World Health Organization
Background & Preparation Guide
Distinguished Delegates,

Being a part of the Baylor University Model United Nations Conference 2010 will be a rewarding and challenging experience, and we welcome you. This experience provides delegates with an arena to improve individual speaking, writing, negotiating, and networking skills in an academically rigorous environment. In addition to improving personal marketable skills, Model United Nations allows students to encounter other students, teams, nationalities, and cultures beyond his or her own perspective on the world. The resulting benefits of being exposed to programs of this nature prepare students for careers in the professional worlds of humanitarianism, business, journalism, public affairs, and politics.

For this conference, the World Health Organization Delegation will discuss two issues of importance specifically for developing nations: the improvement of reproductive health and family planning and the alleviation of malaria and related illnesses. These two topics are of growing importance in the international scene, but most difficulties in providing this health care in these areas reside in developing areas. Furthermore, many developed nations have the education, supplies, and technology available in the advanced nations but lack funding or incentive to provide aid. As a resident of a developed nation suffering minimally from these devastating problems, delegates should reach beyond his or her own understanding and strive for an understanding of these real problems through the use of this background guide and, more importantly, through personal research.

Preparing properly for this conference involves a delegate using the issues presented in this background guide as a starting place and building on his or her knowledge of the subjects in research. Going further into the specific interests and positions of his or her country will provide beneficial outcomes for situations regarding joining or disagreeing with delegates from friendly or opposing countries. For example, start with a general understanding of the health issues presented, such as current applications of these issues in world affairs, and apply your country’s understanding of the issue to learn where you stand. Also, for an efficient and productive session, a basic knowledge of parliamentary procedure and Model UN protocols is highly encouraged to give the delegate an edge in networking and to increase the benefit of this unique experiences. Look forward to working as an individual, as a member of your team, and with the greater body of the Model United Nations to inspire and negotiate solutions to improving reproductive health and family planning and alleviating mosquito borne illnesses in developing nations.

Sic ’em,

2010 Chair and Rapporteurs
"The health of nations is more important than the wealth of nations."
--William James "Will" Duran

Introduction

The authority for “providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support, and monitoring and assessing health trends” within the United Nations is the World Health Organization (WHO). The WHO follows a six-point agenda to work towards improving health opportunities world wide: promoting development, fostering health security, strengthening health systems, harnessing research, information, and evidence, enhancing partnerships, and improving performance. Uniquely, the impact of the WHO will be measured in respect to the change it causes in the health of women and overall health in Africa. The WHO currently has 193 member states and a list of the individual countries that follow the Constitution of the WHO can be found at http://www.who.int/countries/en/.

History

The World Health Organization was formed on 7 April 1948 and in its 62 years, the WHO has been involved in significant decisions regarding health. The WHO is a Specialized Agency in the United Nations and is led by The World Health Assembly. The main governance of the WHO is its Constitution that ranges from declaring that the objective of the WHO is “the attainment by all peoples of the highest possible level of health” to regulations on members and meetings. Through yearly meetings in Geneva, Switzerland, the body appoints a Director-General to supervise the Organization and review proposals and recommendations produced by the 34-member Executive Board. These men and women in charge of the decision-making processes and agenda of the WHO are qualified in the field of health technically. Each year, the agenda for the upcoming Health Assembly is discussed and adopted.

Programs and Projects

The WHO maintains over 100 program and projects worldwide with specific focuses on battling health issues in many regions. From African Health Infoway to Leprosy elimination to Zoonoses and veterinary public health, the WHO is committed to everything in between including multiple projects fighting malaria and other mosquito-borne diseases and projects spreading the importance of family planning. There are currently two separate projects concerning malaria: the Global Malaria Programme (GMP) and then Roll Back malaria Partnership. The GMP “is responsible for malaria surveillance, monitoring and evaluation, policy and strategy formulation, technical assistance, and coordination of WHO’s global efforts to fight malaria.” In addition, the GMP seeks to find more sustainable ways of promoting prevention and fighting malaria. This group also publishes guidelines for the treatment of malaria and keeps the WHO updated on recent accomplishments. Furthermore, groups like Global Alert and Response, Control of Neglected Tropical Diseases, and Special Programme for Research and Training in Tropical Diseases (TDR) exist to fight and make know diseases like Dengue. People are uniting around causes like these neglected tropical diseases because
the high frequency in poverty-stricken and disadvantaged societies, which causes suffering nations difficulty in expressing their individualized needs. Organizations such as these within the WHO are fighting to help over 1 billion sufferers of the neglected tropical diseases. Departments involved in the efforts concerning yellow fever and its prevention are the Department of Global Alert and Response and the Department of Immunization, Vaccines and Biologicals.

