Boston University Academy Model United Nations Conference III
Saturday, January 31 to Sunday, February 1, 2015
Boston University Academy
Boston, MA

World Health Organization (WHO)
General Assembly

Background Guide

A welcome from the chair

Hi Delegates!

My name is Sophia Ling, and I will be chairing your committee this year for BUAMUN 2015, along with my vice-chair, Nate Smyth! I am a junior at Boston University Academy, and this is my sixth year of participating in Model UN, and my second year of chairing at BUAMUN. Nate Smyth, our vice chair, is a freshman at BUA, and this will be his first year helping with BUAMUN, although it is his fourth year doing Model UN. We will simulate the World Health Organization, discussing the Ebola outbreak and food security.

We cannot begin to express how excited we are for this year's conference! Together we will combat two of the most pressing topics that have been making world news headlines as of late. Some words of advice: come prepared with research about the topics, your country, potential allies, and so on. Model UN requires you to be on your toes at all times, constantly assessing the situations at hand, so it helps to know what you are actually talking about. If you have any questions pertaining to our committee, please feel free to shoot me an email. I want you all to have a great time and I am looking forward to seeing you all soon!

Yours truly,

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BU Academy '16

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Committee Information

The World Health Organization was established by the United Nations in 1948, and serves as the primary authority on all matters of international public health. The ultimate agenda of the WHO is "the attainment by all people of the highest possible level of health," with responsibilities ranging from providing leadership in global health epidemics and research to monitoring trends and offering support within countries.

The WHO is behind the World Health Report, one of the biggest international health publications, in addition to other methods of outreach aimed at the general public. To advance the global health agenda, the WHO also works to reduce and prevent health risk factors, and provides governance and assistance to 194 member states of the United Nations. More information on the WHO can be found on their website (see Resources section).

Position Paper Information

Each delegate must write one position paper per topic (yes, that's two in total). A position should be approximately one page long. The position papers should not be written in first person, but rather from your country's point of view. General Assembly position papers are usually structured the following way: header, overview of issue, what has already been done, what your country plans to do. IMPORTANT: if you use outside sources in your position paper, you *must* cite them. If you do not cite and end up plagiarizing, then you will not be eligible for any awards in the committee. A good position paper is researched and concise, so those are the main things you should keep in the back of your head when writing.

Please include the following information in the header of your position paper: your name, your school/delegation, the name of the committee, your country's name, and the topic of the paper.

Topic 1: The Ebola Outbreak

As of August 8, 2014, the WHO has declared the spread of Ebola in West Africa a public health emergency. Ebola virus disease (EVD), or Ebola, is categorized by sudden flu-like symptoms, typically followed by abdominal pain, vomiting, diarrhea, and sometimes the development of a rash. Symptoms may appear between two and twenty-one days after initial exposure to the virus. Approximately five to seven days after symptoms first appear, decreased blood clotting occurs, and in some cases, internal and external bleeding occurs (in 40-50% of all cases). The average EVD case death rate is approximately at 50%, varying for each outbreak; death occurs typically six to sixteen days after first symptoms usually due to low blood pressure from fluid loss.

Humans first became infected via direct contact with fruit bats or infected wild animals, which are commonly hunted and cooked as African bushmeat. The first appearance of EVD was in 1976 in two simultaneous outbreaks; one was in Nzara, Sudan, and the other was in the village of Yambuku, Zaire (the village is near the Ebola River, giving the virus its name). It is not clear what caused the initial spread of the Ebola virus from animals to humans.

The virus spreads through the human population when a person comes in direct contact with the blood or bodily fluids of an infected person who is displaying symptoms. The virus is not airborne, but enters the body through the nose, mouth, eyes, open wounds, or through contact with contaminated objects, such as needles and syringes. Transmission can also occur during burial ceremonies in which mourners come in direct contact with the deceased body. As of December 2014, no Ebola vaccine exists, but two potential candidates that are currently undergoing evaluation. Current treatment methods include oral rehydration therapy and patients being given intravenous fluids, which have worked to improve the survival rate.

The current outbreak in West Africa is the largest, most widespread Ebola outbreak ever recorded. As of October 14, 2014, there have been 9,216 suspected cases and 4,555 deaths, an alarming contrast to the 1,716 reported cases of Ebola from 1976 to 2013. With the most severely affected countries (Guinea, Sierra Leone, and Liberia) having very weak infrastructure and unstable forms of government, proper prevention and control methods are not strictly practiced. This puts health-care workers at extreme risk, and as a result, there have been frequent cases of workers becoming infected while treating patients.

