Kennesaw State University High School Model United Nations
World Health Organization
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Delegates,

It is a great pleasure to welcome you to this year's iteration of the Kennesaw State University High School Model United Nations conference. My name is Maddox Trinklein, and it is my honor to serve as your Director in the World Health Organization. In high school, I attended North Cobb High School's International Studies Magnet Program where I fostered a love and understanding for the international community. From this passion, I developed a love for Model UN. Recently, my Southern Regional Model United Nations country won a distinguished delegation award. Furthermore, I will be attending Harvard WorldMUN in the spring with Kennesaw State. Humanitarianism and humanism are my worldview's focal points and I hope to pursue political aspirations to help further the causes I believe in.

Also joining the Dias is Assistant Director Nicholas Busson. Nicholas is a freshman at Kennesaw State, majoring in Finance with a minor in History. Nicholas is also a member of Kennesaw State University Model United Nations. His goal after graduation is to pursue a graduate degree in the field of law. Nicholas is the treasurer of the Young Democrats of Kennesaw (2017). He is eager to be on the Economic and Social council and looks forward to see what ideas are produced.

The Topics under debate for the World Health Organization are:

I. **Developing Concepts and Strategies to Expand Upon Health as as Bridge for Peace (HPB)**
II. **Preventing the Spread of Communicable Diseases in Underdeveloped and/or War-torn areas**

Each Member State delegation within this committee is expected to submit a position paper which covers both of the agenda topics. A position paper is a short essay describing your Member State's history and position on the issues at hand. There are three key parts to any successful position paper: history, current status of the issue, and possible solutions for the future. Information for properly formatting the position papers, as well as valuable advice for writing a quality paper, can be found in the Delegate Preparation section of the HSMUN webpage (www.hsmun.hss.kennesaw.edu/). Delegates are reminded that papers should be no longer than two pages in length with titles in size 12 and text in size 10-12 Times New Roman. Citations should be footnoted in Chicago style formatting, such as those used inside this guide. Furthermore, plagiarism in an academic setting is unacceptable and will nullify any score for the paper in question. During the grading process, we will be utilizing the university's plagiarism checker. Wikipedia is a wonderful place to begin researching, but we highly encourage the use of peer-reviewed academic articles or trusted media sources. The objective of a position paper is to present the diplomatic position of your Member State on both agenda topics as accurately as possible.

History of the World Health Organization

Founded on April 7, 1948, the World Health Organization (WHO) is a diverse network of leading scientists, medical doctors, and public health specialists from around the globe that come together in Geneva, Switzerland to collaborate and shape international health policies. Overseen by the United Nations Economic, Scientific, and Cultural Organization (UNESCO), the World Health Organization strives to ensure that the right to highest attainable human health is available for all of humanity to enjoy, regardless of race, ethnicity, nationality, political beliefs, gender, sexual orientation, or socioeconomic status.

The WHO believes that in order to effectively resolve the conflicts that divide the world around us, we must first address the biological conflicts among ourselves. It is the responsibility of every government to provide their people with comprehensive resources for all aspects of life, including everything from mental health to physical well-being, childhood development to elderly care, and infection control to infection prevention. The WHO works in conjunction with Member States' governments to promote and provide guidance in health services, research scientific and medical phenomena, and assist with emergency aid in times of disaster. The 194 Member States currently represented in the WHO are divided into six regional districts in order to ensure that every community receives sufficient and culturally sensitive care, with regional offices located in Congo, Denmark, India, Egypt, The Philippines, and The United States of America.

Long before the United Nations (U.N.) gaveled in their inaugural session, the Health Organization of the League of Nations was already hard at work combating epidemics. Stemming from Article 23 of the Covenant of the League that focused on disease control, the Health Organization began as a small collective of medical experts in Geneva that distributed research and educational resources to medical personnel around the world. In accordance to the 1922 Warsaw Health Conference, the Health Organization began to deploy infectious disease control measures across eastern Europe and Central Africa in order to combat outbreaks of malaria, typhus, and tuberculosis. Thanks to their efforts, vaccines for tetanus, tuberculosis, and diphtheria became standard vaccination procedures internationally, a practice still adhered to today.

