WORLD HEALTH ORGANIZATION

Agenda: **Strengthening global health security through improved surveillance, rapid response, and international regulatory cooperation against biological threats and healthcare-related crimes.**

Chairperson: Anirud Srikanth

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Letter from the Chairperson

Dear Delegates,

We are honored to welcome you all to the 7th edition of SOMUN, as well as the WHO. We are honored by your decision to be a part of The WHO. The agenda before us—**"Strengthening global health security through improved surveillance, rapid response, and international regulatory cooperation against biological threats and healthcare-related crimes"**—is one of the most pressing and complex challenges our world faces today.

In this committee, you will be debating about the many complexities of healthcare and its regulators. With the agenda emphasizing a focus on strengthening healthcare systems around the world through several instruments, your key focus must lie in how your country can make a contribution to this movement, be it through financial measures, or policy-making decisions, your involvement in this committee is crucial. You can expect keywords such as Global health governance, Universal health coverage (UHC), International Health Regulations (IHR 2005), health equity, disease surveillance, outbreaks, biosecurity, transnational health crimes, etc, to be used in debates during the conference. Although we expect debates that are more solution-oriented, this is the better platform to discuss any and all healthcare-related issues and discrepancies. Even if this is your first time at a WHO conference, we highly encourage each and every one of you to participate to the fullest and network as much as you can!

While this agenda will take into account how global health security can be strengthened, you can expect to draw cases from real-life events. Take for example the COVID-19 pandemic. This virus was perceived as a global threat, making sure the entire population of the earth was able to atleast observe its effects. While some argue that the COVID-19 virus was an intentionally manufactured bio-weapon in a lab setting, others speculate it to be the result of poor healthcare infrastructure in metropolitan countries.

Regardless, the pandemic showed the world that no nation is immune. Weak surveillance, slow responses, and inequitable healthcare access revealed deep vulnerabilities in national and global systems. Criminal exploitation of these gaps, particularly through counterfeit medicines and unsafe medical services, further endangered lives. Delegates are tasked with exploring solutions that are both practical and just, balancing national interests with the global good.

This committee is a unique opportunity for you to leverage your knowledge, develop strategic alliances, and contribute tangible ideas to shape a safer, more resilient future. We encourage you to engage with an open mind, be well-informed of your nation's stance, and work collaboratively to propose equitable and effective action plans. Delegates must also weigh the balance between state sovereignty and global responsibility. Some nations have robust resources and infrastructure, while others remain highly vulnerable. Addressing these inequities is essential for sustainable health security. The WHO provides the global framework for cooperation. Delegates are encouraged to consider strategies to enhance surveillance, strengthen rapid response, improve regulatory frameworks, and combat healthcare-related crimes. Health security is not merely a technical challenge—it is a matter of ethics, human rights, and international peace.

The vast scale of healthcare-related atrocities should be an eye-opener. You should be tactical in your decisions, form alliances with grit, and make decisions with confidence. Sometimes, all it takes is a pen to change the lives of millions around the world. Whoever wields the sword, decides who holds the pen.

The question is, would *you* do it?

With this, we look forward to having insightful debates and actionable solutions in the conference.

Best Regards,

Anirud Srikanth - **Chairperson, WHO**

About WHO

The World Health Organisation, established in 1948 as a specialised UN agency, is the foremost international authority on public health. Headquartered in Geneva with six regional offices, it unites 194 Member States in the pursuit of the highest attainable standard of health for all people. WHO defines health not merely as the absence of disease, but as complete physical, mental, and social well-being—a principle guiding its work worldwide.

WHO sets international health standards, most notably through the International Health Regulations (IHR), which legally bind countries to maintain preparedness, surveillance, and response capacity for public health emergencies. The organisation monitors health trends, provides technical support, and strengthens health systems, particularly in vulnerable regions. During crises—such as pandemics, natural disasters, or humanitarian emergencies—the WHO often leads the global response.

Beyond emergencies, WHO drives long-term initiatives: vaccination programs, disease eradication campaigns, and systemic health improvements. A central focus is on equity, addressing social determinants of health, including poverty, education, and access to care.

In the MUN context, delegates in the WHO committee experience the intersection of science, policy, and diplomacy. You will represent countries, balance national and global interests, and craft resolutions reflecting cooperation, practicality, and ethical responsibility. This committee provides a unique perspective on how health governance influences the international order.

WHO’s Role in the UN

The World Health Organization (WHO) is a specialized organization of the United Nations that was established in 1948. Being the sole UN organization devoted to global health, it acts as a vital center for international collaboration, bringing together nations, partners, and people to advance health, guarantee security, and support populations that are at risk. Achieving the best possible health for everyone, everywhere, is its ultimate goal.

Take for example one of their key objectives in the UN, the “Triple Billion targets.” The WHO's "Triple Billion targets" are a challenging collection of objectives aimed at enhancing global health via evidence-based policies and initiatives. One billion more people must have universal health care, another billion must be protected from medical emergencies, and a third must have their health and well-being improved.

The WHO's cooperation with other organizations is a vital aspect of its role. The WHO uses resources and knowledge from other UN agencies to provide its 194 member states with health improvement initiatives. Additionally, it collaborates closely with governments because it understands that political will is crucial to the growth of public health. The WHO also works with non-state players, such as NGOs, business groups, and academic institutions, as well as specialists who offer objective scientific and strategic assistance. Well-known people also act as special envoys and goodwill ambassadors to spread knowledge about health issues and offer high-level strategic counsel.

The two primary sources of funding for the WHO are voluntary donations from different partners and assessed contributions from member states, which are based on their GDP and account for less than 20% of the overall budget. The organization's main initiatives are supported by this funding, including strengthening primary healthcare, encouraging sustainable finance, expanding access to necessary medications, educating the medical staff, and boosting health data and monitoring systems. Along with addressing challenges including the effects of climate change, antibiotic resistance, and non-communicable diseases, the organization also focuses on preventing and preparing for health catastrophes.

Understanding the Agenda - Past Case Studies

The agenda calls for global action to improve disease detection, emergency response, and cooperation against threats to health security. This is not just about pandemics but also about hidden dangers such as counterfeit medicines, unsafe organ trafficking, and weak healthcare regulations. To understand why this matters, it helps to look at real-world examples where gaps in global health security had major consequences.

One case is the 2003 SARS outbreak in Asia. The disease spread from China to over 20 countries within months. Limited surveillance and delays in sharing information meant the world was caught off guard. Eventually, strong international coordination, including WHO advisories and airport screenings, helped contain the outbreak. This shows how rapid communication and shared response mechanisms can prevent a local crisis from becoming a global disaster.

