

## World Health Organization (WHO)

### President's Letter

Hello delegates!

My name is Eleanor Gerhard and I am a pre-medical student here at St. Bonaventure University. I shall be your Chair for the World Health Organization committee at the SBUMUN 2017 Conference. As a chair, I enjoy fruitful and meaningful discussions that really attempt to address the issues at hand. I do require that my committee be well versed in the rules and procedures and the policies of their nation, but I also believe that the conference should be fun! I will be observing not only your knowledge of procedure, command of country's policy, and diplomacy, but also your ability to create inventive solutions to the issues at hand. I look forward to seeing you all in the spring!

### The Topics

#### **Haiti and the Cholera Epidemic**

Beginning in October 2010, immediately following the earthquake, a massive cholera outbreak began in Haiti. It has affected almost a million people and killed almost 10,000 individuals to date. Though the responses from both national efforts and international efforts have managed to control the outbreak, reducing the amount of suspected cases by 90%, the disease persists. In order to completely eradicate the disease from the country, it will need both rapid response efforts with regards to the current outbreak and a long-term plan to improve water and sanitation.

The UN so far has made efforts in order to support emergency responses to respond within 48 hours of new cholera cases, provide vaccines against the disease, and better Haitian's access to clean water and proper sanitation. To continue the rapid response into 2017, over \$5 million is urgently needed for the WASH program that has been created.

The UN Secretary General Ban Ki-Moon himself has noted that the United Nations must augment its role in helping the country of Haiti combat the outbreak. The disease continues to persist after 6 years, due to a variety of reasons including weak water and sanitation infrastructure, lack of knowledge, urban environments, and underfunding of a national cholera elimination plan.

A plan for the next few years to eradicate the disease from the country is imperative. Yet, cultural, historical, and logistical matters must be kept in mind when developing such a plan.

Clearly, a new and more direct approach to addressing the issue is necessary in order to eliminate the disease and prevent it from further taking any lives.

### Questions to address:

1. What type of plan should be implemented in order to eradicate cholera from Haiti?
2. What kinds of programs will the plan entail?
3. How will the plan be implemented in order to reach the most vulnerable of the population, especially urban environments?
4. Where will the funding come from?
5. What shall be done in order to prevent an outbreak from ever occurring again?
6. What can the WHO do in order to prevent the United Nations from ever possibly initiating such a catastrophe again?

### Where to begin your research:

[http://www.nytimes.com/2016/10/25/world/americas/haiti-united-nations-cholera.html?\\_r=0](http://www.nytimes.com/2016/10/25/world/americas/haiti-united-nations-cholera.html?_r=0)  
<http://www.un.org/News/dh/infocus/haiti/CholeraFactsheetAug2016.pdf>  
<http://www.un.org/News/dh/infocus/haiti/CholeraFactsheetAugust2016.pdf>  
<http://www.who.int/cholera/publications/final%20outbreak%20booklet%20260105-OMS.pdf>  
<http://www.who.int/bulletin/volumes/90/3/11-093427/en/>

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### Health in Conflict Zones

Millions of individuals around the globe are denied access to life-saving healthcare due to violence and threats to healthcare workers and their facilities. Even targeted attacks on health facilities are used as a ploy in war to undermine the health systems available in those conflict zones. These health services in conflict zones provide healthcare to civilians, often times providing vital care like vaccinations for children.

Destroying healthcare infrastructure has been observed in conflict zones all over the world, most recently in the war-torn areas of Syria, Ukraine, and South Sudan, among others. Attacks are often seen on non-governmental agency facilities, including Doctors Without Borders (MSF) hospitals and others. Two years ago, the United Nations General Assembly passed a resolution that urges nation states to take specific actions to prevent attacks on health services. It urges, "Member States in accordance with obligations under relevant provisions of international human rights law, including the right to the enjoyment of the highest attainable standard of physical and mental health, to promote equal access to health services and to respect and protect medical

and health personnel from obstruction, threats and physical attacks.” Yet, these targeted strikes on healthcare facilities remain common in warfare today.

