Committee Overview

"I envision a world in which everyone can live healthy, productive lives, regardless of who they are or where they live. I believe the global commitment to sustainable development – enshrined in the Sustainable Development Goals – offers a unique opportunity to address the social, economic and political determinants of health and to improve the health and well-being of people everywhere." [1]

Introduction

The World Health Organization (WHO) is the directing and coordinating authority on international healthcare issues within the United Nations (UN) system, promoting the attainment of the highest possible level of health by all people.[2] WHO intervenes within six intersecting areas of work: the provision of assistance to its 194 Member States in the development of their respective health systems; the eradication of non-communicable diseases; the promotion of good lifelong health; the prevention, treatment, and care for communicable diseases; the preparedness, surveillance, and response with respect to international health emergencies; and the extension of corporate services to the organization's public and private partners.[3] WHO is guided by the principle that health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.[4]

The **World Health Organization** (WHO) is a specialized agency of the United Nations, reporting to the Economic and Social Council (ECOSOC).

At NMUN•NY 2018, we are simulating the Executive Board of WHO in terms of composition and size; however, delegates are not limited to the strict mandate of the Executive Board during the conference. For the purposes of the educational mission of the conference, the committee has the ability to make programmatic and policy decisions on issues within the mandate of WHO in line with the overall function of the organization.

Outlined in the *Constitution of the World Health Organization* (1946), the principle was adopted in July 1946 by the then 51 UN Member States and 10 additional states.[5] After a complete breakdown of international health cooperation during the Second World War, an Interim Commission continued the activities of existing institutions until 26 Member States ratified WHO's constitution.[6] After the constitution entered into force in April 1948, the World Health Assembly (WHA), the organization's decision-making body comprised of all WHO Member States, convened in Geneva on 24 June 1948 for the first time.[7] Although WHO had largely remained a stimulator for health research throughout its first decade, its operative programs gradually expanded in the following years.[8] The adoption of WHA resolution 19.16 of 13 May 1966 on a "Smallpox Eradication Programme" marked the organization's first global immunization campaign and eventually succeeded in eliminating the disease in 1980.[9] Another defining moment for WHO was the 1978 International Conference on Primary Health Care, which declared access to primary health care for all as the organization's key strategic objective and linked health to social and economic development.[10] The *Declaration of Alma-Ata* (1978) served as the basis for WHO's *Global Strategy for Health for All by the Year 2000* (1981), aiming to achieve universal primary healthcare.[11]

Governance, Structure, and Membership

While WHO's secretariat is located in Geneva, Switzerland, the organization maintains a worldwide presence, staffing six regional offices across the globe and operating a total of 149 country offices and decentralized

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[1] WHO, *Vision statement by WHO Director-General*, 2017.
[2] WHO, *About WHO*, 2017; WHO, *Basic Documents – 48th ed. Including amendments adopted up to 31 December 2014*, 2014.
[3] WHO, *What we do*, 2017.
[4] WHO, *Constitution of WHO: principles*, 2017.
[5] WHO, *Origin and development of health cooperation*, 2017.
[6] Ibid.
[7] Ibid.
[8] Ibid.
[9] WHO, *The Third Ten Years of the World Health Organization – 1968-1977*, 2008, pp. 177-181.
[10] Ibid, pp. 303-304.
[11] WHO, *Global Strategy for Health for All by the Year 2000*, 1981; International Conference on Primary Health Care, *Declaration of Alma-Ata*, 1978.

sub-offices.[12] WHO's executive functions are assigned to its Executive Board, which comprises 34 experts in the field of health, each appointed for a three-year term by a Member State of WHO that is elected by WHA with respect to population per region proportions.[13] The Board's key functions include the drafting of multiannual programs of work as well as submitting draft resolutions to WHA for consideration.[14] The Board's Programme, Budget and Administration Committee (PBAC) plays an important role, as it makes recommendations with regard to planning, monitoring, and evaluation of WHO programs, as well as the organization's financial and administrative management.[15] The PBAC consists of 14 board members, with two members from each region elected by the Board for a two-year period. [16] Furthermore, the Board endorses decisions and policies of WHA and coordinates response efforts to international health emergencies.[17] The Board meets at least twice per year, and also holds special sessions in the event of an international health emergency, such as in response to the Ebola outbreak in West Africa.[18]

In addition to its primary function of determining WHO's policies, WHA also supervises the organization's financial policies, adopts its budget, and appoints the Director-General on the nomination of the Executive Board.[19] WHO's Director-General acts as chief technical and administrative officer with the support of the secretariat's administrative staff.[20] The Director-General also serves as the ex officio secretary of WHA and the Executive Board, as well as of the organization's commissions and committees, and is responsible for submitting WHO's financial statements and budget estimates to the Executive Board.[21] Dr. Tedros Adhanom Ghebreyesus is the current Director-General of WHO.[22] The Director-General's vision reinforces the importance of the Sustainable Development Goals (SDGs) in improving global health and well-being by focusing on health rights for all people and by giving health a central role in international agendas.[23]

WHO's biennial program budgets derive from its multiannual programs of work, and are funded via a mix of assessed and voluntary contributions.[24] Assessed contributions consist of membership dues paid by WHO's Member States, calculated proportionately to their wealth and population.[25] Voluntary contributions are provided by WHO Member States in addition to their assessed contributions, as well as by other partners such as non-governmental organizations (NGOs), academic institutions, and private corporations.[26] These contributions can either be earmarked for a specific WHO program or represent a core voluntary contribution, which can be assigned to any item in WHO's biennial program budget.[27] WHO has steadily received assessed contributions in the past; however, growth in voluntary contributions has led to a gradual decline of assessed contributions.[28] The financing dialogue of 2016 discussed raising assessed contributions from stagnation, in addition to examining underfunded areas and reporting on the financial coverage of health emergencies.[29] In line with financial reform, the *Proposed Programme Budget 2018-2019* replaces preapproved funding for crisis response with planning and budgeting at the time of emergency, invests in coordination efforts to align different management levels with the SDGs, and adjusts resource allocation for areas that attract less donor interest.[30]

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[12] WHO, *WHO Presence in Countries, Territories and Areas. 2015 Report*, 2015.
[13] WHO, *The Executive Board*, 2017.
[14] WHO, *Governance*, 2017; WHO, *Constitution of the World Health Organization*, 1946, p. 9.
[15] WHO, *Revised terms of reference for the Programme, Budget and Administration Committee of the Executive Board (EB131.R2)*, 2012, p. 3.
[16] Ibid.
[17] WHO, *Constitution of the World Health Organization*, 1946, p. 9.
[18] WHO, *The Executive Board*, 2015; WHO, *Special Session on the Ebola Emergency (EBSS/3/2015/REC/1)*, 2015.
[19] WHO, *Constitution of the World Health Organization*, 1946, p. 6.
[20] Ibid., p. 9.
[21] Ibid., pp. 9-10.
[22] WHO, *Dr Tedros takes office as WHO Director-General*, 2017.
[23] WHO, *Vision statement by WHO Director-General*, 2017.
[24] WHO, *Planning, finance and accountability*, 2017; WHO, *Funding WHO*, 2017.
[25] WHO, *Assessed contributions*, 2017.
[26] WHO, *Proposed Programme Budget 2018-2019*, 2017; WHO, *Voluntary contributions*, 2017.
[27] Ibid.
[28] WHO, *Assessed contributions*, 2017.
[29] WHO, *WHO's financing dialogue 2016*, 2016.
[30] WHO, *Proposed Programme Budget 2018-2019*, 2017.

