

**Kennesaw State University High School Model United Nations XXXI**  
**World Health Organization**  
**March 10-11, 2017 Kennesaw, GA**  
**Email: ksuhsmun2017@gmail.com**

*Greetings Distinguished Delegates,*

It is my pleasure and privilege to welcome you to the 31st annual Kennesaw State University High School Model United Nations. My name is *Raiyan Rahman* and I will be your Director of the World Health Organization (WHO) this year. As a sophomore at Kennesaw State University, I am pursuing a Bachelor of Science in Biochemistry. Armed with this knowledge, I aim to go on and earn a degree in Internal Medicine. In the past couple years, I've had the pleasure of working extensively with Kennesaw's MUN and HSMUN. Between attending conferences both in Atlanta and abroad in Oslo, Norway, I am confident that my experiences as a delegate will help foster an entertaining, positive, and collaborative discussion in our committee. At last year's HSMUN, I served as the Chair for the United Nations Economic, Scientific, and Cultural Organization (UNESCO) and the year before that I sat right where many of you will this year!

*Jack Smith* will be serving as my *Assistant Director*. Jack is a freshman pursuing a Bachelor of Science in Computer Technologies and a Minor in Spanish. He has been a member of MUN since his sophomore year in high school and participated in several conferences. Less than a year ago he was in the same spot you will all be, developing his country's positions.

Joining us at the dais is *Naa Akwetey-Kodjoe* as Co-Chairs for WHO. Naa is a senior pursuing a Bachelor of Science in Communications with a French minor and a Concentration in Organizational Communication. It's her dream to work with UNICEF or the UNHCR in the near future.

Serving as the dais Rapporteur is *Arliss Barrameda*. Arliss is sophomore pursuing a Bachelor of Science in Biology and is working towards becoming a general practitioner. He has honed his skills of both public speaking and writing during his experience with MUN. Being that this is his first time on the dais for KSUHSMUN, he hopes to provide his knowledge and skills for all of you to learn from.

**The topics under discussion for the WHO are:**

- I. Developing a Unified Pandemic Response Plan**
- II. Ensuring Access to Substance Abuse Rehabilitation Services**

Every delegate is responsible for researching their Member State's positions and writing a position paper for their Member State that addresses both topics. These position papers allow delegates to present their Member State's positions, programs, and policies regarding the issue at hand while pushing recommendations for change. Use this background guide to familiarize delegates to the topics and direct discussion towards further research. Information for properly formatting the position papers as well as valuable advice for writing a quality paper can be found on our website <http://hsmun.hss.kennesaw.edu/> or by contacting the Director of your committee.

On behalf of the dais, we look forward to using our knowledge and experiences to guide and facilitate delegates' debate of the topics in an informed and collaborative manner. We hope the topics challenge delegates to create global solutions that can be used by all Member States. Without further ado, welcome to the World Health Organization!

## **Committee History of the World Health Organization**

***WHO We are***

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 and



collaborate to shape international health policies for generations to come.<sup>1</sup> Overseen by the United Nations Economic, Scientific, and Cultural Organization (UNESCO), the World Health Organization strives to ensure that the right to the 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.<sup>2</sup> 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 Member State's government to provide their citizens 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.<sup>3</sup> The WHO works together with these governments to promote and provide guidance in health services, research into scientific and medical phenomenon, and emergency aid in times of disaster. The 194 Member States currently represented at the WHO are divided into six regional districts in order to ensure every community receives sufficient and culturally sensitive care, with regional offices located in the Democratic Republic of the Congo, the Kingdom of Denmark, the Republic of India, the Arab Republic of Egypt, the Philippines, and the United States of America.<sup>4</sup>

### *History and Success*

Long before the United Nations gavelled 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.<sup>5</sup> 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.<sup>6</sup> 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 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.<sup>7</sup> The comprehensive WHO constitution found overwhelming praise, with all 51 Member States of the United Nations and an additional 10 non-Member States supporting its ratification during the International Health Conference.<sup>8</sup> Approved on April 7, 1948, the World Health Organization was brought into the UN under the UNESCO branch of agencies; today, April 7 is celebrated as World Health Day, a day to draw awareness on the important subjects that impact everyone's health.<sup>9</sup>

Ever 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.<sup>10</sup> The myriad of the comprehensive databases compiled by the WHO assist Member States and healthcare providers in addressing inadequacies in their service, ranging from region by region drug price maps in the Essential Medicines Database, common causes of death in the Global

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<sup>1</sup> "Mission Statement," World Health Organization. <https://goo.gl/30lfHT>.