Although the League of Nations did not survive beyond World War II, the need for an international body governing human health became more critical than ever before. Quickly convening, the description for an agency similar to the Health Organization was written into the Chapter IX, Article 57 of the Charter of the United Nations in 1945, laying down the foundation for what would become the World Health Organization. The comprehensive WHO constitution found overwhelming praise, with all 51 Member States of the United Nations and an additional 10 States supporting its ratification during the International Health Conference. Approved on April 7, 1948, the World Health Organization was brought into the UN under the United Nations Educational, Scientific and Cultural Organization (UNESCO) branch of agencies; today, we celebrate April 7 as World Health Day, a day to draw awareness on the important subjects that impact everyone's health.

Since its inception, the WHO has been working diligently to combat threats to human health, such as infectious diseases, substance abuse, and barriers to treatment, while promoting practices that benefit humanity, such as clean air campaigns, proper immunization, and breastfeeding. The myriad of the comprehensive databases compiled by the WHO assists Member States and healthcare providers address inadequacies in their service, ranging from region by region drug price maps in the Essential Medicines Database, common causes of death in the Global Burden of Disease, and cost of receiving health services in the Global Health Observatory. Together, compiled information is put to use in reaching the third Sustainable Development Goal: ensuring good health and wellbeing for all ages.

Among the crowning achievements of the World Health Organization is the effective eradication of smallpox, caused by the variola virus, through extensive research and vaccination programs prescribed in the 1954 World Health Assembly Resolution WHA11.54. The database that housed the smallpox research data quickly evolved into the WHO Global Disease Surveillance Network, the parent program for the Global Outbreak Alert and Response Network. In 2000, the WHO took this a step forward to cover an entirely new range of disease: non communicable. The Global Strategy for Prevention and Control of Noncommunicable Diseases devised in World Health Assembly Resolution 51.14 in order to pool vast databases and medical logistics together to combat threats such as cardiovascular disease, various cancers, To this day, hundreds of scientific communities around the globe consider the smallpox campaign and its subsequent programs to be major milestones in mankind's development.

When disaster strikes, the World Health Organization deploys their network of scientists and medical personnel to minimize damage as much as possible. From the Haitian earthquake in 2010, to the 2015 Ebola outbreak in western Africa, the WHO sent Emergency Medical Teams to affected Member States to protect, heal, and save lives. By adhering to the Emergency Response Framework (ERF), the WHO optimized the Ebola outbreak

response by swiftly distributing information about the transmission of the illness, preventing its spread in Member States and saving an estimated 10,000 infected civilians from a virus that has a fatality rate of 50-90%.

The WHO does, however, experience setbacks and failures. Diseases such as malaria still lack an effective vaccine, and preventable diseases such as Tuberculosis still cause many deaths in several populations. Overuse of certain antibiotics have created drug resistant strains of viruses and bacteria, and progress in curbing antibiotic misuse is too slow. Recent years have seen allegations of corruption and low effectiveness among the top officials of the WHO, and the governments of many Member States have decreased their levels of funding provided to the WHO. This lack of sufficient funding severely dampens the research efforts and health programs of the WHO.[1]

Despite these challenges, the WHO endeavors to continue safeguarding the health of humanity as people become more connected and as new, complicated issues arise. It will be your job, as a delegate, to use your knowledge of this organization's history and functions to think of innovative and effective solutions that help fulfil the goals of the World Health Organization.

I. Developing Concepts and Strategies to Expand Upon Health as as Bridge for Peace (HPB)

Introduction

In many situations, access to healthcare, or lack thereof, can become a source of conflict in an area. As a result, the World Health Organization developed the program Health as a Bridge for Peace (HPB) in 1981 to try to remedy this situation. Since then, HBP has successfully delivered aid to numerous Member States including but not limited to Mozambique, Sri Lanka and Angola. Where this program has lacked, however, is in creating lasting health improvements, due to its lack of funding.

