



Southern China International MUN

World Health Organization: On measures to implement a protocol for the spread of infectious diseases in areas of armed conflict

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1. Description of the Issue

1.1 History of Issue

The association between armed conflicts and emerging infectious diseases has existed for a long time. Disruption in access to surveillance, infrastructure destruction, and the lack of adequate healthcare treatments due to armed conflicts put people at higher risk of infection. Armed conflicts may hinder or delay the public health response, further intensifying the burden of spreading infectious diseases, which may escalate this issue to more severe long-term consequences. For this reason, people often see infectious diseases as an “enemy” they also have to fight during the war.

Infectious diseases are defined by the Centers of Disease Control and Prevention (CDC) as “illnesses caused by germs (such as bacteria, viruses, and fungi) that enter the body, multiply, and can cause an infection.”¹ With this in mind, it is essential to acknowledge that infectious diseases are disorders that can severely affect an individual’s physical health. Ensuring the healthy condition of individuals are one of the Sustainable Development Goals (SDGs) that the United Nations is working towards to solve together with all nations. The UN has shown its importance by emphasizing Sustainable Development Goal 3, which targets to “end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases” by 2030.²

Among civilians during wartime, late medical treatment is often the cause of infectious diseases. Throughout history, war and infectious diseases have been two deathly companions; the cause and effects of the two have caused millions of people to suffer. Significantly, more deaths of soldiers were due to infectious diseases than wounds caused during battle. For instance, during the Napoleonic War (1803-1815), “infectious diseases were responsible for eight times more deaths among British soldiers than wounds suffered during fighting.”⁴ Furthermore, during the American Civil War, two-thirds of the estimated 666,000 soldiers were ascribed to death due to infectious diseases such as pneumonia, typhoid, dysentery, and malaria.³ The contagious spread of these diseases,³ along with the inadequate healthcare system and the decrepit medical instruments, has led to a 2-year extension of the war. In

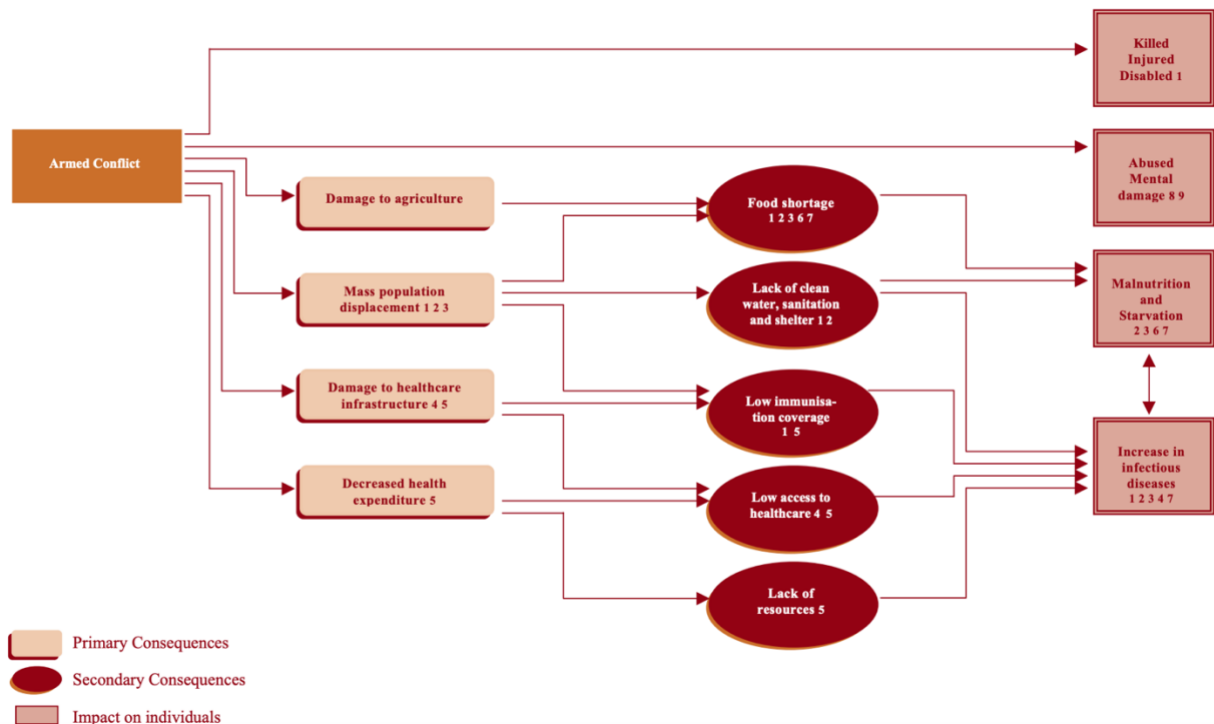
addition, the collapse of public welfare due to war has further increased incidents of infectious diseases.