Another example is the Zika virus outbreak in 2015–2016, which spread across Latin America and the Caribbean. In just Brazil, more than 3,500 babies were proven to have microcephaly and other birth abnormalities associated with maternal Zika infection, while more than 200,000 probable cases were reported. Many nations had inadequate monitoring systems and insufficient laboratory capacity to screen for the virus. Many countries did not have adequate laboratory capacity to test for the virus, and surveillance was weak. By the time health systems realized the connection between Zika and birth defects, thousands of cases had already occurred. In response, the WHO and the U.S. CDC (Centers for Disease Control and Prevention) carried out cooperative investigations and research collaborations, while groups like the Pan American Health Organization (PAHO) organized regional action plans. This highlighted the importance of early detection networks and international research collaboration to understand emerging diseases quickly. After a dramatic increase from 13,480 cases in 2011 to a peak of over 3.2 million cases in 2016, the incidence of Zika virus (ZIKV) infection fell to about 60,000 cases by 2021.

Beyond outbreaks, healthcare-related crimes also weaken global security. For instance, in 2012, a meningitis outbreak in the United States was traced back to contaminated steroid injections produced by a poorly regulated pharmacy. Over 750 people fell ill, and 64 died. Similarly, in parts of Africa and Asia, fake malaria drugs have been sold in local markets, leading to treatment failures and even deaths. These cases show why the agenda stresses stronger regulations and global cooperation to stop unsafe practices.

Together, these examples make it clear that no country is safe on its own. The agenda is about building trust, sharing information, and strengthening both surveillance and response systems worldwide so that the next outbreak—or crime in the healthcare sector—can be controlled before it becomes a global crisis.

Understanding the Agenda - Key Findings I –

Introduction to Global Health Security

Global health security refers to the collective international measures aimed at protecting populations from health threats that can cross national borders. There are a number of international procedures in place to reinforce this framework. 196 nations have a legally binding agreement to avoid and address public health hazards under the International Health Regulations (IHR, 2005). In order to swiftly mobilize resources and knowledge during outbreaks, the Global Outbreak Alert and Response Network (GOARN) connects more than 250 institutions globally. Furthermore, a voluntary, cooperative assessment instrument called the Joint External Evaluation (JEE) assists nations in determining the gaps and strengths in their health security capabilities. When taken as a whole, these programs demonstrate how crucial international collaboration is to preserving the security of global health.

Historical pandemics illustrate the global stakes of health security. The 1918 Spanish influenza pandemic killed an estimated fifty million people worldwide and demonstrated that local outbreaks could escalate into global emergencies when countries lacked coordinated preparedness. The lessons learned from such pandemics form the foundation for modern global health strategies.

The United Nations Charter of 1945 emphasizes the importance of international cooperation to ensure peace, security, and human welfare. Health has always been recognized as a critical element of global stability because uncontrolled epidemics not only claim lives but also destabilize economies and societies. Building on this framework, the World Health Organization (WHO) was established in 1948 to coordinate international health initiatives. Over the decades, WHO's role has expanded to include disease prevention, surveillance, regulation, capacity-building, and coordination of emergency responses. Its mission underscores that no nation can fully protect its population in isolation, and weaknesses in one country can have ripple effects worldwide.

Modern global health security faces unprecedented challenges due to globalization, urbanization, climate change, and rapid technological development. Diseases can spread faster than ever before, as seen with Ebola in West Africa (2014–2016), SARS in 2003, and COVID-19 (2020–2022). Meanwhile, healthcare-related crimes, including counterfeit medicines, organ trafficking, and unsafe medical tourism, pose significant risks to vulnerable populations. Counterfeit antimalarials, fake antibiotics, and falsified vaccines not only cause treatment failures but also contribute to antimicrobial resistance, undermining global health interventions. Addressing these challenges requires coordinated, multisectoral action that integrates medical, legal, and ethical dimensions.

Ethics and equity form central pillars of global health security. Vulnerable

populations, including children, pregnant women, refugees, and people in conflict-affected regions, bear the brunt of health crises. Therefore, equitable access to diagnostics, vaccines, and treatment is not only a moral imperative but also a practical necessity for global containment and prevention of outbreaks.

II – Historical Context and Legal Frameworks

The evolution of global health security has been shaped by historical pandemics and the development of international legal frameworks. The 1918 Spanish influenza demonstrated the catastrophic consequences of unchecked disease spread, while subsequent outbreaks such as Asian flu (1957–1958) and Hong Kong flu (1968–1969) reinforced the need for international preparedness. These events prompted the global community to develop mechanisms for cooperation, coordination, and rapid response.

The United Nations Charter (1945) established international collaboration as a cornerstone for peace and human welfare, implicitly recognizing that health crises can threaten global security. In 1948, the WHO was founded to operationalize these principles, providing a centralized body for monitoring disease outbreaks, sharing scientific knowledge, and supporting member states in building health capacity. WHO's authority is guided by international law, scientific expertise, and diplomatic engagement, enabling it to coordinate efforts across countries while respecting sovereignty.

A key legal instrument in global health security is the International Health Regulations (IHR, 1969; revised 2005– The 2005 amendment made it a more complete framework for addressing modern global health concerns by greatly broadening its scope beyond infectious diseases to include chemical, radiological, and biological threats.). Countries are required by the IHR to establish core capabilities for risk communication, laboratory diagnostics, surveillance, and outbreak response. However, there are still large gaps in preparation because, according to WHO evaluations, as of 2022, only roughly 45% of nations reported reaching all necessary core capacities. This inconsistent application emphasizes how urgently international assistance and capacity-building are required to guarantee that global health security criteria are fulfilled everywhere. They also provide a framework for reporting public health emergencies of international concern (PHEIC) to the WHO. While legally binding, compliance has historically been uneven. The SARS outbreak in 2003 highlighted this gap when delayed reporting from China allowed the virus to spread internationally, infecting over 8,000 individuals. Similarly, the Ebola outbreak in West Africa (2014–2016) revealed systemic weaknesses in reporting, laboratory capacity, and early intervention in rural areas.

The Global Health Security Agenda (GHSA) is an alliance of more than 70 nations, international institutions, and non-governmental organizations that aims to improve biosafety, epidemic preparedness, and cooperation. In accordance with the International Health Regulations (IHR), WHO carries out Joint External Evaluations (JEEs) to evaluate national preparedness and suggest enhancements. The GHSA provides a political and operational platform to mobilize resources, promote accountability, and expedite progress on attaining IHR core capacities, while the IHR provides the legal basis for global health security. When taken as a whole, these

frameworks show that political will, long-term finance, and infrastructure development are just as important to global health security as laws and regulations.

