



**WHO**  
TOPIC BULLETIN

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CHAIRS

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# Academy Model United Nations

- THE TWENTY-SECOND ANNUAL CONFERENCE -

Dear Delegates,

My name is Joshua Lerman, and I am honored to be one of your co chairs. I am currently a junior here at Bergen County Academies. I started Model United Nations back in freshman year, but really got back into it sophomore year. After going to many conferences my love for MUN grew stronger and stronger. Throughout this conference I encourage you to be brave: talk, debate, and converse with your peers to come up with the perfect solutions! I want to encourage those who don't feel like saying much to speak as much as they can! (I've been there too!)

I have a personal connection to the World Health Organization since I am passionate about medicine, and can't wait for the intriguing and creative solutions you delegates devise for these issues!

Outside of school and MUN, I enjoy a variety of hobbies, including but not limited to: reading, playing soccer, hanging out with friends and family, and enjoying my video games. I have to say I am very excited to meet all of you and cannot wait for an interesting and engaging conference! See you all soon!

Sincerely,

Joshua Lerman, Co-Chair, WHO

[josler21@bergen.org](mailto:josler21@bergen.org)

Dear Delegates,

First, I hope all of you and your families are staying safe during these difficult times. My name is Vivek Rajani and I am extremely excited to be your chair for the World Health Organization (WHO) Committee at Bergen County Academies' AMUN XXII! I am currently a senior in the Medical Academy here at BCA and this will be my fourth year being a part of the Model UN family and my second year chairing AMUN! I started Model UN when I was a freshman, participating in the Model UN club that BCA has, learning more about what really happens during a MUN Conference. Finally, after some practice and preparation I attended the Washington Area Model UN Conference (WAMUNC) where I discussed topics like censorship of media and female infanticide. That conference really motivated me to explore other MUN-related activities, like chairing BCA's AMUN!

Other than Model UN, I sing in both the Concert Choir and Chamber Choir, I am a second-degree black belt in Taekwondo, and I conduct my own science project on allergies in our Research Lab. Also, I love watching movies and spending time with my friends and family.

I wish you the best of luck with your preparation for AMUN XXII and I can't wait to meet all of you! If you have any questions about absolutely anything, please feel free to email me!

Yours truly,

Vivek Rajani, Co-Chair, WHO

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# Introduction

The World Health Organization (WHO), is a specialized agency in the United Nations established in 1948 to improve global health conditions internationally. The First World Health Assembly met in Geneva and established their priorities for the organization as a whole: malaria, tuberculosis, venereal diseases, maternal and child health, sanitary engineering, and nutrition. The organization was also involved in disease prevention and control efforts, including mass campaigns against diseases like yaws, endemic syphilis, leprosy, and trachoma. WHO has been extremely successful with many of their activities; for instance, in 1958, the USSR proposed a WHO-led smallpox eradication programme, and by 1977, the last confirmed case of smallpox was identified in Somalia. WHO's programme has successfully eradicated the existence of smallpox by 1979.

WHO's responsibilities and functions include assisting governments in strengthening

health services, establishing and maintaining technical and administrative services (statistical services), promoting cooperation between scientific groups, stimulating eradication of diseases (through the improvement of nutrition, housing, sanitation, hygiene, and working conditions, proposing international conventions, developing international standards for food, biological, and pharmaceutical products, and developing public opinions among people regarding general health.

WHO's leadership priorities are currently aimed at the following six goals over the period of 2014-2019

1. Assisting countries that seek progress towards universal health coverage
2. Helping countries establish their capacity to adhere to the International Health Regulations
3. Increasing access to essential and high-quality medical products



4. Addressing the role of social, economic, and environmental factors in public health
5. Coordinating responses to noncommunicable diseases
6. Promoting public health and well-being in keeping with the Sustainable Development Goals, set forth by the UN.

Before the next section begins, we would just like to provide a quick definition of who “healthcare workers” are; they are defined by “The Lancet” as “doctors, midwives, nurses, dentists, pharmacists, physiotherapists, paramedics, ambulance drivers, other emergency response personnel, allied health technicians, medical and allied health students, public health professionals, and civil defence personnel providing volunteer health aid such as first aid and frontline rescue.”



