.nlm.nih.gov/articles/PMC9554627/.

[25] Justyna Zurek et al., "Rare Diseases as a Global Health Priority: Progress, Challenges, and Future Directions," *International Journal of Environmental Research and Public Health* 19, no. 19 (2022), accessed June 24, 2026, https://pmc.ncbi.nlm.nih.gov/articles/PMC9554627/.

expand, governments must consider how international partnerships can accelerate scientific progress while promoting equitable participation among all member states.[26]

Recent developments in gene-editing technologies have introduced additional ethical and regulatory questions. Technologies such as CRISPR offer unprecedented opportunities to modify disease-causing genetic mutations and potentially treat conditions previously considered incurable. While these innovations hold tremendous promise, they also raise concerns regarding long-term safety, unintended consequences, and access to treatment. Policymakers must determine how such technologies should be regulated and how healthcare systems can ensure that scientific breakthroughs are distributed fairly, rather than benefiting only wealthy populations. As gene-editing technologies continue to advance, governments and international organizations will likely face increasing pressure to develop comprehensive frameworks governing their use.[27]

The future role of the World Health Organization remains an important topic of discussion among member states. In recent years, WHO has increasingly recognized rare diseases as a global health priority and has encouraged governments to strengthen diagnosis, treatment access, research capacity, and healthcare integration. Nevertheless, questions remain regarding the extent to which WHO should become involved in coordinating international rare disease policy. Some member states support a more active role for the organization, including the development of global standards for diagnosis, treatment, and data collection. Others argue that healthcare systems vary significantly between countries and that national governments should retain primary responsibility for determining healthcare priorities.

Additional debate surrounds the issue of financing. Some policymakers have proposed expanding international partnerships to support rare disease research and improve access to diagnostic technologies in developing countries. Others remain concerned about the financial implications of large-scale international initiatives and question whether limited global health

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[26] World Health Organization, *Rare Diseases: An Urgent Global Health Priority*, Executive Board, 156th Session, EB156/CONF./2 (Geneva: World Health Organization, 2026), accessed June 24, 2026, https://apps.who.int/gb/ebwha/pdf_files/EB156/B156_CONF2-en.pdf.

[27] Yale School of Medicine, "The Future of Gene Editing Treatments for Rare Diseases," accessed June 24, 2026, https://medicine.yale.edu/news-article/the-future-of-gene-editing-treatments-for-rare-diseases/.

resources should be directed toward conditions affecting relatively small populations. These competing perspectives illustrate the broader challenges facing WHO as it seeks to promote health equity while respecting national sovereignty and differing healthcare priorities among member states.[28] As discussions continue within WHO and the United Nations, rare diseases are increasingly being viewed not only as medical challenges but also as issues of social inclusion, human rights, and equitable access to healthcare. The decisions made by member states regarding research collaboration, treatment accessibility, and healthcare investment will likely shape the future of rare disease policy for decades to come.

Ultimately, rare diseases present challenges that extend far beyond medicine alone. They raise fundamental questions regarding healthcare equity, scientific innovation, resource allocation, international cooperation, and the responsibilities of governments toward vulnerable populations. While recent advances have created unprecedented opportunities for improving diagnosis and treatment, achieving meaningful progress will require sustained investment, coordinated policymaking, and continued collaboration among governments, researchers, healthcare providers, and international organizations.

Conclusion:

The ability to prevent, detect, and respond to public health emergencies remains one of the most important challenges facing the international community. Although significant progress has been made through the development of international surveillance systems, legal frameworks, and global health institutions, recent emergencies have demonstrated that substantial gaps in preparedness continue to exist. Differences in surveillance capacity, healthcare infrastructure, funding, information-sharing practices, and implementation of international obligations have created vulnerabilities that may hinder effective responses to future outbreaks.