III – Weak Surveillance and Early Detection

Surveillance is a cornerstone of global health security, serving as the first line of defense against infectious disease outbreaks. It allows countries to identify and respond to emerging threats before they escalate into crises. Effective surveillance depends on well-equipped laboratories, trained epidemiologists, interoperable reporting systems, and strong community-level monitoring. Nations that prioritize these capacities are better able to implement timely interventions, allocate resources efficiently, and coordinate with international partners, minimizing the risk of large-scale disruption.

Many low- and middle-income countries (LMICs) continue to face severe challenges in building such systems. Underfunded laboratories, outdated diagnostic tools, shortages of skilled health workers, and incomplete reporting networks create blind spots that allow pathogens to spread undetected. The 2014–2016 Ebola epidemic in Guinea, Liberia, and Sierra Leone illustrates the dangers of weak surveillance. In rural Guinea, the virus circulated for months without recognition due to limited diagnostic capacity and inadequate monitoring. By the time international aid arrived, Ebola had crossed national borders, resulting in over 11,000 deaths, collapsing fragile health systems, and sparking social and economic instability.

Similarly, in the early stages of COVID-19, countries such as Italy and Brazil struggled with testing shortages and fragmented reporting, which delayed containment and permitted rapid community spread. To assist Italy, the WHO and the European Centre for Disease Prevention and Control (ECDC) conducted coordinated surveillance, emphasizing the necessity of improved monitoring. Concerns over testing sufficiency and the accuracy of reported statistics were highlighted in the WHO Situation Report from April 2020, noting that Brazil had reported more than 13,000 confirmed infections and over 600 fatalities.

Recognizing these lessons, WHO stresses the importance of interoperable digital systems and real-time reporting, which enable rapid alerts, transparent data sharing, and coordinated international responses. Mechanisms such as the Global Outbreak Alert and Response Network (GOARN) and WHO's Event Information Site (EIS) facilitate rapid detection, verification, and response to emerging threats, allowing countries to mobilize expertise and resources effectively. Early detection is not only a technical requirement but also the foundation for interventions such as isolation, treatment, and contact tracing. Countries like South Korea demonstrated the benefits of strong surveillance during COVID-19, quickly identifying cases, tracing contacts, and reducing mortality. Their experience shows that preparedness is shaped not only by resources but also by governance, leadership, and public trust in institutions.

Strengthening surveillance in vulnerable regions is indispensable for global health security. Beyond investing in laboratories and technology, there must be a focus on training public health personnel, fostering community engagement, and ensuring consistent national reporting. International cooperation is equally vital, since

pathogens cross borders and weaknesses in one nation threaten others. A global commitment to robust surveillance—supported by frameworks like GOARN and WHO's EIS—ensures timely detection, protects healthcare systems, and reduces the devastating human, economic, and social consequences of uncontrolled outbreaks.

IV – Delayed and Politicized Rapid Response

Even when outbreaks are detected, political and administrative delays can significantly worsen their impact. Bureaucratic inefficiencies, funding shortages, and geopolitical tensions often slow the deployment of medical personnel, vaccines, and supplies. In many cases, governments hesitate to raise alarms due to fears of economic loss, political embarrassment, or international scrutiny. Such hesitation can prove deadly, as pathogens spread faster than the mechanisms meant to contain them.

The 2010 cholera outbreak in Haiti illustrates this challenge. Contamination linked to UN peacekeepers initially went unacknowledged due to political sensitivities, delaying interventions and undermining public trust. By the time aid arrived at sufficient scale, over 10,000 people had died and more than 800,000 were infected (WHO, 2011). Similarly, during the 2003 SARS outbreak, delayed reporting by some governments allowed the virus to spread internationally before containment measures were enacted, leading to avoidable deaths and economic disruption.

The COVID-19 pandemic further demonstrated the consequences of politicized responses. Despite significant supply delays and shortages in 2021, COVAX turned into a vital lifeline by the end of 2023, having sent around 2 billion doses to 146 economies, accounting for roughly 74% of all vaccines in low-income nations. According to estimates, these initiatives prevented almost 2.7 million lives in economies that qualified for AMC (WHO, 2023). However, by early 2022, COVAX had only reached about 830 million doses for lower-income countries, falling short of its initial goal of 2 billion doses in 2021 (Gavi, 2022). Long into 2022, many disadvantaged regions had vaccine coverage below 10% due to this shortage, unequal purchasing power, and logistical difficulties, highlighting the ongoing disconnect between international commitments and local realities.

Rapid response requires both political will and operational readiness. This includes trained personnel, resilient infrastructure, emergency financing, and pre-established coordination between governments and international agencies. Countries with strong preparedness plans, such as New Zealand and South Korea, demonstrated that decisive action—through early deployment of testing, contact tracing, quarantine measures, and public health campaigns—can stabilize health systems, maintain public confidence, and reduce mortality.

To address political and administrative delays, WHO-led mechanisms such as Emergency Medical Teams (EMTs) and the Global Outbreak Alert and Response Network (GOARN) play a critical role. These frameworks enable rapid deployment of expert personnel, medical supplies, and technical support even in complex settings affected by political sensitivities or logistical barriers. Strengthening and adequately funding these mechanisms is vital to ensure that no outbreak, regardless of where it emerges, spirals into a global health emergency (WHO EMT, WHO GOARN, 2022).

V – Counterfeit Medicines and Black Market Healthcare

Counterfeit and substandard medicines represent a major threat to global health security, undermining treatment outcomes and weakening trust in health systems. According to WHO estimates, nearly 10% of medicines circulating in low- and middle-income countries (LMICs) are falsified or of poor quality (WHO, 2021). These include antibiotics, antimalarials, antivirals, and vaccines, which not only fail to cure illness but may worsen it. Such products contribute to antimicrobial resistance, increase preventable deaths, and damage the credibility of healthcare institutions. In sub-Saharan Africa, substandard antimalarials remain a leading cause of child mortality, while falsified antibiotics in South and Southeast Asia accelerate the spread of drug-resistant infections that are extremely difficult to treat (WHO, 2020).

The problem extends beyond medicines alone. Counterfeit surgical instruments, diagnostic kits, and vaccines are also widespread, threatening the success of immunization drives and hospital procedures. Their presence undermines public health campaigns, reduces compliance with medical treatment, and wastes scarce resources. Economically, counterfeit products place additional strain on fragile health systems by diverting funds away from genuine medical interventions.