Adequate public resources are vital to restrict the spread of infectious diseases; however, they are unavailable in areas of armed conflict. The spread of infectious diseases was facilitated because infections have priorly occurred in parts of the world where “there has been a significant breakdown of public governance (after many years of civil war) and where public health infrastructure was essentially nonexistent.”⁸ Conflict regions may also neglect and complicate the supply chain of medical supplies.

Category	Commonly identified outbreaks	Factors increasing occurrence in conflict regions
Vaccine-preventable diseases	Tetanus, diphtheria, polio, pertussis, measles, mumps, varicella, <i>Haemophilus influenzae</i> type B (Hib), meningococcus, pneumococcus, hepatitis B, rotavirus, TB	Missed/delayed pediatric immunizations Loss of maternal immunizations Difficulty tracking/recording immunization delivery
Environmental conditions	Acute respiratory illnesses (including COVID-19), diarrhea illnesses (cholera, others), skin conditions	Crowding, poor hygiene/sanitation, lack of clean food and water, inadequate nutrition
Underlying regional diseases	Vector-borne parasites (malaria, leishmaniasis), vector-borne viruses, other parasitic diseases	Inadequate shelter, degraded vector control, lack of clean food and water for consumption and hygiene
Diseases exacerbated by exploitation	HIV, STIs	Extreme poverty, loss of security/sexual violence, reversion to outdated practices, loss of women’s rights

Past evidence of common outbreaks of infectious diseases has shown that many of the diseases thrived in emerging conflict areas, especially those with long duration and large scale. The deteriorating living condition made the outbreak of infectious diseases more common. As summarized in the table above, it categorized different factors that occurred in conflict regions and their commonly identified episodes.

In lower-income countries, the lack and poor accessibility of sanitation services have already caused hardships for civilians. The continuous bombing and shelling in armed conflict areas (mostly in LEDCs) that deliberately targets damaging healthcare structures augment the burden of the already fragile and destructed healthcare system in LEDCs, which inflames this rapid transmission of infectious diseases. Often in countries under armed conflicts, “the pre-conflict healthcare resources are usually at minimal levels,”⁹ this indicates that once the healthcare system has been broken down during the conflict, no additional healthcare will be provided. This is especially deadly for civilians and soldiers but the perfect hotbed for the emergence of infectious diseases.



Shown above is a diagram that outlines the consequences of the happening of an armed conflict. Listed by the Center for Research on the Epidemiology of Disasters (CRED), the armed conflict has four major primary consequences: damage to agriculture, mass population displacement, damage to healthcare infrastructure, and decreased health expenditures. These can further lead to the lack of clean water, sanitation, and shelter, low immunization coverage, low access to healthcare, and lack of resources. All four of these could lead to an increased incidence of infectious diseases⁹. More specifically, conflicts not only damage healthcare systems such as hospitals and health centers but also basic health-supporting infrastructures, including sanitation, electric power, transportation, and communication, all of which increase the risk of infectious disease. Armed conflicts' severe impact on public health can be seen from this. Accordingly, “unsanitary conditions, lack of access to clean water, and malnutrition resulting from conflict can increase the incidence of infectious diseases such as malaria, measles, cholera, or neglected tropical diseases, particularly in urban settings.”¹⁰ Yet to be mentioned that the damage to agriculture during conflicts also affects the yield harvest of agricultural crops that may cause malnutrition and starvation. With a lack of medical treatment and malnutrition, more civilians would be attacked by infectious diseases, hence threatening global security.