<sup>2</sup> "Constitution of the World Health Organization," World Health Organization. <https://goo.gl/HUzZBp>.

<sup>3</sup> Ibid.

<sup>4</sup> "WHO People and Offices" World Health Organization. <http://goo.gl/cXGsQh>.

<sup>5</sup> "Covenant of the League of Nations" Yale Law School: The Avalon Project <https://goo.gl/zRbHzo>.

<sup>6</sup> "Archives of the League of Nations" World Health Organization. <https://goo.gl/CweRxL>.

<sup>7</sup> "Charter of the United Nations," United Nations. <https://goo.gl/Q0vxky>.

<sup>8</sup> "Constitution of the World Health Organization," World Health Organization. <https://goo.gl/HUzZBp>.

<sup>9</sup> "World Health Day," World Health Organization. <https://goo.gl/bNpVvd>.

<sup>10</sup> "Programmes and Projects" World Health Organization. <https://goo.gl/C41t8A>.

Burden of Disease, and cost of receiving health services in the Global Health Observatory.<sup>11</sup> Compiled information is put to use in reaching the third Sustainable Development Goal: ensuring good health and wellbeing for all ages.<sup>12</sup>

Among the crowning victories 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.<sup>13</sup> 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.<sup>14</sup> In 2000, the WHO took this a step forward to cover an entirely new range of disease: noncommunicable. The Global Strategy for Prevention and Control of Noncommunicable Diseases devised in World Health Assembly Resolution 51.14 pools vast databases and medical logistics together in order to combat threats such as cardiovascular disease and various cancers.<sup>15</sup> 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 — one that could not have been possible without the full collaboration of the WHO.

The same measures that freed humanity from smallpox are now being deployed to battle 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).<sup>16</sup> Additionally, the WHO response during the discovery of the human immunodeficiency virus included partnering with the World Bank to shift global research towards identifying transmission pathways, beginning thorough research on possible cures, and founding a public education program about HIV and auto-immunodeficiency syndrome (AIDS).<sup>17</sup> The first of every December is now known as World AIDS Day and is observed in every Member State in hopes of promoting conversation about the AIDS pandemic.<sup>18</sup>

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.<sup>19</sup> 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 their teeth, and the Roll Back Malaria Partnership aims to bring communities and businesses together against malaria.<sup>20</sup> Resolution 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.<sup>21</sup>

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 recent 2015 ebola outbreak in western Africa, the WHO sends Emergency Medical Teams (EMTs) to affected Member States to protect, heal, and saves lives.<sup>22</sup> 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

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<sup>11</sup> “Global Health Observatory: Data Repository” World Health Organization. <https://goo.gl/MCM6r6>.

<sup>12</sup> “Sustainable Development Goals (SDGs)” World Health Organization. <https://goo.gl/lx90Lm>.

<sup>13</sup> “WHA 11.54: Smallpox Eradication” World Health Organization. <https://goo.gl/UsZtk9>.

<sup>14</sup> “Global Infectious Disease Surveillance,” World Health Organization. <https://goo.gl/0SgaU2>.

<sup>15</sup> “WHA 51.14: Elimination of Transmission of Chagas Disease” World Health Organization. <https://goo.gl/HOii3d>.

<sup>16</sup> “Fifty-Eighth World Health Assembly Resolutions” World Health Organization. <https://goo.gl/wjq3Ju>.

<sup>17</sup> “HIV/AIDS” World Health Organization. <https://goo.gl/lxFE8i>.

<sup>18</sup> “World AIDS Day,” World AIDS Day. <https://goo.gl/bxvTvU>.

<sup>19</sup> “Programmes and Projects” World Health Organization. <https://goo.gl/C41t8A>.

<sup>20</sup> Ibid.

<sup>21</sup> “WHA 64” World Health Organization. <https://goo.gl/ul1fnl>.