## Topic A: The Rise of Obesity in Developing Nations

### Topic History

Obesity can be simply defined as acquiring an excessive amount of body fat. Obesity occurs when caloric intake consistently exceeds caloric expenditure. The unused sources of energy are consequently converted into fat for long-term storage, which can then start to accumulate, leading to obesity and the health problems associated with it. Obesity increases a person's risk for diabetes, hypertension, heart disease, stroke, arthritis, and some cancers, and generally makes daily functions harder to perform. Although obesity is primarily caused by diet and other environmental factors, some may have a genetic predisposition for the condition. Obesity is generally treated by following a strict diet and exercising, yet it still claims the lives of about 4.7 million people each year, which is what initially brought it to the attention of the World Health Organization. Obesity is a fairly young public health crisis, with significant developments only taking place in the past few decades. However,



causes of increased morbidity can be traced back to centuries earlier.

Before the first and second industrial revolutions, obesity was considered to be an indication of wealth and power. Only the rich had access to various assortments of food, while the majority of the population survived on simple crops, like wheat, corn, and rice. In addition, no one was fully aware of the health risks involved with obesity. But with the technological advancements of the eighteenth, nineteenth, and twentieth centuries, food started to be produced efficiently and abundantly, making all kinds of food more accessible to everyday people. Moreover, improved means of production as well as automated systems allowed for decreases in physical labor, which led to an overall decrease in physical activity. Since then, obesity has gradually become more commonplace in many countries, paralleling their technological development. For instance, in the United States, obesity has jumped over 20% since the 1900s. Countries like Mexico, Russia, Algeria, Nigeria, Saudi

Arabia, and Egypt have also seen dramatic increases in obesity.

In lieu of the growing problem of obesity, the World Health Organization had previously taken action. In 2004, the World Health Assembly adopted the “WHO Global Strategy on Diet, Physical Activity and Health”. Recognized again in 2011, this resolution details the actions needed to support healthy diets and regular physical activity. It calls upon various stakeholders to take initiative at global, regional, and local levels to improve diets and physical activity patterns. Despite their attempts, global obesity continues to climb, reaching record highs in the past couple of decades.

## Current Situation

According to the World Health Organization, obesity is now considered as an epidemic, as it affects the majority of countries around the world, albeit more commonplace in developed and developing nations. Since 1975, incidence of obesity has almost



tripled. To date, 650 million adults and 340 million children, or about 13% of the global population are obese. In addition, about another 2 billion are considered overweight. Obesity has become one of the leading causes of premature death, with about 8% of deaths around the world attributed to obesity. Acknowledging such jarring statistics, the question confounding many world leaders is why this preventable condition is affecting so many people and taking so many lives. The answer to that question lies in many places.

One reason for this is increased efficiency in the food processing industry. New technologies are able to quickly refine and process crops, most notably sugar and corn. As a result, large food and beverage companies often incorporate corn and sugar, mainly in the form of high fructose corn syrup, into their products. High fructose corn syrup is much cheaper and sweeter than regular white sugar and often adds a greater number of calories into the diet. In addition, there is scientific evidence that higher fructose ingestion stimulates

lipogenesis, or fat production, rather than being used as an immediate source of energy like glucose. Since high fructose corn syrup is much cheaper to produce, foods containing it are sold at lower prices, and are thus more conducive to the average consumer. As a result, people often incorporate these cheap and unhealthy foods into their diets. Large globalizing food and beverage companies, such as Coca-Cola, are exacerbating this problem, marketing their cheap and unhealthy products in countries around the world.

In combination with poor diet, low levels of physical activity have contributed to the epidemic in developed and developing countries. The World Health Organization defines physical activity as any bodily movement produced by skeletal muscles that requires energy expenditure. To date, 1 in 4 adults and 4 in 5 adolescents are insufficiently active. Such low levels of caloric expenditure allow for caloric intake to vastly surpass, leading to increased morbidity and mortality



due to obesity. One reason for this is the more efficient and convenient technologies that exist today. With cell phones, efficient transportation, home deliveries, and much more, the average person is expending less and less energy. Another major contributor to such a sharp increase in physical inactivity in developing countries is urbanization. For example, fear of violence and crime in outdoor areas, high-density traffic, low air quality, and lack of recreational facilities are just some of the reasons why people are discouraged from engaging in physical activity. This, compounded with more options for sedentary entertainment, have resulted in unprecedented drops in physical activity, causing global obesity rates to skyrocket, and in turn evolving it into an epidemic.

## Country Policy

Considering the extent of the obesity epidemic, many countries around the world have realized the significance of the issue and have responded with new plans and

guidelines to help stabilize obesity levels. For instance, in recent years, the Finnish government has taken large strides towards decreasing childhood obesity in their country. They have modified their Health Care Act to provide free health care counseling and health examinations to all children and their families. They have also integrated many educational policies that provide healthy options for school lunches and require students to learn about health and staying physically active. The World Health Organization has taken the example of Finland to develop a training manual for other countries to follow in their footsteps. In fact, many countries have done so, including Belgium, Chile, France, Hungary, and Mexico.

