

World Health Organization

Letter from the Chair

Dear Delegates,

Welcome to WAMUNC XXVII! I'm Varun Kandarpa and I'll be one of your chairs for this World Health Organization Committee. On behalf of me, and your other staffers, I would like to express how excited we are to welcome you to the conference! Like many other WHO committees the goal of this conference is to tackle burgeoning health crises around the world. While this global health issue may appear to be just a matter of medical & economic concern, I urge you to explore the deeper layers that reveal the complexities of international collaboration, access to life saving equipment, and interactions with private manufacturers. Consider how factors such as political agendas, socioeconomic disparities, and the relentless pursuit of healthcare advancements shape the decisions and outcomes of nations involved. Look into how these have enabled the spread of diseases. Dissect each policy debate, scrutinize each country's motivations, and predict the ripple effects of their actions on global well-being. Look beyond the scope of providing economic support to help establish longer term solutions that are preventative or landscape changing. As always, time is a crucial element; with each passing moment, the stakes escalate, leaving us eagerly anticipating your interpretations and insights into this intricate global narrative. A little bit about me, I am a sophomore in the School of Business studying International Business & Finance. I participated in my high school's Model UN club all four years and have chaired a plethora of conferences! I'm a big travel person, love visiting new cities and trying new food. I hope y'all have fun

Sincerely ,

Varun

Welcome to the Global Health and Emergency Response Committee

In 2024, the World Health Organization is undertaking numerous complex initiatives that are intertwined with legislative and supply chain issues. The goal is for delegates to work collaboratively to discuss some of the unique challenges when delivering supplies to disaster zones, creating specialized medical equipment, and finding innovative solutions to deal with emerging global diseases in light of our global experience with COVID-19. Through creative solutions and diplomacy, we hope for delegates to come to equitable solutions that can benefit and save lives across the globe.

Introduction to the Committee

As of December 3, 2024, the World Health Organization (WHO) is actively addressing multiple global health crises, with a significant focus on the Mpox outbreak in Africa. Since early 2024, over 17,000 probable cases and 517 deaths have been reported across 13 African countries, marking a substantial increase compared to previous years. The emergence of a new viral strain, Clade "1b," first identified in September 2023 in South Kivu, has contributed to the rapid spread of the disease to previously unaffected nations, including Burundi, Kenya, Rwanda, and Uganda.¹

In response to the escalating situation, the WHO declared Mpox a "public health emergency of international concern" (PHEIC). This designation enables the organization to prioritize resources

¹ Le Monde, "Pourquoi l'OMS a classé l'épidémie de Mpox en Afrique 'urgence de santé publique de portée internationale'," *Le Monde*, August 15, 2024, https://www.lemonde.fr/planete/article/2024/08/15/pourquoi-l-oms-a-classe-l-epidemie-de-Mpox-en-afrique-urgence-de-sante-publique-de-portee-internationale_6281426_3244.html.

effectively amidst budget constraints. Concurrently, the Africa Centres for Disease Control and Prevention (Africa CDC) has declared Mpox a "public health emergency of continental security."²

Efforts to combat the outbreak include the distribution of 215,000 doses of the MVA-BN vaccine, donated by the European Commission and Bavarian Nordic. The WHO is also working to secure emergency authorization for vaccines to enhance accessibility. However, challenges persist due to limited funding and resources for medical care and prevention, disproportionately affecting vulnerable groups such as women, children, and individuals with HIV.³

The WHO emphasizes the necessity for a comprehensive overhaul in pandemic preparedness, as highlighted by the Global Preparedness Monitoring Board (GPMB). The GPMB's recent report underscores the need for resilient and equitable primary healthcare systems to withstand future challenges, citing the current Mpox outbreak as indicative of existing vulnerabilities.⁴

In addition to addressing the Mpox crisis, WHO member countries have approved amendments to the International Health Regulations to enhance global readiness and response to pandemics. These changes include defining "pandemic emergency" and improving access to financing and

² Le Monde, "Pourquoi l'OMS a classé l'épidémie de Mpox en Afrique 'urgence de santé publique de portée internationale'," *Le Monde*, August 15, 2024, https://www.lemonde.fr/planete/article/2024/08/15/pourquoi-l-oms-a-classe-l-epidemie-de-Mpox-en-afrique-urgence-de-sante-publique-de-portee-internationale_6281426_3244.html.