Unsurprisingly, many staff members and patients amid regions experiencing major Ebola outbreaks are fearful. In Liberia's capital Monrovia, for instance, Doctors Without Borders reported that the city's health system was shut down due to its lack of adequate resources to combat the outbreak, thus leaving many citizens with other conditions without treatment. Furthermore, these severe health-care worker shortages in Liberia and similar nations, along with poor infrastructures, have led to many Ebola cases remaining undiagnosed.

The economic toll that Ebola has taken on these countries is devastating. For example, according to the World Bank, approximately 5% of Liberia's GDP will be destroyed this year due to the Ebola outbreak. The impacted regions' economies have nearly come to a standstill, and they are facing travel bans, possibly preventing health-care workers from travelling to areas in desperate need. To make matters worse, the WHO is currently underfunded, needing $1 billion in aid to fight Ebola, but having only received around $400 million. Thus, this lack in research and aid funding has inhibited many possibilities of controlling this global crisis.

With this meager funding, however, the WHO has been closely monitoring all outbreaks and providing community outreach and engagement, contact tracing, laboratory services, training and logistical support, and safe burials. Additionally, the WHO has been working with at-risk

countries and their communities in developing preparedness plans that include control and evaluation guidance, such as monitoring infected areas, coordinating responses to outbreaks, and issuing international alerts. Despite these efforts, Ebola has now spread internationally, with cases reported in the US.

Questions to Consider:

- On October 17, 2014, the WHO declared that Senegal is now free of the Ebola virus. What methods did the WHO implement? Were they effective? It would be helpful to research what methods worked in Senegal and why.
- How has the WHO been working with your country's community, even if your country is not directly affected? How should the international community proceed?
- Similarly, what are we to make of the Ebola virus now becoming internationally spread? How can the responses of countries be improved?
- In some regions prone to periods of conflict, civilians have been living in fear, and some have been targeting health workers. What steps should be taken to combat this unrest within these communities?
- Should there be a travel ban for countries that are experiences Ebola outbreaks? What about for at-risk countries?

Bloc Positions

Major Ebola Outbreak: Liberia, Sierra Leone, Nigeria, Guinea, Mali

These six developing countries have experienced or are currently experiencing Ebola outbreaks with varying levels of intensity. They are in need of international aid, both for preventing the

spread of Ebola and economic assistance. These countries should focus on improvements to their domestic infrastructures in order to sufficiently combat these issues.

<u>In need of aid!</u>: Uganda, Zimbabwe, Myanmar, Haiti, Afghanistan, Democratic Republic of Congo, Chad, Morocco

Though these developing countries have not had any cases of Ebola in the current outbreak, some are in imminent danger of contracting Ebola, and all of these countries suffer from relatively poor infrastructures and many problems of their own, including other diseases and famine. These nations can benefit greatly from international aid, and should focus inwardly on improving conditions for their citizens.

<u>Relatively Stable</u>: Egypt, Romania, Ukraine, Serbia, Argentina, Indonesia, India, Philippines, South Africa, Kenya

These countries have relatively stable economies, without widespread epidemics. Though most lack the means to reliably provide aid to other nations, these nations do not have as urgent a need for international attention. Nevertheless, these countries have plenty of room for improvements in their economic systems.

<u>Very Stable</u>: United States, United Kingdom, Spain, China, Israel, Germany, Switzerland, France, Sweden, Russia, Brazil, Denmark, Norway

While the United States and Spain have had cases of Ebola in the past, neither lacked the means to properly contain these outbreaks. These developed countries have very stable economies and

infrastructures, frequently providing assistance to less affluent nations. Any international assistance treaty would likely be dependent on any of the countries in this category.

Resources

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

http://www.who.int/csr/resources/publications/ebola/manual_EVD/en/

http://www.who.int/csr/resources/publications/ebola/filovirus_infection_control/en/

http://www.itv.com/news/topic/ebola/ (To help you stay up-to-date with current events regarding Ebola)

Topic 2: Food Security

In 1974 at the World Food Conference, member states of the United Nations published the "Universal Declaration on the Eradication of Hunger and Malnutrition." which stated: "The elimination of hunger and malnutrition . . . and the elimination of the causes that determine this situation are the common objectives of all nations." With this in mind, the declaration's supporters subsequently pledged to streamline and increase food production, while simultaneously collaborating with other states in order to ensure more equitable distribution of these food goods. Thus formally began the UN's battle against food insecurity.

