LAGOS MODEL UNITED NATIONS 2025

BACKGROUND GUIDE

World Health Organization

(WHO)

Property of the Lagos Model United Nations

Background Guide: World Health Organization (WHO)

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LMUN 2025: The Ninth Session

Table of Contents

Letter From the USG

Dear Delegates,

It gives me immense pleasure to welcome you to the **9th session of the Lagos Model United Nations 2025**. As **LMUN** approaches its first decade, the platform continues to evolve as a vibrant hub where you can engage with pressing global health challenges whilst connecting with like-minded individuals from across Nigeria. Here, you will have the unique opportunity to test your diplomatic, research and public speaking skills as you step into the shoes of a delegate representing your assigned country within the World Health Organization framework.

The Background Guide introduces you to the committee structure, the topics for deliberation, and comprehensive research pointers to help you craft your position papers and prepare effectively for the conference. This experience will immerse you in the fascinating world of multilateral diplomacy, global health governance and international cooperation.

The staff for the World Health Organization (WHO) committee includes: **Halimah Shadiyah Attahiru** (Chair); **Miracle Nwaogu** (Vice-Chair); **Oluwafeyikemi Alawode** (Researcher I) **Jesutofunmi Williams** (Researcher II); **Tolúwanimí Idowu** (Departmental Researcher).

Halimah is a 400-level student from the Faculty of Law, University of Lagos. In 2021, she participated in the LMUN Conference as the Delegate of Ireland in the Food and Agriculture Organization Committee, where she received the Best Position Paper Award. Her extensive experience includes serving as Researcher I for the UNHCR Committee in 2024. Beyond MUN, she serves as the General Secretary of the Intellectual Property Club at the University of Lagos. Halimah is deeply committed to advancing the Sustainable Development Goals, particularly SDG 2 (Zero Hunger) and SDG 3 (Good Health and Well-being).

Miracle is a 400-level student at the University of Lagos who began her MUN journey in 2021 as the delegate of Bangladesh. In 2024, she served as a Researcher/Rapporteur for the International Labour Organisation. Her passion for SDGs centres on Gender Equality and Quality Education, which informs her approach to global health challenges and their impacts on vulnerable populations.

Oluwafeyikemi is a 500-level law student at the University of Lagos. Her MUN experience includes serving as the Delegate of Djibouti in the UNICEF Committee at the 2023 LMUN Conference. Her advocacy for quality education, gender equality, and reduced inequalities positions her well to contribute to discussions on equitable access to healthcare and addressing health disparities globally.

Jesutofunmi is a 400-level law student at the University of Lagos. In 2023, she served as the Delegate of Ethiopia in the WHO Committee at the LMUN Conference, where she earned the Distinguished Delegate Award and two Peer-to-Peer awards. Her passion for the SDGs fuels her diverse interests in climate action, gender equality, and access to justice.

Tolúwanimí is a communications strategist with a focus on research communications for sustainable outcomes. Her first Model United Nations experience was as the delegate of Albania at the Babcock International Model United Nations. She thereafter participated in LMUN 2024 as the Delegate of Zimbabwe in the UN Women committee, where she earned a Honourable Mention Award. She is passionate about how indigenous languages can facilitate educational equity in the world.

The World Health Organization stands at the forefront of international efforts to promote health, keep the world safe, and serve the vulnerable. As the directing and coordinating authority for health within the United Nations system, WHO's work encompasses setting norms and standards, monitoring health trends, providing technical support to countries, and coordinating international health responses during crises and emergencies.

Topics for discussion under this committee include:

I. Strengthening Global Health Systems to Prevent Future Pandemics

II. Combating the Global Rise of Substance Abuse

One of the initial steps in your MUN preparation is to thoroughly review this Background Guide as a foundation for your research. While it offers a solid starting point, it should complement, not replace, your independent research. The Further Research section, Annotated Bibliography, and Bibliography will prove invaluable resources. Additionally, the **Delegate Preparation Guide** and **Rules of Procedure** will familiarise you with conference expectations and protocols. These documents can be accessed on the LMUN website – *www.lmun.ng*.

Each delegate must submit a position paper by the deadline that will be communicated following registration and country assignment. Please adhere to the position paper guidelines available on the LMUN website to ensure your submission meets all requirements.

Should you have any questions or concerns during your preparation for the committee or the Conference itself, please do not hesitate to contact us at *usgdevelopment@lmun.ng*.

Once again, I warmly welcome you to LMUN 2025 and to the WHO committee. I look forward to witnessing your engagement with critical global health issues and your growth throughout this rewarding experience.

Anita Madu,

USG, Development, LMUN 2025.

Abbreviations

IHR	International Health Regulations
INB	International Negotiating Body
WHA	World Health Assembly
PPPRA	Pandemic Prevention Preparedness And Response Accord
GAVI	Gavi, the Vaccine Alliance
GISRS	Global Influenza Surveillance and Response System
GISAID	Global Initiative on Sharing All Influenza Data
PIPF	Pandemic Influenza Preparedness Framework
SCHEPPR	Standing Committee on Health Emergency Prevention, Preparedness and Response
UHC	Universal Health Coverage
UHPR	Universal Health and Preparedness Review
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime

A. Committee Overview

I. Introduction

From eradicating smallpox to leading the fight against COVID-19, the World Health Organization has proven to be humanity's strongest shield against global health crises. The WHO is a United Nations agency with a science-anchored vision to ensure the well-being of all people.[1] Founded in 1948, it leads and champions global efforts to expand universal health coverage by connecting nations, partners, and people.

The aftermath of World War II had left countries worldwide with devastating consequences, such as widespread diseases, malnutrition, and a multitude of wounded bodies and souls. This therefore signalled an urgent need for a united global response, which previous health organisations[2] had apparently failed to provide. In addition, epidemics such as cholera, tuberculosis, and malaria exposed the necessity of a competent global health body for disease prevention and health promotion. Following the founding of the United Nations in 1945 and a renewed global commitment to peace and development, the WHO was established three years later as a specialized agency dedicated to ensuring better health outcomes for all.

The primary objective of the WHO is rooted in the Triple Billion Targets: to ensure that a billion more people have universal health coverage, to protect a billion more people from health emergencies, and to provide a further billion people with better health and well-being.[3] These lofty targets are calculated using three composite indices based on the SDGs, and these indices use a sub-set of 46 outcome indicators, including 39 SDG indicators and seven Member State-approved indicators covering a range of key health topics. A comprehensive and comparable measure of the impact of the Triple Billion targets is healthy life expectancy (HALE), an indicator providing a summary measure of average population health levels. The WHO strives to fulfill these objectives via

[1] WHO, “About WHO”
[2] These included the Pan-American Sanitary Bureau (founded in 1902), Office International d'Hygiène Publique (founded in 1907), and the League of Nations Health Organization (founded in 1919)
[3] WHO, “The Triple Billion Targets”

collaboration with all its 194 Member States across six regions. Together, they direct and coordinate the world's response to health emergencies, promote healthier lives from pregnancy care through old age, and endeavor to attain good health for all using science-based policies and programs.[4]

Since its inception, the WHO has made its mark through time, notably in the eradication of smallpox, the near-eradication of polio, and the development of an Ebola virus vaccine. 75 years later and counting, this influence has not waned as their efforts are laudable in current issues worldwide, such as the declaration of COVID-19 as a global emergency, the elimination of malaria in Azerbaijan and Tajikistan, and the vaccination efforts in conflict-ridden Gaza.[5] This is done through developing international health standards and guidelines, such as those for disease prevention, diagnosis, and treatment. These guidelines contain recommendations for clinical practice or public health policy, and the Guidelines Review Committee ensures that WHO guidelines are of a high methodological quality and are developed through a transparent, evidence-based decision-making process.[6]

These feats could not be achieved without donors who keep the vision alive through their funding, energy, collaboration, and expertise.[7]

II. Governance, Structure, and Membership

The World Health Assembly and the Executive Board serve as the cornerstones of the WHO's governance framework. The World Health Assembly, the primary decision-making body of the WHO, determines organisational policies and priorities. The last Health Assembly was the 77th, and it performed the functions of the body, such as the determination of policies, the evaluation and approval of proposed budgets, and the analysis of financial policies. The Health Assembly is held annually in Geneva, Switzerland, and is attended by delegates from all Member States of the

[4] WHO, "Health Promotion"
[5] WHO, "Global health achievements 2023"
[6] WHO, "WHO Guidelines"
[7] WHO, "Donors making a difference: thank you, contributors"

WHO.[8] It deliberates on health agendas prepared by the Executive Board and then instructs it on further action.

The Executive Board is the unit charged with preparing the agenda and resolutions to be considered by the Health Assembly. It advises and implements the decisions and policies of the Assembly.[9] The Board has several specialised structures that support it in areas such as pandemic preparedness and universal health coverage. One is the Standing Committee on Pandemic and Emergency Preparedness and Response (SCHEPPR), which provides strategic advice and supports the implementation of reforms aimed at better global responses to health emergencies.[10] Inspired by the UN's Universal Periodic Review, the Universal Health and Preparedness Review (UHPR) is another important mechanism that enables Member States to transparently and inclusively evaluate their health emergency preparedness capacities and pinpoint areas needing enhancement.[11] This initiative reflects WHO's commitment to strengthening accountability and collaboration among Member States on preparedness issues. The Executive Board has 34 members, elected for a term of three years, holding annual meetings in January and then in May-June as a follow-up to the Assembly's meeting. The current Chair of the Board is Dr. Jerome X. Walcott. The Board also has four Vice-Chairs and one Rapporteur.[12]

Article 30 of the WHO Constitution provides for a secretariat comprising the Director-General, experts, technical and administrative staff, and field workers.[13] It is responsible for implementing the decisions of the Health Assembly and the Board, preparing the organisation's budget and financial statements, and coordinating with Member States and other international organisations.

[8] WHO, "World Health Assembly"
[9] WHO, "WHO Executive Board"
[10] WHO, Executive Board 152nd session Provisional agenda item 12.1, "Strengthening WHO preparedness for and response to health emergencies"
[11] WHO, Executive Board 152nd session Provisional agenda item 12.1, "Strengthening WHO preparedness for and response to health emergencies"
[12] WHO, "Election"
[13] WHO, "Constitution"

The Secretariat ensures the efficiency and international character of its staff, while maintaining impartiality and independence from external influences. The Director-General acts as the Secretary of the Health Assembly, the Board, and other organisational bodies, facilitating communication and coordination within the WHO. The Director-General is elected through a secret ballot system conducted by the Health Assembly, following a review of Member States ' proposals by the Executive Board, and assumes the role of the chief technical and administrative officer upon election. The current Director-General is Dr. Tedros Adhanom Ghebreyesus, who was re-elected for his second term on the 16th August 2022.[14]

Article 3 of the Constitution states that membership of the WHO is open to all States.[15] The WHO currently has 194 Member States, which are grouped regionally into Africa, the Americas, Europe, the Eastern Mediterranean, Southeast Asia, and the Western Pacific.[16] WHO advises and supports Member States on attaining the best standard of health.

WHO collaborates with other international bodies such as UNICEF, UNODC, and GAVI, positively impacting its global health initiatives. For example, by leveraging UNICEF's specific focus on vulnerable populations, particularly children and mothers, WHO significantly enhances its global health initiatives. Their long-standing partnership, formalized in 2020, focuses on four critical areas: universal health coverage (UHC) via primary health care (PHC), mental health and psychosocial well-being, public health emergency responses, and maternal and child nutrition.[17] Together, WHO and UNICEF have responded to global emergencies like COVID-19 by ensuring continued access to essential services such as immunizations and maternal care, and by facilitating equitable vaccine distribution under the ACT-A initiative.[18]

[14] WHO, "The Election of WHO Director-General"
[15] WHO, "Constitution"
[16] WHO, "Who We Are"
[17] UNICEF, "WHO and UNICEF recommit to accelerating health and well-being at all ages"
[18] UNICEF, "WHO and UNICEF recommit to accelerating health and well-being at all ages"

III - Mandate, Functions, and Powers

The World Health Organisation operates under a constitutional mandate[19] to promote global health, ensure safety, and support vulnerable populations, especially women, children, and adolescents. By harnessing the power of science, the WHO anticipates global health needs, validates public health recommendations, and transforms innovative solutions into practical applications that improve lives worldwide through key programs and initiatives such as the Global Polio Eradication Initiative, the SAFER - alcohol control initiative, and the COVID-19 Vaccine Global Access (COVAX).

WHO is tasked with several key functions as specified in *Article 2*, *Chapter II* of its Constitution. These include acting as the directing and coordinating authority on international health matters, maintaining collaboration with the United Nations, governments, and specialised agencies, and providing technical assistance. It strengthens health systems, offers emergency aid upon request, promotes research, and sets standards for education and training in health-related fields. The WHO also establishes international standards for diagnostic procedures and medical products and is committed to eradicating diseases, improving environmental hygiene, and advancing maternal and child welfare. The WHO sets its standards through various instruments, such as its constitution[20] the International Statistical Classification of Diseases and Related Health Problems (ICD), and the WHO Model Lists of Essential Medicines.

In furtherance of its resolve to strengthen global diagnostics capacities., the WHO established the Diagnostics Taskforce as a collaborative mechanism between all WHO programmes, at all three levels of the organization, to support the implementation of the resolution, and to serve as the entry point to all stakeholders working with countries on strengthening diagnostics capacity.[21] Taskforce members assist countries in evaluating their diagnostic technology needs; including medical devices while

[19] The Constitution was drawn up by the International Health Conference, which had been convened pursuant to resolution 1 (I) of the Economic and Social Council of the United Nations, adopted on 15 February 1946.
[20] World Health Organisation, "Constitution"
[21] World Health Organisation, "Strengthening Diagnostics Capacity."

ensuring quality and offering guidance on implementation, especially in low-resource environments. They advise on the selection and prioritization of essential diagnostics and work to enhance health systems, particularly national laboratory infrastructures. They also provide training to healthcare workers, enabling them to effectively use diagnostic tools across various levels of care, from basic primary services to advanced, specialized procedures.[22]

The WHA 76.5 Resolution[23] on strengthening diagnostics capacity was adopted on 30th May, 2023 by the WHO and it urges Member States to consider the establishment of national diagnostics strategies as part of their national health plans, and to consider the development of national essential diagnostics lists, adapting the WHO model list of essential In Vitro Diagnostics.[24]

The WHO, on 19th October, 2023, released its 2023 Essential Diagnostics List (EDL),[25] which is an evidence-based register of In Vitro Diagnostics (IVD) that supports countries to make national diagnostic choices.[26] The list includes:

- Inclusion of three tests for hepatitis E virus (HEV), including a rapid test to aid in the diagnosis and surveillance of HEV infection;
- Advice to include personal use glucose monitoring devices along with the medical recommendations for diabetes already in existence;
- For endocrine disorders, two new tests were included: Parathyroid hormone as a laboratory-based test to aid in the evaluation of the causes of calcium homeostasis disorders and monitor the effects of treatment; and 17-Hydroxyprogesterone as a laboratory-based test to diagnose and monitor congenital adrenal hyperplasia outside of the neonatal period;
- For reproductive, maternal and newborn health, the inclusion of two tests: Kleihauer-Betke acid-elution test as a general IVD for use in clinical

[22] World Health Organisation, "Strengthening Diagnostics Capacity."
[23] Link to this document is in the annotated bibliography.
[24] In vitro diagnostics (IVDs) are tests that can detect disease, conditions and infections.
[25] The list is updated bienially.
[26] World Heath Organisation, "WHO Releases New List of Essential Diagnostics; New Recommendations for Hepatitis E Virus Tests, Personal Use Glucose Meters."

laboratories to aid in the diagnosis and treatment of fetomaternal haemorrhage, and a point-of-care test to determine blood groups and Rhesus factor in the context of maternal health care and haemolytic disease of the fetus and newborn; and

- For cardiovascular health, the inclusion of high-sensitivity troponin I and T to aid in the diagnosis of acute myocardial infarction in health care facilities with clinical laboratories.[27]

IV. Recent Sessions and Current Priorities

The Executive Board of the World Health Organisation meets every year in January to discuss the agenda of the World Health Assembly for the year and also resolutions to be considered by the World Health Assembly. There is also another meeting held by the Board in May/June, which serves as a follow-up to the World Health Assembly for the year. During the last meeting held from 22nd to 27th January 2024, the Board focused on critical issues such as pandemic preparedness and the global health workforce.[28] Notably, there were discussions on the ongoing efforts to strengthen health systems and the adoption of policies to improve access to vaccines, diagnostics, and essential medicines. Another key point was addressing the growing issue of health inequities worldwide, with a focus on the most vulnerable populations in low- and middle-income countries.[29]

The 77th World Health Assembly (WHA77) of the WHO was held in Geneva, Switzerland, from 28th May to 1st June 2024. It revolved around the theme, "All for Health, Health for All." In his opening speech, the Director-General of the WHO emphasised the WHO's commitment to attaining the highest attainable standard of

[27] World Heath Organisation, "WHO Releases New List of Essential Diagnostics; New Recommendations for Hepatitis E Virus Tests, Personal Use Glucose Meters."
[28] World Health Organisation, "154th session of the Executive Board."
[29] World Health Organisation, "154th session of the Executive Board."

health for all people, without distinction.[30] He also addressed pressing health concerns, which include procuring a long-lasting solution to the spread of cancer, amongst other issues. The Assembly reaffirmed its unwavering commitment to Universal Health Coverage (UHC), emphasising the imperative of ensuring equitable access to essential health services without imposing financial burdens on individuals. Member States also approved the Fourteenth General Programme of Work[31] (14th GPW)– the global health strategy for the next four years.[32]

The 14th GPW, which is the WHO's strategic roadmap for the next four years (2025-2028), will serve as a catalyst for achieving health-related Sustainable Development Goals(SDGs). Key priorities include addressing global health challenges, advancing access and innovation, accelerating universal health coverage through a primary health care approach, and providing tailored support to countries based on their specific needs and global best practices.[33]

Leveraging its unique strengths in data, country coordination, and priority setting, WHO will foster global and regional health partnerships to drive investment and progress. Over the next four years, WHO aims to achieve concrete outcomes, including:

- Expanding vaccine coverage in priority countries.
- Providing access to health services for over 150 million people in humanitarian contexts across 30 countries;
- Bringing solar power to 10,000 health facilities;
- Supporting 55 countries in educating and employing 3.2 million health workers;

[30] World Health Organisation, "WHO Director-General's High-Level Welcome at the Seventy-seventh World Health Assembly on 27th May 2024."
[31] World Health Organisation, "Fourteenth General Programme of Work, 2025-2028."
[32] World Health Organisation, "WHO Director-General's remarks at the media briefing at the close of the Seventy-seventh World Health Assembly – 1 June 2024."
[33] World Health Organisation, "What WHO will deliver in 2025-2028."

