WORLD HEALTH ORGANIZATION

TOPIC BULLETIN

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- THE EIGHTEENTH ANNUAL CONFERENCE -

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Dear Delegates,

It is with great enthusiasm that I welcome you to our committee, the World Health Organization, at the 18th annual session of Academy Model United Nations. I am currently a junior in the Academy for Visual and Performing Arts, and have been participating in Model UN since eighth grade. In this time, I have attended over a dozen conferences (on two continents! in two languages!) making new friendships across the world and earning awards along the way. Since starting at the academies I have served MUN in a variety of capacities including Chair, Vice President, and Secretary General of our junior conference, JAMUN. In the world of domestic affairs, I occasionally compete on our school's debate team and am a lead editor of the political journal. Beyond politics, I serve on the executive boards of the Diversity Alliance and Operation Smile club, and am building my art and design portfolio. Outside of school I am in a 3-year finance and leadership program with Goldman Sachs and enjoy photography.

The topics we've selected are personal interests of mine and I hope you they will be as intriguing to you all. Each is a complex, transnational issue, that demands an equally thorough solution. I look forward to a substantive and engaging two days together, and to hearing each of your contributions during committee. Until then, if you have any questions please do not hesitate to email me.

Best,
Christian Rodríguez, Chair, WHO
chrrod@bergen.org

Dear Delegates,

Hello, my name is Halie Kim and I am greatly honored to introduce you to the World Health Organization and to be serving as one of your chairs at AMUN XVIII! I am currently a junior in the Academy for Visual and Performing Arts and have been active in Model UN ever since freshman year. I have been given the opportunity to form connections with a diverse group of people, attend numerous conferences, and solve important issues plaguing the world today. Over the past few months, we have put great care and time into picking and structuring these three topics. Do not hesitate to email us regarding the conference and I cannot wait to hear your amazing, innovative ideas.

Best regards,
Halie Kim, Vice Chair, WHO
halkim@bergen.org

Dear Delegates,

My name is Alana Chernyak and I am honored to serve as one of your chairs at AMUN XVIII! As a junior in the Academy for Visual and Performing Arts, I have been participating in Model UN since sophomore year. I have attended multiple conferences, was part of the club, and served as a chair at JAMUN II. Through these experiences, I have been able to debate issues in today's society with my peers as well as meet a variety of unique and talented individuals. Model UN has helped me grow as a public speaker, leader, and improve my oratory skills. I hope that all of you will share a similar experience at AMUN. We cannot wait to see you and see what solutions and ideas you bring to the table. I look forward to meeting you all!

Sincerely,
Alana Chernyak, Vice Chair, WHO
alache@bergen.org

Introduction:

The world was first alerted to the appearance of the ongoing Zika outbreak on May 7, 2015, when Brazil confirmed that a mysterious outbreak (thousands of cases) of mild sickness was caused by the Zika virus. The appearance of an infectious disease with epidemic potential in a new part of the world is always cause for concern, and past experience has taught the international community to expect more from emerging viruses than what is initially observed. A pattern of illness has unfolded: fever, conjunctivitis, rash, and joint pain are followed, within about three weeks, by onset of Guillain-Barré Syndrome (GBS), a severe neurological condition in which the immune system attacks the nerves resulting in paralysis. The condition lasts for several weeks up to a year, and while many fully recover, for a sizable portion of patients the damage is permanent. Finally, detection of microcephaly, a permanent birth defect causing a child to be born with an abnormally small head, appears as infected women give birth. In the current outbreak, the virus is circulating in 62 countries and territories (as of August 2016), but no one can predict whether the virus will spread to other parts of the world and cause a similar pattern of fetal malformations and neurological disorders as those as serious in Latin America and the Western Pacific. The Olympic Games, circulation in the United States, and seasonal changes for the second portion of 2016 exacerbate the likelihood of Zika reaching Africa and Europe.

Topic History:

First discovered in 1947 in monkeys, the Zika virus is named after the Zika Forest in Uganda. The first human cases of Zika were detected in 1952, in Uganda and Tanzania. Those infected displayed an impressive immune response, indicating to epidemiologists that the Zika virus had spread throughout those largely

indigenous communities much earlier allowing populations to build a fair immunity. Interestingly, such recent studies indicate the opposite is true - that Zika's exorbitant mutation rate inhibits human immunity.

