The Premier Model United Nations Conference in the Pacific Northwest

2014

NWMUN

Background Guide for the
WORLD HEALTH ORGANIZATION
(WHO)

Northwest Model United Nations | November 21-23, 2014 | Seattle, Washington, USA

August 1, 2014

Dear Delegates,

Welcome to the **Northwest Model United Nations – Seattle (NWMUN-Seattle) 2014** conference and welcome to our committee, the World Health Organization (WHO). As the staff of this committee, we look forward to enhancing your educational experience and facilitating the discussions based on the issues we have set on your agenda. The committee staff this year for WHO consists of Director Thejasvi Ramu, Assistant Director Chris McKenna, Chair Aria Nikkhoui, and Special Advisor Heather Ellis.

This year's topics under discussion for WHO are:

I. Achieving MDG 5: Improving Maternal Health;
II. WHO's Response, and Role as the Health Cluster Lead, in Meeting the Growing Demands of Health in Humanitarian Crisis.

The entire staff of the conference is very excited to be working with you this coming November, and duly appreciate the hard work and commitment you are undertaking in preparation for this conference. The entire committee staff enjoyed the process of producing the background guide for this committee, and is pleased to be presenting the final background guide.

All participating delegations in this conference are required to submit a position paper prior to the start of the conference. NWMUN will accept position papers until **Saturday, November 1, 2014, at 11:59 pm Pacific Time. Please submit all position papers to who.seattle@nwmun.org AND positionpapers@nwmun.org.**

Information on requirements for position papers for this conference can be found on the following pages, along with an example of expected position papers. We ask that delegates follow the provided guidelines as they will help ensure that the committee is well prepared, therefore facilitating a fruitful discussion.

On behalf of the committee staff and the Secretariat, we wish you all the best on the preparation for the committee and the conference. If you have any concerns regarding your Member State or the topics of discussion, don't hesitate in directing your question towards your Director or Director-General. We look forward to seeing you.

Sincerely,

Thejasvi Ramu
Director,
World Health Organization
who.seattle@nwmun.org

Chris McKenna
Assistant Director,
World Health Organization
who.seattle@nwmun.org

Aria Nikkhoui
Chair,
World Health Organization
who.seattle@nwmun.org

Galen Stocking
Director-General
NWMUN-Seattle 2014
dg@nwmun.org

Position Paper Guidelines

Your position paper should consist of a well-developed introduction and a summary of the position of your country on each of the topics to be discussed in your committee. It is important to remember that while you will have lots of information on your country's actions on a local or national level, you must discuss your country's position on an international level, particularly including suggestions for policies and future action that could be taken by the committee. Additional examples of high quality position papers are available on the NWMUN website.

Formatting

Position papers should be formatted using the following specifications:

1. Times New Roman
2. Size 10 – 12 font
3. Single spaced
4. 2 pages in length

Please Note: Anything over two pages will not be read.

Submission Process

NWMUN will accept position papers until **Saturday, November 1st at 11:59 pm Pacific Time.**

1. Please **send each position paper in a separate e-mail to the committee** with the subject line: COUNTRY – COMMITTEE
    a. Example: BELARUS – HRC
    b. Example: TRINIDAD & TOBAGO – GA

2. Please **CC all position paper submissions** to **positionpapers@nwmun.org.**

General Assembly Plenary:	**ga.seattle@nwmun.org**
World Health Organization:	**who.seattle@nwmun.org**
Human Rights Council:	**hrc.seattle@nwmun.org**
Security Council:	**sc.seattle@nwmun.org**
Reformed Security Council:	**rsc.seattle@nwmun.org**
World Summit on the Information Society:	**wsis.seattle@nwmun.org**

Please Note: Delegates who have not submitted a position paper by the specified deadline will not be given consideration for awards.

Content Requirements

Position papers should include, and will be evaluated, on the following items:

1. **Formatting** and presentation;

2. **Spelling and grammar that is reflective of the level of education** being pursued by attendees to the conference.

3. The content should include:
    a. **Background information on the topic**, why your country thinks it is important, relevant national commitments and action on the issue. Remember to focus on national policies which influence your country's action on this topic within the UN and internationally.
    b. **International commitments and your country's support of specific resolutions**, initiatives, conventions or treaties. Describe what actions have been taken by your country to address prior international agreements made by your country.
    c. **Specific and concrete proposals** for next steps on the topic, priority issues, and how your country can move forward on addressing the topic. This is the most important section of the position paper, and should be the longest paragraph.

Research Tips

1. Look for statements made by your country – you will often find the exact position of your country within a speech that they have been made.
2. Look for the voting record of your country, which indicates its support or lack of support for particular resolutions on the topics when they were previously discussed.
3. Look for recommendations made in Secretary-General reports or within resolutions that have been adopted in order to identify the ways in which you can move forward or take action on the topic.

Key Resources

1. **UN Website "On the Record": http://www.un.org/depts/dhl/unms/**
   This website provides direct access to official documents reflecting the views of United Nations Member States.

2. **UN Website "Global Issues": http://www.un.org/en/globalissues/**
   This website offers an overview of some of the global issues we will be discussing at NWMUN, and links to other resources where you can get additional information.

3. **World Health Organization Website: http://www.who.org/**
   This is the official website of the World Health Organization, containing information about WHO's work, and documentation of the meetings of its governance, including agendas, resolutions and other documentation.

Sample Format & Content of Position Papers

Delegation from ***Delegation from***
(Bold, Italicized, Times New Roman, Size 10-12) ***(Bold, Italicized, Times New Roman, Size 10-12)***
[Member State] **[Member State]**
(Bold, Times New Roman, Size 10-12) **(Bold, Times New Roman, Size 10-12)**

Position Paper for [Committee Name]
(Bold, Italicized, Times New Roman, Size 10-12, Centered)

Introductory sentence providing an overview of the topics and, if appropriate, your delegation's relationship with the committee. (Times New Roman, Size 10 – 12)

I. Topic One Title
(Bold, Italicized, Times New Roman, Size 10-12, Centered)

Paragraph #1: Background information on the topic, why your country thinks it is important, relevant national commitments and action on the issue. Remember to focus on national policies which influence your country's action on this topic within the UN and internationally. (Times New Roman, Size 10 – 12)

Paragraph #2: International commitments and your country's support of specific resolutions, initiatives, conventions or treaties. Describe what actions have been taken by your country to address prior international agreements made by your country (Times New Roman, Size 10 – 12)

Paragraph #3: Specific and concrete proposals for next steps on the topic, priority issues, and how your country can move forward on addressing the topic. This is the most important section of the position paper, and should be the longest paragraph. (Times New Roman, Size 10 – 12)

II. Topic Two Title
(Bold, Italicized, Times New Roman, Size 10-12, Centered)

Paragraph #1: Background information on the topic, why your country thinks it is important, relevant national commitments and action on the issue. Remember to focus on national policies which influence your country's action on this topic within the UN and internationally. (Times New Roman, Size 10 – 12)

Paragraph #2: International commitments and your country's support of specific resolutions, initiatives, conventions or treaties. Describe what actions have been taken by your country to address prior international agreements made by your country (Times New Roman, Size 10 – 12)

Paragraph #3: Specific and concrete proposals for next steps on the topic, priority issues, and how your country can move forward on addressing the topic. This is the most important section of the position paper, and should be the longest paragraph. (Times New Roman, Size 10 – 12)

(Repeat the topic header and content for other topics if your committee has more than two.)

Example Position Paper

Delegation from
Canada

Represented by
University of Southern Washington

Position Paper for the Economic and Social Council Plenary

The topics before the Economic and Social Council are: 1) Promoting Economic and Social Gender Equality as a Means to Achieve Sustainable Peace, 2) Implementing International Agreements to Ensure Global Public Health, and 3) Promoting Sustainable Cities. Canada is committed to strengthening the role of ECOSOC on the issues before it, and looks forward to promoting enhanced cooperation among Member States in order to reach consensus and take concrete action.

I. Promoting Economic and Social Gender Equality as a Means to Achieve Sustainable Peace

In conflict and post-conflict societies, economic and social rights are often given lower priority than political and civil rights. In these cases, women are not treated equally, and are often the victims of gender discrimination, which manifests itself in violations of human rights such as rape, violence and displacement. The prevalence of these crimes is exacerbated by a lack of protection for women, who often do not possess the right to own land, have no means to receive adequate health care and have no access to justice.

Canada has long been a champion of women's economic, social, and cultural rights. As an original signatory of the *Universal Declaration of Human Rights*, the *International Covenant on Economic, Social, and Cultural Rights* (CESCR), and the *Convention on the Elimination of All Forms of Discrimination Against Women* (CEDAW), Canada has a formal commitment to gender equality and, more specifically, supports the explicit and systematic integration of a gender perspective into all peacebuilding and foreign aid initiatives. Canada continues to press for specific initiatives with concrete and measurable outcomes when addressing gender inequality. The Canadian International Development Agency (CIDA) has developed its own *Framework for Addressing Gender Equality Results*. This framework has been an important advance in assessing the effectiveness of its initiatives and has consistently provided CIDA with useful and relevant data. Canada recognizes the advancements made in Security Council resolutions 1820 (2008), 1888 (2009) and 1889 (2009) to strengthen the original principals of Security Council resolution 1325 (2000). However, Canada firmly believes that ensuring the implementation of SCR 1325 (2000) at the national level is vital. That is why Canada suggests that the CEDAW committee issue recommendations to both the Security Council and ECOSOC on positive models for National Action Plans (NAP) for incorporating SCR 1325 (2000), a set of progress and impact indicators through which its implementation can be monitored, and benchmarks designed towards strengthening the principals of SCR 1325 (2000).

Canada recommends that the Commission on the Status of Women (CSW), along with the ECOSOC Committee on non-governmental organizations (NGOs) reach out to local NGOs and civil society organizations to coordinate the monitoring of, and reporting on, the progress of these NAPs. CSW will then report its findings to ECOSOC, the Security Council, and the Secretary-General. Canada urges for the adoption of benchmarks requiring 30% of UN-mandated peacekeeping forces and negotiating delegations be women. Canada also believes that while peacekeeping troops are vital to facilitating the cessation of hostilities, a separate unit with a specialized mandate is necessary to deal with the

psychological and health issues of women that continue in post-conflict situations long after the violence is over. The specialized mandate will also lay the groundwork for legal procedures that may need to be taken to ensure just peace. **Canada calls for the creation of this specially trained unit to be deployed in post-conflict situations, with a specific mandate to address sexual and gender based violence, help to eliminate impunity, and offer same-sex interviewers for rehabilitation purposes.** The newly created unit will facilitate reconciliation and violence prevention.

II. Implementing International Agreements to Ensure Global Public Health

Effectively addressing global public health lies at the center of achieving the Millennium Development Goals (MDGs). Through agreements such as the *Paris Declaration on Aid Effectiveness*, the *Accra Agenda for Action* (AAA), and global health initiatives such as the Global Alliance for Vaccines and Immunizations (GAVI), and the Global Fund to fight AIDS, TB, and Malaria, the international community has made significant progress in addressing the world's health concerns. Canada is focused on creating frameworks and resolutions that foster greater coordination, eliminate corruption and overlap, improve aid consistency, encourage the untying of aid, emphasize a focus on national health systems, and hold all the countries involved accountable for producing tangible and measurable results.