The Department of Reproductive Health and Research (RHR) and the Special Programme of Research, Development and Research Training in Human Reproduction of the WHO lead the family planning area of interest. These departments focus on family planning in the regions of Africa, Americas, South-East Asia, European, Easter Mediterranean, and Western Pacific. These organizations promote education, knowledge, and safety through publications of handbooks and more. Their goals foster “healthy sexual and reproductive lives” and desire “high-quality sexual and reproductive health services when needed.” The WHO established HRP in 1972 and is sponsored and given contributions by a number of related health organizations with common goals.

HRP operates through setting useful policy, research projects, and advice in panels and committees. HRP leads the United Nations efforts in “research in human reproduction, bringing together policy-makers, scientists, health-care providers, clinicians, consumers and community representatives to identify and address priorities for research to improve sexual and reproductive health.”

**The Institution**

The WHO is responsible for fulfilling its core functions of leading in matters paramount to health, determining the needed areas of research and knowledge, specifying standards, producing “ethical and evidence-based policy options,” providing support to its many programs and projects, and “monitoring the health situation and assessing health trends.” These core functions are the guiding framework for the WHO and are set out in more detail in the 11th General Programme of Work for a 10-year period until 2015. Also, the WHO is the resource for all data and statistics involving water facts, disease, causes of death, life expectancy, mortality, diabetes, HIV/AIDS, immunizations, maternal and neonatal care, nutrition, and more found in the WHO Statistical Information System (WHOSIS), the WHO Global InfoBase Online, or the Global Health Atlas. The WHO has all of its positions and opinions on education, treatment, and prevention of health related issues accessible on the Internet along with its governing Constitution.

**Topic I. Improving Reproductive Health in Developing Countries**

“Of all the inequality, injustice in health care is the most shocking and inhumane.”

- Dr Martin Luther King, Jr. (1966)

**Introduction**

Global disparities in women’s reproductive health continue to represent one of the starkest health inequities of our times. Reproductive health implies a person’s ability to have a responsible, satisfying and safe sex life and the capability to reproduce and the freedom to decide if, when and how often to do so. It deals with the reproductive
processes, functions and system at all stages of life. Included in this are the right of men and women to be informed of and to have access to safe, effective, and affordable methods of fertility regulation of their choice, including contraception and abortion, and the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth.

Reproductive health is a crucial part of general health and a central feature of human development. It is a reflection of health during childhood, and crucial during adolescence and adulthood, sets the stage for health beyond the reproductive years for both women and men, and affects the health of the next generation. The health of the newborn is largely a function of the mother's health and nutrition status and of her access to health care.

Reproductive health is a universal concern, but is of special importance for women particularly during the reproductive years. Although most reproductive health problems arise during the reproductive years, in old age general health continues to reflect earlier reproductive life events. Men too have reproductive health concerns and needs though their general health is affected by reproductive health to a lesser extent than is the case for women. However, men have particular roles and responsibilities in terms of women's reproductive health because of their decision-making powers in reproductive health matters. At each stage of life individual needs differ. However, there is a cumulative effect across the life course events at each phase having important implications for future well-being. Failure to deal with reproductive health problems at any stage in life sets the scene for later health and developmental problems.

Efforts to improve reproductive health focus on the issues of family planning, STI prevention and management and prevention of maternal and perinatal mortality and morbidity. Reproductive health should also address issues such as harmful practices, unwanted pregnancy, unsafe abortion, reproductive tract infections including sexually transmitted infections and HIV/AIDS, gender-based violence, infertility, malnutrition and anemia, and reproductive tract cancers. Appropriate services must be accessible and include information, education, counseling, prevention, detection and management of health problems, care and rehabilitation.

**Past UN Actions**

In 1972, the WHO created the UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction, also known as HRP. HRP has a distinguished 35-year record of bringing together policy-makers, scientists, health-care providers, clinicians, consumers and community representatives to identify priorities in sexual and reproductive health and to find sustainable solutions.

In addition, four of the eight Millennium Development Goals put forth in the United Nations Millennium Declaration focus on reproductive health issues. These development goals are to promote gender equality and empower women, reduce child mortality, improve maternal health, and combat HIV/AIDS (A/RES/55/2).
Other UN actions pertaining to this issue focus on the importance of reproductive health in the development of nations, HIV/AIDS prevention, and improving access to healthcare for women and children in rural areas.

**Current Situation**

Each year, approximately 530,000 women die due to complications related to pregnancy and childbirth; 99% of these deaths occur within the most disadvantaged population groups living in the poorest countries of the world. Recent analyses also show that these deaths are increasingly concentrated in Asia and sub-Saharan Africa, where 45% and 50%, respectively, of all maternal deaths occur.