<sup>22</sup> “Emergency Response Framework,” World Health Organization. <https://goo.gl/JkclCI>.

States and saving an estimated 10,000 infected civilians from a virus that has a fatality rate of 50-90%.<sup>23</sup> The WHO endeavours to continue safeguarding the health of humanity as people become more prepared and more connected to face the challenges of a new era.

### ***Looking Forward***

Although the current state of health has improved exponentially over the course of the last century, there is still much work to be done. The Poliomyelitis virus, a pathogen known for causing the paralysis associated with polio, is on the fast track to being exterminated thanks to extensive vaccination measures by the WHO. By 2019, polio is estimated to become the second disease eradicated by mankind.<sup>24</sup> Other initiatives, including World Health Day on April 7, aim to address seldomly discussed challenges. Their advocacy campaign for 2017 includes depression and mental health ailments, known to be the most common precursors to suicide around the world.<sup>25</sup> Controlling infectious diseases, such as the recent Zika outbreak, is also a cause for concern, with the WHO funneling as much research funding as possible in hopes of developing a vaccine for the ever-growing vaccine pipeline.<sup>26</sup> In conjunction with the Global Vaccine Action Plan, the vaccine pipeline hopes to eradicate much more than just smallpox and polio.<sup>27</sup> Newly emerging gene therapy and the ethics surrounding its use also challenge ethics committees around the world, leading the WHO to a crossroads of evolution.<sup>28</sup> With antimicrobial resistance creeping just around the corner, humanity stands at an important era for policy making, with the WHO functioning as the world stage. There is much work to be done; let's get started.

## **I. Developing a Unified Pandemic Response Plan**

*“New and emerging infections keep coming back and the world needs a collective defense system, and that requires international cooperation and collaboration, in the name of global solidarity..”*

- Margaret Chan, Director of the World Health Organization <sup>29</sup>

### ***History***

The first principle of the Constitution of the World Health Organization defines security of human health as, “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.”<sup>30</sup> The WHO defines the term “pandemic” as “the worldwide spread of a new disease.”<sup>31</sup> Pandemics are impartial to the borders of Member States: their effects are relentless and unforgiving to affected populations. The earliest known recorded influenza virus pandemic was reported in Asia Minor and Northern Africa in 1580.<sup>32</sup>

The twentieth century saw an unprecedented resurgence of the influenza virus in March 1918 at US army training grounds in Camp Funston, Kansas.<sup>33</sup> By October 1918, just over six months, the virus had spread to about one-third of the world's population. Like the stealthy, yet transient appearance of a cobra, the virus vanished as quickly as it had appeared. The entire ordeal lasted for eighteen months, but in its wake had taken the lives of fifty million and invoked secondary health issues in millions more.<sup>34</sup>

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<sup>23</sup> “Ebola Virus Disease” World Health Organization. <https://goo.gl/xu5jha>.

<sup>24</sup> “Global Polio Eradication Initiative,” Polio Global Eradication Initiative. <https://goo.gl/Dtqp7b>.

<sup>25</sup> “World Health Day 2017” World Health Organization. <https://goo.gl/8qnmeP>.

<sup>26</sup> “Zika Virus Disease” World Health Organization. <https://goo.gl/3ecYXW>.

<sup>27</sup> “Global Vaccine Action Plan,” World Health Organization. <https://goo.gl/146Hw3>.

<sup>28</sup> “Human Genetics Programme” World Health Organization. <https://goo.gl/EZjAjy>.

<sup>29</sup> “Interview with Dr. Margaret Chan,” CNN. <https://goo.gl/k4mOhr>.

<sup>30</sup> “Constitution of the World Health Organization,” World Health Organization, <https://goo.gl/UUW1FH>, pg. 1.

<sup>31</sup> “Pandemics and Epidemics,” World Health Organization, <https://goo.gl/R678SX>.

<sup>32</sup> “A History of Influenza,” Journal of Applied Microbiology, <https://goo.gl/g98ve2>.

<sup>33</sup> “1918 Influenza: The Mother of All Pandemics,” Centers for Disease Control. <https://goo.gl/Gh6NDP>.

<sup>34</sup> Ibid.