Topic History

When discussing any "bridge to peace" we must first discuss what peacebuilding is and what it is not. Peacebuilding is a process that facilitates the establishment of durable peace and tries to prevent the recurrence of violence by addressing root causes and effects of conflict through reconciliation, institution building, and political as well as economic transformation. In most post-conflict situations there are many actors who contribute to peacebuilding. Humanitarian and development agencies may be in a country before, during and after the conflict. Once on the ground and when the conflict ends, these actors can lay the important foundations for the peacebuilding process (by providing early peace dividends). Peacekeeping operations increasingly play a significant role as early peacebuilders. The mandates of multi-dimensional operations include disarmament, Demobilization and Reintegration (DDR), Security Sector Reform (SSR) and support to electoral processes. DPA Special Political Missions and integrated peacebuilding missions are also given the mandate to cover a wide range of peacebuilding tasks. In Member States that are eligible to receive funding from the Peacebuilding Fund, a joint Steering Committee is responsible for planning, managing and approving funds and advocating for broader peacebuilding goals. The joint Steering committee is co-chaired by the national Government and the United nations with a broader membership representing national and international stakeholders.[2]In summation, peacebuilding seeks to address the root causes of violence, which can certainly stem from a lack of adequate healthcare in a Member State.

With peacebuilding in mind, the WHO formed Health as a Bridge for Peace (HBP) in the 1980s. Since its inception, the body has met numerous times to cover topics such as diplomacy with armed groups, medical technology, and various other human rights subjects. The program functions on the principle that the role of physicians and other health workers in the preservation and promotion of peace is the most significant factor for the attainment of health for all, as found in World Health Assembly, Resolution 34.38, 1981. This motto is what has guided the recent developments in HBP, most importantly regarding new guidelines on when to and why to deal with armed groups in potentially dangerous scenarios. In this Resolution, the WHO reaffirmed its commitment to protecting human health the best it can regardless of political, economic, or social situations. Health as a Bridge for Peace (HBP) is a multidimensional policy and planning framework which supports health workers in delivering health programmes in conflict and post-conflict situations and at the same time contributes to peace-building. It is defined as the integration of peace-building concerns, concepts, principles, strategies and practices into health relief

[1] http://news.bbc.co.uk/2/hi/special_report/1998/health/47191.stm

[2] http://www.un.org/en/peacebuilding/pbso/pbun.shtml

and health sector development. The initiative was based on the principle that "shared health concerns can transcend political, economic, social and ethnic divisions among people and between nations" and was started by the Ministers of Health of the Central American Nations.[3]

The strategy utilized in Central America truly tested the thesis that health could serve as a bridge to understanding, cooperation, solidarity and peace within a reality marked by ideological differences and conflict. The initiative reinforced the technical cooperation among countries in that region as well as created a framework for external mobilization of resources and development of priority projects.The details of the methodology developed during more than 10 years of regional experience and cooperation are essential as the basis for development and adaptation to practical programmes in other geographic areas. Some of these experiences are listed below as case studies to guide this body on what needs to be done differently within HBP and what should continue.

In general terms, going through WHO case studies (Angola, Mozambique, BiH, Croatia, FYR Macedonia, Sri Lanka, Indonesia, etc.) the essence of the experience can be summarized by the work done in a "technical space" where health personnel from different sides has been producing a joint effort in policy, training and service delivery initiatives.[4] From 1991-1994, HBP worked in Haiti to improve conditions. While there HBP's main partners were the local government and several local Non Governmental Organizations (NGOs). This operation succeeded in bringing about the Health/Humanitarian Assistance Program (HAP), planned and implemented with the involvement of Haitian professionals of different backgrounds, contributed to the development and stabilization of the health sector. The HAP was based on a decentralized approach in which a large role was given to locals.