These figures indicate that while women in developed countries can generally expect to experience safe pregnancies and positive birth outcomes, women in low-resource nations still face a high risk of dying during pregnancy, delivery, or the postpartum period. This unacceptable discrepancy must be addressed if the world is to achieve Millennium Development Goal 5 (MDG 5), which calls for a 75% reduction in 1990 maternal mortality levels by 2015. Importantly, the gap in maternal and newborn health indicators between rich and poor nations is so vast that it can be considered a major social injustice which is long overdue for international attention.

Another major issue related to reproductive health deals with the spread of sexually transmitted infections. In developing countries sexually transmitted infections and their complications are one of the top five reasons that adults seek health care. The presence of an untreated ulcerative or non-ulcerative (those STIs which cause ulcers or those which do not) infection increases the risk of both acquisition and transmission of HIV by a factor of up to 10. In addition, STIs are the main preventable cause of infertility, particularly in women. Post-infection damage of the Fallopian tubes is responsible for 30% to 40% of female infertility cases.

One of the most deadly sexually transmitted infections is the human papilloma virus (HPV). Virtually all cervical cancer cases are linked to genital infection with the virus. Cancer of the cervix is the second most common cancer in women, with about 500 000 new cases and 250 000 deaths each year.

Another current issue deals with fertility regulation, more specifically, the practice of unsafe abortions and its indication of the need for access to medical facilities and practitioners that offer safe, effective, and affordable abortion procedures. Statistics show that this need is especially dire in developing nations:

- 20 million women experience an unsafe abortion worldwide each year; 18.5 million of these occur in developing countries
- 67 000 - 70 000 women die from complications of unsafe abortion each year - all in developing countries
Nearly 60% of all unsafe abortions in Africa are among young women aged 15-24 years

**Solutions**

Active collaboration with ministries of health and professional associations at country level is considered critical – for both identifying and showcasing successful policies to improve maternal and perinatal health. Such collaboration is also critical in the collection of data and information on the epidemiology of disease, clinical and public health practices, quality of care, and health-system performance.

Eliminating unsafe abortion requires an integrated, comprehensive approach involving health workers, policymakers, and advocates. Societies must

- ensure high-quality, compassionate treatment for complications resulting from unsafe abortion that includes post-abortion and family planning counseling
- provide universal access to family planning
- reform restrictive laws and policies that hinder the availability of safe services and trained providers
- ensure safe abortion services

The control of STIs remains a priority for WHO. The World Health Assembly endorsed the global strategy for the prevention and control of STIs in May 2006. The strategy urges all countries to control the transmission of STIs by implementing a number of interventions, including the following:

- Prevention by promoting safer sexual behaviors;
- General access to quality condoms at affordable prices;
- Promotion of early recourse to health services by people suffering from STIs and by their partners;
- Inclusion of STI treatment in basic health services;
- Specific services for populations with frequent or unplanned high-risk sexual behaviors - such as sex workers, adolescents, long-distance truck-drivers, military personnel, substance users and prisoners;
- Proper treatment of STIs, i.e. use of correct and effective medicines, treatment of sexual partners, education and advice;
- Screening of clinically asymptomatic patients, where feasible; (e.g. syphilis, chlamydia);
- Provision for counseling and voluntary testing for HIV infection;

**Questions for Consideration**

- Is the “right” to reproductive health equal for both men and women?
- How can the current STI policy of your country be improved?
- How would abortion legislation affect the country you represent?
**Topic II. Effectively Implementing the Roll Back Malaria Program**

"In our struggle to fight malaria, roll it back from our continent and eradicate it entirely from our societies, one of the biggest obstacles has been our own internal weakness, lack of sustained and dedicated commitment, as well as improper attitudes. I believe that if we can overcome these qualities, we can succeed in dealing a deadly blow to malaria".

- His Excellency Flt. Lt. Jerry Rawlings, Former President of the Republic of Ghana

**Introduction**

In the Universal Declaration of Human Rights, the United Nations supports the belief that every human has the right to a standard of living adequate for the health and well being of him/herself regardless of ethnicity, class, or social standing, including access to housing medical care and other necessary social services. The prevalence of Malaria in developing countries when it is nearly nonexistent in developed countries displays a clear lack of support for this belief and highlights a growing need for improved public health initiatives in developing countries.

The cost of Malaria extends far beyond the $1.5 billion spent on malaria initiatives in 2007 and the 2.7 million people who lose their lives to the disease annually. The presence of Malaria places a burden on the wealth and health of nations and individuals alike, monetarily the costs are significant but less immediately visible are the indirect costs of loss of human resources that provide a direct threat to sustainable development initiatives. Malaria is understood to be both a disease of poverty as well as a cause of poverty. Nations that are already struggling financially lack the resources to provide adequate health services for their citizens, and at the same time the toll Malaria places on the community makes it difficult to establish the strong, skilled workforce necessary to have a stable economy. There is a strong correlation between a low GDP and the prevalence of Malaria in the country, the gap in prosperity between countries with malaria and those without is becoming wider every year.