Measles, another highly contagious disease caused by the rubeola virus, has been historically prevalent throughout the world. In the last 150 years, the ongoing measles outbreak has claimed over 200 million lives around the globe.<sup>35</sup> Smallpox, a disease responsible for 300-500 million deaths during the twentieth century, finds itself limited to history.<sup>36</sup> Thanks to the collaboration of Member States in the WHO, the smallpox disease became the first viral disease to be fully eradicated from the human populations in 1980.<sup>37</sup>

To combat viral pandemics like influenza, measles, and smallpox, Member States have consequently put forth several disjointed courses of action. The North American Plan for Animal and Pandemic Influenza (NAPAPI), signed by Member States such as the United States of America, Mexico, and Canada, seeks to emphasize and support critical infrastructure planning, preparedness, response, and recovery processes that are fundamental to delivering vaccines and essential services within and across borders during a pandemic. This plan seeks to expand upon and centralize the existing pandemic response and prevention systems the three Member States already have in place.<sup>38</sup> Throughout Asia, the Asia Pacific Alliance for the Control of Influenza (APACI) promotes and catalogues the various pandemic safeguard plans that each participating Member State employs for their encompassing regions.<sup>39</sup> The European Commission employs an influenza pandemic safeguard plan as well, and further collaborates with the WHO and the European Centre for Disease Prevention and Control (ECDC) to assess national pandemic preparedness plans across the European Union.<sup>40</sup> The European Commission further holds a number of conferences with twenty-seven European Union countries and the fifty-three countries of the WHO European region to identify essential elements of pandemic safeguard plans across Europe.<sup>41</sup>

In the scope of pandemic outbreaks, responses, and prevention, the WHO is thoroughly invested in the political climates and local policies of the Member States affiliated with the UN, as well as with nations that are not currently a member. As such, the WHO routinely publishes press releases discussing progress and hurdles facing the environment of health in countries around the globe. Such publications include the *International Travel and Health*, which identifies health risks for frequent travelers, vaccination requirements, and precautions to keep in mind when traveling abroad; the *International Classification of Disease*, the international standard diagnostic classification for epidemiological and health purposes; and, most importantly, the *World Health Report*, which assesses global health and includes statistics on international health ratings.<sup>42</sup> Beyond global publications, the WHO has provided guidance and directives for Member States and non-Member States to follow. These directives have proven to be undeniably effective in both curbing and responding to pandemic outbreaks, modeled after measures taken during smallpox eradication.<sup>43</sup>

### ***Current Challenges***

Recently, the issue of epidemics has been a topic of heated discussion throughout the world: the Ebola outbreak of 2014-2015 continues to be a pressing conversation in World Health Assemblies. Despite the fact that the WHO has ended the known transmission of Ebola in the Republic of Guinea and in Liberia on 9 June 2016, the organization is further concerned with the aftermath that the Ebola virus has left in its wake. In order to prevent a resurgence of the Ebola outbreak, the WHO is currently working with local communities to fulfill the post-conclusion response outlined as part of the three objectives identified in Phase Three of the WHO Ebola outbreak response and prevention.<sup>44</sup> These three objectives tackle the issues of remaining strains of Ebola transmission, the consequences

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<sup>35</sup> “Measles,” World Health Organization. <https://goo.gl/REjk2B>.

<sup>36</sup> “Smallpox,” World Health Organization. <https://goo.gl/ncu8o4>.

<sup>37</sup> Ibid.

<sup>38</sup> “North American Plan for Animal and Pandemic Influenza,” Public Health Emergency, <https://goo.gl/WBxoMi>.

<sup>39</sup> “The Asia-Pacific Alliance for the Control of Influenza,” APACI. <https://goo.gl/J8Rcdv>.

<sup>40</sup> “Influenza pandemic preparedness,” European Commission, <https://goo.gl/owPc9R>.

<sup>41</sup> Ibid.

<sup>42</sup> “Publications,” World Health Organization, <https://goo.gl/gNWX5q>.

<sup>43</sup> “Emergencies preparedness, response - Smallpox,” World Health Organization, <https://goo.gl/KWainX>.