Several countries have started regulating nutritional information included on food products. South Korea, Chile, Sweden, Denmark, and the United States all require nutrient and ingredient lists to be included on packaged foods, so that consumers are more informed about the nutritional value of the



products they are buying. In addition, the United States, Canada, and Australia have required many chain restaurants to include caloric values on their menus. They have also controlled portion size and implemented healthier food options on their menus. In addition to moderating nutritional information, nearly every country engages in mass media campaigns that emphasize the importance of eating healthy. Estonia, Germany, Mexico, New Zealand, Spain, Denmark, and Australia all promote fruit and vegetable consumption through their “2-5 a day”, “5 a day”, and “6 a day” campaigns. The United Kingdom and the United States have taken to social media platforms to raise awareness about eating healthy and exercising.

Regarding physical activity, many countries have issued guidelines that help people maintain healthy lifestyles. The European division of the World Health Organization developed the document, “Steps to health: a framework for action in the WHO European Region” that outlines the measures that can be

taken by federal, state/provincial, and local governments to promote healthy lifestyles for its constituents. The United States, Mexico, and South Korea, to name a few, have also promoted similar strategies. Although significant headway has been made in combating obesity, much still

has to be done around the world, especially in countries in the Middle East, Central and South America, and Southeast Asia, where activity levels have been strikingly low. Kuwait, Iraq, American Samoa, and Saudi Arabia are characterized as the laziest countries in the world. So, the question still remains: how can countries maintain their fight against obesity and how can more proactive countries help those that are still behind?

## Questions to Consider

How prevalent is obesity in my country? How high is the incidence



rate in my country compared to other countries?

What are the main causes of obesity in my country? What has contributed to high caloric intake and low caloric expenditure amongst the people of my country?

How has improved technology played a role in increasing the incidence of obesity in my country?

What has been the role of globalizing food and beverage companies in the rise of obesity in my country?

How are the communities in my country set up? Are there certain social, economic, or racial factors that contribute to the levels of obesity in certain communities?

What has my country done in the past to combat obesity?

How can my country work with other countries in the World Health Organization to decrease morbidity and mortality around the world?

What is the best way to spread awareness about the issue of obesity in my country and to advertise healthier diets and physical activity plans?



## Topic B: Implementing Countermeasures for Future Pandemics

### Topic History

Throughout society's history, humans have faced many challenges. Ranging from wars, to harsh climate, and shortage of resources, human beings prevailed in the end. However, one of these challenges still occurs today, putting society on the brink of chaos: pandemics. A disease that spreads through the entire world like wildfire, sometimes just infecting the population, others killing anything in its way.

The world saw its first pandemic as early as 430 BC in Athens. After the Peloponnesian War, the disease spread through Libya, Ethiopia, and Egypt all the way to Athens, killing two-thirds of the city's population. The Antonine and Cyprian Plagues followed in 165 and 250 AD respectively. Then some of the more popularized plagues occurred, such as the Justinian Plague of 541 AD, and the infamous Black Death in 1350. These plagues were the first to kill off a huge fraction of the world's population. The Justinian Plague was fatal for an estimated 50



million people, or twenty percent of the world's population at the time. The Black Death, or bubonic plague, topped that by eradicating one-third of the world's population. Close to present, the world went through the Spanish Flu, HIV/AIDS, SARS, and now COVID-19. These were the mainstream pandemics, meaning many were left unmentioned. This is clearly an issue that the world needs to tackle as a whole, for if one country doesn't help they're putting themselves in danger.

These pandemics had various causes, ranging from poor sanitation to animal transmission. For example, the bubonic plague originated from rats, but the poor sanitation perpetuated the spread of the disease. The amount of causes of the pandemics may be limited, but the effects they had were immense. The aftermath of most if not all of these diseases were followed by some sort of social reform. Referring to the Black Death again, this turned the population's center of attention away from churches for help with health, and more towards science.

Of course, not much was known at the time, but many advancements have been made since. For example, the bubonic plague and the influenza virus behind the Spanish Flu pose a little threat to society now compared to as they did back then. This is because through research, scientists know how to treat them, where they originate from, and they even have a vaccine for influenza.