Global enforcement efforts have attempted to curb these threats. Interpol's Operation Pangea, active since 2008, coordinates international raids against illegal medicine networks. Each year, millions of counterfeit products are seized, and thousands of illegal online pharmacies are closed (Interpol, 2022). Despite these successes, weak regulations, corruption, and porous borders allow criminal networks to persist. Uneven enforcement capacity between states hampers cooperation and enables the black market to adapt and expand.

Black market healthcare also includes the illicit trade in human organs. Vulnerable communities in countries such as India, Pakistan, Nepal, and the Philippines are frequently coerced or deceived into selling organs, which are then trafficked abroad. Patients seeking faster or cheaper procedures through medical tourism risk unsafe surgeries and inadequate follow-up care, exposing them to severe health complications. These practices exploit marginalized populations while violating basic human rights. The international community has responded through UN conventions, including the Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children (Palermo Protocol, 2000), and specific UN guidelines addressing the trafficking of human organs, which establish standards for prevention, prosecution, and victim protection (UNODC, 2021).

Addressing counterfeit medicines and black market healthcare requires a comprehensive strategy. Stronger international regulation, transparent supply chains, effective border control, and public awareness campaigns are essential. Equally, law enforcement must be paired with ethical governance and multilateral cooperation, reinforcing the principle that true health security cannot be separated from human

rights and crime prevention (WHO, Interpol, UNODC). Branches of the UN like Interpol and UNODC often oversee these aspects directly, observing routes for illicit drug and counterfeit trafficking, as well as warranting action. The WHO, however, is not concerned with the actions of either of these branches.

VI – Disease Outbreaks in Fragile Health Systems

The impact of disease outbreaks is greatly increased by fragile health systems, making populations more susceptible to illness and death. For instance, Guinea, Liberia, and Sierra Leone had less than 1.5 intensive care unit beds per 100,000 people during the 2014–2016 Ebola outbreak in West Africa, and many impacted areas had routine vaccine coverage below 60%. Poor sanitation, a lack of medical staff, insecurity, and a weak infrastructure all contributed to the uncontrollable spread of even preventable diseases. *(Shoman, H., Karafillakis, E., & Rawaf, S. (2017).*

WHO and partners have supported rapid-response teams in their efforts to investigate and limit epidemics, set up regional surveillance networks, and deployed mobile laboratories in order to address these vulnerabilities. Training initiatives for regional healthcare professionals have improved case management, infection control, and diagnostic capabilities, illustrating how focused interventions can lessen the impact of weak health systems and increase readiness for upcoming medical crises.

The Ebola epidemic in the Democratic Republic of Congo (2018–2020) illustrates these challenges. Despite international support, the outbreak resulted in more than 2,200 deaths. Armed conflict, community mistrust, and limited health facilities complicated treatment efforts, while attacks on healthcare workers obstructed containment (WHO, 2020). Similarly, the cholera outbreak in Yemen (2017–2019) produced over 2 million reported cases, the largest recorded in modern history. Collapsing sanitation systems and devastated healthcare infrastructure prevented widespread access to safe water, rehydration therapy, and antibiotics (UNICEF, 2019).

The COVID-19 pandemic further revealed disparities in healthcare capacity worldwide. Many LMICs faced critical shortages of ICU beds, ventilators, oxygen supply, and essential medicines. For example, in sub-Saharan Africa, some countries had fewer than 5 ICU beds per 100,000 population, compared with over 34 per 100,000 in high-income countries (WHO, 2021). Vaccination coverage during outbreaks also highlighted inequalities: during early COVID-19 vaccine rollouts, LMICs reported less than 5% population coverage, while wealthier nations achieved over 50–60% coverage in the same period (Gavi, 2021). Fragile states struggled to implement testing, contact tracing, and digital reporting, compounding both health and socio-economic fallout.

Strengthening response capabilities in fragile systems relies on practical measures. Mobile laboratories and regional surveillance networks, such as those supported by the Africa CDC, allow rapid detection of pathogens even in remote or conflict-affected areas. WHO-led rapid response teams and Emergency Medical Teams (EMTs) provide on-the-ground technical assistance and treatment capacity during outbreaks. Training programs for local health workers enhance epidemiological skills, infection prevention, and case management, ensuring more resilient responses. Countries that invested in community health workers, mobile testing units, and regional coordination mechanisms were better able to contain

outbreaks, demonstrating the value of targeted capacity-building.

These examples reveal that surveillance, rapid response, and infrastructure are inseparable components of health security. Without functional health systems, even the most advanced detection mechanisms or emergency response plans fail to protect populations. They also highlight the importance of international solidarity, as fragile states often cannot respond effectively without sustained external assistance. Strengthening fragile health systems is therefore not just a national priority but a global imperative, ensuring preparedness against current and future threats to public health.

VII – Major Countries and International Cooperation

Global health security depends on coordinated and collaborative efforts across nations. Countries with advanced infrastructure, such as the United States, European Union member states, and Japan, invest heavily in disease surveillance systems, laboratory networks, vaccine research and development, and rapid response capabilities. These nations often contribute technical expertise, funding, and logistical support to international emergency response efforts. Emerging economies, including India, Brazil, and South Africa, focus on strengthening domestic health systems and laboratory capacity, frequently with assistance from global partners. These countries work to improve testing, outbreak monitoring, and regional coordination, demonstrating the importance of both self-sufficiency and multilateral collaboration.

Conflict-affected regions, such as Yemen, Syria, and the Democratic Republic of Congo, often face collapsed health infrastructure and rely heavily on WHO-led interventions and humanitarian aid to address outbreaks and maintain essential services. International cooperation in these contexts ensures timely deployment of rapid response teams, mobile laboratories, and emergency medical units, filling critical gaps that local systems cannot manage alone.

International legal frameworks guide these cooperative efforts. The United Nations Charter (1945) establishes a foundation for global collaboration in protecting human welfare and addressing threats to peace and security, including public health emergencies. The International Health Regulations (IHR, 2005) legally bind member states to detect, report, and respond to potential public health risks, fostering transparency and timely information sharing. Additional mechanisms, such as the Global Health Security Agenda (2014) and WHO Joint External Evaluations (JEEs), provide guidance on national preparedness, risk assessment, and capacity-building strategies. Together, these frameworks enable the WHO to offer technical expertise, coordinate multinational responses, and deploy resources efficiently, while respecting state sovereignty and balancing collective global responsibility.