From 1994-1997, HBP worked in Angola, partnering primarily with the United Nations Department of Humanitarian Affairs and local Government. HBP achieved humanitarian assistance during the demobilization process linked to the UN peacebuilding operation by the Lusaka peace protocol, and mandated to WHO as health sector leading agency, promotion of dialogue between health professionals of the two health systems with the adoption of national guidelines/protocols on priority health issues (sleeping sickness, malaria, TB); common simplified health information system (early warning system) and planning of in-service training and training modules. Additionally, these efforts culminated in a joint revision of the criteria for assessment of disability of the soldiers of the two armies (5,000 from FAA and 11,000 from Union for the Total Independence of Angola(UNITA)) and classification of UNITA soldiers by a joint commission, the incorporation of 1,513 demobilized military health personnel of UNITA into the National Health System.

In Mozambique, HBP operated from 1989-1995 during which they forged partnerships with the local Government, Swiss Development Cooperation. These efforts yielded a new definition of the post-war reconstruction strategy in advance to the peace agreement as a reference framework for the rehabilitation of the health systems, giving the Minister of Health a high profile vis-à-vis the donors, and contributing to rapid and substantial improvements in accessibility and equity of health services.

In Croatia (Eastern Slavonia) (1996-1997), HBP partnered with the United Nations Transitional Administration in Eastern Slavonia (UNTAES), Croatian Government, Serb leaders, and local NGOs to encourage facilitation of negotiations between the Croatian Ministry of Health and the Eastern Slavonia Serb leaders on public health issues through the Joint Implementation Committee for the health sector and the facilitation of cross-community contacts, through joint health workshops and seminars. These efforts further resulted in reintegration of health workers of minority groups into the Croatian health system, health insurance and access to services for minorities, and finally the elaboration of a joint Health Information System.

The Health as a Bridge for Peace concept is rooted in values derived from human rights and humanitarian principles as well as medical ethics. It is supported by the conviction that it is imperative to adopt peacebuilding strategies to ensure lasting health gains in the context of social instability and complex emergencies. In achieving the primary goal of health for societies prone to and affected by war, we as health professionals recognize responsibilities to create opportunities for peace. As part of this objective, HBP has published extensive material regarding humanitarian aid in conflict affected regions while effectively dealing with the armed groups that may be present in the region, going farther to define how humanitarian efforts should shape themselves .

The primary objectives of humanitarian negotiations are to: (i) ensure the provision of humanitarian assistance and protection to vulnerable populations; (ii) preserve humanitarian space; and (iii) promote better respect for international law. Because of their exclusively humanitarian character, humanitarian negotiations do not in any way confer legitimacy or recognition upon armed groups.

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[3] http://www.who.int/hac/techguidance/hbp/strategies/en/

[4] http://www.who.int/hac/techguidance/hbp/Versoix_consultation_report.pdf?ua=1

Furthermore, these guidelines lay out ways and reasons to reach agreements with armed groups in order to protect humanitarian interests. According to the guidelines set out by HBP, humanitarian aid should not be hindered by roadblocks existing with international actors. As such, HBP has often made operational partnerships with armed groups, not as a form of appeasement, but for the betterment of innocent civilians within these conflict zones. Doing this helps rework Member States for peace as humanitarian efforts can provide a sense of security and normalcy to these conflict areas. Furthermore, the document urges negotiations in potential hostage situations in order to liberate and protect anyone captured by an armed group. Perhaps most importantly, the guidelines also specify that in times of conflict, certain areas should be defended through negotiations to ensure adequate space for food and medicine to reach innocents that need them.

In summation, HBP serves as WHO's humanitarian aid wing, supplying both medical care and nourishment in areas of need during times of conflict. In doing so, the WHO hopes to insure healthcare as a basic human right and save as many lives as possible. Furthemore, HBP goes above and beyond most humanitarian aid sources as it incorporates peacebuilding into the aid process, therefore ensuring lasting and meaningful change in any region.