In May 2011, the Executive Board launched a Member State-led reform to transform the organization into a more "effective and efficient, transparent and accountable" body to maintain its position as a key contributor in the 21st century.[31] The reform addresses three core areas: program and priority setting; governance and management; and tackling issues relating to accountability, human resources, evaluation, and communication.[32] The governance reform examines WHO governing bodies' working methods, engagement practices with external stakeholders, and ultimately the organization's governance role in the global community on issues relating to health.[33] After six years of reform, WHO has consolidated its position in influencing the global health agenda, improving prioritization based on country needs, and strengthening oversight and accountability.[34]

Mandate, Functions, and Powers

WHO's constitution established the organization as a specialized agency of the UN in accordance with Article 57 of the *Charter of the United Nations* (1946).[35] Notwithstanding its status as an autonomous organization, WHO operates within the purview of the Economic and Social Council (ECOSOC).[36] Accordingly, WHA reports to ECOSOC concerning any agreement between the organization and the UN.[37] Furthermore, WHO's Director-General is the official representative of international health efforts across a broader range of policy areas.[38] As such, the Director-General is a key member of the UN System Chief Executives Board for Coordination, which comprises the 31 executive heads of the UN's specialized agencies, related organizations, and funds and programs.[39]

Article 2 of WHO's Constitution mandates the organization to foster mental, maternal, and child health, and to provide information, counsel, and assistance in the field of health.[40] The mandate defines WHO's role in advancing the eradication of diseases; coordinating and directing international health programs and projects; and improving nutrition, sanitation, housing, recreation, and other conditions.[41] In order to achieve these tasks, WHO partners with other UN bodies and specialized agencies, Member States' health administrations, and NGOs.[42] Finally, WHO is responsible for advancing medical and health-related research; promoting scientific collaboration; improving standards of training in health, medical, and related professions; and developing international standards for food, biological, pharmaceutical, and similar products.[43]

WHO carries out various projects, campaigns, and partnerships, addressing a wide range of health topics.[44] As illustrated by WHO's response to the 2014 Ebola outbreak in West Africa, WHO programs may operate on global, regional, and country levels simultaneously.[45] In July 2015, WHO had approximately 1,100 technical experts and medical staff deployed in the three most affected states: Guinea, Liberia, and Sierra Leone.[46] WHO's activities in these states were complemented by the work of the Global Outbreak Alert and Response Network, a coalition of Member States' scientific institutions, medical and surveillance initiatives, regional technical networks, the United Nations Children's Fund (UNICEF), the Office of the United Nations High Commissioner for Refugees (UNHCR), the Red Cross, and other humanitarian NGOs.[47] WHO's Executive Board adopted resolution EBSS3.R1 titled "Ebola: ending the current outbreak, strengthening global preparedness and ensuring WHO's capacity to prepare for and respond to future large-scale outbreaks and emergencies with health consequences" of 25 January 2015,

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[31] WHO, *WHO reform: overview of reform implementation*, 2015.
[32] Ibid.; WHO, *Why reform?*, 2016.
[33] WHO, *WHO reform: overview of reform implementation*, 2015.
[34] WHO, *Leadership and management at WHO: evaluation of WHO reform, third stage*, 2017.
[35] *Charter of the United Nations*, 1945; WHO, *Constitution of the World Health Organization*, 1946, p. 2.
[36] UN DPI, *The United Nations System*, 2015.
[37] WHO, *Constitution of the World Health Organization*, 1946, p. 7.
[38] UNSCEB, *Who we are*, 2016.
[39] Ibid.
[40] WHO, *Constitution of the World Health Organization*, 1946, pp. 2-3.
[41] Ibid, p. 2.
[42] Ibid.
[43] Ibid, p. 3.
[44] WHO, *Health topics*, 2017.
[45] WHO, *Ebola Response in Action*, 2015; WHO, *Partners: Global Outbreak Alert and Response Network (GOARN)*, 2017.
[46] Ibid.
[47] Ibid.

outlining the coordinating framework for stakeholders involved in the response.[48] The resolution set assistance priorities to affected countries' health systems, and called upon Member States and WHO's Director-General to strengthen disease surveillance capacities and data flows between stakeholders.[49] WHO plays an important role in resolving crises of Member States, offering support at levels of country offices, regional offices, and headquarters through the network for Emergency Risk Management and Humanitarian Response.[50] In the Syrian Arab Republic, currently categorized as a Grade 3 emergency, WHO has assisted war victims by providing vaccinations to children in partnership with UNICEF; training health workers in topics including mental health, nutrition, and immunization; and negotiating evacuation for wounded and critically ill patients.[51]

WHO also assumes a norm- and standard-setting function to help states address public health issues, most notably via promoting the implementation of the *International Health Regulations* (IHR) (2005).[52] The IHR was adopted by WHA resolution 58.3 on "Revision of the International Health Regulations."[53] The resolution called for a legal framework strengthening states' disease surveillance capacities, an issue that became salient following a resurgence of several epidemic diseases in the 1990s, such as cholera outbreaks in South America and plague in India.[54] The IHR came into force on 17 June 2007 and legally binds 196 states, including all WHO Member States, setting standards for the prevention of and response to acute, cross-border public health risks.[55] However, IHR lacks an enforcement mechanism, and incentives for compliance are based solely on peer pressure and public knowledge.[56]

The promotion of health-related research plays a central role in advancing global health and provides benefits across WHO's work areas.[57] Acknowledging this, WHA adopted the *WHO Strategy on Research for Health* (2012), which aims to enhance cooperation between WHO's secretariat, Member States, health practitioners, and researchers to reinforce research on Member States' priority health needs and strengthen national capacities for health research.[58] Another key contribution by WHO is the provision of data across a variety of health issues.[59] This is conducted via the organization's Global Health Observatory Data Repository, established in 2005 to complement WHO's annual *World Health Statistics Reports*.[60] The continuous, systematic collection, analysis, and interpretation of health-related data allow the organization, its Member States, and external stakeholders to conduct quality public health surveillance.[61]

