



THE ZURICH CONFERENCE

World Health Organisation

Study Guide for Zurich Model United Nations 2023

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Letter from the Chairs

Dear Delegates,

Welcome to the WHO!

The United Nations was created to maintain world peace and security and has gradually grown its mission to include sustainable development. However, with the pronounced rise of anti-system and extremist parties, more and more people are questioning our long-standing values and ideals. Extremist thinking can be nostalgic for a radicalized past that idealizes authoritarianism, inequality, and the opinion of those who shout the loudest. In an age of (dis)information, arguably more than ever, it is our responsibility to remain grounded and discuss heated issues democratically.

On behalf of the Organizing Committee of ZuMUN 2023, we, the chairs, would like to hereby welcome you to WHO. For our sessions, we have carefully curated two timely topics, one unlike the other:

With our first topic, **Addressing the Latent Dangers of Salt**, we aim to inspect a (granted, at first glance) silly-seeming but quite critical flaw of modern food production and consumption habits: excess sodium intake. It is a prime example of how coordinated small changes can save over a million lives and positively impact humanity's health globally. Remarkably, the topic's unheated nature will help us warm up gracefully.

Our second topic, **Securing Access to Safe Abortions**, is rooted in the present and complexly multidimensional. With an alarmingly rising number of politicians and political groups looking to restrict or outright ban the right to abortion and thus pushing pregnant people into seeking dangerous procedures, the UN must act immediately to protect this essential healthcare service and proven instrument for achieving gender equality.

We hope this study guide will prove to be a good jumping-off point in your research, and you will enjoy reading up on these fascinating topics as much as we enjoyed writing about them. In case you have any questions, please do not hesitate to reach out to us. Whether you are new to Model United Nations or an experienced delegate, we look forward to seeing you all in action. April cannot come soon enough!

Your chairs, Ridika and Alexander

For position papers or other concerns/questions you may have, contact us at: zumun@zank.me



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Your Chairs



Ridika. Greetings and felicitations! My name is Ridika and I currently study law in my 3rd year at the University of Zurich. I am delighted to chair with my awesome co-chair Alexander this year's WHO committee at ZuMUN, especially because my very first MUN conference I attended (also as a high school student) was a ZuMUN conference. In my spare time I like to read and laugh with friends. Looking forward to meeting y'all and what you will make of the topics!



Alexander. Hello, world! I'm Alex, a Computer Science student at ETH Zurich who (besides typing cryptic words on my computer, causing red exclamation marks to appear) loves to dance, dream, and deliberate. Although ZuMUN 2023 is my second time chairing a Model United Nations conference, do not foolishly underestimate my endurance in politely reminding people to refrain from using personal pronouns. My toxic trait is believing that everyone shares my level of excitement for certain things I love. (Pineapple on pizza, thankfully, isn't one of them.) I look forward to all the extravaganza we'll cook up together, on- and off-session. See you in April!

Introduction to the WHO

The World Health Organization is a specialised agency of the United Nations focused on the improvement of global public health. Its headquarters lie in the Swiss city of Geneva, though the agency has offices on all continents. A successor to the "Health Organisation" (an agency of the League Of Nations), it was established in 1948, primarily to tackle the precarious public health situation following World War II. Since its founding, it has amongst other things played a vital role in fighting international epidemics such as malaria, HIV/AIDS, Ebola and tuberculosis.

Mandate and Scope of the WHO

Upon initial inspection, the WHO's mandate appears fairly broad, since it covers "global public health". According to its constitution, it aims at "the attainment by all peoples of the highest possible standard of health". That seems like a tall order, but the WHO's more specific core function, as also outlined by the constitution, is to be "the directing and coordinating authority on international health work". More broadly speaking, the WHO carefully monitors the state of health around the world and takes steps to improve the health status of both individual countries and of the global community.

The WHO operates on three levels of governance, those being the executive board, the secretariat and the World Health Assembly. Our committee is concerned with the latter. The World Health Assembly is the supreme decision-making body of the WHO and consists of the health ministers of 191 member states, who meet annually. The decisions taken by this assembly are then implemented by the executive board, a body consisting of 32 scientists and/or qualified health professionals. The director general heads the secretariat and is elected by the assembly.

One of the WHO's primary tasks is to further the eradication of diseases by improving nutrition, sanitation, housing, working conditions etc. Its functions and responsibilities also more specifically include assisting national governments in strengthening their healthcare services, establishing health related administrative and technical services (epidemiological and statistical services), conducting research in the field of global health, developing international health standards (relating to food and biological/pharmaceutical products), encouraging increased collaboration among scientists, health professionals and health groups, as well as promoting a well informed public opinion on all matters relating to health.

