31st Annual Horace Mann Model United Nations Conference
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WHO B
World Health Organization

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Dear Delegates,

Welcome to Horace Mann's 31st annual Model United Nations conference, HoMMUNC XXXI! Since 1985, HoMMUNC has engaged the future leaders of the world in a day full of learning, debate, and compromise. The conference brings together intellectually curious high school and middle school students to contemplate and discuss serious global concerns. We are honored to have inherited the responsibility of preparing this event for over 1000 students that will participate in HoMMUNC XXXI.

Regardless of your age or experience in Model UN, we challenge you to remain engaged in the discourse of your committees and truly involve yourself in the negotiation process. Each committee is comprised of an eclectic group of delegates and will address and important global concern. Take this opportunity to delve deep into that problem: educate yourself think innovatively to create the best solutions, and lead the committee to a resolution that could better the world. Through the platform of Model UN, you will have the chance to gain invaluable skills in leadership, public speaking, and writing and will become a more globally-aware person. As a bonus, you will meet like-minded students from around the area and create lasting friendships.

Horace Mann Model United Nations has played an immense role in our lives over the past three years, and it has been our pleasure to organize HoMMUNC XXXI along with a dedicated senior and junior staff over the past 6 months. We hope you have a fun and enriching experience at the conference.

Sincerely,

Dahlia Krutkovich, Isabella Muti, and Henry Shapiro
Secretaries-General
HoMMUNC XXXI
DEAR DELEGATES,

It is my pleasure to welcome you to this year’s HoMMUNC XXXI’s World Health Organization – B. My name is Rishi Krishnan, and I will serve as the Chair of the committee alongside my moderator, Heath Bleustein.

I am a senior at HM, but have been involved with MUN since 8th grade, and loved every bit of it. Outside of Model UN, I am a part of the Varsity Swimming and Ultimate Frisbee Teams. I also take part in the HM Business League, and run the Chemistry Olympiad Club. When I have some free time, I love watching TV Shows. Currently, I am watching Arrow, The Flash, and Prison Break. I’d love some suggestions, as I’m always looking for something new to watch!

I’m looking forward to this year’s conference and hope that all of you enjoy it, and continue with Model UN through your high school years. This year’s topic for WHO is Combating Pandemic and Resistant Diseases. I am sure that this will bring about engaging discussions during committee, to help better the health standards on a global scale. The first step is to read the background guide in its entirety; however, it is essential that you make sure to go deeper with research of your own. If everyone comes prepared, I’m sure that we will have a blast in committee. Of course, don’t hesitate to contact either Heath or me with any questions you may have.

See you in October,
RISHI KRISHNAN
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CHAIR, WHO B
COMMITTEE
BACKGROUND AND
PROCEDURE

The World Health Organization was founded in 1948, but only began providing guidance and support for pandemic preparedness fifty years later in 1999. Since its founding, WHO has increased its efficiency and response tactics. WHO now has 6 regional offices, 147 country offices, and 1,100 WHO Collaborating Centers in order to respond immediately to pandemics and provide both normative and technical support to countries affected by pandemic and resistant diseases.¹

WHO has tremendous power and reach regarding disease prevention and containment. WHO is able to coordinate the Strategic Health Operations Centers, the Department of Pandemic and Epidemic Disease, the Global Infection Prevention and Control Network, the Global Outbreak Alert and Response Network, and the Pandemic Infection Preparedness Framework in order to quickly and effectively respond to a disease outbreak and contain infectious resistant diseases.²

The World Health Organization is comprised of two main bodies: the World Health Assembly and the Executive Board. The World Health Assembly deals with the decision making of WHO. The World Health Assembly also decides who will serve on the executive board. The Executive Board is composed of 34 people who are educated and knowledgeable about health and health-related problems. The Board meets twice a year and has mostly administrative functions.³

WHO has the power to work with health systems, promote preventative health care, facilitate information sharing, research, provide aid during a health-related emergency, standardize practices relating to pharmaceuticals and food, adopt resolutions, and create new committees. The WHO Constitution places an emphasis on sanitation,
mental health, and child health. Within the Constitution of WHO is also its six-point agenda: Improving health and development, promoting health and security, strengthening health systems, increasing international information/knowledge sharing, encouraging partnerships, and placing an increased focus on operational performance.