WHO partners with other UN bodies, such as the Joint UN Programme on HIV/AIDS, as well as external public entities, NGOs, and private sector actors.[62] Most notably, WHO leads the Global Health Cluster (GHC), which comprises 48 partners, including UN bodies such as UNICEF, as well as public stakeholders and academic institutions.[63] Aiming to minimize the health impact of humanitarian emergencies, GHC partners collaborate to foster global capacities for emergency preparedness, response, and recovery from humanitarian health crises.[64] WHO also sustains different approaches, initiatives, alliances, and global networks that target different areas of life-course issues, such as health of women before, during, and after pregnancy; health of newborns, children, adolescents, and older people; and environmental risks to health.[65]

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[48] WHO, *Special Session on the Ebola Emergency (EBSS/3/2015/REC/1)*, 2015, pp. 3-7.
[49] Ibid.
[50] WHO, *Questions and answers about WHO's role in Humanitarian Health Action*, 2017.
[51] WHO, *10 things you should know about the Syrian crisis*, 2017.
[52] WHO, *International Health Regulations (IHR)*, 2017.
[53] WHO, *Frequently asked questions about the International Health Regulations (2005)*, 2017.
[54] Ibid.
[55] Ibid.; WHO, *International Health Regulations (IHR)*, 2017.
[56] WHO, *Frequently asked questions about the International Health Regulations (2005)*, 2017.
[57] WHO, *The WHO strategy on research for health*, 2012, p. 8.
[58] WHO, *Sixty-Third World Health Assembly. Resolutions and Decisions. Annexes (WHA63/2010/REC/1)*, 2010, p. 119; WHO, *The WHO strategy on research for health*, 2012, p. 8.
[59] WHO, *Global Health Observatory Data Repository*, 2015; WHO, *World Health Statistics 2005*, 2005, p. 5.
[60] Ibid.
[61] WHO, *Public Health Surveillance*, 2017.
[62] WHO, *Partnerships*, 2017.
[63] WHO, *About the Global Health Cluster*, 2015; WHO, *Global Health Cluster Partners*, 2015.
[64] WHO, *The strategic framework of the Global Health Cluster*, 2015.
[65] WHO, *Partnerships*, 2017.

Recent Sessions and Current Priorities

By adopting resolution 66.1 of 24 May 2013, WHA approved the organization's *Twelfth General Programme of Work 2014-2019*, which specifies WHO's current leadership priorities.[66] WHO's work focuses on promoting IHR's implementation, improving access to medical products, action on social determinants of health, advancing universal health coverage, addressing the challenge of non-communicable disease, and shaping WHO's role in achieving the SDGs.[67] WHO actively participated in the 2015 UN Climate Change Conference in Paris, France, which recognized the benefits that improved adaptation of climate action protocols would have on health.[68] WHO, in partnership with the Government of France, co-hosted the Second Global Conference on Health and Climate in July 2016 to portray how public health actors could aid in implementing the *Paris Agreement* (2015).[69]

During its seventieth session in May 2017, WHA adopted resolutions that reaffirm organizational commitment to the SDGs.[70] For example, resolution 70.14 called for strengthening immunization, resolution 70.15 highlighted improving health of refugees and immigrants, and resolution 70.12 focused on cancer prevention, all of which demonstrated attention to particularly vulnerable groups, preventive measures, and ensuring good health of all people, as highlighted in the SDGs.[71] To celebrate the goal of the *2030 Agenda for Sustainable Development* (2015) to "leave no one behind," the 70th WHA featured many side events that targeted vulnerable stakeholders.[72] Most notably, a technical briefing showcased successful stories of environmental health risk management; youth representatives participated in a citizens' dialogue on sexual and reproductive health and rights; and Every Woman Every Child hosted a discussion on innovation for women's, children's, and adolescents' health.[73] The 140th Executive Board meeting in January 2017 included discussions on WHO's preparedness in health emergencies, evaluation of health systems, communicable diseases, and non-communicable diseases.[74] A report by the Secretariat submitted to the Board explained the role of health at the center of sustainable development and described how WHO could support Member States in implementing the SDGs.[75]

Recently, WHO has been actively addressing mosquito-related viral outbreaks, including the Zika virus outbreak and associated complications, by setting out a Strategic Response Plan to support local governments in managing the outbreak.[76] In addressing the consequences of climate change, the WHO Contingency Fund for Emergencies responded to El Niño in Papua New Guinea by providing financial support in May 2016.[77] As cholera continued spreading in Yemen, WHO, UNICEF, and other partners provided infrastructural and financial support to local health workers to treat patients.[78]

Conclusion

WHO is the coordinating authority on international healthcare issues within the UN system.[79] As the body responsible for the formulation of WHO's policies, WHA assumes a key responsibility in addressing current health priorities.[80] The global state of health is ever-changing and increasingly complicated, requiring strategic, creative,

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[66] WHO, *Twelfth General Programme of Work 2014-2019 (WHA66.1)*, 2013.
[67] WHO, *Leadership priorities*, 2015.
[68] WHO, *WHO key messages for COP 21*, 2015; WHO, *Health events in the 2015 UN climate change conference of parties (COP 21)*, 2015.
[69] WHO, *Second Global Conference on Health and Climate Change*, 2016.
[70] WHO, *Agenda (A70/1 Rev.2)*, 2017.
[71] WHO, *Cancer prevention and control in the context of an integrated approach (WHA70.12)*, 2017; WHO, *Strengthening immunization to achieve the goals of the global vaccine action plan (WHA70.14)*, 2017; WHO, *Promoting the health of refugees and migrants (WHA70.15)*, 2017.
[72] WHO, *70th World Health Assembly. Selected highlights & outcomes of WHA70*, 2017.
[73] Ibid.
[74] WHO, *Agenda (EB140/1 Rev.1)*, 2017.
[75] WHO, *Progress in the implementation of the 2030 Agenda for Sustainable Development (EB140/32)*, 2017.
[76] WHO, *WHO in emergencies*, 2017; WHO, *Zika virus outbreak global response*, 2016.
[77] WHO, *Contingency Fund for Emergencies releases funds to support response to el Niño in Papua New Guinea*, 2016.
[78] WHO, *The life and death struggle against cholera in Yemen*, 2017.
[79] WHO, *About WHO*, 2017.
[80] WHO, *The Executive Board*, 2017; WHO, *World Health Assembly*, 2017.

and unique solutions that adapt to local conditions and situations.[81] In light of persistent challenges across the priorities highlighted above, delegates are expected to develop effective solutions to address challenges to health and to achieve the health objectives set forth by the SDGs.[82]

Annotated Bibliography

World Health Organization. (2014). *Basic Documents – 48th ed. Including amendments adopted up to 31 December 2014*. Retrieved 25 August 2017 from: http://apps.who.int/gb/bd/PDF/bd48/basic-documents-48th-edition-en.pdf

This regularly updated document published by WHO compiles the organization's founding documents and accompanying legal provisions. It includes WHO's constitution, provides information on its governing bodies' rules and procedures, and specifies WHO's agreements with other intergovernmental and non-governmental organizations. Furthermore, the document specifies the legal provisions on WHO's financial administration. The document provides delegates with an encompassing overview of WHO's legal framework and details the formal mandate for the organization's operations.