The International Health Regulations provide an important foundation for international cooperation, yet debates persist regarding compliance, accountability, and the balance between

[28] World Health Organization, *Rare Diseases: An Urgent Global Health Priority*, Executive Board, 156th Session, EB156/CONF./2 (Geneva: World Health Organization, 2026), accessed June 24, 2026, https://apps.who.int/gb/ebwha/pdf_files/EB156/B156_CONF2-en.pdf.

national sovereignty and collective action. At the same time, ongoing concerns regarding sustainable preparedness funding, health information systems, and long-term capacity building suggest that many countries remain insufficiently prepared for future public health emergencies. As infectious diseases continue to emerge and spread in an increasingly interconnected world, strengthening preparedness requires more than emergency response alone; it requires sustained investment, effective governance, and continuous international collaboration.

Questions to Consider:

1. To what extent should countries direct additional resources towards the eradication of rare diseases, and how might (or might not) this impact broader global healthcare systems?
    a. How could increasing international investment and collaboration into the eradication of rare diseases contribute to, or impede, ongoing research into treatments and cures for common diseases and disorders?
2. How can countries that lack the resources, infrastructure, and professional labor pools to invest in rare disease treatments and research still make it a national healthcare priority?
    a. What access and relationships between countries facilitate this research globally?
        i. Consider which countries are more equipped to invest in rare disease research and how (or if) they engage with other member states that lack the same resources.
3. This committee sets guidelines and agendas to inform and advocate for global health priorities; how can these agendas be used to address the economic, social, and political obstacles that have impacted global rare disease eradication efforts?

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II. Global Pandemic Impacts on Travel and Tourism

Statement of the Issue:

The international travel and tourism sector plays a critical role in the global economy through the facilitation of economic growth, cultural exchange, international business, and diplomatic cooperation. Prior to the COVID-19 pandemic, travel and tourism accounted for more than 10 percent of global gross domestic product (GDP) and supported hundreds of millions of jobs worldwide. However, the COVID-19 pandemic has demonstrated how quickly international mobility can become a vector for disease transmission, which has led to significant challenges for governments, international organizations, and public health authorities.

The COVID-19 pandemic represented one of the most disruptive events in the history of modern travel. As governments aimed to limit the spread of the virus, countries implemented border closures, quarantine requirements, travel advisories, and restrictions on international travel. These measures contributed to a dramatic decline in global tourism which resulted in widespread economic losses for airlines, hotels, restaurants, cruise operators, and tourism-dependent communities.[29] The effects were particularly severe for developing countries and small island states whose economies rely heavily on international visitors.

While travel restrictions may help reduce the spread of infectious diseases, they can also produce significant economic and social consequences. Policymakers must therefore balance public health concerns with the need to maintain economic stability and international connectivity. This challenge remains highly relevant as new outbreaks continue to emerge. In 2026, for example, the World Health Organization (WHO) issued a Disease Outbreak News report concerning a multi-country hantavirus cluster linked to cruise ship travel, illustrating the continuing relationship between international mobility and disease transmission.[30]

The World Health Organization serves as the leading international body responsible for coordinating responses to global health emergencies. Through mechanisms such as the

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[29] United States Department of Commerce, *Effects of COVID-19 on the Travel and Tourism Industry* (Washington, DC: International Trade Administration, 2024), accessed June 2026, https://www.trade.gov/sites/default/files/2024-10/Effects-of-COVID-19-Travel-Tourism-Industry.pdf.

[30] World Health Organization, "Hantavirus cluster linked to cruise ship travel, multi-country," accessed June 15, 2026, https://www.who.int/emergencies/disease-outbreak-news/item/2026-DON599.

International Health Regulations (IHR) and the International Travel and Health Guideline Development Group, the WHO provides guidance regarding travel-related public health measures and disease surveillance.[31] Nevertheless, disagreements persist regarding the appropriate use of travel restrictions, the role of national sovereignty in health policy decisions, and the extent to which international organizations should influence domestic responses to health emergencies.

