

ACADEMY MODEL UNITED NATIONS 2010
BERGEN COUNTY ACADEMIES



WORLD HEALTH ORGANIZATION

APRIL CHOI
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Dear Delegates,

Welcome to the 11th annual Academy Model United Nations (AMUN) at Bergen County Academies. For many, this may be your first year participating in MUN, while for others this may be their fourth or fifth year.

My name is Kavisha Khanuja and I will be chairing the committee, along with April Choi. I am currently a senior in the Academy for Medical Science Technology. I have been involved with Model UN since I was in ninth grade and have participated in every AMUN conference since my freshman year. My first collegiate conference was WAMUNC 2007 and I have attended additional conferences at GWU and Yale. I served as a delegates my freshman and sophomore year and in my junior year as a staff member for the WHO committee.

Although I am interested in international affairs, I am interested in pursuing a career in medicine. In addition to the Model UN club, I am an active member of Health Occupation Students of America (HOSA) and the school literary magazine. I have also been involved with Girl Scouts for the past 9 years and am currently interning at the Bergen County Medical Examiner's Office.

April and I have been working hard to prepare the topics in hope of having stimulating debates during committee session. We hope this background guide serves as wealth of information. Make sure you do research based on your own country. If you need any help, feel free to email April at aprcho@bergen.org or me at kavkha@bergen.org. We look forward to seeing you all in January.

Sincerely,

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TOPIC 1: WATER SANITATION

Background

There are approximately 3.26 million trillion gallons of usable fresh water on Earth. Water is scarce, however, for approximately half of the world's population. 2.4 billion of these people today also live with little or no water sanitation. That is, water sanitation with the power to prevent about 10% of the global disease burden annually including 1.4 million pediatric deaths from diarrhea, 860,000 pediatric deaths from malnutrition, and 500,000 deaths from malaria. Evidently, water sanitation is vital in preserving and improving the well-being of global health.

During the 1980s, 80% of the world's population did not have access to clean water, including 41% of all children under the age of fifteen. In order to address these problems, the 1977

United Nations Water Conference at Mar del Plata set up the 1981-1990 International Drinking Water Supply and Sanitation Decade. Its aim was to give everybody access to sanitary water by 1990. The Decade involved 100 governments of developing countries, governments of developed countries, twelve UN organizations, and other non-government organizations. Most of the progress was made through the combination of actions by individual countries. At least ninety countries developed plans approved by the UN to accommodate the goal of the Decade.

The plans helped strengthen and create institutions to oversee national water supplies and sanitation, equalize the attention to water sanitation and supply among rural/urban and local/regional settings, and allocate more money towards water sanitation. Developing countries received help to manage their Decade plans from external funds given by developed countries, the UN, the World Bank, and regional development banks as well as help from resident representatives of the United Nations Development Programme (UNDP).

These efforts failed to reach the Decade's goal; however, over 1.2 billion people received water and nearly 770 million people gained sanitation by the end of the Decade. Also at the end of the decade, the World Health Organization (WHO) and United Nations Children's Fund (UNICEF) formed the Joint Monitoring Programme for Water

Supply and Sanitation (JMP). The JMP keeps track of the global water supply and sanitation sector and assists countries with their own water supply and sanitation statuses.

Following up on the International Drinking Water Supply and Sanitation Decade, about 192 world leaders came together at the United Nations Headquarters of New York in September of 2000 to establish new goals. At the end, they agreed on eight goals called the Millennium Development Goals (MDG)



http://portal.unesco.org/en/files/32122/11429537573robinet_eau.JPG/robinet_eau.JPG

that are to be reached by the year 2015. The seventh goal of the eight is to,

“Halve, by 2015, the proportion of the population without sustainable access to safe drinking water and basic sanitation.”

Since then, joint efforts have been made to reach this goal and progress has been officially monitored by the JMP. From 1990 to 2006, 1.1 billion people gained access to better sanitation; 62% of the world population used improved sanitation facilities as compared to 52% of the world population in 1990. Although significant progress has been made, it is estimated that efforts will still have to increase twofold in order to meet the target set by the MDG.

Current Situation

Presently, the WHO has three programs focusing on water sanitation: Water, Sanitation and Hygiene (WSH); Household Water Treatment and Safe Storage (HWTS); and Small Community Water Supply.