Take the case of a ten-year war in Sierra Leone (1991-2001) that completely destroyed the health care in the area and broke down the “immunization program against tuberculosis, diphtheria, pertussis, tetanus, polio, and measles,”⁴ which has been major infectious diseases that killed many civilians since 1974. Due to war, vaccination programs are greatly affected too. In 1990, “at least 75% of children aged 12 to 23 months had been fully vaccinated, and this had been matched by a reduction of infant mortality rates from 162.3/1000 live births in 1985–1987 to 69.9/1000 live births in 1988–1989.”⁴ However, vaccine programs were

interrupted due to the destruction of healthcare systems throughout this decade-long war. By the end of the war, only half of the children under the age of three were properly vaccinated. Moreover, a yellow fever epidemic in African countries during the late 1990s also saw the dangerous activities of infectious diseases in armed conflict areas. In those countries, frequent civil war discontinues vaccination programs. Similarly, this caused the fatality rate for yellow fever to be 25% at that time.¹¹

The link between global health security and areas of armed conflict is shown to be weak. For this reason, the global community should prioritize the issue of infectious diseases in conflict areas. The provision of technical, financial, and operational support should be aided to adequately detect and respond to infectious diseases. However, detecting and controlling emerging infectious diseases requires a primarily functional and usable healthcare system. The surrounding environment may not allow the best hygiene and standard infection control precaution in armed conflict areas. Military forces would be the ultimate choice to provide the best available healthcare during war. Military forces are currently implementing aid programs that may assist the affected population. However, it is also important that the program alludes “a consistent and transparent policy is needed for military humanitarian interventions, as well as extensive civil-military liaisons and close cooperation with other humanitarian agencies.”¹²

In an attempt to detect, decontaminate, and control the spread of infectious disease, the Revised International Health Regulations of 2005 (IHR 2005) provided “a global legal framework to guide response health events of international concern.”¹² The purpose and scope of these regulations are to provide, construct, and enhance a public health response to the spread of disease in ways commensurate with and restricted to public health risks and which avoid unnecessary interference with international traffic and trade¹³. However, this fails to account for infectious diseases within armed conflict areas. This regulation only suggested measures that should be taken in the spread of infectious diseases in international trade. Nevertheless, the IHR 2005 has bound member states of the WHO together to combat infectious diseases through the requirement of countries to “develop a minimum level of capacity to “detect, assess, notify and report” potential outbreaks,” along with reporting and investigating these threats.¹⁴

1.2 Recent Developments

Covid-19 is an infectious disease caused by the SARS-CoV-2 virus that was discovered in December 2019. The virus swept across the world, causing mass chaos. Public health measures, including “avoiding close contact with non-familial members, heightened personal protection, and scrupulous hygiene,” were taken to lighten the infectious rate.¹⁵ However, in conflict areas, the transmission level in crowded camps of internally displaced persons can be suspected.

One example was the experiences of the Rohingya people. Since 2016, they have been

suffering from an active internal conflict in Myanmar. Nearly “900,000 Rohingya people have been displaced into neighboring Bangladesh, ¹⁵” creating one of the world's largest scales of refugee camps. Later on, with the outbreak of Covid-19 in April 2020, an initial 400 cases were documented among the refugees. This is undoubtedly a surprisingly low number as infectious rates were expected to strike high in areas of crowded people. Yet, due to Bangladesh's partnership with the WHO, the country was able to implement a vaccination plan for its civilians along with the refugees. This has allowed adequate medical care, resulting in low mortality rates among refugee camps.

Ever since the outbreak of the Covid-19 pandemic, countries with unstable governments (especially low-income and middle-income countries) have suffered. The Armed Conflict Location and Event Data Project (ACLED) notes that government forces in Africa have attempted to employ “excessive use of force against civilians to enforce COVID-19 restrictions.” ¹⁶ Though, it is seen that people have misused this power; these restrictions are just a disguise to target minorities and political opponents of the state. The implementation of these restrictions has, in fact, escalated more violence.