As globalization continues to increase international mobility, pandemics are likely to remain a recurring challenge for governments and international institutions. Delegates must therefore consider how the international community can protect public health while minimizing economic disruption and preserving the benefits of global travel and tourism.

History:

The relationship between infectious disease outbreaks and international travel is not a new phenomenon. Throughout history, trade routes, migration patterns, and the movement of people across borders have contributed to the spread of disease. The increased interconnectedness of the modern world has further strengthened this relationship. Advances in aviation and transportation have enabled individuals to travel between continents within hours, providing significant economic and social benefits while also creating opportunities for infectious diseases to spread rapidly across national boundaries.

One of the first major public health crises of the twenty-first century to highlight these challenges was the Severe Acute Respiratory Syndrome (SARS) outbreak of 2002–2003. Originating in China, SARS spread to 29 countries through international air travel and infected more than 8,000 individuals and 774 deaths worldwide. Although the outbreak was eventually contained, it revealed significant weaknesses in international disease surveillance and communication systems. The economic consequences were particularly severe for the tourism

[31] World Health Organization, "International Travel and Health Guideline Development Group," accessed June 2026, https://www.who.int/groups/international-travel-and-health-guideline-development-group.

industry, as travelers avoided affected destinations and governments implemented health screening measures at airports and border crossings.[32]

Several years later, the 2009 H1N1 influenza further demonstrated the difficulties associated with balancing public health concerns and international mobility. The rapid spread of H1N1 led governments to adopt a variety of travel-related measures, including health screenings, public advisories, and restrictions on certain forms of international movement. The outbreak generated debate among policymakers regarding the effectiveness of travel restrictions and the extent to which such measures should be coordinated internationally. While some governments favored strict controls, others argued that excessive restrictions could create unnecessary economic disruptions without significantly reducing disease transmission.[33]

In response to SARS and other public health emergencies, the international community sought to strengthen mechanisms for cooperation and disease reporting. A major development occurred with the revision of the International Health Regulations (IHR) in 2005. The revised regulations established a legally binding framework requiring member states to improve disease surveillance capacities and report public health events that may constitute a Public Health Emergency of International Concern. The regulations also sought to ensure that public health responses would be based on scientific evidence while minimizing unnecessary interference with international traffic and trade.

The effectiveness of the revised IHR was tested during the 2014–2016 Ebola outbreak in West Africa. Although affected countries notified the World Health Organization and international assistance was eventually mobilized, the outbreak exposed significant weaknesses in the implementation of the IHR. Many countries lacked the core surveillance and response capacities required under the regulations, delaying the detection and containment of the disease. The outbreak also revealed shortcomings in international coordination and emergency response, prompting renewed calls to strengthen national preparedness systems, improve compliance with

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[32] N. G. Uğur and A. Akbıyık, "Impacts of COVID-19 on Global Tourism Industry: A Cross-Regional Comparison," *Tourism Management Perspectives* 36 (2020), accessed June 2026, https://pmc.ncbi.nlm.nih.gov/articles/PMC7474895/.

[33] Gökhan Karabulut, Mehmet Huseyin Bilgin, Ender Demir, and Ahmet Cansin Doker, "How Pandemics Affect Tourism: International Evidence," *Annals of Tourism Research* 84 (2020), accessed June 2026, https://pmc.ncbi.nlm.nih.gov/articles/PMC7368145/.

the IHR, and expand investments in public health infrastructure and disease surveillance.[34] The IHR remains one of the primary international legal frameworks governing the relationship between public health and international travel.

The most significant challenge to global travel and tourism emerged with the COVID-19 pandemic. First identified in late 2019, the virus spread rapidly across continents through international travel networks. By early 2020, governments around the world implemented unprecedented measures to slow transmission, including border closures, quarantine requirements, visa suspensions, testing mandates, and restrictions on international flights. According to studies examining the effects of COVID-19 on tourism, international tourist arrivals declined dramatically as countries sought to limit the spread of the virus.[35] The pandemic produced one of the largest disruptions in the history of the global tourism sector.

