World Health Organization

MadMUN XV



World Health Organization

Chairs: Maizy Auger and Aimika Ketilson

Letter from the Dais:

Dear Delegates,

Our names are Aimika and Maizy! We are so excited to be your chairs for possibly your first Model UN conference, and to welcome returning Model UN members. We are both seniors at Verona Area High School and have been participating in MUN since freshman year. We've both had so much fun and hope to make your experience just as memorable as our own!

This year the WHO Committee has two debate topics: The Current HIV/AIDS Crisis and the Global Impact of Bioweapons. Both of these topics are critical to the current state of the world. Keep in mind your county's stance and specific relations to others and said crises. Although the country you are representing may have discriminatory views, we will NOT tolerate any kind of hateful comments and language at all during MADMUN. We hope that you will all enjoy and make the most out of your experience this year!

Please feel free to email us with any questions or concerns prior to the conference!

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WHO History:

The WHO committee was founded on April 7, 1948, which is regarded as Global Health Day. This agency was formed by the United Nations (UN), and is made up of 194 member states, to act on international health issues such as COVID-19. The WHO's program budget is set in advance by its member states which is currently \$6.834 billion. However, this is only for anticipated resources. The budget is subject to change for emergency purposes. For example, to support COVID-19 response and Polio eradication, the budget was increased to \$8.4 billion. Their headquarters office is located in Geneva, Switzerland with six regional branches and a network of country offices and representatives around the world. The executive board is composed of 34 members who are qualified in the field of health. These members include: 7 representatives from Africa, 6 from the Americas, 5 from the Eastern Mediterranean region, 8 from Europe, 3 from Southeast Asia, and 5 from the Western Pacific region. It is currently led by Director General Dr. Tedros Adhanom Ghebreyesus, appointed in 2017. The WHO constitution states that they are to "act as the directing and coordinating authority on international health work" which allows them to equally aid various health crises around the globe.

Topic 1: HIV/AIDS Crisis Currently

AIDS (acquired immunodeficiency syndrome) is the most advanced form of HIV (human immunodeficiency virus). People with HIV and who aren't currently receiving medication or treatment can contract this disease sexually, by sharing needles, pregnancy, and/or breastfeeding. After receiving an AIDS diagnosis now, without treatment, the life expectancy is approximately three years. In previous decades, however, a diagnosis meant you only had about 1-2 years to live. Although it can be extremely life threatening, HIV, when controlled, possesses a risk of transmission and detrimental spreading that is close to 0%. Without the disease progressing to AIDS, current, improved HIV treatments can allow for life expectancy numbers to rise to 55 years — as of 2013. Treatments such as antiretroviral therapy (ART) suppress the amount of HIV present in one's bloodstream. If the viral load drops below a certain threshold, it can



become undetectable and the risk of sexual transmission is zero.

Although we presently have such advancements in HIV treatment, there is no cure. The HIV/AIDS Crisis is still very prevalent today, with it

affecting 0.6% of the global adult population. However, in its entirety, 39.9 million people are currently being affected. In Sub-Saharan Africa, being one of the most infected regions, 1 in 30 adults are faced with the hardships of the disease. This region is so infectious that it contributes to $\frac{2}{3}$ of everyone affected. There young women and girls are especially at risk as it is three times more likely for them to be infected with HIV than for young men and boys.

Summary of the global HIV epidemic, 2023



Source: UNAIDS/WHO estimates, 2024.

There is a large discrepancy in access to treatment, especially for young women as 36% of adolescents infected with HIV go without treatment. They, specifically, have many barriers when accessing any type of sexual, reproductive, and general HIV treatment. Although there are many homophobic stigmas associated with the HIV crisis, young women make up 53% of the people living with HIV worldwide. They are proven to be biologically more susceptible to contracting the disease which is directly linked to gender discrepancies. For example, victims of sexual violence are highly likely to contract an STD, HIV being a more prominent one.

Questions to Consider:

- How has your country previously addressed this crisis and how will you improve and build that with modern technology?
- Do you possess a possible solution to make HIV treatment more affordable and accessible worldwide?
- How can we improve upon HIV prevention while also addressing the associated gender disparities within the crisis?

Topic 2: Impact of Bio-weapons

The criteria of biological weapons range drastically — ranging from naturally occurring diseases to deliberate uses of bio-weapons. Bio-weapons are defined as "disease-causing organisms or toxins to harm or kill humans, animals or plants". Any disease or bacteria can be classified as a bio-weapon. This is highly concerning as biological agents such as anthrax, botulinum toxin, and plague can cause alarming fatality rates in very short amounts of time. With advancements in technology, it has become increasingly convenient to transport these weapons, intentionally or not. Such weapons can be carried in various ways whether it's by aircrafts, automobiles, boats, and/or bombs.



When combating biological events, the WHO will typically respond by working with relevant national and international organizations. Because it is extremely difficult to detect a biological attack, sometimes taking weeks to discover, a concerned member state is advised to add surveillance on outbreaks of said specific illness or attack. Biological attacks are first observed in local healthcare, so by adding more security, member states may be able to more successfully prevent the initial spread of bio-events. One of the ways bioweapons can be halted at the source is by the BWC (Biological Weapon Convention). They are the first multilateral and disarmament treaty, banning an entire category of WMD (weapons of mass destruction).

Diseases are one of the most common bio-weapons as it is very easily contracted and spread by the masses. The spreading diseases can happen quickly and easily through respiratory droplets, coughing, sneezing, and more. People infected may widely disseminate their viruses by travel. Therefore, they are spreading these biological components locally to potentially globally which is much more difficult to control. For disease specific bio-weapons, there are various control methods such as quarantine and barrier methods — many of which were used during the



COVID-19 pandemic.

Less common, but still highly hazardous, are deliberate uses of bio-weapons such as through bombs, missiles, or other military weaponry. Attacks with such weapons can be strategically or tactically in military endeavors, political assassinations, and causes of economic loss. For example, infection of livestock, agriculture, or environmental catastrophe; this causes large amounts of fear throughout the masses. Recent technological advances increase the likelihood of these weapons being made despite their intent to be used maliciously or not. Because there is such a wide range of potential biological events, efforts to combat these risks should be multi-step, collaborative, and coordinated. Approaches such as these, ensure that resources are used to benefit the most amount of member states and citizens.

Questions to Consider

- If there is a biological event what is the most effective and cost efficient way to contain the event?
- How can these resources and protocols be implemented worldwide?
- With modern technologies already available to aid these issues, how can we further ensure safety and limit the spread of infection further?

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