During committee, delegates will use formal debate practices, including motions for moderated and unmoderated caucuses. The majority of speeches will occur during moderated caucuses and speaker’s lists, while delegates will be able to meet and work together during unmoderated caucuses. Points of information, inquiry, and personal privilege can also be used.

The tangible outcome of committee will be student-written resolutions that utilize the format of resolutions created by Member States at the United Nations. As a result, delegates will need to ensure that they begin their draft resolutions with an assortment of preambulatory clauses that acknowledge the situation/problem at hand, while also including operative clauses that actually address the problem. For example, if the topic of discussion were the lack of adequate food options in a student cafeteria, a preambulatory clause might read:

*Cognizant* of the need for an expansion of food choices in the school cafeteria, whereas an operative clause might read:

1. **Suggests** the addition of a salad bar to the school cafeteria with the following vegetables:
   a. Kale,
   b. Tomatoes,
   c. Cucumbers

From the above examples, one can see that operative clauses are the ones that actually help to solve the problem and are thus considered the ‘meat’ of the written resolution. As such, delegates should focus on writing primarily operative clauses, as opposed to a litany of preambulatory clauses.
COMBATING PANDEMIC AND RESISTANT DISEASE

Overview of the Topic

According to WHO, an infectious disease is “caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi; the diseases can be spread, directly or indirectly, from one person to another.”

In the last twenty years, there has been an emergence at least thirty new diseases, most of which do not have a cure. These new diseases have the potential to cause untreatable global disease outbreaks that threaten hundreds of thousands of lives. Pandemic (widespread) and resistant diseases can have severe consequences.

Disease directly impacts people through illness and death. According to the WHO, infectious diseases kill over 17 million people a year. It accounts for 63% of all child deaths, 48% of all premature deaths, and 90% of avoidable deaths. Infectious diseases also have negative indirect economic, social, and psychological effects. The social and psychological effects are difficult to quantify; however, pandemic and resistant diseases cause a clear and measurable hindrance to national economies. They can cost countries billions of dollars in loss of commerce, tourism, livestock, and agricultural production. "We are standing on the brink of a global crisis in infectious diseases. No country is safe from them. No country can any longer afford to ignore their threat," says Director-General of the World Health Organization, Dr Hiroshi Nakajima. In order to eradicate the threat that these diseases pose to human health and societal progress, it is imperative that the international

Immunization plays an important role in combating the spread of disease.

https://nphmedicalservices.files.wordpress.com/2015/09/vaccine_honduras.jpg

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community come up with a comprehensive resolution that addresses all aspects of this issue.

History
The first international body on pandemic diseases was the League of Nations Health Organization. WHO adopted much of the work done by the League of Nations Health Organization and the International Sanitation Conferences into their new policies when. WHO consolidated all previous treaties on health into one official piece of legislation including the 1951 International Sanitary Regulations later renamed the International Health Regulations (IHR) in 1969. According to WHO, the IHR are “an international legal instrument that is binding on 196 countries across the globe, including all the Member States of WHO. Their aim is to help the international community prevent and respond to acute public health risks that have the potential to cross borders and threaten people worldwide.”

The core functions of the IHR are to detect, inform, respond, prevent, and facilitate. The IHR facilitates communication between countries by requiring countries to report disease outbreaks and helping them respond to such crises through a number of response procedures. The IHR Emergency Committee also serves as a consultation body of international experts in charge of numerous activities concerning pandemic and resistant diseases. In 2001, WHO launched the Global Strategy for Containment of Antimicrobial Resistance, which acknowledges the fact that resistant diseases are an imminent threat to the safety and well being of society and recommends certain actions to take in order to contain the disease and reduce its threat.

