



WORLD HEALTH ORGANIZATION

Topic Guide

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Junior Academy Model United Nations

- THE FIFTH ANNUAL CONFERENCE -

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ALISHA MERCHANT

Dear Delegates,

You're probably wondering, WHO your chairs are for this year's JAMUN conference. To start off, my name is Alisha Merchant, and I am going to be one of your co-chairs! I am a sophomore in the science academy here at BCA. I have been involved with Model UN since the beginning of freshman year, and have since fallen in love with Model UN. Outside of chairing JAMUN, I participate in the debate league here at BCA, as I enjoy public speaking immensely. I also volunteer with the American Red Cross and run track and field as a hurdler. My hobbies include cooking, watching Netflix, and writing poetry.

JOSHUA LERMAN

I will be your other co-chair, Joshua Lerman, but feel free to call me Josh. In freshman year, I was randomly pulled into Model UN because of my debating experience to fill in for someone who couldn't make a conference and was intrigued by MUN ever since. Since then, I have been attending all the conferences I can, as well as being an active member of the Model UN Club here at BCA, as my love for Model UN grew stronger and stronger! Aside from Model UN, I play Varsity Chess (yes, there's varsity for chess!), participate in debate outside of BCA, and volunteer at Valley Hospital. My hobbies include reading, playing Overwatch, biking, traveling, and spending time with family/friends! Feel free to ask questions about us!

We are so incredibly excited to welcome you all to JAMUN V. The WHO is an extremely influential and important committee within the United Nations, and has made successful strides in the past and continue to contribute to the betterment of general health in society.

We are both incredibly excited to work alongside you and to see you all dive and develop a passion for Model United Nations.



Topic: Safety of Healthcare Workers in Conflict Zones

History of the Committee:

The World Health Organization (WHO), is a specialized agency in the United Nations established in 1948 to improve global health conditions internationally.¹ 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.² The organization was also involved in disease prevention and control efforts, including mass campaigns against diseases like yaws, endemic syphilis, leprosy, and trachoma.² 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.² WHO's programme has successfully eradicated the existence of smallpox by 1979.³



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.³

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

Assisting countries that seek progress towards universal health coverage

Helping countries establish their capacity to adhere to the International Health Regulations

Increasing access to essential and high-quality medical products

Addressing the role of social, economic, and environmental factors in public health

Coordinating responses to noncommunicable diseases

Promoting public health and well-being in keeping with the Sustainable Development Goals, set forth by the UN.²

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." ²

History Of The Issue:

The importance of the safety of health workers can be applied to any time of crisis. However, after



World War II, the emphasis on the safety of medical personnel and the preservation of human rights was severely strengthened. World War II sparked numerous controversies on who violated human rights, and what was going to be done about it. Four years after Japan surrendered in 1945, a group of international bodies of law assembled and attended what is known as the Geneva Convention of 1949. The Geneva Convention was formed prior to this in 1864, to signify that the Red Cross symbolized neutral status medical personnel and volunteers. Moreover, the Convention of 1949 introduced various new articles, which were later amended with protocols within the years of 1977-2005.⁴

These articles focused on protecting those, in a time of conflict only, who are not engaged in combat or who are abstaining from any form of hostility. These include civilians, sick and wounded soldiers, and prisoners of war. Yet the Geneva Convention does not fail to highlight the importance of this crucial topic and has its own

section specifically for the protection of medical personnel. The article states specifically that “Personnel engaging in medical tasks must always be respected and protected, unless they commit, outside of their humanitarian function, acts that are harmful to the enemy.”⁵ The article goes on to describe how opposing parties cannot impede on the passage of medical personnel, to which they prevent treatment of the wounded and the sick. The Geneva Convention also condemns hostile actions taken against medical facilities such as hospitals and states that they must be “respected and protected”⁵.

The Geneva Convention set the basis for the protection of medical workers in conflicted areas; moreover, going against any of prohibited actions listed would be considered breaking international law, possibly resulting in a tribunal, trade sanctions of the criminal government, or a meeting with the International Criminal Council (ICC)⁶. [Keep in mind the

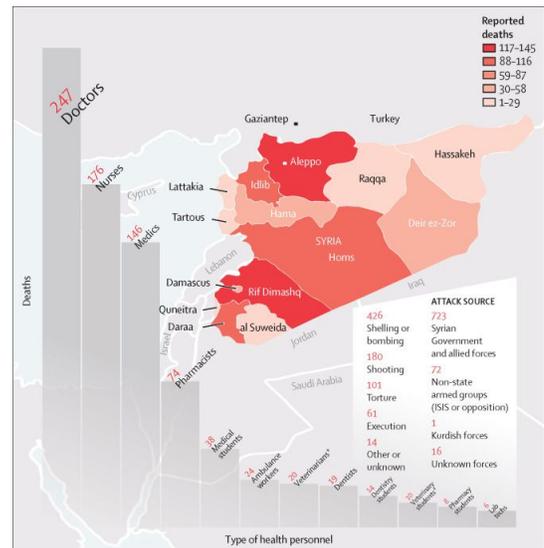


countries that are not a part of the ICC].