WSH strives to decrease water and waste-related diseases and promote the sustenance of clean water and proper waste management. Specific works of WSH include:

- Promoting the inclusion of policies about health and water sanitation in development
- Maintaining systems for information on water, sanitation, and health
- Managing environmental/microbiological diseases concerning water and sanitation through research, interventions, observation, and preparedness
- Monitoring waste management
- Studying the health impacts of different water resources

- Creating guidelines for water and health based on data
- Finding ways to better control the quality of drinking water

WSH also has catalogues that contains information on the publications of the WHO concerning water and water sanitation that include the general information that WSH promotes to raise awareness about water sanitation. WSH has collaborating offices in countries such as Canada, Denmark, Australia, Germany, Japan, Thailand, and the United Kingdom.

HWTS attempts to improve water sanitation through interventions in household water usage by way of a network of organizations. The network works to incorporate HWTS in global, national, and regional policies and practices, provide information about HWTS especially to developing countries, promote individual research on HWTS intervention technology, and give people access to and the ability to have clean water.

A program for small community water supply was formed because community water supplies in both developing and developed countries have more outbreaks of water-borne diseases than urban water supplies. The International Small Community Water Supply Network seeks to provide international guidance on community water maintenance, provide tools for the guidance, and gather data as evidence in order to gain political support. So far, the network has been able to: create an outline for the Management of Small Community Water Supplies; establish a database about the policies, tools, and programs of small community water supplies; establish a database of terms; create an outline for the guidelines on conducting economic analysis of water, sanitation and hygiene; and prioritize the

necessary areas of research. In the future, the network hopes to empirically confirm the outline for the Management of Small Community Water Supplies, create a network of training facilities, promote further research on the management of small community water supplies and establish a database of literature concerning the health impacts of small community water supply management.

Most actions of the WHO are directed towards reaching the MDG, but despite the efforts, progress needed to achieve the MDG has not been made. In order to meet the MDG, 1.6 billion more people must be given access to improved sanitation by 2015. Sub-Saharan Africa and Southern Asia especially lack progress. Currently, about 2.5 billion people live without improved sanitation with over one billion people from Asia and the rest from sub-Sahara Africa. Roughly half of the world's population lives in rural areas and these people represent over 70% of the population living without improved sanitation. Urban places have been unsuccessful in keeping up with growing populations to provide improved sanitations for everybody. In 21 of the 42 countries that make up Sub-Saharan Africa, 79% of the rich versus 16% of the poor have access to improved sanitation. One in four people in developing countries live with no sanitation at all. 15% of the people in developing



<http://blog.lib.umn.edu/ohxxx100/architecture/mdg.jpg>

countries live with sanitation facilities that do not prevent human contact with human excrements.

The main concern in water sanitation is water-related diseases. The WHO and the United States Environmental Protection Agency (USEPA) as well as other agencies collaborate to address water-related diseases through Emerging Issues in Water and Infection Diseases. This develops and publishes reviews on diseases based on international consultation. Some of the emerging topics that are currently being reviewed are: the potential transmission of the avian influenza (H5N1) through water and its risks to humans, an infectious disease called legionellosis, the identification and control of waterborne zoonoses (infectious diseases that can be transmitted from animals to humans and vice versa), toxic cyanobacteria in water, and pathogenic mycobacteria in water.

Issues that are being addressed are the health effects of diseases that are transmitted by bathing or recreational water use and the safety of waters that shell-fish inhabit.

In order to improve water sanitation, the UN must work with three factors: the availability of human and institutional resources, the ability of a country to improve water sanitation, and the ability to convert physical information into effective actions. Two major obstacles stand in the way of improving water sanitation: finance and

data. Many countries cannot maintain their water supplies due to rapid urbanization and population growth, and water sanitation ranks low in public awareness and the priorities of local governments. A reason that water sanitation is not highly prioritized by local governments is that it is difficult to obtain clear evidence to make policy decisions regarding it. Most funding for water sanitation is combined with funding for water supply, health care, education, or water resources management. Therefore, although money is spent for water sanitation and a positive effect is seen, donors and governments cannot

determine how much money specifically went towards improvement in water sanitation. Consequently, there is not much information on which to base investment decisions for water sanitation and local governments opt to

avoid these decisions altogether. This leads to inadequate funding for water sanitation. Subsequently, public awareness projects about water sanitation such as the 2008 International Year of Sanitation have little promise for sufficient funding. The General Assembly declared the 2008 International Year of Sanitation in the hopes of making further progress towards and raising awareness about the MDG.