Current Issues

In 2015, the United Nations launched its Primary Health Care (PHC) Performance Initiative. The initiative seeks to expand peoples access to primary health care. Primary Healthcare is the basic medicine that is the pillar of all healthcare. Pediatric care, women's health care, and basic immunizations all fall under the term PHC and are lacking in many regions. Despite its importance, PHC is all too often the weakest link in the health system. The Ebola epidemic both exacerbated and was partially fueled by broken PHC systems. Even in the absence of emergencies, the need for stronger PHC is clear, as most child deaths under age 5 are preventable through effective PHC. PHC can help prevent easily preventable diseases because it allows doctors to find problems in children that, if attended to, will not be serious. Without this link, simple colds and illnesses can take devastating tolls as they are left untreated[5].

When PHC works, people and families are connected with trusted health workers and supportive systems throughout their lives, and have access to comprehensive services ranging from family planning and routine immunizations to treatment of illness and management of chronic conditions. Health systems built on strong PHC are more resilient, efficient and equitable. PHC meets the vast majority of communities' diverse health needs (needs that may be brought by a locale such as malaria in tropical areas), and ultimately, saves lives. To improve PHC, adequate funding is critical. Yet, while many Member States have identified PHC as an urgent priority, they don't have comprehensive data that will allow them to pinpoint specific weaknesses, understand their causes and strategically direct resources to the areas of greatest need. PHC forms the foundation of health systems, ensuring all people stay healthy and get care when they need it. As HBP moves forward, it must keep in mind the importance of PHC because without healthy children, peace cannot be sustained. HBP's politically neutral role could pay dividends for children in conflict areas and developing Member States who need adequate routine medical care but cannot access it.

The Syrian Civil War has presented HBP with a massive challenge as many different armed groups battle for control of this Member State. Conditions inside many war torn cities such as Aleppo have left the world appalled as innocent people suffer without basic necessities due to the conflict in their homes. In discussing HBP, we must discuss how to deal with oppressors who aim to keep resources from people who need them intentionally. This body must consider how to deliver aid into territory where it may be restricted by force.

Conclusion

Peacebuilding, the process of creating long lasting peace in a region, focuses on addressing basic human needs to create a climate of peace in a Member State. Health as a Bridge for Peace (HBP) was formed in the 1980s to address the health part of peacebuilding. Over the last few decades, HBP has worked in a variety of developing Member States from regions across the world, giving it a wealth of background information. Using this information, HBP continues to expand into new Member States and address new health problems, putting the needs of civilians above active conflicts. In the future, this program needs more funding in order to cover more people in more areas.

Committee Directive

[5] http://www.who.int/mediacentre/news/releases/2015/partnership-primary-health-care/en/#

Many parts of the Health as a Bridge for Peace program are drastically underfunded and as such are in danger of failing to meet the needs of people in these combat afflicted zones. PHC as part of HBP could help address this issue, as addressing the first level of medical work will set a stable platform for the rest. Furthermore, by securing children and women's health, this body can help develop the fundamentals of a peaceful rebuilding process. In addressing the roots of conflict, nothing is more important than establishing a healthy young population that can work to develop and enrich the quality of life in their Member States.

Furthermore, HBP must address further how to deal with armed groups with vested interest in cutting supply lines from locals, such as in the aforementioned Syrian Civil War. HBP should always seek diplomacy and aid above political, social, or religious divisions and focus on the needs of the innocent. Focusing on primary healthcare (PHC) within HBP operations can help secure healthy women and children which form the pillars of a developing peaceful society. PHC, including pediatricians and women's health care professionals, are the first steps in healthcare and as such need WHO support and attention. [6]

Finally, as with any issue, programs designed to supply people within conflictual and developing Member States to educate themselves on medicine and, hopefully, to expand the healthcare industries within Member States. This will allow societies to have a healthy and secure basis for their entire economy, helping establish and build lasting peace. In what ways should HPB be updated to address medical aid provided to militants or soldiers? How much emphasis, if any, should be placed on women's health? Are the current data collection practices sufficient to develop the HPB?