- Assisting 84 countries in achieving targets for eliminating malaria, mother-to-child HIV transmission, and other diseases;
- Strengthening access to timely and reliable health data; and
- Prequalifying 400 health products annually.[34]

To address critical global health challenges, the last WHA saw the launch of a groundbreaking initiative: the first Investment Round[35] of the WHO. This new approach aims to mobilise more predictable and flexible funding for WHO's core work over the next four years (2025-2028). The Investment Round will engage with existing and potential donors, culminating in a high-level engagement at the G20 Summit[36] under Brazilian President Lula da Silva's leadership.[37]

V. Annotated Bibliography

WHO, *"About WHO"* available at *https://www.who.int/about* (accessed 21st January 2025)

This is an introductory article on the World Health Organisation noting its history, workforce, partners, organisational structure etc.

[34] World Health Organisation, "What WHO will deliver in 2025-2028."
[35] The Investment Round is an initiative by the WHO to raise funds to finance the projects and strategies of the WHO from 2025 through 2028 and beyond.
[36] An annual meeting of the Group of 20 (G20), a forum of the world's largest economies. The summit is a place for leaders to discuss the most pressing issues facing the global economy.
[37] World Health Organisation, "WHO's Investment Round."

WHO, *"The Triple Billion Targets"* available at https://www.who.int/news-room/questions-and-answers/item/the-triple-billion-targets (accessed 21st January 2025)

This article sheds light on the Triple Billions Target, a unique and lofty initiative by the WHO aiming to improve the health status of the world, in billions, by the year 2023.

WHO, *"Global health achievements 2023"* available at https://www.who.int/news-room/spotlight/global-health-achievements-2023 (accessed 21st January 2025)

This piece celebrates the achievements of the WHO in the wake of its 75th Anniversary. These achievements include disease elimination, promotion of sexual and reproductive health, and preventing and responding to emergencies.

WHO, *"WHA Resolution 76.5 - Strengthening Diagnostics Capacity"* available at https://apps.who.int/gb/ebwha/pdf_files/WHA76/A76_R5-en.pdf (accessed 6th April 2025).

This document highlights guidelines for Member States in implementing diagnostics measures and outlines the World Health Organization's support to countries through technical assistance, webinars, and workshops. Delegates are advised to go through this document.

WHO, *"WHO Guidelines"* available at https://www.who.int/publications/who-guidelines (accessed 21st January 2025)

This article briefly discusses the WHO global guidelines, defining the term and stating the role of the Guidelines Review Committee. It also contains links to other articles for more information.

WHO, *"Donors making a difference: thank you, contributors"* available at https://www.who.int/news-room/feature-stories/detail/donors-making-a-difference--thank-you--contributors (accessed 21st January 2025)

This gratitude piece spotlights the noble contributions of persons who pulled their weight in the struggle for disease eradication across the globe in the year 2023. Their works can be seen in terms of funding, service and expertise in combating various outbreaks of cholera, malaria etc. in places such as Laos, Panama and Côte d'Ivoire.

World Health Organisation, *"Fourteenth General Programme of Work, 2025-2028."* available at https://apps.who.int/gb/ebwha/pdf_files/WHA77/A77_16-en.pdf (accessed 20th January 2025).

This document outlines a strategic roadmap for global health, guiding WHO's efforts to support Member States and partners in achieving health-related Sustainable Development Goals over the next four years (2025-2028). Thus, it is imperative that delegates review this document to aid their understanding of the WHO's priorities for the coming years.

VI. Bibliography

United Nations Treaty Collection, 'Constitution of The World Health Organisation', available at https://treaties.un.org/pages/ViewDetails.aspx?src=TREATY&mtdsg_no=IX-1&chapter=9&clang=_en (accessed 6th April 2025).

United Nations Children's Fund, "WHO and UNICEF recommit to accelerating health and well-being at all ages", available at https://www.unicef.org/turkiye/en/press-releases/who-and-unicef-recommit-accelerating-health-and-well-being-all-ages#:~:text=%22At%20the%20heart%20of%20our,Goal%203%20targets%20by%202030 (accessed 6th Aptil 2025).

World Health Organisation, "154th session of the Executive Board." available at https://www.who.int/about/governance/executive-board/executive-board-154th-session (accessed 24th December 2024).

World Health Organisation, "Constitution", available at

https://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf?ua=1 (accessed 24th December 2024)

WHO, Executive Board 152nd session Provisional agenda item 12.1, "Strengthening WHO preparedness for and response to health emergencies", available at

https://apps.who.int/gb/ebwha/pdf_files/EB152/B152_12-en.pdf (accessed 5th April 2025).

WHO, "In Vitro Diagnostics," available at

https://www.who.int/health-topics/in-vitro-diagnostics#tab=tab_1 (accessed 6th April 2025).

World Health Organisation, "Strengthening Diagnostics Capacity," available at https://www.who.int/activities/strengthening-diagnostics-capacity (accessed 6th April 2025).

World Health Organisation, "The Election of WHO Director-General", available at

https://www.who.int/about/governance/election (accessed 24th December 2024)

World Health Organisation, “WHO Director-General's High-Level Welcome at the Seventy-seventh World Health Assembly on 27th May 2024.” available at https://www.who.int/director-general/speeches/detail/who-director-general-s-high-level-welcome-at-the-seventy-seventh-world-health-assembly-27-may-2024 (accessed 25th December 2024).

World Health Organisation, “WHO Director-General's remarks at the media briefing at the close of the Seventy-seventh World Health Assembly – 1 June 2024.” available at https://www.who.int/director-general/speeches/detail/who-director-general-s-remarks-at-the-media-briefing-at-the-close-of-the-seventy-seventh-world-health-assembly---1-june-2024 (accessed 24th December 2024).

World Health Organisation, “WHO Executive Board”, available at

https://www.who.int/about/governance/executive-board (accessed 24th December 2024)

World Health Organisation, “WHO's Investment Round.” available at https://www.who.int/about/funding/invest-in-who/investment-round (accessed 20th January 2025).

World Heath Organisation, “WHO Releases New List of Essential Diagnostics; New Recommendations for Hepatitis E Virus Tests, Personal Use Glucose Meters,” available at https://www.who.int/news/item/19-10-2023-who-releases-new-list-of-essential-diagnostics--new-recommendations-for-hepatitis-e-virus-tests--personal-use-glucose-meters?utm_source=chatgpt.com (accessed 6th April 2025).

World Health Organisation, “What WHO will deliver in 2025-2028.” available at https://www.who.int/about/funding/invest-in-who/investment-round (accessed 20th January 2025).

World Health Organisation, “Who We Are”, available at

https://www.who.int/about/who-we-are#:~:text=Our%20structure,organization%20of%20194%20Member%20States (accessed 24th December 2024)

World Health Organisation, “World Health Assembly”, available at

https://www.who.int/about/governance/world-health-assembly (accessed 24th December 2024)

Topic One: Strengthening Global Health Systems to Prevent Future Pandemics

I - Quote

"Because of the risk of future pandemics, because of the number of lives we've lost, it's really important we double down on investing in pandemic prevention and preparedness."

- Raj Panjabi, former Senior Director for Global Health Security and Biodefense at the White House National Security Council.

II - Introduction

Following the outbreak of COVID-19 in 2020, the world witnessed a global setback and a rapid decline in activities across different sectors of the economy. While not the first pandemic to hit the world, the unprecedented emergence of the deadly disease prompted and highlighted the critical need for the world to channel its resources into building stronger, and more resilient health systems. Good health and well-being are a prerequisite to the economic, political, and social development or progress of any society or nation as a whole. Thus, the need for an even greater global investment in the healthcare system remains an urgent and indispensable priority.

III - Definition of Key Terms

Cholera – Cholera is a bacterial disease spread through contaminated water and food. It can cause severe diarrhea, dehydration, and even death if the disease goes untreated.[38]

Ebola – Also known as Ebola virus disease (EVD) and Ebola hemorrhagic fever (EHF), is a viral hemorrhagic fever in humans and other primates, caused by ebolaviruses.[39]

[38] US Center for Disease Control and Prevention."
[39] World Health Organisation Media Center, "Ebola Virus Disease."

Epidemic – An epidemic refers to a localised outbreak of disease within a community or region, exceeding the expected number of cases.[40]

Influenza – Influenza, commonly known as the flu, is a contagious respiratory illness caused by influenza viruses. It affects the nose, throat, and sometimes the lungs. The flu can range from mild to severe and can lead to complications, hospitalization, or even death in some cases.[41]

Pandemic – A pandemic is the worldwide spread of a new disease.[42] It is a global epidemic that spreads across international borders and affects a significantly larger portion of the global population.[43]

Public Health Surveillance – According to WHO, this is the continuous, systematic collection, analysis, and interpretation of health-related data.[44]

SARS-CoV-2 – The virus that causes a respiratory disease called coronavirus disease 19 (COVID-19). SARS-CoV-2 is a member of a large family of viruses called coronaviruses.[45]

IV - International and Regional Legal Framework

In line with building resilient healthcare systems across the globe, several documents have been enacted to streamline the achievement of this motive. One such notable document is the *Universal Declaration On Human Rights (UDHR)* of 1948. The UDHR, a milestone document in the history of human rights, particularly in *Article 25*, establishes the right to an adequate standard of living, including health and well-being. This provision lays the foundation for advocating universal access to healthcare as a human right, emphasising the need for resilient and equitable health systems capable

[40] Franz-Benjamin Mocnik et. al, "Epidemics and Pandemics in Maps – the case of COVID-19."
[41] Yale Medicine, "Influenza – Definition."
[42] World Health Organisation, "Pandemics."
[43] Franz-Benjamin Mocnik et. al, "Epidemics and Pandemics in Maps – the case of COVID-19."
[44] World Health Organisation, "Surveillance in Emergencies."
[45] National Cancer Institute, "Meaning of SARS-CoV- 2."

of managing global pandemics. Strengthening these systems aligns with the commitment to uphold human rights during health crises.[46]

The *International Health Regulations (IHR)* is also another legally binding agreement among 196 WHO Member States aimed at enhancing global health security. Adopted at the Fifty-eighth World Health Assembly on 23rd May, 2005 and entered into force on 15th June, 2007.[47] It mandates nations in *Article 5* to develop and maintain the capacity to detect, assess, report, and respond to public health emergencies. Member States are also obligated to notify WHO within 24 hours of assessing that a public health event may constitute a public health emergency of international concern.[48]

More importantly, as regards public health response, the regulation requires Member States to collaborate with WHO in mounting effective responses to public health risks, ensuring global coordination during emergencies.[49] This framework has been instrumental in managing outbreaks, including Ebola and COVID-19, by ensuring transparency, early detection, and international coordination.

Pandemic Influenza Preparedness (PIP) Framework 2011 is a WHA resolution adopted unanimously by all Member States in 2011. It brings together Member States, industry, other stakeholders, and WHO to implement a global approach to pandemic influenza preparedness and response.[50] The PIP Framework[51] promotes equitable access to vaccines and pandemic-related resources while fostering collaboration in sharing influenza viruses for research and vaccine development. It serves as a blueprint for addressing gaps in pandemic preparedness, ensuring timely access to resources, and encouraging international solidarity during health emergencies.

[46] United Nations, "The Universal Declaration of Human Rights."
[47] World Health Organisation; East Mediterranean Region, "International Health Regulations."
[48] Article 6 of the International Health Regulations (2005).
[49] Article 13 of the International Health Regulations (2005).
[50] Relief Web, "Pandemic influenza preparedness framework: annual progress report, 1 January - 31 December 2022."
[51] Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits.

The Paris Agreement 2015,[52] while primarily addressing climate change, highlights the intersection between environmental factors and global health. By addressing climate-induced risks, such as disease outbreaks caused by changing ecosystems,[53] It contributes to strengthening health systems' resilience. The agreement's focus on mitigation and adaptation measures supports health preparedness in the face of climate-sensitive pandemics.[54]

Another important legal framework is the *Sendai Framework for Disaster Risk Reduction 2015-2030*, which constitutes the inaugural agreement of the post-2015 development agenda and provides Member States with a comprehensive framework for safeguarding development gains from the risks associated with disasters.[55]

Recourse must also be made to the *Framework for Health Systems Development.*[56] This framework provides strategic guidance on reinforcing health systems to prevent, detect, and respond to pandemics. It highlights key components, including universal health coverage, emergency preparedness, sustainable financing, and multisectoral collaboration, which are essential to building resilient healthcare systems. The framework underscores Universal Health Coverage (UHC)[57] as a fundamental pillar of pandemic prevention and response. UHC ensures that individuals can access essential healthcare services, including preventive, curative, and emergency care, without financial hardship.[58] According to the document, ensuring equitable access to health services improves early disease detection and response,[59] ultimately reducing the impact of pandemics.

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[52] United Nations, "The Paris Agreement"
[53] United Nations Climate Change, "The Paris Agreement - What is the Paris Agreement?"
[54] National Library of Medicine, "Health system plan for implementation of Paris agreement on climate change (COP 21): a qualitative study in Iran."
[55] United Nations Office for Disaster Risk Reduction, "Implementing the Sendai Framework."
[56] "Framework For Health Systems Development Towards Universal Health Coverage In The Context Of The Sustainable Development Goals In The African Region", adopted by the WHO Regional Committee for Africa in 2017.
[57] The 8th target of SDG 3
[58] World Health Organisation, "Universal Health Coverage."
[59] Framework For Health Systems Development Towards Universal Health Coverage In The Context Of The Sustainable Development Goals In The African Region, para 4, pg 1.

The Ebola outbreak in West Africa exposed structural weaknesses in healthcare systems, leading to delayed response, increased mortality, and economic disruptions. To prevent future pandemics, the framework calls for strengthening surveillance, early warning systems, and emergency response mechanisms. It recommends investing in laboratory capacity, disease tracking technologies, and crisis coordination mechanisms to enhance pandemic preparedness.

Key recommendations from the framework:

1. The framework identifies investments in hospitals, diagnostic facilities, transport systems, and digital health technologies as crucial for enhancing healthcare delivery. It also emphasizes the need for a well-trained and adequately distributed healthcare workforce, ensuring that epidemiologists, frontline workers, and emergency responders are equipped to handle outbreaks.
2. The framework stresses the importance of sustainable financing models to ensure pandemic preparedness is not underfunded.
3. Pandemic prevention requires coordinated efforts across multiple sectors, including public health, finance, education, and international relations. The framework advocates for strong partnerships between governments, the private sector, and international organizations to strengthen pandemic response mechanisms. It references initiatives like the IHR as critical global health security frameworks.
4. The framework emphasizes community involvement as a crucial element in building strong health systems which is also critical to pandemic preparedness. Past outbreaks, including COVID-19, have demonstrated the importance of public health literacy, and grassroots engagement in containing disease spread.[60]

[60] Framework For Health Systems Development Towards Universal Health Coverage In The Context Of The Sustainable Development Goals In The African Region.