Canada has been a leader in the use of innovative funding mechanisms, such the Advance Market Commitment (AMC), which provides incentives for pharmaceutical companies to accelerate the development of vaccines and sell them at prices that poor countries can afford. This project, which is being implemented in coordination with the World Bank and GAVI, is expected to save an estimated 7.7 million lives by 2030. Canada will continue to urge its fellow Member States to become more involved in the creation and implementation of such innovative funding mechanisms.

Especially now, due to the downturn in the global economy, where the world's poor are disproportionately suffering, there is a greater need for all donor countries to fulfill their Official Development Aid (ODA) commitments. Canada was the first country to fulfill its G8 commitment to double ODA in Africa by 2008, and throughout the world by 2010. This has been accomplished through both the African Health Systems Initiative (AHSI) and the Catalytic Initiative to Save a Million Lives. Canada has not only committed USD 450 million to these initiates, but with them has demonstrated its focus on both strengthening, and developing local ownership, of national health systems. Canada urges the implementation of year-by-year funding targets to ensure that ODA commitments for health initiatives are kept. Currently The Measles Initiative is facing a funding gap of $59 million for 2010, and the Global Fund to fight AIDS, TB, and Malaria is also facing a funding crisis of $5 billion for this year. These gaps in funding could cause millions their lives. Canada strongly urges it fellow Member States to fulfill their commitments to these funds.

Canada is also a strong proponent of the International Health Partnership & Related Initiatives (IHP+). CIDA, through the IHP+ framework, is the chair of the Mozambique National AIDS Council (CNCS) and has made long-term financial commitments to IHP+. Canada believes that IHP + will not only prove to be extremely effective in addressing the issues of aid effectiveness, redundancy, and accountability, but will also go a long way towards creating a united front dedicated to improving global public health. Canada urges for the creation of new commitments that compel 15 of the members of the Organization for Economic Co-operation and Development (OECD) to join in either bilateral or compact agreements through IHP+ by 2020.

The World Health Organization at NWMUN-Seattle 2014

The NWMUN-Seattle Secretariat works each year to create as accurate a simulation as is possible for our delegates. Therefore, we have developed some additional ways for delegates to interact within the simulation, including enabling delegates to take action other than passing resolutions on an issue. This section aims to provide additional, specific information for the World Health Organization at NWMUN-Seattle 2014.

Briefings

While discussing a topic, World Health Organization delegates are able to receive briefings from representatives of relevant Member States or UN subject matter experts. The specific thematic experts available will be announced on the NWMUN-Seattle website, as well as the beginning of the conference.

Mandate

The mandate of the World Health Organization is:

To oversee and coordinate healthcare activity throughout the United Nations system, including through research into medical advancements, the sharing of best practices, the setting of healthcare standards, and to provide technical support to Member States.

Functions & Powers

- To promote international cooperation in the field of health care and to recommend, as appropriate, policies to this end;
- To provide general policy guidance for the direction and coordination of health care programs within the United Nations system;
- To promote the contribution of the relevant international scientific and other professional communities to the acquisition, assessment and exchange of health care knowledge and information and as appropriate, to the technical aspects of the formation and implementation of health care programs within the United Nations system.

Outcome Documents

When taking action on a topic, the World Health Organization can adopt **resolutions.**

Rules of Procedure

The World Health Organization will use the standard NWMUN rules of procedure, available on our website as well as in printed form at the conference.

Members of the World Health Organization at NWMUN-Seattle 2014

The World Health Organization at NWMUN-Seattle 2014 will simulate the World Health Organization Assembly. Accordingly, all Member States of the World Health Organization will be invited to attend, along with the observers Palestine and Holy See.

World Health Organization Committee Overview

Introduction

The World Health Organization (WHO) was established in 1948 as a specialized agency of the United Nations, which means it has a separate governing structure, budget and operations, yet maintains a close relationship with the United Nations.[1] As a specialized agency, WHO continues to hold significant influence and leadership in the development of global health, and reports to the Economic and Social Council (ECOSOC) annually, as per Articles 57 and 63 of the Charter of the United Nations.[2] It is financially supported via contributions from Member States (mostly from the United States, Japan, Germany, the United Kingdom, and France) and private donors.[3]

The constitution of WHO was adopted on 7 April 1948 in Geneva, Switzerland, and this date is celebrated as World Health Day, for which a theme is selected each year that places emphasis on a significant issue of global health.[4] For the year 2014, the theme is vector-borne diseases.[5] In preparation, WHO published several informational documents, including press releases and educational materials highlighting that these diseases can be prevented by controlling vectors (e.g. mosquitos, ticks, water snails) and implementing systems for clean water, sanitation, and hygiene, which are all outlined in WHO's 2011 Road Map.[6]

The constitution of WHO states the organization's objective to be "the attainment by all peoples of the highest possible level of health," and its first function to be "to act as the directing and coordinating authority on international health work."[7] The six leadership priorities of WHO, which are intended to guide the direction of substantive progression, are the following:[8]

1. Universal health coverage, which focuses on making health coverage affordable enough to not force people into poverty by paying for it;[9]
2. The International Health Regulations (2005), which is a legally binding instrument of international law aimed at preventing the international spread of diseases;[10]
3. Increasing access to medical products;
4. Social, economic, and environmental determinants, which focuses on the external forces in one's environment that contribute or detract from their health;[11]
5. Non-communicable diseases, which are chronic and not passed from person to person;[12] and
6. Health-related Millennium Development Goals (MDGs), which can be any of the goals with a linkage to health but most notably MDGs 4-6 (reducing child mortality, improving maternal health, and combating HIV/AIDS, malaria, and other diseases).[13]

In order to support this substantial agenda, WHO publishes a variety of material that includes updated information about the status of global health. One of these are the WHO guidelines, all approved by the Guidelines Review Committee, which are specific informational pieces providing extensive information on a narrow topic which can be used for referential purposes, intended to ensure accuracy and consistency among evidence used by WHO and others.[14] Other publications include the annual World Health Report, which is a document containing information about global health focused on a unique theme each year, and the World Health Statistics report, which contains

---

[1] United Nations, *Structure and Organization*, 2014. http://www.un.org/en/aboutun/structure/;
United Nations, *Charter of the United Nations*, 1945. http://www.un.org/en/documents/charter
[2] United Nations, *Charter of the United Nations*, 1945. http://www.un.org/en/documents/charter
[3] World Health Organization, *Assessed contribution payable summary for 2014-2015*, 2014.
[4] World Health Organization, *World Health Day – 7 April 2014*, 2014.
[5] *Ibid.*
[6] World Health Organization, *World Health Day 2014: Preventing vector-borne diseases*, 2014.
[7] World Health Organization, *Constitution of the World Health Organization*, 2006. http://www.who.int/governance/eb/who_constitution_en.pdf
[8] World Health Organization, *Leadership priorities*, 2014.
[9] World Health Organization, *Universal health coverage*, 2014.
[10] World Health Organization, *Alert, response, and capacity building under the International Health Regulations*, 2005.
[11] World Health Organization, *Social determinants of health*, 2013.
[12] World Health Organization, *Noncommunicable diseases*, 2014.
[13] World Health Organization, *Millennium Development Goals*, 2014.
[14] World Health Organization, *WHO guidelines approved by the Guidelines Review Committee*, 2014.

statistics and other data about the health status of all 194 Member States of the WHO.[15] UN entities, NGOs, governments, and others, in partnership with WHO, use both documents, in addition to other publications by WHO, in order to support policymaking with the most up-to-date and relevant data.[16] More recently, WHO has also been publishing the Change@WHO newsletter, which is focused specifically on the reform of WHO as an organization to become more coherent and more effective.[17]

Mandate

WHO's constitution defines health as a "complete state of physical, mental, and social well-being and not merely the absence of disease."[18] This broad definition grants WHO the power to formally interpret the word "health" in many ways, which allows them to be involved in the development of multiple types of health.[19] For instance, projections made in the "Trends and Challenges in World Health" report show that social and environmental concerns such as road traffic accidents are likely to be more a cause of reducing disability-adjusted life years (DALYs) than communicable diseases.[20]

While WHO cannot impose legally-binding regulation to achieve its goals, it focuses its work on developing and suggesting strategies for Member States to adopt in improving global health, and publishing updated and relevant health-related information to be used as a tool for other stakeholders to take advantage of.[21] The Constitution highlights WHO's functions to include: assisting governments who request help strengthening health services; advancing work in eradicating disease, proposing conventions, agreements, and regulations and make recommendations consistent with WHO objectives; assisting in developing an informed public opinion on global health; and generally taking all necessary action to attain the objectives of the organization.[22]

One of the most recent focuses of WHO has been on antibiotic resistance, which is when individuals are no longer able to respond to antibiotics because they have become tolerant or immune to them.[23] At the most recent 2014 World Health Assembly, delegates adopted resolution 67/39, which sets out a draft action plan for combating antibiotic resistance, and includes provisions such as key targets and quantifiable objectives, plans for implementation, and supportive functions and mechanisms.[24] It also published a report in April 2014 entitled "Antimicrobial resistance: global report on surveillance 2014," which was one of the first major reports expressing concern over the issue of antibiotic resistance, and which raised a substantial amount of global attention to the issue.[25] In summary, WHO can include its Member States in a global conversation regarding a health topic, adopt comprehensive resolutions, and publish reports, which increase public attention in order to improve the state of global health.

Committee Framework and Membership

WHO is comprised of the following structure: World Health Assembly, the Executive Board, and the Secretariat.[26] The most influential body is the World Health Assembly; it is comprised of all 194 Member States of WHO.[27] Every UN Member State is eligible for WHO membership, in addition to any other State whose application has been approved by a simple majority of the Assembly.[28] The Assembly meets every May in Geneva, Switzerland, to

---

[15] World Health Organization, *Publications*, 2014;
Eurosurveillance editorial team. "WHO Launches Health Report 2013." *Eurosurveillance*, 2013.
[16] *Ibid.*
[17] World Health Organization, *Change@WHO – May 2014 Newsletter on WHO reform*, 2014.
[18] World Health Organization, *Constitution of the World Health Organization*, 2006. http://www.who.int/governance/eb/who_constitution_en.pdf
[19] *Ibid.*
[20] World Health Organization, "Trends and Challenges in World Health," 2000. http://apps.who.int/gb/archive/pdf_files/EB105/ee4.pdf
[21] United Nations, *Charter of the United Nations*, 1945. http://www.un.org/en/documents/charter/; World Health Organization, *Constitution of the World Health Organization*, 2006. http://www.who.int/governance/eb/who_constitution_en.pdf
[22] World Health Organization, *Constitution of the World Health Organization*, 2006. http://www.who.int/governance/eb/who_constitution_en.pdf
[23] World Health Organization, *Antimicrobial resistance*, 2014.
[24] World Health Organization, Sixty-Seventh World Health Assembly. "Draft global plan on antimicrobial resistance." 2014.
[25] Mckenna, Maryn. "World Health Organization: Antibiotic Resistance Grave Global Problem." *Wired*, 2014.
[26] World Health Organization, *Governance*, 2014. http://www.who.int/governance/en/
[27] *Ibid.*
[28] World Health Organization, *Countries*, 2014. http://www.who.int/countries/en/

discuss an agenda set by the Executive Board.[29] Agenda items center on WHO's organizational developments as well as substantive issues concerning global health topics. [30] NGOs and UN observer organizations are also generally invited to observe Assembly sessions.[31] The Executive Board consists of 34 members who are considered to be technical subject matter experts in the health field.[32] The Board meets twice a year, once in January and once in May immediately after the Assembly session.[33] Each representative on the Executive Board is elected by the World Health Assembly and serves three-year terms.[34] The Board's primary functions are to "give effect to the decisions and policies of the Health Assembly" and to provide advice or proposals to the Assembly at its own discretion.[35] The Secretariat of the WHO consists of around 8000 personnel, from experts to support staff, working to make sure WHO operations run smoothly and effectively.[36] The Director-General is the head of WHO, and is nominated by the Executive Board and appointed by the World Health Assembly.[37] Currently, the Director-General is Dr. Margaret Chan, who is serving her second five-year term.[38]