II. Preventing the Spread of Communicable Diseases in Underdeveloped and/or War-torn areas

Introduction

Since its inception, WHO has fought against communicable disease through a variety of means. Despite these efforts, quite a few preventable diseases still exist in developing Member States and are known as "neglected diseases." These diseases, such as HIV and tuberculosis, have become manageable in more developed Member States, but remain extremely deadly in developing regions due to a lack of medical knowledge, equipment, and professionals. This committee must change this reality and follow through on its targets, mentioned in the "Current Issues" section of this guide.

Topic History

Only very recently have communicable diseases become controllable in any meaningful sense. The entirety of human history has been frequently interrupted and dictated by outbreaks of infectious disease, ranging from simple bacterias to mysterious viruses. Unfortunately, despite continuing monumental developments, new diseases continue to threaten and endanger the well being of many people, especially those in underdeveloped areas. The general knowledge of how it is possible to prevent such outbreaks has not lead to its satisfactory practical implementation. In other words, while we have become good at understanding disease, we continue to fail at actually eradicating preventable disease in less developed areas.

Even in some Member States with more developed medical sectors, there are still serious practical issues posed by combating infection. In developing and war torn and post conflict Member States, the task can be extremely onerous. As such, it is crucial that this body continue to advance medicine in all Member States and seek to connect as many people possible to the healthcare sector.

The same measures that freed humanity from smallpox are now being deployed for other communicable diseases. In accordance to resolution WHA58.15, the Global Immunization Strategy was deployed in conjunction with the Global Alliance for Vaccines and Immunizations aiming to assist developing Member States minimize infectious diseases, including malaria, tuberculosis, and human papilloma virus (HPV). Additionally, the WHOs response during the discovery of the human immunodeficiency virus (HIV) included partnering with the World Bank to shift global research towards identifying transmission pathways, begin thorough research on possible cures, and founding a public education program about HIV and auto-immunodeficiency syndrome (AIDS). The first of

[6] http://www.who.int/topics/primary_health_care/en/

every December is now known as World AIDS Day, observed in every single Member State in hopes of promoting conversation about the AIDS pandemic.

Awareness programs, such as those for HIV/AIDS prevention and maternal health, have worked to help communities around the globe flourish safely. The World Health Organization recognizes that in order to effectively treat the ailments of humanity, there needs to be comprehensive strategies that go beyond post-infection plans. To protect global health, preventative measures are absolutely critical. By educating the public about threats such as parasitic diseases, substance abuse, and unsafe sex, the WHO strives to proactively combat their impact on future generations. Programs like the Clean Hands Handwashing program combats the spread of gastrointestinal illness, the Global Oral Health Program teaches young children around the world about the importance of brushing teeth, and the Roll Back Malaria Partnership aims to bring communities and businesses together against malaria. Resolutions WHA61.14 and WHA58.14 put forth preventative programs for noncommunicable diseases such as coordinating community based programs, organizing reforms in healthcare policies, and providing necessary training programs to both civilians and local medical personnel.

Previously, this body has had success in responding to the 2015 Ebola outbreak and eradicating polio, just to name a few examples. In the Ebola outbreak, this body worked with many Member States to establish treatment facilities where the sick could be effectively quarantined, monitored, and cared for. Additionally, WHO efforts in this area sought to educate locals about sanitation and prevention. As for polio, this body has all but completely ended the disease by funding vaccination research, community awareness, and medical availability. As a result of these efforts, polio is nearly eradicated and stands to become the second such disease, following smallpox.

Despite this progress, globalization and the intensification of the anthropocene have been causing extreme, often unpredictable, ecological and sociological changes that put new populations at risk for new health issues, especially those in developing Member States.