<sup>44</sup> “Ebola outbreak 2014-2015,” World Health Organization, <https://goo.gl/FNF46e>.

of residual risks, and health systems that have failed due to the ebola pandemic through many West African Member States.<sup>45</sup>

The Zika virus is another epidemic that has garnered the attention of the WHO. The complications that Zika imposes are congenital brain abnormalities in newborns, should the pregnant mother be affected with zika, as well as triggering Guillain-Barré syndrome.<sup>46</sup> Intense efforts by the WHO are being focused to contain the Zika virus while investigating the link between it and an array of neurological disorders. Currently, the WHO faces the issue of actually identifying and diagnosing patients infected with Zika since its symptoms often mirror those seen in similar viral infections.<sup>47</sup> These symptoms are generally mild and usually last for a week or less, while the virus' incubation period within the host is believed to make patients contagious for up to twelve days.<sup>48</sup> The lack of understanding surrounding the Zika virus is precisely what makes it dangerous: it is difficult to combat an outbreak without fully understanding how it spreads and operates. Once concrete transmission pathways are identified and restricted, WHO funding can focus on vaccine research and treatment of secondary health effects caused by the virus, such as microcephaly in newborns. Currently, a Zika infection can only be confirmed through laboratory testing of bodily fluids, which can be difficult to acquire in many Member States, restricting knowledge of the outbreak's severity.<sup>49</sup>

Every September, the WHO works on supplying effective influenza vaccines to the Southern Hemisphere to prepare for the upcoming influenza season. Twice a year, one for each hemisphere, the WHO consults an advisory group on the state of the virus so they can analyze the relevant data or changes that take place in the predicted outbreak. They review the recent forms of influenza to combine with the data, and develop new candid vaccines for pandemic safeguarding. WHO works with the Collaborating Centres for influenza (CCs) and the Essential Regulatory Laboratories (ERLs) among others to make the influenza season as safe as possible.<sup>50</sup>

Furthermore, the WHO has set in place immunization standards in an attempt to ensure that WHO Member States can obtain safe biological medicines. The Expert Committee on Biological Standardization (ECBS) works with many international scientific committees to accomplish this through manufacturing and distributing the most up-to-date immunizations possible, thus safeguarding citizens from future outbreaks. The WHO has created general information on these topics with the consultation of the National Regulatory Authorities (NRAs) to establish a quality control for these products. With a goal of quality control in mind, the WHO plans to create regulated framework for the immunizations in international markets.<sup>51</sup>

The various UN bodies have been coordinating tirelessly with the WHO to combat the persistent biological threats because they endanger more than just human health and human life, they endanger global security and peace. Currently, the influenza virus is the most prominent viral threat in temperate climates, spreading easily in crowded areas, airports, and restaurants, enabling the ailment to circulate worldwide across borders and across age-sex pyramids.<sup>52</sup> Furthermore, an epidemic of any ailment can take a toll on a Member State's economy through loss of workforce and strained health services.<sup>53</sup> With the dangers of biological threats revealing their deadly potential, it becomes evident that the lack of a unified pandemic response plan could result in Member States or even entire regions being crippled on several levels in the event of an outbreak.

### *Committee Directives*

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<sup>45</sup> Ibid.

<sup>46</sup> "Media centre - Zika virus," World Health Organization, <https://goo.gl/2V4Uw3>.

<sup>47</sup> Ibid.

<sup>48</sup> Ibid.

<sup>49</sup> Ibid.

<sup>50</sup> "WHO Consultation and Information Meeting on the Composition of Influenza Virus Vaccines for Use in the 2017 Southern Hemisphere Influenza Season," World Health Organization, <https://goo.gl/Zw7mso>.

<sup>51</sup> "Immunization Standards," World Health Organization, <https://goo.gl/m6blvK>.

<sup>52</sup> "Media centre - Influenza (Seasonal)," World Health Organization, <https://goo.gl/VOFS4s>.

<sup>53</sup> Ibid.

Since 2004, the WHO has kept an updated publication on the importance of communication in the event of an outbreak. Without trust between citizens and government officials, precautionary information cannot be effectively spread throughout affected areas, making pandemic containment a difficult and deadly ordeal. Member States must foster this trust to ensure clear channels of communications. A concern citizens may have is false information being spread by government officials, and Member States must ask themselves who will be given the responsibility of delivering the life saving information.

