# World Health Organization (WHO)

*Study Guide for Zurich Model United Nations*

*Written by Philipp Simons & Clarissa Frankfurt*

*April 23rd to 26th 2015*

*Zurich, Switzerland*

## Table of Contents

## Your Chairs

My name is Philipp and I am delighted to welcome you to the World Health Organization at the first session of Zürich Model United Nations. It is an exceptional honor to serve as your chair at this conference. I am a second year Master's student in Energy Science and Technology at ETH Zürich and I did my Bachelor's studies in Physics at ETH as well. My involvement with Model United Nations started in my first year of my undergrad back in 2010, and has been a major part of my life ever since. I have attended many conferences all over the world and held various positions on the board of ETH Model United Nations. Model United Nations has been such a rewarding experience and really shaped my view of the world we live in. It is amazing to meet people like you from all over the world who are highly motivated and intelligent - and discuss the world's most pressing issues with them! I am sure all of you feel the same way and I am eager to hear all of your input and see you put your motivation and talent into action at the conference.

In March I am returning from a 7 month stay in California, where I conducted the research for my Master's thesis. Beside MUN I am very interested in renewable energy sources and energy storage systems. In my free time I like to go skiing, hiking or biking, and I am a great fan of Jazz music – both listening and playing it myself on the electric guitar. I am looking forward to a fruitful debate in the World Health Organization and I am eager to getting to know all of you!

My name is Clarissa and it is my distinct pleasure to be your Co-Chair for the first edition of ZuMUN. I have just finished my Master of Law at the University of Fribourg, but am determined to finish the academic year in the MUN World. I joined my University's MUN Team about three years ago and will finish my MUN run with FriMUN as Vice President this summer. Being part of an MUN doesn't only teach a lot, it opens many doors to an inter-connected world of passionate students that hold a vision for something bigger and better than just one's individual path.

In my free time I like to follow international politics and world events. I am a passionate activist for various social issues and spend most of my free time having discussions with others on these topics. To achieve balance in my life I play basketball with friends, I play the violin and I research and write articles.

I am convinced that this conference will be a unique experience for everyone. Not only are we already connected through similar interests and passions, we are, through our participation in this conference, collectively contributing to a project with enormous potential! Let's make our debate in the World Health Organization count!

## The World Health Organization

WHO is the directing and coordinating authority for health within the United Nations system. It is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends.

WHO fulfils its objectives through its six core functions:

- Providing leadership on matters critical to health and engaging in partnerships where joint action is needed;
- Shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge;
- Setting norms and standards and promoting and monitoring their implementation;
- Articulating ethical and evidence-based policy options;
- Providing technical support, catalyzing change, and building sustainable institutional capacity; and
- Monitoring the health situation and assessing health trends

The governing forum of WHO is the World Health Assembly (WHA). The WHA is composed of the health ministers of all 194 member states of WHO, and is the world's highest health policy setting body.

# Topic A – HIV/AIDS

The world has changed fundamentally since the historic commitments to the Millennium Development Goals and the 2001 Declaration of Commitment on HIV/ AIDS were made. Prevailing political and economic orthodoxies have given way in the wake of the economic crisis. Emerging economic countries are challenging and setting global agendas. Autocracy and economic mismanagement have been replaced with significant and sustained growth and improved governance across much of Africa. In this rapidly changing context, the global HIV response finds itself at a pivotal juncture, where the gains of the past are at risk and current approaches are reaching their limits.[4]

In 2009, an estimated 2.6 million people were newly infected with HIV, and 1.8 million people died. Only one third of the 15 million people living with HIV in need of lifelong treatment are receiving it. New infections continue to outpace the number of people starting treatment, while the upward trend in resources flat-lined in 2009. Despite widespread commitment to aid effectiveness principles for HIV, true national ownership and downward accountability are still far from assured. The interests of the global South, including those of civil society and people living with and affected by HIV, exercise too little influence in the architecture governing the global AIDS response. The future costs that HIV imposes on people, families, communities and countries will be determined by how national and global partners reposition the HIV response to leverage the shifts in the macro context. Bold measures are called for, and the present trends provide much-needed momentum for change.[4]

A staggering 99% of people who die from AIDS, malaria, and tuberculosis (TB) live in the developing world. Though new HIV infections are declining and the number of people receiving antiretroviral treatment is growing, as of 2013, 35 million people were still living with HIV. The center of the epidemic remains sub-Saharan Africa, home to 70% of all new HIV infections.[1]

Diseases such as HIV/AIDS can rob societies of their most productive workers, educated professionals, and political leaders, undermining economic growth and worsening social tensions. Children who lose their parent(s) to AIDS are more vulnerable to exploitation, school teachers infected with HIV cannot teach effectively, and soldiers with HIV/AIDS may not be able to protect their countries.