With only five years left to accomplish the Millennium Development Goals and the international community lagging behind, now is the time for the nations everywhere to step up the fight against Malaria. Eradicating Malaria and other vector borne illnesses must be a priority in the international community; it is an integral issue of public health in developing nations, and a prerequisite to solving the other MDGs.

Efforts to fight Malaria necessitate a strong commitment of global leaders to work together to address this issue of how to distribute and supply the necessary prevention measures and treatments, such as insecticides, treated nets, and vaccinations. Also to encourage investments in the public health sectors and emphasizing preventative measures over treatment solely.

**Past UN Actions**

The United Nations has been fighting against Malaria for decades now using several different measures including distributing treated bednets and vaccinations through Non-governmental organizations as well as a partnership with the United Nations Children’s
Fund (UNICEF). Despite valiant efforts Malaria has continued to spread in developing nations.

The Millennium Development Goals objective 6 also deals with alleviating Malaria and doing so specifically through cooperation with the Roll Back Malaria Program which supports World Malaria Day. The Roll Back Malaria program encourages a partnership between the public and private sector in order to promote rapid growth of interventions and long-term strategies that reach those who most need it. RBM recognizes that addressing Malaria helps improve the public health situation in other areas as well.

The United Nations hopes to reduce Malaria mortality to 75% of the 2005 number of 1 million people dying annually from the disease, along with accomplishing the MDGs. Malaria can be especially harmful to women who are pregnant increasing infant mortality. Another high-risk community is those people already affected by HIV/AIDS, both of these groups are highly susceptible to contracting the disease and their bodies frequently aren’t healthy enough to fight the illness off.

Current Situation

Malaria places a huge strain on health systems in developing countries. Every thirty seconds a child dies from Malaria, adding up to 350-500 million cases annually. Malaria is especially present in Africa, with 90% of all malaria deaths occurring in sub-Saharan Africa, it is estimated that Malaria costs $12 billion annually for lost productivity in Africa and most families are forced to spend over 25% of their income on prevention and treatment of malaria.

Pregnant women are a higher risk group for contracting malaria. Pregnant women are more susceptible to disease because of the way their immunity is affected due to the pregnancy; catching Malaria puts both mother and the unborn child at risk. Despite the high birthrates, developing countries have incredibly low infant mortality rates, the presence of diseases like Malaria is partially responsible for this, improved treatment and prevention would help to increase infant mortality worldwide.

Widespread disease can take a huge toll on a countries economy. In Africa it is estimated that 40% of all public expenditures on health go towards Malaria. Malaria is also costly in that it affects the size of the workforce as many people are unable to work because they are ill so the country’s overall productivity continues to suffer and beings posing another threat to development.

Solutions

If the international community hopes to achieve the United Nations’ goal of reducing Malaria by 2015 there is much work to be done by all countries. The Roll Back Malaria program specifically calls for:
• support countries to rapidly expand access to effective treatment and prevention against malaria nationwide;

• improve management and healthcare systems to ensure that short-term gains can be sustained in the medium- to long-term;

• maintain malaria high on the development agenda using a results-oriented evaluation framework;

• provide a comprehensive research agenda, ranging from product development to implementation strategies.

A focus on poverty is also necessary to combat the disease. Many Malaria-endemic countries do not have the infrastructure necessary to support such initiatives. Countries get caught up in a vicious cycle of disease and poverty where nations are too poor to provide treatment for their citizens but their citizens are too poor to work. Additionally the nation’s poor state provides a disincentive for foreign investment and tourism, both of which could stimulate the economy. Because of poor health and few economic opportunities citizens are very limited with the jobs they can do. This situation could be improved by creating more health clinics to educate the public about health practices that prevent malaria as well as distributing the necessary medications and vaccines for preventing and treating malaria.

In the past, one of the most popular ways to prevent Malaria was by using Dichlorodiphenyltrichloroethane, a synthetic pesticide commonly referred to as DDT. After several years of use scientists began to research the harmful effects of DDT on humans and animals. They discovered it a neurodevelopmental and reproductive toxin that has especially dangerous effects on infants and also linked to certain forms of cancer and diabetes. Because of the harmful effects DDT has on the communities in which it is used and created, and its effectiveness is questionable the WHO decided to discontinue supporting the use of DDT in prevent malaria and all further initiatives should not involve the use of DDT. Investment for research in alternative technologies and medicines is vital to solving this issue.

Questions for Consideration

• Malaria affects all nations, developed and still developing alike, in what ways is my nation affected by the endemic?

• How do my countries policies on Malaria compare to the WHOs? In what way can my country merge the most effective planks with the WHO in order to create more effective policies?

• Outside of the primary health sector, how is Malaria affecting my country?
Bibliography

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