This year's topics

Topic A The Latent Dangers of Salt

The evidence is clear: the more sodium we consume the more our blood pressure rises, and blood pressure is reduced when dietary sodium intake is reduced. Reducing sodium intake is one of the most cost-effective ways to improve health, it can avert millions of deaths every year at very low total programme costs.

Dr. Francesco Branca for WHO (2023)

A Brief History of Salt

Salt (or sodium chloride; NaCl) has played a crucial role in human civilization throughout history and has been a staple commodity in settled communities. In historical records, one finds many records touting it as the "Fifth Element," alongside air, fire, water, and earth. Salt has both life-giving and destructive properties, being an effective preservative and yet also a cause of decay, corrosion, and death. Although our bodies do not produce salt, our nerves, muscles, and fluid regulators require it, and our tongues crave it more than any other taste (Young 2020).

The pursuit of salt has influenced geographic boundaries and navigational patterns for thousands of years and has played a nontrivial role in shaping social and political orders. Early on, the pursuit of salt has taken various forms, such as mining (e.g., Duzdagi in the Araxes Valley of Azerbaijan around 3500 BCE; Hamon (2016)), refining (e.g., Go O Chua on the Mekong River Delta around 900 BCE; Yankowski et al. (2015)), and trade (e.g., Hallstatt around 5000 BCE; Anati (1962)).

Though used for many things beyond satisfying dietary requirements, such as chemical manufacturing, soap making, metallurgical processes, melt point reduction, or water-softening (Hills et al. 2023), we ignore these uses of salt and instead focus on its role in food.

In the 1920s, many countries' health institutions turned their attention to frequent cases of simple goiter, an enlargement of the thyroid gland that prevents it from producing enough hormones. They identified a lack of iodine in people's diets and, as a simple measure, decided to henceforth add small quantities to common table salt (Gea- gley 1929), a

practice still common and necessary in certain geographical regions to date (Zimmermann 2004).

Fast-forward to the 21st century, and people routinely consume between twice to three times the recommended amount of sodium daily, a global health debacle. How did this happen?

On Overconsumption

The human body requires a daily average of 4g of salt (NaCl, i.e., < 2g of sodium) to function correctly (Durack et al. 2008). At first glance, this may seem manageable – one would have to put some serious work into that salt shaker to add more to one’s meal – but let us not forget the salt consumed through processed foods, fast foods, and restaurant meals, which make up between 60% and 70% of adult dietary salt. Daily consumption figures are as high as 12g NaCl per day (Durack et al. 2008).

Many of these foods are high in salt to improve their taste, texture, and shelf life or mask the flavors of other additives. Additionally, human taste buds can become de-sensitized over time, leading people to consume more to achieve the same level of taste satisfaction. However, no matter the underlying reasons: Excessive sodium intake has developed into a high-priority health issue.

Poor diet is estimated to contribute to 11 million deaths worldwide, of which 3 million are caused by excessive salt consumption (WHO 2021). Consuming redundant sodium raises blood pressure, increasing the risk of cardiovascular diseases (CVDs), the primary cause of non-communicable disease (NCD) deaths, responsible for 30% of all deaths globally (WHO 2013). For a brief period around 2015, some scientists questioned the validity of previous studies having linked sodium intake with CVDs and performed more empirical research. However, the predicate has remained the same, even regarding their works (Cappuccio et al. 2018).

The WHO Steps In

Following the 66th World Health Assembly on noncommunicable diseases, the WHO (2013) established the "Comprehensive global monitoring framework, including 25 indicators, and a set of nine voluntary global targets for the prevention and control of NCDs and with it set the goal of a 30% relative reduction in mean population intake of sodium until the year 2025.

Proposed actions included cooperation and regulation of food manufacturers, mass media and education campaigns to raise awareness for this hidden danger, and more evident markings on the packaging, allowing consumers to make more informed choices. Sadly, progress has been slow, and none of the 194 member states have achieved the target. We will most definitely miss the 2025 mark WHO (2023).

With an extension to 2030 likely, now is your time to bring a fresh breeze into the discussion. Seven years are a shorter period than one would expect, so ambitious solutions are well-sought. Will you find pragmatic ways to avert the sodium catastrophe? Or will you encounter a similar deadlock, even without attending lobbyists?

Guiding questions

G1. What is your country's state of policy? How did past decisions pay off in terms of NCD cases? What could other countries learn from the one you represent?

G2. Why did previously proposed ideas fail? In which stages (consideration, implementation, or evaluation) did they fail? Which hidden actors could exist?