It is, then, critical that this body remain on track for Sustainable Development Goal 3.3: to by 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.[7] Achieving this entails funding increased education and prevention in five crucial ways, detailed below.

Current Issues

Firstly, the number of new HIV infections is per 1,000 uninfected population, by sex, age and key populations—In 2015, the global HIV incidence among those aged 15– 49 years was one half out of every one thousand uninfected persons. This reaches 2.7/1000 in Africa. The Joint United Nations Programme on HIV and AIDS (UNAIDS) has adopted a 90-90-90 target for 2020, calling for at least ninety percent of people with HIV to be aware of it, ninety percent of those people to have begun antiretroviral treatment, and ninety percent of those people to have undetectable levels of HIV in their blood. "The main areas of strategic focus in the SDG era include targeting populations that have been left behind by responses to HIV, intensifying efforts in settings where the burden and transmission of HIV are highest, ensuring the better use of data to support programmatic decision making, transitioning to sustainable programmes that include domestic funding for essential HIV services, and ensuring that responses to HIV are better integrated into health systems."[8] In other words, this body must focus on increasing HIV awareness, expanding access to treatment, and ensuring the effectiveness of treatment.

Secondly, tuberculosis incidence per 100,000 population. In 2015, new instances of Tuberculosis occurred at a rate of 142/100000. Tuberculosis is treatable and curable. As such, it should be possible to achieve the United Nation's End TB target for 2030 of an eighty percent reduction in infections and a ninety percent reduction in deaths from 2015. However, if this is going to happen, both of these figures will need to begin to decline much faster than they currently are. To accomplish this, End TB has adopted the following three pillars: integrated, patient-centred TB care and prevention, bold policies and supportive systems, and intensified research and innovation.[9] Simply put, End TB believes that the current rate at which tuberculosis is being fought will not suffice and that in order to end the illness altogether, a more focused and better funded effort must be amassed.

Furthermore, Malaria incidences per 1,000 population are higher than it should be with modern medicine**.** In 2015, malaria incidence was 94/1000 persons at risk, with an estimated 212 million cases and 429 000 deaths. Children are particularly vulnerable, with around two thirds of the people killed being younger than five. Our 2030

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[7] http://www.who.int/tb/publications/2015/end_tb_essential.pdf)

[8] http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&Lang=E 3)

[9] http://apps.who.int/iris/bitstream/10665/246177/1/WHO-HIV-2016.06-eng.pdf

targets for this indicator involve a ninety percent reduction in both infections and deaths from 2015 and the complete eradication of Malaria from at least 35 more countries. The three pillars of the Global Technical Strategy for Malaria are to ensure universal access to malaria prevention, diagnosis and treatment, accelerate efforts towards elimination and attainment of malaria- free status, and transform malaria surveillance into a core intervention.[10] Malaria, a fairly preventable disease, is spread through mosquitoes and occurs in tropical regions. As such, many targets of the Malaria prevention include spreading awareness about mosquitoes, distributing equipment (i.e mosquito nets and insect repellent) that will help reduce the number of insect bites people are susceptible too. Most importantly, these initiatives focus on distributing the highly effective Malaria vaccine in order to eradicate this deadly disease.

Additionally, hepatitis B incidence per 100,000 population must decrease**.** In 2015, there were an estimated 10 million infections of viral hepatitis and 1.4 million deaths. Our goals by 2030 include a 90% reduction in infections and a 65% reduction in deaths. Affirming SGD 3.8, the strategy here is heavily intertwined with the task of ensuring universal health coverage.[11] It also involves the creation of a Continuum of Hepatitis Services and the general promotion of public health.