VIII – Successful WHO Interventions

Despite the many challenges faced in global health security, WHO has a documented record of significant successes in detecting, controlling, and containing disease outbreaks. During the Ebola epidemic in West Africa (2014–2016), WHO coordinated closely with partners including the United States, the United Kingdom, Germany, and the African Union to deploy emergency medical teams, provide essential supplies, and implement large-scale vaccination campaigns. This collaboration was crucial in reaching affected communities, training local healthcare personnel, and monitoring disease transmission, ultimately contributing to the containment of one of the most devastating Ebola outbreaks in recent history (WHO, 2016).

During the 2003 SARS outbreak, WHO's rapid dissemination of epidemiological information, guidance on quarantine procedures, and international alerts prevented further global spread of the virus. Similarly, the Global Polio Eradication Initiative in Afghanistan and Pakistan demonstrates WHO's ability to operate effectively even in conflict-affected regions. By collaborating with UNICEF, national governments, and local NGOs, WHO achieved high vaccination coverage in areas with limited infrastructure and ongoing security challenges. These initiatives reflect the importance of strategic planning, local engagement, and cross-sector partnerships in achieving public health objectives.

During the COVID-19 pandemic, WHO again played a central role in coordinating the global response. The organization issued comprehensive guidelines for testing, treatment protocols, and infection prevention, helping countries implement standardized care and reduce transmission. WHO provided technical guidance on diagnostic strategies, including RT-PCR and rapid antigen testing, and outlined clinical management protocols for mild, severe, and critical cases. Its public communication campaigns addressed misinformation, promoted preventive measures such as masking and physical distancing, and guided governments in risk communication strategies. Additionally, WHO led the COVAX initiative, improving access to vaccines in low- and middle-income countries despite supply shortages, logistical constraints, and geopolitical challenges (WHO, 2021). These efforts emphasized the importance of international solidarity, transparent communication, and coordinated action in the face of a rapidly evolving pandemic.

These successes illustrate that effective global health security requires multiple, interlinked components: rapid deployment of trained personnel and medical resources, transparent communication, community engagement, and sustained international cooperation. Countries with well-established preparedness measures, robust health infrastructure, and strong collaborative mechanisms are consistently better positioned to contain outbreaks, protect vulnerable populations, and maintain public trust. WHO's interventions highlight that even in complex and resource-limited contexts, coordinated action can mitigate disease impact, save lives, and strengthen resilience against future threats.

IX – Emerging Threats: AMR, Bioterrorism, Climate Change, and Cybersecurity

Modern global health threats are increasingly complex, transcending traditional medical and public health boundaries. Bioterrorism and dual-use research raise significant concerns about the intentional misuse of pathogens by state or non-state actors. The Biological Weapons Convention (BWC, 1972) provides an international legal framework prohibiting the development, production, and use of biological weapons. However, the treaty has notable limitations, including verification challenges and lack of enforcement mechanisms, underscoring the need for strong international regulations and rapid response mechanisms to prevent outbreaks with potentially catastrophic consequences (UNODA, 2022).

Antimicrobial resistance (AMR) is another pressing issue. Globally, bacterial AMR was associated with approximately 4.95 million deaths in 2019, with 1.27 million directly attributable to drug-resistant infections (WHO, 2022). Misuse and over-prescription of antibiotics, combined with counterfeit and substandard medicines, accelerate the emergence of drug-resistant pathogens. AMR threatens the effectiveness of essential treatments, complicates management of common diseases, and imposes substantial economic and social costs. Addressing this requires global coordination, strict pharmaceutical regulation, and robust surveillance of resistance patterns, including participation in WHO's Global Antimicrobial Resistance and Use Surveillance System (GLASS).

Climate change exacerbates health risks by expanding the geographic range of vector-borne diseases such as malaria, dengue, and Zika. Rising temperatures and shifting rainfall patterns support the proliferation of disease vectors, while extreme weather events—floods, hurricanes, and droughts—disrupt healthcare infrastructure, reduce access to clean water, and increase vulnerability to epidemics. WHO estimates that climate-sensitive health risks already contribute to hundreds of thousands of deaths annually, and projections indicate substantial increases if mitigation strategies are not implemented (WHO, 2021; IPCC, 2022). These environmental pressures underscore the need for climate-informed public health planning and resilient healthcare systems.

X – The Way Forward

Strengthening global health security requires comprehensive, multi-pronged action that addresses technical, regulatory, and ethical dimensions simultaneously. Expansion of surveillance networks, interoperable digital platforms, and laboratory capacity is essential to detect outbreaks early and prevent their escalation. WHO-led rapid response teams should be deployable worldwide within 72 hours, ensuring timely intervention in both resource-rich and fragile settings. Equally important is international regulatory cooperation to combat counterfeit medicines, organ trafficking, unsafe medical tourism, and other criminal threats that undermine health systems. Equity must guide all interventions, ensuring that low- and middle-income countries (LMICs) have fair access to diagnostics, vaccines, medicines, and healthcare technologies through mechanisms such as technology transfer, innovative financing, and regional capacity-building programs.

Ethical considerations are inseparable from technical measures. Protecting populations from disease, unsafe medical practices, and exploitation not only reinforces trust in healthcare systems but also strengthens human rights and social cohesion. Transparent communication and community engagement are critical components of ethical public health practice, particularly in vulnerable or conflict-affected regions.

International collaboration is a cornerstone of effective global health security. Partnerships with organizations such as Interpol, the United Nations Office on Drugs and Crime (UNODC), the World Trade Organization (WTO), and regional agencies are necessary to address transnational health threats. These collaborations facilitate joint surveillance, resource sharing, and coordinated enforcement against illicit activities that jeopardize population health. Historical successes provide evidence of the effectiveness of such coordinated action: the containment of Ebola in West Africa, the management of SARS in 2003, polio eradication campaigns in conflict zones, and equitable distribution of COVID-19 vaccines through COVAX all demonstrate that timely intervention, transparent communication, and global solidarity save lives and maintain public confidence.

Global Health Security Gaps

Global health security faces persistent gaps that compromise the world's ability to detect, prevent, and respond to health emergencies. One major gap is the unequal surveillance capacity between high- and low-income countries (LMICs). While wealthier nations often maintain advanced laboratories, genomic sequencing, and real-time disease monitoring systems, many LMICs lack basic epidemiological infrastructure. For instance, during the 2014–2016 Ebola outbreak in West Africa, weak surveillance systems delayed detection of initial cases in Guinea, contributing to the rapid regional spread and a death toll of approximately 11,325 (WHO, 2016). Similarly, during the 2018–2020 Ebola outbreak in the Democratic Republic of Congo, limited diagnostic capacity and attacks on healthcare workers complicated containment, resulting in over 2,200 deaths (WHO, 2020). These examples highlight that global health security is only as strong as its weakest link.