³ Le Monde, "Pourquoi l'OMS a classé l'épidémie de Mpox en Afrique 'urgence de santé publique de portée internationale'," *Le Monde*, August 15, 2024, https://www.lemonde.fr/planete/article/2024/08/15/pourquoi-l-oms-a-classe-l-epidemie-de-Mpox-en-afrique-urgence-de-sante-publique-de-portee-internationale_6281426_3244.html.

⁴ MarketWatch, "Outbreaks of Marburg Virus, Mpox and Avian Flu Underscore Need for Reset of Pandemic Preparedness, Report Says," *MarketWatch*, October 14, 2024, <https://www.marketwatch.com/story/outbreaks-of-marburg-virus-Mpox-and-avian-flu-underscore-need-for-reset-of-pandemic-preparedness-report-says-2a0555f6>.

medical products for developing countries. The decision aims to bolster international cooperation and preparedness for future health emergencies.⁵

Overall, the WHO continues to lead global efforts in managing health crises, advocating for strengthened healthcare systems, equitable resource distribution, and enhanced international collaboration to effectively address current and future pandemics.

The **Global Health and Emergency Response Committee (GHERC)** aims to explore some of the pressing health and logistical issues impacting international communities today. With representation from **46** diverse countries, ranging from **Bangladesh** and **Brazil** to **Germany** and **Kenya** delegates will engage in dynamic discussions to solve both legislative and practical obstacles in healthcare access. This year's committee will focus on two core issues: the **distribution of complex medical supplies** during natural disasters and humanitarian crises, and combating **emerging infectious diseases**.

This background guide offers a concise overview of each topic, providing delegates with essential context to engage effectively in discussions. It is designed to foster a deeper understanding of key issues and encourage solution-oriented debate. By equipping participants with relevant information, it ensures a productive and informed deliberation process.

⁵ World Health Organization. "Governments progress on negotiations for a pandemic agreement to boost global preparedness for future emergencies." *WHO*, September 20, 2024. <https://www.who.int/news/item/20-09-2024-governments-progress-on-negotiations-for-a-pandemic-agreement-to-boost-global-preparedness-for-future-emergencies>

*Topic A: Creation and Distribution of Complex Medical Supplies During Natural Disasters
and Humanitarian Crises*

Historical Overview

The creation and distribution of complex medical supplies during natural disasters and humanitarian crises have historically posed significant challenges, often resulting in increased mortality and prolonged suffering due to insufficient medical resources. Recent events continue to highlight these issues, exacerbated by legal constraints and private sector dynamics.

- **2010 Haiti Earthquake:** The magnitude 7.0 earthquake devastated Haiti's capital, Port-au-Prince, in January 2010, causing widespread destruction of healthcare infrastructure. Approximately 60% of Haiti's health system was destroyed, severely limiting the availability of medical supplies and services. The catastrophic earthquake killed thousands of people, displaced millions, and destroyed 60 percent of Haiti's already dysfunctional health system.⁶
- **2004 Indian Ocean Tsunami:** The tsunami affected multiple countries, including Indonesia, Sri Lanka, India, and Thailand, overwhelming local healthcare systems. Shortages of blood, blood products, and essential medical supplies such as surgical devices and antibiotics were noted during the first two days after the tsunami.⁷

⁶ Doctors Without Borders, "Haiti: Ten Years After the Earthquake, Medical Care in Crisis," *Doctors Without Borders*, January 10, 2020, <https://www.doctorswithoutborders.org/latest/haiti-ten-years-after-earthquake-medical-care-crisis>.

⁷ Centers for Disease Control and Prevention, "Rapid Health Response, Assessment, and Surveillance After a Tsunami — Thailand, 2004–2005," *Morbidity and Mortality Weekly Report* 54, no. 3 (2005): 61–64, <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5403a1.htm>.

Recent Examples:

- **Hurricane Helene (2024):** In September 2024, Hurricane Helene caused severe flooding at Baxter International's manufacturing plant in Marion, North Carolina, which supplied 60% of intravenous (IV) solutions used in U.S. hospitals. This disruption led to nationwide shortages of IV fluids, compelling healthcare providers to delay elective surgeries and conserve existing supplies. Baxter aimed to resume phased production by year's end but faced challenges in restoring pre-hurricane production levels. This incident underscores the fragility of medical supply chains and the critical impact of natural disasters on healthcare delivery.⁸
- **COVID-19 Pandemic (2020-2021):** The pandemic led to unprecedented global demand for medical supplies, including personal protective equipment (PPE) and ventilators. In response, over 60 governments implemented export restrictions on medical goods to ensure domestic availability. However, these measures disrupted global supply chains, leading to shortages in countries reliant on imports. The World Trade Organization (WTO) and International Monetary Fund (IMF) called for lifting such trade restrictions to facilitate the flow of medical supplies, emphasizing that trade has made cutting-edge medical products available worldwide at competitive prices.⁹

