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World Health Organization (WHO) Background Guide 2015

Introduction & Committee History

After the headlines have cleared of conflicts throughout the world, the World Health Organization (WHO) is the institution that coordinates and answers the immediate need for aid. Whether it's investigating the origin of a spreading disease, conducting tests, or providing vaccines to those living in poverty, the WHO has proven to be the leading global partner in fighting disease and improving well-being around the world¹. Established in 1948 becoming the first specialized agency of the United Nations to which every member state subscribed, the organization began publishing the most widely known and used international statement on health, the World Health Report². This report gives detailed information on the current statistics and expert assessments on the current state of public health among United Nations Member States. This report serves to provide governments and law-makers the information needed to make health policy appropriately for their nation and inform the general public of worsening situations and progress made from year to year³.

The WHO, in order to properly assess Member States' public health, has established the Global Health Observatory (GHO)⁴. This initiative allows the collection of up to date data on population, life expectancy, expenditures made by governments on health, and reported cases of diseases. This valuable resource allows Member States to understand what needs to be improved upon as well as help neighboring countries in aid. All of this information is accessible to the general public to allow for transparency and promote education on mortality rates, risk factors, and nutrition⁵. By establishing this data resource, the WHO has created a foundation for future work to be evaluated to past recorded data and make appropriate changes for future strategies⁶.

While the focus of improving global health is always in mind, the WHO has its greatest concern with disadvantaged and vulnerable groups that are often living in slums and shantytowns with little representation or political voice. Working to have their needs visible to the rest of the world through awareness campaigns has proven effective to raise donations and increase volunteering for aid. The WHO is the directing and coordinating authority on international health within the United Nations' system. WHO experts produce health guidelines and standards, and help

¹ http://www.who.int/governance/eb/eb_composition/en/index.html

² Ibid.

³ Ibid.

⁴ <http://www.who.int/governance/eb/en/>

⁵ Ibid.

⁶ <http://www.who.int/whr/2013/report/en/index.html>

countries to address public health issues⁷. WHO also supports and promotes health research. Through WHO, governments can jointly tackle global health problems and improve people's well-being.

The World Health Organization's history is long and eventful, dating back to the earliest days of the United Nations system. While the Organization claims many successes, it faces new challenges in a world that is becoming increasingly globalized and connected⁸. WHO continues toward its objectives of research, cooperation, awareness, and facilitation, as well as the long-term goal of optimal global health. The issues which WHO directs its resources may now be different than they were when the Organization was founded, but they are equally as urgent and relevant. Now, by integrating emerging countries and NGO partners in its dialogue and solutions, its approaches to global public health may be strengthened and broadened.

I. I. Providing a Prompt Medical Response to Global Crisis Situations

Introduction

As crises arise from internal conflicts and political struggles, the responsibility falls on the WHO to help those in need by supplying the necessary provisions to give to those in critical and dire condition. The problem however, isn't simply solved by monetary donations. It is the task of the committee to determine the best plan of action to take in the case of differing situations. To do this, the committee must look back at previous crises and the effectiveness of previous solutions to each of them and how improvement can be made as well as determine new, creative, and innovative ideas to be implemented. This means addressing what aid is provided, how it is delivered, and the best possible means of long-term recovery of the people directly affected.

Responding to Crisis Situations

The Emergency Response Framework (ERF), a WHO published document that outlines its key policies, was created less than two years ago and serves as the main outline as to responding to any given event.⁹ This means, that its seven part solution will assess and evaluate appropriate countermeasures to events that range from minor conflicts to major catastrophes. This framework is crucial to the WHO's operation as the beginning of every developing situation requires a foundation to which the committee will begin work. The ERF also gives specific deadlines and benchmarks for achieving goals pertaining to each crisis event. These performance standards vary from analyzing the scenario, to initial strategic plans, to various levels of assessments and revisions of assistance plans.¹⁰ Constructing initiatives and solutions that follows suit to this framework is paramount to appropriately addressing the issue.

The WHO classifies countries and their immediate need of assistance in providing health services to its people by four categories outlined in the ERF: Grade 3, Grade 2, Grade 1, and

⁷ Ibid.

⁸ http://www.who.int/governance/eb/eb_composition/en/index.html

⁹ Ibid.

¹⁰ Ibid.

Ungraded¹¹. Grade 3 is an event that occurred or is currently occurring that requires substantial international WHO response and an emergency response team that begins working on addressing current issues¹². Grade two, and so on, classifies events that require attention in a lesser amount but will still receive necessary aid¹³.

This past year, the WHO has seen an unprecedented number of five Grade 3 emergencies all at the same time. This record-setting situation calls for serious measures by the WHO to take and the possibility of reform in order to better handle many crisis situations occurring in a short time-span. Deciding how to best do these things will shape how these situations are handled in the future and improve upon what steps are taken currently.