G3. How does one rank the ideas? Which pragmatic solutions could have the promptest effect? Can you come up with new ideas? Has research in this area evolved significantly since 2013? If so, what can we learn from its insights?

G4. How could the WHO as an institution help member states accelerate their implementation?

Further reading and particularly useful sources

- Harvard T.H. Chan School of Public Health – Salt and Sodium in a nutshell
- British Heart Foundation – [Video] Why is too much salt bad for you?
- WHO – Global report on sodium intake reduction (2023)
- Trieu et al. – Salt Reduction Initiatives around the World – A Systematic Review of Progress towards the Global Target
- WHO – Documents on the NCD global monitoring framework

This year's topics

Topic B Securing Access to Safe Abortions

As with any other health services, abortion care needs to respect the decisions and needs of women and girls, ensuring that they are treated with dignity and without stigma or judgement. No one should be exposed to abuse or harms like being reported to the police or put in jail because they have sought or provided abortion care.

Dr. Bela Ganatra for WHO (2022).

Introduction to the Topic

There is evidence that suggests that abortions have been performed dating back as far as the time of Ancient Egypt. However, the concept of having a right to an abortion is relatively new. At the time of the Ancient World and the Middle Ages, the balancing of legal interest was not one of the mother's life and the life of a fetus, but rather the fetus was seen as property and treated as such. In the Middle Ages, if one were to cause a miscarriage, then this person was obliged to pay a fee to the husband of the woman that miscarried.¹ Today, when abortion laws are drawn up, the fetus is not seen as property but as potential life and therefore protected to various degrees. Yet, laws must protect the life of the person carrying the fetus as well. This is where things get complicated.

Facts and Figures

Abortion is a common health intervention. It is also included in the list of essential health care services by the WHO in 2020 (WHO 2020). A safe abortion is accounted as such if it is carried out using a method recommended by the WHO, appropriate to the pregnancy duration, and by someone with the necessary skills (WHO 2021).

Unsafe abortion is a leading cause of maternal deaths and morbidities. This grim reality can be changed by ensuring that abortions are not performed under unsafe conditions. Between 4.7% and 13.2% of all maternal deaths are attributed to unsafe abortions (Say et

¹ As during the Middle Ages, laws did not acknowledge the existence of gender identity and only considered biological sex, we refrain from using gendered language in that context.

al. 2014, Kassebaum et al. 2014). This equates to between 13'865 and 38'940 lives lost annually due to the failure to provide safe abortion, with many more experiencing severe morbidities. Developing countries bear the burden of 97% of unsafe abortions (Ganatra et al. 2017). The proportion of abortions that are unsafe is also significantly higher in countries with highly restrictive abortion laws than in those with less stringent laws (Ganatra et al. 2017).

Unsafe abortions can lead to physical and mental health complications and social and financial burdens for people that can get pregnant, communities, and entire health systems. The lack of safe, timely, affordable, and respectful abortion care is a critical public health and human rights issue. Inaccessibility of quality abortion care risks violating a range of human rights of women and girls, including the right to life; the right to the highest attainable standard of physical and mental health; the right to benefit from scientific progress and its realization; the right to decide freely and responsibly on the number, spacing, and timing of children; and the right to be free from torture, cruel, inhuman and degrading treatment, and punishment (WHO 2021).

Mainline of positions on the Subject

There are many ways to go about abortion:

To date, two dozen countries still have a total ban on abortions. Then there is the notion that an abortion can only be performed under specific requirements, such as harm to the birthing person's life or conception through rape, etc. Most countries handle the process of getting an abortion in this manner.

Another way of dealing with abortion is making them accessible legally but then creating obstacles to obtaining one. This happens when countries institute, oftentimes unnecessary, procedural requirements such as obligatory preliminary talks with the patient or requiring unnecessary or economically unattainable medical standards that must be fulfilled to be offered the service of abortion.

Very few countries make abortion accessible and safe.

Earlier Measures taken by the United Nations

Reducing the global maternal mortality ratio is part of Sustainable Development Goal 3, "ensur[ing] healthy lives and promot[ing] well-being for all at all ages." Seeing that abortion is one of the instruments that seek to achieve this goal, the United Nations has an interest in making abortions accessible to all that need them. However, since abortion regulation falls

within a national scope, the WHO has not been able to launch extensive scale programs to further the goal.

The WHO relies on approaches such as sustainable financing, scientific research and innovation, and monitoring and evaluation for abortions. There are yearly evaluations and guidelines published by the WHO that weigh the advantages and disadvantages of different approaches against each other.

Guiding Questions

G1. What does the right to abortion being restricted mean? To you? To Society?

G2. Who should regulate the guidelines for safe abortions? Nations? The international Community?