The economic consequences of COVID-19 were extensive. The travel and tourism industry alone experienced substantial declines in revenue, employment, and investment. According to the United States Department of Commerce, international tourist arrivals declined by approximately 74 percent in 2020, while the global tourism sector lost an estimated US$1.3 trillion in export revenues, making it one of the industries most severely affected by the pandemic. Airlines grounded flights, cruise operations were suspended, hotels experienced historically low occupancy rates, and tourism-dependent businesses struggled to remain operational. According to the United States Department of Commerce, the pandemic generated significant losses across the global tourism sector and disrupted supply chains connected to international travel.[36] Developing countries and small island states were particularly vulnerable because tourism represents a major source of employment, foreign exchange earnings, and economic growth.

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[34] World Health Organization, "International Travel and Health Guideline Development Group," accessed June 2026, https://www.who.int/groups/international-travel-and-health-guideline-development-group.

[35] N. G. Uğur and A. Akbıyık, "Impacts of COVID-19 on Global Tourism Industry: A Cross-Regional Comparison," *Tourism Management Perspectives* 36 (2020), accessed June 2026, https://pmc.ncbi.nlm.nih.gov/articles/PMC7474895/.

[36] United States Department of Commerce, *Effects of COVID-19 on the Travel and Tourism Industry* (Washington, DC: International Trade Administration, 2024), accessed June 2026, https://www.trade.gov/sites/default/files/2024-10/Effects-of-COVID-19-Travel-Tourism-Industry.pdf.

The pandemic also exposed disagreements regarding the implementation of travel restrictions. Some governments, including New Zealand and Australia, imposed strict border closures and quarantine requirements, while countries such as South Korea and Singapore relied more heavily on testing, contact tracing, and targeted public health measures. These differing approaches reflected varying assessments of how best to balance disease control and economic activity. Questions emerged regarding the effectiveness of travel bans, the responsibilities of governments to share health information, and the role of international organizations in coordinating responses. Scholars have noted that differences in national policies often created confusion for travelers and complicated international efforts to manage the crisis.[37] These debates continue to influence discussions regarding pandemic preparedness and future health emergencies.

As vaccination campaigns expanded and infection rates declined, countries gradually reopened their borders and sought to restore international travel. Recovery, however, occurred unevenly across regions. Some destinations experienced rapid growth in visitor numbers, while others faced prolonged economic difficulties. According to the World Travel and Tourism Council (WTTC), the sector demonstrated significant resilience and recovery following the most severe phases of the pandemic, although concerns remain regarding preparedness for future outbreaks.[38] Policymakers increasingly began to explore new approaches, including digital health certificates, improved disease surveillance systems, and enhanced international coordination mechanisms designed to reduce disruptions during future health emergencies.

Recent outbreaks continue to demonstrate that the intersection of travel and public health remains an ongoing challenge. The WHO's 2026 Disease Outbreak News report concerning a multi-country hantavirus cluster linked to cruise ship travel serves as a reminder that infectious diseases can still spread through international transportation networks.[39] As a result,

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[37] Tazim Jamal and Christine Budke, "Tourism in a World with Pandemics: Local-Global Responsibility and Action," *Journal of Tourism Futures* 6, no. 2 (2020): 181–188, accessed June 2026, https://www.emerald.com/jtf/article/6/2/181/450669.

[38] World Travel & Tourism Council, "Travel & Tourism Accelerates After Effective Recovery," 2024, accessed June 2026, https://wttc.org/news/travel-tourism-accelerates-after-effective-recovery.

[39] World Health Organization, "Hantavirus cluster linked to cruise ship travel, multi-country," accessed June 2026, https://www.who.int/emergencies/disease-outbreak-news/item/2026-DON599.

governments and international organizations continue to evaluate how travel policies can protect public health while preserving the economic and social benefits associated with global tourism. The historical experiences of SARS, H1N1, COVID-19, and more recent outbreaks provide important lessons that shape current discussions within the World Health Organization and the broader international community.