The **Millennium Development Goals** (**MDGs**) are eight international development goals that were established following the Millennium Summit of the United Nations in 2000, following the adoption of the United Nations Millennium Declaration. All 189 United Nations member states at the time (there are 193 currently), and at least 23 international organizations, committed to help achieve the following Millennium Development Goals by 2015:

1. To eradicate extreme poverty and hunger
2. To achieve universal primary education
3. To promote gender equality and empower women
4. To reduce child mortality
5. To improve maternal health
6. **To combat HIV/AIDS, malaria, and other diseases**

7. To ensure environmental sustainability
8. To develop a global partnership for development

In order to combat HIV and AIDS etc. they came up with three targets that were to be met by 2015:

1. Have halted by 2015 and begun to reverse the spread of HIV/AIDS
2. Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it
3. Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

At the end of 2013, 35 million people were living with HIV. That same year, some 2.1 million people became newly infected. Close to 12 million people in low- and middle-income countries were receiving antiretroviral therapy at the end of 2013. More than two-thirds of new HIV infections are in sub-Saharan Africa.[2]

As the world moves towards reaching the target date for the Millennium Development Goals, WHO is working with countries to implement the Global Health Sector Strategy on HIV/AIDS for 2011-2015. WHO has identified six operational objectives for 2014–2015 to support countries most efficiently in moving towards the global HIV targets. These are to support:

- strategic use of ARVs for HIV treatment and prevention;
- eliminating HIV in children and expanding access to pediatric treatment;
- an improved health sector response to HIV among key populations;
- further innovation in HIV prevention, diagnosis, treatment and care;
- strategic information for effective scale up; and
- stronger links between HIV and related health outcomes.[2]

WHO is a cosponsor of the Joint United Nations Program on AIDS (UNAIDS). Within UNAIDS, WHO leads activities on HIV treatment and care, HIV and tuberculosis co-infection, and jointly coordinates with UNICEF the work on the elimination of mother-to-child transmission of HIV. UNICEF directs its efforts in several key areas to combat this pandemic, the first being prevention. More than 2 million children under 15 are infected with HIV, and 15 to 24-year-olds accounted for half of all new HIV infections in 2003. With government and civil partners, UNICEF helps reduce adolescent risks and vulnerability to HIV/AIDS by increasing access to and use of gender-sensitive sexual and reproductive health promotion and disease-prevention information, skills and services.

For example, UNICEF helps organize information campaigns on HIV/AIDS prevention and treatment, and helps increase young people's access to youth-friendly, gender-sensitive health services that provide voluntary testing and counselling, especially in countries affected by emergencies.[3]

UNICEF also supports actions of governments in preventing parent-to-child transmission of the virus. In 2004, 640,000 babies become infected with the HIV virus either during their mother's pregnancy, birth or through breastfeeding. Pregnant women with HIV can halve the chance of passing

HIV on to their babies if they have access to antiretroviral drugs. UNICEF helps strengthen government capacities to ensure that both women and children receive an equitable share of ARV treatment.[3]

As part of this effort, UNICEF, the World Health Organization (WHO) and UNAIDS launched the '3 by 5' initiative in 2003, which aimed to ensure that 3 million people had access to anti-retroviral treatment by the end of 2005. It complemented the work of government donors, international agencies and pharmaceutical companies to reduce medicine prices and increase treatment access.[3]

UNICEF also promotes counselling on best breast-feeding practices so that every parent affected by HIV/AIDS knows how to help prevent its transmission to newborns.[3]

In 2010, the number of children orphaned by AIDS in sub-Saharan Africa exceeded 18 million. As well as being more vulnerable to malnutrition and disease, orphans are more likely to fall behind or drop out of school. UNICEF promotes and supports family, community and national programs that help families and children who have lost one or both parents to HIV/AIDS. These include schooling, health services, psychosocial support, and health services.[3]

## Three Strategic Directions for a renewed global HIV response according to the Joint United Nations Programme on HIV/AIDS (UNAIDS)

Significantly reducing new HIV infections will require us to radically reshape the global response. Recognizing financial constraints, the need to generate greater efficiency is paramount to success and can be achieved if we approach service delivery differently. Success also depends on intensifying what we know works and focusing efforts where they are most needed. Analyzing the severity, scale, scope and impact of the epidemic will guide us in delivering maximum results. We also must recognize that, beyond its health impact, HIV acts as a lens that magnifies the ills of society and the weaknesses in our social systems. The HIV response gives us an opportunity to strengthen the social fabric, improve social justice and reinforce the systems that deliver critical services for the most vulnerable members of our communities. We must achieve a balance between intensifying work in the hardest-hit countries and identifying other settings, such as cities, where the impact of HIV is affecting specific communities—particularly men who have sex with men, sex workers and their clients and people who use drugs.[4]