Programs to Alleviate

Education programs such as the H.E.L.P. course (Health Emergencies in Large Populations), has enhanced healthcare professionals and humanitarian assistants alike in preparation for crisis situations that they may face in their country¹⁴. This educational program may have prepared these professionals for dire circumstances; however these few doctors and experts in no way can affect the entirety of a whole nation. It is up to every Member State to best utilize these trained professionals to diversify their knowledge and teach others specific techniques to be used during a crisis. Keep in mind, education works on a preparation level. When natural disaster or political conflict arises however, it is the actions taken by the WHO in response that aid the most¹⁵. Keep this in mind when researching solutions to the issue as well as when in committee.

Global Health Partnerships (GHPs) were first established to give regional support in the case of a crisis occurring¹⁶. These partnerships agreed upon by Member States essentially fund a mutually supported insurance policy in case a crisis were to occur and affect the well-being of any of the citizens in their region. However, these partnerships also bring along further challenges. Discrepancies on how the money should be utilized or how the money is funded often halts progress on using the partnerships to their full potential. The WHO has sought to standardize or establish a sort of ground rules for GHPs to reduce the administrative burden and lack of coordination of all parties in the agreement¹⁷.

Questions to Consider:

- Given the diversity of possible crises, what are some ways the WHO can improve upon its aid effectiveness to those in need?
- What recent crises were handled in effective manner and does your Member State agree with how it was handled by the WHO?

¹¹ Ibid.

¹² Ibid.

¹³ Ibid.

¹⁴ <http://www.who.int/hac/crises/en/>

¹⁵ <http://www.who.int/hac/about/en/>

¹⁶ <http://www.who.int/hac/about/faqs/en/>

¹⁷ <http://www.who.int/features/2014/humanitarian-emergency-response/en/>

- What type of solutions does your Member State prefer to use in light of a new crisis? Are there any improvements that your State has tried to implement or wish to implement?

I. II. Preventing and Eradicating Ebola, Tuberculosis, Malaria, AIDS and Other Infections Diseases

Introduction

According to the World Health Organization (WHO), an “infectious disease” is an infection “caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi; the diseases can be spread, directly or indirectly, from one person to another (...).¹⁸” A “disease outbreak” arises when this infectious disease occurs more times in a single area than would normally be expected, or when the disease differs from its usual epidemiological patterns¹⁹. When this outbreak achieves a global spread, it is identified by WHO as a “pandemic.”²⁰ In contrast, a resistant disease is when the microorganism that causes the disease becomes resistant to the antibiotic that would have formerly been effective against it. Usually this occurs when the microorganism mutates, making it invulnerable; and the fact that it no longer has sensitivity to these antibiotics means that it can more easily spread among populations²¹. Furthermore, as these resistance increases, the number of antibiotics that can be used to combat it, decrease²². Both of these issues threaten global health by compromising quality and length of life, as well as access to effective healthcare, and are therefore a main area of focus for WHO²³.

Challenges to Infectious Diseases

Despite all of the efforts by the international community and WHO, obstacles to combating pandemic and resistant disease still remain²⁴. Firstly, the effects of an outbreak are not limited to human health, but could affect socioeconomic infrastructure and national security²⁵. This is due to the fact that prevention and treatment of a pandemic requires existing healthcare, quarantine and border-monitoring infrastructure, which some Member States may not have access to²⁶. WHO reflects this broad-reaching effect through the “Global Burden of Disease” project, which calculates the worldwide average human lifespan, taking into account shorter lifespans caused by diseases²⁷. This information is then interpreted to track risk factors in global health, and suggests recommendations to Member States so that they may set their health priorities accordingly. While this is currently a helpful system for gathering information and informing countries, there has been studies stating that Member States are not currently required to follow these

¹⁸ http://www.who.int/csr/resources/publications/WHO_CDS_2005_28/en/index.html

¹⁹ Ibid.

²⁰ Ibid.

²¹ http://www.who.int/about/brochure_en.pdf?ua=1

²² <http://www.who.int/mediacentre/factsheets/fs360/en/>

²³ Ibid.

²⁴ http://www.who.int/tb/strategy/stop_tb_strategy/en/

²⁵ Ibid.

²⁶ Ibid.

²⁷ Ibid.

recommendations, and there is, therefore, a lack of accountability globally²⁸. Another significant challenge facing WHO is the availability of vaccines needed in order to treat pandemics effectively²⁹.