⁸ Melanie Evans, "Medical Manufacturer, Healthcare Providers Grappling to Replenish IV Supplies," *The Wall Street Journal*, October 31, 2024, <https://www.wsj.com/articles/medical-manufacturer-healthcare-providers-grappling-to-replenish-iv-supplies-65b6f773>.

⁹ International Monetary Fund, "WTO and IMF Joint Statement on Trade and the COVID-19 Response," IMF News, April 24, 2020, <https://www.imf.org/en/News/Articles/2020/04/24/pr20187-wto-and-imf-joint-statement-on-trade-and-the-covid-19-response>.

Legal Constraints:

Export restrictions during crises, while intended to secure domestic supply, often hinder the global distribution of essential medical goods. For instance, during the COVID-19 pandemic, countries imposed export bans on medical products, affecting international sale contracts and leading to legal disputes. These actions raised questions under WTO law and highlighted the tension between national policies and global health needs.¹⁰

Private Sector Dynamics:

The concentration of production facilities for critical medical supplies, such as Baxter's North Carolina plant, illustrates the risks associated with centralized manufacturing. Natural disasters affecting such facilities can lead to widespread shortages, as seen with the IV fluid crisis following Hurricane Helene. Additionally, private sector decisions, such as stockpiling by large entities, can exacerbate shortages, impacting the availability of essential medical supplies in other regions.¹¹

¹⁰ Locknie Hsu, "COVID-19 Related Export Bans and Restrictions Under WTO Law and the Implications for the Asia-Pacific Region," in *Asian Yearbook of International Economic Law 2021*, ed. Manjiao Chi (Singapore: Springer, 2021), 153-171, https://link.springer.com/chapter/10.1007/978-981-16-8480-7_9.

¹¹ Melanie Evans, "Medical Manufacturer, Healthcare Providers Grappling to Replenish IV Supplies," *The Wall Street Journal*, October 31, 2024, <https://www.wsj.com/articles/medical-manufacturer-healthcare-providers-grappling-to-replenish-iv-supplies-65b6f773>.

Current Situation!

The creation and distribution of complex medical supplies during natural disasters and humanitarian crises present persistent challenges, exacerbated by manufacturing complexities, legal constraints, and private sector dynamics.

Manufacturing Complexities:

Producing critical medical supplies, such as oxygen concentrators, ventilators, and diagnostic machines, necessitates adherence to Good Manufacturing Practices (GMP). However, GMP standards vary significantly across countries, leading to inconsistencies in product quality and availability. This disparity hampers the timely deployment of essential medical equipment during emergencies, particularly in low-resource settings.

Legal Constraints:

Intellectual property (IP) rights held by private companies can impede the generic production of essential medical equipment, resulting in monopolies and elevated prices. Low-income countries, such as Bangladesh and Chad, often struggle to access these supplies during emergencies due to prohibitive costs and restrictive IP laws. The World Trade Organization's Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) mandates minimum standards of IP protection, which can limit access to affordable medical devices in these regions. ¹²

¹² Belinda Townsend et al., "The Impact of Intellectual Property Rules on Access to Medicines in Low- and Middle-Income Countries," *Globalization and Health* 18, no. 40 (2022), <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-022-00826-4>.

Private Sector Dynamics:

Manufacturers of complex medical equipment are frequently hesitant to license their technologies to other producers, citing concerns over IP protection. This reluctance delays the availability of affordable versions of these supplies in low-income countries, prolonging crises and exacerbating health disparities. For instance, during the Mpox outbreak, the high cost of vaccines produced by companies in Denmark and Japan rendered them unaffordable for low-income nations, leading to significant disparities in vaccine distribution.¹³

Infrastructure Challenges:

Disaster relief centers, including Tier 1 trauma centers, are vital for emergency response but often suffer from underfunding and inadequate infrastructure. Establishing and maintaining these centers is particularly challenging in disaster-prone regions, where legislative and logistical barriers impede effective operation during crises. The COVID-19 pandemic highlighted these issues, with the Strategic National Stockpile facing significant shortages of personal protective equipment and other medical supplies, underscoring the need for robust preparedness measures.¹⁴

Recommendations:

Addressing these multifaceted challenges requires:

- **Harmonizing GMP Standards:** Developing international guidelines to ensure consistent quality of medical supplies across countries.