World Health Organization. (2017). *About WHO* [Website]. Retrieved 28 August 2017 from: http://who.int/about/en/

This section of WHO's website provides delegates with access to comprehensive information on the organization's history and structure, WHO's main areas and locations of work, and background information on its governing bodies and WHO's cooperation with other organizations. The website represents a key resource that allows delegates to obtain an overview of not only WHO's formal structures and history, but also its role in the UN system and its work with Member States. While information provided on the website is fairly general, its subsections contain helpful links to more specific sources of information on the topics outlined above.

World Health Organization. (2017). *Global Health Observatory Data Repository* [Website]. Retrieved 28 August 2017 from http://www.who.int/gho/database/en/

This online database maintained by WHO provides access to an extensive collection of data across a wide range of health-related topics, countries, and time periods. The database also provides links to WHO reports on a number of health issues and its World Health Statistics publication. The database represents an excellent resource for delegates to learn more about statistical trends and current health priorities on global, regional, and country levels.

World Health Organization. (2017). *Proposed Programme Budget 2018-2019*. Retrieved 28 August 2017 from http://apps.who.int/gb/ebwha/pdf_files/WHA70/A70_7-en.pdf

This WHO report provides a detailed overview of the different types of contributions to WHO's current and future biennial program budget and specifies the allocation of funds by health issues, WHO's categories of work and WHO regions. The report provides insight as to areas of increased or decreased funding, outlining the need for this change. The proposal represents an excellent resource for delegates to learn more about the volume of funds needed for individual WHO programs and projects and how WHO ranks priorities by changing allocation to each aspect of the organization.

World Health Organization. (2017). *World Health Statistics 2017: Monitoring health for the SDGs*. Retrieved 27 September 2017 from: http://apps.who.int/iris/bitstream/10665/255336/1/9789241565486-eng.pdf?ua=1

Through the World Health Statistics series, WHO provides annual updates on health statistics for its Member States. The 2017 edition focuses on progress in health-related SDGs and associated targets based on data gathered by WHO's Member States. It also uses a new structure to report health statistics, reflecting WHO's dedication to achieving the SDGs, which are more ambitious than the previous Millennium Development Goals. Delegates will find the data indicative of the direction WHO considers going forward, of the changes that the organization has made to adapt

[81] WHO, *10 facts on the state of global health*, 2017; WHO, *World Health Statistics 2017: Monitoring health for the SDGs*, 2017.
[82] WHO, *WHO Director-General*, 2017.

to the changing global health situation, and of the upcoming challenges that will require collaborative resolutions.

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II. Improving Responses and Coordination in Addressing Mental Health

"In these Goals and targets, we are setting out a supremely ambitious and transformational vision. We envisage a world (…) with equitable and universal access to quality education at all levels, to health care and social protection, where physical, mental and social well-being are assured."[204]

Introduction

The World Health Organization (WHO) defines health as a "state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."[205] Mental health is an integral component of health, as healthy living conditions, mental health, and overall physical health are intertwined.[206] Multiple social, psychological, and biological determinants impact mental health conditions.[207] For instance, psychological factors, such as personality traits, and biological factors, such as brain chemical imbalances, may lead to mental disorders.[208] Mental health has to be distinguished from mental disorders, which refer to "disorders that cause a high burden of disease such as depression, bipolar affective disorder, schizophrenia, anxiety disorders, dementia, substance use disorders, intellectual disabilities, and developmental and behavioral disorders with onset usually occurring in childhood and adolescence, including autism."[209]

Individuals suffering from mental health conditions or mental disorders may experience social stigma, discrimination, and restrictions in the exercise of their civil and political rights.[210] Mental health patients often experience limited access to education and employment opportunities due to a lack of access to mental health, social, and emergency relief services, which in turn leads to low educational outcomes and higher rates of homelessness, unemployment, and poverty.[211] In fact, people suffering from mental disorders experience a 40-60% higher risk of premature death due to physical health problems, such as cardiovascular diseases, diabetes, and HIV infection.[212] Similarly, gender and age are factors that can increase mental health problems.[213] Women experience depressive episodes up to twice as much as men, though men are up to five times more inclined to commit suicide than women.[214] Likewise, children and youth are particularly vulnerable, as an estimated 20% of children and adolescents have mental health conditions or disorders and half of mental disorders present before the age of 14.[215]

WHO distinguishes the right to health from the right to be healthy as Member States should ensure all facilities, services, and necessary conditions to attain the highest level of health.[216] However, Member States do not need to ensure the attainment of a healthy life for its citizens because it may alter due to external factors, such as the individual's biological properties and socioeconomic conditions.[217] Rather, Member States should guarantee a minimum level of access to essential health components, such as maternal or child health services, within available resources without delay.[218] In 2016, only 3% of total government spending worldwide was for mental health, from less than 1% in low-income countries to 5% in high-income countries.[219] According to the World Bank, in order to ensure primary cost-effective mental health interventions packages, investments for mental health need to increase by five to eight times.[220]

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[204] UN General Assembly, *Transforming our world: the 2030 Agenda for Sustainable Development (A/RES/70/1)*, 2015.
[205] WHO, *Constitution of the World Health Organization*, 1946, p. 1.
[206] WHO, *Mental Health: a state of well-being*, 2017.
[207] Ibid.
[208] Ibid.
[209] WHO, *Comprehensive Mental Health Action Plan 2013-2020*, 2013, p. 6.
[210] Ibid.
[211] WHO, *Mental health and development: Targeting people with mental health conditions as a vulnerable group*, 2010, pp. 1-25.
[212] WHO, *Comprehensive Mental Health Action Plan 2013-2020*, 2013, p. 7.
[213] WHO, *Fact sheets on sustainable development goals: health targets*, 2017, p. 3.
[214] Ibid.
[215] Ibid.
[216] UN OHCHR & WHO, *The Right to Health*, 2008, p. 5
[217] Ibid.
[218] Ibid.
[219] WBG & WHO, *Out of the Shadows: Making Mental Health a Global Development Priority*, 2016.
[220] Ibid., p. 13.