After WHO was established in 1948, it mainly became involved in pandemics later through the years. WHO is applauded for tackling the SARS pandemic, as it almost disappeared. Working alongside the Global Outbreak Alert and Response Network, WHO worked closely with health authorities in the affected countries to provide clinical, logistical and epidemiological support. In 2007, (most recently updated in 2014), WHO published a handbook titled "Infection prevention and control of epidemic- and pandemic-prone acute respiratory infections in health care." These guidelines included steps WHO took towards



countering the H1N1 virus and an influenza outbreak.

However, there is no room to catch a breath. AIDS is still a prevalent disease, and new and old diseases seem to be arising from everywhere, and the WHO is hard at work with all affected countries to assure their citizens' safety.

## Current Situation

Everyone is aware of the crisis that has plagued the world in the beginning of 2020, and may still be prevalent right now. COVID-19, or coronavirus, thought to have originated from bats or wet markets in Wuhan, China, quickly spread all over the world, infecting around 18 million and killing over half of a million (confirmed). Halting economies and daily life, this pandemic surely took a toll on society. WHO has taken no time to rest while tackling COVID-19. With the Director-General and Executive Director holding 75 media briefings, WHO is ensuring that the public is well informed on the issue. Several teleconferences

have been hosted on topics such as clinical treatment, virology, infection prevention and control (IPC), and many more topics to make sure the public is well educated on how to stay safe. In addition to WHO ensuring the knowledge of how to stay safe, WHO has 132 possible coronavirus vaccines in preclinical stage, and 17 in clinical evaluation, which is a rapid pace for a pandemic that broke out not so long ago. However, as WHO is doing all this to combat a current issue, the bigger picture is to prevent another scenario like this from happening.

Originally, many fingers were pointed at China for its wet markets, where animals that aren't usually eaten elsewhere are sold off in horridly unsanitary conditions. And yet in China most recently a case of the bubonic plague was recorded as of July 7th. Clearly, enough is being done to combat the current pandemic, but not enough is being done to prevent the next. However the blame is not only on China. Populations not following regulations provided led to rapid transmission of the disease, and



will lead to rapid transmission of the next pandemic as well. Not to mention that first world countries are much more well equipped to last through a pandemic. With clean hospitals, basic medical supplies (masks), countries in Europe and the United States. for example are stocked on supplies. However, while some people are wearing designer masks, third world countries are struggling to get by with the limited amount of supplies they have. This being said, in order to prevent future outbreaks from spreading, those not well-equipped must be a priority.

It's important to keep in mind that the WHO cannot possibly stop a virus from appearing somewhere, but our goal should be to completely minimize human transmission of the virus.

## Country Policy

Various countries took different approaches towards tackling the current pandemic, but some were more successful than others. It is important to closely analyze the specifics in each countries'

approach to combating the virus to find the solution in order to prevent rapid transmission in the future. For example, the United States has the CDC, the Center for Disease Control and Prevention. During the COVID-19 outbreak in the United States, the CDC constantly posted and reported guidelines to follow, such as "social distancing" and constantly wearing masks. After closing off its borders, and many states going on lockdown, the United States slowed the infection rate. However, immediately after regulations were lifted, the infection rate rose back up from crowded bars, beaches, and streets. With many internal issues raging throughout the country, it's important to balance those out while keeping the safety of the public during a pandemic.

In early March, France became the third country to adopt a containment policy against COVID-19. Fueled by four phases, the last of which indicating that life would return to normalcy, the plan surely promised the French a safe continuation with the current pandemic. President Macron even



went as far as to call it a “war” they were fighting. But when France lifted the “lock”down, cases still remained on the low, unlike the United States. Other European countries followed suit, and didn’t see as big of a second wave as a country like the United States did. Even so, European countries closed off airports to certain countries across the world. What professionals fear, however, is that plans that countries like France and other European ones instituted excel in the current scenario, but fall short in terms of prevention of another outbreak. It is up to WHO to determine the best plan of action, after learning from many other countries’ successes and shortcomings while combating this current virus. For each country’s current strengths and weaknesses are based on how prepared they were for this pandemic.

## Questions to Consider

Given that many didn’t abide by their country’s guidelines during a

pandemic, how can we ensure guidelines are followed just in preparation for one?

How can third world countries be just as prepared for a pandemic as first world countries are?

What can we learn from previous pandemics to prevent similar circumstances from existing now?

Is there a way to strengthen country relations when dealing with a pandemic instead of pointing fingers to blame one another?

What should the balance be between educating the public about preparation vs. the clinical preparation for rapid vaccine research and production?

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