¹³ Aanu Adeoye, "The Global System for Distributing Mpox Shots Is Broken. Here's How to Fix It," *Time*, October 3, 2024, <https://time.com/7018580/Mpox-vaccines-africa-distribution/>.

¹⁴ Associated Press, "Remember the Shortage of Medical Gowns During COVID? Feds Spending \$350 Million for Stockpile," *AP News*, October 1, 2024, <https://apnews.com/article/3e24576e7f8eb5339cf2c4bb78fdb9df>.

- **Leveraging TRIPS Flexibilities:** Utilizing provisions that allow for compulsory licensing and parallel imports to improve access to essential medical equipment.
- **Encouraging Technology Transfer:** Promoting partnerships between private companies and manufacturers in low-income countries to facilitate the production of affordable medical supplies.
- **Investing in Infrastructure:** Allocating resources to establish and maintain well-equipped disaster relief centers, particularly in vulnerable regions.

By implementing these strategies, the global community can enhance the creation and distribution of complex medical supplies during natural disasters and humanitarian crises, ultimately improving health outcomes and reducing mortality.

Current Initiatives and Considerations for Future Action

The World Health Organization (WHO) has implemented several key initiatives to enhance the creation and distribution of complex medical supplies during natural disasters and humanitarian crises:

1. Emergency Health Kits:

WHO has developed standardized health kits containing essential medicines and medical supplies tailored for various health needs in emergencies. These kits facilitate rapid deployment of critical resources to affected areas, ensuring timely medical intervention.¹⁵

2. Health Emergencies Programme:

¹⁵ World Health Organization, "Emergency Health Kits," accessed December 3, 2024, <https://www.who.int/emergencies/emergency-health-kits>.

This program collaborates with national authorities and partners to identify urgent health needs during crises. It coordinates the delivery of medical supplies and personnel, ensuring that affected regions receive appropriate assistance promptly.¹⁶

3. Emergency Medical Teams (EMTs):

WHO's EMT initiative supports countries in managing health emergencies by coordinating the deployment of trained medical teams. These teams provide immediate care and assist in the distribution of medical supplies during disasters.¹⁷

4. Health Resources Availability Monitoring System (HeRAMS):

HeRAMS is a system designed to map and monitor health resources in crisis settings. It provides real-time data on the availability of medical supplies and services, aiding in efficient resource allocation during emergencies.¹⁸

These initiatives exemplify WHO's commitment to strengthening global health emergency preparedness and response, ensuring that medical supplies are effectively distributed during crises.