Operations and programming within the organization are divided geographically into six regions, each with its own office, for the purpose of specializing and organizing region-specific efforts.[39] These offices are located in Brazzaville, Republic of the Congo; Washington, D.C., USA; Cairo, Egypt; Copenhagen, Denmark; New Delhi, India; and Manila, the Philippines.[40] A regional director, who also coordinates committee sessions at the regional level, manages each of these offices.[41] These committees discuss region-specific issues related to those the World Health Assembly covers, such as budgetary developments, structure, and substantive health-related matters.[42] Article 44 of WHO's constitution allows for this regional design and also states that these regional organizations should be appropriate to "meet the special needs of the area," which allows for a substantial amount of autonomy for regional committees to decide how to implement policy which best fits their particular needs.[43]

In 2006, the UN Humanitarian Reform process instituted the "cluster approach," a way to improve effectiveness of humanitarian and emergency response by means of increased specialization and organization of agencies.[44] As a result of this recent reform, WHO was clustered into seven groups: Family, Women's, and Children's Health (FWC); Health Systems and Innovation (HIS); General Management (GMG); HIV/AIDS, TB, Malaria, and Neglected Tropical Diseases (HTM); Health Security (HSE); Non-communicable Diseases and Mental Health (NMH); and Polio and Emergencies (PEC).[45] Each of these clusters is simply a grouping of 2-7 substantively-related WHO sub-agencies, collectively led by an Assistant Director-General.[46] This cluster structure is distinct from WHO's stated leadership priorities, as it does not state broader objectives but rather coordinates already-existing agencies with related goals together as a way to organize them.[47] The seven clusters are also separate from the

---

[29] World Health Organization, *Governance*, 2014. http://www.who.int/governance/en/
[30] World Health Organization, *Sixty-seventh World Health Assembly*, 2014. http://www.who.int/mediacentre/events/2014/wha67/en/
[31] World Health Organization, *Constitution of the World Health Organization*, 2006. http://www.who.int/governance/eb/who_constitution_en.pdf
[32] World Health Organization. "Trends and Challenges in World Health", 2000. http://apps.who.int/gb/archive/pdf_files/EB105/ee4.pdf
[33] World Health Organization, *The Executive Board*, 2014. http://www.who.int/governance/eb/en/
[34] World Health Organization. "Trends and Challenges in World Health," 2000. http://apps.who.int/gb/archive/pdf_files/EB105/ee4.pdf
[35] World Health Organization, *Constitution of the World Health Organization*, 2006. http://www.who.int/governance/eb/who_constitution_en.pdf
[36] World Health Organization, *Governance*, 2014. http://www.who.int/governance/en/
[37] *Ibid.*
[38] World Health Organization, *Director-General*, 2014. http://www.who.int/dg/en/
[39] World Health Organization, *WHO Regional Offices*, 2014. http://www.who.int/about/regions/en/
[40] *Ibid.*
[41] World Health Organization, *Regional Directors*, 2014. http://www.who.int/dg/regional_directors/en/
[42] World Health Organization, *Constitution of the World Health Organization*, 2006. http://www.who.int/governance/eb/who_constitution_en.pdf
[43] World Health Organization. "Trends and Challenges in World Health," 2000. http://apps.who.int/gb/archive/pdf_files/EB105/ee4.pdf
[44] World Health Organization, *The Cluster Approach*, 2007.
[45] World Health Organization, *WHO Headquarters Structure*, 2013.
[46] World Health Organization, *Governance*, 2014. http://www.who.int/governance/en/
[47] *Ibid.*

general UN Cluster system, which is an UN-wide organization of efforts for international responses to humanitarian crises.[48] However, WHO is involved in the UN Cluster system – it leads the Global Health Cluster, which attempts to improve the effectiveness, predictability, and accountability of humanitarian health action.[49]

Conclusion

The World Health Organization is the primary international entity responsible for addressing global public health. Its objectives are broad, allowing for shifts in conceptions of global health; thus, it is important that WHO remains focused in making its organization efficient and producing documentation that is useful and strategic to those who can create legally binding policy. The collaborative efforts that WHO facilitates are an opportunity for a cross-section of the world to come together and decide what is best for the improvement of health globally. It is important to remember that all Member States are looking to improve the health of their people, so improving global health should be less of a political zero-sum game, but rather a movement where all geographical areas can play a part to increase the wellbeing of all people.

[48] World Health Assembly, *About the Global Health Cluster*, 2014.
[49] *Ibid.*

I. MDG 5: Improving Maternal Health

"Everyday we hear about the dangers of cancer, heart disease and AIDS.
But how many of us realize that, in much of the world, the act of giving life to a child
is the biggest killer of women of childbearing age?"
– Liya Kebede, WHO Goodwill Ambassador for Maternal, Newborn and Child Health[50]

Introduction

In 2000, maternal health was identified as a significant issue facing the global community in the Millennium Declaration (A/RES/55/2).[51] Championed by then Secretary-General Kofi Annan, the Millennium Development Goals (MDGs), which emerged out of this declaration, included maternal health as Goal 5.[52] The target for this goal was to create universal access to reproductive health care by the year 2015.[53] Fourteen years later, maternal health continues to be a significant issue that is addressed across the various organs of the UN, ranging from the General Assembly (GA) to the Commission on the Status of Women (CSW). The World Health Organization (WHO) defines maternal health as the "health of women during pregnancy, childbirth, and the post-partum period."[54] Progress made towards achieving the goal is measured by two separate criteria: reducing by three-quarters the maternal mortality rate; and achieving universal access to reproductive health.[55] Intrinsic to the work of WHO on this issue is the connection between maternal health and other global issues such as sanitation and clean water resources.[56] MDG 5 is not limited to only a specific group of Member States, but rather, is an issue and challenged faced by all Member States; thus, it requires support and engagement from every corner of the globe.[57]

Complications that arise during pregnancy and childbirth are known to be the leading cause of death in women who are of reproductive age in developing states.[58] Currently in developing countries, the probability that a 15-year-old woman will eventually die due to a complication in the pregnancy is 1 in 160.[59] The Beijing Platform for Action (BPfA) (1995) addresses the growing necessity to acknowledge women's health as involving their emotional, physical and social well-being.[60] This mission statement also emphasized female fertility as a requirement for their empowerment.[61] This emphasis was focused on areas of family planning which would permit women to participate in not only the decision making pertaining to their lives, but also within all social spheres.[62] Since 1990, maternal mortality has been reduced by 45%.[63] Additionally, at least 46% of women in low-income countries have benefited from skilled care during childbirth in the last decade.[64] Despite being highlighted as a significant goal that needs to

---

[50] Kebede, Liya, *Kebede Quotes*, n.d. http://www.doonething.org/heroes/pages-k/kebede-quotes.htms
[51] World Health Organization, *Gender, women and health: incorporating a gender perspective into the mainstream of WHO's policies and programmes*, 2005. http://apps.who.int/iris/bitstream/10665/20439/1/B116_13-en.pdf
[52] World Health Organization, *Women and Health: today's evidence tomorrow's agenda*, 2009, p. XV. http://www.who.int/gender/women_health_report/en/
[53] United Nations, *Goal 5: Improve maternal health*, n.d. http://www.un.org/millenniumgoals/2008highlevel/pdf/newsroom/Goal%205%20FINAL.pdf
[54] World Health Organization, *Maternal Health*, n.d. http://www.who.int/topics/maternal_health/en/
[55] United Nations, *Goal 5: Improve maternal health*, n.d. http://www.un.org/millenniumgoals/2008highlevel/pdf/newsroom/Goal%205%20FINAL.pdf
[56] AMREF Health Africa, *Clean Water and Maternal Health*, n.d. http://www.amrefcanada.org/media-centre/stories/clean-water-and-maternal-health/
[57] United Nations General Assembly, *United Nations Millennium Declaration* (A/RES/55/2), 2000. http://www.un.org/millennium/declaration/ares552e.htm
[58] World Health Organization, *Maternal Mortality*, May 2014. http://www.who.int/mediacentre/factsheets/fs348/en/
[59] *Ibid.*
[60] United Nations, *Report of the Fourth World Conference on Women* (A/CONF.177/20/REV.1), 1996, para. 89. http://beijing20.unwomen.org/~/media/Field%20Office%20Beijing%20Plus/Attachments/BeijingDeclarationAndPlatformForAction-en.pdf
[61] *Ibid.*, para. 92.
[62] *Ibid.*
[63] World Health Organization, *Maternal Mortality*, May 2014. http://www.who.int/mediacentre/factsheets/fs348/en/
[64] *Ibid.*

be achieved in the global sphere, there is debate over how much of this goal has been achieved, and what changes still need to be made in order to make greater progress.[65]

International Framework

Article 1 of the Charter of the United Nations outlines how Member States are to collaborate with one another in solving international problems and "encouraging respect for human rights" and for "fundamental freedoms for all without discrimination of race, sex, language, or religion."[66] Furthermore, Article 25 of the Universal Declaration of Human Rights (1948) states "everyone has the right to a standard of living adequate for the health and well-being of himself and his family."[67] In many ways, addressing maternity health can be seen as way of addressing women's rights on a global scale.