At the peak of the COVID-19 pandemic, Africa struggled to obtain life-saving vaccines due to its dependence on supplies from other countries. This highlighted the broader issue of limited access to essential health products, which can only be resolved through increased investments in the continent's self-sufficiency. As a public health agency of the African Union The Africa Centres for Disease Control and Prevention (Africa CDC) has been instrumental in boosting Africa's pandemic preparedness. In December 2023, Africa CDC supported the launch of the African Vaccine Manufacturing Accelerator (AVMA) by Gavi, a program designed to promote sustainable vaccine production on the continent with an investment of up to US$1 billion. This initiative aligns with Africa CDC's goal to enhance Africa's health security and ensure the continent is better equipped to handle future health emergencies.[61] Additionally, in October 2023, Africa CDC participated in the World Vaccine Congress Europe, where the focus was on accelerating investments in vaccine research and development in Africa.[62]

The European Centre for Disease Prevention and Control (ECDC), also a public health agency of the European Union, has played a leading role in the EU's efforts to prepare for pandemics. In March 2025, ECDC unveiled its work programme for the year, emphasizing its dedication to building capacity and reinforcing health security throughout the EU. The programme focuses on training, fostering collaboration with European Neighbourhood Policy partner countries, and addressing emerging health threats.[63] Earlier in February 2025, ECDC hosted the second stakeholder meeting of the EU Health Task Force, bringing together EU Member States and other partners to discuss and improve strategies for pandemic preparedness and response.[64]

V - Role of the International System

Recognising the importance of strengthening frameworks that support and promote resilient healthcare systems, international bodies and countries have actively engaged

[61] Africa CDC, "A Breakthrough for the African Vaccine Manufacturing."
[62] Africa CDC, "Shaping the Future of Vaccine Research and Development: Africa CDC at the World Vaccine Congress, Europe."
[63] European Center for Disease and Prevention Control, "Launch of the EU Initiative on Health Security Work Programme 2025."
[64] European Center for Disease and Prevention Control, "EU Health Task Force Stakeholder Meeting."

in this effort. For instance, the WHO is leading negotiations for a Pandemic Prevention, Preparedness, and Response Accord (the Pandemic Agreement), aiming to enhance global cooperation and accountability in managing health crises.[65] The formal negotiation process began with the establishment of the International Negotiating Body (INB) to draft the convention. This process commenced in December 2021, and according to the WHO Director-General, a new agreement would offer three significant advantages. They are: fostering a more equitable global response, protecting national health systems, and strengthening collaboration among Member States during pandemics.[66]

The 11th meeting of the INB, held from 9th to 20th September in Geneva, saw significant advances in the draft agreement,[67] with enhanced participation from civil society and non-state actors. All parties expressed their commitment to maintaining progress towards a pandemic agreement.[68] Under consideration for the pandemic accord are key proposals that emphasise the importance of resilient national health systems as a first line of defense, robust surveillance measures for early outbreak detection, and equitable access to pandemic countermeasures, including vaccines.[69]

The proposed Pandemic Agreement is envisioned as a legally binding instrument (in *Article 34*) designed to hold Member States accountable for their commitments to global health security.[70] The purpose of this legally binding nature is to ensure that countries are not only willing but also legally obligated to adhere to agreed-upon standards, protocols, and practices for managing pandemics.

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[65] Andrew Gwynne, "World Health Organization Pandemic Accord Negotiations." Hansard, UK Parliament.
[66] Josh Michaud, Jennifer Kates, and Anna Rouw, "The 'Pandemic Agreement': What it is, What it isn't, and What it Could Mean for the U.S."
[67] The draft of the pandemic agreement. Link to this is provided in the annotated bibliography.
[68] World Health Organisation, "Governments Progress on Negotiations for a Pandemic Agreement to Boost Global Preparedness for Future Emergencies."
[69] Elliot Hannon, Nina Schwalbe and Susanna Lehtimaki, "WHO Member States are negotiating a pandemic treaty. But will countries follow the new rules?"
[70] Josh Michaud, Jennifer Kates, and Anna Rouw, "The 'Pandemic Agreement': What it is, What it isn't, and What it Could Mean for the U.S."

These could include mandatory obligations to improve health infrastructure, ensure timely reporting of emerging health threats, provide equitable access to vaccines and medical supplies, and coordinate efforts during cross-border health emergencies. Recent negotiations on the Pandemic Agreement have led to significant developments aimed at enhancing global preparedness for future pandemics. In May 2024, the WHA agreed on a comprehensive package of amendments to the International Health Regulations (IHR), strengthening global surveillance, preparedness, and response mechanisms. According to the Director General of the WHO, the amendments to the International Health Regulations will enhance countries' ability to detect and respond to future outbreaks and pandemics by strengthening their own national capacities and coordination between fellow States on disease surveillance, information sharing, and response. These amendments include;

- The introduction of a pandemic emergency definition to foster more effective global cooperation in addressing events that are at risk of becoming, or have already become, a pandemic;
- A commitment to solidarity and equity in enhancing access to medical products and financing. This involves creating a Coordinating Financial Mechanism to assist in identifying and securing the necessary funds to adequately address the needs and priorities of developing countries, including the development, strengthening, and maintenance of core capacities, as well as other pandemic prevention, preparedness, and response-related measures;
- Establishment of the States Parties Committee to facilitate the effective implementation of the amended Regulations. The Committee will promote and support cooperation among States Parties for the effective implementation of the IHR; and
- Creation of National IHR Authorities to improve coordination of implementation of the Regulations within and among countries.[71]

[71] WHO - Pan American Health Organisation, “World Health Assembly Agreement Reached on Wide-Ranging, Decisive Package of Amendments to Improve the International Health Regulations, and Sets Date for Finalizing Negotiations on a Proposed Pandemic Agreement.”

While negotiations are still ongoing as regards the adoption and finalisation of the Pandemic Agreement, the Director-General of the WHO has expressed confidence over the fact that negotiations will be completed by the next WHA scheduled to be held in 2025.[72]

The Sustainable Development Goals (SDGs), Goal 3,[73] is another laudable effort at building stronger health systems. Developed by the UN in 2015, this particular goal emphasises ensuring healthy lives and promoting well-being for all at all ages.[74] Sub-targets such as achieving universal health coverage, combating communicable diseases, and strengthening global capacity for health risk management directly address the challenges posed by pandemics. Progress under this framework supports the development of sustainable health systems, which can improve population health outcomes. Investing in quality healthcare for all, including access to family planning, can contribute to healthier populations and help mitigate the impact of future health emergencies.[75]

Surveillance networks like the Global Influenza Surveillance and Response System (GISRS) have expanded to monitor emerging pathogens.[76] Through the GISRS, the WHO working collaboratively with partners, consistently monitors influenza viruses and global activity, provides biannual recommendations for seasonal vaccine composition, offers guidance to tropical and subtropical regions on suitable vaccine formulations, advises on the optimal timing for vaccination campaigns, and supports Member States in formulating effective prevention and control strategies.[77]

The GISRS has no doubt proved to be an instrumental tool in advancing global health reforms. For instance, during the H1N1 Pandemic, GISRS played a vital role by rapidly detecting and characterising the novel Influenza Virus (popularly known as the Swine

[72] Reuters, "WHO's Tedros confident of finalising pandemic treaty in 2025."
[73] SDG 3 focuses on ensuring healthy lives and promoting wellbeing for all.
[74] United Nations Department of Economic and Social Affairs, "Make The SDGs a Reality."
[75] Population Matters, "Population and the Sustainable Development Goals."
[76] World Health Organisation, "Strengthening the world's defenses against epidemics and pandemics: Expanding GISRS."
[77] World Health Organization, "Influenza (Seasonal)."

Flu). The system facilitated the collection and analysis of viral samples, enabling the development of diagnostics, vaccines, and effective public health measures. This timely response was recognised by the IHR Review Committee as a groundbreaking example of global laboratory coordination.[78]

The scope of GISRS's activities also extended beyond Influenza surveillance to encompass the monitoring of SARS-CoV-2[79] virus responsible for Coronavirus Disease (COVID-19). In collaboration with the Global Initiative on Sharing All Influenza Data (GISAID), a platform for sharing influenza genetic sequence data, GISRS provided an opportunity for sharing the genetic sequence data for SARS-CoV-2, including the first complete genome of the virus within 48 hours of its completion through the Epidémiologie et Conditions de Vie (EpiCoV) database.[80]

WHO also launched the International Pathogen Surveillance Network (IPSN) to use genomic data in tracking outbreaks. Genomic surveillance[81] of pathogens, widely used during the COVID-19 pandemic to track and predict the virus's evolution, can be applied across various diseases to improve public health outcomes and prepare for future pandemics and epidemics.[82] The WHO is still actively monitoring SARS-CoV-2 variants, like Delta and Omicron, through genomic surveillance, even though the pandemic has ended. To enable early and precise detection of coronaviruses and variant tracking, including coordinating risk assessments, the WHO established the WHO **Coronavirus Network** (**CoViNet**)[83] in 2024.[84]

[78] Alan J. Hay and John W. McCauley, "The WHO global influenza surveillance and response system (GISRS)—A future perspective."
[79] Refer to the definition section for an explanation of this term.
[80] World Health Organisation, "70 years of GISRS – the Global Influenza Surveillance & Response System; Going from strength to strength in the fight against influenza and other respiratory diseases."
[81] Genomic surveillance is the process of constantly monitoring pathogens and analysing their genetic similarities and differences. See bibliography for reference.
[82] World Health Organisation, "International Pathogen Surveillance Network."
[83] The WHO Coronavirus Network (CoViNet) aims to bring together surveillance programs and reference laboratories to support enhanced epidemiological monitoring and laboratory (phenotypic and genotypic) assessment of SARS-CoV-2, MERS-CoV and novel coronaviruses of public health importance. See bibliography for reference.
[84] World Health Organisation, "Tracking SARS-CoV-2 variants."

The WHO also publishes reports which include recommendations on the use of certain vaccines to combat some diseases. Some of the most recent publications include:

- The brief on antimicrobial resistance prevention and education in schools; Antimicrobial resistance (AMR)[85] threatens global health, food security, and the achievement of the 2030 Sustainable Development Goals (SDGs). Addressing AMR is essential to ensuring the continued effectiveness of treatments for humans, animals, and plants, safeguarding food safety, protecting the environment, and sustaining progress toward the SDGs. In light of this, six major agencies of the UN, including the WHO, acknowledge the valuable role young people can play in mobilizing communities and stakeholders to combat AMR. Published on 2nd April, 2025, this brief emphasizes the important part schools have in fighting AMR and presents actionable recommendations for policymakers and educators. Through the adoption of these strategies, schools can help curb the emergence and spread of AMR while fostering healthier and more resilient school environments.[86]

1. A Retrospective Look at Pandemics:

Throughout history, pandemics have had widespread effects on governments and economies, often serving as a stark reminder of our interconnectedness and vulnerability. The National Institutes of Health (NIH) proposed eight characteristics that are crucial in assessing whether there is a pandemic, namely; novelty, minimal population immunity, explosiveness, fast disease movement, wide geographic extension, infectiousness, contagiousness, and severity.[87] In the wake of the devastating COVID-19 pandemic, understanding the dynamics of pandemics has become more critical than ever. A comprehensive understanding is paramount to

[85] Antimicrobial Resistance (AMR) occurs when bacteria, viruses, fungi and parasites no longer respond to antimicrobial medicines.
[86] WHO, "Antimicrobial Resistance Prevention and Education in Schools: A Brief for Education Policy-Makers and School Practitioners."
[87] McMillen CW, "Pandemics: A Very Short Introduction".

fortifying public health preparedness and ensuring an effective global response to future outbreaks.

A thorough understanding of past pandemics is essential for effective preparedness against future outbreaks. Consequently, this analysis will commence with a retrospective examination of recent pandemics, beginning with the most recent – COVID-19. By 10th November, 2024, WHO had been notified of over 776.8 million COVID-19 cases and over 7 million confirmed deaths across 234 countries since the pandemic began.[88]

COVID-19, caused by the severe acute respiratory syndrome Coronavirus 2 (SARS-CoV-2), emerged in late 2019 in Wuhan, China.[89] Initially linked to a seafood market that also sold live animals, suggesting a possible zoonotic origin, the virus quickly spread within the human population.[90] COVID-19 presents with a range of symptoms, including fever, cough, fatigue, shortness of breath, loss of taste or smell, and in some cases, more severe complications.[91] The virus primarily spreads through respiratory droplets produced when an infected person coughs, sneezes, or talks.[92] Recognising the rapid spread of the virus, the WHO declared COVID-19 a pandemic in March 2020.[93]

2. Effective Surveillance and Early Warning Systems

It is general knowledge that the earlier a problem is discovered, the quicker it will be to manage. Disease surveillance data and early warning systems are critical towards ensuring that a disease does not become an epidemic, and that an epidemic does not spiral into a pandemic, which leads to the loss of numerous lives globally and becomes difficult to control. This has been exemplified during past pandemics, where poor surveillance and inadequate warning systems posed a lot of challenges.

[88] World Health Organization, "COVID-19 epidemiological update – 24 December 2024"
[89] Aditya Shah et. al., "Guide to Understanding the 2019 Novel Coronavirus"
[90] Aditya Shah et. al., "Guide to Understanding the 2019 Novel Coronavirus"
[91] Shrikanth Sampath et. al., "Pandemics Throughout the History"
[92] Shrikanth Sampath et. al., "Pandemics Throughout the History"
[93] World Health Organization, "WHO Director-General's opening remarks at the media briefing on COVID-19 - 11 March 2020"

For example, during COVID-19, manual data entry systems and data analysis reliant on traditional statistical methods led to prediction inaccuracy, lags in data collection and processing, and delays in outbreak detection.[94] Hospital-based systems also faced challenges in data integration, hindering real-time sharing of patient and epidemiological data essential for effective early warnings.[95] These inefficiencies contributed to the global spread of the virus, highlighting the need for efficient pathogen detection and timely data dissemination.

A robust, integrated early warning system consists of four integral components:

(1) Comprehensive risk assessment, fueled by systematic data collection and analysis;

(2) Ongoing monitoring, detection, and forecasting of potential hazards and their consequences;

(3) Timely dissemination of accurate, reliable, and actionable warnings through official channels, accompanied by critical information on likelihood and impact;

(4) Proactive preparedness measures at all levels to ensure effective response to received warnings.[96]

The Democratic Republic of Congo (DRC) struggled to respond to two major health crises at the same time – COVID-19 and Ebola – partly because it lacked a robust, integrated, early warning system.[97] There is, therefore, a need for improvement in surveillance and early warning systems in order to prevent future pandemics.

One of the ways this can be achieved is through leveraging communities. Involving local communities in early warning systems helps quickly identify and report health threats. When the public is engaged, alerts reach more people, and communities are

[94] Ziqi Li et. al., "Reviewing the progress of infectious disease early warning systems and planning for the future"
[95] Ziqi Li et. al., "Reviewing the progress of infectious disease early warning systems and planning for the future"
[96] Thushara Kamalrathne et. al., "Need for effective detection and early warnings for epidemic and pandemic preparedness planning in the context of multi-hazards: Lessons from the COVID-19 pandemic"
[97] J.B. Nachega et. al., "Responding to the Challenge of the Dual COVID-19 and Ebola Epidemics in the Democratic Republic of Congo – Priorities for Achieving Control"

more likely to take action to prevent the spread of disease.[98] Community surveillance systems can be aided with digital tools and online platforms, which will enable people to report symptoms and health concerns in real-time, filling gaps in traditional disease tracking systems.[99] It is therefore important for governments to prioritise the education of the public about health risks, as it will help communities identify symptoms quickly and report them early, speeding up the detection of outbreaks.

Another solution, which is particularly relevant in the digital age, is technological integration. Integrating technology into surveillance and early warning systems can significantly enhance pandemic prevention. Artificial intelligence tools like Random Forest and Gated Recurrent Unit (GRU) can improve predictive accuracy by automating the analysis of complex datasets, swiftly processing large datasets, and providing critical insights that accelerate outbreak detection and response.[100] Global platforms also play a vital role in sharing critical information. For instance, real-time sharing of genetic data on emerging pathogens through initiatives like GISAID fosters international collaboration and enables scientists to track and respond to potential threats more effectively.[101]

Also, social media platforms like X (formerly known as Twitter) and Baidu can provide early warning signals, offering insights through sentiment analysis and monitoring of disease-related search trends. These digital signals can precede official reports by several weeks, providing a vital head start in identifying potential health crises. For example, during the COVID-19 pandemic, Twitter facilitated early detection of outbreak signals by capturing public concerns and discussions before official sources acknowledged the crisis, allowing researchers and health agencies to track sentiment and misinformation trends.[102] Twitter's data was instrumental in identifying hotspots,

[98] Thushara Kamalrathne et. al., "Need for effective detection and early warnings for epidemic and pandemic preparedness planning in the context of multi-hazards: Lessons from the COVID-19 pandemic"
[99] Ziqi Li et. al., "Reviewing the progress of infectious disease early warning systems and planning for the future"

[100] Ziqi Li et. al., "Reviewing the progress of infectious disease early warning systems and planning for the future"
[101] GISAID website
[102] Yiming Zhang et. al., "An intelligent early warning system of analyzing Twitter data using

understanding reactions, and guiding timely interventions, demonstrating Twitter's utility as a cost-effective surveillance tool in public health emergencies. However, the platform also amplified the spread of misinformation, with users and bots sometimes sharing unverified or false claims about the virus, treatments, and government responses, leading to confusion and fear.

Enhanced data collection mechanisms are pivotal in bolstering surveillance and early warning systems to prevent future pandemics. Advanced hospital-based monitoring systems utilise symptom-based alerts, which involve monitoring specific symptoms as seen in the successful tracking of influenza and dengue, to swiftly identify infectious diseases.[103] By integrating these systems with vast amounts of medical data, real-time epidemic tracking becomes even more effective.