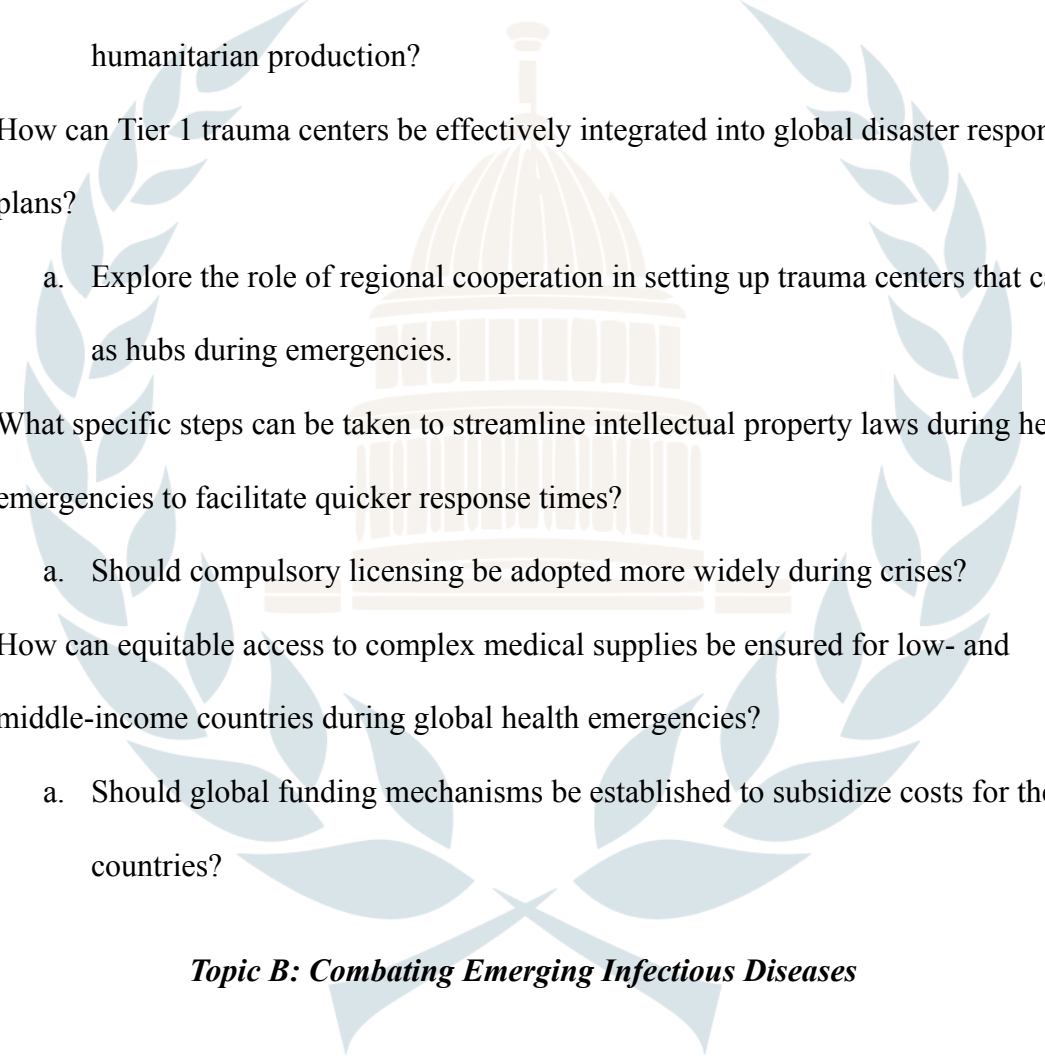
Questions for Delegates to Consider Topic A:

1. How can international legislation be streamlined to ensure the efficient creation and distribution of essential medical supplies during crises?

¹⁶ World Health Organization, "WHO's Role in Emergencies," accessed December 3, 2024, <https://www.who.int/news-room/questions-and-answers/item/who-s-role-in-emergencies>.

¹⁷ World Health Organization, "The Work of WHO in Emergencies," accessed December 3, 2024, <https://www.who.int/about/accountability/results/who-results-report-2020-2021/the-work-of-who-in-emergencies-%28outbreak-crisis-and-response%29>.

¹⁸ "HeRAMS," Wikipedia, last modified November 27, 2024, <https://en.wikipedia.org/wiki/HeRAMS>.

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- a. Consider the role of international bodies like the WHO in mediating legislative differences between countries.
 2. What role should the private sector play in ensuring the availability of these supplies, and how can governments incentivize companies to cooperate during emergencies?
 - a. Should tax breaks or subsidies be provided to companies that prioritize humanitarian production?
 3. How can Tier 1 trauma centers be effectively integrated into global disaster response plans?
 - a. Explore the role of regional cooperation in setting up trauma centers that can act as hubs during emergencies.
 4. What specific steps can be taken to streamline intellectual property laws during health emergencies to facilitate quicker response times?
 - a. Should compulsory licensing be adopted more widely during crises?
 5. How can equitable access to complex medical supplies be ensured for low- and middle-income countries during global health emergencies?
 - a. Should global funding mechanisms be established to subsidize costs for these countries?

Topic B: Combating Emerging Infectious Diseases

Historical Overview

Emerging infectious diseases (EIDs) have consistently posed significant challenges to global health, necessitating coordinated international responses. Several notable outbreaks have

underscored the importance of robust surveillance systems, rapid response mechanisms, and resilient healthcare infrastructures.

HIV/AIDS Epidemic (1980s–Present):

First identified in the early 1980s, Human Immunodeficiency Virus (HIV) has led to a global pandemic. By 2023, approximately 39.9 million people were living with HIV worldwide, with 1.3 million new infections and 630,000 AIDS-related deaths occurring that year. Since the epidemic's onset, around 42.3 million people have died from AIDS-related illnesses.