Current Situation
Health Care in Wealthy Countries
All industrialized developed countries (with the exception of the United States) have implemented some
form of universal health care. Britain’s National Health Care System (NHS) achieves universal health care through government run, tax funded systems. Canada and France achieve this through privately run health care in which the government pays a majority of it. Another main way to achieve universal health care is through the use of private insurance companies (with regulation in place to ensure universal coverage) such as the one they have in Switzerland. There are both benefits and flaws to these systems and it is crucial for delegates to evaluate the effectiveness and efficiency of these in order to create working solutions.  

Health Care in Developing Countries

Developing countries are unable to provide universal health care due to their inability to financially implement and maintain universal health care. Most of health care funding in developing countries comes from foreign aid. There are some health facilities in developing countries that are more advanced, but they create a health divide that mirror equality gaps because only wealthier people can afford to receive care in those facilities. People that are educated enough to become doctors and surgeons will often move to wealthy countries. This a problem referred to as “brain drain” and makes it much more difficult for developing countries to improve their health care.  

Relevant Pandemics

Over the last few decades, several diseases have become increasingly dangerous due to their reach, mortality rates, and present incurability. One example of such diseases is the Ebola virus.

Geographic distribution of Ebola virus disease outbreaks
http://www.who.int/csr/disease/ebola/ebola-map-humans-animals-2014.png?ua=1
Ebola Virus Disease

Ebola Virus Disease (EVD) is a disease that is transmitted through bodily fluids. Symptoms of EVD might not appear from 2-21 days after the disease is contracted. This is known as the incubation period. The most recent Ebola outbreak occurred in West Africa in 2014. Liberia, Sierra Leone, and Guinea suffered the most devastating consequences; However, other West African countries were also affected by the disease outbreak. The average mortality rate of EVD is at 50%, but case mortality rates can range from 25% all the way to 90%. The pandemic killed over 11,300 people and infected 28,500 more.

Although the World Health Organization officially declared the end of the Ebola virus on January 14, 2016, countries were still cautioned to remain alert. Ebola has briefly resurfaced in the past, and there could be flare-ups in the future. The main danger in a resurgence of the Ebola epidemic is that, while there are treatments that have proven to work and two potential vaccines undergoing evaluation, there is no definitive cure. WHO continues to work with governments, collecting data and helping survivors better reintegrate into society through counseling, medical attention, and psychosocial care.

Possible Solutions: Factors Influencing the Spread of Disease

Population Increase

Each year, the population increases by 77 million people on average. Population growth jeopardizes human health because it forces people to live in closer proximity to one another, facilitating the spread of disease creating a pandemic. Population increase not only facilitates the spread of disease, it also facilitates the spread of antimicrobial resistance because more people will be exposed to both drug resistant bacteria and disease causing microorganisms. Furthermore, this will cause overcrowding in hospitals. Solutions to
solving this overcrowding problem includes building more houses and extending apartment buildings. Because the health of the poor are most significantly harmed by this, low-income housing may offer another solution.

**Poverty**

Unsurprisingly, the most impoverished nations are also the nations that are most vulnerable to disease outbreak. This is due to the unsanitary water and living conditions, which promote the spread of germs. Over 1 billion people worldwide cannot obtain clean water, approximately 2.5 billion people cannot access sanitation, and over 880 million in South East Asia have no access to sanitary bathrooms. This problem is exacerbated by the fact that in cities, the poor often live closely in slums. Moreover, most impoverished people cannot afford vaccinations making them much more likely to be infected by pandemic and resistant diseases. Below is a graph that details the relationship between the amount of people that die from infectious diseases in high-income countries, middle-income countries, and low-income countries.

Improving public health infrastructure and international health care plans is the first step to getting the impoverished access to cheaper health care. Also, increased education and awareness on sanitation and germ theory such as posters, public announcements, and through social media will teach basic preventative concepts such as washing hands daily and coughing into the inside of the elbow.

