World Health Organization

Improving Healthcare Access in Conflict Zones and Occupied Territories

Backgrounder Guide

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Director's Letter

Dear Delegates,

I would like to extend my most heartfelt welcome to the World Health Organization (WHO) at SPAMUN 2025. My name is Parnav Kundi, and I am thrilled to be serving as your Director for this iteration, working alongside my Chair, Derek Lyu, and my Assistant Director, Ava Wang.

The World Health Organization is the world's premier authority for health-related decisions, dealing with issues from pandemics to healthcare access. Our topic for this year is Improving Healthcare Access in Conflict Zones and Occupied Territories. This topic sits at the forefront of the WHO's work, combining public health with urgent humanitarian and political challenges, making for a very fruitful and rich debate. This topic is particularly relevant in modern times, with conflicts all over the world from Yemen to Sudan. Countries are beginning to value their sovereignty over letting aid trucks in, setting the tone for a new era where the WHO must balance a country's sovereignty with the need to get aid to the regions that need it most.

With regards to debate, SPAMUN expects professionalism throughout the entire conference - please try and stay focused on the topic at hand, and don't hesitate to reach out to us if you are confused about any issues. We encourage all delegates to be creative and diplomatic in their solutions and to bring new perspectives to the table on these issues.

Although the background guide is a valuable resource to familiarize yourself with the topic, we encourage further research beyond the pages of this backgrounder. Feel free to get started by looking through the footnotes for websites we used for our research, or use Google and explore the depths of the internet.

Now, a note regarding deadlines. The deadline for position paper submissions is October 7 for feedback and October 14 for final submission. Every delegate hoping to win an award should submit one to our committee email address before this deadline.

I am very excited to meet all of you at the upcoming conference. In the meantime, if you have any questions or concerns, feel free to reach out to us using our committee email address at whospamun@southpointe.ca. Otherwise, we look forward to this exciting committee and hope to see you all very soon for a day full of debate and diplomacy.

Regards,

Parnav Kundi
Director of the World Health Organization

Committee Description

The World Health Organization (WHO) was formed in 1948, by a proposal from the representatives from Brazil and China.[1] They work worldwide to promote health access and respond to pandemics that occur throughout the world. With regards to promoting health coverage, the WHO focuses on promoting access to quality health services globally and training the health workforce. To increase the effectiveness of responses to health emergencies, the WHO aims to prepare and prevent the occurrence of these health emergencies, and respond effectively if they do break out.[2] The WHO has no direct jurisdiction - however, it specializes in providing technical guidance, setting global health standards, and coordinating international responses to health crises.[3] The WHO has been instrumental in multiple global responses, including the very recent response to the COVID-19 pandemic. Although criticized for not taking a more active role in preventing the pandemic, the WHO was responsible for multiple paths taken to mitigate the pandemic. For example, it met with Chinese officials to initially diagnose the pandemic, provided the world with much-needed health advice, and discussed guidance regarding Personal Protective Equipment (PPE) and research development.[4] Delegates should keep in mind that the WHO is only an advisory body, meaning that its jurisdiction lies solely within providing guidance to its member states and creating novel solutions for each country to attempt.

Topic Overview

Since 1948, the Universal Declaration of Human Rights has guaranteed every person the right to health care.[5] But in armed conflicts and long-term occupations, that right is often violated. From the angle of war crimes against civilians, the big problem isn't just that medical services fall apart. It's that attacks on hospitals and medical workers happen on purpose, consistently. Those hospital strikes destroy something that civilians are in critical need of. They weaponize health crises, demonstrating a clear violation of basic international humanitarian laws.[6] It normalizes violence against the most vulnerable, treating it as acceptable. Attacks on hospitals, medical transport, and staff are not random accidents. They're planned out to tear apart society. They stop communities from recovering, even long after the conflict has ended.