Sub-Saharan Africa remains the most affected region, accounting for a significant proportion of global cases.¹⁹

Severe Acute Respiratory Syndrome (SARS) Outbreak (2002–2003):

SARS, caused by a novel coronavirus, emerged in Guangdong Province, China, in November 2002. The outbreak resulted in 8,098 reported cases and 774 deaths across 29 countries, with a case-fatality rate of approximately 9.6%. The rapid international spread highlighted deficiencies in global health surveillance and response systems, prompting the World Health Organization (WHO) to implement the International Health Regulations (IHR) in 2005 to enhance global health security.²⁰

¹⁹ UNAIDS, "Global HIV & AIDS Statistics — Fact Sheet," accessed December 3, 2024, <https://www.unaids.org/en/resources/fact-sheet>.

²⁰ World Health Organization, "Summary of Probable SARS Cases with Onset of Illness from 1 November 2002 to 31 July 2003," accessed December 3, 2024, <https://www.who.int/publications/m/item/summary-of-probable-sars-cases-with-onset-of-illness-from-1-november-2002-to-31-july-2003>.

H1N1 Influenza Pandemic (2009):

The H1N1 influenza virus, commonly known as "swine flu," emerged in April 2009 and spread globally within weeks. The WHO declared it a pandemic in June 2009. Estimates suggest that the virus infected between 11% and 21% of the global population in the first year, leading to approximately 151,700 to 575,400 deaths. The pandemic emphasized the necessity for effective vaccine distribution strategies and international collaboration in pandemic preparedness.²¹

Ebola Virus Epidemic (2014–2016):

The Ebola outbreak in West Africa was the largest since the virus's discovery in 1976, with over 28,000 cases and 11,325 deaths reported, primarily in Guinea, Liberia, and Sierra Leone. The epidemic exposed significant weaknesses in local healthcare infrastructures and international response coordination, leading to the establishment of the WHO's Health Emergencies Programme to improve readiness and response to health crises.²²

COVID-19 Pandemic (2019–Present):

First identified in Wuhan, China, in December 2019, COVID-19, caused by the SARS-CoV-2 virus, rapidly escalated into a global pandemic. As of December 2024, there have been over 600 million confirmed cases and more than 6 million deaths worldwide. The pandemic has overwhelmed healthcare systems, disrupted economies, and highlighted disparities in healthcare access. It underscored the critical need for global cooperation in vaccine development

²¹ World Health Organization, "Pandemic (H1N1) 2009 - Update 112," accessed December 3, 2024, https://www.who.int/emergencies/disease-outbreak-news/item/2009_11_27a-en.

²² World Health Organization, "Ebola Virus Disease," accessed December 3, 2024, <https://www.who.int/health-topics/ebola/>.

and distribution, as well as the importance of transparent communication and data sharing among nations.²³

These historical events illustrate the persistent threat of EIDs and the necessity for continuous investment in public health infrastructure, surveillance systems, and international collaboration to effectively combat future outbreaks.

Current Situation

Emerging infectious diseases (EIDs) continue to challenge global health systems, with recent outbreaks of Mpox (formerly known as monkeypox), Marburg virus disease, avian influenza, Oropouche fever, and dengue fever highlighting the need for vigilant surveillance and robust public health responses. Factors such as deforestation, climate change, and increased human-wildlife interactions exacerbate the spread of these diseases.

Mpox (Monkeypox):

Traditionally endemic to Central and West Africa, Mpox has recently spread to non-endemic regions, including Europe, Asia, and the Americas. As of November 2024, the World Health Organization (WHO) reported that 16 African countries have experienced Mpox cases in the preceding six weeks, with the Democratic Republic of the Congo (DRC) being the most affected, recording 6,169 confirmed cases and 25 deaths. Burundi and Nigeria have also reported significant case numbers, with 987 and 94 confirmed cases, respectively.²⁴

²³ World Health Organization, "Coronavirus Disease (COVID-19) Dashboard," accessed December 3, 2024, <https://covid19.who.int/>.

²⁴ World Health Organization, "Multi-country outbreak of Mpox, External situation report #42- 9 November 2024," accessed December 3, 2024, <https://www.who.int/publications/m/item/multi-country-outbreak-of-Mpox--external-situation-report--42--9-november-2024>.