Throughout the 1950s and 60s, the virus diffused across the African continent with cases in contemporary Nigeria, Cameroon, Gabon, Central African Republic, Burkina Faso, and Cote d'Ivoire. Leading into the 21st century, the geographical distribution of Zika expanded to equatorial Asia, Malaysia, India, Indonesia, Pakistan, with sporadic recorded cases in Africa. The disease remains marked by temporary, mild symptoms. In 2007, the first large scale outbreak of Zika among humans occurred in the Western Pacific, on the islands of Micronesia. Further outbreaks are reported and, for the first time, well documented deeper in the Pacific, on French Polynesia, Easter Island, the Cook Islands, and New Caledonia.

In early 2015, cases of an unidentified illness characterized by rash emerged in Latin America, concentrated in northwestern Brazil. Zika was not suspected at this stage, and, accordingly, was not tested for. Ultimately, after noting cases of microcephaly, the Pan American Health Organization (PAHO) issued an alert in May 2015. Similarly, in January 2016, the United States' Center for Disease Control (CDC) activated the Incident Management System officially combatting the virus. Shortly thereafter, in February, the World Health Organization declared the situation a Public Health Emergency of International Concern, and the CDC elevated its response to Level 1, the highest at the agency, to combat cases microcephaly and GBS.

Past UN Action:

In June 2016, WHO released a Zika Strategic Response Plan for July 2016 to December 2017, which "provides the basis for coordination

and collaboration among WHO and its partners so that countries' preparedness and response capacities are supported to the fullest extent possible." This plan builds upon an earlier WHO framework released in February 2016, the Zika Strategic Response Framework, which has four key pillars: detection, prevention, care and support, and research. WHO officials and personnel have encouraged governments and civil society organizations to educate citizens on vector management, which in the case of Zika is the reduction or elimination of breeding sites for mosquitoes carrying the virus. The drainage or sanitation of non-potable standing water, especially in densely populated urban areas, has proven successful in the past in combating other mosquito-borne viruses. Aerial spraying for mosquitos has intensified in many countries, although protests have erupted over the use of some chemicals, such as the use of Naled in Puerto Rico and the US. However, the CDC has provided citizens with further information on such aerial treatments in order to reduce exposure to the chemicals.

Current Situation and Possible Solutions:

The WHO has strongly underlined supporting women and girls of childbearing age as a crucial component of the Zika response. Programs and clinics that specifically treat women and girls have been boosted in many of the affected countries, and more funding has been called for to support these organizations and their efforts. Similarly, the UN has placed a strong emphasis on prevention and management of medical complications such as GBS for adults infected by Zika.

While many countries and non-governmental organizations have donated to support Zika research and mitigation, the UN has noted that significant funding gaps still exist. WHO has estimated that $122.1 million will be needed to fully implement the Zika Strategic Response Plan. To facilitate the funding process, the UN Secretary-General Ban Ki-

Moon established a Multi-Partner Trust Fund (MPTF) in May 2016 to catalyze financing of the Zika strategic plan. He noted that the WHO is still in need of significant financial donations in order to respond to the outbreak in the upcoming months and years while a vaccine is being developed.

WHO's handling of Zika is already going better than with Ebola. On June 17, 2016, WHO and 14+ partners announced an 18-month plan for combatting Zika. The plan includes integrated vector management, sexual and reproductive health counseling, and health education and care within the social and legal contexts of each country where Zika virus is being transmitted. But similar mistakes are being made: for example, people in Zika-affected areas are being told not to get pregnant, but most of these areas are devoutly religious and do not allow birth control. Naturally, great controversy has arisen because of this, considering that the alternative is giving birth to children who will need care for the rest of their lives, who may not be able to walk or talk—an added strain for families already struggling in some of the world's poorest and most violent countries.

Case Study:

PUERTO RICO

The Puerto Rican Department of Health (PRDH) reported the first locally acquired case of the Zika virus in December 2015.31 On this small island nation with a population of roughly 3.5 million, the Zika virus has been spreading rapidly during the rainy summer months of 2016. By August 2016, San Juan had reported more than 8,000 confirmed cases of the Zika virus.32 Even more startlingly, the CDC estimates that by 2017 the figure could reach up to 20-25% of Puerto Rico's population.33

While the Puerto Rican federal and local governments have been working exhaustively to fight the spread of the virus, it has now reached all regions of the island, increasing difficulties in containment and mitigation efforts. Furthermore, financial resources have poured into the health sector

to boost the response, but limited success has been recorded thus far. In June 2016, the CDC reported that of 9,343 pregnant women tested for Zika in Puerto Rico, and 672 individuals had been found to be positive.