The WHO has previously taken action by testing methods for collecting data on attacks to health services, and has prioritized advocacy for protections of healthcare workers. Yet, little has been done to directly protect those giving the needed care. The WHO will need to not only develop solutions to these problems, but more than likely will need to collaborate with others in order to create a comprehensive solution to ensure life-saving health services are available to all.

### **Questions to address:**

1. What can the WHO do to have attacks be better reported and data on them collected?
2. How can the WHO better its cooperation with NGOs and member states involved in these conflict zones to provide secure access to health services?
3. How can healthcare workers have their safety be ensured when working in these conflict zones?
4. What other committees can the WHO collaborate with in order to ensure protection against healthcare workers, facilities, and patients in these conflict zones?
5. Should healthcare professionals make their services contingent on guarantees and specific safety measures?

### **Where to begin your research:**

<http://www.who.int/bulletin/volumes/90/1/12-030112/en/>  
<http://www.who.int/features/2014/ukraine-conflict/en/>  
<http://www.bbc.com/news/health-33974369>  
<http://www.un.org/apps/news/story.asp?NewsID=53844#.WFW6ZrYrK8U>  
[https://www.hrw.org/sites/default/files/related\\_material/HHR%20Attacks%20on%20Hospitals%20brochure%200515%20LOWRES.pdf](https://www.hrw.org/sites/default/files/related_material/HHR%20Attacks%20on%20Hospitals%20brochure%200515%20LOWRES.pdf)

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### **Access to HIV Treatment**

To this day, over 24 million people live with HIV worldwide, with over 1 million individuals dying each year from the disease. Currently, the treatment for HIV and AIDS is antiretroviral therapy. This therapy saves lives (prevented 5.5 million deaths in low to middle income countries between the years of 1995 and 2012), prevents other illness, saves money, promotes development, and keeps people productive and engaged citizens. In 2013, the WHO HIV treatment guidelines expanded the people eligible for antiretroviral therapy. In order to serve all

those that qualify, the WHO teamed up with UNAIDS, PEPFAR, and the Global Fund to Fight AIDS, Tuberculosis, and Malaria. Its goal was to treat at least 15 million individuals by 2015; they reached 17 million people with the number of AIDS deaths per year dropping by half of a million.

More and more countries are attempting to adopt the new guidelines from the WHO in order to treat all those diagnosed with HIV and AIDS. Yet, global coverage of antiretroviral therapy still only remains at 46%. Beyond treatment, prevention and awareness are also necessary when dealing with diseases like AIDS. The UNAIDS Fast-Track approach to treatment is aiming to have 90% of people living with HIV be aware of their status, 90% of those who know their status have treatment access, and 90% of people on treatment have suppressed viral loads. In order to reach these goals and all the vulnerable populations, especially Sub-Saharan Africa, much more will need to be done by the WHO and its partners to provide treatment to all.

### **Questions to address:**

1. Is AIDS still a real problem today in your own country?
2. How can the WHO provide reliable and consistent access to antiretroviral treatment to all those with HIV and AIDS?
3. What can the WHO do to better cooperate and aid member states with large populations of HIV patients?
4. How can the WHO increase detection and awareness of HIV while still respecting cultural norms?
5. How will the WHO continue to detect the most afflicted and vulnerable populations so they may gain access to care?
6. What can the WHO do in order to ensure that aid given to member states is used directly for the HIV treatment purposes that it is aimed to do?
7. What is your country's policy regarding infection and treatment?

### **Where to begin your research:**

<http://www.who.int/hiv/topics/universalaccess/en/>

[http://www.unaids.org/sites/default/files/sub\\_landing/files/20131219\\_AccessARTAfricaStatusReportProgressTowards2015Targets\\_en.pdf](http://www.unaids.org/sites/default/files/sub_landing/files/20131219_AccessARTAfricaStatusReportProgressTowards2015Targets_en.pdf)

<http://www.theglobalfund.org/en/hivaids/>

<https://www.msfaccess.org/our-work/hiv-aids>

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

### **Other possible topics:**

- Zika virus
- Anti-Microbial Resistance (Antibiotic resistance and MDR Tuberculosis)

- Climate Change's effects on health
- Health risks in mass gatherings
- Bed-Nets and malarial prevention