World Health Organization

Junior Model UN 2018

Director- Aimee Wu

Chair- Kendall Foley

Assistant Director- Fiona Wang

Director's Letter

Dear delegates,

Welcome to the World Health Organization of JMUN 2018! My name is Aimee Wu, and I have the honor of serving as Director this year alongside my Chair, Kendall Foley, and Assistant Director, Fiona Wang. As a junior at Interlake High School, I am incredibly excited to pass my wealth of knowledge of Model UN along to middle school delegates. We are enthused to help ensure that your experience in committee is a great one!

The topics for debate in the WHO this year are Access to Reliable and Safe Healthcare and Access to Clean Water. Since the ultimate goal of the WHO is to promote global wellness (which cannot be achieved without input and diplomatic action from each country), we expect all delegates to be ready to get involved!

Our team has worked extensively on this background guide to provide foundational knowledge on the two topics; however, further research is necessary for engaging debate. Please feel free to email us with any questions or concerns you may have. I am looking forward to JMUN 2018, and on behalf of the entire dais: Good luck!

Best regards,
Aimee Wu

Committee Description

Established in 1948, the World Health Organization (WHO) is a specialized organization of the United Nations composed of all 193 UN members that focuses on combating global health issues. The WHO constitution states that "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition." Covering a variety of topics, the WHO's current priorities reside in assisting countries that seek universal health coverage, helping countries establish their capacity to adhere to International Health Regulations, increasing access to essential medical products, addressing the role of social, economic, environmental factors in public health, coordinating responses to non-communicable diseases and promoting public health with the Sustainable Development Goals. Keep in mind that the World Health Organization is merely able to suggest and promote ideas, but is not able to enforce or implement any regulations.

Table of Contents

Topic A– Access to Reliable and Safe Healthcare

Topic B- Access to Clean and Safe Water

Topic 1: Access to Reliable and Safe Healthcare

Intro:

Healthcare is defined as 'the maintaining and restoration of health by the treatment and prevention of disease by professionals". Africa is the only continent where deaths due to infectious disease outnumber those of chronic disease. Communicable diseases, most commonly malaria and HIV/AIDS, are the cause of 69% of deaths in Sub-Saharan Africa. Africa's doctors makeup only 2% of the world's doctors, while holding one quarter of the world's disease burden on their shoulders. Disease burden is defined as the impact of a health problem by its financial cost, mortality rates, and the intensity. Africa's and other third world countries' lack of reliable and safe healthcare stems from much more than the eye can see. The National Center of Biotechnology Information directly cites low GDP and low income as the reason healthcare is not prioritized by citizens. In addition, the World Bank reported that a quarter of the countries in sub-Saharan Africa are poorer now than they were in 1960, showing that monetary aid from foreign countries is ineffective in improving Africa's overall economy.

Meanwhile, in most second- and all first-world countries, healthcare is drastically better quality and more accessible to citizens. Through the World Health Organization's analysis of the world's healthcare systems, France was found to provide the best healthcare, followed closely by Italy, Singapore, and Austria.The United States of America ranks 37 out of 191 countries in this report, as while the U.S. spends the highest percentage of their GDP on healthcare, they fail to provide high-quality healthcare. In addition, the U.S. has the highest rate of deaths preventable by healthcare professionals. Third world countries more often struggle with communicable diseases while second and first world countries face chronic diseases. Yet no matter the classification, every country can do more to improve their healthcare systems.

History:

The idea of "right to health" stems from Martin Luther, a 16th century German leader of the Protestant Revolution: every citizen had a duty to work, and if they were unable to do so, had the right to access help in order to work. This concept contributed to the inception of social welfare programs in his country, and has evolved to become one of the thirty fundamental rights in the Universal Declaration of Human Rights. The first organized healthcare system is often said to be Germany's Sickness Insurance Law of 1883, which called for health insurance for industrial workers. Setting a precedent for other nations, the United Kingdom passed a similar law called the National Insurance Act in 1911. These laws, and others like them, were a guarantee of affordable medical care for those who previously had none.

Prior to these first steps toward healthcare regulation, not only was insurance nonexistent, healthcare itself was unreliable. This was due to the lack of medical training, of safety regulations, and of the need for licenses to medical practice. To treat patients, "doctors" would often use nonscientific approaches, harming more than healing. The most renowned example is the process of bloodletting in the nineteenth century, for which leeches were used to drain excess "humors" from the blood. Advancements in science, specifically during the nineteenth and twentieth century, aided in the denouncement of such practices and development of proper medical treatments. Vaccines for infectious diseases such as anthrax, diphtheria, tetanus, polio, and and pertussis dramatically decreased mortality rates in developed countries, allowing their societies to thrive and develop further economically. Unfortunately, access to treatment for some communicable diseases was and is still limited in less developed countries; for example, African countries alone accounted for 194,000 of the world's 216,000 malaria cases in 2016 (89.8%).