In the United Kingdom, five cases of a more virulent strain, Clade 1b, have been identified, all linked to travel from Uganda, where Mpox cases are rising. This strain is associated with higher transmission rates and increased severity.²⁵

Marburg Virus Disease:

Marburg virus, a highly fatal hemorrhagic fever similar to Ebola, has seen outbreaks in regions with limited health infrastructure. Rwanda is experiencing its first outbreak, with 66 confirmed cases and 15 deaths as of November 8, 2024. The outbreak has affected seven of Rwanda's 30 districts, including the capital, Kigali.²⁶ The disease has also been reported in other African nations, with cases in Ghana, Guinea, and Equatorial Guinea in recent years. The high fatality rates, ranging from 24% to 88%, underscore the critical need for effective surveillance and response systems.

Avian Influenza:

Avian influenza, commonly known as bird flu, continues to pose a threat to both animal and human health. Outbreaks among poultry have been reported in various countries, leading to culling operations to prevent spread. Human cases remain rare but can occur through direct contact with infected birds. The WHO monitors these outbreaks due to the potential for the virus to mutate and gain human-to-human transmission capability.

²⁵ The Sun, "Fifth case of new deadly Mpox strain detected in UK city - with NO link to other patients," accessed December 3, 2024, <https://www.the-sun.com/health/12991326/Mpox-fifth-case-uk-leeds/>.

²⁶ World Health Organization, "Marburg virus disease - Rwanda," accessed December 3, 2024, <https://www.who.int/emergencies/disease-outbreak-news/item/2024-DON544>.

Oropouche Fever:

Oropouche fever, transmitted by biting midges and mosquitoes, has been reported in South America and the Caribbean. Symptoms include fever, headache, and muscle pain, with severe cases leading to neurological complications. Recent travel advisories have been issued due to the spread of Oropouche fever in certain regions.²⁷

Dengue Fever:

Dengue fever, transmitted by Aedes mosquitoes, has seen a resurgence in various parts of the world. Mainland France reported 78 indigenous cases since May 2024, attributed to global warming and increased travel from endemic regions.²⁸ These developments underscore the importance of strengthening global surveillance systems, enhancing diagnostic capacities, and ensuring equitable access to medical countermeasures to effectively combat EIDs.²⁹

Questions for Delegates to Consider: Topic B

1. What international frameworks should be established to improve the rapid identification and response to emerging infectious diseases?
 - a. Should a global pandemic treaty be adopted to formalize cooperation?
2. How can the WHO and other international organizations be reformed to respond more effectively to emerging health crises?

²⁷ People Magazine, "'Bleeding Eye' Virus Sparks Travel Warning and Worldwide Concern," accessed December 3, 2024, <https://people.com/bleeding-eye-virus-marburg-Mpox-oropouch-travel-advisory-8753854>.

²⁸ People Magazine, "'Bleeding Eye' Virus Sparks Travel Warning and Worldwide Concern," accessed December 3, 2024, <https://people.com/bleeding-eye-virus-marburg-Mpox-oropouch-travel-advisory-8753854>.

²⁹ Le Monde, "Dengue fever threatens mainland France," accessed December 3, 2024, https://www.lemonde.fr/en/environment/article/2024/10/18/dengue-fever-threatens-mainland-france_6729738_114.html.

- a. Consider the role of funding, resource allocation, and data sharing in enhancing the WHO's capabilities.
3. How can equitable access to vaccines and medical supplies be ensured, especially for low- and middle-income countries?
 - a. Should the COVAX model be expanded to include other essential supplies?
4. What role should public-private partnerships play in funding vaccine research and ensuring equitable distribution?
 - a. How can intellectual property and technology transfer be managed to facilitate production in low-income countries?
5. How can global surveillance systems be improved to prevent the spread of emerging infectious diseases?
 - a. Should countries be mandated to report outbreaks within a specific timeframe to ensure a quick global response

Character List:

Australia	Lebanon
Austria	Lesotho
Bangladesh	Lithuania
Brazil	Luxembourg
Bulgaria	Malta
Cambodia	Mexico



Chad	Morocco
Chile	Nepal
China	Netherlands
Colombia	Nicaragua
Costa Rica	North Korea
Ecuador	Paraguay
Eritrea	Poland
Finland	Romania
France	Seychelles
Gambia	Slovenia
Germany	South Africa
Guatemala	Switzerland
Haiti	Turkey
Hungary	Ukraine
Iceland	United Arab Emirates
India	United Kingdom
Italy	United States
Jordan	Uruguay
Kenya	

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<https://www.epnetwork.org/wp-content/uploads/2021/03/Impact-of-regulation-on-Health-Care-Supply-Chains.pdf>
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