### 1. Revolutionizing HIV prevention

More than 7000 people are newly infected with HIV every day. A revolution in prevention politics, policies and practices is critically needed. This can be achieved by fostering political incentives for commitment and catalyzing transformative social movements regarding sexuality, drug use and HIV education for all, led by people living with HIV and affected communities, women and young people. It is also critical to target epidemic hot spots, particularly in megacities, and to ensure equitable access to high-quality, cost-effective HIV prevention programmes that include rapid adoption of scientific breakthroughs.[4]

## 2. Catalyzing the next generation of treatment, care and support

A total of 1.8 million people died from AIDS-related causes in 2009. Access to treatment for all who need it can come about through simpler, more affordable and more effective drug regimens and delivery systems. Greater links between antiretroviral therapy services and primary health, maternal and child health, TB and sexual and reproductive health services will further reduce costs and contribute to greater efficiencies. Enhanced capacity for rapid registration will increase access to medicines, as will countries' abilities to make use of TRIPS flexibilities. Nutritional support and social protection services must be strengthened for people living with and affected by HIV, including orphans and vulnerable children, through the use of social and cash transfers and the expansion of social insurance schemes.[4]

## 3. Advance human rights and gender equality for the HIV response

Social and legal environments that fail to protect against stigma and discrimination or to facilitate access to HIV programmes continue to block universal access. Countries must make greater efforts: to realize and protect HIV-related human rights, including the rights of women and girls; to implement protective legal environments for people living with HIV and populations at higher risk of HIV infection; and to ensure HIV coverage for the most underserved and vulnerable communities. People living with and at higher risk of HIV should know their HIV-related rights and be supported to mobilize around them. Much greater investment should be made to address the intersections between HIV vulnerability, gender inequality and violence against women and girls.[4]

## Goals of a Resolution:

1. Reduce the number of new HIV infections (especially among youth) and
2. Reduce the impact of HIV and AIDS on individuals, families and communities

## Key issues and aspects that should be tackled by a Resolution:

- Effective, preventative education to influence behaviour change and encourage openness;
- Raising awareness;
- Creation of safe and informal spaces to discuss HIV/AIDS; breaking the taboo;
- Social integration of HIV positive individuals into the community;
- Increase access to voluntary HIV testing and counseling:
- Treatment care and support;
- Motivating other to get involved;
- Legal and Human Rights aspects.

Effective partnerships remain fundamental to successful and sustainable HIV responses. Partnerships give voice to the people who are infected and affected, act as a catalytic force for change and provide accountability for political commitments. However, the changing environment and its demands for new and innovative ways of working signal the need for different kinds of partnerships—those that enable nationally owned responses, foster South–South cooperation and those that move beyond the traditional HIV and health sectors to broader development areas. These partnerships must include political alliances that link HIV movements with movements seeking justice through social change.

# Topic B: International Vaccination

Immunization is the process whereby a person is made immune or resistant to an infectious disease, typically by the administration of a vaccine. Vaccines stimulate the body's own immune system to protect the person against subsequent infection or disease.

Immunization is a proven tool for controlling and eliminating life-threatening infectious diseases and is estimated to avert between 2 and 3 million deaths each year. It is one of the most cost-effective health investments, with proven strategies that make it accessible to even the most hard-to-reach and vulnerable populations. It has clearly defined target groups; it can be delivered effectively through outreach activities; and vaccination does not require any major lifestyle change.

The biggest success story of mass immunization is the eradication of small pox in 1980 – since that year, not a single person was reported to be infected with small pox globally. In addition, global efforts of Polio immunizations have led to less than 250 reported Polio infections in 2012, from 350'000 annual infections prior to the Global Polio Eradication Initiative (GPEI). Polio is remaining to be considered endemic in only 3 countries – Nigeria, Pakistan and Afghanistan.