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[1] https://www.who.int/about/history
[2] https://www.who.int/about/what-we-do
[3]https://www.canada.ca/en/public-health/services/emergency-preparedness-response/canada-role-international-pandemic-instrument.html
[4] https://www.who.int/emergencies/diseases/novel-coronavirus-2019/interactive-timeline#event-84
[5] www.un.org/en/about-us/universal-declaration-of-human-rights
[6] www.un.org/en/about-us/universal-declaration-of-human-rights,

The Continuing and Worsening Crisis and Impact

Health access in conflict zones isn't standing still. It's getting worse, bigger, and more complicated all the time. Reports show a real uptick in violence. Attacks on health care jumped 25 percent in 2022 from the year before, according to the 2023 report from the Safeguarding Health in Conflict Coalition.[7] A lot of this keeps going because of a few key things. First off, modern wars use explosive weapons in crowded cities a ton. Hospitals and clinics end up right in the mix with all the other civilian spots getting hit. Just being close by makes them part of this huge, scattered mess of destruction. Then there's the accountability issue. For example, most attackers never face punishment, sending the message that such violations are acceptable. It keeps the violence cycle spinning and weakens international humanitarian law at its core. When health facilities are militarized, such as when one party seizes them or uses them for military purposes, the situation becomes complicated, causing fighters to view the facilities as targets.

This issue has a serious impact on certain groups, such as National Governments. For a country caught in this situation, the inability to protect its own people's health is a huge failure. It doesn't just damage the population; it promotes the country's development.[8]

Inter-Governmental Organizations (IGOs): This is a true crisis for organizations like the World Health Organization (WHO). Our mission to provide aid and uphold international law is constantly undermined by countries and groups that ignore those laws. This not only weakens our authority but also the trust the world places in us.[9]

The Imperative for Resolution

It is our duty to fix this. Even if it's not just about morals, it's a practical must-do. Without safe health access, whole generations end up with deep psychological scars. It echoes the uncertainty everyone deals with in this fast-changing world. To keep global stability, we need to address it head-on. Targeting health services breaks down the foundation of the international order.

Timeline of Events

1945 - 1979:

1946 - World Health Organization Constitution
Signed by 61 countries in 1948, it affirmed the right to the "highest attainable standard of health" and marked the WHO's creation

[7] Dinstein, Yoram. "The Right to Humanitarian Assistance." *Naval War College Review*, vol. 53, no. 4, 2000, pp. 1-19.
[8] Safeguarding Health in Conflict Coalition. *Critical Condition: Violence Against Health Care in Conflict, 2023*. ReliefWeb, 2024.
[9] Ibid.

1949 - Fourth Geneva Convention
Outlined the duty to provide medical care to civilians in occupied areas and conflict zones, establishing legal standards for health protection.

1967 - International Committee of the Red Cross (ICRC) expands operations
Began sending organized medical teams into active war zones.[10]

1977 - Additional Protocols to the Geneva Conventions
Strengthened and reinforced protections for civilians and medical missions in both international and internal armed conflicts.[11]

1980-1999:

1980s - Soviet-Afghan War
International NGOs like Médecins Sans Frontières (MSF) led the way in cross-border medical relief, highlighting the challenges of providing neutral healthcare in conflict.[12]

1994 - Rwandan Genocide
Health systems collapsed as cholera tore through refugee camps, exposing how conflict disrupts public health infrastructure.[13]

1999 - United Nations Security Council Resolution 1265
Adopted the first resolution on protecting civilians in armed conflict, recognizing the need to ensure humanitarian access, including medical care.[14]

2000-2010:

2003 - Iraq War
Widespread destruction of hospitals and attacks on health workers revealed how vulnerable health systems are in conflict.[15]

2006 - International Health Regulations (2005) come into force
Legally obligated WHO member states to strengthen health systems and surveillance even in fragile settings.[16]

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[10] https://www.icrc.org/en/document/history-icrc
[11] https://digitallibrary.un.org/record/90488#:~:text=Resolution%20209%20(1965)%20/,%5D%2C%20of%204%20September%201965
[12] https://www.britannica.com/event/Soviet-invasion-of-Afghanistan
[13] https://www.un.org/en/preventgenocide/rwanda/historical-background.shtml
[14] https://main.un.org/securitycouncil/en/content/resolutions-adopted-security-council-1999
[15] https://www.britannica.com/event/Iraq-War
[16] https://www.who.int/publications/i/item/9789241580496

2008 - United Nations Security Council Resolution 1820

Linked health responses to conflict-related sexual violence, expanding the definition of essential healthcare services in conflict zones.[17]

2011-2020:

2011 - Syrian Civil War begins

Thousands of health facilities were attacked and hundreds of medical workers killed, causing mass displacement and the collapse of local healthcare systems.[18]