While these foundational agreements focused on universal human rights without addressing gender, Article 3 of the Convention on the Elimination of All Forms of Discrimination of Violence Against Women (CEDAW), which was adopted by the General Assembly in 1993, declared that women are entitled to all human rights and fundamental freedoms including the rights to "attaining" services that would ensure the best of health, both physically and mentally.[68] By 1999, the Committee on the Elimination of Discrimination Against Women, created pursuant to CEDAW, made recommendations on promoting national strategies directed at the prevention and treatment of women's health, particularly looking at the financial and advisory feasibilities.[69] Furthermore, the Office of the High Commissioner for Human Rights (OHCHR) recognizes maternal health as a fundamental human right that is abridged by the inequality and discrimination that is suffered by women.[70]

WHO is a coordinating agency within the UN framework when discussing health-related topics, meaning that they work with various Member States, NGOs, and other relevant actors to facilitate resource allocation, share best practices, and address health issues as a collective body.[71] The organization also cooperates with the United Nations Population Fund (UNFPA), the United Nations Human Rights Council (HRC), and other subsidiary organs of both the GA and the Economic and Social Council (ECOSOC) to coordinate action plans and to provide support in addressing this issue based on their respective niches.[72] While most UN bodies have incorporated maternal health into their programs, WHO organizes viable program strategies from the proposals presented by the other bodies.[73]

Furthermore, WHO monitors and evaluates existing programs while also committing to research that would improve norms and strategies of health practices.[74] For instance, in 2007 the Organization published a standard for maternal and neonatal care.[75] This particular publication looked at the basic standards necessary to ensure the promotion of fundamental maternal health provision.[76] While they are not binding legal guidelines that may be enforced upon all

---

[65] United Nations General Assembly, *Outcome document of the special event to follow up efforts made towards achieving the Millennium Development Goals* (A/RES/68), 2013. http://css.escwa.org.lb/GARes/A_RES_68_6_E.pdf

[66] United Nations, *Charter of the United Nations*, 1945. http://www.un.org/en/documents/charter/

[67] United Nations General Assembly, *Universal Declaration of Human Rights* (A/RES/217 A(III)), 1948, art. 25. http://www.un.org/en/documents/udhr/

[68] United Nations General Assembly, C*onvention on the Elimination of All Forms of Discrimination against Women* (A/RES/34/180), 1979, art. 3. http://www.un.org/womenwatch/daw/cedaw/ ; United Nations General Assembly, *Declaration on the Elimination of Violence against Women* (A/RES/48/104), 1993. http://www.un.org/documents/ga/res/48/a48r104.htm

[69] United Nations Committee on the Elimination of Discrimination Against Women, *CEDAW General Recommendation No. 24. Women and Health (Article 12)*, 1999. http://www.un.org/womenwatch/daw/cedaw/recommendations/

[70] Office of the High Commissioner for Human Rights, *Promotion and Protection of All Human Rights, Civil, Political, Economic, Social and Cultural Rights, Including the Right to Development* (A/HRC/14/39), 2010. http://www2.ohchr.org/english/bodies/hrcouncil/docs/14session/A.HRC.14.39.pdf

[71] World Health Organization, *About WHO*, n.d. http://www.who.int/about/en/

[72] United Nations Economic and Social Council, *Improve Maternal Health: MDG 5*, n.d. http://www.un.org/en/ecosoc/about/mdg5.shtml

[73] World Health Organization, *Planning, Monitoring and Research*, n.d. http://www.who.int/maternal_child_adolescent/planning/en/.

[74] *Ibid.*

[75] World Health Organization, *Standards for maternal and neonatal care*, 2007. http://goo.gl/0WvaEv

[76] *Ibid.*

Member States, they do provide the ideal framework through which this MDG may be achieved, and encourage Member States to strengthen their policies.[77]

The Executive Committee of UNHCR adopted a 2010 resolution on maternal mortality (A/HCR/RES/11/8) that approaches maternal mortality as a human rights issue and calls for further international cooperation to address it.[78] This resolution addresses maternal health as a global issue, a common right that is transnational, requiring a concerted effort by all states.[79] It further encourages all Member States to address maternal health issues in domestic policy and in interaction with other parts of the international community on human rights or health care issues.[80] Many civil society organizations work on this issue across regional, national and local levels. Some organizations, such as Save the Mother Fund Society, work with physicians and state actors to manage resource distribution and attend to the medical demands unique to each population.[81]

The Partnership for Maternal, Newborn and Child Health is a platform which researches and advocates for maternal rights and the necessity for further development in maternal health care.[82] The civil society organizations and bodies that operate within the mandate of WHO enable these issues to be integrated within the international system by addressing the need to share knowledge and resources that are essential in addressing this situation.[83] They exemplify the concept that the actions of Member States alone are not sufficient in meeting the terms of MDG 5.[84]

Key Issues

Development Limitations

Developing countries are at a significant disadvantage in improving the maternal mortality ratio (the number of maternal deaths per 100,000 live births), which represents the risk associated with each pregnancy, and providing the necessary skilled medical care to its citizens, as often these countries are unable to afford the technology and medications.[85] Certain procedures may be expensive, limiting access only to those who can afford it, and precluding all access in some regions.[86] Due to such expenses, those who cannot afford the best procedures often utilize other, less effective health care methods.[87]

Improving maternal health is not limited to improving medical care, but also requires the development and maintenance of basic civilian necessities, including clean water resources and sanitation infrastructure.[88] Through lack of clean water sources, water-borne diseases are spread, and such diseases can increase the risk of serious disease or death for pregnant women.[89] These basic necessities have a very large impact on maternal health, and often pose greater risk to expecting mothers compared to other civilians.[90]

Many developing states have increasingly promoted family planning over the past 30 years as a means of maintaining the growth of their populations.[91] This policy push is often in conflict with common social practices within communities, and it is important that the local governments take this into account when trying to understand

---

[77] *Ibid.*
[78] United Nations Human Rights Council, *Preventable maternal mortality and morbidity and human rights* (A/RES/11/8), 2009. http://www.who.int/pmnch/events/2010/A_HRC_RES_11_8.pdf
[79] *Ibid.*
[80] *Ibid.*
[81] Save a Mother, *About*, 2012. http://www.saveamother.org/about/
[82] World Health Organization, *The Partnership for Maternal, Newborn, Child Health*, 2014. http://www.who.int/pmnch/activities/en/
[83] *Ibid.*
[84] *Ibid.*
[85] Sneha Barot, *Unsafe Abortion: The Missing Link in Global Efforts to Improve Maternal Health,* 2011. http://www.guttmacher.org/pubs/gpr/14/2/gpr140224.html
[86] *Ibid.*
[87] *Ibid.*
[88] Esrey, Potash, Roberts, *Shiff, Effects of Improved Water Supply and Sanitation on Ascariasis, Diarrhoea, Dracunculiasis, Hookworm Infection, Schistosomiasis, and Trachoma,* 1991, p. 616. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2393264/
[89] *Ibid.* p. 616.
[90] *Ibid.* p. 616.
[91] United Nations Population Fund, *Reproductive Health,* n.d. http://www.unfpa.org/rh/

what approach they must apply to address the issue of family planning to their population.[92] However, effective family planning can be seen as a positive measure in improving maternal mortality, seeing as it could potentially reduce the number of pregnancies that are unplanned.[93] The presence of this program when discussing maternal health is more prevalent in other UN organs, particularly the UN Population Fund.[94]

Resource Limitations

There are several existing measures, such as medicines and new surgical methods, to address maternal mortality, although there continue to be cases where there is no solution yet.[95] One issue evident with most medical-related issues globally is not simply the supply of medicines and resources but rather the access to these resources.[96] Areas where there is higher maternal mortality tend to have access to limited transportation networks or be located far from an urban location which could support nearby rural communities' health infrastructures.[97] Furthermore, it is not only the availability of medications and vaccinations, but also the availability and access to doctors and medical premises, particularly in developing countries, which increases the risk for maternal mortality.[98] Resources include skilled caregivers, and it is often noted that there are not sufficient personnel particularly in rural communities. At least 46% of women in low-income countries have benefited from skilled care during childbirth in the last decade, during a period of increased efforts to provide access to such care, proving that increased resources in these regions are truly beneficial to improving the maternal mortality rates in these Member States.[99]

Case Study: Malawi

Malawi is one of many developing states that faces high maternal mortality rates due to many limiting factors, such as clean water resources and availability of skilled medical care givers.[100] In Malawi, 1 in 36 women die due to pregnancy-related issues, one of the worst maternal mortality rates in the world.[101] For the women of Malawi, it wasn't only the lack of clean water supplies or sanitation that allowed for this increased mortality rate, but a particular lack of medical resources in rural areas.[102] At least 83% of the female population lives in rural regions of Malawi.[103] Maternal mortality ratio was estimated at 1120 per 100,000 live births in 2005, an increase from 620 per 100,000 live births in 1992.[104]

Significant progress has been made since 2005, when the Malawi government made maternal health a key issue.[105] Along with working with other Member States, to help achieve this goal, the government's Road Map Strategy (2005) builds capacity for various issues related to maternal health care and development, particularly increasing the number of skilled caregivers and their availability to majority of Malawi's citizens.[106] The recognition that maternal health care is not affected by a single cause has enabled the progress of development in the state, including in the areas of infrastructure development and increasing access to services for the poor.[107]

Primarily, health care facilities for expecting mothers are clustered in urban areas, where there is a slightly lower maternal mortality rate compared to rural areas.[108] Increasing access to immediate health care with adequate facilities could prevent 74% of maternal deaths in Malawi.[109]

---

[92] Paul Hunt and Judith Bueno de Mesquita, *Reducing Maternal Mortality,* n.d. http://goo.gl/7s6oqx
[93] United Nations, *The Millennium Development Goals Report,* 2013. http://goo.gl/gjucxl
[94] United Nations Population Fund, *Reproductive Health,* n.d. http://www.unfpa.org/rh/
[95] Ogbebo, *Nigeria: Solutions to Health Problems Lie in State-Osotimehin*, 2013. http://goo.gl/nGLJ63
[96] United Nations, *The Millennium Development Goals Report,* 2013. http://goo.gl/gjucxl
[97] *Ibid.*
[98] Scotland Malawi Partnership, *Maternal Health in Malawi: Challenges and Successes*, 2010. http://goo.gl/rR8XRU
[99] World Health Organization, *Maternal Mortality*, May 2014. http://www.who.int/mediacentre/factsheets/fs348/en/
[100] Scotland Malawi Partnership, *Maternal Health in Malawi: Challenges and Successes*, 2010. http://goo.gl/rR8XRU
[101] *Ibid.*
[102] *Ibid.*
[103] *Ibid.*
[104] Republic of Malawi Ministry of Health, *Road Map for Accelerating the Reduction of Maternal and Neonatal Mortality and Morbidity in Malawi*, 2005. http://www.unicef.org/malawi/MLW_resources_roadmap.pdf
[105] Scotland Malawi Partnership, *Maternal Health in Malawi: Challenges and Successes*, 2010. http://goo.gl/rR8XRU
[106] Republic of Malawi Ministry of Health, *Road Map for Accelerating the Reduction of Maternal and Neonatal Mortality and Morbidity in Malawi*, 2005. http://www.unicef.org/malawi/MLW_resources_roadmap.pdf
[107] Scotland Malawi Partnership, *Maternal Health in Malawi: Challenges and Successes*, 2010. http://goo.gl/rR8XRU
[108] *Ibid.*
[109] *Ibid.*

Along with 96 other Member States, Malawi has incomplete levels of civil registration and other maternity-related data, which could help in developing and implementing a comprehensive national strategy.[110] However, recent developments in education for women and the increase in the proportion of women attended to by a skilled health professional during delivery has improved the maternal mortality ratio, along with other changes.[111] An increase in preventative measures for HIV and malaria, and treatment of such diseases, as well as improvement in nutrition, has reduced the risk at which pregnant women in Malawi face complications during and after their pregnancy.[112] In 2013, the maternal mortality ratio was reduced to 400 per 100,000 live births.[113] However, Malawi, along with other Member States, still falls short of the target goal of 150 per 100,000 live births by 2015.[114]

Remaining Challenges

Many Member States have made progress on this issue, with maternal mortality declining by 47% globally since 1990.[115] However, disparities in maternal mortality remain, challenging the extent to which this issue has been dealt with. Some factors contributing to the continuing high levels of maternal mortality include cultural inhibitions and lack of road and transport networks.[116] Since 2010, there has been increased pressure for Member States and other actors to readdress the situation after analyzing the degree of achievements that have been made regarding this MDG, and to try to understand what alterations in programs and policies may be made in order to achieve the goals faster.[117]

In assessing the progress that has been made, it has become evident that MDG 5 is interconnected with the other MDGs both in terms of the challenge and potential programs to alleviate or solve the problem; it is also clear that no MDG can be addressed without also addressing the others.[118] Member State collaboration is also vital, in particular with regard to the resources they are willing to distribute and regulate in hopes of increasing access to medical services to more citizens across the world.[119] This would increase access to resources that would promote and enable the efficient practice of maternal health care.[120] However, this is dependent upon the priorities of the Member States.