Additionally, robust epidemiological surveillance systems that combine climate data with public health records can better anticipate and mitigate environmentally driven outbreaks. By incorporating weather data – including temperature, humidity, and rainfall – into predictive models for vector-borne diseases such as Dengue fever, substantially improves forecasting accuracy.[104]

Geographic Information System (GIS) technology also enables the spatial visualisation of disease outbreaks, therefore ensuring informed decision-making and helping policymakers to pinpoint areas of high risk and target interventions with precision. By leveraging these enhanced data collection mechanisms, healthcare systems can significantly improve their ability to predict and respond to emerging health threats, thereby preventing future pandemics.

It is therefore evident that in order to achieve effective surveillance and early warning systems for the prevention of future pandemics, governments should adopt

machine learning on COVID-19 surveillance in the US"

[103] Thushara Kamalrathne et. al., "Need for effective detection and early warnings for epidemic and pandemic preparedness planning in the context of multi-hazards: Lessons from the COVID-19 pandemic"

[104] Ziqi Li et. al., "Reviewing the progress of infectious disease early warning systems and planning for the future"

community surveillance and leverage technology in order to achieve real-time sharing and monitoring of disease outbreaks.

Diverse data monitoring mechanisms, using diverse data types, should also be used. Standardised protocols, including ethical guidelines, for accurate data collection and monitoring should be developed for efficiency. These would ensure that global health frameworks are better equipped to curb the spread of future pandemics.

3. Investment in Health Infrastructure

Particularly in developing countries that lack quality health infrastructure, there is an urgent need for investment in health infrastructure for the prevention of future pandemics to be attainable. It is no news that health systems in developing countries are characterised by deep weaknesses such as poor infrastructure, inadequate financing, and lack of human resources, making it difficult to manage health crises effectively. These deficiencies make them particularly vulnerable during pandemics, as seen in India's second wave of COVID-19, where they struggled with shortages of oxygen supplies, intensive care units, ventilators, personal protective equipment, and medical staff due to pre-existing fragility.[105]

This lack of adequate infrastructure is closely linked to the issue of financial and resource constraints. India's healthcare sector receives relatively low funding, accounting for only 1.4% of the country's GDP, significantly below global benchmarks.[106]

Also Sub-Saharan Africa bears a disproportionate 25% of the global disease burden, yet it has only a mere 3% of the world's healthcare workers.[107] This underfunding and under-investment in healthcare personnel hampers the development of robust

[105] Manzoor Ahmad Malik, “Fragility and challenges of health systems in pandemic: lessons from India's second wave of coronavirus disease 2019 (COVID-19)”
[106] Manzoor Ahmad Malik, “Fragility and challenges of health systems in pandemic: lessons from India's second wave of coronavirus disease 2019 (COVID-19)”
[107] Akalewold T Gebremeskel, “Building resilient health systems in Africa beyond the COVID-19 pandemic response”

healthcare infrastructure and makes the health systems woefully unprepared to cope with pandemic-scale crises.

Developing nations also rely heavily on the importation of medical supplies. For instance, Africa relies heavily on external sources for its healthcare needs, importing a staggering 94% of its pharmaceuticals and manufacturing less than 10% of its medical supplies locally. This significant dependence on international imports leaves the continent vulnerable to supply chain disruptions and shortages during disease outbreaks, making it difficult to curb the spread.[108]

The COVID-19 pandemic severely disrupted intra-country and regional supply chains, bringing the delivery of essential medical supplies to a grinding halt.[109] This experience highlighted the vulnerability of existing supply chains, emphasising the critical need for local production of medical supplies, and for the development of robust and resilient logistics systems capable of withstanding future crises.

There is also a wide gap in the quality of healthcare in rural and urban areas. Health services are often much better in urban areas, leaving rural areas vulnerable. It is also more difficult to implement disease control measures in rural areas. The implementation of critical COVID-19 prevention measures, such as regular handwashing and social distancing, was hindered in many African countries due to entrenched structural challenges.[110] These obstacles, including inadequate access to clean water and sanitation, overcrowding, and limited public health infrastructure, unfortunately accelerated the spread of the virus.

Future pandemics cannot be prevented without investment in healthcare infrastructure. Therefore, governments need to prioritise healthcare in national budgets to support infrastructure development, medical supply procurement, and workforce training, which are critical to an effective healthcare system.

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[108] United Nations Economic Commission for Africa, "Insights on African businesses' reactions and outlook to COVID-19"
[109] Akalewold T Gebremeskel, "Building resilient health systems in Africa beyond the COVID-19 pandemic response"
[110] UNICEF, "COVID-19 impact assessment and outlook on personal protective equipment"

Tax incentives can also be used to stimulate growth in the healthcare sector.[111] Furthermore, there is also a need to foster public-private partnerships. The government should collaborate with private entities in order to bridge infrastructure gaps through resource sharing and investment in health technologies, fill gaps in service delivery, and increase affordability and accessibility of healthcare. However, the government needs to provide strong regulatory frameworks, preventing abuse by private entities.[112]

Beyond public-private partnerships, cross-border cooperation on health initiatives should also be encouraged. This includes shared vaccine procurement and epidemic preparedness strategies, improving regional resilience.[113]

Overdependence on importation is unsustainable, governments must therefore prioritise the development of local manufacturing capacity. By expanding local production of pharmaceuticals and medical supplies, dependence on imports will be reduced, improving access during disease outbreaks. Additionally, countries, especially developing ones, need to invest in human resources by training and adequately compensating healthcare workers, establishing regional disease control centers, and taking other measures primarily targeting rural areas, as it is vital for resolving rural healthcare inequities.

The Ayushman Bharat program in India serves as a compelling case study on the strategic importance of investing in health infrastructure. Launched in 2018 in response to the National Health Policy 2017 and aligned with the Sustainable Development Goals (SDGs), the program adopts a holistic, need-based, and inclusive approach to healthcare delivery, bridging gaps across primary, secondary, and tertiary care. The program employs a dual-pronged approach. This includes the establishment of 150,000 Health and Wellness Centres (HWCs), as well as the implementation of the

[111] Manzoor Ahmad Malik, “Fragility and challenges of health systems in pandemic: lessons from India's second wave of coronavirus disease 2019 (COVID-19)”
[112] Manzoor Ahmad Malik, “Fragility and challenges of health systems in pandemic: lessons from India's second wave of coronavirus disease 2019 (COVID-19)”
[113] Akalewold T Gebremeskel, “Building resilient health systems in Africa beyond the COVID-19 pandemic response”

Pradhan Mantri Jan Arogya Yojana (PM-JAY).[114] This strengthens the nation's capacity to anticipate, detect, and effectively respond to future health crises, including pandemics. Addressing weak health infrastructure, therefore, requires a multifaceted approach encompassing increased healthcare investment, public-private partnerships, strengthened health systems, local manufacturing capacity development, and regional collaboration to ensure pandemic preparedness and improve health outcomes.

4. Strengthening Global Health Governance and Coordination

Strengthening global health governance and coordination is crucial to prevent future pandemics. The COVID-19 pandemic, for instance, highlighted the inadequacy of domestic efforts, demonstrating that individual nations cannot manage global health threats independently.[115] While domestic strategies were implemented in individual countries' health systems, the interconnected nature of pandemics quickly exposed the vulnerabilities of isolated responses. Nationalist policies, such as travel restrictions and the hoarding of medical supplies, further hindered international cooperation and equitable access to critical resources.[116] Strengthening global health governance is crucial to prevent future pandemics. This requires a unified global leadership role, with the WHO at the forefront. The 2005 revision of the International Health Regulations (IHR) empowered the WHO to guide pandemic responses by setting norms and coordinating global health security initiatives.[117] However, the WHO's authority has been undermined by the actions of some nation-states, with some failing to share timely data or comply with global recommendations[118] This highlights the problems with the current global health governance system.

[114] India National Health Authority, "About Pradhan Mantri Jan Arogya Yojana (PM-JAY)"
[115] Sumbal Javed, "Strengthening the COVID-19 pandemic response, global leadership, and international cooperation through global health diplomacy"
[116] Lawrence O. Gostin JD, "Reimagining Global Health Governance in the Age of COVID-19"
[117] . International Health Regulations (2005), 3rd ed. Geneva, Switzerland: World Health Organization.
[118] Lawrence O. Gostin JD, "Reimagining Global Health Governance in the Age of COVID-19"

Globalisation has fundamentally altered the landscape of health governance. Increased interconnectedness through trade, travel, and communication demands a shift to more collaborative and inclusive approaches. Current systems, largely premised on protecting state sovereignty, are ill-suited for the complexities of global health challenges. The growing influence of transnational actors, such as private corporations and civil society organisations, requires a coordinated framework for their engagement in global health initiatives.[119]

Effective global health governance requires multilateral coordination among states, international organisations, and non-state actors. The Commission on Global Governance (1995) stated that global governance must "be understood as also involving NGOs, citizens' movements, multinational corporations, and the global capital market," as well as a "global mass media of dramatically enlarged influence."[120] While global health public-private partnerships have demonstrated potential in addressing specific health challenges, they fail to meet the needs of all countries. The COVAX initiative, a joint venture between Gavi, the Vaccine Alliance, WHO, and the Coalition for Epidemic Preparedness Innovations, exemplifies this dilemma. Gavi, traditionally reliant on voluntary contributions from select states and non-state actors to ensure vaccine access in low-income countries, faced significant challenges in the COVID-19 response. "Vaccine nationalism," characterised by wealthier countries securing large portions of early vaccine supplies for their own populations, severely limited the availability of vaccines through COVAX, leaving many countries with limited access.[121] It is therefore evident that the impact of global partnerships like this needs to be enhanced through existing global governance frameworks like the WHO. There needs to be a change in the prevailing trend of prioritising bilateral agreements over WHO-led initiatives. WHO plays a crucial role in coordinating international efforts and should be empowered to lead global health responses effectively, leveraging its role as a key institution for global health.

[119] Richard Dodgson et. al., "Global Health Governance: A CONCEPTUAL REVIEW"
[120] Richard Dodgson et. al., "Global Health Governance: A CONCEPTUAL REVIEW"
[121] Usher AD, "COVID-19 vaccines for all?"

However, nationalist tendencies have increasingly disrupted the functioning of the WHO. For example, the withdrawal of the United States of America (USA) from the WHO during the pandemic weakened international responses and highlighted the risks of fragmented global leadership.[122] Wealthy countries' preference for bilateral and non-universal partnerships over WHO-led initiatives, insufficient and delayed information sharing with the WHO, coupled with a disregard for the organisation's warnings and guidanc,e has eroded the organisation's autonomy and reduced its effectiveness.[123] To effectively address future pandemics, it is crucial to rebuild trust in international cooperation and ensure that global health governance is truly global, inclusive, and equitable.

By addressing the inadequacies of domestic responses and reinforcing global health governance, the international community can create a robust framework to mitigate the impact of future pandemics.

5. Accelerating Collaborative Research and Development

The spectre of past pandemics demands that we prioritise rigorous research to avoid repeating history. Research and Development (R&D) serves as a cornerstone of pandemic preparedness, enabling the identification of emerging threats, the development of critical countermeasures such as vaccines and therapeutics, and the enhancement of capacity to effectively respond to outbreaks.

The COVID-19 pandemic exemplified the necessity of robust R&D systems, revealing how collaborative efforts can significantly shorten the timeline for vaccine development and deployment. For instance, the median R&D time for COVID-19 vaccines was just 0.90 years, compared to 14.16 years for non-COVID-19 vaccines.[124]

[122] Gostin LO et. al., "US withdrawal from the WHO is unlawful and threatens global and US health and security"
[123] Lawrence O. Gostin JD, "Reimagining Global Health Governance in the Age of COVID-19"

[124] Wenhui Mao et. al., "Comparing research and development, launch, and scale up timelines of 18 vaccines: lessons learnt from COVID-19 and implications for other infectious diseases"

Effective pandemic research encompasses a multifaceted approach, including vigilant pathogen surveillance, in-depth investigation of disease transmission and progression, and the development of innovative diagnostics, therapeutics, and vaccines. The rapid sequencing and subsequent public sharing of the SARS-CoV-2 genome, achieved within weeks of the initial COVID-19 reports to the WHO, facilitated the swift identification of potential vaccine targets by research laboratories worldwide.[125] This illustrates the power of international collaboration in accelerating vaccine development.

6. The WHO Pandemic Agreement for Strengthening Pandemic Prevention, Preparedness, and Response

In preparation for the future and to ensure that countries are empowered to prevent, prepare, and adequately respond to pandemics, WHO Member States agreed to negotiate and draft a "convention, agreement, or other international instrument" which will be binding.[126] After the devastating loss of lives, disruption of economies, and the many other negative effects of the COVID-19 pandemic, there arose a need to ensure that Member States have equal access to all tools and resources needed to ward off and respond to future pandemics. The World Health Assembly, in December 2021, established an intergovernmental negotiating body (INB) to draft this instrument to be adopted under Article 19 and other relevant provisions of the WHO Constitution.[127] This instrument will represent a global pledge by the countries to, domestically and internationally prioritise and improve the health needs of their citizens. It aims to improve equity in access to vaccines, diagnostics, and therapeutics, reinforce the roles of national health systems, and enhance data-sharing and transparency among countries.[128]

The Intergovernmental Negotiating Body (INB) has made significant strides in its ongoing effort to draft the agreement, with increased engagement from civil societies

[125] Carvalho T et. al., "The first 12 months of COVID-19: a timeline of immunological insights."
[126] WHO, "Pandemic Prevention, Preparedness and Response Accord"
[127] WHO, "Intergovernmental Negotiationg Body"
[128] WHO, Executive Board 152nd session Provisional agenda item 12.1, "Strengthening WHO preparedness for and response to health emergencies"

and non-state actors, and a renewed commitment from all participating nations to finalize the accord. This progress is crucial, as the WHO Director-General emphasized the ever-present threat of future pandemics from known or entirely new pathogens.[129] This pandemic agreement is part of a wider package of reforms, which includes revisions to the International Health Regulations (IHR) 2005. They are meant to complement each other by ensuring coherence in legal, operational, and governance frameworks, addressing both long-term structural changes and immediate policy improvements.[130]

VI - Conclusion

The COVID-19 pandemic served as a stark reminder of the world's unpreparedness to confront large-scale health crises. It revealed the deep-rooted weaknesses in national and global health systems, especially in developing countries, and underscored the urgent need for a coordinated and forward-thinking approach to pandemic prevention. Strengthening global health systems is no longer optional, it is a necessity for safeguarding lives and promoting sustainable development. Investing in health infrastructure, particularly in developing countries, is foundational to this process. Robust infrastructure enhances access to care, improves pandemic response capabilities, and reduces dependence on foreign supplies. Likewise, fostering inclusive and resilient healthcare systems through public-private partnerships, rural health investment, and local manufacturing is critical for long-term preparedness.

However, health system strengthening cannot be confined within borders. The pandemic exposed the limitations of fragmented national responses and highlighted the vital role of global health governance. Institutions like the WHO must be empowered, not undermined, to lead coordinated international efforts. Multilateral collaboration, transparency, and equitable access to resources must be the

[129] WHO, "Pandemic Prevention, Preparedness and Response Accord"
[130] WHO, Executive Board 152nd session Provisional agenda item 12.1, "Strengthening WHO preparedness for and response to health emergencies"

cornerstone of global health policy. Accelerating collaborative research and development is equally vital. The rapid development of COVID-19 vaccines proved what science can achieve with adequate funding and international cooperation. As such, sustained investment in R&D, pathogen surveillance, and data-sharing mechanisms must continue.

The WHO Pandemic Agreement and the revision of the International Health Regulations offer a unique opportunity for nations to reaffirm their collective commitment to global health. A unified commitment to equity, inclusiveness, and shared responsibility is essential to build resilient health systems and avert future pandemics. The world must act decisively, and strengthening health systems today is the surest safeguard against the pandemics of tomorrow.

VII. Further Research

- Does media coverage impact the spread of pandemics?
- How can digital health technologies be effectively integrated into pandemic surveillance and response efforts, while addressing concerns about data privacy and equity?
- How can traditional and indigenous knowledge be effectively integrated into pandemic preparedness and response efforts?
- How can the impact of climate change on human health be effectively addressed in pandemic preparedness and response planning?
- What are the long-term consequences of pandemic-related disruptions on mental health and well-being, and how can these impacts be addressed?
- How can AI be used to predict and prevent future pandemics more accurately?

- What legal mechanisms can ensure countries comply with international health regulations?
- How can vaccine development be accelerated while maintaining safety and efficacy?
- What role should private companies play in pandemic preparedness, and how can their contributions be regulated?

VIII - Annotated Bibliography

Draft of the WHO Pandemic Agreement, available at https://apps.who.int/gb/ebwha/pdf_files/WHA77/A77_10-en.pdf (accessed 14th January 2025).

> *This document outlines several key provisions designed to enhance global health preparedness and response. Notably, it identifies eight primary responsibilities for Member States in preventing pandemics, which include, but are not limited to, ensuring access to clean water, sanitation, and hygiene, reducing environmental pollution, and strengthening governance and accountability mechanisms. Delegates are encouraged to review this document thoroughly to familiarise themselves with the WHO's plans for ensuring adequate preparedness for future health emergencies.*

World Health Organisation "Framework For Health Systems Development Towards Universal Health Coverage In The Context Of The Sustainable Development Goals In The African Region" available at https://www.afro.who.int/sites/default/files/2018-01/AFR-RC67-10%20Framework%20f

or%20health%20systems%20development-Rev%2023.09.17.pdf (accessed 8th February 2025).