The inequity of vaccinations between developed and developing countries is an example of a larger issue: healthcare insurance. Some aspects of insurance have become a growing issue for citizens of first, second, and third world countries alike. Such problems include accessibility, efficiency, quality, and equity (equal healthcare opportunity for those of all income levels) for developed countries, and the lack of availability and expensive prices in developing ones.

Timeline:

1948: the right to health is officially acknowledged as a basic human right.

Sep 2000: the Millennium Summit is held, where the Millennium Development Goals (MDGs) are created, including MDG 7.

Sep 2005: the 2005 World Summit is held as a "follow-up to the Millennium Summit", where member states pass the World Summit Outcome Document and agree to spend billions of dollars on MDGs.

May 2010: the World Health Organization Global Code of Practice on the International Recruitment of Health Personnel is passed, establishing a global standard for health personnel.

July 2010: Resolution 2010/24 is passed by the Economic and Social Council (ECOSOC), clarifying the UN's role in public health initiatives.

2011: the Social Protection Floor Initiative is announced, advocating for universal access to "essential social transfers", including healthcare.

Bloc Positions:

Middle East And North Africa

Twenty-two of the countries which span the Middle East and North Africa provide comprehensive coverage for their citizens, free of charge or at a minimal fee. For these countries, the main barriers tend to be: difficulty of physical access in remote rural areas, difference in health care quality between urban and rural regions, gender inequality, and religious dogma. For example in Saudi Arabia, a country with a high-income level from all its oil revenues, still struggles to provide equal healthcare towards all their citizens due to the prejudices such as religious dogma.

Sub-Saharan Africa

Considering its high incidence of diseases, out of the several dozen countries located in sub-Saharan Africa, only Ghana has successfully implemented a national healthcare system. In addition, approximately 50% of healthcare costs are paid by patients themselves. For African nations where the majority of citizens face high poverty levels, these healthcare costs refer to a significant portion of an individual's or a family's income and reveal the inaccessibility of proper healthcare.

South-East Asia

According to WHO, the Association of Southeast Asian Nations (ASEAN) countries only spends an average of around 4% of their GDP on health care, while the average of countries in Europe and North America spend around 12%. With the rapid development occurring in ASEAN countries, citizens are demanding more health care benefits. Health care systems already lag behind in these countries, and the rapidly growing private health sector system adds to the inequality of healthcare coverage, making it harder for governments to improve healthcare benefits countries. Given that most countries have stronger ongoing healthcare system, delegates in this bloc can focus on helping other nations implement one of their own.

Europe

Due to the majority of European countries having implemented healthcare systems that are primarily funded through taxation, many European countries are able to provide reliable insurance for emergency medical treatment through a European Health Insurance Card when citizens visit other participating European Union countries. Given that most countries have a stronger ongoing healthcare system, delegates in this bloc can focus on helping other nations implement one of their own.

USA, Latin America

Similar to the Middle Eastern and North African countries, the USA and Latin America face problems such as lack of universal coverage, and provides medical care of varying quality among different areas of its population. Even with the USA having the most expensive healthcare program in the world, there are still statistics of reported difficulty for seeing specialized doctors, scheduling yearly dentist check-ups, and excessively long wait times when receiving non-urgent care. In Latin America, healthcare varies heavily upon one's income as formal labor market employees obtain healthcare insurance plans by the government, the rich turn to private services, and the poor merely have access to publicly delivered services of variable quality.

Possible Solutions:

Some possible solutions involving third-world countries include first-world countries providing or continuing to provide monetary aid and volunteers to create reliable water systems (aquaducts, pipelines, etc.), and to establish a system of healthcare for them. Additionally, second-world countries can create or continue campaigns to reduce water pollution for monetary aid from first-world countries to build more reliable water systems in urbanizing areas.

For second world countries to continue urbanization efforts, effective planning for water distribution, stormwater and sewage improvements and management, as well as a focus on eco-friendly buildings must occur.
Solutions could include focusing on eco-friendly buildings and water collection systems to ensure a future with a stable water supply.
Overall, the organization UN Water coordinates yearly international observances on freshwater sanitation. Continuation of this practice and use of this information to make an informed decision related to monetary aid could be used as well.