2014 - West African Ebola outbreak

Conflict-affected regions like Sierra Leone and Liberia saw rapid disease spread due to weak wartime health infrastructure.[19]

2016 - United Nations Security Council Resolution 2286

Condemned attacks on health workers and facilities in armed conflict, calling for accountability and protection.[20]

2018 - WHO's Attacks on Health Care (World Health Organization) initiative

Began systematically documenting attacks on healthcare globally to inform policy and accountability.[21]

2021-Present:

2021 - Tigray conflict (Ethiopia)

Widespread looting and destruction of hospitals left millions without care.[22]

2022 - Russian invasion of Ukraine

Hundreds of documented attacks on healthcare facilities, mass displacement of medical staff, and the disruption of vaccine and chronic disease treatment.[23]

2023 - WHO's Health for Peace Initiative launched

Promotes health services as neutral entry points for peacebuilding in conflict-affected settings.[24]

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[17] https://main.un.org/securitycouncil/en/content/resolutions-adopted-security-council-2008
[18] https://www.britannica.com/event/Syrian-Civil-War
[19] https://www.who.int/health-topics/ebola#tab=tab_1
[20] https://www.un.org/shestandsforpeace/content/united-nations-security-council-resolution-1820-2008-sres18202008
[21] https://www.who.int/data/stories/attacks-on-health-care-three-year-analysis-of-ssa-data-(2018-2020)
[22] https://www.who.int/emergencies/situations/crisis-in-tigray-ethiopia
[23] https://www.britannica.com/event/2022-Russian-invasion-of-Ukraine
[24] https://www.who.int/initiatives/who-health-and-peace-initiative

Summary: Over time, legal protections for healthcare in war have expanded, yet enforcement remains weak. Attacks on health workers and infrastructure have increased, especially in protracted conflicts and occupied territories. The international community is now shifting focus toward ensuring safe humanitarian access, rebuilding health systems during conflicts, and embedding healthcare as a pathway to peace.

Historical Analysis

The significance of improving healthcare access in conflict zones and occupied territories is rooted in a deep history and systemic issues in the locations where the wartorn countries are. Many regions that later became conflict zones already have fragile healthcare systems, which were under-resourced, under-staffed, inaccessible, or had major shortages of trained staff.[25] When a conflict does erupt, these weaknesses become multiple times worse, leading to severe damage to these countries' healthcare systems that would take years to recover from. For instance, Yemen already had massive service deficits prior to the war's initiation, made much worse by sustained hostilities on the Houthis' front.[26]

A recurring pattern during these conflicts is that during conflict or occupation, health facilities such as hospitals or clinics are damaged and medical staff are killed or forced to flee. Furthermore, access to supplies is cut off, and rural people have to search for hours to find a hospital.[27] These actions can be a result of direct targeting, collateral damage through bombing or airstrikes, or indirect actions such as blockades. This destruction of healthcare supplies has been widely seen in Syria, Yemen, and Palestine.[28]

Conflict and occupation also frequently lead to displacement and blockades, often severely harming health infrastructure and stretching current infrastructure to its maximum. This has a twofold effect: it increases need because displaced people frequently have impaired health, and reduces access. The influx of displaced persons into these hospitals in wartorn or neighbouring countries can frequently overwhelm health systems, leading to an impairment of regional health systems, not only national ones. These migrants also often face health access issues in the countries they emigrate to.[29] Blockades frequently reduce health access or non-governmental organization (NGO) access into these wartorn territories, frequently worsening the issue and preventing supplies and necessary equipment from entering. A key example of this would be the occupied Palestinian territories, where ambulances are delayed or blocked, and NGOs are not allowed to enter.[30]

[25] https://pmc.ncbi.nlm.nih.gov/articles/PMC11178226/
[26] https://conflictandhealth.biomedcentral.com/articles/10.1186/s13031-025-00685-x?
[27] https://www.healthpolicypartnership.com/under-threat-healthcare-in-conflict-zones/
[28] https://www.who.int/news-room/fact-sheets/detail/refugee-and-migrant-health
[29] https://www.safeguardinghealth.org/israel-and-occupied-palestinian-territory
[30] Ibid.