This document outlines comprehensive strategies that emphasize expansion of health coverage for all, infrastructure investment, workforce development, financial investment in the health sector, cross-sector collaboration, digital health integration, and community engagement. Delegates are encouraged to review this framework as it would be of great help in their research process.

WHO, "Pandemic Influenza Preparedness Framework", available at https://apps.who.int/gb/pip/pdf_files/pandemic-influenza-preparedness-en.pdf (accessed 26th December 2024).

This is a vital document for global health security, which outlines mechanisms for virus sharing and equitable access to resources during influenza pandemics. Delegates are strongly encouraged to review this framework to gain insights into effective pandemic preparedness and response strategies.

Relief Web, "Pandemic influenza preparedness framework: annual progress report, 1 January -31 December 2022." available at https://reliefweb.int/report/world/pandemic-influenza-preparedness-framework-annual-progress-report-1-january-31-december-2022 (accessed 21st January 2025).

This report presents overall success metrics and infographics to illustrate progress in PIP Framework implementation. Delegates are advised to review this document as it would be of great help in their research process.

World Health Organisation , "Antimicrobial Resistance Prevention and Education in Schools: A Brief for Education Policy-Makers and School Practitioners," available at

https://www.who.int/publications/i/item/9789240101395 (accessed 6th April 2025).

This brief emphasizes the important part schools have in fighting AMR and presents actionable recommendations for policymakers and educators. Through the adoption of these strategies, schools can help curb the emergence and spread of AMR while fostering healthier and more resilient school environments.

IX - Bibliography

Aditya Shah et. al., "Guide to Understanding the 2019 Novel Coronavirus", PubMed Central, National Center for Biotechnology Information; available at https://pmc.ncbi.nlm.nih.gov/articles/PMC7094318/ (accessed 6th January 2024).

Africa CDC, "A Breakthrough for the African Vaccine Manufacturing" available at https://africacdc.org/news-item/a-breakthrough-for-the-african-vaccine-manufacturing/?utm (accessed 6th April 2025).

Africa CDC, "Shaping the Future of Vaccine Research and Development: Africa CDC at the World Vaccine Congress, Europe" available at

https://africacdc.org/news-item/shaping-the-future-of-vaccine-research-and-development-africa-cdc-at-the-world-vaccine-congress-europe/?utm (accessed 6th April 2025).

Akalewold T Gebremeskel, "Building Resilient Health Systems in Africa Beyond the COVID-19 Pandemic Response", BMJ Global Health, BMJ Journal; available at https://gh.bmj.com/content/6/6/e006108 (accessed 8th January 2025).

Alan J. Hay and John W. McCauley, "The WHO Global Influenza Surveillance and Response System (GISRS)—A Future Perspective," National Library of Medicine available at https://pmc.ncbi.nlm.nih.gov/articles/PMC6086842/ (accessed 19th January 2025).

Andrew Gwynne, “World Health Organization Pandemic Accord Negotiations.” Hansard, UK Parliament; available at https://hansard.parliament.uk/commons/2024-09-09/debates/24090952000008/WorldHealthOrganisationPandemicAccordNegotiations (accessed 25th December 2024).

Carvalho T et. al., "The First 12 months of COVID-19: A Timeline of Immunological Insights." Nat Rev Immunol; 2021;21:245–56.

Elliot Hannon, Nina Schwalbe, and Susanna Lehtimaki, “WHO Member States are Negotiating a Pandemic Treaty. But will Countries Follow the New Rules?” available at https://thebulletin.org/2024/02/who-member-states-are-negotiating-a-pandemic-treaty-but-will-countries-follow-the-new-rules/ (accessed 19th January 2025).

Els Torreele et. al., “From Private Incentives to Public Health Need: Rethinking Research and Development for Pandemic Preparedness” Global Health, The Lancet; available at https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(23)00328-5/fulltext?fbclid=IwAR0KZ_jXeDbJAv9iHMx2QadIw3fNWRpVpzEcFRFZc1_8malwtvvvR1w3_TE_aem_AcZjKyGH0OJ4eReAJdtPn_rJO3t-LiPt2EFHpZOjZinLGMcM0VS7S72X_5MXtybCmg4&mibextid=Zxz2cZ (accessed 12th January 2025).

European Center for Disease and Prevention Control, “Launch of the EU Initiative on Health Security Work Programme 2025,” available at

https://www.ecdc.europa.eu/en/news-events/launch-eu-initiative-health-security-work-programme-2025?utm (accessed 6th April 2025).

European Center for Disease and Prevention Control, “EU Health Task Force Stakeholder Meeting,” available at

https://www.ecdc.europa.eu/en/news-events/eu-health-task-force-stakeholder-meeting?utm (accessed 6th April 2025).

Franz-Benjamin Mocnik et. al., "Epidemics and Pandemics in Maps – The Case of COVID-19", Taylor & Francis, Journal and Maps; https://www.tandfonline.com/doi/full/10.1080/17445647.2020.1776646#abstract. (accessed 6th January 2025).

Gostin LO et. al., "US Withdrawal from the WHO is Unlawful and Threatens Global and US Health and Security" Lancet; available at https://doi.org/10.1016/S0140-6736(20)31527-0 (accessed 21st January 2025).

India National Health Authority, "About Pradhan Mantri Jan Arogya Yojana (PM-JAY)" available at https://www.india.gov.in/spotlight/ayushman-bharat-pradhan-mantri-jan-arogya-yojana (accessed 6th April, 2025).

International Health Regulations (2005), 3rd ed. Geneva, Switzerland: World Health Organization; 2016 available at https://www.who.int/publications/i/item/9789241580496 (9th January 2025).

J.B. Nachega et. al., "Responding to the Challenge of the Dual COVID-19 and Ebola Epidemics in the Democratic Republic of Congo – Priorities for Achieving Control", available at https://doi.org/10.4269/ajtmh.20-0642 (accessed 11th January 2025).

Josh Michaud, Jennifer Kates, and Anna Rouw, "The 'Pandemic Agreement': What it is, What it isn't, and What it Could Mean for the U.S." Global Health Policy available at https://www.kff.org/global-health-policy/issue-brief/the-pandemic-agreement-what-it-is-what-it-isnt-and-what-it-could-mean-for-the-u-s/ (accessed 14th January 2025).

Lawrence O. Gostin JD, “Reimagining Global Health Governance in the Age of COVID-19”, American Journal of Public Health; available at https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2020.305933 (accessed 9th January 2025).

Manzoor Ahmad Malik, “Fragility and Challenges of Health Systems in Pandemic: Lessons from India's Second Wave of Coronavirus Disease 2019 (COVID-19)”, Global Health Journal, Science Direct; available at https://www.sciencedirect.com/science/article/pii/S2414644722000057. (accessed 8th January 2025).

McMillen CW, Pandemics: A Very Short Introduction, (Oxford University Press: New York, 2016). available at https://books.google.com.ng/books?hl=en&lr=&id=GBk1DQAAQBAJ&oi=fnd&pg=PP1&ots=mohz8y4IHw&sig=-ezbrPBo79TdM8wR_IBMmZhIORs&redir_esc=y#v=onepage&q&f=false (accessed 6th January 2025).

National Cancer Institute, “Meaning of SARS-CoV-2” available at https://www.cancer.gov/publications/dictionaries/cancer-terms/def/sars-cov-2 (accessed 8th February 2025).

National Library of Medicine, “Health System Plan for Implementation of Paris Agreement on Climate Change (COP 21): a Qualitative Study in Iran” available at https://pmc.ncbi.nlm.nih.gov/articles/PMC7488526/#:~:text=Ensuring%20public%20health%20is%20crucial,foundation%20for%20mitigation%20and%20adaptation (accessed 19th January 2025).

Population Matters, “Population and the Sustainable Development Goals.” available at https://populationmatters.org/lp-population-and-the-sustainable-development-goals/?gad

_source=1&gclid=Cj0KCQiAqL28BhCrARIsACYJvke_cjL78fW8ltyI3LXd1C91G0vRY24y1Z3ypoy_TD2K2OwFsimzg4YaAsiJEALw_wcB (accessed 19th January 2025).

Richard Dodgson et. al., "Global Health Governance: A CONCEPTUAL REVIEW", available at https://iris.who.int/bitstream/handle/10665/68934/a85727_eng.pdf;sequence=1 (accessed 10th January 2025).

Reuters, "WHO's Tedros Confident of Finalising Pandemic Treaty in 2025," available at https://www.reuters.com/business/healthcare-pharmaceuticals/whos-tedros-confident-finalising-pandemic-treaty-2025-2024-12-10/ (accessed 19th January 2025).

Shrikanth Sampath et. al., "Pandemics Throughout the History", PubMed Central, National Center for Biotechnology Information; available at https://pmc.ncbi.nlm.nih.gov/articles/PMC8525686/#:~:text=However%2C%20they%20are%20not%20modern,as%20financial%20and%20psychosocial%20burdens. (accessed 24th December 2024).

Sumbal Javed, "Strengthening the COVID-19 Pandemic Response, Global Leadership, and International Cooperation through Global Health Diplomacy", available at https://pmc.ncbi.nlm.nih.gov/articles/PMC7723006/ (accessed 21st January 2025)

Thushara Kamalrathne et. al., "Need for Effective Detection and Early Warnings for Epidemic and Pandemic Preparedness Planning in the Context of Multi-Hazards: Lessons from the COVID-19 Pandemic", Science Direct, International Journal of Disaster Risk Reduction; available at https://www.sciencedirect.com/science/article/pii/S2212420923002042#:~:text=1.,vulnerability%20in%20any%20social%20setting. (accessed 24th December 2024).

UNICEF, “COVID-19 Impact Assessment and Outlook on Personal Protective Equipment” available at https://www.unicef.org/supply/stories/covid-19-impact-assessment-and-outlook-personal protective-equipment (accessed 12 January 2025).

United Nations Climate Change, “The Paris Agreement - What is the Paris Agreement?” available at https://unfccc.int/process-and-meetings/the-paris-agreement (accessed 19th January 2025).

United Nations Office for Disaster Risk Reduction, “Implementing the Sendai Framework.” available at https://www.undrr.org/implementing-sendai-framework/what-sendai-framework (accessed 19th January 2025).

United Nations Department of Economic and Social Affairs, “Make The SDGs a Reality.” available at https://sdgs.un.org/#goal_section (accessed 19th January 2025).

United Nations Economic Commission for Africa, “Insights on African businesses’ Reactions and Outlook to COVID-19”, available at https://repository.uneca.org/handle/10855/43780 (accessed 11 January 2025).

United Nations, “The Paris Agreement”, available at https://www.un.org/en/climatechange/paris-agreement (accessed 19th January 2025).

United Nations, “The Universal Declaration of Human Rights.” available at https://www.un.org/en/about-us/universal-declaration-of-human-rights (accessed 19th January 2025).

Usher AD, “COVID-19 Vaccines for All?” Lancet; available at https://doi.org/10.1016/S0140-6736(20)31354-4 (accessed 21st January 2025)

US Center for Disease Control and Prevention." available at https://www.cdc.gov/cholera/about/index.html#:~:text=Cholera%20is%20a%20bacterial%20disease,at%20highest%20risk%20of%20cholera . (accessed 8th February 2025).

Wenhui Mao et. al., "Comparing Research and Development, Launch, and Scale up Timelines of 18 vaccines: Lessons Learnt from COVID-19 and Implications for Other Infectious Diseases", BMJ Global Health, BMJ Journal; available at https://gh.bmj.com/content/8/9/e012855 (accessed 11 January 2025).

World Health Organization, "COVID-19 Epidemiological Update – 24 December 2024", available at https://www.who.int/publications/m/item/covid-19-epidemiological-update---24-december-2024 (accessed 8th January 2025).

World Health Organisation, "70 years of GISRS – the Global Influenza Surveillance & Response System; Going From Strength to Strength in the Fight Against Influenza and Other Respiratory Diseases," available at https://www.who.int/news-room/feature-stories/detail/seventy-years-of-gisrs---the-global-influenza-surveillance---response-system (accessed 19th January 2025).

World Health Organisation; East Mediterranean Region, "International Health Regulations." available at https://www.emro.who.int/health-topics/international-health-regulations/index.html#:~:text=The%20IHR%20were%20adopted%20at,%2C%20ports%2C%20and%20ground%20crossings. (accessed 19th January 2025).

World health Organisation Media Center, "Ebola Virus Disease" available at https://web.archive.org/web/20141214011751/https://www.who.int/mediacentre/factsheets/fs103/en/ (accessed 8th February 2025).

WHO, Executive Board 152nd session Provisional agenda item 12.1, "Strengthening WHO preparedness for and response to health emergencies", available at

https://apps.who.int/gb/ebwha/pdf_files/EB152/B152_12-en.pdf (accessed 5th April 2025).

World Health Organisation,"Global Genomic Surveillance Strategy for Pathogens with Pandemic and Epidemic Potential 2022–2032," available at https://www.who.int/initiatives/genomic-surveillance-strategy (accessed 19th January 2025).

World Health Organisation, "Governments Progress on Negotiations for a Pandemic Agreement to Boost Global Preparedness for Future Emergencies," available at https://www.who.int/news/item/20-09-2024-governments-progress-on-negotiations-for-a-pandemic-agreement-to-boost-global-preparedness-for-future-emergencies (accessed 14th January 2025).

World Health Organization, "Influenza (Seasonal)," available at https://www.who.int/news-room/fact-sheets/detail/influenza-(seasonal)?gad_source=1&gclid=Cj0KCQiAvbm7BhC5ARIsAFjwNHumeHi3lZCI8MOK4I2VnXf4elYD5TXeS1AsETbugK3BY9SXlkG-tB4aAno2EALw_wcB (accessed 19th January 2025).

World Health Organisation, "International Pathogen Surveillance Network," available at https://www.who.int/initiatives/international-pathogen-surveillance-network (accessed 19th January 2025).

WHO, "Intergovernmental Negotiationg Body," available at https://inb.who.int/ (accessed 9th February 2025).

World Health Organisation, Western Pacific Region, “Pandemics”, available at https://www.who.int/westernpacific/health-topics/pandemics (accessed 6th January 2025).

World Health Organisation, “Pandemic Prevention, Preparedness and Response Accord”, available at https://www.who.int/news-room/questions-and-answers/item/pandemic-prevention--preparedness-and-response-accord (accessed 16th January 2025).

World Health Organisation, “Surveillance in Emergencies”, available at https://www.who.int/emergencies/surveillance. (accessed 26th December 2024).

World Health Organsation, “Strengthening the World’s Defenses Against Epidemics and Pandemics: Expanding GISRS.” available at https://www.who.int/news/item/13-02-2024-expanding-the-global-influenza-surveillance-and-response-system--from-gisrs-to-e-gisrs (accessed 19th January 2025).

World Health Organisation, “Tracking SARS-CoV-2 Variants,” available at https://www.who.int/activities/tracking-SARS-CoV-2-variants? (accessed 19th January 2025).

World Health Organisation, “Universal Health Coverage” available at https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc) (accessed 8th February 2025).

World Health Organization, “WHO Director-General's Opening Remarks at the Media Briefing on COVID-19 - 11 March 2020”, available at https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020 (accessed 6th January 2025).

World Health Organisation, “WHO Coronavirus Network (CoViNet)” available at https://www.who.int/groups/who-coronavirus-network#:~:text=The%20WHO%20Coronavirus%20Network%20 (accessed 19th January 2025).

Yale Medicine, “Influenza – Definition” available at https://www.yalemedicine.org/clinical-keywords/influenza (accessed 8th February 2025).

Yiming Zhang et. al., “An intelligent early warning system of analyzing Twitter data using
machine learning on COVID-19 surveillance in the US”, available at https://pmc.ncbi.nlm.nih.gov/articles/PMC8920081/pdf/main.pdf (accessed 6th April 2025).

Ziqi Li et. al., “Reviewing the Progress of Infectious Disease Early Warning Systems and Planning for the Future”, BMC Global Health, BioMed Central Journal; available at https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-024-20537-2 . (accessed 26th December 2024).

Topic Two: Combating the Global Rise of Substance Abuse

I. Quote

"Substance use severely harms individual health, increasing the risk of chronic diseases…To build a healthier, more equitable society, we must urgently commit to bold actions that reduce the negative health and social consequences of alcohol consumption and make treatment for substance use disorders accessible and affordable."

- Dr Tedros Adhanom Ghebreyesus, WHO Director-General.