*Health care facility in Somaliland*  

In developing countries, many hospitals do not have the necessary
technology and resources to effectively address pandemics. In order to upgrade these hospitals, developing countries will need to receive increased aid, implement stronger strategies, access to vaccines and antibiotics, and work with NGOs.

**Travel and Trade**

Trade and travel can cause the transmission of diseases across continents introducing new diseases to that area. Disease can quickly infect millions of people resulting in a catastrophic pandemic. For example, the Middle East respiratory syndrome coronavirus (MERS-CoV) originated in 2012 in Saudi Arabia, but through the trade of goods and travel of people, MERS-CoV is now present in 21 different countries including Egypt, Turkey, Qatar, Bangladesh, Austria, South Korea, China, the UK, and the Philippines.\(^{14}\)

Countries need to be able to quickly detect pandemics and communicate the status of the situation to the international community so that proper travel and border controls can be implemented. Airports should also receive tests from the traveler that shows they are not infected and do not carry the disease.

**Global Warming**

The average global temperature is expected to increase by 5.8 degrees by 2100 as a result of global warming.\(^{15}\) Many parasites and diseases flourish in warmer climates meaning that those diseases would be able to survive in previously inhospitable environments. Global warming also indirectly encourages the spread of disease because it results in extreme weather events such as floods, droughts, storms, and heat waves that can shift the balance of the ecosystem and lead to contaminated food and water supply.\(^{16}\)

**Antibiotic Overuse/Misuse**

Overuse or misuse of antibiotics often leads to the development of resistant diseases that cannot be cured using traditional medicine. This is very dangerous because there is no cure for
these types of diseases and their spread can render many drugs useless. Antibiotic resistant diseases not only have the potential to cost millions of lives, but also millions of dollars. Antibiotic resistance costs the European Union 1.5 billion dollars and the United States 21 billion dollars yearly.

There is still a lot that is unknown about antibiotic resistant diseases and in order to address the situation, more research needs to be done. First and foremost, people administrating antibiotics need to be educated on how antibiotic resistance develops. Secondly, there needs to be guidelines put in place surrounding the issue. Delegates should consider whether or not quarantine should be used and at what point in the spread of the disease.\textsuperscript{17}

\textbf{Bloc Positions}

Pandemic and resistant diseases are a global problem not restricted to any region. Countries must consider their financial state, the effectiveness and efficiency of their response plan, and the advantages and disadvantages of their healthcare system. For example, in Canada, healthcare is universal while healthcare in France is not publicly funded. There are both positive and negative implications of both to consider. As another example, in Mexico, antibiotics are sold over the counter.\textsuperscript{18} Countries should consider the dangers and benefits of this.

\textbf{Developed Countries}

Developed countries are rarely affected by widespread epidemics due to their more advanced healthcare system, their resources, the sanitation of cities and villages, and access to clean food and water. They generally support the actions of the World Health Organization regarding the issue of combating pandemic and resistant diseases and fund WHO projects. The largest contribution each year comes from the United States of America. While they agree with many of WHOs recommendations, they are reluctant to
allow international organizations interfere in their “internal affairs”. In order to preserve their authority as a sovereign state, they incorporate most international initiatives and NGOs into governmental programs and resist proposals that increase the power of non-state actors.

**Developing Countries**

Developing countries are most seriously affected by global pandemics due to the fact that they do not have the necessary medical and financial resources to combat disease outbreaks. Developing countries rely almost entirely on aid from wealthier countries, NGOs, and international financing programs.

**Questions to Consider**

1. How can current strategies be improved so that countries can more efficiently and effectively respond to disease outbreaks.
2. Should wealthier nations offer financial and medical assistance to developing countries suffering from pandemics? If so, why and to what degree?
3. How closely should governments work with NGOs when addressing pandemic and resistant diseases?
4. How should victims be treated and screened? Should individuals be quarantined?
5. How should migrants be treated during a disease outbreak?
6. What are ways to avoid the development and spread of resistant diseases?
**SOURCES**


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