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Introduction:

The health and safety of women and girls has, throughout history, been greatly imperiled, but only recently become a major global concern. The deeply rooted social and cultural injustices taking place against women around the world have created incredibly restrictive social norms and jeopardized the well-being of women. Women and girls are faced with unequal access to rudimentary healthcare, physical and sexual violence, and child marriage, among other gender specific challenges, all of which facilitate exposure to disease and increase mortality rates. Under arbitrarily poor living conditions, and ultimately, lower qualities of life, women are being stripped of their rights, which allow them access to universally accepted standards of health.

Topic History:

Women's health and wellness have rampantly been imperiled and endangered for a variety reasons such as: harmful traditional cultural practices, lack of access to health care, and blatant sexism.

However, it was not until the turn of this millennium that women's health began to make front-page news. Inadequate attention was paid towards women's particular demands, resulting in extensive gaps in the knowledge of diagnosis, prevention, and treatment of issues specifically affecting women. Women being historically disadvantaged on economic, social, and political terms, has inhibited their access to health care. Underrepresentation has fueled unequal power rapports between women and men, constructed social norms hindering women's education and job opportunities, and greater encounters of physical, sexual, and emotional violence. According to the World Health Organization, 1 in 4 women all across the world have suffered physical or sexual violence by a male partner. Such violence has proven to be the primary cause behind the most common female health issues - physical wounds and trauma, undesired pregnancies, sexually transmitted diseases, and

psychological disorders, each yielding lifelong implications.

Another common social phenomenon across the developing world with significant public health implications is women breathing in pollutants regularly from cooking. The contaminant and smoke they take in is responsible for half of the 1.3 million yearly deaths caused by chronic obstructive pulmonary disease (COPD). COPD disproportionately affects women, significantly shortening lifespans, instantly killing, or, in cases of pregnancy, bringing sick children into the world. Moreover, poverty adversely punishes women and girls more for reasons including feeding practices and malnutrition, the handling of unsafe materials, fuels, oils, in living conditions. In summation, gender inequality, lack of access to equal health care services, lack of access to education, and lack of recognition under law continue to tremendously impede and threaten women's health, quality of life, and basic human rights.

Past UN Action:

The globally traumatizing effects caused by the issue of women's health have long been in existence and have been the cause of several coalitions and committees aimed towards combatting this problem and increasing global efforts put forth towards such an issue. The UN system has, but not limited to, created many committees, implemented several declarations, observed various campaigns, and overall has ceaselessly given appropriate attention towards the issue of women's health. The 1993 General Assembly passed the Declaration on the Elimination of Violence Against Women, which encompassed "a clear and comprehensive definition of violence against women [and] a clear statement of the rights to be applied to ensure the elimination of violence against women in all its forms". In 2007, Ban Ki-moon launched "The Secretary-General's Global Campaign UNiTE to End Violence Against Women" and, in addition, the UN has started celebrating International Women's Day since 1975. In addition, the UN has stressed the importance of the Millennium Development Goals

(MDGs), specifically MDGs 3, 5, and 6, which all address gender equality and protect women's rights and health. They call for the elimination of gender disparities, reduction of the global maternal mortality ratio, and providing of universal access to basic health care. Furthermore, WHO, itself, has most recently adopted and endorsed a global strategy that will work to strengthen the role of the health system within a national, comprehensive response to address interpersonal violence, in particular against women and girls and against children during the 69th World Health Assembly. All these goals strive to eliminate discrimination against women and and empower them by giving them their basic rights and access to health resource; however, despite the many attempts made to end violence against women and protect their well-being, these actions continue to remain inadequate in fully eradicating such an universally inhumane issue.

Current Situation and Possible Solutions:

Unsurprisingly, women living in wealthier households or, on a larger scale, high- income countries have significantly reduced levels of mortality and better access to health-care services than those living in the poor households or low- income countries. To help mitigate the prejudice women face, the Millennium Development Goals accelerate action towards these issues. And because of the newfound attention this issue has been receiving, the amount of female suffering in the world has been drastically alleviated. However, in order to further solve this issue, additional actions must be taken to fully eradicate this plaguing problem. Possible solutions should envisage a world in which women and girls are free to exercise their human rights without being harmed and could work to provide women access to proper information, services, and resources they need to preserve

their health, help them make cognizant decisions regarding their health, and give them the ability to participate in society and undertake positions in movements to advance sexual health and rights. Further examples of possible solutions could be: the creation of a mobile emergency health aiding system that can cater to the health demands of women in both rich and poor areas, taking stronger action in domestic law enforcement and circumstances in order to protect and represent women in all countries, and focusing on women's education programs to educate them on the issues and diseases plaguing their success and lives. Overall, solutions to this issue should work to provide women with their basic rights and strive to protect their health and well- being.