A further concern is the rise of antibiotic resistance, which could contribute to the resurgence of pandemic viruses that were controlled in the past. Should Member States allocate such funds toward research and the prevention of antibiotic resistance? While a handful of Member States have a clearly defined plan to adhere to in the event of an outbreak, the lack of a unified global pandemic response plan leaves the security of global health hanging in the balance of emergency diplomacy. Regional response plans are a start, but the lack of comprehensive resource management leaves a lot to be desired. If every Member State has an outline on how to address a pandemic, the World Health Organization can facilitate mobilization, containment, and post-pandemic recovery at a rate that minimizes resource tensions, diplomatic conflicts, economic turbulence, and most importantly, minimizes loss of human life.<sup>54</sup>

However, concerns can be raised with plans that are too generalized. Should pandemic response plans have specialized guidelines for various Member State and cater to each Member State's needs, or should the WHO retain its stance on providing an entirely identical framework of pandemic response for every Member State? At what point should the WHO's input on the response plans be limited by Member States in order to prevent infringement of sovereignty? How much assistance should Member States expect the WHO to provide, and under what conditions? Should Member States in outbreak prone regions be more responsible for the financing and enforcement of the response, or should all Member States provide assistance since the disease could spread if not contained?

Bear in mind that whatever plan the World Health Organization resolves to put forth must have a global outlook, meaning it should not just apply to one Member State alone. The response plans must be agreeable to any Member State, ranging from developed to developing and every state in between. Collaboration will be critical to passing any resolution in this discussion.

## **II. Ensuring Access to Addiction Rehabilitation Services**

*"A lot of people think that addiction is a choice. A lot of people think it's a matter of will. That has not been my experience. I don't find it to have anything to do with strength." - Matthew Perry, Actor*<sup>55</sup>

### ***History***

According to the World Health Organization, substance abuse is the harmful and hazardous use of psychoactive substances such as illicit drugs and alcohol.<sup>56</sup> Legally used as a pain reliever, substances like opioids and alcohols bind to receptors in the brain to assist with pain management; as such, many are listed as WHO essential medicines.<sup>57</sup> Although not every patient suffers physically from prolonged substance abuse, the financial and social costs are devastating to both individuals and Member States. The WHO estimates that there are currently 15 million people dependent on illicit opioids such as heroin, with a concerning increase of prescription drugs abuse. In 2008, 155 to 250 million people, or 3.5% to 5.7% of the world's population aged 15-64, used other psychoactive substances; such substances included cannabis, amphetamines, cocaine, opioids, and non-prescribed psychoactive

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<sup>54</sup> "Outbreak Communication," World Health Organization, <https://goo.gl/zLmF15>.

<sup>55</sup> "Interview with Lisa Kudrow; Matthew Perry Talks Addiction," CNN. <https://goo.gl/G01EHg>.

<sup>56</sup> "WHO Programme on Drug Dependence Treatment and Care," World Health Organization, <https://goo.gl/wtkP1S>.

<sup>57</sup> "WHO Essential Medicines" World Health Organization. <https://goo.gl/T59eHg>.

prescription medication.<sup>58</sup> The addictive properties of these substances can lead to overdose, respiratory depression, hypertension, stroke, cardiac arrest, and often, death.<sup>59</sup>

The WHO defines drug prevalence as the overabundance of illicit drugs throughout the world.<sup>60</sup> When drug abusers can select substances from a wide range of availability, the diversity of drug addiction in a region increases exponentially. This makes addiction more difficult for substance abuse clinics to address since polydrug abusers can require special attention based on abuse history. Additionally, this has skewed drug addiction demographics towards younger generations, further impacting education and employment rates within Member States.<sup>61</sup> Concerning alcohol consumption and alcohol-related problems, the thirty-sixth World Health Assembly Resolution WHA 36.12 recommended that each Member State enact plans to reduce alcohol abuse at their own discretion, including those which ensure access to rehabilitation services.<sup>62</sup>