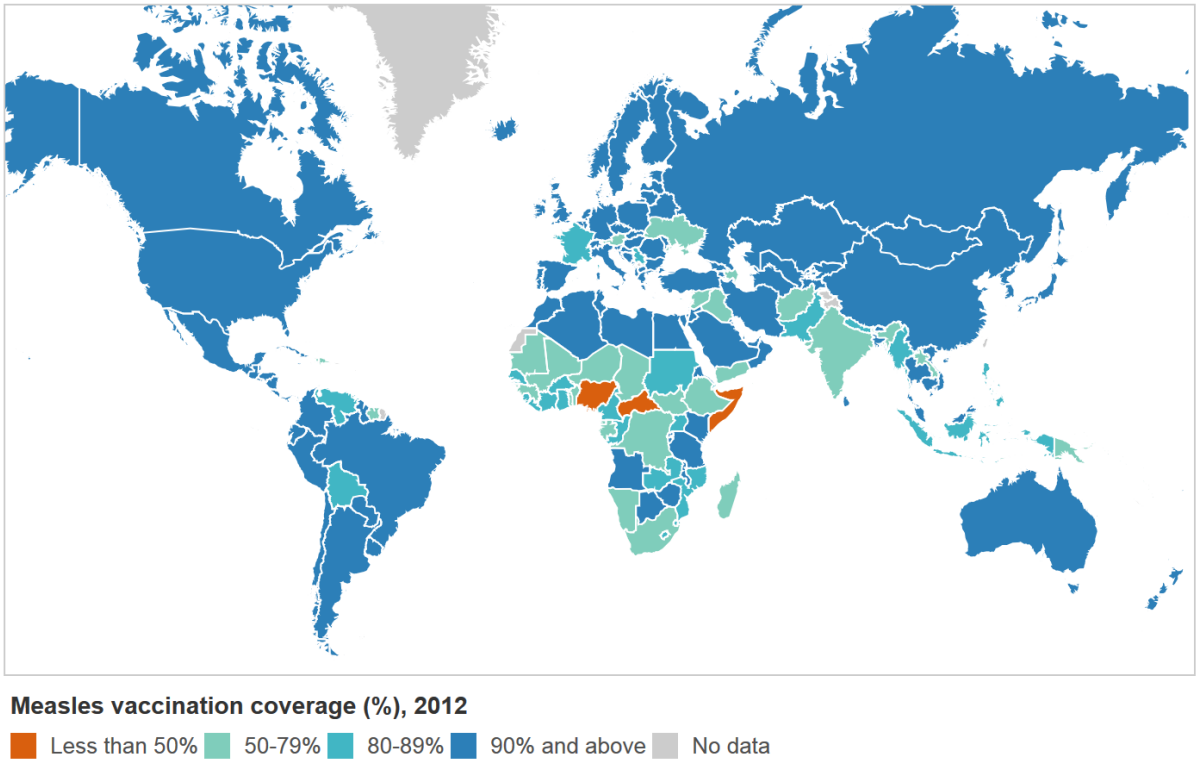
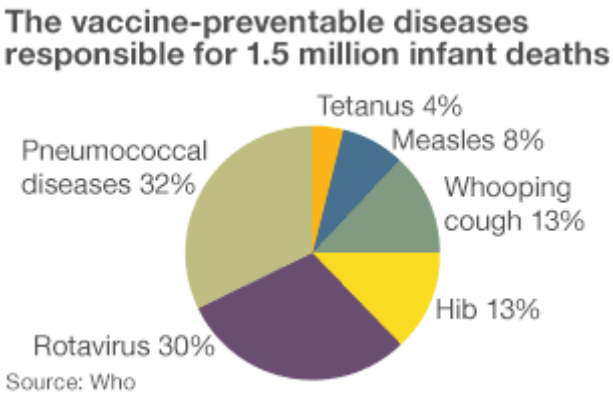



*Figure 1: World Map of Measles Vaccination Coverage - There is a strong correlation between the economic development of a country and vaccination rates*

That being said, there are still major challenges associated with the effective and universal spreading of vaccination, in particular to less and least developed countries. It is estimated that 1 out of 5 children worldwide are not fully protected with even the most basic vaccines. This leads to an estimated 1.5 million children which die each year of diseases which are vaccine-preventable. More

than 70% of the world's unvaccinated children live in 10 countries with large populations and weak immunization systems.[5] The one in five children who miss out mostly come from the poorest families in the poorest nations. Weak healthcare systems and difficulties reaching remote areas and storing the vaccines at the correct temperature are pressing issues in many of these countries.