It is worth mentioning that refugees in the Ukraine crisis also are at excessive risk of infectious diseases. After Russian troops entered Ukrainian territory in February 2022, the country was besieged by tension. With the loss of shelter, citizens are at greater risk of exposure to vectors and cold weather. Chances of respiratory and diarrheal infections also spiked high. In addition to that is the loss of security. Crime rates and predatory behavior have skyrocketed without the regular workforce to maintain law and order in the country. Civilians will likely have greater vulnerability. Moreover, the existence of Covid-19 is unneglectable. Despite reports of COVID-19 cases decreasing in neighboring countries, infection rates in Ukraine remained high. With interruptions in vaccine uptake programs and the destruction of medical infrastructures, all put the most vulnerable at increasing risk of severe illnesses and even death.¹⁷

Often in areas of armed conflict, healthcare workers are forced to flee when the area is under attack. This creates inconvenience for people in need of medical treatment. The entire community may suffer without an adequate supporting healthcare system. Hence, the International Committee of the Red Cross is “working urgently to get vaccines in the arms of the most vulnerable population¹⁸.” While also providing vaccines for infectious diseases unconditionally, they also emphasize the distribution of vaccines to the arms of the most vulnerable under armed conflict.

Key Terms

Infectious Diseases - diseases caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi; the diseases can be spread, directly or indirectly, from one person to another⁵. These diseases can be categorized into three sections:

1. Diseases that cause high levels of mortality,

2. Diseases that place on populations heavy burdens of disability,
3. Diseases that owe rapid and unexpected nature of their spread and can have serious repercussions.

Armed Conflict Areas – areas under a state of war or conflict where fighting arose among States or violence between governmental authorities and organized armed groups.^{6,7} International armed conflict may also happen when a conflict arises between a State and another State. All areas that accord with the abovementioned definition are considered armed conflict areas.

Less Economically Developed Countries (LEDCs) – Countries with less developed economies. Indicators of LEDCs include the Gross Domestic Product, individuals' living standards, industrial development, and education.

Internally Displaced People – a person or group who were forced or obliged to flee or leave their home places, in particular, to avoid the effects of armed conflict (but did not cross international borders).¹⁹

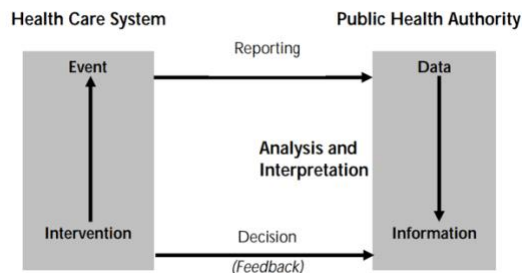
Refugees – a person or a group of people who have crossed international borders to seek protection and assistance, usually through the United Nations and its specialized agencies.

Vaccination Programs – a key component that prevents and controls the outbreak of infectious diseases. Different countries have various ways of guidelines that encourage their civilians to intake vaccines that benefit the entire society.

2.1 Stances of Intergovernmental Organization

The **World Health Organization (WHO)** is a crucial intergovernmental organization that ensures the “coordination between partners and national authorities” during an infectious diseases outbreak and also “mobilizes international experts from various institutions belonging to its Global Outbreak Alert and Response Network.”¹² Collaboration and communication are key because healthcare in conflict areas is largely based on and supported by various national and international agencies. Extensive cooperation between “relevant health authorities and implementing partners should be encouraged.”¹² In addition, the WHO and other international agencies have the ability to catalyze international cooperation and support.

To have epidemic preparedness and instant responses to infectious diseases, the smooth flow through of information among different countries to raise awareness is especially important.



Shown above is a conceptual framework drawn by the WHO for a suggested response system for emerging infectious diseases. This aims to strengthen the “in-country surveillance for emerging diseases; [enhancing] detection of outbreaks by the development of early warning systems and forging strong surveillance networks to facilitate the flow of information and initiation of appropriate action.”²⁰ With early warning signs and early detection of emerging infectious diseases, the WHO can allow cooperation between countries to investigate and implement appropriate control measures that can greatly release the burden in armed conflict areas (also in LEDCs and middle-income countries). Together with WHO, armed conflict areas may be able to receive more financial and medical aid that is vital to the civilians under attack. In short, WHO not only can provide direct assistance to the people, but is also a platform that calls upon different countries and other international agencies to help those in need. Only with the cooperation of countries can the global community be able to discuss current information and develop an adequate protocol for combating this issue of infectious diseases in armed conflict areas.