Analysis:

The COVID-19 pandemic demonstrated that public health emergencies can rapidly evolve into global economic, political, and social crises. While pandemics primarily threaten human health, their effects often extend far beyond healthcare systems. The travel and tourism sector represents one of the most vulnerable industries during disease outbreaks because it depends on the movement of people across borders. As governments respond to emerging health threats, policymakers must navigate competing priorities involving public safety, economic stability, international cooperation, and national sovereignty.

One of the most significant debates surrounding global pandemics concerns the balance between disease prevention and economic preservation. Travel restrictions, border closures, and quarantine requirements can reduce opportunities for infectious diseases to spread internationally. During the COVID-19 pandemic, many governments viewed these measures as necessary tools for slowing transmission and protecting healthcare systems from becoming overwhelmed.[40]

However, these restrictions also generated substantial economic costs. The tourism industry experienced unprecedented declines in revenue, resulting in widespread business closures, job losses, and economic contraction.[41] Airlines, hotels, cruise operators, restaurants, entertainment venues, and other tourism-dependent businesses suffered severe financial losses. Countries whose economies rely heavily on tourism experienced particularly significant

[40] N. G. Uğur and A. Akbıyık, "Impacts of COVID-19 on Global Tourism Industry: A Cross-Regional Comparison," *Tourism Management Perspectives* 36 (2020), accessed June 2026, https://pmc.ncbi.nlm.nih.gov/articles/PMC7474895/.

[41] United States Department of Commerce, *Effects of COVID-19 on the Travel and Tourism Industry* (Washington, DC: International Trade Administration, 2024), accessed June 2026, https://www.trade.gov/sites/default/files/2024-10/Effects-of-COVID-19-Travel-Tourism-Industry.pdf.

hardships. In some small island developing states, tourism contributes a substantial percentage of national GDP, making prolonged travel restrictions especially damaging.

This tension raises important policy questions for delegates. How can the World Health Organization improve international coordination and guidance regarding travel measures during future disease outbreaks? What role should the WHO play in helping member states balance public health protection with the economic importance of international travel and tourism? Additionally, how can the international community strengthen information sharing, risk communication, and evidence-based travel recommendations to reduce unnecessary disruptions while limiting the spread of infectious diseases? Determining the appropriate balance between these objectives remains one of the most difficult challenges facing policymakers. The COVID-19 pandemic revealed substantial differences in how governments responded to travel-related health risks. In many cases, neighboring countries pursued dramatically different strategies despite facing similar public health circumstances. These differences were particularly evident in regions with high levels of cross-border mobility, such as the European Union's Schengen Area, where the free movement of people complicated efforts to implement consistent public health measures. Although many member states temporarily reinstated border controls during the COVID-19 pandemic, entry requirements, testing protocols, quarantine rules, and travel restrictions often differed between countries. This lack of coordination created uncertainty for travelers, complicated cross-border commerce, and highlighted the challenges of managing public health emergencies in highly interconnected regions.[42]

This lack of coordination created uncertainty for travelers, businesses, and governments. Airlines struggled to comply with constantly changing regulations, while travelers faced confusion regarding entry requirements, testing procedures, and quarantine rules. Critics argued that inconsistent policies undermined international efforts to control disease transmission and complicated economic recovery. The World Health Organization plays an important role in providing recommendations and coordinating international responses to health emergencies. Through the International Health Regulations and other guidance mechanisms, the WHO seeks

[42] Tazim Jamal and Christine Budke, "Tourism in a World with Pandemics: Local-Global Responsibility and Action," *Journal of Tourism Futures* 6, no. 2 (2020): 181–188, accessed June 2026, https://www.emerald.com/jtf/article/6/2/181/450669.

to promote evidence-based policies while encouraging transparency and cooperation among member states.[43] Nevertheless, the organization lacks the authority to enforce compliance with its recommendations. Governments ultimately retain sovereign authority over border management and public health policies.