The impacts of substance abuse goes far beyond the user physical and psychological health, devastating families and communities alike. According to the Global Burden of Disease, 0.7% of all deaths in 2004 were directly due to the use of cocaine and illicit opioids use.<sup>63</sup> The UNESCO estimates that illicit drug usage costs Member States an average of 2% of annual Gross Domestic Product (GDP), funneled within Member States on several levels ranging from medical costs to economic repercussions of a weakened workforce.<sup>64</sup> Although the WHO is the only agency in the United Nations that directly handles all psychoactive substances, the United Nations Office on Drugs and Crime (UNODC) specializes in dealing with illicit substances and their corresponding substance abuse.<sup>65</sup> As such, the UNODC coordinates alongside the WHO to combat the impact drug abuse has on Member States. This UNODC-WHO collaboration aims to support comprehensive and integrative health policies that work towards reducing the demand of drug related substance and reduce the effect of substance abuse on individuals, families, and communities as a whole.<sup>66</sup> Reintegrating drug abusers back into society through addiction rehabilitation has become a prime directive of their program in the past decade, however, many Member States are facing difficulties in providing resources and access to those resources for treatment seekers.

### ***Current Challenges***

The main challenge that the WHO faces in this decade is the diverse range of drug abuse issues prevalent throughout different Member States. Drug abuse and drug addiction is a growing, multi-dimensional problem that often preys upon the impoverished.<sup>67</sup> Due to the inability to afford rehabilitation, or even physically travel to regions where rehabilitation services are offered, a majority of impoverished drug abusers are unable to access the necessary treatment.<sup>68</sup>

The sheer volume of drug dependents seeking treatment often overwhelms rehabilitation services. At a ratio of 1.7 available openings for treatment per every 100,000 treatment seekers, it becomes evident that there are simply not enough rehabilitation centers operating in communities that need their services the most.<sup>69</sup> Additionally, the WHO estimates that only 30% of Member States that offer rehabilitation treatment distribute the medication required to treat drug addiction, resulting in inadequate and ineffective treatment methods.<sup>70</sup> In the 2012 World Drug Report,

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<sup>58</sup> Ibid.

<sup>59</sup> “WHO Programme on Drug Dependence Treatment and Care,” World Health Organization, <https://goo.gl/wtkP1S>.

<sup>60</sup> Ibid.

<sup>61</sup> “World Drug Report 2012,” United Nations Office on Drugs and Crime, <https://goo.gl/CCWuiW>.

<sup>62</sup> “Alcohol consumption and alcohol-related problems: development of national policies and programmes” World Health Assembly, <https://goo.gl/o54LZ5>.

<sup>63</sup> “WHO Programme on Drug Dependence Treatment and Care,” World Health Organization, <https://goo.gl/wtkP1S>.

<sup>64</sup> Ibid.

<sup>65</sup> “Substance abuse” World Health Organization, <https://goo.gl/k4iGwO>.

<sup>66</sup> Ibid.

<sup>67</sup> Ibid.

<sup>68</sup> Ibid.

<sup>69</sup> Ibid.

<sup>70</sup> Ibid.



the UNODC recognised that social stigmas surrounding treatment across age, gender, and socioeconomic status discouraged not only drug addiction victims from seeking treatment, but also impacted the willingness of medical personnel to work at drug addiction clinics, resulting in a shortage of staff.<sup>71</sup>

The UNODC warns that varying resource restrictions in Member States may be limiting the creation and development of addiction rehabilitation services.<sup>72</sup> While state sovereignty must be taken into account, it is critical that drug abuse victims seeking treatment receive the medical care they desperately need to recover. Reducing the barriers to their treatment can be considered investments for communities suffering from drug abuse. The funds saved by treating victims in regions with a high frequency of drug addiction can be allocated to further developing those regions, creating preventative measures, or subsidizing health infrastructure.<sup>73</sup>

By supporting the construction of two major hospitals, fully equipped with overdose treatment measures, the WHO collaborated in Tanzania, which now reaps the benefits of sufficient access to drug abuse treatment.<sup>74</sup> Because their citizens were able access to proper medication to tackle drug addiction, Tanzania is now on the road to eradicating methadone addiction in the region with a steady decrease in overall opioid addiction across the nation.<sup>75</sup>

### ***Committee Directives***

Over the past decade, the WHO has dedicated a substantial amount of time and effort to quelling global addiction epidemics. The WHO encourages Member States to consider whether or not allocating funding for the production of humane addiction treating drugs is of utmost priority. Additionally, Member States must decide if providing access to rehabilitation services for all socioeconomic classes is of importance to them, along with how increased access would be facilitated. Health infrastructure is critical to providing all types of WHO services, but drug addiction services are especially dependent on available health infrastructure. Likewise, the effectiveness of these programs is dependent on Member States' willingness to improve their own health infrastructure.