Conclusion

As we come closer to the deadline of achieving the MDGs, it has become clear that while there is more work that is needed to be done in order to achieve all the goals, time is also needed, not only for the progress of research and results on these issues, but also for the coordination of work by all Member States and actors. Achieving such a goal is not limited to States, and cooperation from NGOs and international organizations assist in providing a broader scope to the issue and increase the diversity in resources that could be used to further the cause and to see results.

Delegates should keep several questions in mind. Notably, what incentives can be provided to Member States to ensure that maternal health is being dealt with at the national level? Furthermore, how can the UN coordinate with other organizations and its own agencies to maximize efficiency in terms of the access to these resources?

---

[110] World Health Organization, *Trends in Maternal Mortality: 1990-2013*, 2014. http://goo.gl/ykU21L

[111] Tim Colburn, Sonia Lewycka, Bejoy Nambiar, Iqbal Anwar, Ann Phoya, Chisale Mhango, *Maternal mortality in Malawi, 1990-2013*, 2013. http://bmjopen.bmj.com.ezproxy.library.uvic.ca/content/3/12/e004150.

[112] *Ibid.*

[113] *Ibid.*

[114] United Nations General Assembly, *Outcome document of the special event to follow up efforts made towards achieving the Millennium Development Goals* (A/RES/68), 2013. http://undocs.org/A/RES/68/6

[115] United Nations, *Goal 5: End Maternal Mortality*, n.d. http://www.un.org/millenniumgoals/maternal.shtml

[116] Hunt and Bueno de Mesquita, *Reducing Maternal Mortality*, n.d. http://goo.gl/euuD9w

[117] United Nations Economic and Social Council, *Millennium Development Goals and Post-2015 Development Agenda*, n.d. http://www.un.org/en/ecosoc/about/mdg.shtml

[118] United Nations General Assembly, *Outcome document of the special event to follow up efforts made towards achieving the Millennium Development Goals* (A/RES/68/6), 2013. http://undocs.org/A/RES/68/6

[119] *Ibid.*

[120] Scotland Malawi Partnership, *Maternal Health in Malawi: Challenges and Successes*, 2010. http://goo.gl/rR8XRU

II. WHO's response, and role as the health cluster lead, in meeting the growing demands of health in humanitarian emergencies

"Humanitarian aid is not a solution to any crisis. I hope that all Member States will continue to take their responsibility to protect their people seriously."
– Under Secretary-General Valerie Amos[121]

Introduction

The past two decades have seen a significant increase in natural and man-made humanitarian emergencies, with three times more occurring between 2000 and 2009 as compared to 1980-1989.[122] These events have had a significant health impact on affected populations, increasing the demand for post-event health interventions and programs.[123] The majority of these health issues in post-disaster areas are due to population displacement and the disruption of sanitation and health services, not an increase in epidemics as a result of dead bodies as many fear.[124] To coordinate these efforts, the World Health Organization (WHO) leads the Global Health Cluster, which provides a forum for discussion and coordination assistance in humanitarian emergencies.[125] The increase in events has also prompted international agencies to reevaluate their preparedness measures and coordination mechanisms, with many key events taking place in the past decade. High-level discussion began prior to the 2004 Boxing Day Tsunami, but this event led to the evaluation of existing systems due to ineffective and disjointed response that occurred.[126]

The International Federation of Red Cross and Red Crescent Societies (IFRC) define a disaster as "a sudden, calamitous event that seriously disrupts the functioning of a community or society and causes human, material, and economic or environmental losses that exceed the community's or society's ability to cope using its own resources."[127] Events can be classified as natural or technological/man-made; natural events include climatological, geophysical, hydrological, or biological.[128] Technological/man-made events include conflicts, famine, industrial accidents, and displaced populations.[129] Due to the variety of events, many organizations have started to utilize the 'all hazards approach', which provides planning for a significant amount of events, with the ability to adapt to circumstances as they arise.[130]

International Framework

The Hyogo Framework for Action (HFA) is the final document from the World Conference on Disaster Reduction (WCDR) held in Kobe, Japan from 18 to 22 January 2005.[131] This document outlined the involvement of the United Nations in preparedness and response activities.[132] The final document highlights the importance of disaster risk reduction (DRR) strategies to be implemented at a national level by Member States.[133]

The Emergency Response Framework (ERF) outlines roles, responsibilities, and activities to be undertaken by WHO during declared emergencies.[134] This document outlines the event grading (Grades 1-3) procedure utilized by WHO, and key actions to be taken within specified periods of time.[135] The ERF is the primary document that will be utilized by the WHO Country Office and any additional personnel to gauge appropriate actions to be taken during a

---

[121] Amos, *Closing Remarks to the ECOSOC Humanitarian Affairs Segment 2014*, 2014. http://goo.gl/iOlKXD
[122] Leaning, *Natural Disasters, Armed Conflict, and Public Health*, 2013, p. 1836-1842. http://goo.gl/BjwC7m
[123] *Ibid.*, pp. 1836-1842.
[124] Watson, *Epidemics after Natural Disasters*, 2007. http://wwwnc.cdc.gov/eid/article/13/1/06-0779_article
[125] World Health Organization, *WHO | The Cluster Approach*, n.d. http://goo.gl/Da5E7H
[126] United Nations General Assembly, *Strengthening emergency relief, rehabilitation, reconstruction, and the e prevention in the aftermath of the Indian Ocean Tsunami Disaster*, 2007. www.undocs.org/a/res/62/91
[127] International Federation of Red Cross and Red Crescent Societies, *What is a disaster?*, n.d. http://goo.gl/j9xaeb
[128] International Federation of Red Cross and Red Crescent Societies, *Types of disasters*, n.d. http://goo.gl/RscNIf
[129] *Ibid.*
[130] Australia Emergency Management, *Emergency Management Approaches*, n.d. http://goo.gl/8n57ht
[131] United Nations Office for Disaster Risk Reduction, *Hyogo Framework for Action 2005-2015: Building the resistance of nations and communities to disasters*, 2007. http://www.unisdr.org/we/inform/publications/1037
[132] *Ibid.*
[133] *Ibid.*
[134] World Health Organization, *Emergency Response Framework*, 2013. http://www.who.int/hac/about/erf/en/
[135] *Ibid.*

response.[136] Grades 1-3 indicate the level of involvement and response required by WHO, ranging from monitoring of a situation to deployment of an Emergency Support Team (EST), with Grade 3 indicating the most severe disaster.[137] The ERF provides guidance on the utilization of surge personnel as the grading increases; surge personnel are pre-identified within WHO and partner agencies to augment existing staff within the Country Office/Regional Office.[138]

The Humanitarian Response Review, undertaken in 2005, provided the basis for many of the above documents.[139] This document was a comprehensive evaluation of UN response activities that identified clear gaps and indicators suggested for monitoring and evaluation purposes.[140] While there were numerous gaps identified, solutions to many have subsequently been incorporated into the ERF, as well as the later Transformative Agenda.[141]

The Inter-Agency Standing Committee (IASC) is a forum that was established in 1992 by General Assembly resolution 46/128 to facilitate the exchange of information and coordination between UN agencies and civil society.[142] The IASC's membership includes all operational organizations and a standing invitation to the International Committee of the Red Cross, the International Federation of Red Cross and Red Crescent Societies, and the International Organization for Migration.[143] Relevant non-governmental organizations can be invited to participate on an *ad hoc* basis.[144] The IASC began the Humanitarian Reform process in 2005, which resulted in the Transformative Agenda being issued in 2011.[145] While the final document was issued in 2011, key guidance documents were issued prior, including the "IASC Guidance for Humanitarian Country Teams," which provided the procedure for establishing a Humanitarian Country Team (HCT) and the roles of the HCT.[146]

United Nations System Involvement

Humanitarian response has been discussed at all levels of the UN system, with key resolutions being adopted by both the General Assembly and the World Health Assembly. Some of the most important resolutions include GA resolution 60/124, which reaffirms the Assembly's commitment to the strengthening of coordination mechanisms, empowering the specialized agencies to address the issue as appropriate, and the WHO Executive Board's resolution 115.6, highlighting the health challenges faced during crises and outlines possible approaches for response.

The UN Office for the Coordination of Humanitarian Affairs (OCHA) is the primary UN agency responsible for coordinating the UN response to an event.[147] OCHA liaises with Member States through appointed Humanitarian or Resident Coordinators (HC/RC).[148] Primary responsibility for responding to any event does not initially fall upon the HC/RC, but upon responsible agencies in the Member States; the HC/RC only provides leadership and coordination if international assistance is required.[149] One of the key responsibilities of the HC/RC is to ensure that any international assistance that is being provided not only addresses identified needs, but also is contributing to the longer-term recovery of affected areas.[150]

---

[136] *Ibid.*
[137] World Health Organization, *Emergency Response Framework*, 2013. http://www.who.int/hac/about/erf/en/
[138] *Ibid.*
[139] United Nations Office for the Coordination of Humanitarian Affairs, *Humanitarian Response Review*, 2005. http://www.humanitarianinfo.org/iasc/downloaddoc.aspx?docID=4910&type=pdf
[140] *Ibid.*
[141] Inter-Agency Standing Committee, *Key Messages: The IASC Transformative Agenda* (IA/1206/4147), 2012. http://www.humanitarianinfo.org/iasc/downloaddoc.aspx?docID=6229&type=any
[142] Inter-Agency Standing Committee, *IASC – Inter-Agency Standing Committee*, n.d. http://www.humanitarianinfo.org/iasc/pageloader.aspx?page=content-about-default
[143] *Ibid.*
[144] United Nations General Assembly, *Strengthening of the coordination of emergency humanitarian assistance of the United Nations*, 1991. www.undocs.org/a/res/46/182
[145] Inter-Agency Standing Committee, *Key Messages: The IASC Transformative Agenda* (IA/1206/4147), 2012. http://www.humanitarianinfo.org/iasc/downloaddoc.aspx?docID=6229&type=any
[146] Inter-Agency Standing Committee, *Guidance for Humanitarian Country Teams*, 2010. http://www.humanitarianinfo.org/iasc/pageloader.aspx?page=content-products-products&productcatid=21
[147] United Nations Office for the Coordination of Humanitarian Affairs, *Leadership | OCHA*, n.d.
[148] *Ibid.*
[149] *Ibid.*
[150] *Ibid.*