A key example from the past: A crippling attack on healthcare was the attack on Doctors Without Borders (MSF)'s hospital in Kunduz, Afghanistan, in 2015. A US airstrike destroyed the crucial facility, killing 42 people, some of whom included MSF staff and patients, and injuring more than 30. The hospital was extremely relevant, responsible for serving thousands needing intense trauma care, and its destruction left the region weak and impaired without the capacity to perform surgery for months. This proved how healthcare facilities can be seen by some countries as a way to weaken the enemy and as high-risk objects, despite the need for them by the people suffering under the war.[31] However, these attacks are not new, dating all the way back to World War II, where Japan attacked the Alexandria Hospital in Singapore, causing major casualties and violating neutrality.[32]

In the past, successful strategies have included negotiations, local actors, and non-governmental organizations' work. For example, community health workers (CHWs) and the empowerment of local healthcare workers and first-line workers have helped bring some resurgence in health. Mobile clinics and the provision of access to NGOs have also been successful; however, resistance against those is often found in countries that value sovereignty. Failures or obstacles have included countries valuing their sovereignty over providing healthcare, through trying to limit health access or Western influence in their own affairs. Humanitarian resources are also often underfunded or inhibited from entering these conflict zones, causing more strife and tension in the region.

Key issues to note from this discussion include the importance of preventing fragility before conflict, as health fragility often gets worse with warfare. It is also crucial to consider local actors and the efficacy of NGOs as a vehicle to prevent health catastrophes.

Current Situation

Access to healthcare in conflict zones and occupied territories is severely damaged due to violence, infrastructure damage and political impairments. Over 1.6 billion people (a quarter of the global population) worldwide live in conflict-affected or fragile areas where health services are disrupted or simply not there. [33] Not only that, 3600 attacks on healthcare facilities were noted in 2024, marking the highest level ever reported.[34] In countries under war, such as Gaza or Ukraine, full-scale war has devastated their local health systems, with Gaza reporting 84% of health facilities damaged or destroyed.[35]

Key actors in this can include the WHO itself, national health ministries, countries/local governments, and humanitarian organizations.[36] A key non-state actor would include MSF or some other humanitarian relief

[31] https://www.msf.org/attacks-medical-care-depth
[32] https://pmc.ncbi.nlm.nih.gov/articles/PMC12415934/
[33] https://www.who.int/activities/accessing-essential-health-services-in-fragile-conflict-affected-and-vulnerable-settings
[34] https://www.bmj.com/content/389/bmj.r1039
[35] https://www.gavi.org/vaccineswork/attacks-health-care-during-war-are-becoming-more-common-creating-devastating-ripple
[36] Ibid.

agency. These NGOs are often relevant as they are not associated with the government but still work to improve the problem, leading to the potential of UN collaboration.[37]

One major example of this occurring is quite recent, that being the Israel-Palestine conflict, which started in October 2023. The situation escalated rapidly with many attacks occurring on hospitals, almost complete collapse of health services, many refugees, and aid blockades. Seeing this, a lot of countries have rallied in support of Palestine and encouraged Israel to let non-governmental organizations into the field.[38] Patients from Gaza cannot freely access hospital resources and permit applications for Palestinians to access healthcare were denied multiple times by Israel. Medical supply resources are also prevented from entering the field, and entry of medical supplies has been severely hindered by Israel and the war. [39] The main hospital in Gaza, Khan Younis, is "overwhelmed, food for patients is scarce, fuel supply is low, and many essential medicines, medical supplies, and blood units have run out."[40]

Another example is in Yemen, where there has been a severe decline in vaccination rates, cholera outbreaks, and interruption of female health protections. People have tried to establish mobile clinics and provide funding; however, the war has impeded a lot of access to health workers for the most vulnerable in this society. The severe damage due to severe bombing raids and the destruction of healthcare facilities has significantly impaired Yemen's ability to respond to any global health crisis, and it shows. Cholera is rampant in Yemen, and not enough humanitarian aid is able to reach the country at the moment. This is a symbol of a bigger issue in war zones.[41]

Clearly, the situation at the moment is dire and needs immediate action from the UN to alleviate these issues.