In addition to the lack of funding, there is a lack of coherent data. Actions and records concerning water sanitation exist on global,

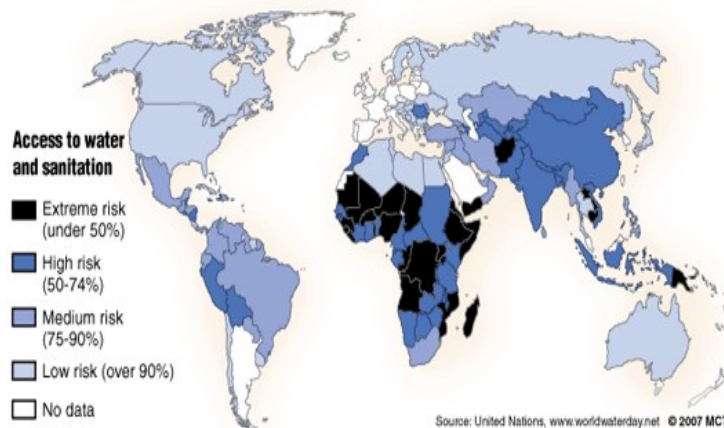
national, and local levels. However, a system that compiles the global, national, and local records does not exist. Therefore, it is difficult to view the global situation in a truly holistic way. The JMP does record global progress for water sanitation but it only records global action and does not bring together national and local activities. To address this problem, one approach that the WHO took was writing the first Global Annual Assessment of Sanitation and Drinking Water (GLAAS) in 2008, which

“[explores] a new way of presenting a global and all-around picture of the sanitation and drinking-water sectors that will complement the information provided by the WHO and UNICEF JMP reports and by the *World Water Development Reports*.”

The GLAAS report was a UN Water project coordinated by the WHO. UN-Water is a system that helps enhance communication and unity among all UN organizations that deal with water issues. The GLAAS report gathers and organizes data from JMP, the OECD (Organization for Economic Cooperation and Development) Development Assistance Committee Creditor Reporting System (OECD-DAC CRS), other UN statistics, the Africa Working Group with the European Union Water Initiative, 25 external support agencies, and information concerning water sanitation and drinking water that was

Global Water Situation

A third of the world's population lives in water-stressed countries; by 2025, this is expected to rise to two-thirds.



http://www.realtruth.org/images/water_sanitation-apwa-090324.gif

collected by GLAAS staff from seven pilot countries. It also analyzes the feasibility of “integrated data collection” as a means to look at global water sanitation and drinking water.

Regional Actions Taken on Water Sanitation

Europe: In the 1999 Third Ministerial Conference on Environment and Health, a document called the Protocol on Water and Health was adopted as the first international legal approach in managing water-related diseases. The Protocol was put into effect in 2005 and currently has 36 countries that have signed it and 23 countries that have ratified it. Upon ratification, the countries are legally bound to the Protocol. The Protocol is maintained by WHO/Europe, who takes care of the health aspects, and the United Nations Economic Commission for Europe (UNECE), who takes care of the legal and technical aspects. By ratifying the Protocol, countries agree to take action to achieve:

- Sufficient supplies of safe drinking water
- Sufficient water sanitation that will ensure the welfare of human health and the environment
- Effective prevention of pollution and other hazards from contaminating water resources such as those for drinking water as well as their related ecosystems
- Sufficient protection of humans against water-related diseases
- Effective system for monitoring and acting upon outbreaks of water-related diseases

Presently, approximately 120 million people do not have access to safe drinking water or sanitation. The lack of sanitation has led to incidents of waterborne diseases such as

diarrhoeal diseases that include hepatitis A and typhoid fever. Microbial contamination is considered to be the primary health concern of the European region.

Africa: In the September 1994 meeting of the WHO Regional Committee for Africa, the Ministries of Health of 46 countries launched the AFRICA 2000 Initiative. The primary purpose of the Initiative is to spread access to water and water sanitation throughout Africa.

Bloc Positions

India

India’s main problems with regards to water lie in the general hazards related to poverty and underdevelopment such as lack of safe drinking water and inadequate disposal of waste and sanitation. Efforts are being made to meet the MDG through legislation such as the Eleventh Five-Year Plan (2008-2012) and other large, government-launched programs. However, improvements have been slow due to difficulty in delivering services and in promoting development at district and local levels to enforce and monitor the large programs. Water systems are not properly monitored and are hindered by poor finances and community involvement. Water contamination continues to cause water-related diseases even in large cities such as Delhi because most municipalities do not have systems for monitoring water quality. Additionally, most people living in rural areas are not aware of the health benefits from practicing good sanitation.