As a result, debates continue regarding whether stronger international coordination mechanisms are necessary. Some experts argue that more standardized travel protocols would improve preparedness and reduce confusion during future health emergencies. Others contend that governments must retain flexibility to respond to unique domestic circumstances and public health conditions. Delegates must therefore consider how international organizations can encourage cooperation while respecting national sovereignty.

Effective responses to global pandemics also depend heavily on accurate and timely information. Governments require reliable data regarding disease outbreaks in order to make informed decisions about travel advisories, border measures, and public health interventions. Delays in reporting outbreaks can hinder international response efforts and increase opportunities for disease transmission across borders. The International Health Regulations require states to notify the World Health Organization of events that may constitute a Public Health Emergency of International Concern.[44] However, governments may face political, economic, or security-related incentives to delay reporting outbreaks. Concerns regarding economic losses, reputational damage, and tourism declines can discourage transparency during the early stages of disease emergence.

These disincentives for disclosure have created a challenge for countries seeking to strengthen disease surveillance and information-sharing systems. Supporters of stronger reporting mechanisms argue that rapid information sharing improves preparedness and enables more effective responses. Others caution that excessive reporting requirements could create political tensions and concerns regarding national sovereignty. Future policy discussions may

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[43] World Health Organization, "International Travel and Health Guideline Development Group," accessed June 2026, https://www.who.int/groups/international-travel-and-health-guideline-development-group.
[44] World Health Organization, "International Travel and Health Guideline Development Group," accessed June 2026, https://www.who.int/groups/international-travel-and-health-guideline-development-group.

focus on improving incentives for transparency while ensuring that countries receive support rather than punishment when reporting emerging health threats.

Finally, the pandemic accelerated the development and adoption of new technologies designed to facilitate safer travel. Digital health certificates, electronic vaccination records, contact tracing applications, and advanced screening systems became increasingly common during the COVID-19 response. For example, the European Union Digital COVID Certificate system issued more than 2.3 billion certificates, demonstrating the unprecedented global use of digital health technologies to support cross-border travel.[45] These innovative approaches were intended to restore traveler confidence while reducing public health risks. Supporters argue that these technologies can improve screening efficiency, strengthen disease monitoring, and reduce the need for broad travel restrictions by allowing authorities to verify health information more quickly to facilitate safer cross-border movement during health emergencies.

At the same time, these technologies raise significant concerns regarding privacy, data protection, and equitable access. Privacy advocates have raised questions regarding the collection and storage of personal health information. In addition, not all countries possess the technological infrastructure necessary to implement advanced digital systems. Differences in technological capacity could create inequalities between developed and developing states. Delegates may therefore consider how emerging technologies can support pandemic preparedness while protecting individual rights and ensuring equitable access across countries with different levels of development.

The COVID-19 pandemic demonstrated the vulnerability of tourism-dependent economies to external shocks. As a result, policymakers, scholars, and industry leaders have increasingly emphasized the importance of resilience within the travel and tourism sector.[46] Recovery efforts have focused not only on restoring pre-pandemic levels of activity but also on

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[45] Julian Yepez and Walter Leimgruber, "The Evolving Landscape of Tourism, Travel, and Global Trade Since the COVID-19 Pandemic," *World Development Sustainability* (2024), accessed June 2026, https://www.sciencedirect.com/science/article/pii/S2590051X24000169.

[46] World Travel & Tourism Council, "Travel & Tourism Accelerates After Effective Recovery," 2024, accessed June 2026, https://wttc.org/news/travel-tourism-accelerates-after-effective-recovery.

strengthening the industry's ability to withstand future disruptions. These might include investments in public health infrastructure, advanced screening technologies, [47]

The concept of resilience extends beyond economic recovery. It also involves improving coordination among governments, international organizations, public health authorities, and private-sector stakeholders. Stronger partnerships may help ensure that future health emergencies can be managed more effectively while minimizing disruptions to global mobility and economic activity. Pandemics do not affect all countries equally. Wealthier states often possess greater healthcare capacity, stronger social safety nets, and more resources to support economic recovery. Developing countries, by contrast, may face significant challenges in responding to health emergencies while simultaneously managing economic consequences.