Another critical gap is the persistent challenge of meeting International Health Regulations (IHR, 2005) requirements. Although legally binding for 196 countries, IHR compliance relies on national implementation rather than enforcement by WHO. Assessments such as the Joint External Evaluations (JEEs) have shown that many countries struggle to maintain core capacities, including emergency response planning, risk communication, and laboratory infrastructure. During the COVID-19 pandemic, countries with limited IHR compliance experienced delays in testing, reporting, and risk communication, which contributed to avoidable community transmission and economic disruption (WHO, 2021).

Political and logistical barriers further slow aid delivery in emergencies. Delays in mobilizing medical personnel, diagnostics, and vaccines often exacerbate outbreaks, particularly in conflict zones or regions with weak governance. The cholera outbreak in Yemen (2016–2018) illustrates this challenge: over 1 million suspected cases were reported, and thousands of deaths occurred, as humanitarian aid was impeded by political conflict and insecurity (UNICEF, 2019). Another example of this issue can be highlighted with the more-recent case of COVID-19 virus, where countries at time used to report fewer cases globally than what is actually prevalent.

Healthcare-related crimes also undermine global health security. The proliferation of counterfeit medicines, illegal organ trade, and unsafe medical tourism creates additional health risks, especially in LMICs. For example, falsified antimalarials in Southeast Asia and sub-Saharan Africa have contributed to treatment failures and accelerated the emergence of drug-resistant strains, endangering both local and global populations (WHO, 2021). WHO addresses these threats through guidance, surveillance, and technical support, while law-enforcement actions are undertaken by national authorities and international agencies such as UNODC and Interpol.

Addressing these gaps requires a multi-faceted approach: strengthening surveillance, supporting national IHR compliance, ensuring timely humanitarian response, and combating healthcare crimes. International collaboration, investment in infrastructure,

and capacity-building in LMICs are essential. Without closing these gaps, infectious disease outbreaks, biological threats, and healthcare crimes will continue to pose risks that transcend national borders, emphasizing that health security is a truly global responsibility.

Role of Non-State Actors and the Private Sector

Governments cannot accomplish global health security on their own; it is a shared duty. Preparation, response, and international collaboration against health-related risks, including substandard medicines and illicit practices, are increasingly shaped by a diverse range of non-state actors (NSAs) and private sector organizations. These actors include NGOs, philanthropic organizations, academic institutions, and private companies, all of which play complementary roles alongside governments and WHO technical partners.

NGOs are another key stakeholder, particularly in supporting local communities. They provide essential services such as humanitarian medical care, health advocacy, and public education. In fragile or resource-limited settings, NGOs often operate in partnership with local ministries and UN agencies, filling critical gaps in service delivery. For example, Médecins Sans Frontières (MSF) provides emergency medical assistance in over 70 countries, responding to outbreaks, conflicts, and disasters. NGOs also contribute to policy advocacy, mobilize private financing, and facilitate engagement between local communities and international partners, thereby bridging local needs with global health strategies.

The private sector represents a crucial stakeholder with unique capabilities. Businesses—including pharmaceutical companies, diagnostic suppliers, logistics firms, and technology startups—bring cutting-edge R&D, technical innovation, and strong supply chain expertise that can enhance global health security. They often manage private clinics, pharmacies, or distribution networks that serve populations in low- and middle-income countries (LMICs), and thus may be among the first points of contact for emerging infectious diseases. For instance, Zipline, a drone logistics startup, has successfully delivered vaccines and blood products to remote areas, overcoming challenges posed by inadequate road infrastructure.

Public-private partnerships further amplify the impact of these actors. Initiatives like the Global Health Security Agenda (GHSA) bring together over 70 nations and multiple non-state partners to accelerate the implementation of International Health Regulations (IHR). These collaborations facilitate multisectoral coordination, resource mobilization, and rapid outbreak response, while aligning private sector activities with public health objectives. However, engagement with the private sector requires careful oversight to ensure that partnerships support health security goals rather than being solely profit-driven.

WHO has established a structured mechanism for engaging non-state actors through the Framework of Engagement with Non-State Actors (FENSA). FENSA guides WHO's collaboration with NGOs, private sector entities, philanthropic foundations, and academic institutions, ensuring that technical cooperation is transparent, ethically grounded, and maintains the organization's neutrality (WHO, 2021). By formalizing engagement, FENSA allows WHO to leverage expertise and resources from NSAs while safeguarding against conflicts of interest.

Together, governments, NSAs, and private sector partners form an interdependent ecosystem for global health security. By coordinating their roles, aligning incentives, and maintaining transparent governance, these actors enhance preparedness, improve outbreak response, and contribute to resilient health systems worldwide.

Equitable Access to Health Security Tools
1. Unequal Access to Treatments

Unequal access to treatments remains a critical challenge to global health security, disproportionately affecting low- and middle-income countries (LMICs). While not all LMICs rely heavily on informal markets, many regions face gaps in healthcare infrastructure, funding, and medical resource availability, which can limit timely access to essential medicines (WHO, 2022). Informal or unregulated markets sometimes fill these gaps, but they often provide substandard or counterfeit drugs, which fail to treat diseases effectively and contribute to antimicrobial resistance (UNODC, 2021). For example, falsified antimalarials in Southeast Asia and sub-Saharan Africa have led to treatment failures and increased drug-resistant strains (WHO, 2020).

Meanwhile, wealthier nations often stockpile medicines and medical supplies during crises, creating competition that some LMICs cannot match. During the COVID-19 pandemic, high-income countries secured vaccines and antiviral medications months ahead of lower-income countries, leaving some LMIC populations to face prolonged waiting periods (Gavi, 2022). This disparity not only caused preventable deaths but also facilitated continued viral transmission, contributing to the emergence of new variants such as Delta and Omicron (WHO, 2021). These inequities demonstrate that treatment gaps in one region can have global consequences, reinforcing the interdependent nature of health security.

Addressing unequal access requires a combination of policy interventions and practical solutions. Strengthening healthcare systems, expanding distribution networks, and creating mechanisms for equitable allocation of medicines are vital. Pooled procurement initiatives and regional stockpiles can reduce competition between countries and ensure timely delivery of essential drugs during emergencies (PAHO Revolving Fund, 2021). Moreover, integrating emergency preparedness planning at national and regional levels can mitigate delays and ensure that treatments reach vulnerable populations efficiently.