Often, low market demand prior to the outbreak means that supplies are not readily available or that the cost of the vaccine is so high that an average citizen cannot afford it. As well, other health issues within a state may take research priority over vaccine production, meaning that a country is undersupplied when an outbreak occurs. While WHO tries to aid funding issues as much as is feasible, they are also dependent on donor states for money, and have a limited budget to spread internationally to funding outbreak containment³⁰. Furthermore, when the research on these medical treatments are finally underway, these vaccines will require extensive testing, and the time needed for testing will likely allow the disease to continue to spread. Outside of these research and health care concerns, victims of pandemic disease are still struggling against discrimination and social stigma, and may not wish to identify themselves as having contracted the disease. This is especially true in states where being infected is culturally constructed as being “shameful.” As a result, these citizens do not seek medical assistance, thus enabling the disease to spread further and creating a public health care issue³¹.

Finally, civil unrest can cause transportation issues with NGOs and WHO subsidiary bodies being unable to actually access victims of the disease³². As well, this civil unrest may cause a conflict between humanitarian aid and disease prevention when prioritizing programs within these countries. In these cases, the health care system has deteriorated to point where providing treatment or meeting WHO recommendations are simply not viable³³. It is in these situations where collaboration between UN bodies is especially important, as this is an area where humanitarian aid and peacekeeping missions, both of which are outside the WHO mandate, might be helpful. As well, in developing nations, stagnant economic growth, exploding population levels, and governmental corruption have resulted in some countries being simply unable to support a health care system, treatment, or quarantine of any type. These internal structural issues cannot simply be fixed with disease control measures, and are a significant obstacle to be addressed by WHO when creating new policies and treating outbreaks³⁴.

The Current Fight against Tuberculosis

Tuberculosis, also known as TB, is a bacterial disease that is curable and preventable but is spread through the air through coughing, sneezing, or saliva³⁵. This disease is outlined in Millennium Development Goal 6, Target 8 and is a primary concern by the General Assembly and ECOSOC. Tuberculosis killed 1.3 million people in 2012 alone and is the second greatest

²⁸ Ibid.

²⁹ <http://www.un.org/millenniumgoals/aids.shtml>

³⁰ <http://www.who.int/wer/en/>

³¹ <http://www.who.int/features/qa/05/en/index.html>

³² Ibid.

³³ Ibid.

³⁴ <http://www.who.int/wer/en/>

³⁵ Ibid.

killer worldwide surpassed only by HIV/AIDS³⁶. It has been recognized as one of the most infectious diseases

To combat TB, the WHO has developed two strategy plans to counter the growth of TB in the world: DOTS (Directly Observed Treatment, Short-Course) and Stop TB Strategy. DOTS is summarized by five main elements: political commitment & sustained financing, case detection, standardized treatment, drug supply system, monitoring/evaluation system. Through this strategy, each Member State can recognize which of these elements need improving upon to stop TB from killing citizens and spreading to others. The Stop TB Strategy exists to build off of DOTS by further detailing goals and specific components previously outlined.

HIV/AIDS

Human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) are retroactive autoimmune diseases that originated in west-central Africa during the early 20th century³⁷. Symptoms are originally influenza-like, and devolve into wasting diseases and an increased risk of developing cancer. HIV can be spread through three methods: sexual contact, exposure to infected body fluids, and from mother to child during pregnancy. WHO first proposed a definition for AIDS in 1986. AIDS was officially recognized in the 1980's by the World Health Organization, and since that point, WHO has thoroughly readdressed their policies regarding contagious diseases and pandemics³⁸. With the AIDS pandemic, WHO transformed its approach from one of collecting information at a distance into taking action on the front lines by providing both aggressive antiretroviral treatment (ART) and new, consolidated international guidelines for the treatment of at-risk people. These new programs were called the "Drug Access Initiative," universalizing the cost of the treatment drugs and encouraging nations to partner in research-based initiatives. As a result, 9.7 million people in low- and middle-income countries were on treatment by the end of 2012, with a major focus in sub-Saharan Africa³⁹. And within the last decade, WHO has narrowed down their focus from general treatment to at-risk groups, specifically mothers, sex workers, drug addicts, and children, in order to ensure equal access to treatment. Also integrated into policies about the medical treatment of AIDS victims were UN recommendations to Member States regarding social issues impacted by the disease, such as discrimination and social stigma of the victims. Due to these restructured initiatives, two-thirds of at-risk populations are receiving treatment, and the number of AIDS-related deaths within the last six years has reduced by almost a million deaths globally⁴⁰.

Questions to Consider:

- If your Member State had an outbreak of an infectious disease, how would you want and expect the WHO to react to counter its spread?
- What method does your Member State prefer to use to reduce cases of diseases such as HIV/AIDS, TB, Malaria?

³⁶ Ibid.

³⁷ <http://www.who.int/wer/en/>

³⁸ Ibid.

³⁹ Ibid.

⁴⁰ Ibid.

- What recent events may have changed how the WHO might have to adapt to highly contagious and deadly diseases?