Improved mental health responses and coordination can lead to a higher standard of mental health, which correlates to higher educational achievements, increased productivity and incomes, improved interpersonal relationships, social connections and parenting, and an overall increased quality of health and life.[221] In order to achieve improved mental health care services, it is important to address the five core barriers WHO has identified to responses and coordination in addressing mental health: the absence of mental health considerations in the public health and funding agenda, the current management of mental health services, the lack of mental health's integration within primary care, the inappropriate and insufficient human resources for mental health, and the lack of public mental health leadership.[222] As the world's leading expert on health, WHO's technical support and leadership are essential in tackling mental health barriers. [223] As the international community continues working toward the achievement of the Sustainable Development Goals (SDGs), WHO's work in strengthening a stronger and more comprehensive response and coordination in addressing mental health issues is vital for a sustainable future for all.

International and Regional Framework

The right to health was first articulated in the *Constitution of the WHO* (1946), which requires the attainment of the highest standard of physical, mental, and social well-being to the enjoyment of all fundamental human rights.[224] The *Universal Declaration of Human Rights* (1948) identifies mental health as a prerequisite to the right to life, an adequate standard of living, and the realization of economic, social, and cultural rights.[225] The *Declaration of Alma-Ata*, adopted at the 1978 International Conference on Primary Health Care in Alma-Ata, identifies primary healthcare (PHC) as a prerequisite to the attainment of universal health, and urges Member States to involve social and economic sectors to collectively participate in the planning and implementation of the healthcare policies to achieve the highest level of health.[226] Further, the *International Convention on the Elimination of All Forms of Racial Discrimination* (1965) guarantees everyone's equal right to public health, medical care, and social and security services without racial, ethnical or national discrimination, although refugees, migrants, and visible or ethnic minorities can still experience restrained access to mental health or general health care services.[227] Similarly, the *Convention on the Elimination of All Forms of Discrimination against Women* (1979) stresses the importance of equal rights for men and women to specific mental health and well-being services.[228] The *Convention on the Rights of the Child* (1989) and the *International Covenant on Economic, Social and Cultural Rights* (1966) safeguard children's right to receive mental health care and rehabilitative services, and to protect children and youth from social and economic exploitation that hinder or alter their moral and mental health condition or development.[229] Additionally, the *Convention on the Rights of Persons with Disabilities* (CRPD) (2006) recognizes and promotes the right for persons with disabilities to have gender-sensitive health rehabilitation and the highest attainable standard of specialized mental health services.[230] The CRPD prohibits discrimination of any kind against persons with disabilities in the provision of health care or health care insurance, and forbids denial of health care services on the basis of disability.[231] The *Sendai Framework for Disaster Risk Reduction 2015-2030* (2015) stresses the importance of psychosocial support and mental health services for persons with mental health conditions in contexts of disaster risk reduction.[232] It encourages and coordinates international approaches that integrate disability and cultural perspectives in policies, practices, decision-making processes, and data collection and dissemination.[233]

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[221] WHO, *Mental health and development: Targeting people with mental health conditions as a vulnerable group*, 2010, p. 3; ILO & WHO, *Health and Work: Impact, Issues and Good Practices*, 2000, p. 5.
[222] WHO, *Mental Health Atlas 2014*, 2015, p. 9.
[223] WHO, *Global Strategy for Women's Children's and Adolescents' Health 2016-20130*, 2015.
[224] WHO, *Constitution of the World Health Organization*, 1946.
[225] UN General Assembly, *Universal Declaration of Human Rights (A/RES/217 A (III))*, 1948.
[226] WHO, *WHO called to return to the Declaration of Alma-Ata*, 2017.
[227] UN General Assembly, *International Convention on the Elimination of All Forms of Racial Discrimination (A/RES/2106 (XX))*, 1965.
[228] UN General Assembly, *Convention on the Rights of the Child (A/RES/44/25)*, 1989; UN General Assembly, *International Covenant on Economic, Social and Cultural Rights (A/RES/2200 (XXI))*, 1966.
[229] Ibid.
[230] UN General Assembly, *Convention on the Rights of Persons with Disabilities (A/RES/61/106)*, 2006.
[231] Ibid.
[232] UN General Assembly, *Sendai Declaration and Framework for Disaster Risk Reduction 2015-2030 (A/RES/69/283)*, 2015.
[233] UN University et al., *Mental Health, Well-being and Disability- A New Global Priority Key United Nations Resolutions and Documents*, 2015, pp. 2-8.

For the first time, *Transforming our world: the 2030 Agenda for Sustainable Development*, adopted on 25 September 2015 by the General Assembly, directly targets and declares mental health as a development priority through SDG 3, "ensure healthy lives and promote well-being for all at all ages."[234] Within the 2030 Agenda, mental health is placed on an equal stand to physical health, and Member States are urged to achieve equitable and universal access to health care and coverage to quality care by promoting mental health and social well-being.[235] Furthermore, the 2030 Agenda recognizes mental illness as a challenge for sustainable development and calls upon Member States to commit to the prevention and treatment of behavioral, developmental, and neurological disorders.[236] SDG 3 targets premature mortality from non-communicable diseases (NCDs) such as mental disorders, and promotes mental health and well-being.[237] Goal 3 also aims to strengthen the prevention and treatment of substance abuse, and to achieve universal health coverage, including financial risk protection, access to quality essential health care services, and access to safe, effective, quality and affordable essential medicines and vaccines for all.[238] The 2030 Agenda recognizes mental health's intrinsic value in the attainment of the highest standard of health and social well-being and its wide-ranging consequences.[239] For example, in 2013, depression among citizens of the European Union created estimated costs of €617 billion related to absenteeism, lost economic outputs due to unemployment, medical treatments and social welfare systems, and disability benefits.[240] Therefore, mental health problems represent a major burden that compromises economic growth (SDG 8) and increases rates of poverty (SDG 1).[241] Hence, WHO's continuous efforts in strengthening the response and coordination addressing mental health is vital to international development and the full achievement of the SDGs.[242]