Equitable treatment access is not only an ethical obligation but also a strategic necessity. Timely and reliable availability of medicines prevents outbreaks from escalating, strengthens public trust in healthcare systems, and enhances global preparedness for future crises. By addressing structural inequalities in access, the international community can safeguard vulnerable populations, reduce the spread of infectious diseases, and reinforce global health security. Closing these gaps ensures that all nations, regardless of economic status, are equipped to respond effectively to public health emergencies, promoting resilience and cooperation across the global health landscape (WHO, 2022; Gavi, 2022)

2. Diagnostics and Early Detection

Diagnostics and early detection are fundamental components of effective global health security, allowing for timely identification, isolation, and management of infectious disease outbreaks. Wealthier nations often possess advanced laboratory networks, genomic sequencing capabilities, and real-time surveillance systems that enable rapid action against emerging pathogens. For instance, South Korea's rapid COVID-19 testing strategy facilitated early case detection, effective contact tracing, and informed public health interventions, mitigating the virus's early spread. Similarly, during the 2014–2016 West Africa Ebola outbreak, the establishment of mobile laboratories in Guinea and Liberia accelerated case confirmation, although delayed infrastructure in some areas still hampered response efforts.

In contrast, LMICs frequently face delays in diagnosis due to limited laboratory infrastructure, shortages of trained personnel, and weak epidemiological networks. During the 2018–2020 Ebola outbreak in the Democratic Republic of Congo, delayed laboratory confirmation slowed isolation and treatment efforts, prolonging the epidemic. Contributing factors included insecurity, attacks on health workers, and community mistrust, which further complicated containment strategies. In addition, outbreaks of Lassa fever in Nigeria and cholera in Yemen have demonstrated how limited local diagnostic capacity can delay interventions, allowing infectious diseases to escalate regionally and potentially cross borders.

Improving diagnostics requires investment in infrastructure, workforce development, and rapid testing technologies. Deploying mobile laboratories, point-of-care testing devices, and regional surveillance hubs can shorten detection timelines and enhance outbreak response capabilities. Global mechanisms such as the WHO Global Influenza Surveillance and Response System (GISRS), Global Outbreak Alert and Response Network (GOARN), and Africa CDC laboratory network provide critical support by standardizing testing, sharing genomic data, and facilitating rapid deployment of expert teams to outbreak zones. These mechanisms enable coordinated action and resource mobilization across countries, strengthening global preparedness.

Equitable access to diagnostics is not merely a technical concern—it is a practical necessity for global health security. Timely identification of cases reduces disease transmission, prevents regional escalation, and minimizes the burden on healthcare systems. By enhancing laboratory capacity and access to rapid diagnostics in underserved areas, the international community can ensure a more resilient response to infectious diseases, protecting both local and global populations. Early detection, combined with robust surveillance and strong community engagement, forms the backbone of effective outbreak prevention, containment, and global health resilience.

(WHO GISRS, WHO GOARN, Africa CDC, Gavi, PAHO Revolving Fund)

3. Vaccines and Preventive Measures

Vaccines and preventive measures are essential for controlling infectious diseases and safeguarding public health. However, LMICs often face barriers to achieving adequate coverage due to high costs, logistical challenges, and limited infrastructure. During the 2009 H1N1 influenza pandemic, delays in vaccine access resulted in preventable morbidity and mortality in resource-limited countries, highlighting the importance of equitable distribution. Preventive measures extend beyond vaccination, including vector control, hygiene promotion, and community health education, all of which are crucial to reducing the spread of disease.

Equitable access to vaccines is also critical in preventing counterfeit products from entering the market. Counterfeit or substandard vaccines can lead to treatment failures, reduce public trust, and exacerbate outbreaks. International initiatives, such as COVAX, aim to ensure fair vaccine allocation, yet supply shortages, financing constraints, and logistical hurdles continue to limit their effectiveness in LMICs. Strengthening cold-chain logistics, enhancing storage capacity, and supporting regional vaccine manufacturing are vital for improving accessibility.

Preventive measures must be integrated into comprehensive public health strategies. Routine immunization programs, outreach campaigns, and community engagement improve vaccine uptake and adherence to preventive guidelines. During the Ebola outbreak in West Africa, vaccination campaigns coupled with hygiene education and safe burial practices were instrumental in containing transmission. Similarly, preventive strategies for diseases such as measles, polio, and yellow fever demonstrate the importance of combining vaccination with broader health interventions to achieve long-term impact.

Ensuring equitable access to vaccines and preventive measures strengthens global health security by reducing disease incidence and preventing outbreaks from spreading beyond national borders. By investing in infrastructure, distribution networks, and education, countries can improve population immunity, build public trust, and enhance resilience against future health crises. Equity in preventive measures is both an ethical imperative and a practical necessity for effective disease control

4. Strengthening Access

Strengthening access to health tools is essential for building resilient healthcare systems and ensuring global health security. Expanding international partnerships facilitates the fair distribution of medicines, vaccines, and diagnostics, particularly to LMICs that often face shortages during emergencies. Mechanisms such as the PAHO Revolving Fund have demonstrated how pooled procurement can reduce costs and improve access, enabling lower-income countries to compete on more equitable terms with wealthier nations. By coordinating procurement and distribution at regional and global levels, nations can prevent stockouts and ensure timely delivery of essential health resources.

Regional supply networks are vital for monitoring shortages, managing inventories, and redistributing medical products in real time. Such systems improve preparedness during epidemics and reduce the risk of local outbreaks escalating into international crises. Local production under strict quality control further enhances resilience by reducing reliance on international supply chains. For instance, Africa currently produces only about 1–2% of the vaccines it consumes, but initiatives are rapidly expanding: over 25 vaccine manufacturing projects are active across the continent, with countries like South Africa, Senegal, and Morocco leading the way. The African Union has set a target to produce 60% of vaccines needed on the continent by 2040, a massive scale-up from the current 20 million doses annually. In Asia, Bangladesh's pharmaceutical industry meets nearly 98% of domestic demand and exports to over 140 countries, while Pakistan's pharma exports rose to USD 457 million in 2024–25, covering about 70% of its local market needs. These examples illustrate how regional production can secure faster access during crises while strengthening long-term capacity.

Strengthening access also requires investment in workforce development, infrastructure, and logistics. Cold-chain facilities, storage warehouses, and transportation networks must be expanded to ensure that vaccines, diagnostics, and treatments reach remote or underserved communities. Coordinated strategies at national, regional, and global levels enhance efficiency, reduce duplication, and ensure equitable allocation of scarce resources.