While OCHA is the primary agency responsible for coordinating the international humanitarian response to events, "clusters" have been established to manage thematic areas under the auspices of the HCT and RC/HC on a country level, with the Global Clusters being chaired by identified UN Organizations or Agencies who report to the Emergency Response Coordinator (ERC), a UN Secretariat position on the level of an Under-Secretary-General.[151] The lead for the Global Health Cluster is the WHO, which works with over thirty humanitarian agencies and organizations to ensure appropriate humanitarian health responses during events.[152]

Key Issues

Coordination

While documents such as the HFA and the ERF outline activities and goals to be taken, it is not the role of UN agencies to implement such programs in Member States.[153] UN agencies provide support for programming and policy advice, but generally do not independently implement programs. This provides adequate room for Member States to adapt their response during emergencies; however, it can create a situation in which the ability to scale up services is limited due to a lack of pre-existing plans, as emergency preparedness is often reactive instead of proactive.[154] WHO is the lead of the Global Health Cluster, but when responding to events, they co-chair the local health cluster that has been established for that event.[155] It is the WHO team, through the Country Office, that provides technical guidance and coordination support to the Member State.[156]

The mechanisms utilized by WHO vary according to Member State, relying heavily on pre-existing structures and systems already in place.[157] Many efforts focus on disaster risk reduction, both at the global and Member State level, with annual meetings facilitating cooperation and the exchange of best practices.[158] Due to the growing number of events that WHO is tasked to respond to, it often falls on the Member State to have a native disaster risk reduction and disaster management system in place to allow for a rapid scale-up of resources in the event of a large scale disaster that necessitates international response.[159] Because of the resources required for developing such plans, States often turn to their peers; for instance, programs such as Public Health Emergency Management in Asia and the Pacific (PHEMAP) bring together high-level decision makers from vulnerable countries in the region to share best practices.[160] PHEMAP strategies and best practices have been adopted by some Member States, tailoring it to the events most often seen in their area.[161]

---

[151] World Health Organization, *WHO | The Cluster Approach*, n.d. http://www.who.int/hac/techguidance/tools/manuals/who_field_handbook/annex_7/en/

[152] World Health Organization, *WHO | About the Global Health Cluster*, n.d. http://www.who.int/hac/global_health_cluster/about/en/

[153] World Health Organization, *Emergency Response Framework*, 2013.

[154] Hay, John, *Roles of Pacific Regional Organizations in Disaster Risk Management: Questions and Answers*, 2013. http://www.brookings.edu/~/media/research/files/reports/2013/07/pacific%20regional%20organizations%20disasters/brookings_regional_orgs_pacific_july_2013.pdf

[155] World Health Organization, *WHO | About the Global Health Cluster*, n.d. http://www.who.int/hac/global_health_cluster/about/en/

[156] World Health Organization, *A guide to WHO's role in sector-wide approaches to health development*, 2006.

[157] Hay, John, *Roles of Pacific Regional Organizations in Disaster Risk Management: Questions and Answers*, 2013. http://www.brookings.edu/~/media/research/files/reports/2013/07/pacific%20regional%20organizations%20disasters/brookings_regional_orgs_pacific_july_2013.pdf

[158] Global Platform for Disaster Risk Reduction, *Global Platform 2013 – About,* n.d. http://www.preventionweb.net/globalplatform/2013/about

[159] Hay, John, *Roles of Pacific Regional Organizations in Disaster Risk Management: Questions and Answers*, 2013. http://www.brookings.edu/~/media/research/files/reports/2013/07/pacific%20regional%20organizations%20disasters/brookings_regional_orgs_pacific_july_2013.pdf

[160] Public Health Emergency Management in Asia and the Pacific, *PHEMAP – Overview*, n.d. http://www.adpc.net/technical/seminar/07102002/overview.html

[161] Health Emergency Management Staff, *National Public Health & Emergency Management in Asia and the Pacific (PHEMAP)*, n.d. http://hems.doh.gov.ph/entries.php/trainings/Trainings/page/1/article/9

Funding

One of the primary funding methods available to affected Member States following a major event is the Central Emergency Response Fund (CERF).[162] CERF is a voluntary fund to which 125 Member States contribute.[163] Following an event, the HC/RC can apply for funds to cover lifesaving projects that have been identified by the HCT.[164] Another major source of funding available following an event are Flash Appeals through the Consolidated Appeal Process, which allow the HC/RC to openly request funds for the implementation of projects through UN agencies, Member States, and NGO.[165] These appeals are issued within the shortest possible time, and updated every four weeks.[166]

Case Study: Typhoon Haiyan

During the early morning hours of 8 November 2013, Typhoon Haiyan, locally known as Yolanda, made landfall with sustained wind speeds in excess of 250 km/h.[167] Typhoon Haiyan was one of the strongest typhoons ever to make landfall.[168] Haiyan made 6 landfalls within the Philippines, with the same general intensity each time.[169] As of 17 April 2014, Haiyan is responsible for 6,300 deaths, as well as 28,689 injured and over 1,000 missing people; 16,078,181 persons have been affected, and it is estimated that the total cost of damages is over 35 billion PHP.[170] The Government of the Philippines has a robust disaster risk reduction program in place and has strong ties with UN agencies.[171] WHO is doubly represented within the Philippines, with the Country Office being co-located at the Department of Health (DOH) compound, and the WHO Western Pacific Regional Office (WPRO) being located a short distance away.[172] Upon confirmation of the severity of the Typhoon, officials from the Health Emergency Management Staff (HEMS), the group within the Department of Health responsible for any health emergency management activities, requested WHO Country Office support in order to review response plans.[173]

The extent of the damage was greater than initially expected due to inability to access and appropriately assess areas, as well as due to the multiple landfalls.[174] This led to an immediate need for resources both domestically and internationally. Immediate response was seen by both local and international agencies, coordinated by the health cluster established and headed by the Department of Health and co-chaired by WHO.[175] WHO was able to provide surge capacity to the WPRO office and WHO Philippine Country Office through pre-existing surge rosters, allowing adequate support to be provided within the outlined ERF goals.[176] While this event is still ongoing, the use of novel coordination mechanisms such as a newly developed foreign medical team classification guide and registration process allowed WHO, in collaboration with the DOH, to dispatch appropriate care and support to affected areas.[177]

---

[162] United Nations Central Emergency Response Fund, *Who We Are | OCHA CERF*, n.d. http://www.unocha.org/cerf/about-us/who-we-are

[163] *Ibid.*

[164] United Nations Office for the Coordination of Humanitarian Affairs, *Humanitarian Financing – Appeals System | OCHA* n.d. http://www.unocha.org/what-we-do/humanitarian-financing/appeals-system

[165] United Nations Office for the Coordination of Humanitarian Affairs, *Consolidated Appeal Process*, n.d. http://www.unocha.org/cap/about-the-cap/about-process

[166] United Nations General Assembly, *Strengthening of the coordination of emergency humanitarian assistance of the United Nations (A/RES/46/182)*, 1991. www.undocs.org/a/res/46/182

[167] National Disaster Risk Reduction and Management Council, *Situation Report 74*, 2014. http://goo.gl/CYkGnT

[168] Masters, *Super Typhoon Haiyan: Strongest Landfalling Tropical Cyclone on Record*, 7 November 2013. http://goo.gl/DKt4bO

[169] National Disaster Risk Reduction and Management Council, *Situation Report 74*, 2014. http://goo.gl/CYkGnT

[170] National Disaster Risk Reduction and Management Council, *Update re the effects of Typhoon "Yolanda" (Haiyan)*, 2014. http://ndrrmc.gov.ph/attachments/article/1177/Update%20Effects%20TY%20YOLANDA%2017%20April%202014.pdf

[171] Health Emergency Management Staff, *National Public Health & Emergency Management in Asia and the Pacific (PHEMAP)*, n.d. http://hems.doh.gov.ph/entries.php/trainings/Trainings/page/1/article/9

[172] World Health Organization Western Pacific Regional Office, *WPRO: Offices*, n.d. http://www.wpro.who.int/about/offices/en/

[173] World Health Organization, *Philippines: Assistance and response after Typhoon Haiyan*, 2013. http://www.who.int/features/2013/philippines-typhoon-haiyan/en/

[174] National Disaster Risk Reduction and Management Council, *Situation Report 74*, 2014. http://goo.gl/CYkGnT

[175] World Health Organization, *WHO | WHO responding to health needs caused by Typhoon Haiyan ("Yolanda"),* 2013. http://www.who.int/mediacentre/news/releases/2013/typhoon-haiyan/en/

[176] *Ibid.*

[177] World Health Organization, *Haiyan Health Cluster Bulletin 7*, 2013. http://goo.gl/e5ZreT

The Global Health Cluster has developed guidelines for the classification of foreign medical teams, and while there has not been a complete after-action review completed, the mechanisms outlined in the guidelines were implemented successfully and assisted in the organization of the large amount of medical teams responding to affected areas.[178] These medical teams are classified by their size and services that they are able to provide, which leads to their more effective use.[179]

Remaining Challenges

The progress made in the field of humanitarian response over the past decade has allowed the international community to respond to events of varying size and scope more efficiently and effectively, but there are still challenges to be addressed. Challenges currently include the high level of support required for multiple Grade 3 events, continued funding/emergency funding, and monitoring and evaluation of responses to appropriately adapt future responses.[180]

Multi-Event Coordination

Recently, WHO has been faced with the challenge of coordinating multiple grade 3 events occurring simultaneously. During fall 2013, these events included the ongoing crisis in Syria, Typhoon Haiyan in the Philippines, and the developing crisis in the Central African Republic.[181] While these each fall under the auspices of a different WHO region, the Grade 3 declaration means there will be support coming from all available resources, including other affected regions and the central headquarters level.[182]

Monitoring and Evaluation

The ERF provides a clear and concise set of indicators and benchmarks to evaluate WHO's response to events, but monitoring and evaluation of multiple aspects of a response, without adequate training prior to the event, can lead to key steps being overlooked.[183] While the ERF provides indicators for evaluating the WHO response, it is the responsibility of the Member State to establish a monitoring and evaluation system for their activities during an event.[184] Initial assessments conducted are focused on getting a rapid idea of the situation so action can be taken without delay, but these rapid assessments generally do not have an M&E component built in.[185] There is, however, civil society and other external support, including from The Sphere Project, which provides guidelines, technical guidance, and trainings on monitoring and evaluation.[186] The Sphere Project is an initiative that provides a set of guidelines and standards that aim to improve the quality of humanitarian response.[187]

Conclusion

Any large-scale event will prove challenging for affected Member States, but proper actions taken by UN agencies, operating under established protocols and guidelines, can augment existing programs and policies and help Member States deal with these unexpected crises. While overall coordination can be challenging in many events, it is important to maintain appropriate mechanisms to address health concerns because, unlike many other areas, health demands might be delayed as they are primarily related to population displacement after the initial impact of the event.[188] These population displacements can occur in waves, leading to multiple opportunities for major health issues to occur, and a significant increase in health demands.[189] Delegates should remember that while the WHO is the Global Health Cluster lead, during times of disaster they augment the Member State's capabilities and serve in an advisory role rather than directly leading all aspects of disaster response.