Topic 2: Access to Clean and Safe Water

Intro

As water is a life requirement, the lack of safe water sources in certain countries results in shorter life expectancies, lack of food security, and crimes. In developing nations, 80% of illness is related to lack of clean and safe water. Pollution and rising sea levels are the lead contaminants of fresh water supplies.

As second world countries rapidly urbanize, issues in water security -- stemming from supply and demand issues, pollution, and low quality or lack of sewage systems -- become more apparent. Meanwhile, first world countries face a variety of issues with water *waste. They are predicted to become the most water stressed countries within the next 20 years due to increasing populations. It is important for first world countries to increase water efficiency.*

While countries face a different issues surrounding water security, they all are affected by climate change: extreme weather (such as flooding or drought) is detrimental to water supply maintenance. Moreover, 70% of the world's water is used in agriculture; without water security, famine ensues. The search for solutions is critical for *all countries.*

History:

Sources of water have been a beacon for survival since the beginning of mankind. The first human civilizations, such as the Mesopotamian and Indus Valley Civilizations, centered around water. Rightly so considering a lack of water has been deemed one of the top three greatest global risks. However, in modern day, an alarmingly high number of people still have limited or no access to clean water; 1.8 billion people drink contaminated water per year.

The UN has instated numerous subcommittees, programmes, and resolutions to further the goal of universal access to clean water in the past. The Joint Monitoring Programme for Water Supply was established in 1990 to set targets for water sanitation and measure growth. Its primary effort was to provide regular reports on the status of sanitation and to assist countries in improving their own tracking systems. Sustainable Development Goal (SDG) 6, passed in 2015 by a summit of the United Nations Development Programme (UNDP), states that the UNDP and related committees aim to "achieve universal and equitable access to safe and affordable drinking water for all" and to "achieve access to adequate and equitable sanitation and hygiene for all" by the year 2030. To work toward this goal, the WHO adopted the name Water, Sanitation, and Hygiene (WASH) as a summary of its activities that work toward clean water. Actions related to WASH include raising awareness for sanitation and creating strategies for improvement that involve investors and stakeholders. Notably, the General Assembly (GA) Resolution 64/292 has officially recognized clean water as a basic human right.

Timeline:

1990: the WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation, and Hygiene (JMP) is established.

Dec 1992: World Water Day is established to raise awareness for the importance of clean water.

Sep 2000: the Millennium Summit is held, where the Millennium Development Goals (MDGs) are created, including MDG 7, which is related to water supply and sanitation.

Mar 2008: Resolution 7/22 is passed by
the Human Rights Council (UNHRC), which appoints an "independent expert" to investigate and regulate water sanitation in individual countries.

July 2010: the General Assembly (GA) passes Resolution 64/292, recognizing that water and sanitation are essential human rights.

Apr 2011: Resolution 16/2, passed by the UNHRC, extends the independent expert's monitoring time (appointed by Resolution 7/22) by another three years.

Sep 2011: the UNHRC passes Resolution 18/1 to further the discussion on practical solutions for water sanitation, including its financial aspect.

2015: the UNDP agrees upon the Sustainable Development Goals (SDGs), including SDG 6.

Bloc positions:

African Countries

Despite the threats that contaminated water poses to one's health, the majority of underdeveloped nations continue to lack access to clean water and sanitation due to lack of funding, technology, and support. Currently, 435 million people in Africa lack a basic drinking water service and 736 million people, majority (84%) of whom live rurally, lack basic sanitation services, exposing them to the transmission of many diseases such as cholera, polio, typhoid, and diarrhea. Many people, mainly female, will spend more than 30 minutes to an hour on each trip to collect water in households that don't have a piped supply.

USA, European Countries, Canada, Australia

Given that these countries are more developed, they have more advanced methods of providing clean water and proper sanitation to their citizens; Less than 1% of the population in each country use an improved drinking water source (one that is designed to protect against contamination). These countries can also provide funding for other countries. For example, the USA has developed its own humanitarian aid program, USAID, supported by the Water for the World Act passed by Congress in 2014 that target third-world countries that do not already have access to clean water.

Latin America

With Latin American countries making significant progress towards every citizen having access to safe water and sanitation, an increase of 52% of their population gained direct access to clean water and an increase of 35% of their population gained proper sanitation services between 1960 and 2000. Their main issue remains the financial constraints surrounding water pricing inequalities. According to statistics taken in 2000, poor citizens had to pay 1.5-2.8 times the amount of money "non-poor" families did for water even though quality was much worse and increased the danger of contracting deadly diarrheal diseases.