The three countries with the lowest vaccination rates for Measles are also among the poorest in the world: Central African Republic, Somalia and Nigeria. On the other hand, the immunization rate for the same disease is close to 100% in almost all industrial countries. This shows that there is a strong correlation between the economic wealth of a country and the immunization rates achieved by its health system. Figure 1 shows the global measles vaccination rates, and one can clearly observe the previously described trend. It is noteworthy that the case of measles is exemplary for most vaccine-preventable diseases.[6]




In his analysis "Vaccination in Developing Countries: Problems, Challenges, and Opportunities" T. Pang mentions four main aspects which lead to a reduced vaccination rate in less and least developed countries: medical and scientific, structural and demographic, economic and political, and societal and cultural. The medical and scientific aspect includes that less developed countries tend to have a weaker surveillance capacity when it comes to controlling and monitoring immunization. Furthermore the scientific base and knowledge tends to be weaker, less wide spread, and the available data is limited. All these reasons lead to a lack of awareness in society. In addition to this, the medical and scientific includes a tendency for malnutrition among children, as well as a prevalence of parasitic infections and multiple infections with different pathogens, all of which leading to much weaker immune systems and higher infection risks. The structural and demographic aspect includes that less developed countries are more likely to have poor infrastructure in terms of vaccine delivery and storage leading to logistic problems in an effective distribution. Furthermore, populations are quickly expanding, and last but not least, countries are generally inhomogeneous and diverse systems which require equally complex solution approaches. Under the economic and political aspect, the high cost of vaccines and the limited amount of resources available in underdeveloped countries are the most dominant reason for poor distribution and availability of vaccines. In addition, both due the history of colonialism and national pride, many countries fear the dependence on developed industries and the economic

exploitation through the latter. In an effort to maintain national autonomy, they show certain skepticism towards the interests of developed countries and the associated pharmaceutical industries. In the societal and cultural aspect, many issues specific and characteristic for underdeveloped countries are identified. The most obvious is the generally high level of poverty. In addition, educational shortcomings contribute to reduced awareness, such as high prevalence of illiteracy as well the general emphasis on a curative instead of a preventive medical treatment. Furthermore, religious taboos and the influence of traditional healers and shamans can lead to refusal of immunization.

Of course, all of these four aspects are interconnected and cannot be tackled as separate issues. A wholesome approach is necessary in order to reach a sustainable solution.

One particular issue that has been pointed out many times is the high price for vaccines and the associated profits of multi-national corporations in the pharmaceutical industry. Vaccine producers claim that the prices of a pharmaceutical product have to cover the high prices of research and development as well as the cost of production. However, it is undeniable that the prices of vaccines have increased significantly: in 2001 the cost of purchasing a set of six key vaccines as defined by WHO and supplied under the Global Alliance for Vaccines and Immunization (GAVI) was $1.37. In 2011, after adding 5 more diseases to the list of key vaccines, the set cost $38.80.[7]

Pharmaceutical companies say the increasing prices of vaccines are due to the more complex nature of modern pharmaceuticals. This is certainly true, and will become even more prevalent in the case that even more complex vaccines against currently incurable diseases will be discovered. However, as Doctors Without Boarders has pointed out[7], the lack of transparency associated with the pricing policies and R&D costs of pharmaceutical companies renders it almost impossible for the purchasers of vaccines to negotiate prices which represent the true cost of the product while also being affordable for the vast public.

It is important to remember that the international efforts for universal immunization are an exceptional example of collaboration between national governments, intergovernmental agencies such as UNICEF and WHO and non-profit organizations. However, the lack of universality has the strongest impact on the weakest members of the global population – children coming from the poorest of the poorest backgrounds.

## Key issues and aspects which should be tackled by a resolution:

Vaccine pricing – How can vaccines be priced such that research and development costs are covered while also ensuring availability in the poorest countries?

Education & Awareness – How can the knowledge of people about the effectiveness and benefits of immunization be improved? Which bodies should coordinate such actions?

Medical infrastructures and vaccine availability – How can the local distribution and storage infrastructures of vaccines be improved such that vaccines are available to anybody, even in the most remote and poor regions of the world?

## Closing remarks

This study guide is by no means exhaustive and merely serves as a starting point for your own research on the topic. We encourage you to obtain comprehensive background knowledge on both topics as well as your countries positions. Be aware that not all aspects of the topics are tackled in this study guide, and that we very much welcome additional aspects to be dealt with in potential resolutions. Be creative, be innovative, and be inquisitive!

## Sources

1 http://www.worldbank.org/mdgs/diseases.html

2 http://www.who.int/topics/millennium_development_goals/diseases/en/

3 http://www.unicef.org/mdg/disease.html

4 http://www.unaids.org/sites/default/files/en/media/unaids/contentassets/documents/unaidspublication/2010/JC2034_UNAIDS_Strategy_en.pdf

5 http://www.gatesfoundation.org/What-We-Do/Global-Development/Vaccine-Delivery

6 http://www.bbc.com/news/health-24519949

7 http://blogs.plos.org/speakingofmedicine/2013/04/23/vaccines-in-developing-countries-why-the-high-prices/

8 http://www.msfaccess.org/content/rightshot