---

[178] World Health Organization, *WHO | Foreign Medical Team Working Group*, n.d. http://goo.gl/WrWbeL
[179] *Ibid.*
[180] Humphries, *Improving Humanitarian Coordination: Common Challenges and Lessons Learned from the Cluster Approach*, 2013. http://sites.tufts.edu/jha/archives/1976
[181] World Health Organization, *WHO | About the Global Health Cluster*, n.d. http://www.who.int/hac/global_health_cluster/en/
[182] World Health Organization, *Emergency Response Framework*, 2013. http://www.who.int/hac/about/erf/en/
[183] *Ibid.*
[184] World Health Organization, *Global Health Cluster Guide*, 2009. http://www.who.int/hac/global_health_cluster/guide/en/
[185] The Sphere Project, *Sphere for Assessments*, n.d. http://www.sphereproject.org/silo/files/sphere-for-assessments.pdf
[186] *Ibid.*
[187] *Ibid.*
[188] Watson, *Epidemics after Natural Disasters*, 2007. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2725828/
[189] *Ibid.*

Bibliography

World Health Organization Committee Overview:

Eurosurveillance editorial team. (2013). "WHO Launches Health Report 2013." *Eurosurveillance.* Retrieved 16 June 2014, from: http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=20559.

Mckenna, Maryn. (2014). "World Health Organization: Antibiotic Resistance Grave Global Problem." *Wired.* Retrieved 16 June 2014, from: http://www.wired.com/2014/05/who-amr-report/.

United Nations World Health Organization. (2000*). Trends and Challenges in World Health*. Retrieved 16 June 2014, from: http://apps.who.int/gb/archive/pdf_files/EB105/ee4.pdf.

United Nations World Health Organization. (2014). *Draft global plan on antimicrobial resistance.* Retrieved 16 June 2014, from: http://apps.who.int/gb/ebwha/pdf_files/WHA67/A67_39Add1-en.pdf.

United Nations Conference on International Organization. (1945). *Charter of the United Nations.* Retrieved 16 June 2014, from: http://www.un.org/en/documents/charter.

United Nations. (2014). *Structure and Organization.* Retrieved 16 June 2014, from: http://www.un.org/en/aboutun/structure/

World Health Assembly. (2014). *About the Global Health Cluster.* Retrieved 16 June 2014, from: http://www.who.int/hac/global_health_cluster/about/en/

World Health Organization. (2005). *Alert, response, and capacity building under the International Health Regulations.* Retrieved 16 June 2014, from: http://www.who.int/ihr/9789241596664/en/

World Health Organization. (2014). *Antimicrobial resistance.* Retrieved 16 June 2014, from: http://www.who.int/mediacentre/factsheets/fs194/en/

World Health Organization. (2014). *Assessed contribution payable summary for 2014-2015.* Retrieved 16 June 2014, from: http://www.who.int/about/resources_planning/2014_2015_AC_summary.pdf?ua=1

World Health Organization. (2014). *Change@WHO – May 2014 Newsletter on WHO reform.* Retrieved 16 June 2014, from: http://www.who.int/about/who_reform/change_at_who/issue5/en/#.U3zwSaPn8dk

World Health Organization. (2006). *Constitution of the World Health Organization.* Retrieved 16 June 2014, from: http://www.who.int/governance/eb/who_constitution_en.pdf

World Health Organization. (2014). *Countries.* Retrieved 16 June 2014, from: http://www.who.int/countries/en/

World Health Organization. (2014). *Director-General.* Retrieved 16 June 2014, from: http://www.who.int/dg/en/

World Health Organization. (2014). *Governance.* Retrieved 16 June 2014, from: http://www.who.int/governance/en/

World Health Organization. (2014). *Leadership priorities.* Retrieved 16 June 2014, from: http://www.who.int/about/agenda/en/

World Health Organization. (2013). *Main messages from World Health Report 2013: Research for universal health coverage.* Retrieved 16 June 2014, from: http://www.who.int/whr/2013/main_messages/en/

World Health Organization. (2014). *Millennium Development Goals.* Retrieved 16 June 2014, from: http://www.who.int/topics/millennium_development_goals/about/en/

World Health Organization. (2014). *Noncommunicable diseases.* Retrieved 16 June 2014, from: http://www.who.int/topics/noncommunicable_diseases/en/

World Health Organization. (2014). *Publications.* Retrieved 16 June 2014, from: http://www.who.int/publications/en/

World Health Organization. (2014). *Regional Directors.* Retrieved 16 June 2014, from: http://www.who.int/dg/regional_directors/en/

World Health Organization. (2014). *Sixty-seventh World Health Assembly.* Retrieved 16 June 2014, from: http://www.who.int/mediacentre/events/2014/wha67/en/

World Health Organization. (2013). *Social determinants of health.* Retrieved 16 June 2014, from: http://www.who.int/social_determinants/en/

World Health Organization. (2007). *The Cluster Approach.* Retrieved 16 June 2014, from: http://www.who.int/hac/techguidance/tools/manuals/who_field_handbook/annex_7/en/

World Health Organization. (2014). *The Executive Board.* Retrieved 16 June 2014, from: http://www.who.int/governance/eb/en/

World Health Organization. (2014). *Universal health coverage.* Retrieved 16 June 2014, from: http://www.who.int/universal_health_coverage/en/

World Health Organization. (2014). *WHO guidelines approved by the Guidelines Review Committee.* Retrieved 16 June 2014, from: http://www.who.int/publications/guidelines/en/

World Health Organization. (2013). *WHO Headquarters Structure.* Retrieved 16 June 2014, from: http://www.who.int/about/structure/organigram/en/

World Health Organization. (2014). *WHO Regional Offices.* Retrieved 16 June 2014, from: http://www.who.int/classifications/network/ro/en/

World Health Organization. (2014). *World Health Day – 7 April 2014.* Retrieved 16 June 2014, from: http://www.who.int/campaigns/world-health-day/2014/event/en/

World Health Organization. (2014). *World Health Day 2014: Preventing vector-borne diseases.* Retrieved 16 June 2014, from: http://www.who.int/mediacentre/news/releases/2014/small-bite-big-threat/en/

World Health Organization. (2014). *World Health Statistics 2014.* Retrieved 16 June 2014, from: http://www.who.int/gho/publications/world_health_statistics/2014/en/

Achieving MDG5: Improving Maternal Health:

AMREF Health Africa. (n.d.). *Clean Water and Maternal Health.* Retrieved 28 June 2014, from: http://www.amrefcanada.org/media-centre/stories/clean-water-and-maternal-health/

Barot, S. (2011). "Unsafe Abortion: The Missing Link in Global Efforts to Improve Maternal Health". *Guttmacher Policy Review* 14(2). Retrieved 29 June 2014, from: http://www.guttmacher.org/pubs/gpr/14/2/gpr140224.html

Colburn, T., Lewycka, S., et al. (2013). "Maternal mortality in Malawi, 1990-2013". *Global Health*, 3(12). Retrieved 29 June 2014, from: http://bmjopen.bmj.com.ezproxy.library.uvic.ca/content/3/12/e004150

Esrey, Potash, Roberts, (1991). Shiff, Effects of Improved Water Supply and Sanitation on Ascariasis, Diarrhoea, Dracunculiasis, Hookworm Infection, Schistosomiasis, and Trachoma. *Bulletin World Health Organization*, 69(5), 609-621. Retrieved 25 May 2014, from: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2393264/.

Kebede, Liya. (n.d.). *Kebede Quotes*. Retrieved 25 May 2014, from: http://www.doonething.org/heroes/pages-k/kebede-quotes.htm

Republic of Malawi, Ministry of Health. (2005). *Road Map for Accelerating the Reduction of Maternal and Neonatal Mortality and Morbidity in Malawi*. Retrieved 29 June 2014, from: http://www.unicef.org/malawi/MLW_resources_roadmap.pdf.

Save a Mother. (2012). *About.* Retrieved 25 May 2014, from: http://www.saveamother.org/about/.

Scotland Malawi Partnership. (2010). *Maternal Health in Malawi: Challenges and Successes*. Retrieved 25 May 2014, from: http://www.unfpa.org/sowmy/resources/docs/library/R192_Lunan_etal_ScotlandMalawiPartnership_MaternalHealthPaperv2_3_2112_DRAFT.pdf

United Nations. (1996). *Report of the Fourth World Conference on Women* (A/CONF.177/20/REV.1). Retrieved 25 May 2014, from: http://www.un.org/womenwatch/daw/beijing/pdf/Beijing%20full%20report%20E.pdf

United Nations. (2013). *The Millennium Development Goals Report 2013.* Retrieved 25 May 2014, from: http://mdgs.un.org/unsd/mdg/Resources/Static/Products/Progress2013/English2013.pdf

United Nations. (n.d.). *Goal 5: Improve Maternal Health*. Retrieved 29 June 2014, from: http://www.un.org/millenniumgoals/maternal.shtml.

United Nations Economic and Social Council. (n.d.). *Improve Maternal Health: MDG 5*. Retrieved 25 May 2014, from: http://www.un.org/en/ecosoc/about/mdg5.shtml

United Nations Economic and Social Council. (n.d.) *Millennium Development Goals and Post-2015 Development Agenda*. Retrieved 25 May 2014, from http://www.un.org/en/ecosoc/about/mdg.shtml.

United Nations. (n.d.) *Goal 5: Improve maternal health.* Retrieved 25 May 2014, from: http://www.un.org/millenniumgoals/maternal.shtml

United Nations, General Assembly, Third session. (1948, December 10). Universal Declaration of Human Rights (A/RES/217 A (III)). Retrieved 25 May 2014, from: http://www.un.org/en/documents/udhr/

United Nations, General Assembly, Thirty-fourth session. (1979, December 18). *Convention on the Elimination of All Forms of Discrimination against Women (A/RES/34/180)*. Retrieved 25 May 2014, from: http://undocs.org/A/RES/34/180

United Nations, General Assembly, Forty-eighth session. (1993, December 20). *Declaration on the Elimination of Violence against Women (A/RES/48/104)*. Retrieved 25 May 2014: http://undocs.org/A/RES/48/104

United Nations General Assembly, Fifty-fifth session (2000). *United Nations Millennium Declaration (A/RES/55/2)*. Retrieved 25 May 2014, from: http://www.un.org/millennium/declaration/ares552e.pdf

United Nations Human Rights Council. (2009). *Preventable maternal mortality and morbidity and human rights (A/RES/11/8)*. Retrieved 25 May 2014, from: http://ap.ohchr.org/documents/E/HRC/resolutions/A_HRC_RES_11_8.pdf.

United Nations Human Rights Council. (2010). Annual Report of the United Nations High Commissioner for Human Rights and Report of the Office of the Secretary-General. Promotion and Protection of all Human Rights, Civil, Political, Economic, Social and Cultural Rights, Including the Right to Development (A/HRC/14/39). Retrieved 29 June 2014, from: http://www2.ohchr.org/english/bodies/hrcouncil/docs/14session/A.HRC.14.39_AEV-2.pdf.

United Nations Population Fund. (n.d.) *Reducing Maternal Mortality.* Retrieved 29 June 2014, from: https://www.unfpa.org/webdav/site/global/shared/documents/publications/reducing_mm.pdf.