Has this stopped countries from committing these illicit actions? Absolutely not. The punishments are not nearly as harsh as they should be in order to inhibit the criminal countries from repeating their offenses. Many countries, even those who one may not think would do such a thing, are at fault. In 1973, during the Vietnam War, the United States deliberately bombed Vietnamese hospitals because they were guarded by strong, resourceful Vietnamese soldiers; American pilots exterminated thousands and thousands of innocent, wounded soldiers when targeting just a select few.⁷ More recently, in 2008, during the Indian-Pakistan conflict, Pakistan nationals entered a hospital for women and children with guns, killing over 160 people.⁸ Although, there are many other examples as well.

By this time, the issue of safety of healthcare workers becomes one that is paid attention to more and more each day, with a tragedy

happening almost every day. Just this week, a WHO-deployed epidemiologist was killed in an attack on a hospital in the Democratic Republic of the Congo.⁹ After years of endurance, the WHO stepped up and started taking action. In 2012, WHO created the Attacks on Healthcare Initiative to collect evidence on attacks, to advocate for the termination of such occurrences,



and to promote the most efficient way to prevent these attacks. This initiative was the result of the World Health Assembly Resolution 65.20 being passed, imploring WHO to take action against these attacks. Evidence collection goes



about via the Surveillance System for Attacks on Health Care (SSA) which provides primary data from country offices; secondary data is also collected at a global level.⁹

Current Situation:

Introduction

As stated previously, the attacks on healthcare workers have yet to mitigate, and the safety of healthcare workers remains a global problem. The figure below accurately describes where attacks on



health care workers take place, and how often. This indicates that these attacks on healthcare workers are occurring in concentrated areas (the years on this are 2014-2016). This evidently demonstrates that the attacks on healthcare professionals are deliberate and directly targeted, as being a healthcare professional in a war zone can strongly suggest political

affiliation. In many countries, pursuing a position as a healthcare professional puts people at personal risk and calls to question their “integrity as a person” in the eyes of the government and even civilians.¹¹ This being said, since 2014 over 1500 healthcare officials have been attacked, threatened, kidnapped, tortured, and killed.¹⁰ Aside from the deaths of these health care workers, what other effects does this issue entail? Let’s examine the Yemen War for example. Saudi Arabia repeatedly attacked Yemen hospitals and healthcare facilities, resulting in a 13% rise in infant mortality rate, and an increase of malnutrition and disease.¹⁰

If nothing is done, these attacks will not be stopped. Some initiatives have been taken and some have yet to be. In 2016, the United Nations Security Council passed a resolution “strongly condemning attacks against medical facilities and personnel in conflict situations”. Later in 2017, the Norwegian Red Cross, the Center for Global Health at the University of Oslo, and the Peace Research



Institute, Oslo organized a meeting to discuss approaches to the safety of healthcare workers, specifically in conflict regions worldwide.¹⁰

Some other general initiatives that can be taken include strengthening the compliance of the International Humanitarian Law, responding to attacks, and investment in local systems.¹⁰ The first would focus on the increase in vigilance to uphold the IHL. This can be accomplished through the funding of bodies and humanitarian aid, but be careful of putting more lives in danger.

Responding to attacks is self-explanatory, we record the data of these events, but what should we do about them? Lastly, the local investment includes investing in the preservation of doctors. As this increasing danger has scared away doctors and medical practitioners away from their work, investment is needed to increase the encouragement to stay. But to what extent should investment control those who want to escape to freedom?

With so much to think about, it is essential that more research is

conducted to find a concrete solution.

Bloc Positions

This section will quickly summarize the different positions that countries will have on this issue. Your country will either support framework protecting healthcare workers, or they will want nothing to change from the current situation and strongly disagree with UN involvement. Some of the countries with strong localized governments will likely support direct government action. But, other countries with delocalized or unstable government may want more of a grassroots approach in order to solve this issue.

But, keep in mind a few things; this outline is not black and white; for example, many countries will claim to protect their healthcare workers, but do actions that are counterintuitive. Most of this research should be conducted by you, as positions on any topic vary from country to country.



Questions to Consider:

What has the UN past and present actions been to aid this issue? Your government?

How comfortable is your country with government-imposed actions and restrictions on military threatening the lives of healthcare workers?

How has your country's government tried to remedy this issue? Have they been successful, and if they have not, why were they not successful?

To what extent is the safety of healthcare workers a problem in your country?

In what way can technology play a role in the safety of healthcare workers?

References/Suggestions for Further Research:

In order to properly and efficiently research this topic, you should comprehend both the past

and present actions that your country has taken regarding healthcare workers in general, and fully understand the sentiments of your country specifically regarding this topic. Consult your country's Public Health Department website for that information. You can also refer to news outlets such as NPR or BBC to find statistics and specific case studies, especially if your country doesn't have its own website. Use the WHO website and news outlets to compile and understand which national and international initiatives have been successful in the past, or lack thereof. Good luck delegates, we are super excited to see what your research entails!

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