Tourism-dependent developing states are particularly vulnerable to travel disruptions. According to the World Tourism Organization (UNWTO), international tourist arrivals declined by approximately 74 percent in 2020, leaving many tourism-dependent economies facing severe declines in government revenue, employment, and foreign exchange earnings. Reduced visitor numbers can result in declining government revenues, increased unemployment, and broader economic instability.[48] In addition, unequal access to vaccines, medical supplies, and healthcare resources can delay recovery efforts and prolong economic hardship. These disparities raise important questions regarding international assistance and burden-sharing. Should wealthier countries provide greater support to developing states during global health emergencies? What role should international organizations play in promoting equitable recovery? How can pandemic preparedness initiatives ensure that all countries possess the resources necessary to protect public health while maintaining economic stability? Addressing these concerns will remain a critical component of future discussions regarding travel, tourism, and global health governance.

The challenges shown by global pandemics demonstrate that travel and tourism cannot be viewed solely as economic issues or solely as public health concerns. Instead, they exist at the

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[47] C. Michael Hall, Daniel Scott, and Stefan Gössling, "Pandemics, Transformations and Tourism," in *Handbook of Tourism and Quality-of-Life Research* (London: Routledge, 2024), accessed June 2026, https://www.taylorfrancis.com/chapters/edit/10.4324/9781003223252-13/pandemics-transformations-tourism-michael-hall-daniel-scott-stefan-g%C3%B6ssling.

[48] Gökhan Karabulut, Mehmet Huseyin Bilgin, Ender Demir, and Ahmet Cansin Doker, "How Pandemics Affect Tourism: International Evidence," *Annals of Tourism Research* 84 (2020), accessed June 2026, https://pmc.ncbi.nlm.nih.gov/articles/PMC7368145/.

intersection of health security, economic development, international cooperation, and human mobility. The decisions made by governments and international organizations during future health emergencies will shape not only the effectiveness of disease control efforts but also the stability and resilience of the global economy. As delegates consider potential solutions, they must balance competing priorities while recognizing the interconnected nature of modern international society.

Conclusion:

Global pandemics have repeatedly demonstrated the close relationship between public health and international mobility. While international travel facilitates economic growth, cultural exchange, and global cooperation, it also creates opportunities for infectious diseases to spread rapidly across borders. Experiences with SARS, H1N1, Ebola, COVID-19, and more recent outbreaks have shown that governments face difficult decisions when attempting to protect public health while minimizing economic disruption.

The COVID-19 pandemic revealed both the strengths and weaknesses of the international community's response to travel-related health emergencies. Although many governments implemented measures intended to reduce disease transmission, significant challenges emerged regarding international coordination, information sharing, economic recovery, and equitable access to healthcare resources. Differences in national policies often complicated response efforts and highlight ongoing tensions between national sovereignty and global cooperation.

Looking forward, the international community must consider how future outbreaks can be managed more effectively. Policymakers continue to debate the role of travel restrictions, the responsibilities of states under the International Health Regulations, the use of emerging technologies in public health monitoring, and the level of support that should be provided to tourism-dependent economies during health crises. Addressing these issues will require cooperation among governments, international organizations, public health experts, and private-sector stakeholders.

Questions to Consider:

1. How can governments balance public health protection with the economic importance of international travel and tourism during global pandemics?
2. What role should the World Health Organization play in coordinating travel-related public health measures and information sharing among member states?
3. How can the WHO support the deployment of more effective disease surveillance and screening systems while ensuring respect for privacy, security, and equitable access?

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