UN/International Involvement

The WHO has done a lot to alleviate this situation, coordinating nearly 5000 medical evacuations from Ukraine in 2024 and supplying critical infrastructure to assist care resources.[42] The WHO and the UN Population Fund (UNFPA) worked to deploy mobile health teams to protect against gender-based violence and have done 150,000 consultations so far in Sudan.[43] Recently, the WHO has worked to evacuate kids from Gaza, Ukraine, and many other places.

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[37] Ibid.
[38] https://www.ochaopt.org/content/humanitarian-situation-update-296-gaza-strip
[39] https://www.emro.who.int/images/stories/palestine/documents/15_years_of_blockade_and_health_in-gaza.pdf
[40] Ibid.
[41] Ibid.
[42]https://cdn.who.int/media/docs/default-source/documents/emergencies/2025-appeals/who-health-emergency-appeal-2025-snapshot.pdf
[43] https://www.unfpa.org/news/international-humanitarian-law-flouted-health-and-aid-workers-are-targeted-conflicts-around

Humanitarian agencies also play a large role in assisting with coordinating responses to health care crises. In Yemen, MSF (Doctors without Borders) and the International Committee of the Red Cross, in collaboration with the WHO, continue to intervene to support health resources. They have set up mobile clinics, field hospitals, and programs to educate people. They also have targeted malnutrition, food security, and improvement of access to vaccines and healthcare, despite frequent attacks on their work. [44]

Despite all the work that has been done, struggles between countries demanding sovereignty and humanitarian efforts remain a major issue. The UNSC is often at a standstill, limiting its responses, and the attacks on health facilities do not seem to be stopping. This proves that more must be done to alleviate this issue.

Possible Solutions:

Humanitarian Safe Zones

This would entail the establishment of protected humanitarian routes or specific medical safe zones to deliver necessary supplies, vaccines, and clinics to occupied or conflict-affected areas. It provides immediate life-saving care and helps NGOs find routes to access the people who need it most. However, it requires cooperation from actors who may resist infringements on their sovereignty and countries to collaborate on keeping it safe. The WHO would need to collaborate with multiple states to make this feasible and effective. [45]

Healthcare Delivery Systems

This solution involves using technology or new methods to get past infrastructure disruptions or changing frontlines. Examples of technology that could be used would be mobile clinics, online clinics, or drone deliveries of supplies. It would get rapid deployment and be able to help multiple people in need; however, it would require a lot of funding and technical expertise with drones, as well as training. Additionally, the drones could be mistaken for war drones and shot down.
[46]

International Health Funding

The establishment of an international health fund or funding mechanism would be a crucial necessity, especially considering the need for money in all other proposed solutions. It would enable quick crisis response and help rapidly mobilize health resources and funds for improving healthcare in conflict zones. However, there is a very dangerous risk - mismanagement. There is a potential for mismanagement or corruption, which would not

[44] https://globalhealthhub.de/fileadmin/general_documents/20250122_DRAFT_WorkingPaper_ChildHealthInConflictSettings.pdf
[45] https://www.icrc.org/en/document/7-steps-strengthen-health-care-emergencies
[46] https://pubmed.ncbi.nlm.nih.gov/40660296/

benefit the countries. This would make this a little challenging to establish and deter some countries due to high initial costs. [47]

Workforce Development

It is essential to develop the workforces in these countries - not only wartorn ones but also unstable or destabilizing countries. This would help prevent a total health system collapse and can also ensure that there is a strong healthcare system prior to conflict in unstable regions. However, this is definitely more of a long-term issue and finding personnel and training would take time and money. It would require a safe place to train and restore equipment, which would need to be negotiated for. As such, this is more of a long-term or pre-conflict solution.[48]

Bloc Positions

North America

North American countries, and Western Liberal Democracies in general, are likely to support healthcare access as absolutely crucial. They would especially emphasize the use of NGOs, UN bodies, and accountability for nations blocking the provision of aid. They strongly support the WHO's work and may push for targeted sanctions and more partnerships with NGOs. They are likely to support proposals aiming to increase funding for UN or NGO-led health operations, as well as the construction of humanitarian corridors.[49]

European Union (EU)

In general, the EU strongly supports unobstructed humanitarian and healthcare aid under international humanitarian law (IHL). It supports the Geneva Conventions and pushes for multilateral coordination to ensure the neutrality of aid delivery. They would support more humanitarian efforts to improve the quality of life for other countries, and definitely support NGO and UN action. They often lead efforts to take note of IHL violations and prefer solutions oriented around establishing monitoring bodies and strengthening UN-led frameworks or funds. [50]

