



JUNIOR ACADEMY MODEL UN X

**WHO**

TOPIC GUIDE

Lillian Day  
Lanamaria Mehetarian

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# JUNIOR ACADEMY MODEL UNITED NATIONS

– Tenth Annual Conference –

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Hi delegates! Welcome to JAMUN X!

My name is Lillian Day (but you can call me Lillian or Lily, I honestly don't care), and I am so excited to be chairing for you all in WHO!

I am a freshman in the Academy for the Advancement of Science and Technology, or AAST. I first started Model UN when I was in seventh grade, and I really enjoyed it, so I joined the Model UN team at BCA. My first highschool conference was just recently in March, down in Washington D.C., and I will never forget it. I met so many new people from all over. There were kids from Texas, Montana, and even the Dominican Republic. MUN also helped me to get so much closer with the freshmen on that trip. There were people that I otherwise would not have had a chance to talk to, but because of the conference, I learned about them, and have made a new group of friends. Model UN was also great for me to connect with older kids, something I wouldn't have normally done. The experience was amazing, and I really recommend that if you have the chance to do something similar, do it. Model UN is great for expanding your public speaking skills, gaining experience compromising, and figuring out what you are good at. Before I did MUN, I could not speak or present to a large group of people. Now, I have gotten so much better at it. Being at JAMUN X is a great opportunity to grow and expand your abilities as both a delegate and a person, and if you have any questions about what's happening, our past experiences, or future opportunities, please do not hesitate to reach out to Lana or me. We're happy to help you at any time!

When I am not doing MUN, I really enjoy reading books and writing poetry (If you want to talk about Harry Potter or The Mysterious Benedict Society or The Land of Stories, you are correct and they are amazing and please talk to me). I love to travel, especially to visit my family in the UK and Ireland - I'm half British and yes, I can do the accent. I love art and talking about climate change. I love discussing the most inane things with different people, like whether that one song by The Lumineers is Hey Ho or Ho Hey (Ho Hey I was right hehe). If you want to speak about any of this, please email me. Lana and I aren't just here for JAMUN!

Overall, us here on the JAMUN X dias are overwhelmingly excited to see what you come up with. We know that your creativity and innovation are going to be out of this world, and we hope that while at JAMUN, you meet people from different places that you continue to talk to. Again, if you have any questions about anything, Lana and I are here. We hope you are excited to discuss and deliberate during the conference, and we are going to encourage you to push yourselves and step out of your comfort zones. Once again, I am so excited to meet you all in May and I hope that you all grow and I can't wait to see your solutions on how we can manage distributing healthcare in war zones.

Good luck and see you soon!

Lillian Day  
WHO Co-Chair  
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**Lanamaria Mehetarian**  
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Hello delegates, and welcome to JAMUN XI!

My name is Lanamaria Mehetarian, but you can call me Lana for short. I am beyond honored and excited to serve as your chair for the World Health Organization committee!

I am currently a freshman in the Academy for Medical Science Technology (AMST) at the Bergen County Academies, and I started doing Model UN at the beginning of this school year. I have participated in several high-school level conferences, and, through it all, I have grown to love the MUN community and the idea that I can openly discuss my thoughts on some of the most pressing issues that impact our world today with like-minded individuals. Even though my journey as a delegate has been a tough one, it has also been a rewarding one. Not only have I been able to come out of my comfort zone and grow as a public speaker, but my perspective on the world and what we can do to shape it for the better has shifted. I have heard many unique takes and perspectives on worldwide issues from passionate and determined delegates, and I continuously take inspiration from them. Through my experiences in MUN, I feel more empowered as a member of our global community, and in my role of changing our world. I have made life-long memories and connections, and I can now say that I have found my place in this thriving and warm community. I hope you all will feel the same way as I do at some point in your MUN journey! By attending this conference, you will be able to grow as a delegate and as a person, and go home with more knowledge and experience. Whether you are a beginner or an advanced delegate, I want you to know that I, along with my fellow co-chair Lillian, are here to help you in your MUN journey.

Outside of Model UN, you can find me studying biology, volunteering, or re-reading the Harry Potter series (if any of you are fans and would like to talk about anything Harry Potter related, Lillian and I here)! I also take part in dance, and I have done ballet and ballroom dancing in the past. I am currently partaking in traditional dances to my culture – Armenian!