II. Introduction

The rise of substance abuse globally has claimed and continues to claim millions of lives, posing one of the most significant public health crises of our time. The consequences of substance abuse extend far beyond the immediate effects on users, encompassing social, economic, and health-related issues. The misuse of substances often leads to mental health disorders, increased rates of crime and violence, strained healthcare systems, and loss of productivity. Moreover, secondary issues such as the transmission of infections like HIV and hepatitis through contaminated syringes or hazardous practices further compound the crisis. According to the *World Drug Report*, the estimated number of drug consumers increased from 240 million in 2011 to 296 million in 2021, which was a 23% increase, representing 5.8% of the population aged 15–64.[131] Cannabis is the most commonly used illegal drug worldwide, followed by opioids and opiates, boasting an estimated 5% of the global population as consumers in 2021, and the number of opioid users worldwide has increased more than any other drug category over the past few years.[132]

[131] UNODC, World Drug Report 2023 (United Nations publication, 2023)
[132] Statista Research Department, 'Global Drug Use- Statistics and Facts'

It is clear from past and current statistics that substance abuse is a serious global health concern, and there must be a sense of urgency in addressing these issues. Great efforts must be made to foster a future where individuals and communities are resilient against its grip.

III. Definition of Key Terms

Substance or ***drug*** can be defined as any chemical substance, natural or synthetic, that changes a person's mental state and that may be used repeatedly by a person for that effect. It includes legal and illegal substances such as alcohol, caffeine, tobacco, heroin, anabolic steroids, cannabis (marijuana), and many more psychoactive drugs.[133]

Psychoactive drugs, or ***mind-altering drugs*** or ***consciousness-altering drugs*** are chemical substances that change brain function and result in alterations in perception, mood, consciousness, cognition, or behaviour.[134]

Certain ***psychoactive substances*** are used medically for the alleviation of pain, relief of tension, or suppress appetite. Examples of these medically used psychoactive drugs include general anaesthetics that are used in surgeries to manage pain without affecting consciousness. They are usually prescribed in cases of trauma and chronic pain caused by cancer and arthritis. Opioids like morphine are used for pain control, and antidepressants are used to treat mental health conditions like depression and anxiety.[135]

Thus, the use of psychoactive substances in and of itself is not regarded as disease. Only when such use is associated with maladaptive behavioural changes and persists does it become eligible for the diagnosis of "psychoactive substance abuse."[136]

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[133] The Public Health Bush Book: "Facts & approaches to three key public health issues; Chapter 1, Alcohol and Other Drugs."
[134] Wikipedia, "Psychoactive Drug"
[135] Christine Miller, Jacqueline Lewis: *Psychoactive Substances & Society: Uses of Psychoactive Drugs* (2nd edition, 2024)
[136] Levine, Robert J. "Medicalization of Psychoactive Substance Use and the Doctor-Patient Relationship." (1991)

Substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol, prescription medications, and illicit drugs.[137] It is the use of illegal drugs or the use of prescription or over-the-counter drugs or alcohol for purposes other than those for which they are meant to be used, or in excessive amounts.[138]

IV - International and Regional Legal Framework

International Framework

In accordance with *SDG 3*, which seeks to ensure healthy lives and promote well-being for all at all ages, target 3.5 aims to strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol, while target 3 aims at strengthening the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries.

1. United Nations Drug Control Conventions

The United Nations Drug Control Conventions form the legal foundation of the international drug control system. They regulate the production, trade, and use of narcotic and psychotropic substances while ensuring their availability for medical and scientific purposes. These three UNODC conventions provide a comprehensive legal and institutional framework for regulating narcotics and psychotropic substances to combat drug-related crime through international collaboration. The three main treaties are:

- **Single Convention on Narcotic Drugs (1961)**

The 1961 *Single Convention on Narcotic Drugs* was the first global treaty to consolidate international drug control efforts, replacing earlier treaties and establishing a unified system for classifying and regulating narcotic drugs. It introduced four schedules to classify substances based on their potential for abuse and medical use, limiting their cultivation, production, and trade strictly

[137] World Health Organisation: Substance Abuse
[138] National Cancer Institute, NCI dictionaries, Substance abuse.

to medical and scientific purposes. The convention also granted the International Narcotics Control Board (INCB) the authority to monitor compliance, thereby promoting international cooperation while ensuring the balance between drug control and access to essential medicines like opioids for pain relief[139]

- **Convention on Psychotropic Substances (1971)**

In 1971, the *Convention on Psychotropic Substances* was introduced to address the emerging problem of synthetic drugs such as amphetamines, barbiturates, benzodiazepines, and LSD, which were not covered under the 1961 Convention. It classified psychotropic substances into four schedules based on their abuse potential and medical value, requiring governments to regulate their production, trade, and distribution. The treaty mandated prescription controls for certain medications and emphasized the importance of making these substances available for medical and scientific purposes while preventing their misuse. This expanded drug control to synthetic substances and prescription medications, and reduced the diversion of pharmaceuticals into illicit markets.[140]

- **United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988)**

Although the previous conventions had been effective to an extent, drug abuse remained a global public health issue. To address this, the *1988 United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances* was adopted to strengthen law enforcement measures and promote international cooperation in combating drug-related crime. This convention criminalized drug trafficking and related activities such as money laundering, established rules for extradition and mutual legal assistance, and introduced asset forfeiture provisions to target drug-related profits. It also reinforced controls

[139] Single Convention on Narcotic Drugs (1961).
[140] Convention on Psychotropic Substances, 1971.

over precursor chemicals used in the production of illicit drugs, with the aim of dismantling the financial and logistical networks that uphold drug trafficking operations.[141]

2. World Health Organization (WHO) Framework

WHO's frameworks provide global guidance on tackling alcohol and drug abuse, emphasizing prevention, regulation, treatment, and public awareness. Many countries, including Nigeria, have adopted WHO's recommendations, such as increasing alcohol taxes and banning certain addictive medications. Below are some of the frameworks.

- **WHO Global Strategy to Reduce Harmful Use of Alcohol (2010)**

. The WHO *Global Strategy to Reduce the Harmful Use of Alcohol* lays out a structured plan to address the health and social burdens caused by alcohol consumption. It serves as a framework to support national and local initiatives while ensuring alignment with broader regional and global public health policies. It outlines ten major policy areas for governments to implement effective alcohol control measures[142]. The overarching goal of the strategy is to reduce the health and social consequences associated with alcohol use, thereby improving overall well-being. WHO emphasises that this framework is not a rigid template but rather a guiding document that allows countries to tailor their policies based on their unique national circumstances, such as cultural norms, religious beliefs, available resources, and public health priorities.

The strategy focuses on five core objectives:

(i) Increasing global awareness about the scale and impact of alcohol-related harm while securing stronger governmental commitment to tackle the issue.

(ii) Expanding research on the causes of alcohol-related harm and identifying the most effective intervention strategies.

[141] United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988).
[142] World Health Organisation, "Global strategy to reduce the harmful use of alcohol."

(iii) Strengthening the technical capacity of countries to prevent harmful alcohol use and improve treatment for alcohol-use disorders.
(iv) Enhancing partnerships and coordination among stakeholders to ensure effective and well-resourced alcohol control measures.
(v) Improving monitoring and surveillance systems to track alcohol-related harm and evaluate policy effectiveness.

To achieve these objectives, the strategy follows guiding principles that emphasize the prioritization of public health, equity in policy making, and protection of vulnerable populations, such as young people, pregnant women, and marginalized communities. It also stresses that alcohol policies should cover all forms of alcohol consumption, including informal and surrogate alcohol (such as unregulated homebrews) (WHO, 2010).

At the national level, the strategy highlights 10 key policy areas for targeted interventions:
(i) Establishing leadership, awareness, and commitment to strengthen political will and resource allocation.
(ii) Enhancing the health sector's capacity to address alcohol-related conditions through prevention, treatment, and rehabilitation services.
(iii) Encouraging community-level action to engage local stakeholders in alcohol control efforts.
(iv) Enforcing drink-driving laws and implementing countermeasures to reduce alcohol-related road incidents.
(v) Regulating alcohol availability through licensing, age restrictions, and limits on sales density.
(vi) Controlling alcohol marketing, particularly advertisements targeting youth and vulnerable populations.
(vii) Implementing pricing policies, such as alcohol taxes, to discourage excessive consumption.
(viii) Mitigating the negative effects of alcohol use, including those related to

intoxication and risky behaviors.
(ix) Addressing the risks posed by illicit and informally produced alcohol.
(x) Strengthening monitoring and surveillance to track consumption trends and assess policy outcomes.

These policy areas are based on scientific evidence regarding their effectiveness and cost efficiency. However, WHO recognizes that implementation will differ across countries due to variations in resources, legal structures, and public health needs. Therefore, a multi-sectoral approach is recommended, where public health initiatives are integrated with broader economic, legal, and social policies. In concurrence, the Nigerian Government's decision in 2018 to introduce higher excise duties on alcoholic beverages, was a policy designed to discourage excessive consumption while generating revenue for public health initiatives.[143]

- **WHO Action Plan on Substance Use (2022-2030)**

The WHO Global Alcohol Action Plan (2022–2030) builds on the earlier Global Strategy to Reduce the Harmful Use of Alcohol, which was introduced more than a decade ago. While some countries have made progress, implementation has been slow and uneven. High-income countries have been more successful in adopting strong alcohol policies, while many low-income countries, especially in Africa and the Americas, still lack formal policies. This gap raises concerns about fairness in global health. The countries most affected by alcohol-related harm are often the least protected by policy.

In 2020, the WHO Executive Board recognized that more needed to be done. It asked the Director-General to review the global strategy and develop a plan that would speed up progress. The result was the Global Alcohol Action Plan (2022–2030)[144], which provides clear steps for countries to follow while allowing them to adjust policies to fit their own needs.

[143] Ujah, E. (2018, March 11). FG raises excise duty on alcoholic drinks, tobacco.
[144] Global alcohol action plan 2022–2030. Geneva: World Health Organization; 2024. Licence: CC BY-NC-SA 3.0 IGO.

The action plan outlines key areas where efforts should focus. First, it promotes policies that have been proven to work, such as stricter enforcement of alcohol regulations. Second, it calls for stronger public health campaigns to raise awareness of the dangers of alcohol. Third, it encourages countries to develop better treatment programs and build their ability to address alcohol-related harm. Fourth, it emphasizes the importance of research and data collection so that policies are based on solid evidence. Fifth, it highlights the need for financial and technical support, particularly for low-income countries. Lastly, it addresses the role of the alcohol industry and the need to ensure that public health policies are not influenced by commercial interests.

The plan builds on 10 key policy areas that countries are encouraged to strengthen. These include (i) leadership, awareness, and commitment to ensure strong political will, (ii) improving health services' response to alcohol-related conditions, including treatment and rehabilitation, (iii) community action to support local alcohol prevention efforts, (iv) drink-driving policies and countermeasures to reduce road accidents and fatalities, (v) regulating the availability of alcohol through licensing, age restrictions, and outlet controls, (vi) controlling the marketing of alcoholic beverages, particularly those targeting young people and vulnerable groups, (vii) pricing policies, including excise taxes, to make alcohol less affordable, (viii) measures to reduce the negative consequences of drinking and alcohol intoxication, (ix) reducing the public health impact of illicit alcohol and informally produced alcohol, and (x) strengthening monitoring and surveillance systems to track alcohol consumption and policy effectiveness.

This plan connects with other global health efforts, including the Sustainable Development Goals, the Universal Health Coverage initiative, and strategies for preventing noncommunicable diseases. Countries are responsible for deciding how to implement these policies, but WHO will provide guidance and resources. Some may choose to introduce stricter measures than those outlined in the plan, especially if alcohol poses a serious threat to public health in their region.

The main goal of the action plan is to turn policies into visible change. Over the next several years, its success will depend on how well governments enforce regulations, how much support is given to countries that need it, and whether public health concerns take priority over industry influence.

3. International Narcotics Control Board (INCB)

The International Narcotics Control Board (INCB) was established under the Single Convention on Narcotic Drugs of 1961 to oversee the enforcement of international drug control treaties. As an independent body, its core mission is to strike a balance to facilitate the availability of controlled substances for medical and scientific use while preventing their diversion into illicit markets. INCB works directly with governments, and monitors their adherence to treaty obligations whilst offering technical guidance on drug control policies.

Apart from regulatory oversight, the INCB plays a major role in identifying emerging threats within the global drug landscape. The 2023 Annual Report[145] raises concerns about the exploitation of conflict zones for the diversion of precursor chemicals, which are key ingredients in illicit drug production. Criminal networks have taken advantage of instability in these regions, using various tactics such as falsified import documents, fake company identities, and unauthorized rerouting of shipments. The report also highlights gaps in the PEN Online system, the global platform for tracking precursor transactions. Countries that fail to actively engage with this system create vulnerabilities, particularly in monitoring the trade of ephedrine and pseudoephedrine, which are frequently used to manufacture methamphetamine.

The report further examines the lingering impact of the COVID-19 pandemic on drug treatment and rehabilitation services. While many governments are working to restore public health programs, challenges persist—especially in bridging the gap between those in need and available treatment. In 2021, only one in five individuals suffering

[145] International Narcotics Control Board. *Report of the International Narcotics Control Board for 2023*. United Nations, 2024. E/INCB/2023/1.

from drug-related disorders had access to care, underscoring the urgency of expanding evidence-based interventions. The INCB also draws attention to the shortage of essential medicines in Africa, where limited access to narcotic and psychotropic substances for medical use continues to hinder healthcare services.

A major shift in global drug trafficking patterns is also evident, particularly in West and Central Africa, which have become critical transit hubs for cocaine smuggling from South America to Europe. In 2021, record-breaking seizures were reported, signaling an increase in trafficking activity. At the same time, the misuse of tramadol, a synthetic opioid not under international control, remains a growing concern in several African nations. Meanwhile, the continent is seeing a steady rise in the cultivation of cannabis for medical and scientific purposes, with 12 African countries submitting formal estimates for 2024.

In response to these evolving challenges, the INCB has intensified its capacity-building efforts. Programs such as INCB Learning and INCB GRIDS provide governments with technical support, intelligence-sharing tools, and training to track synthetic opioids, dismantle trafficking networks, and strengthen regulatory frameworks.

Regional Framework

1. Africa

- **African Union (AU) Plan of Action on Drug Control (2019-2025)**

The *African Union (AU) Plan of Action on Drug Control (2019–2025)* is a strategic framework aimed at addressing drug-related challenges across the continent. It was developed to guide African countries in tackling drug trafficking, substance abuse, and related organized crime while promoting public health and security. The plan builds on

previous AU strategies and aligns with global efforts, including the United Nations' approach to drug control.[146]

The plan focuses on reducing the supply and demand for illicit drugs by improving law enforcement coordination, strengthening border controls, and enhancing treatment and rehabilitation services. It also emphasizes the importance of research, data collection, and international cooperation. Given Africa's expanding role as a transit hub for drug trafficking, the AU encourages Member States to adopt policies that address both domestic drug abuse and international smuggling networks.

The plan calls for stronger institutional frameworks, better resource allocation, and increased collaboration between governments, civil society, and regional bodies to achieve its goals. Despite progress, challenges such as political instability, limited funding, and weak enforcement mechanisms continue to hinder full implementation. The AU has extended the plan's implementation to 2025 to allow for further action and evaluation.

- **ECOWAS Regional Action Plan to Address Illicit Drug Trafficking and Organised Crime (2016-2020)**

The *ECOWAS Regional Action Plan to Address Illicit Drug Trafficking and Organized Crime (2016–2020)* was a direct response to West Africa's emergence as a key transit hub for drug trafficking, particularly for cocaine moving from South America to Europe. Acknowledging the region's vulnerability to organized crime, ECOWAS designed the plan to disrupt trafficking networks while addressing the social and economic damage caused by the drug trade. The plan focused on tightening border controls, improving intelligence-sharing, and strengthening judicial cooperation to prosecute traffickers more effectively. It also sought to expand drug treatment and prevention programs, recognizing that enforcement alone would not solve the problem. Public awareness

[146] African Union (AU) Plan of Action on Drug Control (2019–2025).

campaigns and community-based initiatives aimed to reduce substance abuse, especially among young people, who are often targeted by criminal groups.[147]

However, weak governance, corruption, and funding shortfalls hampered progress. Some countries struggled to implement coordinated policies, and traffickers continued to exploit regulatory loopholes. Although the official plan ended in 2020, ECOWAS remains engaged in countering drug-related crime, working with international partners to develop more adaptable and sustainable strategies.

2. Europe

- **European Union (EU) Drug Strategy (2021-2025)**

The EU Drug Strategy for 2021 to 2025 provides a framework for the European Union's drug policy. It focuses on three main areas: reducing drug demand through prevention, treatment, and rehabilitation; disrupting drug supply chains by enhancing law enforcement and judicial cooperation; and addressing health and security challenges related to drugs. The strategy emphasizes evidence-based actions, respect for human rights, and coordination among EU Member States .

- **Pompidou Group of the Council of Europe**

Established in 1971, the Pompidou Group is an intergovernmental body within the Council of Europe that focuses on drug policy cooperation among Member States . It aims to develop effective and evidence-based drug policies, integrating human rights and public health perspectives. The group facilitates the exchange of experiences and information on various aspects of drug use and trafficking, promoting multidisciplinary approaches to address drug-related issues.

[147] ECOWAS Regional Action Plan to Address Illicit Drug Trafficking and Organized Crime (2016–2020)

3. Asia

- **Association of Southeast Asian Nations (ASEAN) Work Plan on Securing Communities Against Illicit Drugs (2016-2025)**

ASEAN's Work Plan aims to create a drug-free region by 2025. It focuses on strengthening regional cooperation to combat illicit drug production, trafficking, and use. The plan includes measures such as enhancing law enforcement capabilities, promoting preventive education, providing treatment and rehabilitation services, and fostering research and data collection to inform policy decisions.