Ultimately, strengthening access is a cornerstone of global health equity. By combining international collaboration, local production, and robust supply networks, countries can improve response times, prevent disease proliferation, and protect vulnerable populations. Enhanced access builds trust in health systems, supports compliance with public health interventions, and ensures that all nations are equipped to respond effectively to health emergencies, reinforcing global resilience and preparedness. *(PAHO Revolving Fund, Gavi, WHO, Africa CDC, ADB, ONE.org).*

Building a Resilient Global Health System

Ensuring global health security requires addressing both immediate threats and long-term systemic gaps. A central priority is financing. Market-driven models often leave low- and middle-income countries (LMICs) unable to afford essential medicines and diagnostics during crises. Global mechanisms such as the Global Fund, Gavi, and the World Bank's Pandemic Fund have already demonstrated how pooled financing can support rapid access to vaccines, treatments, and preparedness measures. These approaches show how shared investment can prevent financial barriers from determining survival.

Another crucial strategy is patent sharing and technology transfer. Intellectual property rules protect innovation but can delay access in emergencies. The Medicines Patent Pool (MPP), supported by UNITAID, has enabled affordable generic production of HIV and COVID-19 treatments. Similarly, the WHO's COVID-19 Technology Access Pool (C-TAP) and the mRNA vaccine hub in South Africa promote knowledge-sharing and local manufacturing. Such initiatives reduce reliance on limited global suppliers and strengthen regional resilience.

Stronger supply chains are also essential to block counterfeit or substandard products, which endanger patients and weaken trust in healthcare systems. The WHO's Global Surveillance and Monitoring System helps countries identify and remove falsified medicines, while regional efforts like the African Medicines Agency (AMA) aim to harmonize regulation. Investments in digital tracking and logistics further improve oversight.

Expanding diagnostic capacity ensures faster detection of outbreaks. Organizations such as the Foundation for Innovative New Diagnostics (FIND) and the Africa CDC deploy mobile labs, point-of-care tools, and reporting platforms like DHIS2, allowing earlier intervention and sustained community engagement.

Finally, coordinated global action underpins all progress. Frameworks such as the International Health Regulations (IHR) and networks like WHO's Global Outbreak Alert and Response Network (GOARN) enable rapid response across borders. The Global Health Security Agenda (GHSA) continues to build long-term cooperation, while COVAX highlighted both the potential and challenges of equitable resource-sharing.

Building on these ongoing initiatives, the world must maintain investment, equity, and collaboration to create a resilient global health system. Security and fairness are inseparable—strength in one region protects all.

How a Resolution Can Be Reached

A successful resolution is not just a document that restates the problem; it is a comprehensive, actionable plan that a committee can approve and implement. To create a strong resolution, delegates should think about what their proposed solutions must achieve and what specific questions they should answer. The following are a few examples:

1. **What is the problem?** Your preliminary sentences should give a concise, fact-based explanation of the committee's motivation for discussing the subject. This entails recognizing earlier initiatives, making reference to relevant international laws or treaties, and providing statistics to demonstrate the pressing nature of the problem.

2. **What is the proposed solution?** The specific activities you are proposing must be detailed in the operative clauses, which form the foundation of your resolution. These activities have to be arranged logically, progressing from short-term objectives to long-term ones.

3. **Who will take action?** The individuals in charge of carrying out the solutions must be identified in your resolution. This could be non-governmental organizations, the World Health Organization (WHO), specific member states, or other UN agencies.

4. **How is the resolution going to be financed?** Your resolution should suggest a practical financing source if it calls for new projects or activities. This could be accomplished by redistributing already-existing cash, imposing a new tax, or accepting voluntary contributions.

5. **How will success be measured?** Your resolution can contain clauses for monitoring and evaluation to guarantee accountability. This might involve putting in place a mechanism for routine reporting to the WHO or other relevant bodies.

6. **How will different stakeholders be involved?** A thorough resolution acknowledges the importance of teamwork. It may contain clauses that promotes collaboration with non-state actors, like NGOs and partners in the corporate sector, in order to benefit from their resources and experience.

Questions a Resolution Must Answer

- How can WHO expand surveillance while respecting state sovereignty?
- Should IHR violations carry penalties or remain voluntary?
- How can AI and digital tools fairly monitor outbreaks and counterfeit markets?
- Do wealthy nations have a responsibility to fund global health security?
- How should WHO collaborate with Interpol, UNODC, and WTO on transnational health crimes?

References

1. **United Nations**. *Charter of the United Nations*. 1945.

2. **World Health Organization**. *International Health Regulations (2005), Third Edition*. Geneva: WHO, 2016.

3. **World Health Organization**. *WHO Global Surveillance and Monitoring System for Substandard and Falsified Medical Products*. Geneva: WHO, 2017.

4. **World Health Organization**. *COVID-19 Strategic Preparedness and Response Plan*. Geneva: WHO, 2020.

5. **Centers for Disease Control and Prevention (CDC)**. *2014–2016 Ebola Outbreak in West Africa*. Atlanta: CDC, 2019.

6. **Interpol**. *Operation Pangea XIII: International Week of Action Against Illicit Online Pharmacies*. Lyon: Interpol, 2020.

7. **United Nations Office on Drugs and Crime (UNODC)**. *Trafficking in Persons: Global Report*. New York: UN, 2020.

8. **Global Health Security Agenda (GHSA)**. *About GHSA*. 2014.

9. Mackey, Tim K., and Bryan A. Liang. *"The Global Counterfeit Drug Trade: Patient Safety and Public Health Risks."* Journal of Pharmaceutical Policy and Practice, Vol. 4, 2011.

10. Kickbusch, Ilona et al. *"Global Health Security: The Lessons from the West African Ebola Virus Disease Epidemic."* Global Health, Vol. 12, 2016.

11. Gavi, the Vaccine Alliance. COVAX: Building Global Equity in COVID-19 Vaccination. Geneva: Gavi, 2022.

Resources for Research

Delegates are encouraged to make use of several resources available on the internet to help with the agenda as well as with their stance. Not only are these sites useful for understanding core problems, but they also highlight issues that are often overlooked, or worse, unregulated by the public. These also contain several legal frameworks.
Also included are key media, news, and academic research forums.

1. **World Health Organization (WHO):**
   https://www.who.int

2. **Centers for Disease Control and Prevention (CDC): https://www.cdc.gov/**

3. **Interpol:**
   https://www.interpol.int

4. **United Nations Office on Drugs and Crime (UNODC):**
   https://www.unodc.org/

5. **BBC News:**
   https://www.bbc.com/news/health

6. **Al Jazeera:**
   https://www.aljazeera.com/tag/health/

7. **The Lancet:**
   https://www.thelancet.com/