To close off, I want to remind you all again that if you have any questions – about prepping for the conference, our committee, JAMUN, MUN, or anything at all – do not hesitate to reach out and ask Lillian or me. We encourage you to ask questions and speak during committee sessions, and we want you to feel welcome and comfortable here! Through this experience, we hope that you will not only look at the world through a different lens but also learn about diplomacy, while making life-long bonds and memories with other delegates. I can not wait to meet all of you in May, and listen to your ideas about this significant, yet often overlooked, topic of healthcare distribution in war zones!

Best of luck delegates,  
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**TOPIC:  
Healthcare  
Distribution in  
War Zones**



## INTRODUCTION

The number of people experiencing humanitarian crises in active war zones around the globe is rapidly escalating, with around 200 million people being subjected to these horrors. These conflicts, especially when combined with a weak national healthcare system like in most developing countries, make it difficult – if not near impossible – to provide medicine and doctors to those who need it the most. Because people lack access to basic healthcare and humanitarian aid, there has been a sharp increase in deaths and a variety of illnesses that could have otherwise been prevented. For example, developing countries have more than 70% of the world-wide cases of epidemic-prone diseases, like measles and cholera (1). It is imperative now more than ever to formulate solutions to combat these issues, because they can and must be stopped to prevent such conflicts from inflicting any more damage on the wellbeing of innocent civilians.

## **Introduction** **(Continued)**

Not only this, but at times, humanitarian aid and medical supplies are blocked from reaching the country due to political and physical barriers – making the situation even worse for the people.

Even after these conflicts end, the healthcare system in these areas tends to be practically destroyed, with no way to easily re-implement it. This is another issue that must be dealt with if countries wish to ever successfully solve the lacking healthcare in war-torn areas. It is much easier to treat, heal, and save people when there is a system in place, and if the hospitals in an area are destroyed by military attack or bombings, then there is little that can be done for those in need.

## **Topic History.**

In the past, people living in war zones have suffered greatly from the restrictive effects conflicts have had on ensuring access to medicine and the reach of humanitarian aid from other nations. These situations made it difficult for healthcare systems to maintain efficiency when it came to meeting the needs of patients and ensuring their safety and wellbeing. Direct attacks on hospitals and healthcare professionals restricted the service that people received. Not only this, but humanitarian aid failed to reach and fulfill the gap in the country's healthcare needs, creating a humanitarian crisis and leading to thousands of preventable illnesses and deaths.

## Topic History (continued)

Iraq has experienced the detrimental effects of civil conflicts on their healthcare system. Iraq had been in battle with other countries and itself for more than 8 years – a conflict known as the Iraq War (2). The 2003 US-led invasion of the country in the early stages of this battle combined with the country's unstable government system and civil conflict gave way to the destruction of the Iraqi healthcare system, and contributed to the suffering of the people (3). More than 12% of the hospitals in the country were destroyed, leading to the deaths of many patients and doctors (3). Raids on hospitals and clinics contributed to the already low supply of medications available to the Iraqi healthcare sector through the government, making it impossible for doctors to treat their patients (3) (4). Not only this, but the number of healthcare professionals present in hospitals decreased because many fled the country in fear, limiting the healthcare service available to the Iraqi people during this state of conflict (3).

In certain instances, a rival country involved in conflicts has blocked humanitarian aid and medications from traveling to the opponent's nation, leading to the deaths of hundreds of innocent people. The Nagorno-Karabakh region, or Artsakh, experienced this type of situation, as a result of the country's ongoing battle with Azerbaijan. Artsakh neighbors and relies on the Central Asian nation of Armenia for military supplies and monetary aid, but is known as an independent state. The particular conflict began in September of 2022, when Azerbaijani military forces attacked Armenian territories and battles ensued across the country's border. In December, Azerbaijani protestors blocked travel across the only road connecting Artsakh and Armenia, known as the Lachin Corridor (5). Shortly after in April of 2023, Azerbaijani government officials established a checkpoint on the Corridor and continued to restrict movement across it, banning Red Cross convoys that carried life-saving drugs from entering Artsakh, as well as humanitarian aid coming from nations like Russia (6). This led to a humanitarian crisis that severely affected the health and wellbeing of the people living there. The insufficient amount of antibiotics and drugs in hospitals was met with a growing number of patients.