Another intergovernmental organization is the **International Committee of the Red Cross (ICRC)**. They primarily ensure “humanitarian protection and assistance for victims of war and other situations of violence ²¹.” Its humanitarian network, The International Federation of Red Cross and Red Crescent Societies (IFRC), provides volunteer networks and community-based expertise that aids in vulnerable in armed conflict areas ²². The IFRC has trained volunteers that will help in assist on providing well for humanity. For example, the longstanding conflict in Myanmar has affected many of its civilians, destroyed public health infrastructures and basic needs essential for living, and left behind an unsanitary environment that increases infectious disease incidents. Coupled with the outbreak of the Covid-19 virus, Myanmar citizens are susceptible to a health crisis. However, with the help of IFRC, the local Myanmar Red Cross has provided “lifesaving first aid, healthcare, and ambulance services”²³ on the frontline of the current crisis. Despite not having physical data collection proving the effectiveness of the support from the IFRC, it is irrefutable that actions done by the IFRC under ICRC are positive.

2.2 Stances of Developed Countries

Developed Countries have access to better quality and a higher level of technological infrastructure. This means developed countries can often build and establish extensive networks to aid in the exchange of information and resources. With adequate funding and

unlimited resources, developed countries can easily conduct “activities ranging from disease surveillance, drug and vaccine research and development, infectious disease research and training, preparedness and response planning and execution, and public education, behavior change, and disease prevention campaigns,”¹⁴ As a result, after the detection of an emerging infectious disease, developed countries can act quickly into action.

One way developed countries can aid the countries in need is by providing direct assistance, such as vaccines, to combat vaccine-preventable diseases. In the urgent of tackling the COVID-19 pandemic, the United States of America has donated 360,000 doses of vaccines to Yemen.²⁴ With the arrival of vaccines, it indicates that the government has more capacity to protect its citizens from infectious diseases. As the infectious disease is controlled within the country, it helps secure global health. Furthermore, developed countries can also conduct aiding programs by providing development assistance, such as enhancing health services delivery and adequately allocating resources for vaccine developments.

It is crucial for developed countries to aid developing countries. As all nation is making progress towards the UNs’ Sustainable Development Goals, it is their obligation for developed countries to provide foreign aid to achieve this. Developing countries help other countries that are facing challenges too. Developed countries can visualize the impact of worldwide challenges (like infectious diseases) and how it may affect themselves. Therefore, they often aid poorer countries to sustain global health.

2.3 Stances of Developing Countries

In comparison to the developed countries, many of the low and middle-income developing countries do not have adequate networks to combat emerging infectious diseases. Moreover, countries that are under armed conflict are also commonly developing countries. The unstable economy and the skeptical government structure made infectious diseases explode, and difficult to implement an effective protocol. It is not an easy task to build up prevention and control of infectious diseases in public health. In view of demolished infrastructure, continued instability, the fragility of peace agreements, potential corruption, and weak governance, developing countries are in need of help to implement protocols that aid the already devastating situation.³ Infectious diseases with its wide affecting scope can have a major impact on politics, military, and labor. For developing countries focusing on growth and development but severely strapped on resources, the outbreak of infectious diseases will easily strike them and becomes a serious restraint on their limited means. Moreover, foreign investment would also be affected due to the lack of communication in some armed conflict areas (in developing nations). With investments being cut off, it greatly influences a nation’s economy, leading to labor shortages and illness, which causes productivity loss.⁹ The productivity of developing nations is vital to the functioning of the global economy. The research and development of vaccines and other essential to implement protocols for infectious diseases cannot be done without the manufacturing goods in developing nations. Therefore, developing nations are in high demand for adequate provision of healthcare

treatments to combat this severe global issue.

3. Possible Solutions

3.1 In favor of Developed Countries

Generally speaking, developed countries have a greater scope of solutions they are able to take. With sufficient funding and available resources, developed nations can easily invest in infectious disease-related research and formulate protocols that will benefit the global society.