Questions to Consider:

1. What are the major issues your country has to face when it comes to women's health? Are health related gender inequities addressed in your country? Do women in your country have access to basic health care such as: reproductive and maternal services and mental health care?
2. What actions have been made thus far by your country in order to mitigate the effects caused by this issue? Any unique policies?
3. In what ways can your country strive to further improve health conditions for women?
4. How can undeveloped countries become free from the inaccessibility of health treatments due to lack of wealth?
5. How can WHO and the UN system work to provide health care services for women in patriarchal, conservative countries that wish to limit the role of women in their societies?

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Introduction:

Unreliable sanitation systems coupled with underdeveloped healthcare infrastructures plague underdeveloped countries, with over one billion people lacking proper access to health care systems. Although more than two-thirds of the world's population lives in these developing nations, they only account for less than one-fourth of the consumption of pharmaceuticals, revealing a discrepancy in which poor nations disproportionately bear the burden of disease with over 8 million children under the age of five dying from malnutrition and mostly preventable diseases each year. In the poorest parts of the world, almost 50% of the population does not have the slightest bit of access to even the most basic medicines. As a matter of fact, WHO has approximated the total of deaths that could have been prevented with proper access to medicines to be almost ten million. Although medicines and drugs will not eradicate disease, proper access and distribution of pharmaceuticals will greatly help advance global standards of health.

Topic History:

Pharmaceuticals offer an easy, simple, and (often) cost-effective resolution to many diseases that before plagues our world for centuries. Diseases and illnesses which continue to claim lives every day around the globe; entire regions of the world where access to these drugs is not a right. For decades, those living in underdeveloped economies have been denied the right to achieve the best standard of health possible because of their inability to afford medicines. Those who do not have the means to afford basic pharmaceuticals number in hundreds of millions. They look to cheaper alternatives: counterfeit pharmaceuticals. Counterfeit drugs are growing increasingly popular and dangerous. Considering they contain no active ingredients to fight illness this is unsurprising. And while many counterfeits are merely benign money drains, just as many use toxic chemicals as

filler. To worsen the situation for patients in developing countries, there is a great lack of essential medicines caused by fluctuating production and the fact that markets have stopped selling them because they are commercially unprofitable. As new diseases emerge, perhaps a byproduct of pollution and climate change, and no action is taken, the world's poor are left to fend for themselves.

Past UN Action:

The research-based pharmaceutical industry has been improving access to pharmaceuticals in the least developed countries of the world since the 1950's. Over the past 20 years, there have been a plethora of significant gains have been made by the industry and its partners in enhancing both access to medicines in the Third World. The World Health Organization has increasingly underscored the importance of pharmaceutical access in Third World countries; target 8.e of the Millennium Development Goals (MDGs) recognized the need to develop and advance the availability of medicines and pharmaceuticals in poor and developing countries. WHO also has departments such as the Department of Public HEalth, Innovation, Intellectual Property, and Trade (PHI) that concentrates on finds and establishes the difficulties hindering production and distribution of medicinals in order to improve public health in developing countries.

Current Situation:

The greatest obstacles currently in improving access to pharmaceuticals are not only drug prices or patents but also market failure, corruption, nonexistent health human resources and infrastructure, and the lack of both local and international political will. The barriers to even distribute pharmaceuticals in impoverished countries include money, power, politics, and ideologies. Decades of market failure and corruption have managed to deny developing countries the rule of law, efficient

infrastructure and roads by which to distribute and administer medicines, access to potable water, and trained health personnel. Due to the fact that many Third World countries lack the proper means to fund for such an expensive process and medications, they do not have the ability to help those who are diseased and provide the proper pharmaceuticals. Also, in order to allow proper access to individuals in impoverished nations, there must be proper infrastructure built to transport pharmaceuticals and house patients. There should be a specific, durable, permanent care center in which the medicine could be stored and where patients can rely on and go to for immediate and reliable treatments. Without access to clean, drinkable water, many patients would end up suffering because without clean water it would be impossible to cure open wounds and perform some sort of minor surgery. Lastly, with the lack of properly trained health personnels, it would be irresponsible and ill-advised to place the delicate lives of patients into the hands of beginners or inexperienced people. In addition, regularly monitoring national policies on medicines, medicine prices and availability, and the EML can greatly work to accelerate the progress in which countries can provide and have access to medicine.

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