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## Topic History. (Continued)

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## Current Situation

Whether it be physical war, or political unrest in a country, the restriction to accessing essential health care continues to be a problem, and people have been forced to suffer the unnecessary consequences of these political disputes. Even if the initial war has ended in a country, the effects of the conflict on the nation's healthcare system linger, creating uninhabitable living conditions and contributing to the growing number of people in need of humanitarian aid (9). Middle Eastern countries, primarily Yemen and Syria, are experiencing the detrimental and atrocious effects of being in an ongoing civil conflict as a result of the Arab Spring, a series of rebellions and uprising against the government (10)(11). This conflict began in the 2000s, but has not ended and has continued to impact the healthcare access of people in Syria – leading to one of the world's largest humanitarian crises since World War II, according to the National Institutes of Health. The Syrian government has intentionally been targeting the healthcare



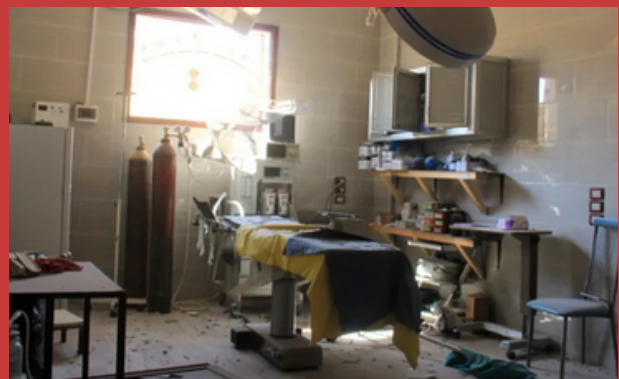
sector and depriving people of care, as an act of retaliation for their previous defiance to their rule (10). Due to sieges and both physical and political barriers, the travel of drugs and medical equipment has been hampered (10). Starting from 2015, the government and armed political groups have also been blocking humanitarian aid from making its way to the people. (10) People in besieged areas are now lacking in medical equipment, including anesthetics and surgical equipment (9)(10). Areas such as Aleppo, Hama, and Ghouta are currently suffering from insufficient supply of medications, causing an uptick in patients who are deprived of primary health care (10).

According to a study done by the National Institutes of Health, chronically-ill patients have had to stop their treatment, leading to an otherwise preventable and manageable disease turning into an incurable and fatal one (10).

## Current Situation (continued)

The continuous killings of healthcare professionals and the inadequate supply of medicine has led about 50% of the hospitals in Syria to close because of insufficient staffing and service (12). The lack of supplies coming in from external sources and nations has led to a decrease in the number of infant incubators, CT scanners, and ambulances in hospitals, according to a National Institutes of Health survey. Another important factor that has contributed to this humanitarian crisis is the unsafe and uneasy outside environment that makes it impossible for people to travel long distances from their homes. The travel of both patients and doctors to and from hospitals is extremely restricted, as people are fearful of leaving their homes in case they are met with violence and harassment from political groups and officers (9)(12). As of 2022, there have been several kidnappings and killings of medical personnel that can be traced to the acts of political groups and government forces (13).

Explosions and bombings are common incidents that occur in Syria, and have been attributed to the destruction of healthcare facilities – continuing to worsen the healthcare system and limiting the healthcare services available to people. Similarly, Yemen, a developing country that is known to have a poor and weak national healthcare system, has been facing a humanitarian crisis since 2013 – the result of the Arab Spring (14). The combination of economic struggles, an unstable government, and civil conflicts has severely affected the healthcare system, and people continue to suffer today. It has been reported that there is an increased need for medications, and prices of the ones available to the people in Yemen are soaring (14).



## Current Situation (continued)

Cardiovascular diseases, kidney diseases, diabetes, and cholera are a few health conditions that have been unable to meet proper treatment and care in Yemen, creating the cholera epidemic that led to the deaths of hundreds in 2017 – including children (14)(15) (16). The government does not provide any financial support for the healthcare sector and the facilities, making it hard for the professionals who are still there to properly care for their patients and receive adequate pay (15). Several hospitals have been attacked, and the staff present are decreasing, just as in Syria and Iraq (14). Because of this inadequate funding and shortage of medical professionals, as of May 2023, 46% of the healthcare facilities in Yemen are either partially functioning, or not functioning at all (17). Many people still face struggles when it comes to receiving proper health care as a result of these conflicts. Currently, there are more than 110 armed conflicts waging across the globe,