Role of the International System

Key WHO resolutions related to this topic include resolution World Health Assembly (WHA) resolution 28.84 of 1975 on "Promotion of Mental Health," which urges Member States to include and strengthen mental health within their general health services and public health programs and to stimulate mental health research.[243] Additionally, resolution 29.21 of 1976 on "Psychosocial factors and health" confirms the important relationship between psychosocial factors and health, and especially mental health.[244] More recently, resolution 65.4 of 2012 on "The global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level" urges Member States to adopt a comprehensive and coordinated response at the national and regional level that includes health and social sectors.[245] Likewise, resolution 55.10 of 2002 on "Mental Health: responding to the call for action" stresses the need for further investments within bilateral and multilateral initiatives for mental health.[246] In 2017, the Secretariat acknowledged the urgency of addressing mental health and psychosocial issues of refugees and migrants, and the need of a multi-agency intervention.[247]

The *Mental Health Action Plan 2013-2020* guides WHO's approach until 2020.[248] The Action Plan identifies four major objectives in the field of mental health, including strengthening effective leadership; improving governance

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[234] UN General Assembly, *Transforming our world: the 2030 Agenda for Sustainable Development (A/RES/70/1)*, 2015.
[235] Ibid.
[236] Ibid.
[237] Ibid.
[238] Ibid.
[239] WHO, *Fact sheets on sustainable development goals: health targets*, 2017, pp. 2-4.
[240] Ibid.; WHO, *WHO Quality Rights Tool Kit: Assessing and improving quality and human rights in mental health and social care*, 2012, pp. 1-13.
[241] WHO, *Fact sheets on sustainable development goals: health targets*, 2017, pp. 2-4.
[242] Ibid.
[243] UN University et al., *Mental Health, Well-being and Disability- A New Global Priority Key United Nations Resolutions and Documents*, 2015, pp. 2-8.
[244] Ibid.
[245] WHO, *The global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level (WHA65.4)*, 2012.
[246] WHO, *Mental Health: responding to the call for action (WHA55.10)*, 2002.
[247] WHO, *Promoting the health of refugees and migrants (WHA70/24)*, 2017; IOM & UNHCR, *Mental Health and Psychosocial Support for Refugees, Asylum Seekers and Migrants on the Move in Europe: a Multy-Agency Guidance note*, 2015, pp. 1-7.
[248] WHO, *Comprehensive Mental Health Action Plan 2013-2020*, 2013, p. 6; WHO, *Comprehensive mental health action plan 2013-2020 (WHA66.8)*, 2013.

information systems, evidence, and research for mental health; providing comprehensive, integrated, and responsive mental health and social care services in community-based settings; and implementing strategies for prevention and promotion of mental health.[249] The Action Plan bases its approaches and interventions on six multidimensional principles that include achieving universal health coverage (UHC); implementing existing international and regional frameworks; gender, age, and cultural sensitivity; collaboration with civil society; and fully integrating individuals with mental health condition to the society.[250] To achieve the Action Plan's objectives, WHO assists actors through technical guidance in the reorganization of mental health services, multi-sectoral resource planning, coordination of field related activities between stakeholders, and the formulation of human resources strategies, mental health promotion, and suicide prevention.[251]

WHO also develops mental health indicators and coordinates actors in the development and promotion of mental health research and in the implementation of technical tools that strengthen and empower persons with mental disorders or psychosocial disabilities, primarily by collating and disseminating evidence, best practices, and capacity-building policies and strategies.[252] WHO utilizes its Mental Health Evidence and Research (MER) team to best utilize available resources to address immediate needs for mental disorders interventions and mental health promotion.[253] MER oversees three core projects: the Mental Health Atlas, the World Health Organization Assessment Instrument for Mental Health Systems (WHO-AIMS), and Mental Health in Emergencies.[254] The WHO-AIMS collects essential data on activities that promote and restore mental health to provide guidelines for monitoring the progress.[255] The Mental Health Atlas gathers comprehensive information on the global mental health situation.[256] Mental Health in Emergencies offers psychosocial support to exposed populations, such as refugees, migrants, and internally displaced persons, in extreme stressor situations.[257]

Improving responses and coordination in addressing mental health requires a universal and comprehensive approach based on inter-agency partnerships and a harmonized system of coordinated and integrated services.[258] Civil Society Organizations (CSOs) play an essential part in delivering mental health care services by integrating mental health resources and solutions into a variety of services and advocating for policies and strategies that support people with mental or psychosocial disabilities.[259] CSOs participate in innovation programs as incubators for new ideas, develop inter-sectoral collaboration, and ensure a community and democracy building role.[260] Following the 2010 earthquake in Haiti, the Catholic Organization for Relief and Development Aid (CORDAID) and the Cooperation Aid Agencies jointly implemented the TROCAIRE and ECHO projects aiming to respond to mental health and psychosocial needs unaddressed by national or international actors.[261] CORDAID provided training to a local group of 80 community-level workers, eight non-governmental organization staff members, and 30 nurses and doctors on how to recognize mental health or psychosocial issues, create mental health individual or group intervention sessions, and identify severe distress cases.[262] However, a lack of resources and political will restrained the implementation of a National Mental Health Strategy and Policy in collaboration with the Ministry of Health of Haiti, which hindered the continuous and complete recovery of the earthquake-affected population.[263]

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[249] WHO, *Comprehensive Mental Health Action Plan 2013-2020*, 2013, p. 9.
[250] Ibid., p. 10.
[251] Ibid., pp. 11-19.
[252] Ibid.
[253] WHO, *Mental health evidence and research*, 2017.
[254] Ibid.
[255] WHO, *WHO-AIMS General information*, 2017; WHO, *Mental Health systems in selected low-and middle-income countries: a WHO-AIMS cross-national analysis*, 2009, pp. 7-14.
[256] WHO, *Mental Health Atlas 2014*, 2017.
[257] WHO, *Mental Health and Psychosocial support in Emergencies*, 2017.
[258] WHO, *New WHO Health Emergencies Programme to ensure more effective collaboration in health emergencies*, 2016; Zupancic & Pahor, *The role of non-governmental organizations in the mental health area: differences in understanding*, 2016, pp. 232-234.
[259] WHO, *Mental health and development: Targeting people with mental health conditions as a vulnerable group*, 2010, pp. 55-56; Zupancic & Pahor, *The role of non-governmental organizations in the mental health area: differences in understanding*, 2016, pp. 232-234.
[260] Ibid.
[261] CORDAID, *Mental and Psychosocial Support after Earthquake*, 2010.
[262] Ibid.
[263] Ibid.