United Nations Population Fund. (n.d.). *Reproductive Health.* Retrieved 29 June 2014, from: http://www.unfpa.org/rh/planning.htm.

Warren, C. (2010). "Care seeking for maternal health: challenges remain for poor women". *Ethiopia J Health Development* 24(1). Retrieved 29 June 2014, from: http://ejhd.uib.no/ejhd-v24-sn1/100%20Care%20seeking%20for%20maternal%20health%20challenges%20remain%20for%20p.pdf.

World Health Organization. (n.d.) *Maternal Health.* Retrieved 25 May 2014, from: http://www.who.int/topics/maternal_health/en/.

World Health Organization, Executive Board 116th session. (2005, May 12). *Gender, women and health: incorporating a gender perspective into the mainstream of WHO's policies and programmes* (EB 116/13). Retrieved 25 May 2014 from: http://apps.who.int/iris/bitstream/10665/20439/1/B116_13-en.pdf

World Health Organization. (May 2014). *Maternal Mortality.* Retrieved 25 May 2014 from: http://www.who.int/mediacentre/factsheets/fs348/en/.

World Health Organization. (2014). *The Partnership for Maternal, Newborn, Child Health*. Retrieved 25 May 2014 from: http://www.who.int/pmnch/activities/en/.

World Health Organization. (2007). *Standards for maternal and neonatal care.* Retrieved 25 May 2014, from: http://www.who.int/reproductivehealth/publications/maternal_perinatal_health/a91272/en/.

World Health Organization. (2014). *Trends in maternal mortality: 1990 to 2013.* Retrieved 29 June 2014 from: http://apps.who.int/iris/bitstream/10665/112682/2/9789241507226_eng.pdf.

World Health Organization. (n.d.). *Planning, monitoring and research.* Retrieved 29 June 2014 from: http://www.who.int/maternal_child_adolescent/planning/en/.

WHO's response, and role as the health cluster lead, in meeting the growing demands of health in humanitarian emergencies:

Amos, V. (2014).*Closing Remarks to the ECOSOC Humanitarian Affairs Segment 2014.*Retrieved 20 July 2014, from: https://docs.unocha.org/sites/dms/Documents/25%20June%20USG%20ECOSOC%20Closing%20Remarks.pdf

Australia Emergency Management. (n.d.). *Emergency Management Approaches.* Retrieved 10 May 2014, from: http://www.em.gov.au/Emergencymanagement/Pages/EmergencyManagementApproaches.aspx

Global Platform for Disaster Risk Reduction. (n.d.). *Global Platform 2013 – About.* Retrieved 8 June 2014, from: http://www.preventionweb.net/globalplatform/2013/about

Hay, John. (2013). *Roles of Pacific Regional Organizations in Disaster Risk Management: Questions and Answers*. Retrieved 7 June 2014, from: http://www.brookings.edu/~/media/research/files/reports/2013/07/pacific%20regional%20organizations%20disasters/brookings_regional_orgs_pacific_july_2013.pdf

Health Emergency Management Staff. (n.d.). *National Public Health & Emergency Management in Asia and the Pacific (PHEMAP).* Retrieved 1 May 2014, from: http://hems.doh.gov.ph/entries.php/trainings/Trainings/page/1/article/9

Humphries, Vanessa. (2013). *Improving Humanitarian Coordination: Common Challenges and Lessons Learned from the Cluster Approach.* Retrieved 8 June 2014, from: http://sites.tufts.edu/jha/archives/1976

Inter-Agency Standing Committee. (2010). *Guidance for Humanitarian Country Teams.* Retrieved 14 May 2014, from: http://www.humanitarianinfo.org/iasc/pageloader.aspx?page=content-products-products&productcatid=21

Inter-Agency Standing Committee. (n.d.). *IASC – Inter-Agency Standing Committee*. Retrieved 6 May 2014, from: http://www.humanitarianinfo.org/iasc/pageloader.aspx?page=content-about-default

Inter-Agency Standing Committee. (2012). *Key Messages: The IASC Transformative Agenda* (IA/1206/4147). Retrieved 6 April 2014, from: http://www.humanitarianinfo.org/iasc/downloaddoc.aspx?docID=6229&type=any

International Federation of Red Cross and Red Crescent Societies. (N.D). *Types of disasters.* Retrieved 6 May 2014, from: https://www.ifrc.org/en/what-we-do/disaster-management/about-disasters/definition-of-hazard/

International Federation of Red Cross and Red Crescent Societies. (N.D). *What is a disaster?.* Retrieved 6 May 2014, from: https://www.ifrc.org/en/what-we-do/disaster-management/about-disasters/what-is-a-disaster/

Keim, Mark E. (2008). Building Human Resilience: The Role of Public Health Preparedness and Response as an Adaptation to Climate Change. *American Journal of Preventative Medicine*. Volume 35, Issue 5. Pages 508-516. Retrieved 8 April 2014, from: http://www.theresourceinnovationgroup.org/storage/Keim.pdf

Leaning, Jennifer. (2013). *Natural Disasters, Armed Conflict, and Public Health*. New England Journal of Medicine, Volume 369, Issue 19, Pages 1835-1842. Retrieved 14 May 2014, from: http://www.nejm.org/doi/pdf/10.1056/NEJMra1109877

Masters, Jeff. (7 November 2013). *Super Typhoon Haiyan: Strongest Landfalling Tropical Cyclone on Record*. Retrieved 7 June 2014, from: http://www.wunderground.com/blog/JeffMasters/super-typhoon-haiyan--strongest-landfalling-tropical-cyclone-on-recor

National Disaster Risk Reduction and Management Council. (2013). *SitRep No.74 effects of Typhoon "Yolanda" (Haiyan).* Retrieved 7 June 2014, from: http://ndrrmc.gov.ph/attachments/article/1125/updsitrep74.pdf

National Disaster Risk Reduction and Management Council. (2014). *Updates re the effects of Typhoon "Yolanda" (Haiyan).* Retrieved 7 June 2014, from: http://ndrrmc.gov.ph/attachments/article/1177/Update%20Effects%20TY%20YOLANDA%2017%20April%202014.pdf

Public Health Emergency Management in Asia and the Pacific. (n.d.). *PHEMAP – Overview.* Retrieved 14 May 2014, from: http://www.adpc.net/technical/seminar/07102002/overview.html

The Sphere Project. (n.d.). *Sphere for Assessments.* Retrieved 8 June 2014, from: http://www.sphereproject.org/silo/files/sphere-for-assessments.pdf

United Nations Central Emergency Response Fund. (n.d.). *Who We Are | OCHA CERF.* Retrieved 13 May 2014, from: http://www.unocha.org/cerf/about-us/who-we-are

United Nations General Assembly. (2007). Strengthening emergency relief, rehabilitation, reconstruction, and the prevention in the aftermath of the Indian Ocean Tsunami Disaster (A/RES/62/91). Retrieved 7 June 2014, from: www.undocs.org/a/res/62/91

United Nations General Assembly. (1991). *Strengthening of the coordination of emergency humanitarian assistance of the United Nations* (A/RES/46/182). Retrieved 6 April 2014, from: www.undocs.org/a/res/46/182

United Nations General Assembly. (2005). *Strengthening of the coordination of emergency humanitarian assistance of the United Nations* (A/RES/60/124). Retrieved 6 April 2014, from: www.undocs.org/a/res/60/124

United Nations Office for the Coordination of Humanitarian Affairs. (n.d.). *About the Process |OCHA – Consolidated Appeal Process.* Retrieved 12 May 2014, from: http://www.unocha.org/cap/about-the-cap/about-process

United Nations Office for the Coordination of Humanitarian Affairs. (n.d.). *Humanitarian Financing – Appeals System |OCHA.* Retrieved 8 June 2014, from: http://www.unocha.org/what-we-do/humanitarian-financing/appeals-system

United Nations Office for the Coordination of Humanitarian Affairs. (2005). *Humanitarian Response Review.* Retrieved 13 May 2014, from: http://www.humanitarianinfo.org/iasc/downloaddoc.aspx?docID=4910&type=pdf

United Nations Office for the Coordination of Humanitarian Affairs. (n.d.). *Leadership | OCHA.* Retrieved 8 May 2014, from: http://www.unocha.org/what-we-do/coordination/leadership/overview

United Nations Office for Disaster Risk Reduction. (2007). *Hyogo Framework for Action 2005-2015: Building the resilience of nations and communities to disasters*. Retrieved 12 May 2014, from: http://www.unisdr.org/we/inform/publications/1037

Watson, John. (2007). *Epidemics After Natural Disasters.* Retrieved 31 May 2014, from: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2725828/

World Health Organization Western Pacific Regional Office. (n.d.). *WPRO | Offices.* Retrieved 7 June 2014, from: http://www.wpro.who.int/about/offices/en/

World Health Organization. (2006). *A guide to WHO's role in sector-wide approaches to health development.* Retrieved 25 June 2014, from: http://www.who.int/countryfocus/resources/guide_to_who_role_in_swap_en.pdf

World Health Organization. (2013). *Emergency Response Framework.* Retrieved 5 April 2014, from: http://www.who.int/hac/about/erf/en/

World Health Organization. (2009). *Global Health Cluster Guide.* Retrieved 7 April 2014, from: http://www.who.int/hac/global_health_cluster/guide/en/

World Health Organization. (2005). Health action in relation to crises and disasters, with particular emphasis on the earthquakes and tsunamis of 26 December 2004 (WHO/WHA/58.1). Retrieved 7 April 2014, from: http://apps.who.int/gb/ebwha/pdf_files/WHA58-REC1/A58_2005_REC1-en.pdf?ua=1

World Health Organization. (2011). *Strengthening national health emergency and disaster management capacities and resilience of health systems* (WHO/EB128.R10). Retrieved 8 April 2014, from: http://apps.who.int/gb/ebwha/pdf_files/EB128/B128_R10-en.pdf?ua=1

World Health Organization. (2013). *Haiyan Health Cluster Bulletin 7.* Retrieved 1 May 2014, from: http://www.wpro.who.int/philippines/typhoon_haiyan/reports/en/

World Health Organization. (2004). *Responding to health aspects of crises.* (WHO/EB115/6). Retrieved 8 April 2014, from: http://apps.who.int/gb/archive/pdf_files/EB115/B115_6-en.pdf

World Health Organization. (n.d.). *WHO | About the Global Health Cluster.* Retrieved 13 May 2014, from: http://www.who.int/hac/global_health_cluster/about/en/

World Health Organization. (n.d.). *WHO | Foreign Medical Team Working Group.* Retrieved 8 June 2014, from: http://www.who.int/hac/global_health_cluster/fmt/en/

World Health Organization. (2013). *WHO | Philippines: Assistance and response after Typhoon Haiyan.* Retrieved 10 June 2014, from: http://www.who.int/features/2013/philippines-typhoon-haiyan/en/

World Health Organization. (2013). *WHO | WHO responding to health needs caused by Typhoon Haiyan ("Yolanda").* Retrieved 7 June 2014, from: http://www.who.int/mediacentre/news/releases/2013/typhoon-haiyan/en/

World Health Organization. (n.d.). *WHO | The Cluster Approach.* Retrieved 13 May 2014, from: http://www.who.int/hac/techguidance/tools/manuals/who_field_handbook/annex_7/en/

www.nwmun.org