One solution that can only be applicable to developed nations is the investments in primary healthcare infrastructure, human resources, training, and provision of essential drugs, supplies, vaccines, and equipment.¹² By doing such, countries would have a better and more thorough understanding of infectious diseases. This will make drawing a solution and protocol regarding that an easier task. Furthermore, with adequate research and equipment supply, developed countries can collaborate with other international agencies through the platform of WHO. The alliances of NGOs, United Nations agencies, and international organizations are crucial in providing humanitarian assistance to many armed conflict areas and aid to the vulnerable.

In addition, the surveillance system will have to rely heavily on the collaboration of NGOs, the UN, and community groups. “Effective surveillance systems in emergencies have involved selecting a small number of syndrome-based priority events, using standard surveillance forms, simplifying case definitions, health facilities weekly reporting of data, immediate reporting if set alert thresholds are passed, and establishing community mechanisms for identifying disease clusters.”¹² While identifying disease clusters, the UN can take immediate action. Data on disease incidents and trends should also be collected and analyzed for essential planning intervention and used as early warning and response systems. With all the abovementioned technology, an effective protocol can be implemented globally.

3.2 In Favor of Developing Countries

Developing countries would have a similar approach to developed countries when it comes to implementing a protocol. However, since developing countries often do not have the advanced technology to conduct a quantum leap, developing countries would focus more on collaboration with other developed nations and NGOs to assist with the issue of infectious diseases in armed conflict areas. Much like developed countries, developing countries can first achieve an availability of internationally accepted standards, guidelines, and tools adapted to conflict situations, which “can be supported by specific training of health planners and health facility staff, and rapid mobilization of international experts to provide technical field support as required.”¹² Through the support of NGOs, it is believed that the implementation can be effectively conducted. Moreover, it is just as essential for developing

countries to structure specific roles for each level of government and emphasize the importance of close collaboration within them. After this, enacting laws and policies for detecting, preventing, and responding to infectious diseases would be the most constructive.

4. Keep in Mind the Following

Solutions proposed by Intergovernmental Organizations (such as WHO) must be universal and applicable to all nations that adequately address the issue of infectious diseases in armed conflict areas. Not only should solutions be focused on the countries alone, but they should also be focused on potential cooperation opportunities and how collaborations between different entities could create a better resolution. While delegates research country stances/positions, focus on relevant laws in governance, medical, and human rights aspects. Here are some questions to consider:

- 1. Does your country have any previous policies on preventing/controlling infectious diseases? Was that effective? Would it still be effective if it is applied to the global community, especially in armed conflict areas?*
- 2. If policies are to be implemented, how will they be enforced, as many countries do not have the resources to put policies into effect?*
- 3. When protocols are in enactment, how will countries ensure that all nations are contributing?*
- 4. With the involvement of financial aid in LEDCs, how will your country ensure that there is no violation of the use of power or the presence of corruption?*
- 5. What can your country, if MEDCs, support LEDCs to combat infectious diseases in armed conflict areas? What assistance are you able to supply?*
- 6. What can your country, if LEDCs, give back in return to the MEDCs after receiving the support and help?*
- 7. To what extent should protocols be placed to control infectious diseases in armed conflict areas while not violating basic human rights?*

5. Evaluation

Emerging infectious disease in armed conflict areas has occurred globally, with some regions facing escalating instability for decades. Armed conflicts directly impact people with underlying health conditions and damage healthcare buildings and systems. This leads to the

destruction of healthcare and a lack of sanitation services, causing an increased incidence of infectious diseases. Continuous fire in armed conflicts is severely menacing global health. The rapid spread of infectious diseases in the 21st century due to globalization cannot be underestimated, and only through the armistice can infectious diseases be adequately treated. Therefore, the UN Secretary-General António Guterres concluded that “the pandemic also poses a significant threat to the maintenance of international peace and security and called for ceasefires to aid responses to COVID-19²⁴” along with all infectious diseases. All nations must work together to expand their knowledge of infectious diseases to create an ideal protocol to implement globally, further ensuring global health sustainability and the well-being of all mankind.

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