with 200 million people suffering from humanitarian crises because of them (18). It is estimated that, in 2023 alone, 270,000 innocent people died from these catastrophes (19). Blockades, checkpoints on roads carrying medications, fear, and other barriers have made it impossible for people to receive the life-saving care they need. As the humanitarian crises across the globe lengthen and escalate in unimaginable ways, it is imperative now more than ever to formulate solutions to ensure the safety and wellbeing of patients and personal living in warzones. People are subjected to inhumane living conditions, and their lives are in jeopardy as they struggle to gain proper healthcare and treatment during these times. With this in mind, delegates in the WHO committee are expected to address the impact that humanitarian crises have on healthcare access on a global scale, with the consideration of political factors, physical barriers, already weak government systems, and economic instability present in nations during these times of war.



# Country Policies

## **Asia, Oceania, and Australia –**

Asia is one of the largest epicenters of production for healthcare items. However, with some countries being under oppressive governments and others facing territorial disputes, there hasn't truly been a good use of these resources. Some conflicts, such as the Korean Crisis and the territorial disputes in the South China Sea have relatively low impacts on people, especially the civilian population, but others, such as the governmental instability in Afghanistan and Pakistan, result in higher injury and mortality rates. Groups like the Taliban discriminate against people in these countries, causing there to be a deficit in who receives medical attention and who doesn't.

## **The Middle East –**

With the large amount of ongoing conflicts in the Middle East, countries have struggled to provide and distribute adequate

healthcare to those in need. Particularly in Syria and Yemen, as mentioned, the amount of health items actually reaching these terrorized locations is far too low. With Syria experiencing close to 150,000 battle related deaths in the mid 2010's as well as targeted attacks on healthcare throughout the Middle East, there is a lot that needs to be done to rectify and treat these stains on the fabric of injured and dying innocents (20).

## **Africa –**

In Sub-Saharan Africa, there are numerous conflicts that have been leading to increased need for medicine and supplies. Africa, being a continent whose countries are majorly underdeveloped, generally lacks stable healthcare systems to begin with. With added conflicts that force people to flee their homes and their country, the need for proper distribution and application of healthcare items is large.

## Country Policies

As the conditions and intensity of these issues rise, the deficit in medicine and other things becomes even more apparent. If people are not given even the opportunity to have access to vital care, then they greatly increase the risk and possibility of death.

### **The Americas and the Caribbean**

The U.S. has not directly been at war for over 40 years. However, the country has aided and helped allies around the globe. It has sent aid in various forms, including medicine, to places like Ukraine, Taiwan, Sudan, and Yemen, as well as various other countries to help the wounded and sick populations. As the country is one of the largest, population, influence, and monetary wise, it is seen as a key player in most conflicts for both aid and direction on who should be supported. South America and the Caribbean have not contributed as much to the people.

### **Europe -**

Throughout the majority of Europe, there are not a lot of war zones. The only exception to this is the ongoing Russia-Ukraine conflict. This is affecting the entire world greatly, especially western civilization. With the escalation of the conflict in 2022, over 29,330 civilians have become casualties in Ukraine and around 80 in Russia. Due to various things like bombs, raids, and guns, many of these people were not able to get proper treatment for their wounds and succumbed to them. Many countries send aid to Ukraine, and that does not appear to be stopping as the war continues (21) (22).



## Potential Solutions

While the world as a whole is aware that the current situation should not continue, it is difficult to determine what exactly to do about it. Varying countries have different views, from believing that aid should be given freely as material items, to wanting to send money or packages. Delegates should strive to formulate solutions that make the access of drugs and healthcare services available to those in need; in addition to this, their solutions should ensure the stability of the nation's healthcare system going forward, so as to alleviate any impacts caused by wars on the distribution of that healthcare currently and for the future.

## Questions to Consider

1. What is the state of the healthcare system in your country? Is there any specific area that needs to be focused on (hospitals, medicine, etc.)?
2. Are there any systems or solutions in place inside your country that help with healthcare distribution in times of conflict?
3. Has your country sent medical aid to other nations in the past? How successful were these efforts, and why?
4. Is it ethical and right to force another country into accepting aid when they need it?
5. How can countries be convinced to send aid to other nations?
6. What should be done if there is a need to split resources between countries? How should that be handled?
7. How can countries enforce international law to allow healthcare to reach those in need on a global-scale?

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