Asia

Between the years 1990 and 2010 alone, almost three-quarters of the two billion people who had gained access to drinking water lived in Asia. There have been significant gains in the use of piped water on Asian premises, with 65% of the population in Southern Asia, more than 70% in Eastern and Western Asia doing so.

countries as more citizens in third-world
countries become adequate healthcare professionals. Since many second-world countries already have reliable healthcare, first-world countries provide monetary aid to second-world countries where it would be viewed as a necessity. First-world countries explore methods to improve accessibility of healthcare for their citizens (i.e. Improvements to ObamaCare in the United States).

Guiding Questions/Further Research

Topic #1: Access to Reliable and Safe Healthcare

-
1. Does your country currently provide universal healthcare to its citizens? If not, where are the target locations where the lack of access to healthcare persists?

-
2. Considering the current state of your country's healthcare system, what are some reasonable goals you hope to achieve during the conference regarding the ideal future state of your country's healthcare system (ex. Access to well-trained workers, or medicine)

-
3. How will the healthcare system be financed in your country?

-
Additional Research Links:
- http://www.who.int/healthsystems/topics/financing/uhc_qa/en/

- https://www.gwc.org.uk/default/assets/File/MUN_papers/2012_conference/universal.pdf

- https://www.internationalinsurance.com/news/ranking-top-eleven-healthcare-systems-country.php

- http://www.who.int/healthinfo/paper30.pdf\

Topic #2: Access to Clean and Safe Water

1. Is your country currently facing/has your country faced any major environmental/political issues that inhibits its ability to provide a clean, safe water supply?

2. Does your country rely on others to provide them with funding, resources, etc. in order to provide clean water to their citizens (ex. USAID, DFID)?

3. What are the primary methods that your country uses to purify its water? Are these methods effective and/or cost efficient?

Additional Research Links:
- https://www.theguardian.com/global-development-professionals-network/2015/jul/01/global-access-clean-water-sanitation-mapped

- https://www.theguardian.com/global-development-professionals-network/2017/mar/17/access-to-drinking-water-world-six-infographics

- https://www.cdc.gov/healthywater/global/wash_statistics.html

- http://www.worldwater.org/conflict/map/

- https://www.usaid.gov/what-we-do/global-health/maternal-and-child-health/technical-areas/water-sanitation-hygiene-wash

- https://www.internationalinsurance.com/news/ranking-top-eleven-healthcare-systems-country.php

- http://www.who.int/healthinfo/paper30.pdf

Bibliography

Advancing WASH in Africa: A Review of WASH in ACSD and A Plan Forward. UNICEF, 2009, www.unicef.org/esaro/ADVANCING_WASH_IN_AFRICA_FINAL.pdf.

"Africa, Decade, Water for Life, 2015, UN-Water, United Nations, MDG, Water, Sanitation, Financing, Gender, IWRM, Human Right, Transboundary, Cities, Quality, Food Security." *United Nations, United Nations, www.un.org/waterforlifedecade/africa.shtml.*

"Coordinating the UN's Work on Water and Sanitation." *UN-Water, www.unwater.org/.*

"Deaths Communicable Diseases Annually Worldwide 2016 | Statistic." *Statista, www.statista.com/statistics/282715/deaths-from-communicable-diseases-worldwide/.*

P.D. Fox and P. R. Kongstvedt, "Chapter 1: An Overview of Managed Care," in *The Essentials of Managed Health Care, 5th edition, ed. P. R. Kongstvedt (Sudbury, MA: Jones & Bartlett Publishers, 2007).http://www.jblearning.com/samples/0763759112/59117_CH01_Pass2.pdf*

Progress on Drinking Water, Sanitation and Hygiene, Joint Mentoring Programme, 2017. JMP report 2017 http://www.who.int/mediacentre/news/releases/2017/launch-version-report-jmp-water-sanitation-hygiene.pdf

"Universal Health Coverage (UHC)." *World Health Organization, World Health Organization, www.who.int/en/news-room/fact-sheets/detail/universal-health-coverage-(uhc).*

United Nations Department of Economic and Social Affairs. "Water for Life Decade." *International Decade for Action 'Water for Life' 2005-2015, 2016, www.un.org/waterforlifedecade/asia.shtml.*

"Water Problems in Latin America." *World Water Council, Comision Nacional Del Agua, World Water Council 4th World Water Forum, www.worldwatercouncil.org/fileadmin/wwc/News/WWC_News/water_problems_22.03.04.pdf.*