In emergency settings, WHO collaborates with the Global Health Cluster to ensure effective, predictable, and efficient coordination of health services.[264] Furthermore, WHO partners with the Inter-Agency Standing Committee (IASC) and the Emergency Relief Coordinator to effectively coordinate humanitarian responses and ensure rapid local-capacity building on already present resources or assets that support mental health and psychosocial well-being.[265] Moreover, WHO partners with the Office of the UN High Commissioner for Refugees (UNHCR) to facilitate access to mental health and psychosocial support (MHPSS) services and prevent and control NCDs for refugees.[266] These partnerships are critical to the effective provision of mental health care, particularly in emergencies like natural disasters or armed conflict.[267]

Mental Health and Psychosocial Support in Emergencies

Worldwide, over 130 million people require humanitarian assistance; getting mental health care to people in these settings is challenging due to increased physical health problems, weakened health care systems, and rising coordination difficulties between agencies.[268] WHO, in partnership with IASC, plays a key role in helping Member States respond effectively to health emergencies.[269] In order to establish and coordinate multi-sectoral responses, WHO utilizes a three-step approach: emergency preparedness, emergency minimum responses, and emergency comprehensive responses.[270] Emergency preparedness refers to inter-agency preparedness, advocacy, and planning.[271] Emergency minimum responses, such as the assessment and the coordination of inter-sectoral services, are conducted in the midst of an emergency and require immediate implementation.[272] Emergency comprehensive responses, such as the development and the promotion of sustainable coordination structures that include governments, CSOs, and inter-agency strategic plans, are used during the stabilization and the early recovery phases.[273]

WHO's approach is guided by six core principles that aim to strengthen humanitarian responses, coordination, and advocacy through all steps of responses and by all stakeholders.[274] The core principles highlight respecting equality and human rights for all, civil society participation, capacity building, and gender and cultural sensitivity.[275] The multi-layered approach is important because the support layers meet the needs of affected individuals, families, communities, and the society itself, by building on local capacities and sustaining and strengthening already present resources.[276] Among its health programs, WHO relies on the Health Emergencies Programme that helps Member States address the complete risk management cycle of prevention, preparedness, response, and early recovery with flexible, immediate, and effective responses as it centralizes WHO's intervention and utilizes one workforce, one budget, one line of accountability, one set of processes, and one set of benchmarks.[277] This strategy has enabled WHO to effectively respond to Hurricane Matthew in Haiti by anticipating and prepositioning cholera supplies in at-risk areas, and by evaluating health services and structures to prioritize medical needs.[278]

Including Mental Health in Universal Health Coverage

In order to achieve improved responses and coordination in addressing mental health, mental health needs to be prioritized within national and international agendas, and stakeholders need to commit to quality and innovative

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[264] WHO, *New WHO Health Emergencies Programme to ensure more effective collaboration in health emergencies*, 2016.
[265] Ibid.
[266] UNHCR, *Global Strategy for Public Health Public Health - Hiv and Reproductive Health - Food Security and Nutrition Water, Sanitation and Hygiene (WASH)*, 2014, p. 25.
[267] WHO, *New WHO Health Emergencies Programme to ensure more effective collaboration in health emergencies*, 2016.
[268] WHO, *Building Back Better: Sustainable mental health care after emergencies*, 2013, p. 16.
[269] IASC, *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*, 2007, p. 23.
[270] Ibid.
[271] Ibid.
[272] Ibid.
[273] Ibid.
[274] Ibid., p. 7.
[275] Ibid., pp. 9-12.
[276] Ibid., p. 11.
[277] WHO, *Helping countries to respond rapidly and effectively to health emergencies*, 2016, p. 1.
[278] IASC, *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*, 2007, p. 12.

services, convey resources toward mental health systems, and strengthen community services.[279] UHC represents a possible avenue to improving responses and coordination in addressing mental health.[280] According to WHO, UHC refers to global and equitable access to efficient preventive, promotive, curative, and rehabilitative health services to protect individuals from financial impoverishment caused by health care services expenditures.[281] In other words, UHC aims to reduce the gap among access, need, and use of services, and to improve quality and enhance financial protection.[282] However, UHC cannot be achieved without properly addressing mental health, which requires further national and international efforts toward health system strengthening (HSS).[283] HSS is a process that identifies and implements policy and practice changes in a country's health system to efficiently address and respond to its health system challenges.[284] HSS mobilizes and prioritizes the allocation of financial resources for health, and works toward improving health systems' capacities in economic, fiscal, institutional, and political contexts.[285]

WHA resolution 58.24 of 2005 introduced an alternative approach to achieving UHC, which is eHealth.[286] eHealth refers to productive and secure use of information and communication technologies (ICTs) in support of health-related fields by providing care services, health surveillance, education, knowledge, and research to health professionals and citizens.[287] Despite WHO's endorsement, in 2016 only 58% of Member States possessed an eHealth strategy.[288] Utilizing big data in the mental health sector offers new opportunities for harnessing information through eHealth programs.[289] Big data comprises high velocity, variety, and volume data that requires significant capture, storage, and management capacities.[290] Volume indicates data's magnitude, that varies from terabytes to petabytes, variety reflects data's structural heterogeneity, and velocity indicates data's generating and analyzing speed rate.[291] Harnessing big data through eHealth programs integrates community and individual perspectives in information systems for UHC and gathers valuable field-based data.[292] However, only 33% of Member States gather mental health service data generated by the public sector and less than 17% of Member States have a policy regulating big data in the health sector.[293] Further promotion of ICTs and the use of big data as essential and central components will alleviate the data burden undertaken by health professionals and enhance the quality of mental health data.[294]

Conclusion

Improving coordination and responses to mental health is essential to achieve not only enhanced global mental health conditions but efficient humanitarian interventions, UHC, and resilient communities.[295] It is key to understand that improving mental health through enhanced responses and coordination will benefit not only SDG 3, but also other SDGs, such as SDG 8 for economic growth and decent jobs.[296] Stronger support from Member States and international actors to WHO's leadership is required to make mental health a priority and to channel further resources toward mental health systems.[297] Indeed, these goals cannot be attained without devoting additional

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[279] WBG & WHO, *Out of the Shadows: Making Mental Health a Global Development Priority*, 2016, p. 16.
[280] Ibid.
[281] WHO, *Sustainable health financing, universal coverage and social health insurance (WHA58.33)*, 2005; WHO, *Sustainable Health Financing Structures and Universal Coverage (WHA64.9)*, 2011, pp. 1-4.
[282] WHO, *Strategizing National Health in the 21st Century: A Handbook, 2016*, p. 4.
[283] Ibid.
[284] Ibid.
[285] Ibid., p. 5.
[286] WHO, *eHealth (WHA58.28)*, 2005, pp. 1-2.
[287] Ibid.
[288] WHO, *Global diffusion of eHealth: Making universal health coverage achievable*, 2016, pp. 11-18.
[289] Ibid., pp. 143-44.
[290] Gandoni & Haider, *Beyond the hype: Big data concepts, methods, and analytics*, 2015, pp. 137-144.
[291] Ibid., pp. 137-144.
[292] WHO, *Global diffusion of eHealth: Making universal health coverage achievable*, 2016, pp. 145.
[293] Ibid., p. 11.
[294] Ibid., p. 14.
[295] ILO & WHO, *Health and Work: Impact, Issues and Good Practices*, 2000, pp. 5-6.
[296] WHO, *Fact sheets on sustainable development goals: health targets*, 2017, pp. 2-4.
[297] WBG & WHO, *Out of the Shadows: Making Mental Health a Global Development Priority*, 2016, p. 16.