G3. How can we ensure that the abortions performed are safe and are catering to the needs of people that can become pregnant?

Practical advice for research

This study guide aims to introduce the general directions of the topics chosen for this topic block and present some avenues along which delegates may wish to proceed in the preparation. It is not a comprehensive treatise, and more than the study guide's consultation alone is needed to prepare for the session.

Some questions you as a delegate should look into while preparing for the topic would be:

- What is the stand of the current legislation of the country you represent?
- Has the country you represent bound itself to international legislation, e.g., regulations of multinational organizations such as the European Union?
- How accessible are abortions in the country you are representing? (Since reality and legislation can be far apart)
- Does the country you represent benefit from any WHO programs, and how effective are they? How have they improved the programs?
- What are past government official statements on the subject of abortions? Have they changed over time? If so, what has propelled the change?
- What have prominent politicians of the country you are representing said on the topic of abortion?

Lastly, we encourage you to read newspaper articles and press releases, ideally domestic ones, to get a feel of how invested the government of the country you are representing is on the topic of abortions.

Further reading and particularly useful sources

- WHO Department of Sexual and Reproductive Health and Research (SRH) – Abortion Care Guideline
- SRH – Abortion Policy Map
- World History Encyclopedia – Abortion in the Ancient World

References

Topic A

Anati, E. (1962), 'Prehistoric trade and the puzzle of jericho', *Bulletin of the American Schools of Oriental Research* 167, 25–31.

Cappuccio, F., Beer, M., Strazzullo, P. & European, S. A. N. (2018), 'Population dietary salt reduction and the risk of cardiovascular disease. a scientific statement from the european salt action network.', *Nutr Metab Cardiovasc Dis* 29(2), 107–114.

Durack, E., Alonso-Gomez, M. & Wilkinson, M. (2008), 'Salt: A review of its role in food science and public health', *Current Nutrition & Food Science* 4(4), 290–297.

Geagley, W. (1929), 'Iodized salt.', *Am J Public Health Nations Health* 19(9), 991–996.

Hamon, C. (2016), 'Salt mining tools and techniques from duzdag ĩ (nakhchivan, azerbaijan) in the 5th to 3rd millennium b.c.', *Journal of Field Archaeology* 41(4), 510–528.

Hills, J. M., Ralston, R. H. & Wood, F. O. (2023), 'Salt', *Encyclopedia Britannica*.

WHO (2013), *Global Action Plan for the Prevention and Control of Noncommunicable Diseases: 2013-2020*.

WHO (2021), *WHO global sodium benchmarks for different food categories*, World Health Organization.

WHO (2023), *WHO global report on sodium intake reduction*, Geneva.

Yankowski, A., Kerdsap, P. & Chang, D. N. (2015), “please pass the salt” – an ethnoarchaeological study of salt and salt fermented fish production, use and trade in northeast thailand.’, *Journal of Indo-Pacific Archaeology* 37, 4.

Young, L. C. (2020), ‘Salt: Fragments from the history of a medium’, *Theory, Culture & Society* 37(6), 135–158.

Zimmermann, M. B. (2004), ‘Assessing iodine status and monitoring progress of iodized salt programs’, *The Journal of Nutrition* 134(7), 1673–1677.

Topic B

Ganatra, B., Gerds, C., Rossier, C., Johnson, B. R., Tunalp, , Assifi, A., Sedgh, G., Singh, S., Bankole, A. & Popinchalk, A. (2017), ‘Global, regional, and subregional classification of abortions by safety, 2010–14: estimates from a bayesian hierarchical model’, *The Lancet* 390(10110), 2372–2381.

Kassebaum, N. J., Bertozzi-Villa, A., Coggeshall, M. S., Shackelford, K. A., Steiner, C., Heuton, K. R., Gonzalez-Medina, D., Barber, R., Huynh, C. & Dicker, D. (2014), ‘Global, regional, and national levels and causes of maternal mortality during 1990– 2013: a systematic analysis for the global burden of disease study 2013’, *The Lancet* 384(9947), 980–1004.

Say, L., Chou, D., Gemmill, A., Tunalp, , Moller, A.-B., Daniels, J., Gu'Imezoglu, A. M., Temmerman, M. & Alkema, L. (2014), ‘Global causes of maternal death: a who systematic analysis’, *The Lancet global health* 2(6), e323–e333.

WHO (2020), ‘Maintaining essential health services: operational guidance for the covid-19 context: interim guidance’.

WHO (2021), ‘Abortion – key facts’.

WHO (2022), ‘Who issues new guidelines on abortion to help deliver lifesaving care’, UN News.