Nepal

The major problematic area for Nepal is proper waste disposal systems. As of 2004, 39% of households have proper toilet facilities, 12% have coverage by sewage

systems, and 8% of households have proper solid waste collectors. 25% of the population has general access to proper bathrooms. Reasons for the low percentage of households with toilets are: supposed lack of need (66%), lack of resources (31%), and “smell and privacy” (3%). As for sanitary water, piped water is considered a safe source. As of 2004, 14% of households have piped water sources inside their homes and 30% have piped water sources outside their homes. For the rest of the population, 37% use covered wells, 5% use open wells, and 14% use other natural sources such as rivers, ponds, streams, etc. There is also a disparity of water and sanitation access between urban and rural areas. 39% of rural areas versus 68% of urban areas have safe drinking water and 21% of the rural population versus 53% of the urban population has access to toilets. The local government is working to improve conditions by integrating sanitation with water supply as well as promote and use local knowledge, skills, and resources and low-cost technology. There are also non-governmental organizations and local projects that work to improve sanitation conditions. However, low supplies of resources, lack of money, rapid urbanization, water pollution, shrinking of water resources, and high water leakage rates hinder progress and improvement.

United Kingdom

The major area of concern for the United Kingdom is recreational/bathing water use and the diseases acquired from it. The collaborating center for the protection of water quality and human health has addressed several concentrations with the WHO:

- It has worked on promoting the WHO guidelines for recreational water use by testing the waters of the Caspian Sea

Region and assessing recreational water usage in the European Region. It also revised its bathing water directive of the European Commission, developed the Annapolis Protocol that monitors bathing waters based on WHO/EPA (Environmental Protection Agency) guidelines, and published texts about infectious diseases acquired by recreational water use.

- The center created a sector for the monitoring and assessment of groundwater with attention to the acquirement and transport of pathogens.

Bulgaria

The primary concern for Bulgaria is its sewage systems and waste water treatment. Many of its available wastewater treatment centers are inadequately managed due to exceeding their capacity or unfulfilling their capacity. In the year 2006, only 69.4% of the population was covered by sewage networks and only 41.1% was connected to wastewater treatment facilities despite the addition of seven more facilities during the years 2000-2005. The goals set by Bulgaria to improve conditions are to establish sewage networks and wastewater treatment plants for settlements with over 10,000 residents by 2010 and to establish sewage networks and wastewater treatment plants for settlements with over 2,000 residents by 2014. The majority of Bulgaria’s population (75%) lives in settlements with over 2,000 residents. Another area that needs work is the disparities in water supply and sanitation services between rural and urban areas. Although Bulgaria has a water supply system that delivers water to 98.9% of its population, many of the water is lost in internal distribution and poor storage facilities, and many local regions still have water rationing. Also, only 2.1% of villages versus the 70.5% of towns and cities have sewage network coverage.

China

Unsafe water and lack of sanitation are both major problems for China. Industrial and municipal water pollution as well as the overuse of pesticides and chemical fertilizers lead to diseases that claim over 400,000 lives annually. Its water resources are also receiving pressure due to economic growth. It is estimated that 70% of China's rivers and lakes are polluted. However, China has increased the percentage of its population that has access to safe drinking water from 8% in 1993 to 75% in 2007.

Questions to Consider

1. Should populations be controlled to improve access to water sanitation? To better enable countries to maintain their water supplies, should the number of member per households be limited? Would this be effective?
2. Should more severe laws be executed to control water sanitation? Should people be restricted from freely using rivers, streams, pond, etc. for excretory disposal to constrain the spread of diarrhoeal diseases?
3. How would your country react if a major outbreak of a waterborne disease should occur due to water supply contamination? Is there a way to relay this information effectively throughout your country and ensure that the people of your country uniformly practice alternative techniques in using water to help contain the disease? What would some of these alternative techniques have to be? Would there be a means for your whole country to live off a water system/source other than the ones that were contaminated?

Sources:

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- present global status and progress on achieving the 7th MDG

<http://www.who.int/topics/water/en/>

-WHO water page with information about their water/sanitation-related programs and actions of WHO regions

http://www.who.int/water_sanitation_health/glaas_2008_pilot_finalreport.pdf

- the 2008 GLAAS report

http://www.who.int/water_sanitation_health/monitoring/jmp2008/en/

- the 2008 JMP report with special focus on water and sanitation

http://www.who.int/water_sanitation_health/monitoring/en/index.html

- the most recent JMP reports on water and sanitation released by the WHO

http://www.gdrc.org/uem/water/decade_05-15/first-decade.html

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<http://www.un.org/millenniumgoals/enviro.html>

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<http://www.searo.who.int/EN/Section313.htm>

- health situations of countries in the South-East Asia Region

<http://www.euro.who.int/watsan/ctryinfo/ctryinfo>

- information about water/sanitation in countries in the European Region

<http://www.wpro.who.int/china/sites/ehe/overview.htm>

- information about the environment and health in China today

<http://www.mdgmonitor.org/index.cfm>

- MDG monitor, has information about the progress of certain countries in achieving the MDG

<http://undp.bg/publications.php?id=2691>

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