resources toward community-based mental health programs, the global health system, and services for mental health.[298]

Further Research

To further their research, delegates should bear in mind ways of addressing the main barriers to mental health: mental health's inclusion within national health policies, promotion of mental health through anti-stigma and education campaigns, mental health funding, and the utilization of ICTs and big data to collecting mental health data.[299] What cost-efficient, affordable and feasible interventions can be integrated into primary care as part of a progressive realization of UHC that will generate returns on mental health? How can WHO mobilize a global coalition for action and a scaled-up implementation of mental health programs? How can mental health programs be better integrated and strengthen into general health services, school curricula and occupational health schemes in order to better promote mental well-being and to coordinate across these platforms?

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Inter-Agency Standing Committee. (2007). *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*. Retrieved 16 July 2017 from: http://www.who.int/mental_health/emergencies/9781424334445/en/

> *This report is essential for agencies, worldwide practitioners, organizations, and individuals. It provides information on how to respond to emergency situation through comprehensive responses. Delegates need to consider this resource in order to deepen their understanding about the steps that addressing mental health in humanitarian emergencies require before suggesting a series of potential solutions that can be envisioned.*

Office of the United Nations High Commissioner for Human Rights & World Health Organization. (2008). *The Right to Health* [Report]. Retrieved 18 July 2017 from: http://www.ohchr.org/Documents/Publications/Factsheet31.pdf

> *This document explains the dimensions of the right to health and its extent within international human rights law. The information is useful to delegates as it offers an extensive overview of national, regional, and international accountability and monitoring mechanisms by which Member States should comply. Delegates can use this resource in order to elaborate solutions that respect all the actors' rights that intervene the addressing mental health.*

World Bank Group & World Health Organization. (2016). *Out of the Shadows: Making Mental Health a Global Development Priority*. Retrieved 22 August 2017 from: http://documents.worldbank.org/curated/en/270131468187759113/pdf/105052-WP-PUBLIC-wb-background-paper.pdf

> *This collaborative report between WHO and the World Bank assesses the impact of mental health conditions on economic development through multiple economic indicators. The report identifies three areas of intervention, including increasing visibility, strengthening programs, and devoting additional resources to mental health conditions. Delegates may utilize this report to identify solutions and areas of intervention in addressing mental health.*

World Health Organization. (2009). *Mental Health systems in selected low-and middle-income countries: a WHO-AIMS cross-national analysis*. Retrieved 20 July 2017 from: http://www.who.int/mental_health/evidence/WHO-AIMS/en/

> *The report summarizes the data national health systems gathered by low and middle income States that use WHO-AIMS health indicators. It provides a better understanding of the countries' national health systems' gaps in addressing mental health. Delegates should utilize this resource to achieve the Mental Health Gap Action and propose plans that strengthen the community care in addressing mental health throughout WHO-AIMS guidelines.*

[298] Ibid.
[299] WHO, *Mental Health Atlas 2014*, 2015, p. 9.

World Health Organization. (2012). *WHO Quality Rights Tool Kit: Assessing and improving quality and human rights in mental health and social care facilities*. Retrieved 18 July 2017 from: http://www.who.int/mental_health/publications/QualityRights_toolkit/en/

The WHO tool kit is based on the United Nations Convention on the Rights of Persons with Disabilities. It provides low-middle- and high-income countries with relevant information and guidelines for assessing and improving human right standards and overall quality of care in mental health institutions. This tool kit is an essential resource as it provides delegates with practical guidance on how to promote and ensure the rights of people with disabilities.

World Health Organization. (2013). *Comprehensive Mental Health Action Plan 2013-2020*. Retrieved 16 July 2017 from: http://www.who.int/mental_health/action_plan_2013/en/

The 2013-2020 Action Plan is a fundamental resource for delegates as it guides WHO's approach on mental health till 2020. It provides the major objectives and their specific targets, as well as indicators measuring Member States' progress. Delegates can familiarize themselves with this resource in order to acknowledge how to properly address the achievement of SDG 3.4 throughout WHO's interventions and strategies.

World Health Organization. (2015). *Mental Health Atlas 2014.* Retrieved 16 July 2017 from: http://www.who.int/mental_health/evidence/atlas/mental_health_atlas_2014/en/

This is a primary source of information on the global mental health situation, and serves as a complementary resource to the Action Plan 2013-2020 by providing data on the progress toward the accomplishment of the Plan's objectives and targets. This resource analyzes mental health governance, financing, service availability, promotion and prevention. Delegates may find this report useful as it has a global overview of mental health around the globe.

World Health Organization. (2016). *Global diffusion of eHealth: Making universal health coverage achievable*. Retrieved 16 July 2017 from: http://www.who.int/goe/publications/global_diffusion/en/

This summarizes all the measures and strategies put forward to achieve UHC through the use of ICTs in both developed and developing countries. This report is a valuable resource for delegates because it showcases the importance of emerging platforms, such as social media, in the field of health care as well as in the realization of SDG 3.8 through innovative techniques. It also suggests complementary means of achieving UHC through ICTs such as eHealth.

World Health Organization. (2016). *Strategizing National Health in the 21st Century: A Handbook.* Retrieved 18 July 2017 from: http://www.who.int/healthsystems/publications/nhpsp-handbook/en/

This resource is based on WHO's and its partners' gathered experience during the Millennium Development Goals era on implementing national health systems. It suggests approaches on national health policies, strategies, and plans that may engineer a more sustainable global health environment in accordance with SDG 3. This is a pertinent resource for identifying feasible and updated pathways of action during the conference.

World Health Organization. (2017). *WHO Country Cooperation Strategy 2017-2021 Sierra Leone*. Retrieved 16 July 2017 from: http://apps.who.int/iris/handle/10665/258610

This resource is a strategy plan established by WHO and the government of Sierra Leone that implements and develops national health policies and action plans that comply with WHO's mental health goals and requirements. It highlights the importance of cooperation in assessing NCDs and mental health problems in early recovery situations. Delegates can use this resources as a concrete example of a national implementation of WHO's mandate and work.

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World Health Organization. (2015). *Mental Health Atlas 2014*. Retrieved 16 July 2017 from: http://www.who.int/mental_health/evidence/atlas/mental_health_atlas_2014/en/

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