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[47] https://www.who.int/activities/implementing-health-financing-reforms-in-fragile-and-conflict-affected-settings
[48] https://www.who.int/docs/default-source/documents/publications/guide-to-health-workforce-development.pdf?sfvrsn=befcd0ab_1
[49] https://www.hi-canada.org/en/news/joint-statement-on-the-healthcare-facility-crisis-in-gaza
[50]https://www.consilium.europa.eu/en/press/press-releases/2019/11/25/humanitarian-assistance-and-international-humanitarian-law-council-adopts-conclusions/

Conflict-Stricken Countries

Countries stricken with conflict often support aid but are concerned about the neutrality of aid groups, particularly accusing NGOs of working under a political basis. This can lead to some controversy with getting the right aid to the people who need it. These countries seek more control over aid distribution within their own borders, and would likely call for assistance with rebuilding and providing healthcare to the vulnerable. However, they would like aid delivery to be done through their local government or through recognized bodies. This bloc would likely support non-interference clauses in aid resolutions and request more funding for local efforts and long-term infrastructure development post-war.[51]

Countries Valuing Sovereignty

These countries are likely to emphasize non-interference in domestic and national affairs, even if conflicts are occurring or the territories are occupied. They would go against resolutions that could potentially be biased or challenge their territorial control. They would stress the need for countries to provide consent to allow these NGOs or other bodies into their territory to assist with healthcare access. They may challenge Western-led efforts, believing them to be biased, and prefer bilateral aid or through methods approved by their government. They are likely to support sovereignty or consent-based operatives in resolutions and push for more control residing in the state's hands.[52] Some examples of countries like this could be Israel, Russia, and China.[53]

Discussion Questions

1. What political, social, and security-related conditions most often lead to the collapse or obstruction of healthcare systems in conflict zones and occupied territories? How do these root causes differ between international wars and internal conflicts?
2. What mechanisms could the World Health Organization or other UN bodies develop to guarantee uninterrupted delivery of basic health services during armed conflicts without compromising neutrality or safety?
3. How should humanitarian organizations balance the ethical obligation to provide care with the risk of legitimizing occupying powers or armed groups that obstruct healthcare access?
4. How can emergency healthcare interventions in conflict areas be structured so they contribute to building sustainable, locally led health systems after hostilities end?
5. What international enforcement or monitoring systems could hold parties accountable for attacks on healthcare facilities and workers, and how can these systems operate effectively in active war zones?

[51] https://alnap.org/help-library/resources/health-care-needs-of-people-affected-by-conflict-future-trends-and-changing-frameworks/
[52] https://www.chinadailyasia.com/hk/article/340386
[53] Ibid.

Additional Sources/Works Cited

"Building peace in fragile and conflict settings through health - Building peace in fragile and conflict settings through health." *World Health Organization (WHO)*, https://www.who.int/activities/building-peace-in-fragile-and-conflict-settings-through-health. Accessed 14 September 2025.

"Constitution of the World Health Organization." *World Health Organization (WHO)*, https://www.who.int/about/governance/constitution. Accessed 14 September 2025.

"Crisis in Northern Ethiopia." *World Health Organization (WHO)*, 18 June 2022, https://www.who.int/emergencies/situations/crisis-in-tigray-ethiopia. Accessed 14 September 2025.

"Ebola virus disease." *World Health Organization (WHO)*, https://www.who.int/health-topics/ebola#tab=tab_1. Accessed 14 September 2025.

"IHL Treaties - Geneva Convention, 1864." *International Humanitarian Law Databases*, https://ihl-databases.icrc.org/en/ihl-treaties/gc-1864. Accessed 14 September 2025.

"7 steps to strengthen health care in emergencies | International Committee of the Red Cross." *ICRC*, 27 September 2018, https://www.icrc.org/en/document/7-steps-strengthen-health-care-emergencies. Accessed 14 September 2025.

"United Nations Security Council Resolution 1820 (2008), S/RES/1820(2008) | She Stands For Peace." *the United Nations*, https://www.un.org/shestandsforpeace/content/united-nations-security-council-resolution-1820-2008-sres18202008. Accessed 14 September 2025.