



2015 St. Bonaventure University Model United Nations Conference World Health Organization

Greetings Delegates!

Welcome to the 2015 St. Bonaventure University Model United Nations. My name is Michelle Vick and I am excited to be serving as your chair in this year's World Health Organization. I am a sophomore Spanish major minoring in Political Science and International Studies. I am also a captain for the St. Bonaventure University Club Field Hockey team and a member of Phi Eta Sigma. In this conference it is most important to me that you do the research to understand each topic from your country's own point of view. It is also expected that you familiarize yourselves with the rules and procedures of Model UN. I look forward to seeing you all in the spring.

Topic #1: Ebola

The biggest outbreak of Ebola hit West Africa on December 2013. Up till now, there were a total of 17,492 cases of Ebola throughout the world with a fatality rate of about 70%. The biggest effects have been seen in Sierra Leone, Liberia, and Guinea. There have been a total of 34 cases in Nigeria, Mali, the United States, Spain, and Senegal combined. Part of the reason for the major outbreak is the relatively slow reaction of the international community. The World Health Organization (WHO) has been criticized for its slow reaction to the crisis. The first cases were not diagnosed for three months and it was not declared a public health emergency for another five months--in August of 2014. The spread is also facilitated by the inefficient and debilitated infrastructure of the countries Ebola hit. These countries are marked by poor health systems, mobile populations, densely populated capitals, and mistrust of authorities, which includes mistrust of the doctors and hospitals. Some families tried to use traditional healing practices and keep the sick at home. This increased the risk of infection of the rest of the household. Health workers are also at risk. Many health workers have been infected and some have died. Healthcare staff becoming sick themselves or staying away for fear of sickness has further crippled the weak healthcare systems. Although drug and vaccine research have been sped up

because of the crisis, it will still take a while to get enough manufactured and sent out because of how widely spread the virus is.

Questions to consider:

1. Has your country been affected (directly or indirectly) by the Ebola outbreak?
2. What has your country done to fight the outbreak?
3. What do you think the role of the WHO should be in fighting this disease? What policies do you propose? What reforms are necessary?
4. Are there any security implications/repercussions of the Ebola outbreak?
5. Did the international community overreact to the disease? (after all, very few people were infected and fewer died!)
6. What other diseases should the WHO and the international community keep an open eye on?

Resources:

<http://www.who.int/csr/disease/ebola/en/>

<http://www.who.int/features/2014/who-ebola-response/en/>

<http://www.who.int/csr/resources/publications/ebola/response-roadmap/en/>

<http://www.theguardian.com/world/2014/sep/25/-sp-ebola-crisis-briefing>

Topic #2: Access to Healthcare in Conflict Zones

In conflict zones healthcare can often be disrupted causing many deaths that may have been preventable. This was seen during conflicts such as Mozambique's Civil War, the Rwandan Genocide, and the Syrian Civil War. Sometimes hospitals and clinics are destroyed during the war. Doctors and other healthcare workers may be killed. In areas that already are lacking in healthcare professionals, this may leave patients with no medical help at all. If transportation is destroyed or blocked off, certain areas go without necessary medical supplies. As a result even after the conflict ends, there may be a high number of deaths from diseases or injuries that may

have been treatable if provided with some basic healthcare. It takes time to rebuild the infrastructure of an area.

Another serious health problem during and after conflict is mental health care. Many people need mental health care after experiencing violent conflicts; unfortunately it is not often available. This leaves large number of people suffering from post-conflict traumas without treatment or care. This in turn might have some serious repercussions on society itself; one such repercussion could be the rise in crimes or violence committed by the traumatized, especially violence against women and children. Access to mental healthcare is essential but this is unfortunately something that many countries do not pay attention to.

Questions to Consider:

1. How does lack of healthcare affect citizens in conflict zones?
2. What can we do to enhance healthcare services for war zones or post-conflict countries?
3. How do individuals with post-conflict trauma behave? If left untreated, what could happen? How would they act? How would their behavior affect their societies and countries?
4. What has the WHO done to deal with the issue of traumatized individuals?
5. What should the WHO do?
6. What should the international community do?
7. Think of the effects of the wars going on now in the Middle East, in Syria, Iraq and Afghanistan and what the implications are.

Resources:

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

http://www.who.int/topics/human_rights/en/

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

<http://www.conflictandhealth.com/>

Topic #3: Water Supply and Sanitation

Around the world there are people who lack safe access to the basic necessity of water. There are nations like Jordan that are experiencing a severe shortage of water. Other areas may have water, but it is not safe for use. In areas lacking in water people will drink what is available: risky water is a better option than no water at all. Unfortunately the very water that is necessary to keep people alive can also contain things like deadly toxins, bacteria, or parasites. One billion people practice open defecation, and it is estimated that 1.8 billion people use a source of drinking water that is contaminated by feces. In areas where people are not careful about waste it can easily contaminate the water system. It is estimated that every day two million tons of human waste are dumped into waterways. As of 2012, more people had a mobile phone than a toilet. Hundreds of millions of people do not even have access to the basic hygiene product soap that would help prevent the spread of disease. There are many basic hygienic steps that could be taken to prevent spread of disease.

Another issue with contaminated water is pollution. This is a serious problem in developing countries where poor regulation allows 70% of industrial waste to be dumped untreated into water. Agriculture also contributes as fertilizers and pesticides have become commonly used worldwide. This may be good for the productivity of the agriculture business, but runoff from farms using these chemicals contaminates waterways making them unsafe to use. As the world population is expected to keep climbing, the decreasing amount of clean water becomes even more consequential. If water continues to be contaminated, there will soon be a severe crisis worldwide.

Resources:

<http://www.who.int/topics/water/en/>

http://www.who.int/topics/drinking_water/en/

http://www.who.int/water_sanitation_health/publications/glaas_report_2014/en/

<http://environment.nationalgeographic.com/environment/freshwater/pollution/>

Topic #4: Reducing Air Pollution

There are two facets to air pollution: indoor and outdoor, or household and ambient. People do not often seem to think of indoor air pollution, but around 3 billion people use open fires or simple stoves to cook and heat their homes. These stoves are powered by wood, animal dung, crop waste, or coal. The pollution produced by these methods has serious consequences. The other side of air pollution is outdoor. The main culprits for ambient air pollution are industrial waste, transportation emissions, power generation emissions, and waste management. From China to the UK to India, air pollution has become a global problem. Once pollution gets into the air, it cannot be contained within the country of origin: it simply becomes a global problem. Annually there are 3.7 million deaths that are attributable to ambient air pollution, although new estimates show that it might be double this number. The areas that are most at risk for air pollution related deaths are countries with low-to-middle incomes in South-East Asia and the Western Pacific. Many of these people experience a combination of household and ambient pollution, doubling their risk. WHO has Air Quality Guidelines, but even in those countries that have made it below the guideline level of concentration of pollution it is estimated that life expectancy is still shorter at that level of pollution.

Questions:

What could individuals and communities do to reduce air pollution?

What could and should governments do to reduce air pollution?

what are the health implications of air pollution?

What should the WHO do?

Resources:

http://www.who.int/topics/air_pollution/en/

<http://www.who.int/mediacentre/factsheets/fs292/en/>

<http://www.who.int/mediacentre/factsheets/fs313/en/>

http://www.who.int/phe/health_topics/outdoorair/databases/en/

<http://www.who.int/mediacentre/news/releases/2014/air-pollution/en/>