- South Asian Association for Regional Cooperation (SAARC) Drug Offences Monitoring Desk (SDOMD) (Est. 1992)

The SDOMD was established to monitor and combat drug-related offenses within SAARC member countries. It serves as a platform for sharing information and intelligence on drug trafficking and abuse patterns in the region. The desk compiles data on drug seizures, trends, and enforcement activities, facilitating coordinated efforts to address drug-related challenges in South Asia.

4. Americas

- **Inter-American Drug Abuse Control Commission (CICAD)**

CICAD, established in 1986, is an entity of the Organization of American States (OAS) that promotes multilateral cooperation on drug issues in the Americas. It assists Member States in developing comprehensive drug policies, provides technical assistance and training, and facilitates the exchange of best practices. CICAD's initiatives cover areas such as demand reduction, supply control, institutional strengthening, and research.

- **Plan of Action of the Hemispheric Drug Strategy (2021-2025)**

This plan outlines specific actions to implement the Hemispheric Drug Strategy, with a focus on reducing drug demand and supply, strengthening institutions, and enhancing international cooperation. It emphasises evidence-based approaches, respect for human rights, and the integration of public health and security measures. The plan also highlights the importance of addressing emerging challenges, such as synthetic drugs and new psychoactive substances.

5. Middle East

- **Regional Framework for Arab States (2023 – 2028)**

This framework aims to enhance regional cooperation among Arab states to address drug-related challenges. It focuses on improving legal and institutional frameworks, improving data collection and analysis, and promoting preventive measures and treatment services. The framework also emphasises the importance of international cooperation and the exchange of best practices to effectively combat drug trafficking and abuse in the region.[148]

- **Arab Plan for Prevention and Reduction of the Dangers of Drugs to Arab Society**

This plan seeks to prevent and reduce the negative impacts of drugs on Arab societies. It includes strategies for raising public awareness, enhancing the role of educational and religious institutions in prevention efforts, and providing support for individuals affected by drug abuse. The plan also calls for strengthening legislation and law enforcement to combat drug trafficking and related crimes.[149]

[148]United Nations Office on Drugs and Crime. *Regional Framework for the Arab States 2023–2028*.
[149] United Nations Office on Drugs and Crime. (2023, March). *Signature of the Regional Framework for Arab States (2023–2028).*

6. Oceania

- **Pacific Islands Regional Policy Framework on Substance Use**

This framework is concerned with the use of culturally appropriate approaches to reducing substance abuse and its impact on Pacific Island communities. It advocates for integrating traditional practices and community-based interventions in prevention and treatment programmes. The framework also highlights the need for capacity building, research, and policy development to address substance use issues effectively in the region.

V - Role of the International System

Taking into consideration the damaging effects of substance abuse on the global community, all hands have been on deck in setting global standards and ensuring that substance abuse is brought to an all-time low. For instance, the United Nations' conventions on drug control (1961, 1971, and 1988) provide the legal basis for the regulation of narcotics and psychotropic substances. These conventions establish guidelines for nations to limit the use of such substances for medical and scientific purposes while combating illicit trafficking.[150]

The World Health Organization (WHO) is the most important international organisation in the fight against substance abuse. Through the development of evidence-based policies, such as the *Global Strategy to Reduce Harmful Use of Alcohol*,[151] a global strategy to improve health and the reduction of mortality due to harmful use of alcohol. The organisation also ensures access to essential medicines while preventing misuse.[152] WHO and UNODC raise awareness about the dangers of

[150] International Narcotics Control Board '*International Drug Control Conventions*'.
[151] World Health Organization, *'Global strategy to reduce the harmful use of alcohol'* (31st May, 2010)
[152] World Health Organization *'Alcohol, Drugs and Addictive Behaviours"*.

substance abuse through global initiatives, such as World Drug Day, observed every 26th June. The decision to observe this was part of the United Nations efforts to combat global substamce abuse, emphasising that the best way to curb this menance is to invest in prevention. [153]

The International Narcotics Control Board (INCB)[154] monitors the implementation of drug control treaties, ensuring a balance between restricting abuse and ensuring medical access. Their mandate[155] is to monitor compliance of Member States with the various drug control treaties available. In conjunction with Governments, INCB ensures that adequate supplies of drugs are available for medical and scientific purposes, while assessing chemicals used in the illicit manufacture of drugs. They identify weaknesses in national and international control systems and make contributions to correcting such situations.

The UN Office on Drugs and Crime (UNODC) facilitates sharing of data, analysis and research across borders by building networks of cooperation among nations.[156] Their mission is to tackle the world drug problem, fight organized crime, prevent and counter corruption and terrotism, and promote fair and effective criminal justice systems.[157] The organisation functions as a platform for various inter-governmental bodies and member states to exchange expertise, experience and information on the issues of drugs and crime, fostering international cooperation and providing substantive and technical support.[158] UNODC collects and publishes global data on drug trends, throuhh means such as surveys, statistics and publication of reports, helping governments design targeted interventions.[159]

Other international law enforcement bodies, like INTERPOL and the World Customs Organization (WCO), assist in coordinated efforts to dismantle drug cartels and

[153] United Nations *'International Day Against Drug Abuse and Illicit Trafficking'*.
[154] United Nations Office on Drugs and Crime *'International Narcotics Control Board (INCB)'*.
[155] International Narcotics Control Board *'2024 Report'*
[156] United Nations Office on Drugs and Crime, *'International Cooperation'*.
[157] United Nations Office on Drug and Crime *'About us'*.
[158] United Nations Office on Drugs and Crime *'International Cooperation'*.
[159] UNODC *'Statistics'*

trafficking networks.[160] Both organisations combine their efforts to prevent and control transnational crime, by exchanging information, and consulting regularly on policy issues and matters of common interest for the purpose of realizing their objectives and co-ordinating their respective activities.

1. The History of Substance Abuse: from Ancient to Modern Times

Humanity has used substances for the longest time. The history of substance use can be traced as far back as the Neolithic period when humans began to explore plants for medicinal, ritual and later recreational purposes. In Africa, Bushmen healers used a potentially hallucinogenic plant called !kaishe which supposedly made the recipient "go mad for a while".[161] Opium poppies were one of the earliest psychedelic discoveries in the Mediterranean, and cannabis and tea were also discovered in Asia. Cannabis seeds appear in archaeological digs at sites dating before the Common Era in Asia, and the ancient Greek historian Herodotus reported Scythians burning hemp seeds and inhaling the smoke as far back as 450 BC.[162] The Chinese brewed beer from rice, grapes, and honey since 7000 BC, and the ancient Egyptians used alcohol as a form of payment to labourers and believed it could cure certain ailments.[163]

As time went on, the use of these substances superseded religious bounds and other forms of measured usage, became more widespread and began to grow into the problem that substance abuse is today. What started out as pockets of personal psychedelic pleasures gradually graduated into a full blown trade, feeding off people's addictions and fueling major international incidents such as the Opium Wars between Britain and China.[164] These conflicts marked a significant point in the beginning of government action against substance abuse. Countries then began to enact laws, such

[160] Memorandum of Understanding on Cooperation between the International Criminal Police Organization and the World Customs Organization. Signed 9th November 1998.
[161] Nicholas Longrich, "When did humans start experimenting with alcohol and drugs?"
[162] Nature, "A potted history"
[163] Townsend Recovery Center, "The History of Substance Abuse" - October 31, 2024.
[164] Britannica, "Opium Wars"

as the Harrison Narcotics Tax Act of 1914, the US's first law regulating certain substances. From 1920 to 1933, there was a Prohibition period in the United States which saw the banning of alcohol, but this only led to underground sales of illegal drinks (known as moonshining), further leading to alcohol poisoning and increased crime rates. Decades later, the term "drug abuse" was coined to define societal approval of the practice, and in the 70s the American Psychiatric Association gave it a definition.[165]

International action on substance abuse would set in around the 60s with the adoption of the Single Convention on Narcotic Drugs of 1961.[166] Other Conventions followed, such as the Convention on Psychotropic Substances 1971[167] and the Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.[168] By resolution 42/112 of 7 December 1987, the General Assembly decided to observe 26 June as the International Day against Drug Abuse.[169] The United Nations Office on Drugs and Crime was established in 1997 and has a presence in many countries of the world. These actions went side-by-side with countries cracking down heavily on drug users, cartels and other links on the supply chain. However, this legal-focused strategy proved inadequate, and in the 2000s there was a shift towards a more empathetic approach. Some countries, such as Portugal,[170] decriminalised drugs and many others focused on education and rehabilitation. Today, it is becoming a norm in certain parts of the world to legalise cannabis, and the debate on this subject matter gains more audience by the day.

[165] American Psychiatric Association Dictionary of Psychology, "Substance Abuse"
[166] United Nations Treaty Collection, "CHAPTER VI: NARCOTIC DRUGS AND PSYCHOTROPIC SUBSTANCES"
[167] United Nations Convention on Psychotropic Substances, Vienna, 21 February 1971
[168] United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 19 December 1988
[169] United Nations, "International Day Against Drug Abuse and Illicit Trafficking | 26 June"
[170] Transform Drug Policy Foundation, "Drug decriminalisation in Portugal: setting the record straight."

2. Public Health Approaches to Substance Abuse

At the turn of the Millennium, the global approach to the war against substance use had changed to a very noticeable degree. What was formerly a fight dependent on legal ammunition acknowledged the weakness of this narrow path and expanded its horizons to other viable methods. The most reliable so far has been the public health approach, where the user is seen as a patient rather than a perpetrator and treated as such. This approach aims to protect and promote the freedom, health, safety and wellbeing of substance-dependent individuals. It sees substance abuse as a health condition, not a criminal offence, and advocates that it should not be a basis for discrimination.[171]

The public health approach is laudable because it seeks to understand the underlying causes of substance abuse in communities, as well as the impact on global health systems. It emphasises that substance abuse is a public health concern rather than a moral failing, and that as a result, there should be a supportive environment for persons coping with substance abuse while also encouraging overall well-being in communities. It also provides strategies for integrating mental health and addiction recovery services.[172]

The public health approach is predicated on prevention, treatment, harm reduction, and recovery. It seeks to prevent further damage by educating the populace, focusing on the most vulnerable members (such as young persons and people living below the poverty line) on the risks of substance abuse. It also champions a healthy lifestyle as an alternative to falling into the downward spiral that is substance abuse, as well as tries to influence public policy chiefly in terms of legislation. In cases where the practice has already set in, it goes for early detection backed by prompt action, offering counselling and other forms of support to curtail consequences. Even when the situation has progressed beyond the early stages, it refuses to give up on the victim by providing access to evidence-based treatments such as therapy, detoxification, and

[171] Canadian Public Health Organisation, "Framework for a Public Health Approach to Substance Use"
[172] World Health Organization, "Substance Abuse: Overview" 2024

medication-assisted treatment (MAT). In addition, it includes mental health support, social reintegration, and vocational training.

In terms of harm reduction, the approach aims to minimize the negative health and social consequences of drug use through needle and syringe programs, safe injection sites, naloxone distribution to reverse overdoses, methadone or buprenorphine programs for opioid dependence, amongst other things. It also tries to shift drug use from criminal courts to health services in line with its view that the dependent is a patient rather than perpetrator. It reduces stigma and therefore encourages users to seek help without fear of punishment or social disapproval.

The public health approach is arguably the most viable and holistic method of churning substance abuse, thanks to its multiple-pronged approach to the drug issue. Countries which have implemented elements of the public health approach, such as Portugal, have reported decreased usage and subsequently crime rates, as well as more willingness to seek help.[173]

3. Preventive Strategies and Early Interventions: Targeting At-Risk Populations

While the problem of drug abuse is one that does not discriminate, it appears to be more common among certain segments of the population. These groups of persons are referred to as at-risk populations and they include: youths and adolescents; persons from families with a history of substance abuse; communities grappling with poverty, violence and unemployment; school dropouts and street-involved youth; individuals with mental health disorders, etc.

The first step in tackling substance abuse among at-risk populations is in identifying them, which has been done above. Being majorly young, preventative measures would be highly effective as a sizable portion of members of these demographics would not

[173] Drug Policy Alliance, "Drug Decriminalization in Portugal: Learning from a Health and Human-Centered Approach"

have encountered drugs yet, despite being highly susceptible. Another important step is in terms of research, because it is imperative to understand what it is we are up against. A lot of the data on drug abuse among vulnerable populations have been gathered in high-income countries, while the effects are felt as badly, or even worse, in low-income populations and subpopulations.[174] This signals a deficit or total lack of context and therefore an error in whatever approach would be sought to be applied regarding this problem.

After gathering the data specific to the demographic in focus, this would help streamline the next steps for optimal results. Preventative measures could be taken through education and awareness programs both within and outside the classroom. In school, initiatives such as drug life skills and peer pressure resistance should be taught. Public awareness campaigns should be tailored to cultural and social contexts, with parents and the general community being educated on how to spot warning signs. Policy and environmental measures could come into play by: enforcing age restrictions on alcohol and tobacco; regulating advertising and access to addictive substances, promoting recreational, cultural, and educational opportunities for youths. Also, fostering strong family bonds and parental supervision, promoting positive peer relationships and mentorship, and encouraging academic success and school engagement would go a very long way.

4. Treatment and Rehabilitation Frameworks: Overcoming Barriers and Enhancing Accessibility

Treatment and rehabilitation frameworks are vital components in the fight against substance abuse, offering individuals the support and resources needed to overcome addiction and rebuild their lives. These frameworks often include a combination of detoxification, behavioral therapies, medication-assisted treatment, psychosocial support, and aftercare planning. Effective rehabilitation goes beyond addressing the physical dependency; it also targets the psychological, emotional, and social aspects of

[174] The Lancet Psychiatry, "Prevention, early intervention, harm reduction, and treatment of substance use in young people" Volume 3, Issue 33, Pages 280-296 (March 2016)

addiction to ensure a holistic recovery process. However, despite the existence of these frameworks and the positive benefits thereof, many individuals still face significant barriers in accessing treatment.

One of the most persistent barriers is stigma.[175] People struggling with substance use disorders are often viewed with judgment and discrimination, which can discourage them from seeking help. This stigma not only exists within society but can also be present in healthcare settings, leading to reduced quality of care and patient trust. In addition, economic constraints and lack of affordable services remain major obstacles, particularly for those from disadvantaged backgrounds.[176] Many treatment programs are either too expensive or not covered by public health insurance, making them inaccessible to large segments of the population.

Another major issue is the shortage of trained professionals and specialized facilities, especially in rural or low-resource settings. There is already a worldwide shortage of mental health workers, and this bites harder in less privileged populations as approximately 85% of people with mental, neurological and substance-use disorders in low- and middle-income countries do not receive care.[177] This is compounded by geographical barriers, where individuals living in remote areas have limited access to quality care. Furthermore, fragmented healthcare systems can result in disjointed care, where patients are not provided with continuous support across different stages of recovery.

To enhance accessibility, there is a growing movement toward integrating substance abuse treatment into general healthcare systems, including primary care and mental health services. This makes it easier for individuals to receive help without needing to navigate complex or separate systems. Community-based rehabilitation programs also play a crucial role, offering support in a familiar environment and promoting long-term

[175] National Library of Medicine, “Stigma as a Barrier to Substance Abuse Treatment Among Those With Unmet Need: An Analysis of Parenthood and Marital Status”
[176] National Library of Medicine, “Barriers to Substance Abuse Treatment in Rural and Urban Communities: A Counselor Perspective”
[177] International Journal of Mental Health Systems, “Barriers and drivers to capacity-building in global mental health projects”

reintegration into society. Additionally, the rise of telemedicine and digital health tools offers new possibilities for reaching underserved populations, providing counseling and support remotely and reducing travel-related barriers.

Policy reform is also essential. Governments and stakeholders must prioritize the decriminalization of addiction, promote public education campaigns to reduce stigma, and allocate sufficient funding to support comprehensive and sustainable rehabilitation services. By focusing on these strategies and reinforcing a person-centered approach, treatment and rehabilitation frameworks can become more inclusive, accessible, and effective, ultimately empowering individuals to recover with dignity and hope.

5. Global Cooperation and Regulatory Policies: Balancing Enforcement and Harm Reduction

Addressing substance abuse on a global scale requires strong international cooperation and well-balanced regulatory policies that emphasize both law enforcement and harm reduction. Traditionally, global drug policy has focused heavily on criminalization and strict enforcement, often guided by international treaties such as the United Nations' Single Convention on Narcotic Drugs of 1961. These policies aimed to eliminate the illegal drug trade and punish drug use, but over time, their limitations have become increasingly evident. While enforcement remains a crucial part of global drug control—particularly in combating trafficking, organized crime, and illegal production—there is growing recognition that punitive approaches alone are insufficient to address the public health crisis of substance abuse.