The number of people requiring interventions against neglected tropical diseases, (viral, infectious diseases that mainly infect the world's poorest people), must decrease. There are seventeen different neglected tropical diseases that are endemic around the globe. Between them, they affected 1.59 billion individuals who required intervention or treatment in 2015. Several of these are targeted for complete eradication by 2030 including yaws, leprosy, lymphatic filariasis and trachoma (all by 2020), onchocerciasis (by 2025), and human African trypanosomiasis (by 2020, with zero incidence in 2030), while many more are targeted for regional elimination. If we achieve all of our targets, we should see a 90% average reduction in the number of people requiring interventions and treatments between 2015 and 2030. The only possible response to such a pervasive problem is a comprehensive one. Defeating these diseases requires action that extends far beyond the health sector; it can only be accomplished through radical actions against other fundamental issues like climate change and those arising from urbanization.

Conclusion

In summation, this body must continue to work towards achieving Sustainable Development Goal 3 by fighting preventable disease in regions without access to adequate health services. Many diseases, such as TB and malaria, should be easily preventable but, due to lack of funding, persist only in the world's least wealthy areas. This body must seek to end these "neglected diseases" in order to prevent millions of deaths.

Furthermore, this committee must incorporate local people in the development of adequate health systems By funding medical education, expanding access to basic medical technology (i.e mosquito netting, medicine, etc), and raising awareness about proper hygiene and sanitation practices. In doing this, this body may be able to propel developing member states ravaged by unnecessary, treatable illness with new hope for the future.

Committee Directive

While fundamentally different approaches are often necessary between Member States in various states of development, it is perhaps worthwhile to examine the methods currently in use by all. To choose an example of a medically advanced Member State, the American Center for Disease Control makes use of the three following critical elements: strengthening public health fundamentals, identifying and implementing public interventions to reduce disease and developing and advancing sound medical policy. Strengthening public health fundamentals must include infectious disease surveillance, laboratory detection, and epidemiologic investigation. Priorities of Element 1 include working with public health and healthcare partners to sustain and strengthen public health expertise and practice and to advance workforce development and training, ensuring that core capacities are not eroded.

The WHO must also work to identify and implement high-impact public health interventions to reduce infectious diseases. Priorities of Element 2 include identifying and validating new tools for disease prevention and control and accelerating the uptake and broad use of proven methods for decreasing illness and death from diseases and conditions of special concern.

Furthermore, this body must develop and advance policies to prevent, detect, and control infectious diseases. Priorities of Element 3 include ensuring the availability of sound scientific data to support policy

[10] http://www.who.int/neglected_diseases/NTD_RoadMap_2012_Fullversion.pdf
[11] https://sustainabledevelopment.un.org/sdg3

development at CDC and partner organizations while working to advance established and new policies to reduce infectious diseases.[12]

All of these priorities deserve as high places in any health protection strategy, but when resources and, worse, infrastructure are limited, their fulfillment truly is truly a matter of prioritization and feasibility, which is why developing Member States are only able to implement some of these ideas. In order to change this, WHO must first address the lack of financing available in developing Member States and hot to prevent disease through building up their infrastructure.

Research Directory

The resources listed below are provided to help guide your research as you prepare and write your position papers. These resources include general knowledge, knowledge on both topics that we will be discussing, and other sources of news and helpful resources. It may be in your benefit to follow reputable news sources to gain the most up-to-date information on the World Health Organization.

- *Healthier, fairer, safer: The Global Health Journey.* 2017.http://www.who.int/publications/10-year-review/healthier-fairer-safer/en/
- *Global Guardian of Public Health*. United Nations. http://www.who.int/about/what-we-do/global-guardian-of-public-health.pdf
- *Why PHC?* Primary Health Care Initiative. 2017.HeH https://phcperformanceinitiative.org/
- http://www.who.int/entity/hac/techguidance/hbp/about_how/en/index.html
- http://www.who.int/hac/techguidance/hbp/strategies/en/
- http://www.who.int/hac/techguidance/hbp/experience/en/
- http://www.who.int/hac/techguidance/hbp/HBP_WHO_learned_1990s.pdf?ua=1
- http://www.who.int/about/en/
- http://www.who.int/hac/techguidance/hbp/strategies_/en/index6.html

[12] https://sustainabledevelopment.un.org/sdg3