Many resolutions have followed, such as 2013's "Agriculture Development, Food Security and Nutrition" resolution, and the 1996 World Food Summit decision, each reaffirming the ideals set out in 1974 and noting with approval the continued progress in the area. For example, the total number of undernourished people is thought to have decreased from 1 billion to 870 million between 1990 and 2010.

In 2008, however, there was a significant setback when global food prices soared because of the worldwide recession. This led to the creation of a High Level Task Force (HLTF) on the Global Food Security Crisis. The participating nations successfully helped reverse the trend on a global scale by agreeing to a set five guidelines on food security, known as the Rome Principles, although, noticeably, this reversal did not trickle down effectively to local markets. The most important takeaway from these Principles, for our purpose, is Principle 3, which created the "twin track" approach, consisting of "1) direct action to immediately tackle hunger for the most vulnerable, such as transporting food to in-need areas and providing relief in the wake of ecological disasters, and 2) medium- and long-term sustainable agricultural, food security, nutrition and rural development programmes to eliminate the root causes of hunger and poverty, including through the progressive realization of the right to adequate food."

At its core, the twin track approach is attempting to solve three main pillars of food security, defined by the WHO as food availability, food access, and food use. Food availability, discussed above, means having sufficient levels of food to feed those in need, and can be increased by increased agricultural production. Food access, however, is slightly more complicated. There is already (nearly) enough food in the world, but is simply unevenly distributed. In less developed nations, for example, the food that is produced often has a hard time making it to those who need it most, as they live in distant or largely inaccessible areas. To increase food access, the WHO will have to work with various non-governmental organizations (NGOs) and governmental organizations in order to promote the construction of more robust internal infrastructure, as well as facilitating international cooperation between donors and those in need. Large food producers may be able to partner with wealthier nations in order to provide nutrition for countries in need.

Food use deals mainly with sanitation issues, as food-borne illnesses, a common cause of gastrointestinal disease cases, are a major threat in many parts of the world. One of the biggest problems faced by the WHO and other specialized agencies of the UN is that most other efforts, like surveillance and education of food, fail because they depend on access to clean water, an essential component of the sanitization process. Unfortunately, many countries affected by inadequate food security lack access to clean water, so closely tied with discussions of food aid. Food security simply cannot be achieved without clean water, which will need to be a key feature in any resolution hoping to adequately tackle the issue.

In order to move forward on tackling food insecurity, the WHO must establish a more concrete plan for member states to follow. Combining the various principles and ideas that have been developed in the past into one specific proposal will allow the issue to be effectively discussed. Since WHO doesn't have the authority to demand action, any successful resolution will require full international cooperation.

Questions to Consider:

- Does your nation support internal sustainability, or do you push for greater globalization? Is your nation a large exporter of food? Or will you be importing?
- To what degree will internal social policies be able to offset the negative effects of these internationally-focused actions?
- How can food be sanitized effectively in rural communities? What solutions are both effective and affordable? This ties into the clean water discussion.
- Does your nation believe that food production or food distribution is more important? In other words, is there already sufficient food in the world?

- How direct should the international response be?

Bloc Positions

Poor Food Security: Afghanistan, Chad, Democratic Republic of Congo, Guinea, Haiti, Kenya, Liberia, Mali, Myanmar, Nigeria, Sierra Leone, Zimbabwe

These countries all have poor food security. Many are plagued with disease, war, famine, or other, similar issues, all contributing to the low availability of food. These nations are in need of immediate assistance, and cannot be counted on to provide food to other struggling states.

Relatively Stable: Egypt, India, Indonesia, Morocco, Philippines, Romania, South Africa, Ukraine, Serbia, Uganda

These generally have more widely available food for their citizens. However, in many of these states, the situation is quite volatile, and is likely to change. They should focus on solidifying their food production and distribution systems. Though they are not in immediate need of foreign aid, it could be put to use. They are less likely to be major contributors to foreign aid themselves.

Very Stable: United States, United Kingdom, Switzerland, Sweden, Spain, Norway, Israel, Germany, France, Denmark, China, Brazil, Argentina

These nations all have very strong food security. For the most part, their citizens enjoy easily accessible food, and these countries have low rates of malnourishment. If anything, these nations may have to improve their distribution channels; however, nowhere is this problem a major crisis. The vast majority of international aid would come from these nations, and major sponsors

from this group would need to back any resolution that hoped to adequately tackle the issue of food security.

Resources

http://www.who.int/trade/glossary/story028/en/

http://en.wikipedia.org/wiki/Food_security

http://www.un.org/waterforlifedecade/food_security.shtml

http://foodsecurityindex.eiu.com/Country (To see how your country ranks in performance)