As a result, many countries and international organizations are shifting toward a more balanced approach that incorporates harm reduction strategies.[178] These include needle exchange programs, opioid substitution therapy (such as methadone and buprenorphine), supervised consumption facilities, and access to naloxone for

[178] International Journal of Drug Policy, "The impact of drug policy liberalisation on willingness to seek help for problem drug use: A comparison of 20 countries"

overdose prevention. These measures prioritize the health and dignity of individuals who use drugs, aiming to reduce the negative consequences of drug use without necessarily requiring abstinence. Importantly, harm reduction approaches are supported by evidence showing that they can lower the rates of HIV transmission,[179] overdose deaths, and drug-related crime, while also encouraging users to seek treatment.

Global cooperation plays a vital role in harmonizing these evolving strategies. International bodies like the World Health Organization (WHO), United Nations Office on Drugs and Crime (UNODC)[180], and International Narcotics Control Board (INCB) are instrumental in promoting evidence-based practices, setting standards, and supporting countries in implementing balanced policies. Moreover, cross-border collaborations and information-sharing initiatives help nations combat illicit drug networks while also learning from each other's successes and challenges in public health approaches.

However, achieving the right balance remains a challenge, as different countries vary in their legal frameworks, cultural attitudes, and levels of resources. Some nations still maintain zero-tolerance policies, while others are pioneering progressive reforms, including the decriminalization or legalization of certain substances. For effective global progress, there is a growing call for policies that respect human rights, address the root causes of drug abuse—such as poverty, trauma, and lack of education—and invest in health-based solutions alongside appropriate legal measures.

Ultimately, global cooperation and regulatory policies must strike a delicate balance: upholding the rule of law and public safety, while also fostering compassionate, health-oriented responses that reduce harm and support long-term recovery. By aligning enforcement with public health objectives, the international community can create a more humane and effective response to the complex issue of substance abuse.

[179] National Library of Medicine, "The role of harm reduction in controlling HIV among injecting drug users"
[180] United Nations, "Office on Drugs and Crime"

6. Emerging Trends and Challenges: Synthetic Drugs, Technology and Climate Impact

The landscape of substance abuse is rapidly evolving, shaped by emerging trends that present new challenges for prevention, treatment, and regulation. One of the most pressing developments is the proliferation of synthetic drugs, such as fentanyl,[181] synthetic cannabinoids, and new psychoactive substances (NPS). These substances are often cheap to produce, highly potent, and difficult to detect, making them especially dangerous and harder to regulate. Their unpredictable chemical compositions increase the risk of overdose and adverse health effects, placing immense pressure on healthcare systems and law enforcement agencies worldwide.

At the same time, technology is transforming how drugs are produced, distributed, and consumed. The rise of the dark web has facilitated anonymous drug trafficking, enabling access to illicit substances with relative ease. Social media platforms are also being used to market and distribute drugs, often targeting young users.[182] On the other hand, technology also presents opportunities: digital tools like mobile health apps, virtual counseling, and tele-rehabilitation services are improving access to support and treatment, particularly for people in remote or underserved areas.

Climate change is another emerging challenge, indirectly influencing substance abuse patterns. Environmental stressors such as natural disasters, displacement, and food insecurity can exacerbate mental health issues and increase vulnerability to substance use. Additionally, changing climates can affect the cultivation and trafficking routes of plant-based drugs like cannabis, coca, and opium, potentially altering the global drug market.[183] Communities already grappling with environmental and economic hardships may face compounded risks as drug use becomes both a coping mechanism and a symptom of broader systemic issues.

[181] United States Drug Enforcement Administration, “Fentanyl”
[182] United Nations Office on Drugs and Crime, “Use of the Dark Web and Social Media for Drug Supply”
[183] Gateway Foundation, “Are Drugs Bad for the Environment?”

Addressing these emerging challenges requires adaptive strategies that are grounded in research, technology, and global collaboration. Governments and health systems must remain agile, investing in early-warning systems, cross-sectoral cooperation, and continuous education to respond effectively to these evolving threats. By acknowledging and proactively tackling these trends, the global response to substance abuse can remain relevant, resilient, and responsive to the complexities of a changing world.

VI. Conclusion

The global challenge of substance abuse demands a comprehensive, multidimensional response that addresses its historical roots, evolving nature, and the complex barriers to recovery. From the birth of the WHO to the development of modern treatment and rehabilitation frameworks, it is clear that health-centered approaches must complement enforcement efforts. Overcoming stigma, expanding access to care, and strengthening community-based and digital solutions are essential steps toward effective recovery support.

At the same time, balancing enforcement with harm reduction through global cooperation and evidence-based policies offers a more humane and impactful path forward. Emerging trends, such as the rise of synthetic drugs, the influence of technology, and the effects of climate change, further highlight the need for adaptive and innovative strategies. Ultimately, a unified global commitment that prioritises public health, human rights, and inclusive policies will be key to reducing the harms of substance abuse and fostering long-term resilience in individuals and communities worldwide.

VII. Further Research

- What are the economic costs of substance abuse, and how can countries measure the long-term benefits of investing in prevention and treatment programs?
- What are the most successful public health strategies and interventions to prevent substance abuse, particularly among at-risk youth populations?
- How do cultural attitudes and stigma surrounding addiction influence the effectiveness of prevention and treatment programs?
- How should the legal system strike a balance between criminalising substance usage and showing sympathy to people battling with addiction?
- How does substance abuse intersect with mental health disorders, and what integrated approaches are most effective in treating individuals affected by both?
- What strategies are most effective in reducing stigma associated with substance abuse and encouraging individuals to seek help?
- How can international regulatory frameworks be adapted to better address the challenges posed by synthetic drugs and new psychoactive substances?
- In what ways can digital technologies and telehealth tools be optimized to support long-term recovery and reduce relapse rates?
- What role does climate change play in influencing substance abuse trends, and how can policy responses be designed to mitigate its impact?
- How can harm reduction strategies be scaled up in regions with strict punitive drug laws without undermining legal frameworks?

- What are the most effective models of community-based rehabilitation, and how can they be adapted to suit diverse cultural and socioeconomic contexts?
- How can global cooperation be strengthened to ensure timely responses to emerging drug trends, such as those facilitated by the dark web?
- What is the impact of early education and prevention programs on reducing substance use among youth in different regions?
- How can data from international health organizations be better utilized to inform national policies and improve the effectiveness of drug control measures?

VIII. Bibliography

Christine Miller, Jacqueline Lewis: Psychoactive Substances & Society: Uses of Psychoactive Drugs (2nd edition, 2024); available at: https://ecampusontario.pressbooks.pub/psychoactivesubstanceuseandsociety2nded/chapter/1-4-uses-of-psychoactive-drugs/ (accessed 9th February 2025)

Townsend Recovery Center, "*The History of Substance Abuse*" - October 31, 2024. Available at: https://www.townsendla.com/blog/history-of-substance-use

Indian Journal of Psychiatry, "Prevention, early intervention, and harm reduction of substance use in adolescents" 59(1):p 111-118, Jan–Mar 2017. | DOI: 10.4103/0019-5545.204444. Available at: https://journals.lww.com/indianjpsychiatry/fulltext/2017/59010/prevention,_early_intervention,_and_harm_reduction.20.aspx

International Narcotics Control Board *'International Drug Control Conventions'*, available at: https://www.wto.org/english/res_e/booksp_e/int_exp_regs_part2_1_e.pdf

World Health Organization *'Alcohol, Drugs and Addictive Behaviours'* https://www.who.int/teams/mental-health-and-substance-use/alcohol-drugs-and-addictive-behaviours/alcohol/governance/global-alcohol-strategy

United Nations Office on Drugs and Crime, 'International Cooperation'. Available at: https://www.unodc.org/unodc/en/international-cooperation/index.html (accessed 6th April 2025).

Wellbrook Wellness, "How does Rehab Work? A path to healing" (March 27, 2025) Available at: https://www.wellbrookrecovery.com/post/history-of-substance-use (accessed 20th April 2025)

Memorandum of Understanding on Cooperation between the International Criminal Police Organization and the World Customs Organization. Signed 9th November 1998. Available at: https://www.interpol.int/content/download/11066/file/6-%20WCO%20(English).pdf (accessed 20th April 2025)

The National Academy of Sciences, "Drug Abuse Research in Historical Perspective - Pathways of Addiction" (1996) Bookshelf ID: NBK232974. Available at: https://www.ncbi.nlm.nih.gov/books/NBK232965/

World Health Organization, "Substance Abuse: Overview" 2024. Available at: https://www.afro.who.int/health-topics/substance-abuse#:~:text=Substance%20abuse%20refers%20to%20the,on%20individuals%2C%20families%20and%20society

National Library of Medicine, “Prevention of substance abuse: a brief overview” (February 4, 2005). Available at: https://pmc.ncbi.nlm.nih.gov/articles/PMC1414714/ (Accessed 21st January, 2025)

United Nations Office on Drugs and Crime, “Global Assessment Programme on Drug Abuse: Objectives” (July 20, 2009). Available at: https://www.unodc.org/unodc/en/GAP/index.html

United Nations Office on Drugs and Crime, “Drug abuse prevention and drug dependence treatment and rehabilitation”. Available at: https://www.unodc.org/unodc/en/illicit-drugs/drug-abuse-prevention-treatment-and-rehabilitation.html

The Lancet Psychiatry, “Prevention, early intervention, harm reduction, and treatment of substance use in young people” Volume 3, Issue 33, Pages 280-296 (March 2016). Available at: https://www.sciencedirect.com/science/article/abs/pii/S221503661600002X

World Health Organisation, “Global partners gather to foster collaboration to address substance use and addictive behaviours” (27 June 2023). Available at: https://www.who.int/news/item/27-06-2023-global-partners-gather-to-foster-collaboration-to-address-substance-use-and-addictive-behaviours

World Health Organisation, “Global strategy to reduce the harmful use of alcohol.” available at .https://iris.who.int/bitstream/handle/10665/44395/9789241599931_eng.pdf?sequence=1 (accessed 6th April 2025).

United Nations Office on Drugs and Crime, “Legal Framework for Drug Trafficking”. Available at: https://www.unodc.org/unodc/en/drug-trafficking/legal-framework.html

National Library of Medicine, “Exploring the Nexus of Climate Change and Substance Abuse: A Scoping Review” (July 9, 2024. Available at: https://pmc.ncbi.nlm.nih.gov/articles/PMC11277026/

UNODC ‘Statistics’. Available at https://www.unodc.org/unodc/en/data-and-analysis/statistics/index.html (accessed 20th April 2025)

National Library of Medicine, “Principles of Harm Reduction for Young People Who Use Drugs” (January 1, 2022). Available at: https://pmc.ncbi.nlm.nih.gov/articles/PMC7907587/#:~:text=Harm%20reduction%20programs%20for%20young,services%20or%20receive%20medical%20treatments.

UNODC, World Drug Report 2023 (United Nations publication, 2023); available at: https://www.unodc.org/res/WDR-2023/WDR23_Exsum_fin_DP.pdf (accessed 9th February 2025)

United Nations. Single Convention on Narcotic Drugs (1961); available at: https://www.unodc.org/pdf/convention_1961_en.pdf (accessed 8th February 2025).

United Nations. Convention on Psychotropic Substances (1971); available at: https://www.unodc.org/unodc/en/treaties/psychotropics.html (accessed 8th February 2025).

United Nations. United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988); available at:

https://www.unodc.org/unodc/en/treaties/illicit-trafficking.html (accessed 8th February 2025).

World Health Organization (WHO). Global Strategy to Reduce the Harmful Use of Alcohol. 2010; available at: https://iris.who.int/bitstream/handle/10665/44395/9789241599931_eng.pdf?sequence=1 (accessed 8th February 2025).

Ujah, E. "FG Raises Excise Duty on Alcoholic Drinks, Tobacco." Vanguard, March 11, 2018; available at: https://www.vanguardngr.com/2018/03/fg-raises-excise-duty-alcoholic-drinks-tobacco/ (accessed 8th February 2025).

World Health Organization (WHO). Global Alcohol Action Plan 2022–2030. Geneva: World Health Organization, 2024. Licence: CC BY-NC-SA 3.0 IGO; available at: https://iris.who.int/bitstream/handle/10665/376939/9789240090101-eng.pdf?sequence=1 (accessed 8th February 2025).

International Narcotics Control Board (INCB). Report of the International Narcotics Control Board for 2023. United Nations, 2024. E/INCB/2023/1; available at: https://unis.unvienna.org/unis/uploads/documents/2024-INCB/2325540E_INCB_Annaul_Report.pdf (accessed 8th February 2025).

African Union (AU). Plan of Action on Drug Control (2019–2025); available at: https://au.int/sites/default/files/documents/43469-doc-AUPA_on_Drug_Control_2019-2025_-_English.pdf (accessed 8th February 2025).

ECOWAS. Regional Action Plan to Address Illicit Drug Trafficking and Organized Crime (2016–2020); available at: https://idpc.net/blog/2016/10/the-new-ecowas-action-plan-on-the-drug-problem-in-west-africa (accessed 8th February 2025).

United Nations Office on Drugs and Crime (UNODC). "Signature of the Regional Framework for Arab States (2023–2028)." March 2023; available at: https://www.unodc.org/unodc/en/press/releases/2023/March/signature-of-the-regional-framework-for-arab-states-2023--2028.html (accessed 8th February 2025).

United Nations Office on Drugs and Crime (UNODC). Regional Framework for the Arab States 2023–2028; available at: https://www.unodc.org/romena/en/regional-programme-2023---2029.html (accessed 8th February 2025).

United Nations *'International Day Against Drug Abuse and Illicit Trafficking'*. Available at: https://www.un.org/en/observances/end-drug-abuse-day (accessed 20th April 2025)

United Nations Office on Drugs and Crime *'International Narcotics Control Board (INCB)'* https://www.unodc.org/lpo-brazil/en/drogas/jife.html (accessed 6 April 2025).

International Narcotics Control Board *'2024 Report'* https://www.incb.org/ (accessed 6th April 2025).

World Health Organisation, 'Substance Abuse'; available at: https://www.afro.who.int/health-topics/substance-abuse (accessed 8th February 2025)

World Health Organization, *'Global strategy to reduce the harmful use of alcohol'* (31st May, 2010) https://www.who.int/publications/i/item/9789241599931 (accessed 6th April, 2025).

Statista Research Department, 'Global Drug Use- Statistics and Facts' (19th November 2024); available at: https://www.statista.com/topics/7786/global-drug-use/#topicOverview (accessed 9th February 2025)

The Public Health Bush Book: "Facts & approaches to three key public health issues; Chapter 1, Alcohol and Other Drugs"; available at: https://web.archive.org/web/20150328060739/http://www.nt.gov.au/health/healthdev/health_promotion/bushbook/volume2/chap1/sect1.htm (accessed 9th February 2025)

Levine, Robert J. "Medicalization of Psychoactive Substance Use and the Doctor-Patient Relationship." The Milbank Quarterly, vol. 69, no. 4, 1991, pp. 623–40. JSTOR; available at: https://doi.org/10.2307/3350230. (accessed 9th February 2025)

Wikipedia, "Psychoactive Drug"; available at: https://en.wikipedia.org/wiki/Psychoactive_drug (accessed 9th February 2025)

National Cancer Institute, NCI dictionaries, Substance abuse; available at: https://www.cancer.gov/publications/dictionaries/cancer-terms/def/substance-abuse (accessed 9th February 2025)

IX. Annotated Bibliography

United Nations Office on Drugs and Crime 'International Narcotics Control Board (INCB)' https://www.unodc.org/lpo-brazil/en/drogas/jife.html (accessed 6 April 2025).

> *This article highlights the mandates and functions of the INCB, which is very instrumental in global drug control. Delegates are advised to go through it and consult with the sources recommended on the website.*

Townsend Recovery Center, "The History of Substance Abuse" - October 31, 2024. Available at: https://www.townsendla.com/blog/history-of-substance-use (accessed 29 April 2025).

The article provides a cursory look at the use of substances through different eras and cultures, showing that substance use remains a prevalent part of human culture.

World Health Organisation, "Global strategy to reduce the harmful use of alcohol." available at: https://iris.who.int/bitstream/handle/10665/44395/9789241599931_eng.pdf?sequence=1 (accessed 6 April 2025).

This report highlights WHO's goal to reduce alcohol-related harm worldwide, through national policies supported by global cooperation. The strategy sets out five key objectives, including increasing awareness, improving the evidence base, enhancing national capacity, building partnerships, and strengthening monitoring systems.

National Library of Medicine, 'Stigma as a Barrier to Substance Abuse Treatment Among Those With Unmet Need: An Analysis of Parenthood and Marital Status' available at https://pmc.ncbi.nlm.nih.gov/articles/PMC5754000/ (accessed 20 April 2025)

This article sheds adequate light on stigma as an obstacle in seeking treatment for substance abuse, especially among specific demographics, such as women.

United Nations, 'Office on Drugs and Crime' available at https://www.unodc.org/ (accessed 20 April 2025)

This article is dedicated to the United Nations Office on Drugs and Crime, a specialised body of the United Nations aimed at tackling the rise of substance abuse globally. It contains information, news, and quick links to related content that delegates will find useful.

United Nations Office on Drugs and Crime, 'Global Assessment Programme on Drug Abuse: Objectives' (July 20, 2009) available at https://www.unodc.org/unodc/en/GAP/ (accessed 20 April 2025)

This article focuses on the Global Assessment Programme (GAP), its objectives and contains links to the GAP Toolkit modules.