Through this, the World Health Organization seeks to provide ample assistance in developing access to proper rehabilitation services for both developed and developing Member States. However, it is up to Member States to devise a resolution that addresses a diverse array of substance abuse treatment barriers, including, but not limited to: cost, distance, frequency, availability, staffing, stigmas, social norms, legality, privacy, and even state sovereignty.

## **Research Directory**

Below are listed resources to assist you in your research as you write your position papers and research for debate in committee. These include general resources for the WHO and health issues, as well as resources specific to each of the two topics covered in this background guide. To keep yourself updated, it is also suggested that you follow international health news through reputable news sources.

### ***General Resources***

- WHO Official Website: <http://www.who.int/en/>
- Global Health Observatory (GHO): <http://www.who.int/gho/en/>
- Global Burden of Disease (GBD) Visualizations: <http://www.healthdata.org/gbd/data-visualizations>
- Centers for Disease Control Official Website: <https://www.cdc.gov/>

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<sup>71</sup> “World Drug Report 2012,” United Nations Office on Drugs and Crime, <https://goo.gl/CCWuiW>.

<sup>72</sup> “Drug Abuse Treatment and Rehabilitation: A Practical Planning and Implementation Guide,” United Nations Office on Drug and Crime, <https://goo.gl/MvLXvb>.

<sup>73</sup> Ibid.

<sup>74</sup> “Pioneering methadone programme in Dar es Salaam gives hope to thousands,” World Health Organization, <https://goo.gl/Az8xc0>.

<sup>75</sup> Ibid.

- United Nations Foundations on Global Health: <http://www.unfoundation.org/what-we-do/issues/global-health/?referrer=https://www.google.com/>

### ***I. Developing a Unified Pandemic Response Plan***

- Pandemic and Epidemic Diseases (PED): <http://www.who.int/csr/disease/en/>
- Vaccines: <http://www.who.int/topics/vaccines/en/>
- Immunization: <http://www.who.int/topics/immunization/en/>
- National Security and Pandemics: <https://unchronicle.un.org/article/national-security-and-pandemics>
- UN Influenza Official Site: <http://www.un-influenza.org/>
- North American Plan: <http://www.phe.gov/Preparedness/international/Pages/napapi.aspx>
- Asian Pacific Alliance for Disaster Management: <http://apadm.org/>
- European Centre for Disease Prevention and Control: <http://ecdc.europa.eu/en/Pages/home.aspx>
- Zika Virus: <http://www.who.int/topics/zika/en/>
- Influenza Virus: <http://www.who.int/topics/influenza/en/>

### ***II. Ensuring Access to Addiction Rehabilitation Services***

- United Nations Office on Drugs and Crime: <https://www.unodc.org/>
- Commission on Narcotic Drugs Official Website: <https://www.unodc.org/unodc/en/commissions/CND/index.html>
- Management of Substance Abuse: [http://www.who.int/substance\\_abuse/en/](http://www.who.int/substance_abuse/en/)
- Terminology and Classification: [http://www.who.int/substance\\_abuse/terminology/en/](http://www.who.int/substance_abuse/terminology/en/)
- Facts and Figures: [http://www.who.int/substance\\_abuse/facts/en/](http://www.who.int/substance_abuse/facts/en/)
- Research Tools: [http://www.who.int/substance\\_abuse/research\\_tools/en/](http://www.who.int/substance_abuse/research_tools/en/)
- ATLAS 2010: First global report on substance use disorders launcher: [http://www.who.int/substance\\_abuse/publications/Media/en/](http://www.who.int/substance_abuse/publications/Media/en/)
- Global Information System on Alcohol Health: <http://apps.who.int/gho/data/?showonly=GISAH&theme=main>
- Treatment of Substance Abuse: [http://www.who.int/substance\\_abuse/publications/treatment/en/](http://www.who.int/substance_abuse/publications/treatment/en/)